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Conceptualization and treatment of psychoanalytic envy through Kleinian/Bionian lens

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ABSTRACT

Envy, like so much in psychoanalytic thought, occupies something of a transitional space

between concept and experience. Colloquially, envy is often used to mean something similar to

(but worse than) jealousy. Psychoanalytically, the concept/phenomenon/experience is far more

complex, however; it is something for which there are many causes and for which there can be

no material cure. In this theoretical study of psychoanalytic envy, the work of Melanie Klein and

Wilfred Bion are used to develop a conceptualization of envy and formulate recommendations

for clinical work with the "envious patient." Case material is used to synthesize their two

approaches to practice. A Kleinian/Bionian lens may help clinicians to better understand and

more effectively work with patients who are struggling to soften their shame and guilt, more

fully integrate their capacities for love and hate, grieve losses and a lack of early containment,

and, ultimately, build up a strong internal world from which to draw in their continued

development.

Conceptualization and Treatment of Psychoanalytic Envy through a Kleinian/Bionian Lens

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CHAPTER I

Introduction

Envy, like so much in psychoanalytic thought, occupies something of a transitional space between concept and experience. Colloquially, envy is often used to mean something similar to (worse than) jealousy. Psychoanalytically, the concept/phenomenon/experience is far more complex: it is something for which there are many causes, and can be no material cure. In this study, I explore the psychoanalytic concept of envy through psychoanalytic theory and clinical material. What is envy? Why does it happen? What are its effects? And, perhaps most importantly, how might envy be effectively treated in the clinical situation?

First, why look at envy psychoanalytically? Social worker and psychoanalyst Selma Fraiberg spoke of the "inexhaustible treasure" that psychoanalysis brings to the practice of social work (1978, p. 104). Psychodynamic social workers Joan Berzoff, Laura Melano Flanagan, and Patricia Hertz agree as they quote George Bernard Shaw: "'For every complex problem there is a simple solution—and it is wrong!'" (2011, p. 478). Social work, with its focus on the person in their environment and the systems that shape our lives, and psychoanalysis, with its emphasis on the unconscious, internal world of individuals, are useful and important when combined; one could argue that each misses something without the perspective of the other. Social worker William S. Meyer believes, and I tend to agree, that as "market and other forces seek to hurry us, stifle us, and strip our work of its humanity, it seems only right that the psychoanalytically

informed clinical social worker should take the lead among mental health professionals as modern day 'keepers of the soul'" (2000, p. 366). Unfortunately, both psychoanalytic and social work institutions often marginalize or only superficially deal with the importance of external or internal worlds, respectively, limiting the effectiveness of practitioners. Social work professor Eda Goldstein discusses the challenges and opportunities for psychoanalytic social workers and the importance of the two fields influencing one another. She emphasizes the need to "work to keep the teaching of contemporary psychoanalytic theories alive in social work education" (2007, p. 13).

This study is an attempt to make a contribution to the growing literature where social work and psychoanalysis meet. Envy is a difficult and common clinical issue faced by social workers and psychoanalysts alike. In this psychoanalytic study that is accessible to both the psychoanalytic and the non-psychoanalytic clinical social worker, I hope to make the concept of envy and its treatment understandable and yet, given the necessity of a complex response to complex issues, to encourage all of us to "keep the work as complicated as [we] can" (Berzoff et al., 2011, p. 478).

It is in that spirit that I have chosen to focus my study on the work of two great psychoanalytic theorists, Melanie Klein and Wilfred Bion. Both are notoriously complex, difficult, and rewarding authors who were primarily working clinicians, deeply concerned with figuring out how to help their patients get better. Klein was the first psychoanalytic theorist to take envy seriously and make it central to her theory (1957). Her work on envy is conceptually original and clinically relevant. Bion is the most famous and influential elaborator of Kleinian theory (1954, 1956, 1959, 1962). He is both allied with Klein and has close ties to contemporary psychoanalysis (Bion was, perhaps, the first intersubjective psychoanalyst). He takes Kleinian

envy to a next level in intricacy and clinical importance. Klein and Bion are difficult to read, understand, and use clinically, yet their work is incredibly useful and applicable to the clinical situation. It is my hope that this study will stand as part of the growing literature making complex and important psychoanalytic theories more accessible to psychoanalytically and non-psychoanalytically trained mental health clinicians alike.

There are two foundational concepts that run through this study that I would like to address in this introduction. One is the idea of *psychic determinism*, and the other is the model of the *infant in the adult and the clinical situation*. Before beginning to explore envy through Kleinian and Bionian lenses, it is important to understand these theoretical premises.

Psychic determinism is essentially the idea that nothing that happens in the mind is random. Psychiatrist and psychoanalyst Salman Akhtar elaborates: "All psychic acts and events have causes and meanings. All are determined by, and can be understood in light of, the subjective events that preceded them. This applies to seemingly incomprehensible mental phenomena and apparently 'accidental' occurrences as well" (2009, p. 227). Freud, of course, was known for joking that "sometimes a cigar is just a cigar;" the clinician who believes in psychic determinism looks for meanings, motivations, and agency in any action or affect but does not lose his or her ability to recognize coincidence and chance as well. Both Kleinian and Bionian theories operate under the principle of psychic determinism, meaning that they direct the clinician to seek the meaning behind thoughts, affects, and behaviors, yet accept that some degree of chance or coincidence is possible.

Perhaps more confusingly, Klein and Bion often refer to the "infant" – sometimes inside the child or adult (Klein) or, more generally, as something representing the deepest and perhaps truest part of a person. Klein and Bion sometimes refer to "patient" and "infant" almost

interchangeably (with the next logical piece being clinician as mother/father/caretaker). Kleinian/Bionian analyst James Grotstein clarifies the reason for using the idea of the infant in this manner: "The 'infant' is a way of designating the abstracted, irreducible, most elemental aspect inhabiting the current depths of the psyche in a person of any age. It is the 'square one' and 'ground zero' of ontological and phenomenological experience" (2009, p. 124). The reader is challenged to grapple with this (to some degree) ineffable piece of human experience and its implications for theory and practice.

In the chapters that follow, I work to understand psychoanalytic envy in all its complexity. First, I discuss in greater depth my conceptualization and methodology for the study as a whole. Next, I review the literature on envy, reflecting on the perspectives of many clinicians and writers as I consider psychoanalytic envy, its correlates, and its many effects. In the following theory chapters, I explore Kleinian and then Bionian theories, focusing particularly on the conceptualization of envy and its treatment. Finally, I analyze and synthesize the two major theoretical perspectives, using clinical material to show the potential for using Klein and Bion together to create a complex and useful conceptualization of envy and a pathway to effective treatment.

In the next chapter I discuss the conceptualization and methodology for this study. I review the two theorists I have chosen and consider in more depth why it is I have selected them. I note some of strengths and limitations of this theoretical study's methods, and finally, I look ahead to the exposition of envy through Kleinian and Bionian lenses and the meaning of that exposition for good clinical social work practice.

CHAPTER II

Conceptualization and Methodology

"There is a great deal of symbolism of this kind in life, but as a rule we pass it by without heeding it. When I set myself the task of bringing to light what human beings keep hidden within them, not by the compelling power of hypnosis, but by observing what they say and what they show, I thought the task was a harder one than it really is. He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret."
--Sigmund Freud, 1905, p.77

How can envy be studied? Benedicte Vidaillet, a French psychoanalyst, describes it as a "paradoxical emotion" which may produce powerful feelings even as it remains unconscious (2008, p. 267). Sigmund Freud, the first theorist of the unconscious, saw the psychoanalyst as a mental archaeologist of sorts, one who works in a place where:

> All of the essentials are preserved, even things that seem completely forgotten are present
>
> somehow and somewhere, and have merely been buried and made inaccessible to the
>
> subject. Indeed, it may, as we know, be doubted whether any mental structure can really
>
> be the victim of total destruction. It depends only upon analytic technique whether we
>
> shall succeed in bringing what is concealed completely to light (1938, p. 380).

I have chosen psychoanalytic theory, with its unique focus on what is repressed and its firm belief that what is unconscious can be the subject of study, as the broad theoretical frame through which this theoretical thesis examines envy and its implications for social work practice. Psychoanalytic thought began with Freud, but it was developed and changed in significant ways

by other psychoanalysts. In this chapter, I will introduce the two psychoanalytic theorists whose work I have chosen to use in order to study the concept of envy. I will discuss why I have chosen these two particular theorists and how I will use their work to develop a deep understanding of envy and its implications for psychoanalytically informed social work treatment.

Theoretical background – Freud and envy

Perhaps any psychoanalytic study that uses two theorists, neither of which are Sigmund Freud, must answer the question, "why not?" Let me attempt an answer by describing Freud's two conceptualizations of envy. First, Freud wrote about "penis envy," in which girls discover the male sexual organ and feel lacking in comparison. This idea has been challenged by many scholars, and I will not review those arguments here except to mention the idea that penis envy might be understood in a different way if one thinks of what the penis represents to both men and women in a patriarchal society rather than seeing it as simply a physical organ (Vidaillet, 2008). Freud also considered the role of envy in the formation of groups: in children, the older sibling is at first envious and hateful toward the younger sibling, until he realizes "the impossibility of his maintaining his hostile attitude without damaging himself" and "is forced into identifying himself with the other children" (1921, p. 120). Thus, for Freud, envy was solved by group identification.

We can see that Freud's conceptualizations of envy contained crucial conceptual elements that we will see returning in later theory and yet leave much to be revised and discovered. Freud was extremely influential for both the theorists I will discuss here, and we will find each theorist using, expanding upon, challenging, and revising his major concepts (not just his ideas about envy) in their writing.

Theoretical framework – why Melanie Klein and Wilfred Bion?

Melanie Klein (1882-1960), a Hungarian who spent much of her adult life in England (for a fascinating biography, see Grosskurth, 1986), was the first psychoanalyst to make envy a central piece of her theorizing. While aware of and writing about envy for decades in her clinical accounts, Klein's last major work in 1957, *Envy and Gratitude*, fully explicates her ideas about envy. Klein is an obvious choice for any psychoanalytic study of envy. Her theory of envy as primitive, stemming from the infant's relation to the mother as symbolized by the breast, is rich and compelling. We will see that Klein's interpretation of "the *relations between objects* as the psychological content of the mind" (Hinshelwood, 1991, p.13) make her a deeply influential "object relations" theorist. Her conceptualization of the mind and its application to a theory of envy make Klein a crucial writer on the subject.

Wilfred Bion (1897-1979), a British veteran of the First World War who spent time in Los Angeles, was perhaps Klein's most important student and elaborator of her theories (1954, 1956, 1959, 1962). His interest in understanding the mind's links with objects and its ability to think, and his work on the destructive power of envy on those capabilities, complicated and strengthened the clinical relevance of Klein's work on the subject. Bion's emphasis on the creation of models with which to talk about the systems that create mental health or a lack thereof, and the critical role envy plays as a corrosive, denuding force against necessary psychological processes make his original work conceptually interesting and clinically useful when treating people suffering from envy.

Theoretical components

Klein and Bion, like all good theorists with long careers, changed, developed, and re-worked their ideas over decades. I will focus here on the concepts in each theory that I think will

help to explicate envy and its clinical implications. For the purposes of this study, I will tend to use these concepts as they are most useful to understanding envy and its treatment rather than tracing the development of each concept over a multi-decade period.

Melanie Klein

Klein's contributions to theory and clinical practice as they relate to the study of envy can be broadly put into three categories: her model of mental development, her overarching technical and theoretical concerns, and her innovations in technique. I begin with Klein's model of mental development, including her unique picture of infant mental life: the paranoid-schizoid and depressive positions, and the object relations, anxieties and defenses they consist of. Using Klein's idea of the infant in the child or adult personality, I explore the ways in which infantile and childhood experiences affect the personality throughout the life cycle.

Next, I investigate some of Klein's major theoretical concerns: her concepts of phantasy and internal objects, the life and death drives, and her revisions of Freud's super-ego and Oedipus complex. I look at her innovative understanding of the way that internal and external worlds exist simultaneously and affect one another and her (sometimes sweeping) changes to classical psychoanalytic theory.

Later, I discuss Klein's groundbreaking play technique for children and the wealth of clinical information it made accessible to her. I look at her conceptualization of transference, particularly her pioneering use of the analysis of both positive and negative transference. I examine Klein's measure of a successful psychoanalytic treatment, noting the way in which she sees psychoanalysis as a way to develop a rich and deep personality, rather than simply cure particular symptoms.

In Klein's model of mental development, her theoretical concerns, and her innovations in technique, she is developing a wealth of conceptual material which she uses in her final major theoretical concept, that of envy (1957). Envy interferes with mental development. It affects and is affected by phantasy, the drives, and the super-ego and Oedipus complex. Kleinian technique, particularly in its use of phantasy, analysis of the negative transference and defenses, and development of a complex relationship between analyst and patient, is applied in particular ways to the treatment of the envious patient.

Wilfred Bion

For the purposes of this study, I divide Bion's work as it relates to the study of envy into two periods. In the first, the 1950s papers on psychosis, Bion explored the mental functioning of psychotic patients using Kleinian theory. He studied splitting, projective identification, and the substitution of thought and action that he observed in his treatment of seriously ill patients. Bion began to create theories concerned with the containment of projective identification, attacks on links when envy, hatred, and uncontained projective identification are present, and the harm to development when these attacks occur.

In the second period, the book *Learning from experience* and the paper *The psycho-analytic study of thinking*, both published in 1962, Bion became more focused on the analytic situation. He began to ask how the analyst observes mental functioning in the clinical situation, and how he or she makes sense of what is happening intrapsychically and interpersonally. Based on the idea that analysts do not have a common language with which to speak about clinical phenomena, Bion worked to develop a set of tools: hypotheses on cognition, and the concepts of alpha-function, alpha- and beta-elements, the contact-barrier, and L, H, and K links. These tools

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are meant to be models that help analysts to think and speak about the clinical phenomena they observe.

In both the 1950s papers on psychosis and the early 1960s work on model-making and thinking, Bion deepened and revised Klein's ideas about envy. Bionian envy can be understood through looking at its link with –K (attacks on thinking) and the processes of evacuation and denudation. Bion found envy's effects to be the destruction of feelings and alpha-function, the splitting of material and psychical comforts, the impossibility of satisfaction, and the negative therapeutic reaction. He suggested that the clinician working with someone with envy must find meaning in the lack of meaning, allow for projective identification and the introjection of good objects, help the patient to realistically modify conduct, and understand and use transference and counter-transference.

A note on language

A note to the reader: both Klein and Bion, as mentioned in the Introduction, pay careful attention to the infant's relationship with his or her primary caregiver. Both theorists refer to this caregiver as the mother, and to the part-object relationship of early infancy as being with the breast (Klein believed that the breast is known phylogenetically even by babies who are bottle-fed). That this does not accurately represent all caregivers of infants is obvious; such a discussion and its potential modifications for her theory, however, is beyond the scope of this study. Additionally, both Klein and Bion use the words "analyst" and "patient" in their writing; both were trained as psychoanalysts (Bion was also a psychiatrist, and Klein was a "lay analyst"). For the sake of simplicity, I use their terminology in this thesis. The theories certainly apply to and are used by a wide range of mental health professionals, including many clinical social workers.

Plan of analysis

Analyzing Klein's and Bion's texts will require perseverance and creativity, as both are known to be difficult writers for different reasons. Research professors Rafael Engel and Russell Schutt (2009), in their description of content analysis, discuss the problem of words and phrases that are ambiguous. In psychoanalytic writing, the meanings of words and phrases can be quite polyvalent – sometimes intentionally so! Klein and Bion are very different writers, and so I discuss my plans for working with each set of texts individually, but I must preface that by saying that both Kleinian and Bionian theories do have a logic and form that can be analyzed, though they are complex and multi-layered; I do this through close reading of a variety of primary texts and well-regarded secondary sources on each writer.

Working with Klein presents an opportunity and a challenge. As R.D. Hinshelwood, a major Kleinian scholar, writes:

> Kleinian concepts are especially closely linked to the clinical grounding of psychoanalysis. To a major extent Kleinian theory *is* clinical theory; and the theories that patients have about their own minds are the basis of Kleinian theories of the mind. This emphasis on taking the patient's subjective experience seriously has often tended to cause confusion, specifically because the language of the subject and the language of the observer are traditionally separate discourses in 'scientific' psychology (1991, p.1).

Klein herself elaborated the difficulty of the concepts she tackles, writing in 1946 that "(t)he description of such primitive processes suffers from a great handicap, for these phantasies arise at a time when the infant has not yet begun to think in words" (p. 102). Through a close reading Klein's theory and her cases, and through reading commentary on her work by prominent scholars, I develop a deeper sense of the (often nonverbal) processes that she boldly puts into

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words. I challenge myself to think more clinically and to understand her theory on its own terms, rather than trying to make it fit into pre-held psychological notions.

Working with Bion challenges the practitioner-reader to think first in models and abstractions; and then, perhaps, to fill in Bion's sparse and cryptic writing with examples and detail from one's own clinical work. The same R. D. Hinshelwood, in his introduction to Bléandonu's biography of Bion (1994) writes:

> Bion's writing often intimidates; therefore we have a surprising hesitancy over interpreting his views… The many ideas which he deliberately leaves half-formulated… would seem to invite being filled up with flesh and blood and passion. And indeed they do. It is what Bion intended; he wanted to work his readers so that they produced their own responses, their own hard learning, instead of him. But the task that he seems to require of his readers is so personal and idiosyncratic that there is a sense of being in the closet with him in a private contemplation (p. ix).

Hinshelwood attributes this quality to Bion's attempt to create "an extensive psychoanalytic epistemology" (1994, p. xi). In a sense, this is Bion the philosopher-clinician. The reader must sometimes work to bring the theory together with the practice. At other times, however, Bion uses vivid and striking clinical examples; one gets the sense that, paradoxically, the theory is built entirely on clinical observation, and at the same time is an abstraction that stands completely on its own. Through reading Bion's writing and his many interpreters, I apply Bion's complex theory to the important subject of envy.

