Kleinian Theory:

A Neo-Adlerian Approach

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It is commonly believed that Sigmund Freud is the father of modern psychotherapy. However, many forget that Freud did not pioneer the field of psychoanalysis alone (Adler University, n.d.). Freud met Alfred Adler in 1902 and they along with Rudolf Reitler and Wilhelm Stekel started the “Wednesday Night Meetings” (Mosak & Maniacci, 1999). These meetings are credited as being the foundation for the creation of the Psychoanalytic Society (Mosak & Maniacci, 1999). While Freud often viewed Adler and the others as one of his followers, Adler viewed himself as a colleague, which eventually led to Adler leaving the Vienna Psychoanalytic Society, of which Adler was actually the first president and not Freud (Mosak & Maniacci, 1999). According to Ansbacher and Ansbacher (1956), Adler had created his own theory within the Freudian frame, in which Freud incorporated into his theory. Therefore, while many view modern psychotherapy being composed largely as neo-Freudian approaches, in reality these approaches are likely better credited as neo-Adlerian. They are neo-Adlerian because they followed Adler’s basic tenets and not those created by Freud.

Within the field of modern psychotherapy there are a number of theoretical approaches. For the purposes of this paper, two approaches will be examined: Kleinian theory (Melanie Klein Trust, 2016) and Adlerian theory, also called Individual Psychology (Mosak and Maniaci, 1999). First, a survey of the major principles of Kleinian theory will be delineated, followed by an explanation of Adlerian theory. Finally, Kleinian theory and Adlerian theory will be compared and contrasted to demonstrate how Kleinian Theory may be better described as neo-Adlerian, rather than a neo-Freudian approach as indicated by a careful examination of the literature in each theory.
Kleinian Theory

Historical Context

Melanie Reizes Klein published her first paper in 1919, *The Development of a Child* (Crann, 2010). Klein originally became interested in the field of psychoanalysis after experiencing postpartum depression and anxiety (Melanie Klein Trust, 2016). Klein engaged in psychoanalysis first with Sandor Ferenczi and later with Karl Abraham, both colleagues of Freud (Melanie Klein Trust, 2016). Both Ferenczi and Abraham encouraged her to begin analyzing her children after noticing her interest in psychoanalysis. This became the foundation of her psychological theory (Melanie Klein Trust, 2016).

During the early 1900s, both Sigmund Freud and his daughter, Anna Freud, believed that children were unable to be analyzed because they did not believe that children had developed the necessary defenses to undergo analysis (Crann, 2010). When Klein first proposed her theory on the analysis of children Freud and his daughter Anna vehemently opposed her because they did not agree that children could undergo analysis (Crann, 2010). Eventually left the Vienna Psychoanalytic Society due to disagreements with Anna Freud (Crann, 2010). At that time Ernest Jones, the founder of the British Analytic Society, invited her to speak in England (Crann, 2010). Klein accepted the invitation and she with her children moved to England (Crann, 2010). Klein continued to develop her theory and published her seminal work, *The Psychoanalysis of Children*, in 1932 (Melanie Klein Trust, 2016). This publication marked the first of her major theoretical writings and the official birth of her theory (Melanie Klein Trust, 2016).

In 1938, Anna Freud and other psychoanalysts from Berlin also moved to England due to the Nazi’s invasion of Germany (Melanie Klein Trust, 2016). They joined the British Psychoanalytic Society, which led to major rifts in the society (Crann, 2010). Klein and Anna
Freud even published works, which became known as the *Freud-Klein Controversies* (Crann, 2010). Instead of disbanding, the society split into two major schools of thought: Kleinians and followers Anna Freud (International Encyclopedia, n.d.). From this point, Klein continued to develop her theory and publish until her death in 1960 (Melanie Klein Trust, 2016). Others have continued to further her work, such as Wilfred Bion, Paula Heimann, Betty Joseph, Roger Money-Kyrle, and Hanna Segal, who were elected as trustees of the Melanie Klein Trust established in 1955 (Melanie Klein Trust, 2016).

