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Abstract

Many contemporary theoretical approaches to psychotherapy are referred to as neo-Freudian theories. However, many of these approaches are more accurately considered neo-Adlerian. A thorough comparison of Kleinian theory and Adlerian theory demonstrates that Kleinian theory may be better referred to as a neo-Adlerian approach. A historical context of each theory is provided to demonstrate that the principles of Kleinian theory are products of Adlerian theory. A summary is provided that compares Kleinian theory with the basic assumptions of Adlerian theory.

Keywords: Adlerian psychology, Kleinian theory, Melanie Klein, Individual Psychology, basic assumptions, neo-Adlerian

It is commonly believed that Sigmund Freud is the father of modern psychotherapy and that Kleinian theory is neo-Freudian (Melanie Klein Trust, 2016). However, many experts forget that Freud did not pioneer the field of psychoanalysis alone (Ellenberger, 1970; Mitchell & Black, 1995). 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 Vienna Psychoanalytic Society (Mosak & Maniacci, 1999). While Freud often viewed Adler and the others as his followers, Adler, for one, 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, which Freud then in turn incorporated into his theory. Therefore, while many view modern psychotherapy as composed largely of neo-Freudian approaches, in reality these approaches are better considered neo-Adlerian. They are neo-Adlerian because they follow the basic tenets created by Adler, not Freud, or because after their own independent study their founders arrived at beliefs very similar to those of Alfred Adler.

Modern psychotherapy includes several theoretical approaches. For the purposes of this article, two approaches are examined: Kleinian theory (Melanie Klein Trust, 2016) and Adlerian theory, also called Individual Psychology (Ansbacher & Ansbacher, 1956; Mosak & Maniacci, 1999). First,

a survey of the major principles of Kleinian theory is delineated, followed by an explanation of the basic assumptions of Adlerian theory. The two theories are then compared through a careful examination of the literature to determine whether Kleinian theory is most accurately categorized as a neo-Adlerian theory.

Kleinian Theory

Historical Context

Melanie Reizes Klein published her first paper, "The Development of a Child," in 1919 (Crann, 2010). She originally became interested in the field of psychoanalysis after experiencing postpartum depression and anxiety (Melanie Klein Trust, 2016). Klein engaged in psychoanalysis first with Sándor Ferenczi and later with Karl Abraham, both colleagues of Freud (Melanie Klein Trust, 2016). After noticing the interest she took in psychoanalysis, Ferenczi encouraged her to begin analyzing her children (Crann, 2010). However, it is unclear why Ferenczi encouraged her to analyze her children, as the analysis of children was not an agreed-upon technique at the time (Donaldson, 2002).

Sigmund Freud and his daughter, Anna Freud, believed that children were unable to be analyzed because they had not developed the necessary defenses to undergo analysis (Crann, 2010). Thus, when Klein first proposed her theory on the analysis of children, the Freuds vehemently opposed. According to Crann (2010), her disagreements with Freud led her (like Adler before) to leave the Vienna Psychoanalytic Society, and eventually Vienna, for a new home in England. Klein continued to develop her theory and published her seminal work, *The Psychoanalysis of Children*, in 1932. This publication marked the first of her major theoretical writings and the official birth of her theory.

In 1938, Anna Freud and other psychoanalysts from Berlin also moved to England after the Nazis rose to power in Germany (Mitchell & Black, 1995). They joined the British Psychoanalytic Society, which led to major rifts, splitting the society into two major schools of thought: the Kleinians and the Freudians (Mitchell & Black, 1995). Melanie Klein died in 1960, and others have continued to further her work, such as Wilfred Bion, Paula Heimann, Betty Joseph, Roger Money-Kyrle, Hanna Segal, and the founders of attachment theory, John Bowlby and Donald Winnicott (Mitchell & Black, 1995).

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 influenced by other theorists of the time, 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 defining 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 on the development of the self. For the purposes of this article, object is also defined as 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 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 each other. However, these objects are related in the external world and internal world of the self (Klein, 1935). Klein (1935) 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. According to Klein, children are able to create unconscious fantasies of the objects, which allow them to believe that they are all powerful and in control, or omnipotent. During the early stages of development, infants project themselves onto the good object and then internalize, or introject, the good object into the self. 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. 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). According to Klein, the child believes that the bad object is evil and hurtful while viewing the good object as loving and caring. The individual is so fearful of the outside threat from the bad objects that they experience persecutory anxieties that can become psychotic at extremes. 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). Over time, the child is able to tolerate and cope with increased anxieties (Klein, 1946). As the child develops the ability to more adequately cope, he or she begins to see the object as whole and move into the depressive position.