Comparing Klein and Bion

James Grotstein, a Kleinian/Bionian analyst who was analyzed by Bion, considers Bion's work to be made up of "variations, extensions, modifications, and innovations on a theme by

Klein" (2009, p. 302). Thus, the Kleinian/Bionian synthesis of these two writers first looks closely into Kleinian thought -- its premises and assumptions, its ways of gathering clinical evidence, its method of treatment. It then attempts to understand Bion's complex use of Kleinian ideas: how does he use, extend, and revise Klein's concepts in order to create something both Kleinian and also quite new?

Potential methodological biases

I have a great deal of interest in Kleinian and Bionian theory, and have both practiced and received treatment informed by such theory. Intimate personal involvement with theory can enhance the writer's ability to convey its complexity; less positively, it has the potential to blind the writer to the limitations of the theory. I do my best to explore what is useful in Kleinian and Bionian thought without implying that this is the only way to think or practice effective therapy with this type of patient.

Limitations and strengths

Without a doubt, both theories have their limitations; they are, for example, more focused on the psychic than the material, as is appropriate here, given that psychoanalytic envy is not about "real" social or material deprivation. Envy based on material deprivation and social injustice and its implications is an important topic and the subject for a different study.

My ability to fully comprehend these theories and their implications for the psychoanalytic concept of envy will have limitations as well; I face limited time and limited experience with this kind of work.

This study's strength is, no doubt, the richness of its theories and their ability to inform and enhance clinical social work practice. The work of Klein and Bion has a great deal to offer on the difficult and important subject of envy. Social work literature and social work practice

will benefit from a deep look into the unconscious roots of envy and its conceptual and clinical implications.

      In the next chapter, I explore the phenomenon of envy through the eyes of many theorists in order to set a broader context for understanding the work of Klein and Bion. Using conceptual and clinical material, I discuss and describe how individuals and societies experience the manifestations of envy in a wide variety of ways that affect social work praxis.

CHAPTER III

The Phenomenon of Envy

"Two men, an envious man and a covetous man, walking in a wood, meet an elf. The elf promises to grant a wish on the condition that while the one man makes the wish, the second man will receive twice as much. The covetous man thinks he will let the envious man make the wish and so receive twice as much. The envious man agrees, thinks carefully and says finally, 'Make me blind in one eye'"
        -- William Langland, from the poem Piers Plowman (c. 1370-90), in Harris, 1997, p. 312

Envy as a deeply disturbing human emotion has long been present in literature and religion. Joseph Epstein, author of the New York Public Library Lectures in Humanities book on envy, considers it to be the most insidious and endemic of the seven deadly sins – "the one that people are least likely to want to own up to, for to do so is to admit that one is probably ungenerous, mean, small-hearted" (2003, p. 1). Melanie Klein quotes Chaucer's *The Parson's Tale*: "It is certain that envy is the worst sin that is; for all other sins are sins only against one virtue, whereas envy is against all virtue and all goodness" (1957, p. 189).

Social work, psychology, and psychoanalysis also see envy as a common, painful, and often-intractable problem. French psychoanalyst Benedicte Vidaillet describes the way that envy, a "socially reprehensible and taboo emotion," often stays unconscious (2008, p. 267). She makes the argument that a psychoanalytic approach is particularly relevant in understanding envy, as psychoanalysis, more than other disciplines, is largely concerned with what is unconscious.

What is envy, exactly? The Oxford English Dictionary defines envy as "a feeling of discontented or resentful longing aroused by someone else's possessions, qualities, or luck." Richard Smith, the editor of a large volume on the subject, differentiates further, between "benign" and "malignant" envy (2008, p. 4). While benign envy might be about wanting what someone else has and trying to get it (with potentially positive outcomes), malignant envy has "concrete, unpleasant consequences for work and romance," leads to an "impaired" self, and is "hostile in nature" (Smith, p. 4). Psychologist Marvin Daniels calls this more severe manifestation "morbid envy" (1964-1965, p. 47). Jungian psychoanalyst Murray Stein writes that, while everyone experiences envy, there are people who are "chronically envious" (1990, p. 169). The chronically envious are continuously vulnerable to envy reactions, and it becomes their "central psychological task" to resolve issues related to envy (Stein, p. 169).

For the purposes of this study, I have chosen to focus the morbid, malignant, chronic kind of envy, hereafter referred to simply as envy. It is not, as Kleinian psychoanalyst Elizabeth Bott Spillius clarifies, the kind of envy that one sees in the "apparently envious and deprived individual who ceases to feel envious if the deprivation is removed" (1993, p. 1202). Rather, as relational psychoanalyst Adrienne Harris puts it, this kind of envy is "fueled by a passion that seems unquenchable until the external world can be seen and experienced as devastated and ruined as the internal world" (1997, p. 312). In this chapter, I will detail some of the specific ways that envy causes painful and sometimes seemingly intractable problems in people's lives, intrapsychically, interpersonally, and societally. Clinicians have written most of the literature cited in this chapter; thus, much of what follows are the manifestations of envy that cause people to enter into treatment.

Difficulties in connecting

Envy hurts interpersonal relationships in a variety of ways. Argentine psychoanalysts Horacio Etchegoyen and Clara Nemas describe how envy interferes with the ability to express and have dependency needs met (2003, p. 55), crucial in intimate relationships. Daniels shows how, for the chronically envious, value becomes "ephemeral;" obtaining what is envied leads quickly to a lack of interest in what seemed to be desired, and the envier holds the envied party responsible for the "dysphoric emotions" that follow (1964-1965 p. 49); one can imagine how this manifests in relationships. Kleinian psychoanalyst Betty Joseph gives a clear example in what she calls "the deadening of conversations" (1986, p. 15). She notes that the envious person "can hardly bear" to listen to another person's entertaining thoughts or experiences and will find all sorts of ways of cutting off, taking over, or "paralyzing" the conversation (Joseph, p. 15). The only way for the deeply envious person to self-soothe is to find a way of making the other unenviable – in possession of nothing good – an obvious block to reciprocal relationships. British psychoanalyst Kate Barrows describes in envious people "a pattern of unsatisfactory relationships in which the individual cannot take things in from other people" (2002, p. 21) and a great difficulty in trusting others (p. 27). Psychologist Christopher Bonovitz, drawing on the work of Wilfred Bion, proposes that what makes envy harmful is the "breakdown in intersubjectivity" – a block in the "the ability to 'know' the other's mind" (2010, p. 427). As will be evident, problems in connecting will be a theme that is elaborated in many of the following manifestations of envy.

Pathological projective processes

Another way that envy interferes with interpersonal relationships is through projection and projective identification. English psychotherapist Joseph Berke, who has written extensively

on the subject of envy, describes the process of projection in significant envy as "designed to evacuate envious anguish and anger elsewhere" (1985, p. 176). A patient might, for example, project envy into others and not (consciously) feel herself to be envious; rather, she would feel herself to be surrounded by people who are envious of her youth and talents (Joseph, 1986, p. 20-21). Harris describes the way in which "disowned and destructive self states are created as a persecutory other" (1997, p. 299). In this way, the envier and the envied are caught in "a lethal dance of mutual terrorization" that greatly impedes any ability to connect (Harris, p. 299). Berke notes, to take it a step further, that in projective identification the envier is not satisfied with "simply evacuating the contents of his mind" (p. 176). Rather, "simultaneously and vengefully he seeks to totally alter and rubbish the object, to destroy any goodness in it and to control it so it can't fight back" (Berke, p. 176).

It is important to remember, as the clinician seeks to understand the experience of an individual in relationships, what psychoanalysts Horacio Etchegoyen, Rafael Lopez, and Moses Rabih remind us: that a "defect in the integration of envy" makes a person particularly vulnerable to the envy of others, and that no matter how much a person may project envy, "one cannot dismiss the presence of envy in the rest" (1987, p. 53). In other words, the clinician must use caution when "diagnosing" projective processes.

Narcissism

Many theorists have considered the connections between envy and narcissism. Joseph Berke, for example, considers them to be variations of the same problem: "excessive mental pain, consciously perceived as overweening inferiority and inadequacy" (1985, p. 180). The envier deflates others and the narcissist inflates him or herself, but the "thinking, feelings and actions run along convergent tracks" (Berke, p. 180). Etchegoyen and his colleagues note that,

theoretically, "when one speaks of narcissism one thinks of the structure and when one speaks of envy one considers the drive as the point of reference" (1987, p. 51). Thus, a narcissistic structure might cause a person to feel unable to be filled and thus constantly needing more from others than is possible to get, while envy adds a destructiveness that is more "driven." Spillius finds that the grievance present in the experience of envy can be seen as a narcissistic defense, in the sense that "feeling perpetual grievance and blame, however miserable, is less painful than mourning the loss of the relationships one wishes one had" (1993, p. 1204). When both are present in parents during divorce, for example, the results can be devastating: "pathological narcissism, pathological envy, disavowal, and a perverse attitude toward reality can produce unending conflicts over visitation and custody" as "fighting over seemingly insignificant matters can manage aggression and ward off psychic collapse" (Donner, 2006, p. 542). Psychotherapists Diane and Michael Hailparn (2000) discuss a similar process in envious parents sabotaging their children's therapy, either by finding a reason to terminate the therapy or, because of the threat posed by the child's relationship with the therapist, encouraging the child to devalue the therapist and the therapeutic relationship.

Paranoia and the fear of success

Envy is also present in states of paranoia and may reflect a fear of success. For example, as Bonovitz notes, "envy promotes a nagging sense that injustice and unfairness pervade the world" (2010, p. 426). As Joseph describes, the person who is:

> Very envious and spoiling in his relationships, even in a hidden way, including hidden to himself, will experience his world as hostile or spoiling towards him and become more paranoid or suspicious in his attitude to people, so that his world becomes unpleasant to him and he becomes more and more on the defensive and less able to enjoy. (1986, p. 18)

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Because some forms of envy include both exciting and "deeply destructive wishes," (think of a delight in gossip), the excitement that can accompany those wishes may produce less conscious guilt but more "paranoia and persecutory fears" (Harris, 1997, p. 299). Again, the destructiveness that comes from within is feared (or found) to be present outside the self.

One effect of this process can be a fear of success and experiences of self-sabotage that may bring people into treatment. Psychoanalyst Susan Kavaler-Adler, for example, writes about how "split-off envy and split-off self-sabotage" must become "consciously owned through the grieving of existential guilt" in order to alleviate intense fears of success (2006, p. 117). Adrienne Harris discusses the role of envying and being envied in women's struggles with regard to ambition and achievement (1997, p. 298). As she describes, the "disabling structures of envy… corrode and damage self-structures and self-actualization" for many women (Harris, p. 303).

Blocks to admiration and gratitude

Envy is associated with a lack of the development of important emotions such as admiration and gratitude. Swedish psychologist Rolf Sandell thinks of envy and admiration as contrary ways of coping with relative deprivation (having less of something good than another person has) and associates envy with Klein's paranoid-schizoid position and admiration with the depressive position (1993). Envy comes with a sense of hopelessness, phantasies of persecution, and object-splitting, while hope, sympathy, and compartmentalization of particular traits are associated with admiration (Sandell). Etchegoyen and his colleagues see envy and admiration as on a continuum that "allows us to establish hierarchies of what is good and bad, which brings us to the plane of values" (1987, p. 52). Envy is then associated with a problematic set of ethics.

Lack of capacity for admiration is harmful to relationships as well as to the capacity to have role models and mentors in one's professional or creative process.

Joseph describes the way in which the envious person "cannot bear that something good is given to him by another person" (1986, p. 15). She describes a patient who, faced with the problem of "experiencing and expressing gratitude" simply "cannot get it out—it sticks in his throat" (Joseph, p. 15). This block with regard to gratitude is explored further in Chapter Four.

Appreciation, giving, and receiving

While envy impedes on the ability to admire, it also hurts more egalitarian, peer relationships. Etchegoyen and Nemas describe appreciation as "the capacity of the subject to perceive the merits of the object, without necessarily idealizing it" (2003, p. 53); envy is a serious block to such a capacity. As Spillius describes, there are conscious and unconscious feelings involved in giving and receiving; she believes that "it is in this relation and its internalization that envy is particularly likely to be aroused, diminished, exacerbated, or perpetuated" (1993, p. 1211). Until envy is "worked through" (to be discussed in later chapters), giving and receiving are likely to exacerbate envy, hurting mutual relationships. To note a few examples, psychologist Celia Fisher (1989) writes about envy as causing problems in connections between peers later in life, Harris (1997) about the "corrosive" and often disavowed envy in friendships and collegial relationships (p. 313), social worker Karin Schultz (1991) about the effects of the fear of envy on women's friendships, and occupational therapist Sharan Schwartzberg (2007) about envy and competition in the workplace.

Concretization

According to psychiatrist Maxine Anderson, a "de-animating process" can happen in envy; this is a dynamic in which psychic reality becomes material reality – thus the term

"concretization" (2011, p. 126). She argues that while experiences like fatigue, chagrin, and doubt always tug at one's ability to remain open-minded, more "primitive" emotions like envy may cause a more "violent" de-animation and concretization (Anderson, p. 126). In that process, "the space for reflective thought collapses" and "one can no longer think about a situation but instead experiences being trapped in or defined by that situation" (Anderson, p. 127). The presence of concretization in envy helps to explain why it can be felt to be such an intractable problem for both individuals and clinicians. Problems can seem to be too completely "real" for change to matter or be possible.

Perversion of desire and the inability to enjoy

Malignant envy is considered by some to be a kind of perverted desire (Bonovitz, 2010). For example, Bonovitz describes the feeling of being not only "cheated or deprived" of what is wanted, but more importantly, deprived of "something that is fulfilling and intrinsically meaningful" (p. 432). Others are content with what they have – are somehow complete – while the envious person feels that he or she can never be satisfied and that his or her desires are too much for any other person to reasonably handle. Joseph adds that when envious people have good or pleasurable experiences, "there is the nagging feeling that they could get more, or someone else had it better, or there is something wrong with it, or, if they get it know, why couldn't they have had it before; it would have been so much better when they were younger" (1986, p. 18). Etchegoyen and Nemas agree: "nothing interferes with enjoyment more than envy" (2003, p. 54).

Learning difficulties and confusion

The same envy that leads to the "deadening of conversation" and problems in interpersonal relationships can also cause problems in learning (Joseph, 1986, p. 15). Someone

with malignant envy "may find it so hard to tolerate that another person has something to give him that he cannot recognize or use the other person constructively" – the problem may "prevent the individual from reading and using books, scientific papers, etc., because the feeling is of having to know what is written before he reads it, and, therefore, his mind is not free to follow the argument of the book or paper" (Joseph, p. 15). Such envy can prevent people from "using or believing in" professional advice and help (Joseph, p. 15), an added difficulty in the treatment of people with severe envy. Daniels (1964-1965) describes the ways in which envy can affect learning in schoolchildren who show aptitude but not consistency in their schoolwork. Harris adds that envy acts as an intrapsychic and interpersonal "brake on growth, change, acquisition, and mastery" (1997, p. 313). Envious attacks on good objects, according to Spillius, are likely to lead to confusion about the object's goodness or badness, which "impairs processes of differentiation and the development of rational thought" (1993, p. 1200). The confusion produced by envy is a "paradoxical, radical confusion, since the good is bad because it produces envy and the bad is good because it does not" (Etchegoyen et al., 1987, p. 52).

Shame and guilt

Shame, guilt, and envy are often conceptualized together, as part and parcel of a dynamic "package." Shame and envy are not the same, however, as Berke (1986) points out. He describes the differences this way: "Shame arises from a sudden unwelcome awareness about oneself, while envy is provoked by the painful perception of discrepancies between oneself and another" (p. 262). Envy, because it is "the most destructive to integrity and property" is "the most shameful experience and the one most defended against" (Berke, p. 264) – as many have noted, people do not want to know their own envy. Being envious can, in fact, feel like its own "narcissistic injury, pointing as is does to absences and limits in the self in comparison to the

envied other" (Harris, 1997, p. 299). For example, Spillius describes how attacks on goodness in envy lead to the "premature development of guilt before the individual is able to stand the pain of it" (1993, p. 1200). Thus, shame and guilt, as they relate to envy, are often quite painful and often bring people into contact with clinicians.

Frustration

Frustration and envy seem to be linked as well. For example, Etchegoyen et al. describe their interplay as "frustration provokes envy and envy incites frustration" (1987, p. 50). Etchegoyen and his colleagues also note an interesting way in which frustration manifests within interpersonal relationships in people with significant envy: "Finding the object becomes a fundamentally frustrating experience only if the subject wants to be the object instead of to have it" (p. 54). The frustration that continues to be present even after one has "gotten" the desired object is one of the reasons that the problem of envy can be so painful in relationships.

Self esteem, worthlessness, and lack

Theorists have often noted the relationship between envy and a feeling of lack in oneself. Daniels, for example, sees problems in self-esteem as a primary factor in causing envy (1964-1965). As he puts it, "A crippling belief in one's relative inferiority is at the core of the self-system; and therefore nothing can satisfy the morbidly envious person" (Daniels, p. 48). Jungian psychoanalyst Warren Colman believes that envy always results in a loss of self-esteem: since it inherently involves comparing oneself to another, it is "bound up with a lack of differentiation" and a lack of "the capacity to value one's own uniqueness as a separate person, different from, albeit intimately connected with, others" (1991, p. 356).

Stein describes the way that envy destroys the inner world by forcing "self-energies and self-objects" outside, where they are "withdrawn and withholding" (1990, p. 162). It is fueled by

"an unconscious over-investment of value in others and by a consequent lack of investment within" (Stein, p. 162). Envy can cause other people to seem to be filled with "goodness or with resources" while the self is deprived, empty, "powerless, anxious, and rageful" (Harris, 1997, p. 312). It is a "tragic outcome," writes Stein, "when these persons end up feeling evil, which can and does happen" (p. 170).

Defenses against envy

Sometimes, what brings people who struggle with envy into contact with clinicians are the defenses that are used to try to ward it off. Since people tend to envy those who are closer in status to them (where a comparison seems more possible), people often idealize the other or devalue the self in order to make the gap between the two larger so that the envied person stays "out of range" (Joseph, 1986, p. 18). Spillius describes other defenses against envy, including devaluing the good object, projecting or identifying with projected envy (noted earlier in this chapter), emotional withdrawal, and masochism (in which the envied object "cannot cure the individual's despair" and is thus "proved to be worthless" (1993, p. 1204). Joseph also notes the limiting of experiences in an attempt to avoid feeling envy – she describes a man who stays in the house and never socializes except with his wife, for whom he feels contempt – he thus avoids having his envy stimulated but his range of life experiences is greatly diminished (p. 21).