**Theory**

Kleinian theory has its roots in traditional psychoanalysis, which some believe was originally proposed by Freud (Williams, 2012). However, as discussed, while Freud is largely credited with the creation of psychoanalysis he was impacted by other theorists of the time as well, including Alfred Adler (Mosak & Maniacci, 1999). While Freud’s theory is based on the belief that human beings are guided by drives (Freud, 1938), Kleinian theory’s basic premise is that human beings are driven by their need for relationship (Klein, 1930). Sigmund Freud discussed the concept of “object” referring to it as *Imago* and defined it as the mental depictions an individual holds of other people in their environment (Freud, 1912). Klein continued with this definition of the object in her theory regarding the development of the self. For the purposes of this paper, object will be defined as the same, the mental representation of a person outside of the self.

According to Klein, the early separation of the self (child) and object (mother) is a critical time because depending on whether the self experiences the object as either bad or good has critical implications for how the ego develops (Klein, 1921, 1952b). Therefore, the self and the object are in relation to one another. However, these objects are related in the external world and
internal world of the self (Klein, 1935). That is, Klein believed that the infant constructed representations of each object in the external world, as well as an internal representation that was more flexible to their desires (Klein, 1935). Children are able to create unconscious phantasies of the objects, which allow them to believe they are all powerful and in control, or omnipotent (Klein, 1935). During the early stages of development, the infant projects themselves onto the good object and then internalize, or introject, the good object into the self (Klein, 1935). Introjection is the process of internalizing the object onto the self in the internal world (Klein, 1935). Ultimately, the child creates internal objects through a process of relating to the external object and internalizing aspects of the external into their internal world as a representation of their external object (Klein, 1935). This in turn, shapes future interactions with the external object contingent upon the internal representation of the object (Klein, 1935). Thus, at the core, the self is always in relation to the other object, which is called object relations. As such, individuals can have good object relations when they are able to relate well to others or bad object relations when they struggle to do so.

At the early stages of life, individuals are considered to be at the paranoid-schizoid position, a period in which the child experiences anxieties and begins to develop defenses and internal and external object relations (Klein, 1946). In this position, objects are split into good parts and bad parts (Klein, 1946). The child believes that the bad object is evil and hurtful, while viewing the good object as loving and caring (Klein, 1946). The individual is so fearful of the outside threat from the bad objects that they experience persecutory anxieties that can become psychotic at extremes (Klein, 1946). In order to avoid this invasion, the individual engages in splitting, which is the extreme separation of good and bad objects or the intolerance of experiencing an object as both good and bad simultaneously (Klein, 1921). Overtime, the child is
able to tolerate and cope with increased anxieties (Klein, 1946). As the child develops the ability to more adequately cope they begin to see the object as whole and move into the depressive position (Klein, 1946).

As the child moves into the depressive position they begin to integrate their good and bad views of the object into one cohesive whole and begin to separate the self from the object (Klein, 1946). In this position the individual experiences pain not from the evilness of the bad object, but rather the irregularity and imperfection of the whole object (Klein, 1946). Splitting decreases and the individual begins to recognize they will not fall apart as a result of outside forces (Klein, 1946). Within the depressive position, the individual experiences depressive anxiety, which is the experience of fear and guilt over the belief they have destroyed their purely loving object, by attacking part of the object (Klein, 1946). Typically, the attack is viewed through Klein’s concept of envy (Klein, 1957). Klein explained the concept of envy as it related to the child’s desire to control the purely loving object (Klein, 1957). That is, Klein discussed that children would rather destroy the good object rather than allow another to benefit from the object as well (Klein, 1957). However, as the child progresses into the depressive position they also begin to experience depressive anxiety related to this displayed envy (Klein, 1946, 1957).