As the child moves into the depressive position, he or she begins to integrate good and bad views of the object into one cohesive whole and 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 from the irregularity and imperfection of the whole object. Splitting decreases and the individual begins to recognize they will not fall apart as a result of outside forces. 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. Typically, the attack is viewed through Klein's (1957) concept of envy. Klein explained the concept of envy as it related to the child's desire to control the purely loving object. Klein also discussed that children would rather destroy the good object rather than allow another to benefit from the object as well. However, as the child progresses into the depressive position, he or she also begins to experience depressive anxiety related to this displayed envy (Klein, 1946, 1957).

While in the paranoid-schizoid position individuals rely on projection to place these feelings outside of themselves; however, individuals in the depressive position experience depressive anxiety (Klein, 1946). At times, when depressive anxiety becomes too great, individuals may resort to manic defenses, by which 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) 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. 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 he or she lies.

Klein made a number of contributions to the field. Unlike Freud, Klein (1921) believed that she could work with children because they contained the necessary defenses to engage in psychotherapy. Of critical importance was her idea of projective identification: She believed that when individuals expel unwanted desires, they expel a piece of themselves, as well (Klein, 1955). Therefore, a part of the expelled desire is still maintained in the unconscious and played out in the individual's life, regardless of whether the individual is aware of it.

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

(1950) developed play therapy as a way to use Freud's free association with children in play. She believed the child's unconscious was displayed in play. Klein posited that by allowing children to direct their fantasies and anxieties at her, the therapist, she could help relieve the guilt they experienced. She also held that children felt they could not express their negative feelings to their parents (Melanie Klein Trust, 2016). Additionally, according to Klein, envy was the idea that infants have a desire to destroy the object rather than allow someone else to have it. The child would rather not have an object 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). An individual becomes stuck in either position for various reasons, leading to poor object relations. Therefore, it is the duty of the therapist to use transference, or the client's repetition of patterns in the therapy space, to assist the client in progressing forward through development (Klein, 1952a). Ultimately, it is through projective identification that the work of therapy is done (Klein, 1955). Clients project to 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

According to Alfred Adler's biographer Edward Hoffman (1997), Adler was trained as an ophthalmologist, but after working with individuals in more rural areas, he became interested in psychology. As discussed previously, Adler was invited to meet with Freud in 1902 in what became known as the Wednesday Night Meetings. Adler split with Freud in 1911 as a result of personality differences and different views regarding approach, especially on the impact of the social sphere on the individual. Adler then went on to create Individual Psychology and the Society of Individual Psychology in 1912.

While Freud focused extensively on drives, ego, id, and superego, Adler was more focused on the systemic issues occurring in and affecting the individual's life at the time (Mosak & Maniacci, 1999). The name of his theory, Individual Psychology, was actually mistranslated. The German word he chose referred to "indivisible," meaning that people could not be understood by dividing them into parts (Carlson, Watts, & Maniacci, 2006). He wrote extensively on women's rights, education, and community mental health. Alfred Adler is known as the first community psychologist because of

the emphasis he placed on the importance of the social world on development (Mosak & Maniacci, 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 confront life tasks, or the primary tasks of living, which include work, love, and friendship. While Adler clearly outlined three primary tasks of living, his student Rudolf Dreikurs and Dreikurs's student Harold Mosak expanded on additional life tasks they found in Adler's original writings, including the self task, the spiritual task, the parenting and family task, and the leisure task (Mosak & Maniacci, 1999). It was through examination of the life tasks and the lifestyle that Adlerian therapists began to understand the individual and how individuals interact with their social world.

Adlerian psychotherapy rests on several basic assumptions (Mosak & Maniacci, 1999). Adlerian theory is holistic in that Adler believed that the individual was unable to be divided into parts (Mosak & Maniacci, 1999). Next, Adler held that individuals were goal or purpose oriented, or teleological (Adler, 1929; Mosak & Maniacci, 1999). In line with this concept, Adler believed that psychologists must understand an individual's line of movement in order to understand his or her ultimate goal, which individuals will move toward in a variety of ways (Mosak & Maniacci, 1999). To that end, Adlerian theory is one of movement. Adler believed 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 or "superior" situation (Mosak & Maniacci, 1999).