Intersections between envy and other dynamics: gender and racism

Many writers note the intersections of envy and gender issues. For example, psychologist Carolyn Ellman believes that understanding one's own envy and one's fear of other women's envy is crucial to women's development (2000, p. 633). She notes that women's guilt with regard to envious feelings "often leads to profound inhibitions and masochistic behavior" (Ellman, p. 633). Harris argues that many mothers are "so defensively worried about their own

hatreds and envies" that they often "have difficulty providing the necessary containment of a daughter's hatred and aggression" (1997, p. 297).

Men also experience particular kinds of envy that relate to gender. Social worker Judith Einzig (1980) discusses the issue of womb envy in expectant fathers. Psychoanalyst Richard Reichbart describes adult male patients with an "internal prohibition against crying, learned individually and often culturally encouraged" (2006, p. 1067). Such a prohibition makes it more difficult for men to process loss, be intimate with others, and accept vulnerability. As Reichbart argues, "the prohibition against men crying may be a consequence of male envy of maternal traits and other feminine characteristics" (p. 1067).

Envy and racism are also importantly intersected. For example, envy can cause people "to perceive others as possessing something good that has been stolen from us; jobs, cultures, ways of life" (Clarke, 2003, p. 42). Simon Clarke, a professor of sociology, writes that "The racist, unable to enjoy cultural difference, is a manifestation of envy, making bad what is good and destroying what he cannot have because he is unable to accept and share" (p. 42). Social workers Brian Rasmussen and Daniel Salhani add that, in envy, "One must always be fearful of others who do not have because they pose a continuous threat" (2010, p. 504). The fear and destructiveness that comes from envy has substantial effects on the ways people treat each other interpersonally and politically.

Chapter summary

In this review of the literature on psychoanalytic envy, I noted the many ways that envy can lead to intrapsychic, interpersonal, and societal problems. Envy's effects can be powerful, and difficult to recognize and treat therapeutically. The writers cited in this chapter have

connected with envy with a variety of causes, linked it to other mental/emotional/experiential

phenomena, and considered how it might be treated.

In the next chapters, I explore in depth the theories of Melanie Klein and Wilfred Bion.

Their nuanced and original conceptualizations of the phenomenon of envy as well as

prescriptions for its effective treatment will deepen our understanding of what envy is and how it

can be addressed in the clinical situation.

CHAPTER IV

Kleinian Envy

Melanie Klein (1882-1960) is widely recognized to be one of the most influential thinkers and writers in the field of psychoanalysis. Relational analysts Stephen Mitchell and Margaret Black, in their history of psychoanalytic thought, consider her to have had "more impact on contemporary psychoanalysis than any other psychoanalytic writer since Freud" (1995, p. 85). Psychiatrist Thomas Ogden, known for his close readings of major psychoanalytic writers, believes that much of the development of object relations theory has been made up of Klein's ideas and reactions against them (1984). Psychotherapist Jean White, author of a book on contemporary psychoanalysis, notes that Melanie Klein's investigation of pre-Oedipal and pre-verbal states of mind made psychoanalytic work with psychotic patients possible (2006).

Kleinian psychoanalyst Roger Money-Kyrle, in his introduction to Klein's collected works, describes how Klein "had come across a book by Freud and felt that she recognized in it something she had always vaguely been looking for" (p. ix). A divorced mother of three, she went into analysis with Sandor Ferenczi in Budapest, then Karl Abraham in Berlin, and finally Ernest Jones in England, where she lived until her death in 1960. Klein's analysts were close colleagues and friends of Sigmund Freud, and Klein consistently stated that her intent was to "validate and extend Freud's hypotheses through direct observation and clinical work with children" (Mitchell & Black, 1995, p. 85). Yet, the discoveries she made in her work with

children - and later with adults - led her to a picture of mental development and therapeutic technique that was in many ways radically different than Freud's. Those differences led to a tension with Anna Freud that culminated in a split in the British psychoanalytic society between the Kleinians, the (Anna) Freudians, and later, the Independents (based on the work of W.R.D. Fairbairn and D.W. Winnicott). The split within the British society affected psychoanalytic schools internationally, including in the United States, where Kleinian thought has tended to be isolated from other psychoanalytic trends, though this has been changing since the end of the dominance of ego psychology in the 1980s.

Klein began to develop her theories for and through her work with both very disturbed and fairly healthy children. Her belief that psychoanalysis could be used prophylactically to decrease intellectual inhibition and increase the ability for sublimation and good object relations, along with her groundbreaking confidence that psychoanalysis could be used to treat people with schizophrenia, paranoia, and manic-depressive conditions, meant that Klein developed her theory and technique for an incredibly wide range of patients.

While Freud saw the psyche as "shaped through the Oedipal conflict into stable and coherent structures, with hidden recesses and illicit designs," Klein's vision of the mind was "a continually shifting, kaleidoscopic stream of primitive, phantasmagoric images, fantasies, and terrors" (Mitchell & Black, 1995, p. 87). Kleinian psychoanalyst Juliet Mitchell describes Klein's "descriptive unconscious" as "an area where present and past are one and time is spatial, not historical," where the unconscious has not been constructed by repression (1986, p. 28). Kleinian scholar Robert Hinshelwood describes Klein's concepts as being "about very primitive elements of the human mind, remote from common sense" (1991, p. 1). The reader will note throughout this chapter Klein's uniqueness, her commitment to understanding deep and complex

psychological and developmental phenomena, and her theoretical and clinical originality and creativity.

In this chapter, I introduce the reader to the Kleinian concepts that set the stage for Klein's last major theoretical innovation, her work on envy. I explore Klein's model of mental development, some of her overarching theoretical and technical concerns, and her innovations in technique, before discussing her conceptualization of envy and its treatment. Beginning with her unique picture of infant mental life, I discuss the paranoid-schizoid and depressive positions and the object relations, anxieties and defenses they consist of. Using Klein's idea of the infant in the child or adult personality, I examine how infantile and childhood experiences continue to affect the personality later in life. Next, I look at some of Klein's major theoretical concerns: her concepts of phantasy and internal objects, the life and death drives, and her revisions of Freud's super-ego and Oedipus complex. I cover Klein's play technique for children, her conceptualization of transference, and her measure of a successful psychoanalytic treatment. Then I explore the concept of evidence in Kleinian theory: upon what is her theory built? And finally, I explore Klein's important and new conceptualization of envy. I consider envy's role in Klein's view of mental development and discuss how she believes that psychoanalysis can come to treat it effectively.

Model of mental development

Much of Klein's work was centered on questions of the infantile experience and how it carries into and affects childhood and adulthood. In a sense, Klein seemed to be asking: why are people so aggressive and sadistic? (Later in her career she became more interested in love, but a great deal of her work is more focused on destructiveness and its corollaries.) Klein's model of mental development, particularly her concept of the two infantile positions and how they carry

into adult life, provided something of an answer to her original question. Later in this chapter, I show how her understanding of envy enhanced her understanding of mental development and provided a more complete answer to her inquiry into human destructiveness.

The paranoid-schizoid and depressive positions

Klein conceived of these two "positions" in a person's development as sets of experiences that include particular kinds of object relations, anxieties, and defenses. These are phases that occur at a certain time in an infant's life as well as places to which an individual may return in other moments. Juliet Mitchell calls this concept "a mental space in which one is sometimes lodged" (1986, p. 28).

Klein theorized that the infant spends the first three months of life in the paranoid-schizoid position. During this time, he or she relates not to whole people, but to part-objects, the most important of which is the mother's breast. In the paranoid-schizoid position, the experience of persecutory anxiety is overwhelming. Klein believed that "anxiety arises from the operation of the death instinct within the organism, is felt as fear of annihilation (death) and takes the form of fear of persecution" (1946, p. 4). Coinciding with the operation of the death instinct, bodily frustrations are felt to be caused by objects that become persecutory as a result of the infant's projections of his aggressive and destructive impulses. Splitting, the separation of good and bad (gratifying and frustrating) aspects of the same object into putatively different objects, and projective identification, the infant's projection of his or her own feelings into the object, are used to manage the terror and aggression of the utterly dependent infant. Splitting thus functions to protect the "good breast," which is felt to provide nourishment and comfort, so that good experiences can be internalized. If there are not enough experiences of the good breast, or if the infant is excessively envious (I come back to this later in this chapter) and cannot take in its good

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objects, then the good breast is idealized but not assimilated, and excessive splitting and projective identification impoverish the ego. Given that psychosis in adults tends to manifest in splitting, impoverishment of the ego, and annihilation anxiety, Klein saw the anxieties and defenses of the paranoid-schizoid position as having a great deal in common with the experience of psychosis in adults.

In the second quarter of the first year, Klein believed that the infant enters into what she called the depressive position. In the depressive position, relationships are with whole objects rather than part-objects. The result is that "the loved and hated aspects of the mother are no longer felt to be so widely separated," which leads to "an increased fear of loss, states akin to mourning, and a strong feeling of guilt because the aggressive impulses are felt to be directed against the loved object" (Klein, 1946, p. 14). This is a time of greater integration of the ego, an increased understanding of psychic reality and the external world, and a drive to make reparation for aggressive feelings. The infant still injures the loved object in phantasy but also feels guilt and seeks to protect it and repair it from its own aggressive impulses. There is an understanding of the caregiver as a whole person and a fear of loss of love or loss of the loved object. Klein connected the depressive position to later states of depression and loss. "Just as the young child passing through the depressive position is struggling, in his unconscious mind, with the task of establishing and integrating his inner world, so the mourner goes through the pain of re-establishing and reintegrating it" (1940, p. 354). One of the reasons envy is so harmful and problematic is its interference with the ability to tolerate depressive anxieties and mourning processes.

The infant in the child and adult

A hallmark of Kleinian psychoanalysis is its vision of the infant (the infantile experience) in the child and adult. Klein saw infantile conflicts repeating in childhood and adult life, to varying degrees, depending on a person's "constitution" and experience. Depressive anxiety (the fear of loss of love/loss of the loved object that is experienced for the first time in the second quarter of the first year) never goes away, but the healthy child or adult tolerates it. Object relations in healthy adulthood are to whole objects; the good and bad can be held together without the use of massive splitting or manic defenses such as denial of psychic or external reality. These are paranoid-schizoid mechanisms, used later in life by the ill child or adult as an attempt to avoid depressive anxiety. The healthy child or adult still has aggressive feelings but has worked through the paranoid-schizoid and depressive positions well enough that such feelings become bound by the internalization of good objects so that they do not require management by primitive defenses. Sublimation and curiosity become possible due to a lack of persecutory anxiety; in other words, the healthy adult is able to learn and work without feeling attacked by bad internal and external objects.

Describing the struggle that the infant goes through (in phantasy) of destruction and repair of the loved object (and fear that the loved object has in fact been destroyed), Klein wrote, "In my view, these basic conflicts profoundly influence the course and force of the emotional lives of grown-up individuals" (1937, p. 309). She also agreed with Freud about the fluidity of health and pathology: "the difference between 'normal' and 'abnormal' is one of quantity and not of structure, an empirical finding constantly confirmed in our work" (1922, p. 55). Thus, infantile conflicts are part of every child and adult, though to different degrees and handled in different ways. Envy's interference with tolerating aggressive feelings, depressive anxieties, and

ongoing relationships with imperfect objects is harmful in infancy and carries through childhood

and adult experience.

Major theoretical concerns

During Klein's long and fruitful career, her work spanned many areas of theory and made

significant contributions on a wide range of topics. In this section, I present the theoretical

constructs and revisions that are most important to understanding Klein's conceptualization of

envy and its treatment. Klein's original concept of phantasy, her work on internal objects, and

her revised understanding of the life and death drives, the super-ego, and the Oedipus complex

lay the groundwork for understanding where envy emerges and why, how it manifests, and how

it functions in psychoanalytically informed treatment.

Phantasy

Klein's concept of unconscious phantasy (spelled with a *ph* to differentiate it from

conscious fantasy) is critical to her theoretical and clinical work. She believed that the infant

begins to build phantasies almost from birth (Klein, 1936, 1937). "For instance, the baby who

feels a craving for his mother's breast when it is not there may imagine it to be there, *i.e.* he may

imagine the satisfaction which he derives from it" (1937, p. 308). Klein believed that the child

responds to every kind of stimulus with some kind of phantasy: to unpleasant stimuli, including

frustration, with aggressive phantasies, and to gratifying stimuli with pleasurable phantasies.

Controversially, Klein interpreted the *content* of the phantasies of infants: she believed that they

imagine tearing the breast to bits, for example, and then putting it back together. Susan Isaacs, a

collaborator of Klein's, elaborates:

> It has sometimes been suggested that unconscious phantasies such as that of 'tearing to
>
> bits' would not arise in the child's mind before he had gained the conscious

knowledge that tearing a person to bits would mean killing them. Such a view does not

meet the case. It overlooks the fact that such knowledge is *inherent* in bodily impulses as

a vehicle of instinct, in the excitation of the organ, i.e. in this case, the mouth (1948, p.

86).

The full debate is beyond the scope of this study; what is most important is Klein's focus on

trying to understand the "nature and contents" of early anxieties and the "continuous interplay"

between actual experiences and phantasy-life" (1935, p. 285). Later in this chapter, I explore

Klein's process of trying to understand such content, the kind of evidence she used, and the

limitations she faced. When Klein later began to explore infantile and adult envy, it became one

of the most important contents of unconscious phantasy.

Internal objects

A great deal of the work done in phantasy during the paranoid-schizoid and depressive

positions centers on the ego's assimilation of objects, good and bad, into its inner world. Klein

imagined an internal landscape full of objects that relate to each other and the outside world. She

considered the possession of such objects to be deeply unconscious. Regarding the internalized

good parents, Klein wrote,

They are not felt consciously to be there, but rather as something within the personality

having the nature of kindness and wisdom; this leads to confidence and trust in oneself

and helps to combat and overcome the feelings of fear of having bad figures within one

and of being governed by one's own uncontrollable hatred; and furthermore, this leads to

trust in people in the outside world beyond the family circle (1936, p. 295).

From this perspective, envy's interference with the necessary internalization of good objects

explains a great deal about why it is so dangerous to the subject who experiences it.

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Life and death drives

      Klein took Freud's concept of the two instincts and made it central to her theory of human life and also of envy. Thomas Ogden describes the Kleinian conception of the life and death instincts as follows: "The psychological correlates of the life instinct include the loving, sexual, nurturing, attachment-seeking, and generative motivations, while the psychological correlates of the death instinct include destructive, disintegrative, envious, and hostile motivations" (1984, p. 525). Here we see envy's link with the Kleinian death drive; it is part of all that works against love and creativity.

      Klein believed that in play therapy with children, she could see her patients' aggressive tendencies and phantasies giving rise to great anxiety, which the ego attempts to hold back or calm down with the help of its libidinal impulses (1933). Klein described how she saw the instincts together clinically and the necessity of analyzing and thus reducing the power of the death instinct:

> This picture exemplifies Freud's thesis of the life-instinct (eros) at war with the death-instinct, or instinct of aggression. But we also recognize that there is the closest union and interaction between these two forces at every point, so that analysis can only succeed in tracing the child's aggressive phantasies in all their details, and thus diminishing their effect in so far as it can follow up the libidinal ones and uncover their earliest sources as well – and vice versa (1933, p. 252-3).

Klein also noted that while aggressive feelings lead to great disturbances in mental life, they are also of high value for development through sublimation and the challenge they provide to grow (1936). She also believed in the power of analysis to influence the destructiveness of aggression in humans:

It [psychoanalysis] cannot, it is true, altogether do away with man's aggressive instinct as such; but it can, by diminishing the anxiety which accentuates those instincts, break up the mutual reinforcement that is going on all the time between his hatred and his fear (1933, p. 257).

Later in this chapter I elaborate on Klein's thinking about therapeutic change as it relates to envy and the death instinct in the section on envy in Kleinian theory (treatment).

Super-ego

The Kleinian super-ego differs from the classical Freudian super-ego in three important ways. First, based on clinical observation, Klein placed the beginning of the super-ego much earlier than Freud, in the first or second year of life rather than the fourth or fifth; second, she saw the super-ego as made up of multiple and varied parts, not simply the introjected parents; and third, she noted a longer developmental course, through which the super-ego (ideally) softens in its harshness and there is an integration of its many (and contradictory) parts (Hinshelwood, 1991). Klein saw very young children with terrifyingly harsh and cruel super-egos and tremendous guilt. She believed that analyzing the early stages of the super-ego's formation could promote the development of the ego by "lessening the sadism of the super-ego and the id" (1931, p. 243). Agreeing with Freud that the criminal's super-ego is in fact harsher and more primitive than the non-criminal's, she reflected:

I have never finished an analysis with the feeling that this faculty has become too much weakened; on the other hand there have been a good many at the conclusion of which I have wished that its exaggerated power could be still further reduced (1927a, p. 164).

In short, envy dangerously influences the development of the super-ego. Psychoanalyst James Grotstein writes about the way "the envious infant becomes shamefully ridiculed by an internal

superego object" (2009, p. 252). The harshness of a primitive superego makes things yet more difficult for the already pained, envious infant (or infant in the child or adult).

Oedipus complex

Klein's major revision to the Freudian Oedipus complex was again her dating of the process as much earlier: she saw Oedipal tendencies beginning as a consequence of the frustration the child experiences upon weaning, and continuing through the frustrations of training in cleanliness in the second year of life (1928). The consequence of such feelings coming on so early is an interesting one:

> We find that important consequences ensue from the fact that the ego is still so little developed when it is assailed by the onset of the Oedipus tendencies and the incipient sexual curiosity associated with them. The infant, still undeveloped intellectually, is exposed to an onrush of problems and questions. One of the most bitter grievances which we come upon in the unconscious is that these many overwhelming questions, which are apparently only partly conscious and even when conscious cannot yet be expressed in words, remain unanswered (1928, p. 188).

