Contents & abstracts


Theory and technique


Fifteen pages of unpublished Notes were found in the Melanie Klein Archives dating from early 1934, a crucial moment in Klein’s development. She was at this time, 1934, moving away from child analysis, whilst also rethinking and revising her allegiance to Karl Abraham’s theory of the phases of libidinal development. These Notes, entitled “Early Repression Mechanism”, show Klein struggling to develop what became her characteristic theories of the depressive position and the paranoid-schizoid position. Although these Notes are precursors of the paper Klein gave later to the IPA Congress in 1934, they also show the origins of the emphasis she and her followers eventually gave to “splitting” rather than repression. The Notes give us an insight into the way that she worked clinically at the time. We see Klein’s confidence develop as she diverged from the classical theories and technique. Her ideas were based on close attention to the detail of her clinical material, rather than attacking theoretical problems directly. The Notes show her method of struggling to her own conclusions, and they offer us a change to grasp the roots of the subsequent controversy over Kleinian thought.

Focus

Aggressiveness during Adolescence


Many psychoanalysts from Winnicott onwards have drawn attention to the fundamental function of the environment during adolescence and the parental environment, in particular. The article uses an extensive and detailed account of a clinical case to show the devastating effects that abandonment by one parent can have on an adolescent already equipped with a fairly scanty primary narcissism resulting from inadequate primary relationships. In the case described, the specific trauma experienced during adolescence swept away an already rather precarious sense of self, generating fears of annihilation and loss of self which the adolescent
faced through increasingly dangerous and compulsive episodes of sexual acting out. These gradually assumed a more perverse connotation, the basic function of which would appear to be the avoidance of a breakdown felt to be threateningly imminent.


The Authors point out the process of a psycho-analytical relationship with two patients who have had early psychic trauma. They focus their attention on the trauma and aggressiveness which is shown by dynamic of transference and countertransference. In these two clinical cases, the defect of the “primary maternal container” lead to a brittleness of the skin envelop. According to the lack of rêverie between mother and child, the Authors show the disturbed capacity of symbolisation. The self harm, piercing and tattoos are there to enhance the sensorial tactile to test the difference in their psychic awareness and outside world. (Self and Not Self). In this psycho-analytical work the countertransference of the Authors is sorely-tried. At the beginning of the therapy we have a non verbal primary transference which is based only on the sight contact. Later on, the patients go through the narcissistic transference and show their feelings of anger and aggressiveness. A good function of interpretation, at the final stage of the therapy, illustrates how is possible to have constructive relationship which can help the patients to bear the destructive assaults.


Aggressiveness as a primary biological tool appears indispensable to an individual's survival. In the structuring of the personality through interpersonal relationships, however, a continual experience of failed child/parent tuning can interfere with the calibration of the hostility levels in aggressiveness and make it difficult to differentiate between thinking and relating. The lack of parental tuning and emotional availability towards a child coupled with an environment that misunderstands the child’s self-expression can, over time, damage an individual’s capacity for tension tolerance and self-control, as well as blur the distinction between healthy self-affirmation (supported by “hot” aggressiveness) and hostility (the expression of a “cold” aggressiveness). Within this framework, the author considers the treatment of patients (including some very young ones) whose self-affirmation is developing pathologically as an attack on other people and on ties and relationships with other people, as well as a lethal attack on the Self.
