

РОЗДІЛ II. ПРОБЛЕМИ ЗАГАЛЬНОЇ ПЕДАГОГІКИ

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Anton Vertel

Sumy State Pedagogical University named after A. S. Makarenko

ORCID ID 0000-0003-2247-7443

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THE VALUE OF MELANIE KLEIN'S CONCEPT OF PERINATAL AND POSTNATAL DEVELOPMENT OF THE CHILD FOR PSYCHOANALYTIC PEDAGOGY

The article explicates Melanie Klein's innovative ideas in the field of child psychoanalysis and psychoanalytic pedagogy. The conceptual provisions of M. Klein on the formation of object relations in the system of "mother – child" in the perinatal and postnatal periods are disclosed. An attempt has been made to consider the unconscious fantasies of the mother and their implicit influence on the primary unconscious fantasies of a newborn baby caused by instinctive drives in the first months of life.

The presence of two positions in a child in the first year of life – paranoid-schizoid and depressive – is considered in detail. The term "position" is a specific combination of object relations characteristic of the child, which give rise to anxiety and protection from it, which manifests itself throughout the subsequent life of the individual.

Particular attention is paid to the analysis of the unconscious fantasies of the baby, his primary projections on the mother's breast, anxiety of persecution. It is shown that, according to M. Klein, a baby from birth has a rudimentary "Ego"/"Self", which is able to somehow perceive innate drives for life and death, feel anxiety and develop defense mechanisms. Such primitive defense mechanisms used by the baby during the first months of life are projection, introjection, splitting and projective identification. The influence of the psychological and physical state of the mother on the infant in the perinatal and postnatal periods was determined. It is shown that relations in the system "mother – baby" (which have one psyche for two) is a complex interaction of unconscious communications, which takes place in the transitional space between the inner world and reality. The emotional involvement of the mother in the process of interaction with the child puts pressure on the newborn, and forces him to react by playing unconscious scenarios with her.

Key words: *Melanie Klein's theory, psychoanalysis, psychoanalytic pedagogy, parenting, unconscious fantasy, "good" and "bad" breasts, paranoid-schizoid position, depressive position, projection, introjection, splitting and projective identification, frustration, life instinct, death instinct.*

Introduction. Melanie Klein, as one of the founders of child psychoanalysis and psychoanalytic pedagogy, attached special importance to the relationship between the mother and the newborn child, considering them a decisive factor that affects formation of the psyche and personality characteristics. M. Klein's interest in newborn children is explained by her conviction that only by examining the mental activity of

an infant one can understand pathological changes in adulthood. The focus of M. Klein's attention was envy, aggression, and gratitude that newborn children felt towards their mother's breasts. M. Klein proves that negative emotions are leveled or weakened if the mother is able to introject the child's feelings, while remaining in a balanced state. Integration of a personality, according to M. Klein, can only happen when a person begins to build his relationship with the world, once again feeling a sense of security like the one he felt in his mother's womb.

Thanks to the works of M. Klein, the idea of mental processes that take place in the "mother-child" system has changed. It became clear that the perinatal and postnatal periods are unique and extremely complex periods of a person's life, which must be studied in detail. It was M. Klein's approach, based on psychoanalytic theory, that made it possible to look at some disorders in newborn children in a new way, to show new ways of their prevention, correction and therapy through the influence on the psyche of the mother, and through the psyche on her body and the body of the newborn child.

Analysis of current research. The works of J. Aguayo, B. Salomonsson (2017), C. Bronstein (2001), G. Donaldson (1996), E. Frampton (2004), R. Hinshelwood, Fortuna T. (2017), J. Kristeva (2001, 2004), M. Likierman (2002), M. Morris (2005), M. Nixon (1995), J-M. Petot (1991), K. Proner (1998), D. Rosenbluth (1965), M. Rustin (2016), J. C. Segal (1979, 1991, 1998, 2003), El. Spillius, (2007), J. Steiner (1992) are devoted to the methodological, psychological, clinical and socio-pedagogical issues of M. Klein's psychoanalysis.