Klein saw this grievance as being at the root of inhibitions of the epistemophilic impulse, and believed that the curiosity of children, often around age four or five, is "not the beginning, but the climax and termination" of the Oedipal phase of development (1929, p. 188).

Klein also added to the theory of the Oedipus complex by linking it with intricate and interdependent aspects of development and object relations. She saw anxiety, guilt, and depressive feelings as "intrinsic elements of the child's emotional life" which permeate relations to real people as well as their representatives in the inner world (1945, p. 419). Envy was later understood to make the Oedipal process much more difficult: envy sabotages the desire to learn,

creates premature guilt and excessive shame, and makes it more difficult to tolerate object relations with whole people.

Innovations in technique

Klein's work on technique comprises some of her most important contributions to psychoanalysis. In this section, I explicate Klein's play technique, where she discovered and re-worked her theoretical constructs, including envy, and her technique with adult patients, where she transformed the use of transference and the idea of a successful treatment and experimented with how envy can be treated.

Play technique for children

Klein's development of her play technique for children was based on the idea that "The important causes of injury to the impulse for knowledge and to the reality-sense, repudiation and denial of the sexual and primitive, set repression in operation by dissociation" (1921, p. 21). She felt that by sparing the child unnecessary repression, one could open up far more growth and creativity than would otherwise develop. Her method was to interpret children's play, like dreams, "via their use of symbols that are particular to each child" (1955, p. 137). Klein believed that children would bring the analyst their phantasies if the analyst observed and played with the child with the conviction that the play is symbolic (1927a). She found that she was able to see the alleviation of anxiety in children when their sadistic phantasies and impulses were interpreted (1948). Klein was optimistic about work with children; she believed that significant change could happen, even with emotionally disturbed children who seemed not to "connect" to others: "*I do not believe in the existence of a child in whom it is impossible to obtain this transference, or in whom the capacity for love cannot be brought out*" (1927b, p. 184, italics in original).

Klein's dedication to working with even children who others deemed "unanalyzable" helped her to clinically observe envy in young children and later adults.

Transference

Klein's vision of transference was closely connected with her ideas about infancy, the infant in the child and adult mind, and the life and death drives.

> I hold that transference originates in the same processes which in the earliest stages determine object-relations. Therefore we have to go back again and again in analysis to the fluctuations between objects, loved and hated, external and internal, which dominate early infancy. We can fully appreciate the interconnection between positive and negative transferences only if we explore the early interplay between love and hate, and the vicious circle of aggression, anxieties, feelings of guilt and increased aggression, as well as the various aspects of objects towards whom these conflicting emotions and anxieties are directed (Klein, 1952a, p. 53).

She emphasized, in particular, the analysis of the negative transference, which she felt had been neglected. If the analyst tried to reinforce the positive transference only and become introjected as a good object, Klein believed that while a belief in good objects could then be strengthened, the gain would not be stable, as the patient would not have been able to work through her hatred, anxiety, and suspicion (1952b). Only through deep analysis of the positive and negative transference, Klein felt, could anxiety and the repetition compulsion be curbed and true psychological growth possible. It would seem that her ability to consistently analyze transference, particularly negative transference, helped her to conceptualize envy and, as I show in the section on the treatment of envy, relentlessly work to lessen its hold on her patients.

Measure of a successful treatment

Klein's measure of a successful treatment went beyond the development of stability or an increase in the sense of reality. She considered a "wealth of phantasy life and the capacity for experiencing emotions freely" to be necessary for a "deep and full personality" – this she saw as the real goal of psychoanalytic treatment (1950, p. 46). Thus in the treatment, the depressive position must be worked through: "the whole gamut of love and hatred, anxiety, grief and guilt in relation to the primary objects" must be experienced again and again (1950, p. 46) and later and earlier experiences must be linked again and again (1952a, p. 56). The result is that past and present become more integrated in the patients mind, anxiety and guilt diminish, love and hate are better synthesized, splitting and repression lessen, the ego gains strength and coherence, the cleavage between idealized and persecutory objects diminishes, and unconscious phantasy life becomes less sharply divided from the conscious mind and can enrich the personality (1952a, p. 56). As envy interferes so pervasively with the development of the healthy adult, it too must be treated; I explore this in the section of envy and its treatment, later in this chapter.

Evidence in Kleinian theory

Psychoanalytic evidence has long been a subject of debate and dispute. There are no empirical studies on Kleinian theory in the strict sense of the word; at the same time, Klein was herself a kind of localized empiricist, using extensive case material and her own self-analysis to develop her theories. Hinshelwood describes Kleinian thought as so thoroughly framed in the patient's own (unconscious, nonverbal) experiences that is it "difficult to communicate in a manner that is verifiable outside the particular analyst-patient relationship" (1991, p. 1). Juliet Mitchell notes that Klein "identifies and describes what intuitive identification and clinical observation are about: areas of confusion, fusion, lack of boundaries, of communicating without

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the differential structures of speech" (1986, p. 31). In some of Klein's papers, she used the work

of infant researchers to back up her own theories of development and the mind; yet she qualified

that use with her belief that "corroborative evidence…has its limitations, for, as we know,

unconscious processes are only partly revealed in behavior, whether of infants or adults" (1952c,

p. 94).

Klein understood the difficulties of "proving" her theories, particularly with regard to

infant life, writing in 1946 "The description of such primitive processes suffers from a great

handicap, for these phantasies arise at a time when the infant has not yet begun to think in

words" (p. 8). Yet, while she felt "hampered" in her study of infants by their inability to talk, she

also believed that there are "many details of early emotional development which we can gather

by means other than language" (1952c, p. 94). Thus, she considered her descriptions of

unconscious phantasy to be "considered as pointers to the contents rather than to the form of

such phantasies" (1945, p. 409). As I explore Klein's work on envy and its treatment, the reader

will note the creativity and risks that are present in theorizing (in words) the nonverbal, infantile

experience. In sum, Klein's work, on envy as on the preceding concepts, is both deeply clinically

relevant and also difficult to "prove."

Envy in Kleinian theory: conceptualization and treatment

The concept of envy was Klein's last major addition to her theoretical work. While she

had been aware of envy in earlier papers, she did not make it a central concept until the

publication of *Envy and gratitude* in 1957. Envy brings together many of Klein's major concepts,

takes them further and deeper, and fills in holes in her previous thought. This concept

particularly seeks to answer a question that Klein and her colleagues, treating adults with

schizophrenia, were trying to answer: why is it that some infants struggle to integrate the good

object and even appear to develop largely hostile relations with it? (Hinshelwood, 1991) Below, I discuss how Klein built on her developmental model, her theoretical constructs, and her innovations in technique to conceptualize envy and its many implications for treatment.

The problem of envy

In keeping with Klein's focus on infancy and the infantile experience in the adult, in her theory what is so harmful about envy is that it affects the early, primary relationship to the mother. As the breast is instinctively felt to be the source of nourishment and life, the infant must be able to cathect sufficiently to it (or to its symbolic representative, the bottle). This is how the mother develops into a loved object. "The good breast is taken in and becomes part of the ego, and the infant who was first inside the mother now has the mother inside himself" (1957, p. 179). Envy interferes with the process of internalizing the good object. It is "a destructive attack on the sources of life, on the *good* object, not on the bad object" (Hinshelwood, 1991, p. 167, italics in original). Envy, wrote Klein, is projective. The excessively envious infant seeks "to put badness, primarily bad excrements and bad parts of the self, into the mother, and first of all into her breast, in order to spoil and destroy her" (1957, p. 181). Envy interferes with splitting needed in the paranoid-schizoid position to internalize the good breast; in states of envy, splitting may not happen clearly enough (too fragmented) to protect the good breast, or the split may be too deep, idealizing the good breast but not making it available for integration. Klein also thought that envy leads to an early onset of guilt, which is overwhelming to an ego not yet capable of handling it. Guilt is thus felt as a persecution and the object that rouses guilt as a persecutor, which continues the cycle of envy as a harsh superego inflicts shame on the hapless infant.

Why does this happen? Klein believed that envy came from a mixture of environmental and constitutional factors. All infants, as I discussed earlier, make attacks in phantasy on the

breast. Envy seems to increase the intensity and duration of these attacks: this makes it more difficult for the infant to regain the lost good object (Klein, 1957). Externally, Klein pointed to factors such as the amount of oxygen available during the birth process, the availability of food and the mother, and the mother's anxiety or enjoyment of taking care of the infant. "All these factors," wrote Klein, "influence the infant's capacity to accept the milk with enjoyment and to internalize the good breast" (1957, p. 179). Internally, or constitutionally, Klein associated envy with an overly strong and powerful death drive, as she considered envy to be closely associated with this instinct.

Envy in the child and adult

Klein, as we have seen, believed in the infantile experience living on in the child and adult. She found that envious children and adults are affected in a variety of ways. Lacking a good and secure internal object and thus a strong capacity for love and gratitude, more seriously envious children struggle to bear the temporary states of envy, hatred, and grievance that arise in all children (Klein, 1957). Envy causes more intense and painful experiences of the Oedipus rivalry. As adults, envious people may feel insatiable: the "envy stems from within and therefore always finds an object to focus on" (Klein, 1957, p. 182). (Remember that "envy" caused by material deprivation that goes away when the material deprivation is resolved is not the kind of colloquial envy Klein is talking about.)

Envy is harmful to relationships and work as well. Klein believed that it is early experiences of enjoyment, love, and gratitude that facilitate unity with others later life. She cited the kind of interpersonal understanding which "needs no words to express it" as a demonstration of its origin in the early bond with the mother of the preverbal stage (Klein, 1957, p. 188). Envy blocks gratitude, which is intimately associated with the trust in good figures and one's own

goodness. Klein linked gratitude with generosity, as the ability to give without feeling depleted because of "a feeling of inner wealth and strength" that comes from a securely internalized good object (1957, p. 189). She also noted that strong envy is projected onto a super-ego figure and becomes persecutory, interfering with thought processes, particularly creativity (Klein, 1957).

Negative therapeutic reaction

Klein and her colleagues found that their new understanding of envy helped them to see why their treatment of adults was at times less successful than they would have expected. Klein noted that patients may criticize their analysts with real justification, and analyses may fail for a variety of reasons, but if envy can be understood as being at the root of a negative therapeutic reaction, more can be done to intervene.

Envy, because of its attack on the good object, causes confusion as to what is good and what is bad; this may lead to a patient remaining unsure for a very long time whether the analyst is a good or harmful figure. If the analyst is truly helpful, the overly envious patient may feel a need to devalue the analytic work he or she has experienced as helpful. More confusingly, the analytic setting may bring up in the patient "the original wish to please the mother, the longing to be loved, as well as the urgent need to be protected from the consequences of their own destructive impulses" such that the patient splits off her envy and hatred in order to present a more acceptable feeling side to the analyst (Klein, 1957, p. 185). Yet, the split off parts will continue to influence the course of the treatment, "which ultimately can only be successful if it achieves integration and deals with the whole of the personality" (Klein, 1957, p. 184). Part of dealing with a negative therapeutic reaction is recognizing and analyzing the defenses that patients will develop against their envy.

Defenses against envy

Klein saw the major defenses against envy as idealization, confusion between good and bad and general confusion, flight from the primary object to other people who are idealized and then devalued, devaluation of the object, devaluation of the self, greed, stirring up envy in others, and stifling feelings of love and tenderness. These will come up in the process of analysis and must be recognized and interpreted over time. Since the defenses against envy are meant to protect the patient against a fundamentally dangerous affect/experience, the analyst must be careful and gentle when working with them. In the following section, I explore some of the technique that Klein developed for dealing with envy, its manifestations, and the defenses against it.

Implications for technique

Klein noted that sometimes when envy in adulthood arises, it activates the feeling of envy from its "earliest source" – understanding this, Klein believed, "may prove to be of great importance in the analysis of envy for only if it can reach down to its deeper sources is the analysis likely to take full effect" (1957, p. 190). Fundamentally, Klein discovered, it is only by "analyzing over and over again the anxieties and defenses bound up with envy and destructive impulses" that "progress and integration can be achieved" (1957, p. 231). She knew that patients sometimes consciously recognize their envy, jealousy, or competitiveness but believed that "only the analyst's perseverance in analyzing these hostile feelings in the transference, and thereby enabling the patient to re-experience them in his earliest relation, can lead to the splitting within the self being diminished" (Klein, 1957, p. 232). Thus, the analyst's role here is far more than bringing envy to consciousness; it is about the repeated interpretation of the anxieties, feelings, and defenses around it within the context of the analytic (standing in for primary) relationship.

To be more specific, Klein gave examples of her work with envious adults from her practice. Through dream work and relentless analysis of the (particularly negative) transference, she found that her patients were able, gradually, to bring split off parts of themselves into their personalities. She sometimes found that there were delays: for example, she might interpret a dream as containing envious feelings, the patient may reject the interpretation, and yet, over time, the destructive impulses and envy will come more to the fore. Often, Klein noted that patients who have been able to work through their envy find that they can remember their infancies and childhoods with more complexity, accessing deeper love for their parents or siblings than they thought they had. With one patient, upon his realization of his envy and hate for Klein, he felt very depressed and unworthy for a time, before feeling better. Klein started to see this more and more often, and came to understand that such an experience can be "the result of an important step in the healing of the split between parts of the self, and thus a stage of progress in ego integration" (1957, p. 215).

Finally, Klein noted the importance of understanding the anxieties that prevent integration of parts of the self. "In dealing with this anxiety," she wrote, "one should not underrate the loving impulses when they can be detected in the material. For it is these which in the end enable the patient to mitigate his hate and envy" (Klein, 1957, p. 226). The tenderness that both patient and analyst must access in this process can be difficult and painful; while Klein ruthlessly pursued the interpretation of the negative transference, she did not shy away from the love present between analyst and patient either.

Notes of caution to the clinician

Klein believed envy to be more painful than any other experience that an analyst can interpret; helping a patient to face envy and hate "only becomes possible after long and

painstaking work" (Klein, 1957, p. 221). She warned that improvements, then setbacks, and always defenses should be expected. Klein noted that patients may experience greater integration as extremely dangerous and overwhelming. Feelings of love and dependence can be experienced as humiliating by the adult patient; conversely, he or she may cling to a strong positive transference and cover up split off hate and envy, as the ideal part of the self may be lost when split off parts are integrated.

Klein cautioned analysts to be slow and gradual as painful insights are again and again split off and regained until they gradually become more acceptable to the self (1957). She pointed out that the process makes great demands on patient and analyst, and that the analyst may feel a temptation to become a good mother figure that attempts to alleviate rather than understand the patient's anxieties. Reassurance, Klein believed, is seldom successful because its effects do not last. "To help a patient to go through these deep conflicts and sufferings," Klein wrote, "is the most effective means of furthering his stability and integration" (1957, p. 221).

Conclusion

Klein's deeply clinical, controversial work has had a tremendous effect on those who work psychoanalytically. Her model of mental development, her attempt to verbalize the nonverbal, her radical revisions of previous theoretical constructs, and her bold innovations in technique make her a vital voice for clinicians. Envy, as I have attempted to illustrate throughout this chapter, interfaces with and brings together many of her concepts. Her conceptualization and recommendations for the treatment of envy represent, in a sense, her most mature and fully developed contribution.

In the next chapter, I look at the work of Wilfred Bion, a Kleinian who was so theoretically innovative that some analysts now consider themselves "Bionian." Bion began with

Klein's concepts but changed them radically and invented his own. Bion's model of the mind

and its interaction with reality will allow us a different view of how envy may be conceptualized,

understood in a wider context, and effectively treated.

CHAPTER V

Bionian Envy

Wilfred Bion (1897-1979) is often cited as one of the most innovative psychoanalytic theorists of the 21st century, and one who has had tremendous impact on contemporary psychodynamic and psychoanalytic theory and clinical practice. Author and psychotherapist Jean White describes how Bion "moved the Kleinian frame of reference into another register and constructed an entirely new theory of mind, which has had an extensive impact on contemporary psychoanalytic theory" (2006, p. 66). Contemporary Kleinian thought, according to Stephen Mitchell and Margaret Black, authors of a book on historical and current psychoanalytic theory, would be "more accurately designated Kleinian/Bionic" (1995, p. 102). French psychoanalyst André Green describes Bion as "the best example of an independent thinker in psychoanalysis" who "encouraged those who went to him to act in the same way" (1998, p. 649). In fact, and perhaps partially as a result of his independence, Bion's work on containment, reverie, cognition, and other subjects has found its way (acknowledged or not) into the thought and clinical toolbox of many non-Kleinian clinicians.

Bion was born in colonial India and went away to school in England as was the custom at the time at age eight. He never returned to India, although it remained an interest for the rest of his life. Bion was a decorated officer in the First World War. James Grotstein, a former analysand and the editor of a book of papers in his honor after his death, writes that Bion was

greatly influenced by his experience in the war: he "was never able to forget the horror of those experiences or ever able to surmount the miracle of his survival" (1983, p. 3). After the war, Bion studied medicine, becoming fascinated with groups and group therapy, largely through his work with veterans. Eventually, Bion became a psychiatrist and created a group approach that would become the influential Tavistock method (Semmelhack et al., 2013). Over time he grew more interested in psychoanalysis and decided to enter into a personal analysis with the classical analyst John Rickman, who later introduced him to Melanie Klein and recommended that he continue his analysis with her. Bion qualified as an analyst in 1947.

Bion's personal life contained serious losses. He was married after the First World War, but his wife died tragically shortly after the birth of their daughter. Bion later re-married, and his second wife, Francesca Bion, with whom he had two children, played an integral part in editing and publishing Bion's posthumous contributions.

Bion was analyzed by and studied under Melanie Klein, using, extending, and altering her ideas. As Mitchell and Black explain, Bion "became dissatisfied with the formulistic way many clinicians applied psychoanalytic concepts (including Kleinian concepts) and took a particular interest in trying to explore and convey the dense texture and ultimate elusiveness of experience" (Mitchell & Black, p. 102). Bion was president of the British Psycho-Analytic Society from 1962-1965 and became chairman of the Melanie Klein Trust when she died. Was he a Kleinian? When asked by Grotstein, Bion replied, "Heavens, no! I'm no more Kleinian than Melanie was. She always thought of herself as a Freudian, but Anna (Freud) saw to it that she would be labeled 'Kleinian'" (1983, p.31).

