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**THE KLEINIAN  
SCHOOL**

British Psychoanalytic Schools

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# British Psychoanalytic Schools

## The Kleinian School

**R. E. Money-Kyrle**

### **Melanie Klein and Kleinian Psychoanalytic Theory**

Melanie Klein was born in Vienna in 1882 and died in London in 1960. She had originally intended to study medicine at the Vienna University and would have done so, had not an early marriage intervened. However, years later during World War I, she had a second opportunity to recapture her old interest in a new form. She came in contact with Freud's work, recognized what she felt she had been looking for and, from then on, dedicated herself to it. She started her training with Sandor Ferenczi during the war and, after the armistice, continued it with Karl Abraham. Both encouraged her to specialize in the analysis of children, at that time almost a new field. (Later she also analyzed adults and, at the end of her life, was largely engaged in training analyses.)

One of her early patients was a very silent child. She tried giving him toys, discovered she could interpret his play as if it had been verbal

associations, and so found herself in possession of a new implement of psychoanalytic research. The results of her research with this implement, which she began to publish in a long series of papers and a few books, were regarded by some as departures from Freud and are still often criticized as such. Others, including her own teacher Abraham, till his death in 1926, welcomed them as important contributions to analytic insight and therapeutic power. She herself always saw her work as rooted in Freud's and a development of it, which inevitably also involved some modifications.

Since most of the ideas she introduced had their source in her early papers and were gradually developed and clarified by her in later writings, it is not easy to pinpoint them by single references; but a short bibliography of her main publications is given at the conclusion of this chapter. What follows here is an attempted summary of her contributions to theory, although no summary of the work of such an original thinker can do justice to her thought.

To begin with, a word about two distinctive qualities of Melanie Klein's views on technique. First, it is probably true that she developed Freud's conception of transference analysis into "pure transference analysis," a movement which, in particular, involved the discarding of all forms of reassurance, on the one hand, and educational pressure, on the other, with both children and adults. She felt these could only blur what should be analyzed, namely, the transference picture of the analyst as it emerges and

changes in the patient's mind. Second, she always tried to direct her interpretations at whatever seemed to be the patient's main anxieties at any given time. Once, at the beginning of her practice, she was herself alarmed by the amount of anxiety she seemed to be arousing in a child patient by this means. But Abraham advised her to persist, and she found that by so doing she was best able to relieve the anxiety the analysis was evoking. After this experience, she never had further doubts about the correctness of her approach.

Coming now to Melanie Klein's contributions to theory, these can be listed under the following heads: early stages of the Oedipus complex and superego formation, early operation of introjective and projective mechanisms in building up the child's inner world of fantasy, the concepts of paranoid-schizoid and depressive positions, a clarification of the difference between two sorts of identification, introjective and projective, and, lastly, the importance of a very early form of envy.

Perhaps the most far-reaching of these, in its effects on theory and practice, is her concept of a paranoid-schizoid position in early infancy, followed a little later by a depressive one. Both presuppose her acceptance of Freud's basic concept of ambivalence, of conflict between love and hate—ultimately of the life and death instincts. In the first position, this ambivalence expresses itself mainly in mental acts of splitting and projection. Thus, in her

view, the infant's ambivalence toward the breast, loving when satisfied, hating when frustrated, causes him to divide this object into two: a "good" breast containing projected love that is felt to love the child, and a "bad" one containing projected hate that is felt to hate him. Both become internalized, making it possible for him to feel alternately supported and attacked from within himself. Moreover, the reprojection of these inner objects onto the external breast, and their further reintroduction, set up benign or vicious spirals leading to increasing well-being on the one hand, or an increasing sense of persecution on the other.

In particular, the persecutory feelings aroused by splitting and projection of hate are often dealt with by further splitting as a defense, and this can develop into a terrifying sense of mental disintegration.

Although such states of mind are, in her view, characteristic of earliest infancy, she spoke of them as belonging to a "position" rather than a phase—a word which, on the one hand, avoids the implication that the infant is always split and persecuted, and on the other, by its spatial analogy, suggests an attitude that can be abandoned and again adopted at any time.

As distinct from this position, Melanie Klein held that a very different one begins to be at least temporarily adopted in the second quarter of the first year, when the infant is integrated enough to relate himself to his mother



as a whole person. Whereas in the earlier position the anxiety is centered on his own survival, in the later one it centers more on the survival of his good objects, both inside and outside himself. And what, in the last analysis, he fears is that his own destructive and greedy impulses will destroy, or have destroyed, the good breast—an anxiety that may be consciously expressed in later childhood as the fear that his mother, or father, or both may die. Thus, in Kleinian terminology, depression connotes a state of sadness allied to mourning and should be distinguished from such other feelings as the sense of worthlessness or of hopeless confusion that is often mixed with it. In Melanie Klein's view, because some persecutory feelings are always involved, depression is never observed in isolation.