While in the paranoid-schizoid position the individual relies on projection in order to place these feelings outside of themselves (Klein, 1946). However, individuals in the depressive position experience depressive anxiety (Klein, 1946). At times, when the depressive anxiety becomes too great, individuals may resort to manic defenses where they discredit the importance of their love object (Klein, 1946). Manic defenses are those targeted at avoiding depressive anxiety and guilt via denying aspects of reality (Klein, 1946). Klein also noted that individuals in the depressive position might briefly regress to the paranoid-schizoid position when they become
unable to tolerate the object as both good and bad, such as during times of extremely high distress (Klein, 1946). Ultimately, Klein’s theory posits that individuals are in a constant dance of balancing love, hate, destruction, and recompense (Klein, 1946). It is one’s ability to tolerate all of these simultaneously that defines in which position they lie (Klein, 1946).

Klein made a number of contributions to the field. Klein, unlike Freud, believed that she could work with children because they contained the necessary defenses to engage in psychotherapy (Klein, 1921). Additionally, of critical importance was her idea of projective identification (Klein, 1955). That is, she believed that when individuals expel unwanted desires they were expelling a piece of themselves, as well (Klein, 1955). Therefore, a part of the expelled desire is still maintained in the unconscious and is played out in their life, regardless of their awareness (Klein, 1955).

Additional aspects of note that are central to Klein’s theory include the development of her play therapy technique and her concept of envy. Klein developed the idea of play therapy as way to use Freud’s free association with children in play (Klein 1950; Melanie Klein Trust, 2016). She believed the child’s unconscious was displayed in their play (Klein, 1950; Melanie Klein Trust, 2016). Klein posited that by allowing children to direct their fantasies and anxieties at her, the therapist, she could help relieve the guilt they experienced (Klein, 1950; Melanie Klein Trust, 2016). Klein held that children felt they could not express their negative feelings to their parents (Melanie Klein Trust, 2016). Anna Freud largely disagreed with her because she believed children were not able to be analyzed (Melanie Klein Trust, 2016). Additionally, envy according to Klein, was the idea that infants have a desire to destroy the “object,” rather than allow someone else to have it (Melanie Klein Trust, 2016). That is, the child would rather not have it at all than have to share it with another (Melanie Klein Trust, 2016).
Psychopathology has the potential to develop at any stage in development, in any position (Klein, 1946, 1955). That is, an individual can get stuck in either position for a number of reasons leading to poor object relations. Therefore, it is the duty of the therapist to utilize the transference, or client’s repetition of patterns in the therapy space, to assist the client in progressing forward through development (Klein, 1952a). Ultimately, it was through projective identification the work of therapy could be done (Klein, 1955). That is, it is posited that clients project into the therapist the emotions they are experiencing and it is through these projective identifications that the therapist can understand the client’s inner world (Klein, 1955). Therefore, through the transference relationship the client and therapist can work together to progress through the positions and reform the client’s object relations to be more adaptive (Klein, 1952a).

**Adlerian Theory**

**Historical Context**

Alfred Adler originally developed Adlerian theory (Adler University, n.d). Originally, Adler was trained as an ophthalmologist, but after working with individuals in more rural areas became interested in psychology (Adler University, n.d.). As discussed above, in 1907, Adler was invited to meet with Freud in what became known as the “Wednesday Night Meetings” (Adler University, n.d.). Adler split with Freud in 1911 due to personality differences and differing views regarding approach, especially regarding the impact of the social sphere on the individual (Adler University, n.d.). Adler then went on to create Individual Psychology and the Society of Individual Psychology in 1912 (Adler University, n.d.).

While Freud focused extensively on drives, the ego, id, and superego, etc., Adler was more focused on the systemic issues occurring at the time (Mosak & Maniacci, 1999). The name of his theory Individual Psychology was really mistranslated. The word actually referred to
indivisible meaning people could not be understood by dividing them into parts. He wrote extensively on women’s rights, education, and community mental health (Mosak & Maniaci, 1999). Alfred Adler is known as the first community psychologist because the emphasis he placed on the importance of the social world on development (Mosak & Maniaci, 1999).