The aim of the article is to explain Melanie Klein's concept of perinatal and postnatal child development and its value for psychoanalytic pedagogy.

Research methods. The research used methods of disciplinary, general scientific and philosophical levels. The methodological basis of the study is a systemic interdisciplinary approach. When using authentic texts by M. Klein, we use general scientific methods: analysis and synthesis, induction, deduction and analogy, abstraction, generalization, idealization, formalization.

Research results. Studying the behavior of little children, M. Klein came to the conclusion that such structural elements of the psyche as "Id"/"It", "Ego"/"Self", "Super-Ego"/"Super-Self" clearly manifest themselves almost from the very birth of a child. In particular, she

believed that such “Ego”/“Self” functions as the presence of unconscious fantasies, the ability to form object relations, the experience of anxiety, the use of protective mechanisms are available to a child from birth. As for unconscious fantasies, they were determined, according to M. Klein, by the fact that each drive had its corresponding fantasy. Therefore, she considered fantasy as a direct expression of drive, and not a compromise between drive and defense mechanisms, as believed by representatives of ego-psychology, in particular A. Freud.

In her work, M. Klein continued to adhere to S. Freud’s theory of drives, which included the drive to life (Eros) and death (Thanatos). According to M. Klein, the presence of a basic conflict between these drives leads to the existence of innate emotions, as well as to the generation of fantasies about interaction with an external object, which is initially perceived by the baby as a “partial” object (mother’s breast) and is created by his infantile fantasies and their projections on this object. Thus, for her, the significance of the object became secondary to the significance of the drives.

M. Klein postulated the presence of two positions in the child in the first year of life – *paranoid-schizoid* and *depressive*. The term “position” meant a specific combination of object relations characteristic of the child, which gives rise to anxiety and defense against it, which manifests itself throughout the individual’s subsequent life.

In the process of psychoanalytic work with children, she came to the conclusion that her patients transfer their attitude to imaginary, internal objects (introjects) to the analyst. By introjection, M. Klein understood the transfer of personal properties and functions of an object onto oneself, which are not fully integrated into a coherent and effective “Ego”/“Self”. Introjects become “internal objects” not fully assimilated into the Ego/Self structure. Thus, introjects – “internal objects” – can interact with each other and the “Ego”/“Self”. Therefore, she emphasized the importance of early internal objective relations (internal objects). In particular, according to the theory of M. Klein, internal objects are first formed in a baby not as a result of the relationship with the person who takes care of him (usually the mother), but as a result of the internal action of a biological factor, the innate conflict between the desire for life and death. Thus, for M. Klein, the source of the infant’s unconscious fantasies are his innate psychobiological characteristics, and not experiences related to the influence of external reality (Klein, 1975b).

The child's *paranoid-schizoid position* is due to the splitting of his "Ego"/"Self" out of fear of his own death drive before establishing any connection with objects. This position occurs in a child from birth and lasts up to three to four months. It is caused by persistent fear of persecution by an external, bad, partial (fragmentary) object (mother's breast), which was previously introjected by the child and which the child then tries to get rid of by all available means. The idea of "schizoidism" came from the child's tendency to split "good" and "bad".

The *depressive position* is one of the main stages of the child's development, it follows the paranoid-schizoid position. This position is characterized by the integration of feelings of love and hate for the object, as well as the integration of external reality with intrapsychic reality or fantasy. According to M. Klein, the depressive position begins to develop in the third to fourth months of life and persists throughout the individual's life (Rosenbluth, 1965).

Both of these positions arise under the primacy of orality, reflect certain configurations of object relations, anxieties and defenses and do not coincide with any of the phases of development postulated by S. Freud. The primary affect of the paranoid-schizoid position is the fear of persecution, while the depressive position develops concern for the object and its well-being, leading to attempts to cope with the anxiety of the depressive position by means of "decompensation".

According to M. Klein, the individual is never able to fully process these positions and achieve full integration, because the defense against the depressive conflict activates the regression to paranoid-schizoid phenomena. Thus, the individual is forced to constantly hesitate between the two.