Contemporary object relations psychoanalyst Thomas Ogden (2004) divides Bion's work into two periods: his earlier work up to and including *Learning from experience* (1962) and his later work, *Elements of psycho-analysis* (1963) and everything after. Ogden writes:

The experience of reading early Bion generates a sense of psychoanalysis as a never-completed process of clarifying obscurities and obscuring clarifications, which enterprise moves in the direction of a convergence of disparate meanings. In contrast, the experience of reading Bion's later work conveys a sense of psychoanalysis as a process involving a movement toward infinite expansion of meaning (2004, p. 285).

Bion's later work, while fascinating and sometimes bizarre (as in his foray into psychoanalytic fiction writing), is less relevant to the study of envy and its treatment. His earlier work is very much focused on this topic, however; thus, for the purposes of this study, I use only Bion's work up to and including *Learning from experience* (1962) (in *Seven Servants*, 1977).

In this chapter I divide Bion's early work again into two periods. In the first he was trying to figure out the mental functioning of psychotic patients using Kleinian theory; these are the 1950s papers on psychosis. Here Bion described particular manifestations of splitting and projective identification and the switching of thought and action that he saw clinically in his treatment of schizophrenic patients. In these papers he began to create theories to explain what he noted in these clinical experiences, i.e., the necessity for projective identification to be "contained" in infancy; the attacks on links when envy, hatred, and uncontained projective identification are simultaneously present; and the arrested development that results. In his book *Learning from experience* and paper, *The psycho-analytic study of thinking*, both published in 1962, Bion became more focused on the analytic situation. How does the analyst observe mental functioning in the analytic situation? How does he or she make sense of what is happening on a

moment-to-moment basis? Bion attempted to develop a set of tools -- a set of hypotheses on cognition and the models of alpha-function; alpha- and beta-elements; the contact-barrier; and L, H, and K links to help analysts have a common set of functions and models with which to talk about clinical phenomena.

I then step back and discuss the role of evidence in Bion's work: how did he know what he knew? I consider his criticism and questioning of ways of gathering evidence, his innovative solutions involving the creation of models and concepts before theories, his use of abstraction, and his care toward making theory- building clinically respectful. In both the papers on psychosis and the early 1960s work on cognition, Bion significantly extended, deepened, and revised Klein's ideas about envy. For Bion, envy caused the mind to attack its links with objects and its own mental capacities. I discuss Bion's conceptualization of envy through its links with –K (attacks on thinking) and the processes of evacuation and denudation. I also discuss envy's effects: the destruction of feelings and alpha-function, the splitting of material and psychical comforts, the impossibility of satisfaction, and the negative therapeutic reaction. Finally, I explore how envy might be successfully worked with using a Bionian form of treatment. Bion suggested that the clinician working with an envious patient attempt to find meaning in the lack of meaning, allow for projective identification and the introjection of good objects, help the patient to realistically modify conduct, and understand and use transference and counter-transference.

The 1950s papers on psychosis

Bion spent the 1950s, his first full decade as an analyst, treating people who suffered from psychosis. Grotstein describes Bion's "equipment" at the time:

Klein's concepts of the death instinct, envy, greed, the paranoid-schizoid and depressive

positions and the schizoid mechanisms (splitting, idealization, magic omnipotent denial,

and projective identification) and Freud's concepts of the life and death instincts, the

pleasure/unpleasure principle, and two principles of mental functioning (primary process

and the reality principle) (2009, p. 311).

Bion's patients were in large part far more severely ill than either Freud's or Klein's, and his

approach to clinical observation and theory-building was different. Thus, during the 1950s, Bion

amassed a variety of clinical observations drawn from his work with people suffering from

psychosis and created a highly original theory of psychosis (in which envy plays an important

part) based on those observations.

Clinical observations: splitting, projective identification, switching thought and action

In working with people with psychosis, Bion noted a "minute fragmentation of the

personality, particularly of the apparatus of awareness of reality" (1957, p. 267) – an intense,

disorganized form of splitting that led to excessive projective identification into external objects.

Bion cited examples, such as the patient who attempted to "split" him by making him give two

opposite interpretations at once; the patient then asked, "'How does the lift know what to do

when I press two buttons at once?'" (1954, p. 114), and the patient who spoke drowsily,

attempting to put the analyst to sleep, while in some other way stimulating the analyst's

curiosity: "the intention is again to split the analyst, who is not allowed to go to sleep and is not

allowed to keep awake" (1954, p. 114).

Splitting is closely related to projective identification, in which parts of the personality of

the patient are split off and projected into the object "where it becomes installed, sometimes as a

persecutor, leaving the psyche from which it has been split off correspondingly impoverished"

(Bion, 1956, p. 344). Bion described the way that, in psychosis, words are used as "things" which the patient "pushes forcibly" into the analyst (1954, p. 113). Bion linked excessive projective identification to situations in which death instincts predominate (1959), highlighting its intensely aggressive nature. He used as an example a patient who "felt he got inside me at the beginning of each session and had to be extricated at the end of it" (Bion, 1954, p. 113).

Bion also noted the psychotic patient's apparent switching of thought and action. He observed that thought was often "evacuated," as in excessive projective identification, and that his patients showed a preference for action at times when a more neurotic patient would realize that what was required was thought (1954). Bion found that the same problem was true in the opposite direction: "Reciprocally, if he has a problem the solution of which depends on action, as when, being in one place, he should be in another, he will resort to thought—omnipotent thought—as his mode of transport" (1954, p. 113). Bion's next step was to create theoretical hypotheses for such clinical phenomena. These theoretical hypotheses, first about psychosis and later about the mind in general, are a foundational piece of Bion's conceptualization of envy.

Theories about psychosis: necessary containment of projective identification and developmental arrest

Bion originally believed that psychosis was due to "violent splitting and projective identification of the patient's thoughts and of the mind which links the thoughts" (Grotstein, 1981, p. 503). Gradually, he began to radically change his thoughts on the cause of psychosis. He came to think that psychosis might be due to the infant's *inability* to split-off and project adequately because of a lack of a "container" to contain the projections. Bion theorized that projective identification makes it possible for people to "investigate" their own feelings "in a personality powerful enough to contain them" (1959, p. 314). This was a new and different way of viewing projective identification, one that paralleled contributions being made by D.W.

Winnicott and W.R.D. Fairbairn and anticipated the later work of Kohut (Grotstein, 1981) in its emphasis on the necessity of interpersonal containment of intense affects.

Bion hypothesized that this mechanism could not function if the mother could not or would not serve as a "repository" for the infant's feelings, or if the patient's hatred and envy could not allow the mother to receive and contain the projections (1959). The result, Bion thought, was a destructive attack, "which the patient makes on anything which is felt to have the function of linking one object with another" (1959, p. 308). Rather than a way to use the more developed personality of another to contain fear and other strong affects, projective identification becomes a mechanism "employed by the psyche to dispose of the ego fragments produced by its destructiveness" (1959, p. 308). Furthermore, Bion theorized

> Thanks to a denial of the main method open to the infant for dealing with his too
> powerful emotions, the conduct of emotional life, in any case a severe problem, becomes
> intolerable. Feelings of hatred are thereupon directed against all emotions
> including hate itself, and against external reality which stimulates them. It is a short step
> from hatred of the emotions to hatred of life itself (1959, p. 314).

This "hatred of emotion" and the additional need to avoid awareness of it (1959, p. 310) leads to what Bion called "attacks on linking" – of thoughts, on the mental apparatus that thinks the thoughts, and of the links between objects. The next period of Bion's work deepened this question, and Bion proposed tools to help psychoanalysts to think and talk about emotional experience and cognition. His emphasis on the role of envy, while already key in the disruption of normal projective identification, grew as he developed this language and toolkit in the early 1960s.

Learning from experience and the psycho-analytic study of thinking

In the early 1960s, Bion went deeper into the analytic situation. He found that psychoanalysis was lacking language to describe the clinical phenomena he was observing, and began to develop a set of tools he believed would help analysts to have a common language to describe clinical phenomena. The most important tools (concepts and models) he developed were a set of hypotheses about cognition, followed by the concepts of alpha-function, alpha- and beta-elements, the contact-barrier, and L, H, and K links. In this section, I describe the cognition hypotheses and each of the concepts. The reader will find that Bion himself links much of this work to the concept of envy; I highlight the connections throughout.

Kleinian psychoanalyst Donald Meltzer has an important warning to the reader of Bion's work in this period:

> It is more useful to think of these [alpha and beta elements and functions] as his strategy than to mistake them for theories. That would be to misunderstand quite completely the nature of Bion's work for the next fifteen years, which is devoted to trying to fill these empty concepts with meaning (2008, p. 308).

The idea here is to name these functions and models and then to begin to create theories about what they are describing; the functions and models are not the theories themselves. Bion himself warned the reader: "The theory of functions and alpha-function are not a part of psycho-analytic theory. They are working tools for the practicing psycho-analyst to ease problems of thinking about something that is unknown" (1962/1977, p. 89). I discuss this unique method in the evidence section later in this chapter.

Hypotheses about cognition

In a similar fashion to the tools that follow, Bion's hypotheses about cognition were meant to help the reader to think about thinking. Note, in the quotation that follows, Bion's acknowledgement of all he does not know:

> It is convenient to regard thinking as dependent on the successful outcome of two main mental developments. The first is the development of thoughts. They require an apparatus to cope with them. The second development, therefore, is of this apparatus that I shall provisionally call thinking (1962, p. 306).

Rather than assuming he understood what "apparatus" deals with thoughts, Bion took a step backward, calling into question cognitive processes and at the same time attempting to clarify something about those processes—particularly, that "thinking has to be called into existence to cope with thoughts" (1962, p. 306). Psychopathology, Bion posited, can be associated with one of the phases (the development of thoughts; thinking) or both. A capacity for tolerating frustration, he believed, "enables the psyche to develop thought as a means by which the frustration that is tolerated is itself made more tolerable" (Bion, 1962, p. 307). Recall Ogden's description of early Bion as "a never-completed process of clarifying obscurities and obscuring clarifications" (2004, p. 285) – the work on cognition perhaps exemplifies this process more than any other part of Bionian theory. I return to the link between tolerating frustration and thinking in the section on envy later in this chapter.

Alpha-function

Alpha-function was Bion's first foray into the description of a "function" that he did not fully understand but observed clinically. The idea is crucial in understanding what fails in the

envious individual. Bion chose the name alpha-function in order to talk about it without being restricted and warns against the premature investment of meaning:

> Since the object of this meaningless term is provide psycho-analytic investigation with a counterpart of the mathematicians variable, an unknown that can be invested with a value when its use has helped to determine what that value is, it is important that is should not be prematurely used to convey meanings, for the premature meanings may be precisely those that is essential to exclude (Bion, 1962/1977, p. 3).

Alpha-function takes place in sleep and in waking life. Bion believed that emotional experiences must be "worked upon by alpha-function before they can be used for dream thoughts" (1962/1977, p. 6). Alpha-function is also crucial to learning from experience: "alpha-function must operate on the awareness of the emotional experience; alpha-elements are produced from the impressions of the experience; these are thus made storeable (sic) and available for dream thoughts and for unconscious waking thinking" (Bion, 1962/1977, p. 8). Reverie, the mother's "state of mind which is open to the reception of any 'objects' from the loved infant's projective identifications whether they are felt by the infant to be good or bad" (Bion, 1962/1977, p. 36) and which is so important to the infant's ability to use healthy projective identification, is a "factor of the mother's alpha-function" (Bion, 1962/1977, p. 36). Meltzer believes that Bion's "myth of alpha-function is intended to provide an apparatus which can afford the personality the kind of experience from which comes a 'feeling of confidence' at discerning the truth" (2008, p. 319).

Bion also saw alpha-function as a useful tool in describing when it didn't work. Alpha-function, he felt, could be attacked and even function in reverse. Clinically, Bion found that:

Attacks on alpha-function, stimulated by hate or envy, destroy the possibility of the

patient's conscious contact either with himself or another as live objects. Accordingly we

hear of inanimate objects, and even of places, when we would normally expect to hear of

people (1962/1977, p. 9).

Thus, we find that one of the reasons that Bion saw envy as so important and dangerous is its

role in attacking alpha-function, which is crucial in somehow changing emotional experience

into something that can be used for thinking.

Alpha- and beta-elements

On what exactly does alpha-function work? Bion conceived of alpha- and beta-elements

as a way to give language (again, like the mathematician's variable) to the types of things that

are worked on by alpha-function and turned into something else. Beta-elements, which have not

yet been worked on by alpha-function, are "not amenable to use in dream thoughts but are suited

for use in projective identification. They are influential in producing acting out" (Bion,

1962/1977, p. 6). Beta-elements are "not felt to be phenomena, but things in themselves" (Bion,

1962/1977, p. 6). They are "not so much memories as undigested facts" (Bion, 1962/1977, p. 7)

and cannot be repressed, suppressed, or used for learning (Bion, 1962/1977).

Alpha-elements (beta-elements which have undergone alpha-function) "have been

digested by alpha-function and thus made available for thought" (Bion, 1962/1977, p. 7). Alpha-

elements "comprise visual images, auditory patterns, olfactory patterns, and are suitable for

employment in dream thoughts, unconscious waking thinking, dreams, contact-barrier, memory"

(Bion, 1962/1977, p. 26) – they are felt to be phenomena that can, to some degree, be symbolized

rather than "things in themselves" (beta elements) which cannot (Bion, 1962/1977, p. 6). Alpha-

elements also make up the contact-barrier, which separates conscious from unconscious. Envy's

interference with beta-elements becoming alpha-elements and forming a functional contact-barrier is, in Bion's model, its most destructive aspect.

The contact-barrier

This crucial contact-barrier, with which envy can dangerous interfere, is a "supposed entity" that "marks the point of contact and separation between conscious and unconscious elements" (Bion, 1962/1977, p. 17). The contact-barrier is formed when "alpha-function whether in sleeping or waking transforms the sense-impressions related to an emotional experience, into alpha-elements, which cohere as they proliferate to form the contact-barrier" which is "thus continuously in the process of formation" (Bion, 1962/1977, p. 17). Bion had an interesting way of describing the many possibilities he imagined:

> The nature of the contact-barrier will depend on the nature of the supply of alpha-elements and on the manner of the relationship to each other. They may cohere. They may be agglomerated. They may be ordered sequentially to give the appearance of narrative (at least in the form in which the contact-barrier may reveal itself in a dream).
>
> They may be ordered logically. They may be ordered geometrically (1962/1977, p. 17).

Thus, the contact barrier separates and connects the conscious and unconscious and is made of alpha-elements. Conscious and unconscious can sometimes be seen as in conflict in some way; Meltzer describes the way in which a person might feel confident that he or she is seeing the truth, "not of the thing-in-itself, but of one's own emotional experience of it" through "binocular vision" – both conscious and unconscious vertices (2008, p. 320). The contact-barrier seems to be the essential place where this happens. If it does, Meltzer believes, "testing in action" (acting out) is not necessary (2008, p. 320). The link with acting out is another reason the contact-barrier is so important and that envy is so dangerous.

L, H, and K links

L, H, and K are another notational system that Bion created in an attempt to identify different types of links and explore how each one functions. Again, the model helps the clinician to understand with what development envy interferes. L, H, and K links stand for "X loves Y, X hates Y, [and] X knows Y," respectively (Bion, 1962/1977, p. 43). Bion proposed the links as "states" rather than finalities. It is not that "x is in possession of a piece of knowledge called y" but rather that "x is in the state of getting to know y and y is in a state of getting to be known by x" (Bion, 1962/1977, p. 47). This is perhaps particularly important when it comes to the K link:

If the learner is intolerant of the essential frustration of learning he indulges in phantasies of omniscience and a belief in a state where things are known. Knowing something consists in "having" some "piece of" knowledge and *not* in what I have called K" (Bion, 1962/1977, p. 65).

-K, the opposite of K, is "concerned with the evasion of K and the emotional experience it represents" (Bion, 1962/1977, p. 48). He acknowledged the great emotional difficulty inherent in learning (remember from the literature review that envy is often an important thwarter of the ability to learn):

The question 'How can x know anything?' expresses a feeling; it appears to be painful and to inhere in the emotional experience that I represent by x K y. An emotional experience that is felt to be painful may initiate an attempt either to evade or to modify the pain according to the capacity of the personality to tolerate frustration" (Bion, 1962/1977, p. 48).

Thus, according to Bion, the ability to learn from (emotional) experience—truth—seems to be "essential for psychic health" (Bion, 1962/1977, p. 56). When it is interfered with, the effects are

disastrous. Later in this chapter I explore envy's effects on L, H, and K; first, I examine the question of evidence in Bionian theory. Before I move on to envy and its treatment, I explore the important question of Bionian "evidence": how did Bion know what he knew, and how does that impact how we understand and use his work?

Evidence in Bionian theory

Bion was unusually thoughtful about questions of how he believed he knew what he knew, as one might expect, given that so much of Bion's thinking is about thinking itself. He is notable for his criticism and questioning of his methods of gathering evidence, his innovative solutions involving models and concepts before theories and his use of abstraction, and his care toward making theory building clinically respectful. As I ask the clinician to consider Bion's original and sometimes surprising theoretical constructions and treatment recommendations later in this study, it is important to understand first how it is that Bion came to the conclusions he did.

Criticizing and questioning his methods of gathering evidence

Bion consistently criticized and questioned his methods and the limitations he faced in gathering evidence. In the introduction to *Learning from experience*, he wrote:

> The methods in this book are not definitive. Even when I have been aware that they are
>
> inadequate I have often not been able to better them. I have found myself in a similar
>
> position to the scientist who continues to employ a theory that he knows to be faulty
>
> because a better one has not been discovered to replace it" (Bion, 1962/1977, p. iv).

He saw the problem as pervasive in all human endeavors, saying that "the capacity to think is rudimentary in all of us" and thus all investigation is limited by human inadequacy (Bion, 1962/1977, p. 14). Bion questioned even the accepted scientific method, writing, "its weakness may be closer to the weakness of psychotic thinking than superficial scrutiny would admit"

(Bion, 1962/1977, p. 14). He explored how psychoanalytic theory, as a mixture of observed material and abstraction from it, can be at once too theoretical and too concrete (Bion, 1963). Ultimately, he believed that those concerned with the establishment of facts work from a failure to ascertain facts, "and so involve investigation of the nature of a failure" (Bion, 1962/1977, p. 66).

