

In summary, George Hagman's Creative Analysis offers considerable food for thought to all analytic practitioners around many everyday aspects of our clinical work.

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The Anatomy of Regret: From Death Instinct to Reparation and Symbolization through Vivid Case Studies

By S. Kavalier-Adler

London: Karnac, 2013, 272 pp.

Susan Kavalier-Adler is the founder and executive director of the Object Relations Institute for Psychotherapy and Psychoanalysis in New York and the author of several books and many papers in the area of British and American object relations theory and therapy. In the book under review, the author presents in her Introduction, chapter 1, and Conclusion the revised version of Kleinian theory—integrated with concepts of Fairbairn, Winnicott, and Mahler—that informs her view of the therapeutic process as one of “developmental mourning.” It is through facing up to and mourning one’s destructiveness (arising, in Kavalier-Adler’s view, not from innate aggression but from trauma, broadly defined) and one’s consequent regrets, in the context of a therapeutic holding environment, that one is able to liberate oneself from one’s defensive and maladaptive “false self” (Winnicott), from one’s “antilibidinal ego” or “internal saboteur” (Fairbairn), and from Freud’s and Klein’s sadistic superego. Having clearly outlined her theoretical framework, the author illustrates it through a series of richly described case studies that, to my mind, demonstrate in clinical detail her theory in practice and its therapeutic power in work with patients suffering from diverse levels and types of psychopathology.



Kavaler-Adler's perspective is very similar to my own (Carveth, 2013). Whereas I speak more about guilt than regret, the two are really inseparable, as one cannot genuinely face and learn how to bear one's guilt without at the same time experiencing regret for the damage one has done to others and to oneself. Kavaler-Adler and I agree with Melanie Klein that consciously integrating one's guilt and regret, working through the depressive position, and moving toward reparation is the path to recovery. But because I have a narrower concept of mourning than Kavaler-Adler, restricting it to working through losses, including those resulting from our destructiveness, I do not conceptualize genuinely facing guilt and regret as mourning per se. Though certainly sobering and humbling, moving into and working through the depressive position relieves one from painful alienation, shame, and superego torment and promotes reconciliation with conscience. I suspect some patients on the verge of the depressive position who intensely and extensively experience mournfulness and what Kavaler-Adler calls "the grief of regret" may be using these persecutory states as a delaying tactic, a defence against genuine progress through getting on with the work of repentance and reparation.

While many deplore the fragmented state of contemporary psychoanalysis, I see the fragments as pieces of a wonderfully complex puzzle that we are gradually beginning to be able to piece together and that will constitute the higher, dialectical synthesis of the existing partial perspectives. In this connection it is relevant to note Kavaler-Adler's (2014) latest title, *The Klein-Winnicott Dialectic: Transformative New Metapsychology and Interactive Clinical Theory*. Analysts who have immersed themselves in Freud, Klein, Fairbairn, Winnicott, Mahler, Kohut, and others appear to be breaking out of their theoretical tunnels, overcoming tunnel vision, and glimpsing and beginning to delineate an overarching framework for psychoanalysis. In this connection a posting by Arnold Richards to the Clio's Psyche psychohistory list-serve (23 June 2014) is of interest: "A worldwide conceptual survey by the IPA shows that the number one and number two concepts were transference/countertransference and projective identification," a finding he feels "supports the view that there is a new conceptual consensus with a Kleinian take." Kavaler-Adler is an important contributor to this emerging synthesis.

In working out her object relational synthesis, Kavaler-Adler felt it necessary to offer a critique of Klein's acceptance of Freud's concept of the death drive because, without denying the potential role of innate temperamental differences and mismatches between infants and their carers, she views significant psychopathology as arising not from universal biological

forces but from traumatic deprivation, frustration, impingement, and abuse. While I share her rejection of the concept of a literal death instinct (though this term is employed in such radically different ways by different authors that it is only in specific contexts that one can hope to know what is really meant), Kavalier-Adler fails to draw attention to the fact that on almost every page where Klein mentions projection of the death instinct to account for the inevitable persecutory anxiety of even the most sensitively cared-for infant, she at the same time offers an alternate—and to me far more acceptable—explanation: given its cognitive limitations, the infant is bound to misinterpret every frustration as an attack and, hence, that the absent good breast is felt as a present bad attacking breast. In “The Origins of Transference,” Klein (1952) writes,

These persecutory feelings from inner sources are intensified by painful external experiences, for, from the earliest days onwards, frustration and discomfort arouse in the infant the feeling that he is being attacked by hostile forces. Therefore the sensations experienced by the infant at birth and the difficulties of adapting himself to entirely new conditions give rise to persecutory anxiety. The comfort and care given after birth, particularly the first feeding experiences, are felt to come from good forces. (p. 433)

Like many North American analysts, Kavalier-Adler appears to have bought into the idea that Klein ignored or minimized the role of the real parenting in health and pathology, perhaps influenced as so many have been by John Bowlby’s slanderous claims in this regard (see references and discussion in Carveth, 2013, chapter 9). In actuality, Klein constantly stressed the crucial importance of good, loving caretaking, for only this can hope to offset the inevitable rage and paranoia resulting from frustration, both what is basic and unavoidable as well as the surplus frustration arising from parental failure. In “Mourning and its Relation to Manic-Depressive States,” Klein (1940) writes,

All the enjoyments which the baby lives through in relation to his mother are so many proofs to him that the loved object inside as well as outside is not injured, is not turned into a vengeful person. The increase of love and trust, and the diminishing of fears through happy experiences, help the baby step by step to overcome his depression and feeling of loss (mourning). They enable him to test his inner reality by means of outer reality. Through being loved and through the enjoyment and comfort he has in relation to people his confidence in his own as well as in other people’s goodness becomes strengthened, his hope that his “good” objects and his own ego can be saved and preserved increases, at the same time as his ambivalence and acute

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fears of internal destruction diminish ... Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contact with loved people, increase ambivalence, diminish trust and hope and confirm anxieties about inner annihilation and external persecution; moreover they slow down and perhaps permanently check the beneficial processes through which in the long run inner security is achieved. (p. 128)

For the reasons indicated, Klein's references to the concept of the death drive are redundant and can safely be ignored, since she always provided another and far more acceptable explanation for the same set of facts. Since Klein considered the parents' provision of loving experiences as crucial for development, it cannot be said that she sought to get them off the hook, as it were, blaming pathology entirely on the child's drives and phantasies. Hence, there is no need for Kavalier-Adler's speculative psychoanalysis of Klein's alleged motives for doing so (such as that she needed to engage in a Fairbairnian "moral defence" of her mother by blaming herself and the drives and phantasies of children in general), for, in reality, she never denied the role of the real caretakers in development in the first place.

Despite my differences with Kavalier-Adler in the ways indicated above, I believe her work represents a major and important contribution to the integrative psychoanalytic theory that is beginning to emerge after decades of fragmentation of our field into an array of partial and non-interacting perspectives. One of her book's major strengths is its many detailed and extensive case studies that will prove invaluable to students and colleagues seeking a practical, clinically grounded understanding of her approach.

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