How the baby manages to cope with these positions depends to some extent on the mother who cares for him. According to M. Klein, the ability to get full satisfaction from the first relationship with the mother's breast creates the basis for a sense of satisfaction. The complete satisfaction of the breast means that the child feels that he has received from his object an exceptional gift that he would like to keep. This is the basis of gratitude. Gratitude is closely related to generosity. Inner wealth arises from the assimilation of a "good" object, so that the individual becomes able to share its gifts with other people. This allows to introject a more friendly external world and the feeling of enrichment increases. At the same time, the innate feeling of envy in the infant, which is caused by the desire for death (Thanatos), can, according to M. Klein, lead to the frustration of the

relationship with the mother. Thus, she considered the significance of the object to be secondary to the influence of innate envy (Klein, 1975c).

When the problem of jealousy began to be considered from the point of view of the development of mutual relations, modern psychoanalysts reached completely different conclusions. Confronted with the problem caused by the desire of patients to destroy a happy, not “frustrating” object due to their characteristic reactions of envy, modern psychoanalysts came to the conclusion that envy is a feeling that can be manifested during the complex process of formation of a life scheme of “giving and receiving”, in which the role of both the one who gives (the mother) and the one who receives (the child) is equally important. The emergence of jealousy, in their opinion, is closely related to the problem of separation from the mother. The “separated” object is the all-powerful owner of all that the child cannot live without because he is in danger of disintegration. From this position, jealousy is understood as some kind of primitive defensive reaction that tries to destroy the object when it becomes a source of unbearable feelings of humiliation and helplessness. Only the destruction (forgetting, displacement) of such an object can reduce the unbearable pain. For the child’s mind, not only an object that disappears and is no longer present is dangerous, but also an object that, although present, does not meet the child’s needs (Segal, 1979a).

If difficulties in the relationship between the mother and the child are manifested quite often and intensively, then due to the transfer of the relationship pattern established in childhood with the mother, envy can be included in later relationships. An envious person is constantly in a tragic collision, because a person who is superior to him in any respect creates in him a depressed feeling that he has no value in comparison with him, and this arouses in him unbearable pain and a desire to humiliate and destroy the object (Klein, 1975d).

M. Klein rejects the theory of “primary narcissism” of S. Freud, according to which at the beginning of life all the “love” of the child is directed to his own person, which confirmed her in the opinion that object relations exist from birth. Therefore, she began investigating early forms of object relations.

According to M. Klein, the infant has a rudimentary “Ego”/“Self” from birth, which is somehow able to perceive the innate urges to life and death, feel anxiety and produce protective mechanisms. Such primitive

defense mechanisms used by the child during the first months of life are projection, introjection, splitting and projective identification.

Projection is a mental process by which impulses unacceptable to an individual are attributed to the outside world.

Splitting is a protective process attributed to the “Ego”/“Self” sphere, during which psychological representations are separated according to their opposite qualities. In particular, the baby, according to M. Klein, splits the “image of the breast” into a “good” object and a “bad” object (an object that haunts the child).

Projective identification is a psychological process in which parts of the “Ego”/“Self” and internal objects are split off and projected onto an external object that is perceived as identical to the split parts (Segal, 2003d).

The goal of psychoanalytic work, according to M. Klein, is the integration of parts of the “Ego”/“Self” that were separated from each other or were in a state of conflict with each other. The central method of M. Klein’s psychoanalysis was the interpretation of the transference, which assumes any form of interaction between the patient and the analyst. At the same time, it was considered that transference exists from the very beginning of the analysis, and does not gradually develop during the analysis. It was also recommended to give in-depth interpretations of transference without analysis of resistances, which led to significant opposition with the views of ego psychologists.

For psychoanalytic pedagogy, M. Klein’s idea about the formation of object relations in the “mother-child” system in the prenatal and postnatal period is important. In M. Klein’s psychoanalytic concept, unconscious fantasy is a representation of those somatic events in the body that include instincts and physical sensations, interpreted as relationships with objects that cause these sensations. In other words, instincts, urges, needs, reactions are experienced in the form of unconscious fantasy, which is their consequence (Segal, 1991b).