Innovative solutions: models and concepts before theory, abstraction

In response to his own criticisms of theory building, Bion found two resourceful ways to deal with the problems identified in the previous section. His functions and models (alpha-function, alpha- and beta-elements, contact-barrier, L, H, and K links) all served to allow Bion to "proceed with the communication without having to wait for discovery of the missing facts and without making statements that might appear to suggest that the facts were already known" (Bion, 1962/1977, p. 19). Thus he was able to talk about clinical phenomena that he wanted to describe but could not yet fully explain. One recalls Klein's use of words to describe preverbal states: it is another attempt to describe that which cannot be fully understood or verbalized.

Bion also described his process of abstraction and why it was so important to his writing and thinking (1962/1977). He considered abstraction to be essential, opposing it to concretization (Bion, 1962/1977). Abstraction is reason and motivation to continue to create. As Bion stated it, "the fact that any realization only approximates to the representation, be it abstraction or model, is the stimulus for further abstraction and further model making" (1962/1977, p. 65). As the reader considers the question of envy and its treatment, Bion's writing encourages a constantly opening mind to new possible ways of understanding the complex problem and possible solutions.

Bion was careful not to assume that his models held true for all individuals. As he wrote, "The analyst has to concern himself with two models, one that he is called upon to make and the other implicit in the material produced by the patient" (Bion, 1962/1977, p. 87). As an example, Bion often used a digestive model—as in "undigested facts"—yet he recognized that

(i)nvestigation of mental development shows that some individuals behave as if their model of thinking was not that of a healthy digestive system or perhaps of a digestive system at all. It is therefore necessary to discover what their model is (1962/1977, p. 82).

Such a humble posture toward knowing the nature of someone else's experience served Bion well as theorist and clinician. As the clinician uses Bionian theory, it is crucial never to believe that one's preconceived models, even if developed through serious work and study, will explain every individual. Instead, particularly in such difficult clinical situations such as those involving envy, the clinician must work to understand each particular patient, letting his or her models and conceptual knowledge inform but not dictate the interaction. In the next section, where I explore a Bionian conceptualization of envy and its treatment, that humility will continue to be present in Bion's theorizing and its basis in his clinical work.

Bion's conceptualization of envy

Bion began with a fundamental definition of psychoanalytic envy that was similar to Klein's in the sense that there is an attack on a good object, paradigmatically the good breast, in which the breast and its contents are spoiled and destroyed. Mitchell and Black describe how Bion began to feel that there was a connection between psychotic fragmentation and Klein's conceptualization of envious attacks, in which "what was attacked was not only the object itself but the part of the child's own mind that was connected to the object and to reality in general"

(1995, p. 103). The link to the object is felt to be "unbearably painful" and prompts the envious person to attack not just the breast (good object) but also the mental capacities that connect him or her to the breast (Mitchell & Black, 1995, p. 103). Envy, they continue, for Bion "became a kind of psychological and autoimmunological disorder, an attack by the mind on itself" (Mitchell & Black, 1995, p. 103). In this section, I further explore Bion's conceptualization of envy through its links with –K, evacuation and denudation, and its effects: the destruction of feelings and alpha-function, the splitting of material and psychical comforts, the impossibility of satisfaction, and the negative therapeutic reaction.

–K, evacuation, and denudation

Bion was clear that envy as described by Klein is the *only* reason that the phenomenon represented by –K should exist. Bion believed an infant's greatest fear is that it is dying. The "model" he constructed for this situation is as follows:

> The infant splits off and projects its feelings of fear into the breast together with envy and hate of the undisturbed breast. Envy precludes a commensal relationship. The breast in K would moderate the fear component in the fear of dying that had been projected into it and the infant in due course would re-introject a now tolerable and consequently growth-stimulating part of its personality. In –K the breast is felt enviously to remove the good or valuable element in the fear of dying and force the worthless residue back into the infant. The infant who started with a fear he was dying ends up by containing a nameless dread (Bion, 1962/1977, p. 96).

Bion went on to explain that the violence of the emotion associated with envy and –K affects projective processes such that they basically cannot function: "Indeed it is as if the whole personality was evacuated by the infant" (1962/1977, p. 97). In envy, any object that is needed

(in this case, to contain the projection of the fear of dying) is felt to be bad because it "tantalizes" (Bion, 1962/1977). Thoughts and proto-thoughts are bad, needed objects and need to be gotten rid of. Bion believed that the problem "is solved by evacuation if the personality is dominated by the impulse to evade frustration and by thinking the objects if the personality is dominated by the impulse to modify the frustration" (1962/1977, p. 84). Thus envy is connected with evacuation by creating a situation in which fears and feelings are felt to be bad and cannot be contained or thought and are thus gotten rid of entirely.

Bion theorized that not only are thoughts and feelings evacuated in envious states, but "since the projection by the infant is also impelled by envy the projection is felt as an envious denudation of the psyche" (1962/1977, p. 97). Whereas in non-envious K, only the fear of dying would have been removed, in envious –K, there is "hardly any infant to re-introject or into whom the denuded fear of dying can be forced" (Bion, 1962/1977, p. 97). This "negative container contained" relationship creates an "envious stripping or denudation of all good" (Bion, 1962/1977, p. 97) which "asserts its superiority by finding fault with everything," particularly any new development in the personality or sign of growth (Bion, 1962/1977, p. 98). The combination of envy, -K, evacuation, and denudation is a forceful one. The troubling results are the destruction of feelings and alpha-function, the splitting of material and psychic comfort, the impossibility of satisfaction, and the negative therapeutic reaction, which I discuss in detail in the next section.

Effects of envy: destruction of feelings and alpha-function, splitting of material and psychic comfort, impossibility of satisfaction, and the negative therapeutic reaction

Bion described what he saw as the effects of envy. Overwhelmingly, he believed that "Failure to eat, drink or breathe properly has disastrous consequences for life itself. Failure to use the emotional experience produces a comparable disaster in the development of the

personality" (Bion, 1962/1977, p. 42). The particular disaster envy causes begins with the destruction of feelings and of alpha-function, which has the potential to change feelings into something that can be thought about and accepted as emotional experience. Bion described the way that "fear, hate and envy are so feared that steps are taken to destroy awareness of all feelings" (1962/1977, p. 10). Further, envy aroused by the breast which provides "love, understanding, experience and wisdom, poses a problem that is solved by destruction of alpha-function" (Bion, 1962/1977, p. 11). If such good things as love and understanding cannot be used, they become devalued and thus the pain of envy is lessened.

The deflection of the need for love, understanding and mental development, because they are felt to be unable to be satisfied, turns into a search for material comfort (Bion, 1962/1977). Bion further developed this idea:

> This split, enforced by starvation and fear of death through starvation on the one hand, and by love and the fear of associated murderous envy and hate on the other, produces a mental state in which the patient greedily pursues every form of material comfort; he is at once insatiable and implacable in his pursuit of satiation (Bion, 1962/1977, p. 11).

Since the striving for material comfort stems from a need to be rid of the awareness of emotional experience, it is impossible for any material to satisfy longing in this state. Not only do the "beta-elements" (material comforts) being introjected (but not understood) fail to satisfy, they are in fact felt to be bad themselves. These mechanisms "fail to rid the patient of his pains, which he feels to be due to a lack of something" (Bion, 1962/1977, p. 11). Sometimes, such a search may bring the envious person into therapy or analysis.

This state may lend itself to a negative therapeutic reaction, for various reasons. First, obviously, the patient's –K (refusal/inability to learn) and disavowal/evacuation/denudation of

thoughts and feelings make analysis difficult. Second, the patient "uses an equipment suited for contact with the inanimate to establish contact with himself" (Bion, 1962/1977, p. 12). There is a great difficulty in making contact with one's own aliveness in this state. The attempt to evade contact with other live objects through destroying alpha-function creates a situation in which only beta-elements are available, and beta-elements cannot be used for thinking or feeling, only evacuation. Finally, the patient may feel that there are "no redeeming features in his environment," including the analyst's presence and interpretations (Bion, 1962/1977, p. 12). Still, Bion believed, "the patient does ultimately grasp some of the meaning of what is said to him" (1962/1977, p. 12). In the following section, I explore Bion's suggestions to the practitioner working with a person who suffers from envy and its related states.

Treatment of envy

Bion is an important figure in the treatment of people suffering from psychosis, envy, and other serious problems. Mitchell and Black note, "Bion's formulations concerning attacks on meaning and linking and projective identification have provided powerful clinical tools in analytic work, particularly in the treatment of very disturbed patients" (1995, p. 108). Bion suggested that the clinician working with someone with envy find meaning in the lack of meaning, allow for projective identification and the introjection of good objects, help the patient to realistically modify conduct, and understand and use transference and counter-transference.

Find meaning in the lack of meaning

Bion's work to find meaning in the lack of meaning experienced in the treatment of severely disturbed people has been valuable to many clinicians. According to Mitchell and Black:

Bion's formulations provide a framework for analysts to tolerate and, in fact, become

fascinated with their reactions to such patients by establishing the following assumptions:

the apparent meaninglessness of the communications is generated by an active

destruction of meaning; the apparent hopelessness and disconnection are generated by an

active intent to destroy hope and connection; the agonizing feelings generated by

sustained contact with such persons are the product of primitive efforts on their part to

communicate and share their tortured states of mind (1995, p. 108).

Over time, disorganization and meaninglessness become more organized and meaningful

through the analyst's curiosity, containment, and interpretations. Eventually, such meaning and

organization become, to some extent, part of the patient's experience as well. Such meaning-

making actively works against the harsh corrosiveness and stripping functions of envy that make

it so harmful.

Allow for projective identification and the introjection of good objects

Bion was perhaps the first intersubjective analyst; he believed strongly in the therapeutic

importance of projective identification and its reciprocal, the introjection of good objects

(1962/1977). Grotstein gracefully sums up the process a Bionian analyst uses with a disturbed

patient:

Projective identification by the analysand optimally leads to *containment* by the object,

who now, as subject, *absorbs* the analysand's pain and then *becomes* it, one aspect of

which is the analyst's agreement to *be* it—that is, "wear" it—as its subjective identity so

that the infant/patient can see that the project pain has "travelled" in psychic space from

the subjectivity of the analysand to that of the analyst, while all the while the analyst is

dreaming it with alpha-function (processing or "metabolizing" it)" (2009, p. 307) (italics

in original).

The analyst does with the patient what could not be done in infancy (again, real and

metaphorical) through the containment, absorption, becoming, and processing of painful

thoughts and feelings and then the giving back of those thoughts and feelings in a more

digestible form that can be safely introjected. The containment of projective identification

counteracts the feeling in the envious patient that emotional experience is too painful and links to

objects as well as within the mind must be cut.

Help the patient to realistically modify conduct

Envy, as I explored earlier, interferes with the process of learning. Bion observed that the

disturbed patient "appears to have no appreciation of causation and will complain of painful

states of mind while persisting in courses of action calculated to produce them" (1959, p. 314).

He suggested that it is necessary to interpret to the patient his or her own lack of interest in

learning why he or she feels or experiences things as he or she does. The patient's gradual

development of an understanding that he or she has not been curious about what is causing

distress may help to bring about a greater sense of curiosity. Bion felt that this "leads to some

modification of conduct which otherwise prolongs his distress" (1959, p. 314).

Understand and use transference and counter-transference

Bion saw the transference of severely disturbed patients as closely resembling "the

description given by Melanie Klein of the infant's fantasied attacks on the breast" (1958, p. 145).

Meltzer describes that transference as "an externalization of internal object relations under the

pressure of the immediate operation of impulse and anxiety" (2008, p. 290). In other words, the

patient's attacks on the analyst, which resemble the infant's fantasied/phantasied attacks on the

breast, are not even just representations, but actually externalizations, of primitive internal object relations and feeling states. The patient "inevitably and necessarily experiences the analyst and the analyst's interpretations with profoundly intense hopes and equally intense dreads, through her unconscious organizations of experience" (Mitchell & Black, 1995, p. 106). Thus, as in Kleinian theory, working in the transference, positive and negative, is crucial to Bionian clinical work.

Perhaps some of Bion's most original and valuable contributions are to the analyst's use of counter-transference as a vehicle for recognizing, containing, absorbing, and processing painful thoughts and affects. As the analyst receives the patient's projective identifications and metabolizes them, returning them in a newly digestible form, the analyst is exposed to and takes on disturbing states of mind and powerful anxieties. Mitchell and Black summarize such an interaction: "The patient's intrapsychic fantasy becomes a form of interpersonal transaction that stimulates intense experiences in the analyst, whose countertransference offers clues to the patient's unconscious fantasies" (1995, p. 108). In an envious patient, the interaction may be even more distressing to the analyst, whose attempts to be helpful and reparative are destroyed over and over by the patient who cannot accept such "good" offerings. Thus, the clinician who is to work with very disturbed patients must be willing to undergo, observe, and use painful affects if the treatment is to succeed.

Conclusion

Bion's innovative work on splitting, projective identification, containment, and attacks on linking; his hypotheses on cognition; and his tools (alpha-function, alpha- and beta-elements, the contact-barrier, and L, H, and K links) make up a body of work that has influenced Kleinian and non-Kleinian clinicians alike. His careful and innovative solutions to problems of evidence and

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his profound and complex conceptualization of envy and its treatment extend and deepen Klein's work on the subject. Meltzer characterizes the experience of reading and using Bion well:

> Probably most people who have been deeply influenced in their clinical practice by Bion's work have had the same experience, of initial irritation and suspicion followed by a long period during which they have only gradually discovered the evidence of his impact on their own observations and thought (2008, p. 301).

His complexity and originality of thinking make him a difficult but deeply rewarding therapeutic guide.

In the next chapter, I analyze and synthesize Kleinian and Bionian conceptualizations of envy and its treatment. I evaluate the strengths and weaknesses of this study, and I consider its implications for social work practice, policy, and research.

CHAPTER VI

Discussion

"One may consider envy to be an inherent category belonging to the death instinct, or even, as I think, of the life instinct as well—a prime, unavoidable affect and a reminder of one's inadequacies and incompleteness" –James Grotstein, 2009, p. 253

Throughout the other chapters of this study, I have often referred to the clinical utility of the theoretical material presented. In this chapter, I review the most important points of the phenomenon and each theory. In an extended case study, I synthesize Kleinian and Bionian thought to develop a conceptual understanding of the patient presented; I then discuss how one might successfully treat the patient using a therapy informed by the two theories. Finally, I consider the implications for social work practice, policy, and research.

Envy, Klein, and Bion

Envy

Psychoanalytic envy is not about lacking something that can be solved materially; rather, it is a far more complicated phenomenon. In the chapter on the concept of envy, I looked at envy as a deadly sin (Epstein, 2003), a highly disturbing experience that causes a wide range of individual, interpersonal, and societal problems. I considered envy's effects from the perspective of many experienced clinicians and writers. Envy has harmful effects on interpersonal relationships and prevents reciprocal bonds between people (Etchegoyen & Nemas, 2003; Daniels, 1964-1965; Joseph, 1986; Barrows, 2002; Bonovitz, 2010). It plays an important role in

pathological projective processes; as such, the envious person can feel himself or herself to be surrounded by others who would destroy him or her with their envy (Berke, 1985; Joseph, 1986; Harris, 1997; Etchegoyen, et. al, 1987). Envy has a significant connection with narcissism and can be seen as a narcissistic defense (Berke, 1985; Etchegoyen, et.al, 1987; Spillius, 1993; Donner, 2006; Hailparn & Hailparn, 2000). It can lead to paranoia and a fear of success, and sometimes to destructive self-sabotage (Bonovitz, 2010; Joseph, 1986; Harris, 1997; Kavaler-Adler, 2006).

Envy interferes with the development of the crucial feelings of admiration and gratitude (Sandell, 1993; Klein, 1957). It can block the development of a set of ethics from which one can live (Etchegoyen, et. al, 1987). Envy impedes the ability to give, receive, and appreciate (Joseph, 1986; Etchegoyen & Nemas, 2003; Spillius, 1993; Fisher, 1989; Harris, 1997; Schultz, 1991; Schwartzberg, 2007). It can cause a process of concretization, in which problems become so "real" they are felt to be absolutely immovable (Anderson, 2011). Envy causes a perversion of desire and an inability to enjoy good things (Bonovitz, 2010; Joseph, 1986; Etchegoyen & Nemas, 2003). Its attacks on goodness can cause confusion and difficulties in learning (Joseph, 1986; Daniels, 1964-1965; Harris, 1997; Spillius, 1993; Etchegoyen, et. al, 1987). Envy's close relationship with shame and guilt causes pain that often brings people into contact with clinicians (Berke, 1986; Harris, 1997; Spillius, 1993). It makes it more difficult to tolerate frustration, and creates a situation in which getting the desired object or outcome does not alleviate the frustration (Etchegoyen, et. al, 1987). Envy is associated with low self-esteem, a feeling of worthlessness, and a sense that something internal and/or external is lacking (Daniels, 1964-1965; Colman, 1991; Stein, 1990; Harris, 1997).

Envy is such a painful feeling that people can be quite defended against it. Sometimes these defenses are what bring people into treatment, as they can be harmful and limiting themselves (Joseph, 1986; Spillius, 1993). Envy also has effects at a societal level; there are particularly important intersections between envy, gender, and racism (Ellman, 2000; Harris, 1997; Einzig, 1980; Reichbart, 2006; Clarke, 2003; Rasmussen & Salhani, 2010).