Adlerian theory holds that individuals are self-created rather than reactive to their environments. Adler believed that people make choices throughout their lives that move them toward a self-selected goal (Adler, 1929). As stated by Maniacci, Carlson, and Sackett-Maniacci elsewhere in this issue, "Human life is a movement" (2017, p. 99). However, Adler (1929) also acknowledged that individuals are born into certain circumstances that limit their choices to their specific life contexts. Essentially, soft determinism is the idea that our lives are open to infinite possibilities but limited by the contexts in which we live (Adler, 1929; Mosak & Maniacci, 1999). Additionally, the psychotherapist seeks to understand the individual's context through that individual's lens, known as phenomenology (Mosak & Maniacci, 1999). 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 his or her specific perspective rather than a group perspective. Additionally, Adlerian theory takes an idiographic

orientation by focusing on the unique aspects of the individual in context (Mosak & Maniacci, 1999). Essentially, Adlerian theory examines the individual in his or her context, as well as the uniqueness of the individual in that context. Overall, Adlerian psychotherapy is a social field theory in that it is understood that individuals do not exist in isolation. Rather, they affect and are affected by the social world around them (Mosak & Maniacci, 1999).

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

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

According to Adlerian theory, lack of encouragement and the 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 (1929) called the inferiority complex. Conversely, without social interest, individuals can also develop a superiority complex, or feelings of superiority over others. Adler distinguished between private logic and common sense. Private logic is defined as logic unique to the individual that justifies his or her way of being, whereas common sense is information or logic agreed upon by many (Adler, 1929). Private logic often affects one's inferiority and/or superiority complex.

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

Adler (1929) held that individuals return to health when they are encouraged, their sense of social interest is fostered, and they develop a sense of belonging. 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 (1956) based the stages off of Adler's original theory of Individual Psychology. In the relationship stage the therapist works to promote an open and comfortable therapeutic relationship. This is followed by the assessment stage, during which the therapist gathers information from the client to better understand him or her, followed by the insight stage, during which the therapist assists the client in gaining insight into his or her lifestyle. The final stage, reorientation, is focused on change in the individual and a reorientation to the individual's world incorporating these changes. Overall, Adler's (1964; Ansbacher & Ansbacher, 1956) 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.

In sum, Adlerian psychology is a psychology of use and optimism (Mosak & Maniacci, 1999). Adler believed that every symptom and way of relating to others and the world served a function for the individual (Mosak & Maniacci, 1999). While maladaptive ways of relating with and interacting with others and the world may have been adaptive responses to different contexts, over time those responses become less effective and problems can arise. 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

To answer the question of whether Kleinian theory is a neo-Adlerian or a neo-Freudian approach, this section compares Kleinian theory with the 15 basic assumptions of Adlerian psychology (Maniacci et al., 2017).

On the surface, Kleinian theory and Adlerian theory are fundamentally different. However, a careful examination of each theory suggests they may be more similar than first glance suggests. First and foremost, Adlerian theory is based on the assumption that life is all about movement toward self-selected goals. The first basic assumption of Adlerian theory is essentially that one's motivation is to move toward or in the direction of a goal (Maniacci et al., 2017). Klein does not write about this facet of Adlerian theory. While motivation is not absent from Kleinian theory, Klein's theory is more focused on examining and understanding what went wrong in the development of the self in order to re-create an environment for the individual

to progress through development 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 toward a place at which he or she functions and feels better. Kleinian theory and Adlerian theory partially agree on the first basic assumption.

The second tenet of Adlerian theory is that of teleology (Maniacci et al., 2017). As described earlier, Adler believed that all individuals are goal driven and striving toward a self-selected goal (Mosak & Maniacci, 1999). While these goals vary widely across individuals, Adler believed that all human beings, whether adaptively or maladaptively, were striving toward a goal rather than being driven by forces and impulses (Mosak & Maniacci, 1999). Similarly, Kleinian theory holds that human beings are driven not by libidinal impulses but by their need for relationship with others (Klein, 1930). Klein was of the belief that individuals are not at the mercy of their biological impulses but are guided by a need to be in relation to others. Therefore, Adler and Klein agree on the basic belief that individuals are striving toward a goal rather than being mindlessly directed by their impulses.