**Theory**

Adlerian theory rests on how an individual approaches and interacts with their world, which Adler called the lifestyle (Adler, 1929). The lifestyle determines the way in which individuals will confront the life tasks, or the primary tasks of living, which include work, love, and friendship (Adler, 1929). While Adler clearly outlined three primary tasks of living, his student, Rudolph Dreikurs, and Dreikurs’ student, Harold Mosak, expanded on four additional life tasks they found in Adler’s original writings, including the self task, spiritual task, parenting and family task, and the leisure task (Mosak & Maniaci, 1999). It was through the examination of the life tasks and the lifestyle that Adlerian psychologists can begin to understand the individual and how he or she interacts with their social world.

Adlerian psychology rests on several basic assumptions (Mosak & Maniaci, 1999). First, Adlerian theory is a holistic one in that Adler believed that the individual was unable to be divided into parts (Mosak & Maniaci, 1999). Second, Adler held that individuals were goal-oriented or purpose oriented, which is called teleology (Adler, 1929; Mosak & Maniaci, 1999). In line with this concept, Adler believed that psychologist must understand the individual’s line of movement in order to understand a person’s ultimate goal, which individuals will move toward in a variety of ways (Mosak & Maniaci, 1999). To that end, Adlerian theory is one of movement. Adler posited that individuals are consistently striving for superiority in that they are
attempting to move away from a perceived negative situation to one that is a perceived positive situation (Mosak & Maniacci, 1999).

Adlerian theory holds that individuals are self-created, rather than reactive to their environments, because they consistently make choices to move them to where they are currently and will be in the future (Adler, 1929). However, Adler also acknowledged that individuals are born into certain circumstances that limit their choices to their specific life contexts (Adler, 1929). Essentially, soft determinism is the idea that one’s life is open to infinite possibilities, but limited by the contexts in which they live (Adler, 1929; Mosak & Maniacci, 1999). Additionally, the psychologist seeks to understand the individual’s context through that individual’s lens, which is called phenomenology (Mosak & Maniacci, 1999). That is, rather than understanding the individual in their context, Adler holds that the context is understood through the individual (Mosak & Maniacci, 1999). In understanding an individual’s context in this manner, the therapist can begin to adopt the client’s worldview from their specific perspective, rather than a group perspective. Additionally, Adlerian theory takes an idiographic orientation by focusing on the unique aspects of the individual in their contexts (Mosak & Maniacci, 1999). Essentially, Adlerian theory examines the individual within their context, as well as the uniqueness of the individual within that context. Overall, Adlerian psychology is a social field theory in that it is understood that individuals do not exist in isolation. Rather, they impact and are impacted by the social world around them (Mosak & Maniacci, 1999).

These contexts can impact the lifestyle in many ways. Most notably is the family constellation, or the way in which the family was structured (Adler, 1964). That is, Adler believed that the individual’s personality relied heavily on how the family was constructed, which included the child’s birth order (Adler, 1964). Adler posited one had an ordinal position,
or position based on age, as well as a perceived position, or the position in which the individual believes they fulfill (Adler, 1964). A child’s perceived and ordinal position was believed to influence how the individual likely interacted with and was impacted by their social world (Adler, 1964).

As children grow and mature, Adler believed that one’s social interest and sense of belonging needed to be developed (Adler, 1929). Social interest is defined as one’s desire to contribute to the greater good, rather than acting for the good of just one’s self (Adler, 1929). To that end, Adler believed a primary objective of all individuals is to have social interest so that they could foster a feeling of belonging to something, what he called a sense of belonging (Adler, 1929). Fostering social interest and the subsequent sense of belonging was done through a process of encouragement, or the instillation in an individual that they were capable of the life set before them (Adler, 1929). However, lack of encouragement is often where problems arise.