In Kleinian theory, the depressive position is the main hurdle in development. Surmounting it involves the acceptance of responsibility for the damage in the inner world (sometimes also in the outer), followed by mental acts of reparation. But if this acceptance is too painful to be borne, various defenses come into operation. Of these the most usual are a regression to the paranoid-schizoid position, or a swing into a manic state, in which either the extent of the inner damage or its importance is denied.

If correct, this theory of early positions of development must be expected to throw light on the psychoses of adults. And it has been applied with an encouraging degree of success to the treatment of some of these

disorders by several members of her school, as well as by others influenced by it. Among the pioneers in this field, three of her pupils should be mentioned—Bion, Rosenfeld and Segal—whose example has since been followed by several others.

Although Melanie Klein's ideas about the origin of the superego and early stages of the Oedipus complex began to develop before she had formulated her concept of paranoid- schizoid and depressive positions, the former may be retrospectively regarded as elaborations of the latter. Thus, in her view, the good and bad breasts internalized in the paranoid- schizoid position are forerunners of the superego. In the depressive position, they become more integrated; and, in the developed superego, they contribute to its dual character as friendly mentor and implacable judge.

Meanwhile, of course, the fact that the child has two parents related to each other exerts its influence on his internal objects. Almost from the beginning of her work, Klein believed she had found evidence of the presence of an Oedipus complex at a far earlier age than had previously been thought possible. The child's rivalry in a triangular situation seemed to begin as early as the oral stage, so that his father could be internalized as an object denying him the breast. At the same time, there would also be a "good" father, split off from the bad one, to be internalized as the donor of, or fused with, the good breast.

Moreover, the two parents could be felt as a combination that either supports the child or frustrates him. Indeed, both the paranoid- schizoid and depressive positions with regard to the breast reappear with regard to this concept of “combined parents.” In the first position, both a friendly and a hostile combination are felt to exist, and become internalized. In the second position, when these two opposite aspects of the combined parents are more integrated, the child is depressed because his fantasy attacks on the bad ones are felt to have damaged the good ones, too.

It will be seen that, in Melanie Klein’s view, the developed Oedipus complex and superego formation discovered by Freud have a long and complex prehistory. This configuration Freud conceived of, in the first instance, as a kind of jealous internal father-god, who maintained in his sons the taboos on incest and parricide and tended generally to inhibit sexuality. But Freud seems to have been well aware that much more remained to be discovered about it—for instance, about what form it took in women, whether and how a mother imago entered into its composition, and about its kindly aspects, which he considered a source of consolation through humor. Melanie Klein did not discard Freud’s concept; she accepted it, worked backward from it, and believed she had contributed to tracing it to its source. No Kleinian would claim that this task is even yet fully accomplished.

Another of Freud’s concepts, which she also worked on, was that of

identification. Its use in his *Totem and Taboo* does seem to imply that he had two kinds of identification in mind. But the distinction was not very clear; and because identification resulting from introjection was already well recognized, the possibility of identification by projection tended to be lost sight of, till Melanie Klein gave it a name, “projective identification.”

This concept, as used by her school, appears in two main contexts. In the first place, it helps to explain a number of pathological conditions. There are, for example, certain megalomaniac states (observable in smaller degree in otherwise normal people) in which a projection of part of the self into someone (often the analyst) standing for an admired parent is followed by an elated sense of identification with him. Or, a similar state of elation seems to result from an intrapsychic projective identification of the ego into the superego. But such forceful penetration is usually felt either to injure its object or turn it into an enemy, and then the outcome is a claustrophobic sense of being imprisoned in a depressed or persecutory interior. But this is not all; for, as Rosenfeld has pointed out, the reinternalization of an object felt to have been injured or made hostile by projective identification can result in depressive or persecutory hypochondria. He has also traced confusional states to the same basic cause: The patient does not know who or where he is because in fantasy he is inside someone else.

In the second place, the concept of projective identification is used to

explain the emotional affect some patients may produce in an analyst. When this affect appears to exceed what can be explained in terms of countertransference, Kleinians believe it to be a manifestation of the most primitive means by which a baby can communicate emotions to its mother and, if they are disagreeable emotions, can experience relief by so doing. If the initial motive is to “evacuate” distress—and distressed patients in need of their next session often dream of needing a lavatory—the angry infant can soon use the same mechanism as an attack designed to distress the mother.