The first unconscious communications take place in the perinatal period, when the mother thinks about the child and what content her maternal role will be filled with. The period of a woman’s pregnancy is characterized by sensitivity to the exacerbation of emotional problems associated with the emergence of new sensations and physiological changes in the body. During this period, unresolved children’s psychological problems, personal conflicts, problems in interaction with their mother are

actualized in women, infantilization, increased dependence and anxiety levels are noted. Taking on the role of a “mother” is accompanied by crisis experiences in which the woman’s consciousness and her relationship with the world change (Aguayo & Salomonsson, 2017).

The first pregnancy is especially stressful. Fear of dependence on one’s own mother, rivalry and problems of separation from her can disturb the future mother’s mental balance along with fantasies about fulfilling the needs and requests of an unborn child. A child’s fear of retribution from the maternal “Super-Ego”/“Super-Self” in the form of destruction of the ability to mother or damage to the organs related to the function of childbirth is actualized.

Observations show that from the beginning of the movement of the fetus in most pregnant women, there is a kind of listening to their physicality, fixation on their sensations. Listening to the signals, the mother gives them meaning, preparing herself to accept a real child.

There is an internal dialogue between the mother and the child. The direction of her interests shifts inward, the center of the world is in her own body. When a woman becomes a mother, she experiences the influence of her own internalized mother, unconsciously repeating the role of her mother in relation to her child, until she can behave as an independent mother. In a new capacity, a woman experiences a victory (triumph) over her old mother. She perceives her baby as unique and, as a result, herself as the best mother. The new mother now experiences the source of the satisfaction of all desires. Anxiety and guilt over her destructive urges directed at her own mother’s body remain repressed, but ready to be discovered at any moment.

At the beginning of the relationship with the world of objects, the infant is forced to leave his narcissistic position and turn to the phenomena that will primarily ensure his survival outside the mother. The child enters into the first relationship with the primary object, and the world is divided into “pleasant” and “unpleasant”. The first experience of feeding and the presence of the mother is the beginning of the relationship with her and is determined by the needs of the baby. The child’s “Ego”/“Self” is still so weak that it needs the investments that the mother’s “Ego”/“Self” puts in it. M. Klein attached fundamental importance to the infant’s first object relations, relations with the mother’s breast and with the mother – and concluded that if the primary object, which is introjected, is successfully rooted in the “Ego”/“Self”, then

the foundation is laid for satisfactory development. But the frustration of the perinatal unity with the mother, which has disappeared forever, is manifested from time to time. Therefore, even in the early stages, the need for a constant feeling of maternal love is deeply rooted in anxiety (Frampton, 2004).

One state of mind seeks another state of mind like a mouth seeks a nipple – this is how one “Ego”/“Self” connects to another. This innate search activity lasts from birth to death and is the main activity in everyday life. On the other hand, the breast/mother desires the baby’s mouth. During feeding, when the baby is excited, the mother also feels excited, and the breasts tell her that they are ready to give milk. Mother and child actively enter into a relationship, they are open and available for unconscious communication, which in the early period is the only way to understand each other. The mother becomes unconsciously susceptible to the child’s use of her, the satisfaction of her vital needs and her maternal urges. If the mother is not able to be receptive to her unconscious fantasies, thoughts, feelings and sensations, she does not hear the unconscious “language” of the baby, is not able to find a common language with him. Difficulties in emotional contact can lead to various disorders. Unconscious communications take place between reality and fantasy, where a matrix is formed that generates meanings.

During feeding, the process of exchanging unconscious communications, which began in the perinatal period, increases intensively: the mother gets to know the baby, now giving him the opportunity to get to know himself. At this point, everything depends on the ability of the mother to adjust her “Ego”/“Self” to the “Ego”/“Self” of the child and provide it with support. Breast milk is the materialized tenderness of the mother, the tissue that passes directly from the mother’s body to the child’s body, the vital living fluid that binds the mother to the child. In the psychoanalytic sense, breast milk is incorporated by the child as a “good” object that saves it from bad introjects, hunger, and illness. The process of assimilating breast milk is, in fact, the process of the child’s primary identification with a “good” object. The mechanism of introjective identification takes effect, when the “good” breast becomes part of the infant’s “Ego”/“Self”, merges with it (Petot, 1991).