Klein

In the chapter on Klein, I discussed Klein's original and unique vision of the mind: the "continually shifting, kaleidoscopic stream of primitive, phantasmagoric images, fantasies, and terrors" (Mitchell & Black, 1995, p. 87); the unconscious in which "time is spatial, not historical" and the unconscious is not constructed by repression (Mitchell, 1986, p. 28); and the "primitive elements" (Hinshelwood, 1991, p. 1) that are not easily described by words. I noted Klein's concepts of *phantasy* (sic/unconscious fantasy), the internal world, and the necessity for the good "breast" to be taken in so that its goodness and wisdom can be unconsciously drawn on in order to face the difficulties inherent in development. Envy interferes with taking in good objects; in states of envy, the good breast is thus idealized but not assimilated, and excessive splitting and projective identification impoverish the ego. In such a situation paranoid-schizoid mechanisms predominate, and the envious person cannot tolerate depressive anxieties or mourning processes. The healthy adult is able to learn, work, and love without feeling attacked by bad internal and external objects; the envious adult must manage persecutory anxiety through primitive defenses.

Klein saw envy as a manifestation of the death instinct. She found that it dangerously influences the development of a harsh, shaming superego and interferes with Oedipal processes due to its sabotage of the desire to learn and grow, its creation of premature guilt and shame, and

the way that it makes it more difficult to tolerate object relations with whole people. Without good internal objects to draw on, badness is felt to come from within and is projected outward. The envious person feels simultaneously depleted and attacked, and struggles to love, learn, and think.

Klein was well aware of the difficulty that envy presented to the therapeutic process. She believed that, in any treatment, "the whole gamut of love and hatred, anxiety, grief and guilt in relation to primary objects" must be experienced again and again (1950, p. 46) in order for split off pieces of the self to become integrated, for love and hate to be better synthesized, for the ego to gain strength and coherence, and for the split between idealized and persecutory objects to diminish (1952a, p. 56). In the treatment of a person experiencing envy, Klein recommended relentless analysis of the positive and negative transference and caution in pacing interpretations about envy as the analyst helps the patient work to integrate his or her love and hate.

Bion

In the chapter on Bion, I looked at the way that Bion used, extended, and altered Klein's ideas in his attempt to "explore and convey the dense texture and ultimate elusiveness of experience" (Mitchell & Black, p. 102). Bion's work with people with psychosis led him to create a complex theory of splitting and projective identification. While he agreed with Klein that excessive and/or disorganized splitting leads to extreme projective identification that impoverishes the ego, he came to feel that the root was in infancy, when the infant cannot adequately project into a containing object (mother) that can digest the infant's most distressing feelings and fears and return them in a more manageable form. Bion, like Klein, believed that the problem could be external (a caregiver who cannot contain and manage the projections), internal

(envy, i.e., not allowing the mother to receive and contain the projections), or a combination of the two.

Bion also associated excessive projective identification and envy with the death instinct. The "hatred of emotion" and need to avoid awareness of it (1959, p. 310) as well as an inability to tolerate frustration leads to attacks on links with objects and on the mind and its own ability to think. In addition to interfering with relationships and cognition, envy disrupts the process of changing emotional experience into something that can be learned from and thought about (alpha-function) and prevents the growth of a functional contact-barrier between the conscious part of the mind and the unconscious. According to Bion, envy -- a corrosive, denuding force that strips all possibilities for development and connection of their meaning -- is associated with –K, an omnipotent inability to learn from experience. Feelings and thoughts are thus evacuated rather than tolerated, and the splitting of material and psychic comforts make any feeling of real satisfaction impossible.

Bion too recognized the difficulty of working therapeutically with the envious patient. His conceptualizations led to the clinical wisdom that one must find meaning in the lack of meaning: links to objects and thoughts and feelings themselves are actively destroyed; the hopelessness and meaninglessness that can be felt in the treatment is itself a form of projective identification, an attempt by the patient to share his or her state of being. Bion believed that the analyst had to contain, digest, and become the patient's projections before allowing the patient to re-introject his or her own thoughts and feelings in a now-safer form along with the good object of the analyst from which to draw in the future. Like Klein, Bion suggested patience: the clinician must be willing to undergo, again and again, painful affects and experiences within the self in order to successfully treat a person who suffers from envy.

Synthesis using an extended clinical example

The use of case material for analysis and synthesis presents the writer with a complex and challenging task: each person with whom one comes into clinical contact is so multifaceted; history and behavior is by its nature polyvalent; and the clinician-writer faced with applying theoretical models to real people must continue to be aware that such an application is a hypothesis. There will always be conflicting possibilities. Yet, using theory with clinical material presents an important opportunity for therapeutically relevant integration. In that spirit, I present a case in which I synthesize the Kleinian and Bionian conceptualizations of envy, its effects, and its potential treatment.

Clinical example: Mariana

Mariana is a fifteen-year-old student at a public high school in a large city in the northeast. She is of Dominican descent and was born in the United States. Mariana's mother returned to the Dominican Republic shortly after Mariana's birth and left her in the care of her maternal grandmother; she does not know her father. Mother and daughter see one another in the Dominican Republic during the summers. Mariana speaks Spanish at home with her grandmother and is fluent in English. She identifies as heterosexual and female and does not practice a religion (although her grandmother is Catholic). Her family's financial status is stable.

Mariana has a complicated psychological/behavioral history. She has seen various therapists and had psychological testing. Her psychological evaluation identified Mariana as "mildly mentally retarded," a diagnosis that seemed to be both inaccurate and harmful, as she was aware of the diagnosis and explained that the "retardation" was "inside of her" and "couldn't come out." She has taken medication in the past, which made her sleepy and without an appetite.

Since she stopped taking the medication she has been much hungrier and gaining some weight, something that in different moments she seems to alternately delight in or be bothered by.

In school, Mariana struggles academically and socially. She is often disruptive in classes and sent to the SAVE room (an in-school suspension), and she is failing several of her ninth-grade classes. Her teachers maintain that the reason for her failing is behavioral, and that when she concentrates she can do the work. Mariana can be very charming in certain moments, funny and self-aware, and in others mean, insulting others in ways that often provoke anger. Mariana has difficult relationships with other students. She has been in a handful of physical fights with both male and female peers and struggles to maintain friendships, though she seems to desire closeness with others. She has sexual thoughts and feelings about male students, and has started to be physically involved with an older student. Sexual contact seems to be both something she wants and fears.

Kleinian/Bionian conceptualization

A Kleinian/Bionian conceptualization of Mariana provides much more depth and possibility for treatment than a diagnosis of mental retardation. Mariana shows intelligence and a strong capacity for schoolwork in some moments while in others she is disruptive, destructive, paranoid, and confused. Kleinian/Bionian envy accurately describes many of Mariana's symptoms and helps to explain why it was that non-psychoanalytically informed therapy, medication, and discipline were so unhelpful to her and what might have been more helpful.

Mariana's grandmother, based on Mariana's stories, seemed to have been resistant to raising her daughter's daughter. One can imagine the ways in which she might not have been the primary, good caregiver that Mariana needed as an infant. Klein and Bion believed that internal and external forces influence envy; perhaps Mariana was in some way predisposed to being

aggressive or destructive, and perhaps her development was strongly influenced by the loss of her mother and the lack of a full replacement. Klein would have emphasized the lack of a good, consistent internal object from which to draw in moments of difficulty. Bion would have noted the way that Mariana would not have been able to project her greatest fear, the fear of dying, as an infant. Without having that fear metabolized by another person who could return it to her in a more tolerable form, she would have been left with a "nameless dread" (Bion, 1962/1977, p. 96) rather than a felt experience that terror can be survived with the help of a containing outside presence. It is impossible to parse out what might have been infant-Mariana's inability to project, allow her caregiver to process, and return her feelings, and/or her inability to internalize a good object from which to unconsciously draw in difficult moments. Development always contains a mixture of nature and nurture (nature here would be the presence of a strong death instinct, or a particularly aggressive or destructive constitution; nurture, the primary relationship with an early caregiver). Regardless, Mariana entered adolescence with symptoms reflecting a harsh internal world and the corrosive, denuding effects of envy.

As so often is the case in envy, Mariana's internal world seems to be full of internal persecutors. She sometimes yells, "stop looking at me" while walking in the hallways when there is no one there, and she suspects that others will hurt or abandon her, as her parents did. Her fantasies about boys are about devouring them ("I'll kiss him whether he likes it or not!") or them devouring her. In social relationships, a deep unconscious phantasy related to early persecution and abandonment is felt to repeat and made to repeat externally. Envy is a force that can keep someone in the paranoid-schizoid position, in which "the problem of inherent human destructiveness is resolved through projection, resulting in an ominous sense of persecution, danger from others" (Mitchell & Black, 1995, p. 95). While some of the dangers Mariana faces

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and has faced are real (external), she imagines that teachers want to fail her (when they are often quite invested in her passing) and that other students want to beat her up (more often, she wants to beat them up; the threats come from within, not from outside). Mariana's projections and subsequent accusations have real effects on her relationships, and students in particular are afraid of her and avoid her. In Bionian terms, envy's effect on Mariana's ability to tolerate frustration forces her attack her links with other people and with her own mind, her ability to think. The "confusion" surrounding her relationships (often summed up by the question, who wants to hurt who?) can be attributed to her attacks on linking.

Klein and Bion both note in different ways the blocks that envy creates for development. Klein believed that people shift back and forth between the paranoid-schizoid and depressive positions in different moments, and that envy makes it much more difficult to remain mostly in the depressive position, in which one can mourn losses and fear hurting loved objects. Mariana has moments in which she feels depressive anxieties and regret for hurting people she cares about; she sometimes makes genuine apologies after insulting or yelling at someone. More often, though, she feels persecuted by her own bad internal objects, projected outward, and experiences everyone as out to get her; she is then unable to see her part in hurting others and cannot repair the relationship. Bion calls the failure to see what has happened –K, non-thinking: the inability to learn from experience. In –K, thoughts and feelings are evacuated rather than understood. This interferes with relationships and with cognition. This kind of confusion, Klein might add, stems from the original problem of envy, hatred of the good object. Such a fundamental confusion necessarily leads to confusional states later in life in which the envious person feels unable to figure out what has happened in relationships and what would have to happen in order to make them better.

Bion's highly theoretical ideas about the mind can be seen clinically in Mariana's presentation. He theorized that envy interferes with the process of turning emotional experience into something that can be learned from (alpha-function), and that if that process were disrupted, there could be no functional barrier between the conscious and unconscious parts of the mind (contact-barrier). Mariana often cannot distinguish her fantasies from reality: she sees people watching her when there is no one there, but then can agree that the hallway is empty (in other words, there is a confusion, internal mixing with external, but not a psychotic hallucination). She sometimes so badly wants for a boy to have kissed her that she seems to become convinced that he has; she then speaks about it as though it has happened, further alienating her peers. Lack of a functional barrier between conscious and unconscious also makes it difficult to separate her relationships from the past with her present relationships; for example, she quickly switches a girl who beat her up in elementary school with a girl toward whom she feels aggressive in high school. This lack of a barrier between fantasy, memory, and current reality contributes to a difficulty in reality-testing, a crucial ego function.

Klein found that envy creates a harsh, shaming superego, and a feeling of guilt before the ego is able to adequately handle that feeling. Bion might have added that such difficult emotions before the individual is ready to deal with them create a hatred of emotion itself, and a need to avoid awareness of it. Mariana's superego is harsh, shaming, and ineffective: she does not follow rules, yet she is disgusted and ashamed by her own pleasure in eating or having pleasing daydreams about boys. Bion saw envy as corrosive and denuding, stripping meaning from the processes of learning, growth, and development. Often, when Mariana finds herself changing or developing, she attacks very the idea that she might be growing. For example, she responded to her guidance counselor appreciating that Mariana had been polite to her recently by calling her

fat and telling her she wished she would die: an extremely harsh attack on a relationship that has been growing closer, and a way of stripping the guidance counselor's comment of its meaning. She responds similarly to succeeding at something in school. This is perhaps envy's most harmful manifestation: the attacks on one's own growth and development.

As noted earlier psychoanalytic envy is not about lacking something that a material good might solve. It is, as Adrienne Harris wrote, "fueled by a passion that seems unquenchable until the external world can be seen and experienced as devastated and ruined as the internal world" (1997, p. 312). Mariana finds ways to make others feel bad, often insulting their physical appearance or intelligence. She does small things to "ruin" the physical world around her, picking her nose and wiping it on the table, or breaking classroom materials. Mariana seems insatiable in her appetite, and often asks people for food, though she describes being well fed at home. Bion wrote about the splitting of material and psychic comforts in envy that makes real satisfaction impossible. In Kleinian terms, there can be no satisfaction as long as the internal world is barren or filled with persecutors. Until good, consistent objects are internalized, there can be no "getting full": no lasting feeling of gratification from anything externally good.

Proposal for treatment using Kleinian/Bionian theory

A clinician treating Mariana through a Kleinian/Bionian lens, acknowledging and working with her envy, would be far more successful than the disciplinary and behavioral lenses that have been used with her in school and therapy. According to a Kleinian/Bionian conceptualization and prescription, Mariana requires a long psychoanalytically informed treatment. Both Klein and Bion emphasized the way that the patient who suffers from envy or any other serious disturbance requires extensive clinical time -- for (1) love, hate, anxiety, and guilt to be experienced again and again within the self and in relationship with the analyst, as

they gradually become more integrated and for (2) meaninglessness and lack of connection and other extremely painful affects to be felt, processed, and contained by the analyst before they can be "given back" to the patient, their contents now in some way changed and more tolerable.

Both Klein and Bion would have recognized the harshness of Mariana's internal world - the way that it seems to be full of persecutors. She had likely begun to feel intense guilt and shame before her ego was strong enough to handle these emotions. (Envy both causes and is a result of a feeling of shameful neediness.) As such, Mariana's projective processes are intense and difficult to parse out. The clinician who takes her actions (insulting others, picking fights) concretely will shame or discipline her further, leading to more guilt and shame. Yet, what Mariana needs is exactly the opposite: someone who can understand that she is trying to show something about how bad things are for her internally when she makes others feel bad; a clinician who could contain, process, and work through that with her. The clinician's acting out (responding harshly, or aggressively) to the patient's projective identification, is, as Kleinian analyst Hanna Segal warns, "in effect a confirmation of the patient's omnipotence and also an impoverishment of his personality through the losses incurred by such projections" (1964, p. 120). Mariana's projective processes are not calls for discipline but rather, an attempt to ruin the outside world as much as her inside world may feel ruined. When she does manage to ruin it (to cause everyone in her life to treat her with anger and frustration), she feels empty and attacked and unsatisfied. Until she is better able to integrate love and hate, to internalize a good, consistent object, overcome shame and guilt enough to want something good, and to learn from her experience in order to get it, she will be stuck in a cycle of projective, destructive processes.

The pain of accepting and working with, digesting, the Mariana's painful emotional experiences and internal world would require great emotional capacity on the part of the clinician

who treats her. Both Klein and Bion understood how painful these experiences could be, and cautioned against too-quickly interpreting envy and other very painful repressed affects. Working in the transference is extremely important in this situation; that is where in Kleinian and Bionian thinking the work is done and the hatred, grief, and corroded emptiness are processed. Hatred of Mariana's mother and father for leaving, grief at their absence, anger at her grandmother for not being a good enough caretaker, her own feelings of guilt and shame and emptiness at the state of her own self and her relationships -- all of these would need to come out in the relationship with the clinician as hatred and grief and anger toward and disconnection from the clinician. Further, the negative transference would need to be interpreted and the painful feelings and the attacked broken thought processes accepted and shared by the therapist, who survives all of it.

The envious person's superego is already much too harsh, and envy can force him or her to be concrete in thinking far too often. The common disciplinary measures based on behavior in school can thus be harmful to a student like Mariana. At the same time, concrete thinking and confusional states, particularly regarding thought and action, can create situations in which the patient requires more directive help from the clinician. Kleinian/Bionian treatment does not prohibit trying to understand the external world even as it most deeply seeks to work with the internal. Both Klein and Bion point to instances when thinking has become so concrete that problems that could get better through behavioral modifications are felt to be immovable. In that case, with enough rapport between patient and clinician, the clinician may help the patient to see ways in which his/her behavior affects external outcomes. It is a tricky line to balance, however; the possibility for blaming and shaming is quite real, and the last thing the envious patient needs is more guilt and shame.

Ultimately, much of a Kleinian/Bionian treatment for someone like Mariana would involve a long process of projection (the therapist feels the painful affects of the patient), processing (the therapist digests, contains, interprets, and returns in a different form the contents of the most painful fears and feelings), and integration (the painful feelings are, with the help of the therapist, felt to be more tolerable, splitting is lessened, the personality becomes richer and fuller, real relationships and learning are more possible). In this scenario the clinician -- as a good object who helps contain thoughts and feelings that before seemed unbearable, who survives the hateful attacks of the patient, and who verbalizes the (often terrifying) tender and loving feelings the patient has for the clinician and vice versa –is, over time, internalized so that he or she can be consciously and unconsciously drawn upon for strength in future difficult times.

Consideration of implications for social work practice

The study of psychoanalytic envy has significant implications for clinical social work practice. Implications can be divided into (1) clinical training/preparation, (2) how to structure treatments, and (3) interventions to make during the course of treatment.

Clinical training and preparation

The study of psychoanalytic envy through the work of Klein and Bion shows the incredible complexity of the forces that shape cognitive and emotional development and further, begs the question of how clinicians can learn and develop in order to effectively treat this type of patient. Treatment for the envious patient requires conscious and cognitive maturity on the part of the clinician as well as solid emotional development. Conscious and cognitive development comes from the study of related literature and from comprehensive training in various theories. It involves a process of understanding increasing amounts and numbers of theory, seeing those theories come to life in practice, and ultimately, noting where any given theory applies or does

not apply. The clinician who is to tackle such a deep and complex subject as envy in his or her patient must be well-equipped theoretically; if not, it will be easy to attempt to change behavior without understanding underlying causes. According to Kleinian and Bionian formulations, this will never work; that is, this approach will never go deep enough such that the difficult and taboo feelings can be integrated and processed while envy and its accompanying behaviors soften.

Perhaps even more importantly and sometimes ignored is that the clinician who is to be effective in treating the envious patient must develop his or her emotional/intuitive capacities. In short, he or she must become more self-aware; if not, the projective processes of the patient will be misunderstood, inspiring retaliation on the part of the clinician, which is the absolute worst outcome when the envious patient is attempting to show the therapist an internal ruin that must be contained, not punished. Thus, the clinician must have his or her own experience in psychotherapy or psychoanalysis. Knowing that the lived experience of better integrating one's love and hate, feeling the intensity of the transference, and seeing how something felt to be dangerous alone can be contained and digested by another is critical to being able to do the work.