As to the means by which the projection is brought about, I would suppose the baby—or the patient in analysis—to be equipped with a phylogenetically prehuman, and ontogenetically preverbal, capacity to express feeling through behavior. If so, it must also be supposed that mothers are phylogenetically equipped to understand it. Indeed, in Bion’s view, one of the important characteristics of a good mother is an uninhibited capacity to do just this. And, of course, the same applies to analysts. But, as a rule, personal difficulties must be overcome before an analyst can expose himself, without too much anxiety, to the peculiar stresses that sensitivity to a very ill patient’s projections seem to involve.

It was through her interest in aggressive forms of projective identification occurring in analysis that Melanie Klein reached her concept of a very early form of envy. For some patients behave toward an analyst as if

they wished to destroy any sense of superior equanimity they may suppose him to possess. Moreover, since their dreams often seem to indicate that they feel they do so by projecting their own fecal product into an otherwise admired object to render it worthless, and they do this on occasions when other patients might have felt love and gratitude, she inferred that it expressed a very primitive form of envy directed toward the good breast felt to contain every desired quality that the baby feels he lacks. In this, envy, which aims at the destruction of goodness, is to be sharply distinguished from greed, which aims at appropriating it. Everyone knows, of course, that envy is universal in the human species, and appears to be constitutionally stronger in some people than in others. Freud has also familiarized us with the concept of penis envy in women—a term that includes both the greedy desire to steal the penis and the envious desire to belittle it. That the purely envious component in this could have a forerunner in envy of the breast has seemed unacceptable to some; but many analysts have since found the concept indispensable in overcoming certain hitherto intractable difficulties with patients—in particular, with patients who display a marked negative therapeutic response. Here the aim is to make the patient aware that he is envious, and also to expose the many delusions about the supposedly carefree happiness of other people that his envy causes him to form and that, in turn, increase it. For, although the amount of constitutional envy possessed by any individual seems to be unalterable, much can be done to expose and correct

the way it distorts his beliefs.

Enough has been said, perhaps, to give some idea of Melanie Klein's theoretical contributions to psychoanalysis. Of these, the central role must be allotted to her concept of a depressive position arising when the infant is sufficiently integrated both to mourn and to feel responsible for the destruction of his good objects in his own inner world of fantasy. The therapeutic aim of those who agree with her is first to analyze the defenses against the reexperience of this position in analysis, and, by so doing, also to reintegrate the split-off parts of the self, including the destructive elements responsible for the depression, in order that they can be brought under the control of the rest of the personality and used ego-syntonicly. So far as this is achieved, it also brings about a better integration of those internal objects that have remained, as it were, unaltered forerunners of the superego, removing much of the superego's bizarre severity and giving it more the character of a friendly mentor. (These views on the central role of the depressive position, in fact, largely determined her technique of pure transference analysis. For she believed that any departure involving reassurance prevented, or at least delayed, the working through of this position, and could, therefore, actually be dangerous.)

Of course, the extent to which the depressive position can be worked through in the way described is always limited. But it is the aim of Kleinian

analysis and as such has sometimes been criticized as moralistic. That well-integrated people tend to be more “moral,” if this means having a greater sense of mature responsibility, seems to be a fact. But I do not think this result was anticipated, nor is any moral pressure put on patients to develop in any particular direction. That, in a successful analysis, a patient does develop in the described direction seems to be purely the result of the analytic process.

If a reason is sought, I would suppose it to lie in the conditions of our racial past which, if it favored the development of aggressive impulses, also favored the development of a cooperative type of man who could harness them for social ends. It would seem that, if freed from psychotic and neurotic disabilities, he tends automatically to develop in this way.

### **Further Development of the Kleinian School**

Melanie Klein not only developed a number of psychoanalytic theories, which extended and in some cases modified Freud’s work, from which she always took her departure; she also founded a school and, toward the end of her life, was much concerned about its definition and its future. It began as a group of colleagues, mainly in England, who were most influenced by her and who supported her in controversy, soon included analysts who had been trained by her, and then second-generation analysts trained by these, and so



on. But naturally there were some disagreements and defections, and this raised the question of who was to be called a Kleinian.

To this question probably no wholly precise answer can be given. Certainly there are now a large number of analysts who understand, accept, and apply all Melanie Klein's theories. But these shade off into others who, although they understand and accept most of her work, do not understand or accept all of it. Then there is the complication of those who are good at theory but perhaps lack the insight to be really good analysts, and conversely of those who have the insight but are confused about the theory. Moreover, analysis is a growing science, and many Kleinian analysts have developed theories of their own. Usually these are extensions of Mrs. Klein's views, of which she almost certainly would have approved. But one cannot always be sure even at this early date, and, of course, the uncertainty will increase with time as yet newer theories are developed. This is not important in itself except for the purpose of defining Kleinians, since only the truth or falsehood of theories is what matters.