The third basic assumption, phenomenology, holds that the importance of an event does not come from the objective occurrence of the event but from the subjective experience of the event or the viewer (Maniacci et al., 2017). Klein seems to address this point in a somewhat indirect manner. As discussed earlier, Klein (1935) noted that the individual constructs internal representations of the objects he or she interacts with. Thus, not only objective experiences but also subjective experiences of objects shape the individual's understanding and experiences. Klein (1935) noted that the internal representation an individual creates subsequently has an impact on future interactions with the external object. Thus, Adler and Klein are in agreement that an individual's subjective experiences are as important as, if not more important than, their objective experiences.

The fourth assumption, acting "as if," is based on the idea that people have goals that they are moving toward and perceive their world as based on these goals (Maniacci et al., 2017). Essentially, individuals form values around the goal they are trying to achieve and act as if their values are reality (Mosak & Maniacci, 1999). As noted previously, Klein (1935) addressed this when discussing the internal representations that individuals construct regarding their internal world. 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 also appear to have similar ideas.

Adlerian theory is a psychology of use. Adler placed less importance on what individual gives a person had and more on what that individual chose to do with those gives (Maniacci et al., 2017). 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 (1930) describes is that individuals are driven by their need for relationship. However, her writings do not endorse maladaptive strategies as serving a purpose. Rather, her theory indicates that pathology arises when individuals strive to meet this goal in a maladaptive manner. Adler and Klein are different in this regard.

Adlerian theory is a social field theory in that individuals do not exist in isolation (Maniacci et al., 2017). Individuals affect and are affected by their social worlds. On this assumption, Klein seems to completely agree. Klein (1930) wrote extensively about the importance of the early primary caregiver relationship to the subsequent development of self. A basic premise of Kleinian theory is that individuals are driven by their need for relationship. Both agree that human beings live, develop, and are influenced by their social contexts.

The next basic assumption of Adlerian theory, social embeddedness, holds that individuals exist in social worlds in which their behaviors are geared toward gaining membership into their social groups. Adlerians believe that a primary motive of human behavior is to establish a sense of belonging to the social structures into which the individual is born (Maniacci et al., 2017). Kleinian theory does not agree with a need to belong. It holds instead that individuals are social beings that develop in relation to objects around them. The theory states that human beings are driven by their need for relationship with others (Klein, 1930). This is another area of agreement.

Adlerian theory assumes that individuals are self-created (Maniacci et al., 2017). This concept rests on the belief that human beings have the power of choice. Adler believed that individuals create themselves and the world around them (Mosak & Maniacci, 1999). Klein (1935) also discussed the self-created nature of the developing individual, including the development of children's creation of internal and external representations of the objects in their world. In the external world individuals interact with other objects to cocreate the world around them (Klein, 1935). Additionally, in the internal world, children are able to construct unconscious phantasies and representations of their external world that are affected by their external experiences of the world. These internal representations then affect how the child will continue to interact with other objects going forward. Klein and Adler appear to agree that individuals have a great impact on creating their world and experiences.

At its core, Adlerian theory rests on the concept of the indivisibility of the human being (Maniacci et al., 2017). Adlerian theory is focused on understanding the totality of the individual in context. Conversely, Kleinian theory focuses more exclusively on the parts of each individual, breaking an individual into positions and defenses (Mitchell & Black, 1995). Klein emphasized the *function* individuals have in their social contexts.

representations by discussing the components of an individual's experiences that led to good or bad object relations (Mitchell & Black, 1995). Kleinian theory and Adlerian theory seem to differ on the idea of holism.

The next assumption of Adlerian theory, soft determinism, asserts that while individuals always have choice, they are also limited by the contexts in which they exist (Maniacci et al., 2017). 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 limits that may or may not have an impact on the development of the self or an individual's experiences. Instead, her work focuses more on the importance of early caretaker relationships and their impact on the development of self (Melanie Klein Trust, 2016).

Adlerian theory takes an idiographic orientation (Maniacci et al., 2017). Adlerian theory seems to be more individualistic in nature in that it places a heavier emphasis on understanding the uniqueness of each individual. However, Kleinian theory takes a more nomothetic orientation. Her writings categorize the development of all individuals as moving through the same positions (i.e., paranoid-schizoid, depressive; Klein, 1946). Klein and Adler disagree in this regard as these orientations are different.

Adler took a positive approach to viewing his clients (Maniacci et al., 2017). His theory looks at the individual's strengths rather than deficits and problems. Klein does not take such a positive approach when working with clients. The Kleinian examines early relationships with primary caregivers, as well as relationships in the client's current life, to determine which maladaptive ways of relating, or poor object relations, the client may have (Klein 1946, 1955). