

# Models Instead of Theories

## Background:

When I started psychoanalytic training, there was great controversy and hostility toward Melanie Klein and her ideas here in Los Angeles. I did not understand why there was so much nastiness and outright prejudice against her ways of thinking. It didn't make sense when I considered that every psychoanalyst has to have a personal analysis as part of his or her training. In a slightly idealized way, I thought that an analyst would be the least likely to hold prejudices of any mental health professional. I was obviously wrong and spent many years during my psychoanalytic training trying to understand the unconscious and conscious difficulties involved in attitudes toward Klein's ideas.

What I came to understand was that psychoanalysts, like everyone else, have ways of thinking about themselves and others that can lead to prejudices. If they unconsciously feel threatened by something that might undermine their sense that they have the best way of understanding themselves and others, then they will react strongly. If that reaction rises to the level of antagonism to the new idea, and interferes with their open mindedness, then it has become a prejudice that is a problem in their own thinking.

## The Problem of Infancy:

I think that the greatest potential for a lack of "open mindedness" in an analyst, as with anyone, will be in whatever area he or she is the most unaware of unconscious influences. As the study of personality development shades back to preverbal times, and most particularly the earliest days and weeks of infancy, it becomes increasingly necessary to "speculate" about what is going on in the infant because the infant will not develop speech for another 18 months.

The baby can react with a physical "song and dance," if you want to call it that, but he cannot use language to tell us what he is experiencing. The baby is storing those experiences in subcortical areas of his brain, specifically the "amygdala," but we have to make "inferences" about what he is thinking and feeling.

As we often hear now days on TV, we are "entitled to our own opinions but not our own facts." Because we cannot know for sure what is going on in an infant, we are particularly predisposed to have our own opinions based on our understanding of ourselves and our own infancy. This implies that if there is any area that an analyst is likely to have blind spots suitable for generating areas of rigidity, prejudice, and dogmatic postures, it is going to be infancy. Consequently and not surprisingly, the most powerful areas of controversy in psychoanalysis, from its beginnings to present day, seem invariably to center around infancy in general, and most specifically, the idea that an infant could have "innate destructiveness."

## What is So Provocative about Klein's Ideas?

Melanie Klein was one of the pioneers of "child psychoanalysis," beginning her work with children a year or two before 1920, when Freud's work was at the height of pioneering discoveries about the "unconscious" in the human being. It is often said that if Freud discovered the "child" in the adult human personality, then Klein discovered the "baby" in Freud's child.

The rub was that Klein discovered that there was a great deal of "violence" in the phantasy life of very small children. Furthermore, she felt that infants could have phantasies about mother and father, their bodies, and sexuality. That was more than Victorian-era Europe could bear, psychoanalysts included.

Needless to say, any discourse involving Klein's ideas has historically generated "controversial discussions." The British Institute even had some years of meetings in the early 1940's with that exact title.

The feelings were so intense they led to a partition of the Institute's training programs into "Freudian," "Kleinian," and a "Middle Group" that did not want to choose sides.

#### The Fable of the Blind Men and the Elephant:

Klein's ideas, based on her experiences with normal and very disturbed children, led her to surmise many developmental issues that were connected to the earliest days and weeks after birth. Her ideas were quite revolutionary and challenged many established assumptions about infancy. In the late 1970's and early 1980's when I was in training, I was told by senior child psychoanalysts that Klein's ideas were "neurologically impossible" in an infant. By the late 1980's, infant psychiatric research was already confirming that the infant was, in fact, very capable of things we couldn't prove ten years earlier.

Infancy requires that we think about what is going on in the "black box" of the inner world of the infant. The difficulty in such situations, as I experience it, lies in the assumption that only one idea can be valid about what is going on in that infant. Any competing ideas are then assumed to therefore be wrong.

I think of this assumption as being rooted in the "scientific method." In it one makes a hypothesis, tests to prove its validity, and ends up with a "scientifically proven theory." Thus, if my theory is right and yours is different, then yours must be wrong!

I have watched many a discussion among analysts go south as they argue for the survival of their "sacred cows." As a result, early in my career, I abandoned the word "theory" in favor of the word "model." I even taught a course with a title that included "The one with the most models wins." Like the fable of the "blind men touching the elephant," everyone is entitled to describe their own experiences. Each is generating a "working model" of that experience. The more the model remains close to the raw experience (i.e. "experience near"), and the more "explanatory" and "predictive" value the model has, the more useful it is.

Multiple models will always be available for each and every aspect of human nature and experience. Brain structure, neurophysiology, unconscious phantasy, behavior, etc. all provide useful frames of reference for looking at human experience. All have important, valuable things to offer a mental health professional.

Because psychoanalysis is primarily focused on things that go on "unconsciously," it requires an array of models for imagining the scope of possibilities for what might be going on in that "unconscious inner world." Hopefully we can be somewhat less defensive if we refer to them as "models," and remain interested and curious about ones that are new to us.

We will never escape the inherent difficulty of working with the unconscious inner world, in which human "imagination" makes possible a nearly "infinite variety of phantasies," often about states of mind that did not have words attached to the original experience. This requires us to generate "models" for picturing these so that we have a means to discuss these preverbal experiences.

Fortunately for us, as therapists, the array of "unconscious defensive psychological maneuvers" for coping with that panoply of phantasies is "much more finite." Klein and her students have some really useful models to share, without the total number of them reaching overwhelming proportions.

[Note: These unconscious defensive maneuvers will be outlined in detail in Part Two of Module Two.]