According to Adlerian theory, lack of encouragement and movement away from social interest is where pathology arises (Adler, 1964). That is, without encouragement individuals can develop feelings of inferiority, or not being good enough, which Adler called the inferiority complex (Adler, 1929). Conversely, without social interest, individuals can also develop a superiority complex, or feelings of superiority over others (Adler, 1929). Adler distinguished between private logic and common sense. Private logic is defined as the logic unique to the individual to justify their way of being, while common sense is information or logic agreed upon by many (Adler, 1929). Private logic often impacts the inferiority and superiority complex that one potentially develops (Adler, 1929).

Additionally, pathology can arise through how an individual approaches the life tasks or their refusal to do so (Adler, 1929, 1964). Adler believed that individuals were inherently
striving towards a goal, what he called striving for superiority (Adler, 1956). In doing so, Adler posited that individuals attempted to move from a perceived minus situation, or inferiority, to a perceived plus situation, or superiority (Adler, 1956). Thus, it seems Adler believed that striving for superiority, but not developing a superiority complex, was a primary objective for the individual (Adler, 1956).

Adler held that the individual returns to health when they are encouraged, their sense of social interest is fostered, and they develop a sense of belonging (Adler, 1929). This process is facilitated through the four domains of Adlerian therapy: creation of the relationship, assessment, fostering of insight, and reorientation (Dreikurs, 1956). While Adler never wrote specifically about the stages of Adlerian therapy, Dreikurs based the stages off of Adler’s original theory of Individual Psychology (Dreikurs, 1956). In the relationship stage the therapist works to promote an open and comfortable therapeutic relationship (Dreikurs, 1956). This is followed by the assessment stage where the therapist gathers information from the client in order to better understand them, followed by the insight stage where the therapist assists the client in gaining insight into their lifestyle (Dreikurs, 1956). The final stage, reorientation, is focused on change in the individual and a reorientation to their world incorporating these changes (Dreikurs, 1956).

Overall, Adler’s theory of change rests on movement from a perceived minus to a perceived plus situation via encouragement and increased sense of belonging and social interest (Adler, 1956, 1964).

In sum, Adlerian psychology is a psychology of use and optimism (Mosak & Maniacci, 1999). That is, Adler believed that every symptom and way of relating to others and the world served a function for the individual (Mosak & Maniacci, 1999). While initially the individual’s manner of interacting with the world and individuals around them or symptoms were likely an
adaptive response to their situation these responses and symptoms can become less effective over time. However, Adlerian theory is optimistic that the client can and will get better and is able to help him or herself become well again (Mosak & Maniacci, 1999).

**A Neo-Adlerian Approach**

After examining both theories the question still remains: is Kleinian theory better described as neo-Adlerian, rather than neo-Freudian? In order fully answer this question a thorough examination of the similarities and differences is warranted via comparing Kleinian theory to the 12 basic assumptions of Adlerian Psychology (Mosak and Maniacci, 1999).

On the surface, Kleinian theory and Adlerian theory are fundamentally different. That is, at the core, Adlerian theory rests on the concept of the indivisibility of the human being (Mosak & Maniacci, 1999). That is, Adlerian theory is focused on understanding the totality of the individual in their context. Conversely, Kleinian theory focuses more exclusively on the parts of each individual, breaking an individual into positions and defenses (Mitchell & Black, 1995). Klein placed emphasis on the factors leading to the development of object and object representations by discussing the components of an individual’s experiences that led to good or bad object relations (Mitchell & Black, 1995). Thus, it seems according to the basic tenants of Adlerian Psychology set forth by Mosak and Maniacci (1999) Kleinian theory and Adlerian theory do not agree on the first assumption of holism.

The second tenant of Adlerian theory is that of teleology (Mosak & Maniacci, 1999). As described above, Adler posits that all individuals are goal driven and striving towards some goal (Mosak & Maniacci, 1999). While these goals vary widely across individuals Adler believed that all human beings, whether adaptively or maladaptively, were striving towards a goal, rather than being driven by forces and impulses (Mosak & Maniacci, 1999). Similarly, Kleinian theory holds
that human beings are not driven by libidinal impulses (Klein, 1930). Rather, Klein believed that human beings are driven or motivated by their need for relationship with others (Klein, 1930). Klein was of the belief that individuals were not at the mercy of their biological impulses, but were guided by a need to be in relation to others (Klein, 1930). Therefore, it seems Adler and Klein agree on this point as they agree on the basic belief that individuals are striving towards a goal rather than being mindlessly directed by their impulses.

