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This volume is a collection of Segal's principal works from 1950 to 1978. They are arranged in such a manner as to address specific topics in the Kleinian approach to clinical practice. The first two chapters, which serve as an introduction, summarize Klein's conceptions of psychoanalytic technique for adults and children. The remaining chapters contain Segal's papers on theoretical, clinical, and applied psychoanalytic topics, with postscripts added to reflect her second thoughts after the passage of time.

Segal remains the most lucid of Kleinian writers. Whether one differs with her or not, at least one comes away with a crystal-clear notion of her ideas and their source. They are and always have been mainstream Kleinian ideas, modified somewhat by Bion's contributions. They postulate a very early mental life, with a succession of paranoid-schizoid and depressive positions. The three-week-old infant is postulated to "organize" experiences of bodily need satisfaction by the maternal object so that frustration and satisfaction become differentiated and personified as "good and bad breast" experiences. The hallmark of this is fantasy, the unconscious mental representation of instincts. The instincts are perceived of as object-seeking rather than as discharging. Introjective identification with a good or satisfying breast is seen as mediating progression into

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the depressive position. The infant renounces the schizoid mechanisms of omnipotence, splitting into good and bad breast images, projective identification, idealization, and magical omnipotent denial. Acceptance of the need for the maternal object, who is now experienced ambivalently and wholly, ushers in the beginning of reality testing and also of the oedipus complex, since the mother is now experienced as an object with her own needs, including the need for someone other than the infant.

How do these ideas stand up today? The recent contributions of Galenson and Roiphe seem to suggest that the oedipal phase occurs much earlier than has been thought. There has been, in fact, a tendency in psychoanalysis to shift the focus from the genital- or phallic-oedipal phase to earlier stages of development. Some of the contributors to this have been Spitz, Jacobson, Mahler, Kernberg, and Kohut. The composite impact of their contributions has been the validation of the importance of early mental life. Kernberg, with his origins in South America, where Kleinian ideas have long been held in higher esteem than they have in this country, has brought such Kleinian concepts as splitting and projective identification into greater acceptance.

Recent contributions by observers of infants have produced evidence that is pushing back the time at which the infant can be postulated to have a mental life. Stern, for instance, has found suggestive traces of reinforcement memory and even evocative memory in the first few weeks of life.1 The disputation over Klein's calendrical emphasis on development has been a heated one. One wonders if Klein would have achieved greater credibility had she addressed herself to "deep" rather than to "early." Segal inadvertently refers to this in her paper, "Notes on Symbol Formation." She states that the symbolic representation of the object is established in the depressive position and that it not only furthers ego functioning in general, but serves in the retrieval of experiences of the preverbal period (the paranoid-schizoid position). Thus, the earliest, preverbal experiences require the help of symbols from a later time to find representation. The verbal retrieval of preverbal experiences is tantamount to a retrospective elaboration of earlier experiences so as to permit their integration into the progressing psyche. This

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idea is in line with classical ideas about regression to points of earlier fixation.

Perhaps the major difference between Kleinian and classical ideas lies in the Kleinian dating of the units of genetic continuity. Kleinian theory states that the infant begins to construct a notion of his/her world from the very beginning, whereas the classical notion seems to be that a period of narcissistic (autistic) unawareness occurs first and then is followed by the hatching phase of separation-individuation, which is putatively the beginnings of mental life. This dispute is as yet unresolved.

The Ariadne's thread running through Segal's contributions concerns the apogee of the depressive position, mourning. Clinical depressive illness, according to Segal, is characterized by a manic defense that omnipotently seeks to triumph over the object, control it, and attack it with contempt. The depressive position proper is characterized by renunciation of omnipotent ownership of the object and recognition of its separateness. The consequences of this are missing, longing, and pining for the object, and attempts are made to atone for the greedy possessiveness, envious attacks, etc., which may have contributed to the object's fantasied or real distress.