The Kleinian School, therefore, has no clear-cut boundary, but its core consists of those who feel most inspired by gratitude for Melanie Klein's work. Moreover, the School now has groups in several different countries.

It is impossible for any one writer to be wholly fair to all his colleagues,

and in the account that follows allowance must be made for my being little acquainted with the work of some of them that may in no sense be inferior to the work of others with whom I am in closer touch. Moreover, there is not space for more than a selection, so what follows is not a summary of the original work of Kleinians, but a summary of some samples of this work. Nor, indeed, is it possible to give more than a sketchy account of the work of any one analyst.

Among Melanie Klein's initial collaborators were Susan Isaacs, Joan Riviere, Nina Searl, and others who analyzed children by her methods. This early group thrived under the sympathetic protection, until the time of his death, of Ernest Jones, who wrote the Preface to the special number of the *International Journal of Psychoanalysis* (1952) brought out on the occasion of Klein's seventieth birthday. The group also included her early pupils, and of those who survived to carry on her work, the best known names (in alphabetical order) are probably Bion, Rosenfeld, and Segal, each of whom have made important original contributions.

Bion was first known for his work on groups during World War II. Here one of his major contributions was the hypothesis (invented to explain his actual experiences) that all groups meet under the influence of unconscious basic assumptions. Thus there could be the dependent group under the unconscious assumption that it exists to be dependent on some kind of god,

the fight-flight group assumed to be there for the purpose of fighting or fleeing, and the pairing group assumed to exist for lovemaking. Moreover, the work group, under the inspiration of a conscious purpose, is always liable to come under the influence of one or other of these more archaic or, indeed, psychotic fantasies from the unconscious. Bion also records interesting observations about the way in which an unorganized group will choose its leader—often its illest member. Since Bion believed that each discipline should begin by working out its own concepts for itself, these concepts are not directly Kleinian, but they are by no means incompatible with Kleinian theory.

After the war, however, he returned to psychoanalytic practice and included a significant proportion of psychotics among his patients. These he analyzed on strictly Kleinian lines and soon began to publish his results in a number of papers and books. His theoretical works include a theory of thinking that proceeds from a distinction between normal and pathological projective identification. At the beginning of his life the infant projects his troubles into the breast and gradually reabsorbs (introjects) an object that can understand and deal with them inside himself. But if there is an excess of envy in the baby, or of resistance in the mother to understanding him, or a combination of both factors, the projective identification becomes an attack both upon the breast and upon the infant's own dawning capacity to understand, which should have been derived from it. This, in very rough

outline, is Bion's view of the origin of schizophrenia. Much of his work, however, has been devoted less to theory than to technique. Thus he elaborated a grid to help the analyst in his task of recognizing the analytic significance of his patients' material and the exact moment at which they were ripe for an interpretation. In still more recent years he has stressed the importance of the analyst's freeing himself from preconceptions by "forgetting" his theories, his desires, and his patients before he sees them, so that each session acquires something of the freshness of an initial interview. If he does this, relevant theories and memories about his patients will be more likely to float back into his mind as required and will not forcibly intrude to distort his unbiased perception of the material.

Meanwhile, Herbert Rosenfeld and Hannah Segal were the first to apply a strict Kleinian technique to the analysis of the schizophrenic. That is to say, they renounced all attempts to play any definite role, either positive or negative, in his life, did not attempt to educate him, and confined themselves as far as possible to analyzing the transference exactly as they would in analyzing a child or a neurotic adult. The difference lay only in the nature of the transference itself, which does differ markedly from those met with in classical analyses in that it is a psychotic transference. For example, because of the psychotics excessive use of projective identification, the analyst's transference role is largely that of the person or object with which the patient feels confused. Moreover, since the psychotic's object relations are mainly to

part-objects (breast, penis, and so forth), it is mainly as a part-object that his analyst will appear to him.

Mrs. Klein had already suggested that the schizophrenic is someone who cannot tolerate the depressive position, when whole-object relations begin, and for this reason regresses to the paranoid-schizoid position. For the same reason his object relationships remain at, or regress to, the part-object level; and as Hannah Segal was able to show, this is also a reason for his massive use of projective identification by which process he feels he can put his depression into the analyst. Another motive is usually destructive envy.