The third assumption of Adlerian theory is that individuals are self-created (Mosak & Maniacci, 1999). This concept rests on the belief that human beings always have the power of choice because Adler believed that the individual created themselves and the world around them (Mosak & Maniacci, 1999). Klein also discusses the self-created nature of the developing individual (Klein, 1935). Kleinian theory discusses at length the development of the child’s creation of internal and external representations of the objects in their world (Klein, 1935). In the external world, individuals are interacting with other objects to co-create the world around them (Klein, 1935). Additionally, in the internal world, the child is able to construct unconscious phantasies and representations of their external world that is impacted by their external experiences of the world (Klein, 1935). These internal representations then impact how the child will continue to interact with other objects going forward (Klein, 1935). Klein and Adler appear to agree that the individual has a great impact on creating their world and experiences.

In the same vein, the fourth assumption of Adlerian theory, soft determinism, asserts that while individuals always have choice, they are also limited by the contexts in which they exist (Mosak & Maniacci, 1999). That is, life is open to infinite possibilities, but limited by the contexts in which individuals live (Mosak & Maniacci, 1999). Klein does not specifically address contextual factors and confines that may or may not impact the development of the self
or an individual’s experiences. Instead, her work appears to be more focused on the importance of the early caretaker relationships and the impact they have on the development of self (Melanie Klein Trust, 2016).

The fifth basic assumption, phenomenology, holds that the importance of an event does not come from the objective occurrence of the event, but rather the subjective experience of the event (Mosak & Maniacci, 1999). Klein seems to address this point in a somewhat indirect manner. That is, as discussed above, Klein notes the individual constructs internal representations of the objects they interact with (Klein, 1935). Thus, it seems in this way she discussed that not only objective experiences, but also subjective experiences of objects shaped the individual’s understanding and experiences (Klein, 1935). Klein notes the internal representation an individual creates subsequently impacts future interactions with the external object (Klein, 1935). It seems Adler and Klein agree on the fact that an individual’s subjective experiences are as important, if not more important, than their objective experiences.

Next, Adlerian theory is a social field theory in that individuals do not exist in isolation (Mosak & Maniacci 1999). Individuals impact and are impacted by their social worlds (Mosak and Maniacci, 1999). On this assumption Klein seems to 100% agree. Klein writes extensively about the importance of the early primary caregiver relationship to the subsequent development of self (Klein, 1930). A basic premise of Kleinian theory is that individuals are driven by their need for relationship (Klein, 1930). Therefore, Adler and Klein agree that human beings live, develop, and are influenced by their social contexts.

Striving for superiority, the seventh basic assumption of Adlerian theory, is essentially one’s motivation to move towards his or her goal (Mosak & Maniacci, 1999). Klein does not write about this facet of Adlerian theory. While motivation is not absent from Kleinian theory, its
seems as though this theory is more focused on examining understanding what went wrong in the development of self in order to recreate an environment for the individual to progress through more successfully (Klein 1952a, 1955). It seems as though Klein and Adler were writing about the same overall goal, to assist the client in moving towards a place where he or she function and felt better. Thus, it seems indirectly, Kleinian theory and Adlerian theory agree on the seventh basic assumption.

The eighth basic assumption is that Adlerian theory takes an idiographic orientation (Mosak & Maniacci, 1999). However, Kleinian theory takes a more nomothetic orientation. That is, throughout Klein’s writings she categories the development of all individuals as moving through the same positions (i.e., paranoid-schizoid, depressive; Klein, 1946). Thus, it seems Adlerian theory is more individualistic in nature in that is places a heavier emphasis in understanding the uniqueness of each individual, rather than attempting to place them in pre-determined categories (Mosak & Maniacci, 1999).