A newborn child, being in a paranoid-schizoid position, in a non-integrated state, is unable to learn and distinguish internal reality from external reality. This function is performed by the mother on her behalf,

providing, together with breast milk, her knowledge, which contains her experiences and unconscious fantasies, dreams about the child, knowledge acquired through experience, as well as knowledge obtained by her from constant observation of the child, daily discoveries of her psychic reality. Mother defines meanings, gives names to phenomena. The child learns this knowledge, being enriched by the mother's libido focused on him, the emotional energy of the mother's "Ego"/"Self" (Steiner, 1992).

During one feeding, the composition of breast milk changes. First, early or "front" milk is produced, which contains protein, lactose, vitamins, minerals and water. Fairly liquid, easily absorbed, early milk reaches the baby first, as if making contact and supporting his fantasies about "good" breasts. Late or "hind" milk, which contains fat, is produced after some time. The child needs to make efforts to acquire it as a valuable energy source of vital forces, "deep knowledge".

The representatives of M. Klein's school, developing ideas about the sources of knowledge and the acquisition of knowledge, believed that knowledge originates in primitive emotional experience. Being in the mode of waiting for feeding/contact with the mother, the child feels increased tension, pain of frustration. The ability to tolerate frustration is the first primitive emotional experience and is important for the process of formation of thinking. Satisfaction, realization of the child's need by the mother, relief of tension modifies the state of deprivation, confirming the reliability of the constant connection between the mother and the child.

If the mother and the baby are in a harmonious state, the child's Ego gains strength because it is supported in every way. The strong "Ego"/"Self" of the baby, which has been strengthened in this way, is able to organize protection and develop personal qualities. If the frustration lasts too long, the hunger is not satisfied, the instinctive tension becomes too strong to be denied, the psyche is filled with aggressive fantasies that are experienced by the child as "bad" objects. There are dangerous violations in the mother-child relationship. The image of the "inner satisfying breast" is destroyed, replaced by the image of the "breast that causes pain" and, pushing them out of itself as threatening objects, the child projects them onto the mother. Having endowed the breast with its destructive properties, the infant, in times of frustration, feels that the breast is chasing him and wants to destroy him. An infant's fear of persecution is extremely strong. It is the presence of this fear that can explain difficulties in feeding (when the baby does not want to take the

breast), which occur even when the mother has a lot of milk and the external situation is quite favorable.

The function of the mother's emotions in this case is not to synchronize with the child's emotions, but to process them, which ultimately leads to the modification of anxiety and its elimination. For this, the mother needs love, compassion, pity, self-confidence, but not the fear, pain or aggression that the child herself experiences. If the mother is overwhelmed by the same destructive experiences, she cannot help the child. The child is flooded with hateful emotions, fear of an uncontrollable object (Segal, 1998c).

Some mothers treat their breast milk with disdain when they see how the child, turning away, does not take the breast, as if rejecting it. Most often, in the first three months, the child has such phenomena as stool disorders, skin problems, sleep disturbances, and inexplicable crying attacks. Inexperienced mothers begin to think of their milk as "bad" and themselves as "bad" mothers. At this moment, there is an unconscious aggression against the child who rejects his mother and her milk. At the same time, the disgruntled mother experiences distress from anxiety for the child's life and an unbearable sense of shame for her incompetence, helplessness, and guilt for her own destructive impulses. Fantasies come to life that her breasts cannot have enough milk, that she cannot be a good mother (Nixon 1995).

Identifying with the child, at this moment the mother may feel anxiety characteristic of the paranoid-schizoid phase of development, filled with fears of persecution, damage from the inside, may fall into hysteria, and collapse as a whole object. If the mother cannot cope with anxiety and systematically reveals herself to be a "bad" mother, this can lead to a reduction of maternal feelings, pathological depression. With the help of projective identification, the mother, who condemns herself in order to reduce the unbearable feeling of guilt and restore her own dignity, begins to load the contents of the infant's psyche with destructive fantasies. The child, in turn, introjecting this "bad" content, feels the anxiety of being chased by bad breasts and returns the "bad content" to the mother in the form of vomiting, diarrhea, rashes on the skin, screaming, restless behavior, etc. At the same time, the child's "Ego"/"Self" becomes weak and unable to organize protection, the libido directed to the world does not find satisfaction there, which may later appear in the lack of libidinous relationships.