Many general contributions to the understanding of schizophrenia are shared between Bion, Rosenfeld, and Segal, who all approached the problem from the same Kleinian angle. But apart from these Rosenfeld is probably best known for his work on differentiating between various types of confusional states, and Segal for isolating a presymbolic form of thinking, characteristic of the schizophrenic and of the schizoid part of more normal people, in which symbol and object symbolized are concretely identified. For example, to the normal or neurotic musician playing the violin may symbolize masturbation, but to the psychotic it *is* masturbation and, therefore, he cannot do it in public. Segal is also the author of an extremely lucid and condensed exposition of Kleinian analysis.

Among those who have done outstanding work on the application of Kleinian theory in the social field, special mention should be made of Elliott Jaques. Thus, for example, in his “Social Systems as a Defence against Persecutory and Depressive Anxiety” he shows how the functions of a working group he studied in a factory were structured at the fantasy level in such a way as to drain off the “bad” impulses, and consequent persecutory and depressive anxieties, that might otherwise have impaired the work of the factory as a whole. But in so doing it impaired its efficiency as a work group of managers and operatives designed to work out a new method of payment.

In a number of other books, less obviously though still in fact under the influence of Kleinian ideas, Jaques has evolved a method by which the value of any job can be assessed in terms of the amount of “discretionary responsibility” the job demands. If this method could be generally agreed on as right and fair (which it has been in a number of factories), it could obviously be used as an acceptable basis for differential payments, and much argument and strife could be avoided.

Among the younger Kleinians Donald Meltzer has an outstanding place. He has made important discoveries, for example, about the role of early anal masturbation in causing a baby, who feels himself to be deserted, to become thoroughly confused between breast and bottom and between his own personality and that of his mother. Meltzer also has an unusually clear grasp

of the stages through which an analysis should pass and in which stage a given patient is at a given time. Much of this he has recorded in his book *The Psycho-Analytic Process*.

Among those whose work has been more exclusively in the applied field may be mentioned Adrian Stokes, not a practicing analyst, who has written much on art, and myself, who has contributed to ethics and politics.

It will be clear by now, as I said at the outset, that only a sketchy account of the work of only a few members of the Kleinian School has been given. The real work of any analyst is done in the consulting room, and no one else, except possibly those patients who have collaborated most successfully in it, is in a position to assess it adequately. This is where insights gained in the analyst's own analysis are tested again, and where new insights are conceived and tested in their turn. The work is arduous and fraught with difficulties and dangers; and in order to endure these without undue strain, the analyst needs to have acquired a strong sense of the value of his own analysis and so of analysis in general. This, and the sense of being able to convey it in varying degrees to his patients, is necessary and sufficient for his peace of mind; and since these feelings are of the same form as the sense of having had good parents and of oneself being a good parent in turn, it is a basic satisfaction—perhaps never perfectly achieved. The desire to write papers and books, whether case histories in which new insights are recorded, or theories in

which they are generalized or applied in other fields, would seem to be more complex. Some may do it simply because they have a facility for this kind of work, others from ambition or because they generously want their colleagues to share their new discoveries, or from a mixture of all these motives and more. But although writing about analysis can never convey an adequate impression of how the author does analysis, it is only those who write who are likely to be assessed at all.

Melanie Klein was a very generous writer who believed her discoveries to be important (but not herself) and wished to share them as soon as she could. I think many of her pupils have inherited this motive for publication. But it is impossible to say how much of the theory that they (and their pupils) have accumulated since her death is strictly Kleinian in the sense defined at the beginning of this article. Moreover, the unconscious has a fluidity about it that is quite foreign to conscious verbal thought, so that it is less easy to be sure whether anything said about it, even by oneself, is true or more probably a half-truth, and, of course, the difficulty is greater when assessing what is said by someone else. Nevertheless, a body of theory is accumulating in the Kleinian School, and it is mainly self-consistent. It is expected to go on accumulating, and new models (or theories) that express it better are likely to be invented. The foundation of the Kleinian School is Freudianism extended and modified by Melanie Klein; and this will always be so however much it may in time be hidden under the expanding structure of new theory built



upon it.

It may be worth concluding with a note on a certain kind of stress to which all permanent groups are occasionally subject. I have in mind what Bion, who first drew attention to it analytically, has called the confrontation of the mystic with the Establishment. Bion himself discusses various outcomes, in one of which the group is disrupted or the mystic, or innovator, “loaded with honours and sunk without a trace.” But perhaps this tragic outcome results from the group paying too much attention to the supposed originality of the mystic or the supposed conservatism of the Establishment, and not enough to an investigation of the degree of objective truth to be found on the one side or the other. It is to be hoped that the Kleinian School will be able to mobilize sufficient objectivity to deal more successfully with such crises as and when they should arise.

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