Adlerian theory is a psychology of use in that Adler placed less importance on what individual gives a person had, but more on what that individual chose to do with those givens (Mosak & Maniacci, 1999). Additionally, Adler believed that every experience served a purpose in some way (Mosak & Maniacci, 1999). It does not appear that Klein addressed this basic assumption in her writings. The primary goal that Klein describes is that individuals are driven by their need for relationship (Klein, 1930). However, her writings do not endorse maladaptive strategies as serving a purpose. Rather, it seems Kleinian theory posits pathology arises when individuals strive to meet this goal in a maladaptive manner (Klein, 1930). Therefore, Adler and Klein do not seem to agree on this point.
The tenth assumption, acting “as if,” is based on the assumption that people have goals that they are moving towards and perceive their world based around these goals (Mosak & Maniacci, 1999). Essentially, individuals form values around the goal they are searching after and act as if their values are reality (Mosak & Maniacci, 1999). As noted previously, Klein appears to speak of this when discussing the internal representations that individuals construct regarding their internal world (Klein, 1935). That is, individuals construct ideas of what they think the objects in their world are like, which they subsequently believe and respond to as if they were actually that way (Klein, 1935). In this assumption Klein and Adler appear to agree.

Consistently, the eleventh assumption of Adlerian theory, self-fulfilling prophecy, states that individuals will construct their world in such a way that agrees with their belief (Mosak & Maniacci, 1999). As an individual continually acts as if their belief is true, the world will begin to respond by fulfilling their initial thought (Mosak & Maniacci, 1999). Klein does not address this pattern of behavior. While it seems likely that it would be a natural extension of her stances on how an individual interacts with external objects based on their internal representations, she does not go so far as to address this thought.

Finally, Adlerian theory is an optimistic one in that the theory holds that people can and will change (Mosak & Maniacci, 1999). Additionally, Adler did not believe that people were good or bad, but they just were (Mosak & Maniacci, 1999). Kleinian theory is comparatively not so optimistic. That is, the goal of the Kleinian therapist is to understand an individual so that they can determine where in development the development of self went wrong so that the therapist can recreate an environment to assist the client in more productively progress through the development of self and creation of good object relations (Klein 1952a, 1946, 1955). However,
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Kleinian theory does hold that an individual can return to health. Thus, while Adlerian theory appears to be more strengths based, Kleinian theory seems to be more pessimistic in nature.

Overall, it seems Kleinian and Adlerian theories have many core attributes in common. Both theories place extensive significance on the social world. Kleinian theory focuses more specifically on how the self develops in relation to the other objects in his or her world (Klein, 1935). On the other hand, Adlerian theory focuses more specifically on the reciprocal interaction of the social world on the individual and vice versa, which leads to a co-created world (Mosak & Maniacci, 1999). Additionally, within the social world, Adlerians and Kleinians seem to place importance on the early caregiver relationship. Adlerians focus specifically on developing a sense of belonging in this early relationship, which is a factor in health according the Adlerian theory (Mosak & Maniacci, 1999). Kleinian theory notes that poor object relations can develop as a result of a negative early caregiver relationship (Klein, 1935). Therefore, it seems attachment plays a significant part in health according to both Adlerian and Kleinian theory.

Additional areas of similarities that are out of the scope of this paper include similarities in intervention techniques. Both Adlerian theory and Kleinian theory work with children utilizing play therapy. For additional reading suggestions refer to Appendix A.

In conclusion, Kleinian theory and Adlerian theory share many similarities and differences. After careful comparison, Kleinian theory can be considered 50% neo-Adlerian. However, most importantly, both theorists believe that clients can return to health and are capable of change.
References


Appendix A:

Recommended Reading


Klein, M. (1921). The development of a child.

Klein, M. (1923). The role of the school in the libidinal development of the child.


Klein, M. (1932). The technique of analysis in the latency period.