One of the main conditions is violated – trust. Types of early oral, and later urethral and anal sadism begin to take effect. Destructive impulses are associated with greed, manifested in fantasies about the absorption and emptying of the breast and the whole mother. The infant tries to control the object necessary for its survival by projecting destructive experiences onto it, experiencing fear at the same time. The mother, in turn, feels like “food”, “a machine for the production of milk”, is emotionally and physically exhausted, not enjoying communication with the child (Kristeva, 2001).

A poor mother-infant relationship is reflected in the infant’s breastfeeding. Recently, the most common diagnoses are: lactose deficiency (or lactose intolerance), dysbacteriosis, the cause of which in the vast majority of cases is a violation of the mother-child relationship, improperly organized feeding process by the mother. Interruption of breastfeeding (for various reasons) or early weaning is analogous to deprivation of the child’s basic health and emotional needs. Mistakes in child care result in the destruction of the child’s faith in the reliability of the mother.

The meaning of these complications of the newborn child can be better understood if we consider them as a manifestation of early unconscious phantasies. Being in the phase of primary sensory-perceptual and affective experience, the child simultaneously feels the influence of the instinct of life and the instinct of death, love and hate, dealing with them as his bodily sensations: absorbing the “good” and repelling the “bad”. In the event of a violation of normal object relations, the mother’s personality acts as a psychological poison, resulting in psychotic disorders in infants.

Every mother knows why her baby cries. Crying differs in emotional shades, in what the mother feels now, sensitively perceiving the child’s unconscious communications. The delicate mechanism of the relationship that develops between the mother and the baby, especially in the first period after birth, can be disturbed by an intrusion into this relationship. In this sense, doctors, close people surrounding the mother and not responsible for the child, invade the unique relationship between a mother and a child, satisfying their narcissistic needs and offering their experience and their story. Insecure young mothers quite easily give up their emotional relationship with the baby, following the advice of “experienced” people, “rejecting” the baby. Thus, rejecting the only mother whom the child needs. And now the mother cannot learn about the baby from him, preventing the baby from knowing himself as a

mother. Thus, the innate psychoanalytic function and ability of the newborn child to know his own mental reality is disturbed (Klein, 1975a).

Implicit memory, which includes the preverbal, presymbolic experience of the child in its relationship with the mother and with the environment in which he grows, can contain the experience of the perinatal period, when the child absorbs the mental rather than the biological life of the mother. This experience, stored in implicit memory, can form the unconscious and unrepressed core of the personality. This experience remains pre-verbal and pre-symbolic and dominates the affective, emotional, cognitive life of an individual, determines his interpersonal and sexual relations.

Conclusions. Summing up the general consideration of M. Klein's views, it should be noted that the mediation by her and her followers of their own observations with interpretive techniques often led to the fact that they took their own fantasies and reconstructions for a real picture of the child's experiences. Those assumptions that attribute psychological cognitions and functions to a newborn child refer more to belief than to knowledge and are related to the need of analysts to understand the world of experience of a "pre-psychological" subject (infant) or a seriously mentally ill patient, with the inability to grasp the inner world of the other person without the perception of his own "Ego"/"Self". This leads to the creation of the myth about the primary "Ego"/"Self", which is widespread in psychoanalytic theories of the early development of the psyche. Studies of the development of infants indicate that they have a greater complexity of mental processes than predicted by M. Klein.

The following fundamental provisions of M. Klein's theory are debatable:

- 1) there is an innate desire for death, the earliest manifestation of which is envy;
- 2) the newborn has some "innate" knowledge;
- 3) special emphasis is placed on the intrapsychic development of the first year of life while simultaneously ignoring the further development of mental structures;
- 4) exclusive attention is fixed on the phenomenon of transfer, as a result of which development and changes due to new experiences are not taken into account;
- 5) the predominant silence of the analyst, characteristic of the technique of classical analysis (S. Freud), is replaced by a new stereotype –

the immediate interpretation of unconscious fantasies in the rigid terms of “good” and “bad” breasts, typical of supporters of M. Klein’s theory;

6) children’s games are equivalent to the free association of an adult patient.