Segal has important things to say about symbol formation, aesthetics, freedom of speech, artistic creativity, and the treatment of psychotic states. She postulates that the infant, immediately prior to the attainment of the depressive position, relates to derivative objects as if they were the maternal object itself. The derivative object becomes a protosymbol for the absent object, i.e., it is treated by the infant not yet as an abstract symbol, but as a concretely equivalent (or "symbolic equation") of the object. The infant's thumb or finger, for example, is used as a substitute for the mother's body rather than as an abstract link to it. This idea seems to resemble Winnicott's concept of transitional phenomena, but Segal takes great pains to differentiate the two. I myself believe that the symbolic equation Segal postulates can be viewed as the mental correlate of the transitional object and of transitional phenomena. It may represent the beginning of the development of that mental space in which the infant begins to acknowledge a gap of separateness between itself and the object, but cannot yet fully allow for it.

Segal first conceptualized this while treating a schizophrenic patient who could not differentiate between playing the violin and masturbating. From this and similar observations Segal concluded that psychotics cannot acknowledge separateness from their objects and therefore cannot mourn their absence or lose or allow for an external or internal space in which their objects can be lost. Another way of saying this is that the psychotic cannot handle separateness and abolishes it through excessive projective identification with the object so as to create a world in which there is no separation between self and object or between object and object. In this cosmos of boundarylessness any object can stand for any other, and any phenomenon can become multipresentational. True symbol formation, according to Segal, requires the capacity (a) to allow for the object to be separate, (b) to be able to mourn the loss of the object and (c) to offer reparations to the object, all of which are characteristic of the depressive position. The treatment of psychotics centers on analytically interpretive defusion of the dangers of separateness, so that the psychotic patient can slowly but surely learn to develop a progressive feeling of safety in experiencing separateness and the mourning which is its consequence.

Thus, the attainment of the depressive position seems for Segal and her fellow Kleinians to be synonymous with ego development and maturing object relations. According to Segal, the Kleinians do not ignore reality, but they consider it to be much less important in its own right than in its effect of reifying destructive and self-destructive fantasies arising from within the individual. It is not the outside world per se that is so important, they feel, but the way the infant experiences this outside world as a result of the impact of the instincts which, through fantasy formation (via splitting and projective identification), compel the development of self-created pictures of an internal and external world.

The theme of the need to learn to tolerate separateness runs through Segal's writings on aesthetics, artistic creativity, and freedom of speech. By lack of freedom of speech she is referring mainly to those qualities of the superego which are archaic and talion-like and therefore do not allow the ego the freedom of self-expression. The Kleinian idea of the development of the superego, in particular the archaic superego, differs from the classic conception. It is based upon the belief that the infant reprojects the consequences of its own primitive projective identifications. Another way of stating this is that the archaic superego is based upon primitive mental mechanisms from a stage in which separateness between self and object is disallowed. It cannot allow freedom of self or of object, since separation would be the consequence.

Segal takes a similar approach to aesthetics and artistic creativity. She postulates that the capacity of an artist to produce something beautiful indicates the ability to allow oneself to become separate from the object, to experience the pain of its loss, and to feel impelled to re-create it reparatively as a creative or aesthetic monument to its goodness and meaning. True creativity is a testimony, Segal believes, to the unconscious pain of object loss.

Classical students of psychoanalysis may be deterred by Segal's lack of reference to current classical contributions, especially in her postscripts. While this is a typical characteristic of most Kleinian writing, it may be partially understood by the realization that, unlike classical analysts, the Kleinians speak from the point of view of very primitive phenomenology which is phantasmal, epical, mythical, and spiritual. They address themselves to fundamentally
different metaphors than those employed by classical analysts because of their different focus. To paraphrase Kohut, their argot is very experience-near vis-à-vis the infant and very experience-distant vis-à-vis the adult. They relate to a stage and a phenomenology that become even more buried and forgotten than does the classical infantile neurosis. If they are right, however, it is a stage which we ignore at our peril.

I recommend this book to all psychoanalysts, Kleinian and classical alike, and to other mental health workers. It is useful because of the clarity of its presentation and the sweep of its scope.