The Positions

- Klein’s theory evolved from, but radically altered Freud’s psychosexual stages of development. Freud believed that the personality develops through a series of childhood stages during which the pleasure-seeking energy of the id becomes focused on certain erogenous zones: oral, anal, phallic and genital. This psychosexual energy, or libido, was seen as the driving force behind behavior.

- Whereas Freud’s developmental theory is linear in nature, i.e. a person moves through, gets fixated, or regresses to a specific psychosexual stage. Klein’s positions are both developmental tasks to “achieve,” and states of mind that occur in varying degrees, even simultaneously, throughout the life span.

- Klein viewed anxiety as the driving force behind behavior, shifting the clinical emphasis from primarily resolving conflict (Freud) to understanding and attending to primitive anxieties and emotional meaning.
The Paranoid/Schizoidoid Position
• Klein thought anxiety occurred very early in an infant's life, as the shock of external reality leads to pain and periods of disintegration.

• Klein believed that the baby’s ego suffers intense anxiety due to innate conflict between the opposing life and death instincts, and by interactions with external reality.
Klein believed the baby was equipped with an ego capacity to respond to anxiety by splitting the bad and good feelings and then projecting them into the maternal object, thus creating the experience of a “bad breast” and a “good breast.”

The first object relations begin in a phantastical cycle of projection, introjection, and identification.

The mating of constitutional factors with maternal care, both psychical (mentalization) and physical, forms the core of the developing self.
Splitting can be seen in children's stories in the clear division and separation between good and bad.
Aggression is common in splitting as fear of the bad object causes a destructive stance: “I’ll attack you before you destroy me.” There is also aggression in the phantasies of incorporation due to excitement towards the idealized good object, “I’ll eat you up!”

Initially, in the paranoid-schizoid position, the ego doesn’t have the capacity to love and hate the same object. Nor can it conceive that object can both love and hate it: “You’re either for me or against me,” is the motto of this state of mind.

In this state, the ego uses “magical” omnipotent denial in order to disavow the power and threat of the persecuting bad object. Expressions such as, “I don’t care!” or “I’m more powerful than you!” exemplify omnipotent defenses against dependency and vulnerability.
The Depressive Position
• The initial depressive position represents a significant step towards integration. The infant discovers that the hated bad breast and the loved good breast are one and the same.

• The mother begins to be recognized as a whole object who can be good and bad, rather than two part-objects: one good and one bad. Love and hate, along with external reality and internal phantasy, can now also begin to co-exist.
As ambivalence is accepted, the mother can be seen as fallible and capable of both good and bad. The child begins to acknowledge its own helplessness, dependency and jealousy towards its mother.

The little child feels anxious that her aggressive impulses may have hurt or even destroyed her mother (or other object), whom she recognizes as needed and loved.

This results in “depressive anxiety,” replacing destructive urges with guilt.
With the depressive position, along with the growing capacity to hold ambivalence, and to tolerate uncertainty, comes the possibility to feel empathy toward others.