However, the theoretical provisions of M. Klein’s concept significantly influenced the development of psychoanalysis in general and psychoanalytic pedagogy in particular.

1. The importance of early object relations for the normal and pathological development of infants is generally recognized.

2. The role of aggression emphasized by M. Klein in the early phase of a child’s development, even when rejecting life and death urges, deserves attention.

3. M. Klein’s theory regarding the formation of the Oedipus complex before two or three years of a child’s life, as well as her idea that pre-Oedipal factors and conflicts influence psychosexual development and character formation, are widely recognized.

4. M. Klein’s extremely promising original contribution to the development of concepts of unconscious fantasies, early defense mechanisms, and internal object relations.

5. M. Klein’s division between “absolutely good” and “absolutely bad” images of objects not only represents a specific mental protection for mental differentiation, but also provides the necessary basis for all further structuring of the psyche.

6. M. Klein’s theory is transitional between classic psychodynamic theories of drives and theories of object relations, which take into account the influence of external object relations on the child’s development.

7. M. Klein clearly saw the intense fantasy life that took place in the inner world of very young children: her description of this life laid the foundations for the reorientation of the theory from the mere psychobiology and physiology of the pleasures and frustrations of drives.

8. M. Klein managed to capture and describe the inner intersubjective life of an individual, in which “internal objects” interacted with him and the outside world. This discovery allowed analysts to move on to the study of subject-subject relationships in psychoanalysis.

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АНОТАЦІЯ

Вертель Антон. Значення концепції перинатального і постнатального розвитку дитини Мелані Кляйн для психоаналітичної педагогіки.

У статті експліковано новаторські ідеї Мелани Кляйн у сфері дитячого психоаналізу та психоаналітичної педагогіки. Розкрито концептуальні положення М. Кляйн про формування об'єктних відносин у системі «мати – дитина» у перинатальному і постнатальному періодах. Зроблено спробу розглянути несвідомі фантазії матері та їх імпліцитний вплив на первинні несвідомі фантазії новонародженої дитини, спричинені інстинктивними потягами в перші місяці життя.

Детально розглянуто наявність у дитини на першому році життя двох позицій – параноїдно-шизоїдної та депресивної. Термін «позиція» – специфічне поєднання характерних для дитини об'єктних відносин, які породжують тривогу та захист від неї, що проявляється протягом усього подальшого життя індивіда.

Особлива увага приділена аналізу несвідомих фантазій немовляти, його первинним проєкціям на груди матері, тривозі переслідування. Показано, що згідно з М. Кляйн, у немовляти з самого народження існує рудиментарне «Его»/«Я», яке здатне якимось чином сприймати вроджені потяги до життя і смерті, відчувати тривогу й виробляти захисні механізми. Такими примітивними захисними механізмами, що використовуються дитиною протягом перших місяців життя, є проєкція, інтроєкція, розщеплення та проєктивна ідентифікація. Визначено вплив психологічного та фізичного стану матері на немовля в перинатальний та постнатальний періоди.

Показано, що стосунки в системі «мати – немовля» (які мають одну психіку на двох) – це складна взаємодія несвідомих комунікацій, яка відбувається в перехідному просторі між внутрішнім світом і реальною дійсністю. Емоційне включення матері до процесу взаємодії з дитиною чинить тиск на новонародженого і змушує його реагувати, розігруючи разом із нею несвідомі сценарії.

Ключові слова: теорія Мелані Кляйн, психоаналіз, психоаналітична педагогіка, виховання, несвідома фантазія, «хороші» та «погані» груди, параноїдно-шизоїдна позиція, депресивна позиція, проєкція, інтроєкція, розщеплення та проєктивна ідентифікація, фрустрація, інстинкт життя, інстинкт смерті.