Perhaps reading theory can be included in both cognitive and emotional development. Learning from the work of others gives the clinician who works with the envious patient information (for example, about envy's connections with shame and guilt and why that is the case or with envy's corrosiveness, stripping meaning from personal growth). For example, the process of reading the work of writers like Klein and Bion is in some way an experience of emotional growth. There is a struggle to understand, as there is in clinical work, all of the intricacies. There can be also a frustration at not understanding, a wish to magically "know already," and a desire to give up on the whole project. That process is important practice for working with people who will be mysterious in sometimes beautiful but often frustrating ways.

Thus, the clinician-reader learns to tolerate ambiguity and search for meaning even when it does not come quickly or effortlessly.

How to structure treatments

Both Klein and Bion are clear that deep work on difficult issues does not happen quickly. It requires significant clinical time, for the patient and clinician to develop a relationship in which terrible feelings and experiences can be contained, their content then altered so they can be re-introjected more safely. Particularly in the case of the envious patient, exactly what is good (the empathy, insight, consistency of the therapist) may be attacked more viciously than anything else. Those attacks must be withstood, and the good thing must continue to be offered, so that over time the attacks soften, and the clinician can be taken into the patient's harsh internal world as a good object from which the patient can draw. Losses (particularly never-had-loss of the containing object in infancy that contributed to the envy) must be mourned. Love and hate, which may bring up shame and guilt and other difficult affects for the person, need time in order to become more integrated. Projective processes must be understood, so that the patient can develop a more realistic sense of his or her relationships and external realities. The envious patient is fragile, without consistent good internal objects from which to draw in times of difficulty. In order for the clinician to become a good object who can be internalized, the clinician must be consistently present, withstand and try to understand the patient's hate (which may be dangerously split-off), and come to have a relationship with the patient in which strong affects and painful experiences can be survived and seen as learning tools.

Thus, the structure of the therapy must include the consistent and ample time necessary for all of this to take place. The work must include individual psychotherapy or psychoanalysis, at least once a week, but ideally more often than that. Treating a deep, painful problem such as

envy will likely mean a treatment that is measured in years, not months or weeks. Group treatment in which interpersonal interactions on a larger scale may be better understood and practiced may be helpful after some progress is made in the individual work.

Interventions to make during the course of individual treatment

In addition to the clinician's training and development and the structure of treatment, certain interventions can help the therapist to effectively treat someone who suffers from envy. Consistency, empathic presence, and the strength to withstand attacks on the clinician and the process are all crucial foundations for the work. Helpful interventions can be made verbally or non-verbally. Verbally, the therapist must relentlessly interpret the negative transference and the positive transference; both must be accepted and neither prioritized. Too often hate has no place in the consulting room although sometimes, its acceptance there is crucial to healing and integration. The therapist must be careful, however, of defenses and shame. Klein in particular cautions against interpreting something taboo that has been repressed for good reason and that is very painful. Interpreting envy too quickly, therefore, may cause irreparable harm in the therapeutic relationship. Interestingly, envy may never even have to be called envy verbally in the session, as it carries such shame-inducing connotations. Yet, through the processes described in this thesis, it is thought about, addressed, and treated in the therapeutic encounter.

Non-verbal interventions, while more difficult to conceptualize, are also critical to this kind of treatment. Throughout the process the patient brings his or her most unbearable feelings and experiences. The clinician must be affected and feel the unbearable feelings while keeping a piece of himself or herself on the side of something more neutral. The feelings are then held, processed, survived. Because the clinician's holding of the feelings and experience will have an effect, it will be his or her learning -- emotional and cognitive -- that will help him or her to

manage such experiences, which brings us back to the need for a solid theoretical base for this type of practice.

Conclusion

Any clinician who has come into contact with someone who seems to have a harsh, internal world full of persecutors, who attacks and makes meaningless their own growth and development, and who cannot be satisfied by anything material knows that this person is very difficult to treat. Many theorists have worked on envy from a variety of perspectives, exploring its causes and linking it with other emotional, cognitive, and behavioral phenomena. Melanie Klein and Wilfred Bion, two of the most important theorists in psychoanalysis and on the subject of envy, go deep into the concept. They explore the earliest, most infantile roots of envy, creating innovative theories to explain why the infant may become envious and what that experience will look like in childhood and adulthood. They recognize the meaning in even attacks on meaning itself, knowing that sometimes the clinician must hold the meaning when the patient cannot. And they describe theory that can help the clinician to make sense of the confusion, the attacks on what is good, the corrosive emptiness of the envious patient such that it can all be organized in treatment.

Klein and Bion have much to contribute to a deep understanding of envy and its treatment and indeed, the very practice of reading creative and complex theoreticians who refuse to simplify intricate phenomena helps the clinician to develop a sense of patience with not knowing and perhaps even a sense of wonder at the many possibilities of human development. On a very practical level, Kleinian and Bionian theory on the conceptualization and treatment of envy may help clinicians to better help patients who are struggling to soften their shame and guilt, to more fully integrate their love and hate, to better grieve their losses and the lack of

sufficient containers for their greatest fears, and ultimately, to build up a stronger internal world from which to draw in their continued development.

References

Akhtar, S. (2009). *Comprehensive dictionary of psychoanalysis.* London: Karnac.

Anderson, M. K. (2011). Concretization and envy. *Canadian Journal of Psychoanalysis / Revue Canadienne de Psychanalyse*, *19*(1), 125–131.

Barrows, K. (2002). *Envy.* Cambridge: Totem Books.

Berke, J. H. (1985). Envy loveth not: A study of the origin, influence and confluence of envy and narcissism. *British Journal of Psychotherapy*, *1*, 171–186.

Berke, J. H. (1986). Shame and envy. *British Journal of Psychotherapy*, *2*, 262–270.

Berzoff, J., Flanagan, L.M., & Hertz, P. (2011). Conclusion: Some final thoughts. In Berzoff, J., Flanagan, L.M., & Hertz, P. (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (3rd ed.). Maryland: Rowman and Littlefield.

Bion, W. R. (1954). Notes on the theory of schizophrenia. *International Journal of Psychoanalysis, 35,* 113-118.

Bion, W. R. (1956). Development of schizophrenic thought. *International Journal of Psychoanalysis, 37,* 344-346.

Bion, W. R. (1957). Differentiation of the psychotic from the non-psychotic personalities. *International Journal of Psychoanalysis, 38,* 266-275.

Bion, W. R. (1958). On arrogance. *International Journal of Psychoanalysis, 39,* 144-146.

Bion, W. R. (1959). Attacks on linking. *International Journal of Psychoanalysis, 40,* 308-315.

Bion, W. R. (1963). *Elements of psycho-analysis.* London: Heinemann.

Bion, W. R. (1962). Learning from experience. In *Seven servants: Four works by Wilfred R. Bion.* (1977). New York: Jason Aronson.

Bion, W. R. (1962). The psycho-analytic study of thinking. *International Journal of Psychoanalysis, 43* 306-310.

Bonovitz, C. (2010). Comparative perspectives on envy: A reconsideration of its developmental origins. *Contemporary Psychoanalysis*, *46*, 423–438.

Bléandonu, G. (1994). *Wilfred Bion: His life and works 1897-1979*. (C. Pajaczkowska, Trans.). New York: Other Press.

Clarke, S. (2003). *Social theory, psychoanalysis, and racism*. New York: Palgrave Macmillan.

Colman, W. (1991). Envy, self-esteem and the fear of separateness. *British Journal of Psychoanalysis, 7*, 356–367.

Daniels, M. (1964). The dynamics of morbid envy in the etiology and treatment of chronic learning disability. *Psychoanalytic Review*, *51D*, 45–56. doi:http://www.pep-web.org.libproxy.smith.edu:2048/document.php?id=psar.051d.0045a&type=hitlist&num=31&query=zone1%2Cparagraphs|zone2%2Cparagraphs|title%2Cenvy|viewperiod%2Cweek|pagenum%2C2|sort%2Cauthor%2Ca#hit1

Donner, M. B. (2006). Tearing the child apart: The contribution of narcissism, envy, and perverse modes of thought to child custody wars. *Psychoanalytic Psychology*, *23*(3), 542–553. doi:10.1037/0736-9735.23.3.542

Einzig, J. E. (1980). The child within: A study of expectant fatherhood. *Smith College Studies in Social Work*, *50*(2), 117–164.

Ellman, C. S. (2000). The empty mother: Women's fear of their destructive envy. *Psychoanalytic Quarterly*, *69*, 633–657.

Epstein, J. (2003). *Envy*. New York: Oxford University Press.

Engel, R.J. & Schutt, R.K. (2009). *The practice of research in social work (2nd ed.)*.
    California: Sage Publications.

Envy. (n. d.). In *Oxford Dictionaries online.* Retrieved from
    http://www.oxforddictionaries.com/us/definition/american_english/envy

Etchegoyen, R. H., Lopez, B. M., & Rabih, M. (1987). On envy and how to interpret it.
    International Journal of Psychoanalysis, *68*, 49–60.

Etchegoyen, R. H., & Nemas, C. R. (2003). Salieri's dilemma: A counterpoint between envy and
    appreciation. *International Journal of Psychoanalysis, 84*, 45–58.

Fisher, C. B., Reid, J. D., & Melendez, M. (1989). Conflict in families and friendships of later
    life. *Family Relations*, *38*(1), 83–89.

Fraiberg, S. (1978). Psychoanalysis and social work: A re-examination of the issues.
    Smith College Studies in Social Work, 48(2), 87-106. DOI: 10.1080/00377317809516509

Freud, S. (1905). *Fragment of an analysis of a case of hysteria.* S.E., VII.

Freud, S. (1921). *Group psychology and the analysis of the ego.* S.E., XVIII.

Freud, S. (1938). Constructions in analysis. *International Journal of Psychoanalysis, 19*, 377-
    387.

Goldstein, E. (2007). The relationship between social work and psychoanalysis: The
    future impact of social workers. *Clinical Social Work Journal, 37*(7), 7-13. DOI
    10.1007/s10615-007-0090-8

Green, A. (1998). The primordial mind and the work of the negative. *International Journal of
    Psychoanalysis, 79,* 649-665.

Grosskurth, P. (1986). *Melanie Klein: Her world and her work.* New York: Alfred A.

Knopf Inc.

Grotstein, J. S. (1981). Wilfred R. Bion: The man, the psychoanalyst, the mystic: A perspective

    on his life and work. *Contemporary Psychoanalysis*, 17, 501-536.

Grotstein, J. S. (1983). Wilfred R. Bion: The man, the psychoanalyst, the mystic: A perspective

    on his life and work. In Grotstein, J.S. (Ed.), *Do I dare disturb the universe? A*

    memorial to W.R. Bion. (2nd ed.). London: Karnac.

Grotstein, J. S. (2009). *"But at the same time and on another level…": Psychoanalytic*

    theory and technique in the Kleinian/Bionian mode. London: Karnac.

Hailparn, D. F., & Hailparn, M. (2000). Parent as saboteur in the therapeutic treatment of

    children. *Journal of Contemporary Psychotherapy*, *30*(4), 341–351.

    doi:10.1023/A:1010279403028

Harris, A. (1997). Aggression, envy, and ambition: Circulating tensions in women's psychic life.

    Gender and Psychoanalysis, *2*, 291–325.

Hinshelwood, R. D. (1991). *A dictionary of Kleinian thought (2nd ed.)*. New Jersey:

    Jason Aronson.

Hinshelwood, R. D. (1994). Introduction. In Bléandonu, G. (1994). *Wilfred Bion: His life and*

    works 1897-1979. (C. Pajaczkowska, Trans.). New York: Other Press.

Isaacs, S. (1948). The nature and function of phantasy. *International Journal of Psychoanalysis,*

    29, 73-97.

Joseph, B. (1986). Envy in everyday life. *Psychoanalytic. Psychotherapy*, *2*, 13–22.

Kavaler-Adler, S. (2006). "My graduation is my mother's funeral": Transformation from the

    paranoid-schizoid to the depressive position in fear of success, and the role of the internal

    saboteur. *International Forum of Psychoanalysis*, *15*, 117–130.

Klein, M. (1921). The development of a child. In *Love, guilt and reparation and other works 1921-1945* (pp. 1-53). New York: The Free Press.

Klein, M. (1922). Inhibitions and difficulties at puberty. In *Love, guilt and reparation and other works 1921-1945* (pp. 54-58). New York: The Free Press.

Klein, M. (1927a). Symposium on child-analysis. In *Love, guilt and reparation and other works 1921-1945* (pp. 139-169). New York: The Free Press.

Klein, M. (1927b). Criminal tendencies in normal children. In *Love, guilt and reparation and other works 1921-1945* (pp. 170-185). New York: The Free Press.

Klein, M. (1928). Early stages of the Oedipus complex. In *Love, guilt and reparation and other works 1921-1945* (pp. 186-198). New York: The Free Press.

Klein, M. (1929). Infantile anxiety situations reflected in a work of art and in the creative impulse. In *Love, guilt and reparation and other works 1921-1945* (pp. 210-218). New York: The Free Press.

Klein, M. (1931). A contribution to the theory of intellectual inhibition. In *Love, guilt and reparation and other works 1921-1945* (pp. 236-247). New York: The Free Press.

Klein, M. (1933). The early development of conscience in the child. In *Love, guilt and reparation and other works 1921-1945* (pp. 248-257). New York: The Free Press.

Klein, M. (1935). A contribution to the psychogenesis of manic-depressive states. In *Love, guilt and reparation and other works 1921-1945* (pp. 262-289). New York: The Free Press.

Klein, M. (1936). Weaning. In *Love, guilt and reparation and other works 1921-1945* (pp. 290-305). New York: The Free Press.

Klein, M. (1937). Love, guilt and reparation. In *Love, guilt and reparation and other works 1921-1945* (pp. 306-343). New York: The Free Press.

Klein, M. (1940). Mourning and its relation to manic-depressive states. In *Love, guilt and reparation and other works 1921-1945* (pp. 344-369). New York: The Free Press.

Klein, M. (1945). The Oedipus complex in light of early anxieties. In *Love, guilt and reparation and other works 1921-1945* (pp. 370-419). New York: The Free Press.

Klein, M. (1946). Notes on some schizoid mechanisms. In *Envy and gratitude and other works 1946-1963* (pp. 1-24). New York: The Free Press.

Klein, M. (1948). On the theory of anxiety and guilt. In *Envy and gratitude and other works 1946-1963* (pp. 25-42). New York: The Free Press.

Klein, M. (1950). On the criteria for the termination of a psycho-analysis. In *Envy and gratitude and other works 1946-1963* (pp. 43-37). New York: The Free Press.

Klein, M. (1952a). The origins of transference. In *Envy and gratitude and other works 1946-1963* (pp. 48-56). New York: The Free Press.

Klein, M. (1952b). Some theoretical conclusions regarding the emotional life of the infant. In *Envy and gratitude and other works 1946-1963* (pp. 61-93). New York: The Free Press.

Klein, M. (1952c). On observing the behaviour of young infants. In *Envy and gratitude and other works 1946-1963* (pp. 94-121). New York: The Free Press.

Klein, M. (1955). The psychoanalytic play technique. In *Envy and gratitude and other works 1946-1963* (pp. 122-140). New York: The Free Press.

Klein, M. (1957). Envy and gratitude. In *Envy and gratitude and other works 1946-1963* (pp. 176-235). New York: The Free Press.

Meltzer, D. (2008). *The Kleinian development* (3rd ed.). London: Karnac.

Meyer, W.S. (2000). The psychoanalytic social worker/the social work psychoanalyst: What will be our message? *Clinical Social Work Journal, 28*(4), 355-267.

Mitchell, J. (1986). Introduction. In *The selected Melanie Klein* (pp. 9-32). New York: The Free Press.

Mitchell, S. A. & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought.* New York: Basic Books.

Money-Kyrle, R. E. Introduction. In *Love, guilt and reparation and other works 1921-1945* (pp. ix-xi). New York: The Free Press.

Ogden, T. H. (1984). Instinct, phantasy, and psychological deep structure: A reinterpretation of aspects of the work of Melanie Klein. *Contemporary Psychoanalysis, 20*, 500-525.

Ogden, T. H. (2004). An introduction to the reading of Bion. *International Journal of Psychoanalysis, 85*, 285-300.

Rasmussen, B., & Salhani, D. (2010). A contemporary Kleinian contribution to understanding racism. *Social Service Review*, *84*(3), 491–513. doi:http://dx.doi.org.libproxy.smith.edu:2048/10.1086/656401

Reichbart, R. (2006). On men crying: Lear's agony. *J. American Psychoanalytic Association, 54*, 1067–1098.

Sandell, R. (1993). Envy and admiration. *International Journal of Psychoanalysis, 74*, 1213–1221.

Schultz, K. (1991). Women's adult development: The importance of friendship. *The Journal of Independent Social Work*, *5*(2), 19–30.

Schwartzberg, S. L. (2007). Gender, envy, and competition in the American workplace: Academic setting, a case example. In L. Navaro & S. L. Schwartzberg (Eds.), *Envy, competition, and gender: Theory, clinical applications and group work.* (pp. 229–238). New York, NY, US: Routledge/Taylor & Francis Group.

Segal, H. (1964). *Introduction to the work of Melanie Klein*. New York: Basic Books.

Semmelhack, D., Ende, L., & Hazell, C. (2013). *Group therapy for adults with severe mental illness: Adapting the Tavistock method.* New York: Routledge.

Smith, R. (Ed.) (2008). *Envy: Theory and research*. New York: Oxford University Press.

Spillius, E. B. (1993). Varieties of envious experience. *International Journal of Psychoanalysis, 74*, 1199–1212.

Stein, M. (1990). Sibling rivalry and the problem of envy. *Journal of Analytic Psychology, 35*, 161–174.

Vidaillet, B. (2008). Psychoanalytic contributions to understanding envy: Classic and contemporary perspectives. In R. Smith, (Ed.), *Envy* (pp. 267-290). New York: Oxford University Press.

White, J. (2006). G*eneration: Preoccupations and conflicts in contemporary psychoanalysis*. New York: Taylor & Francis.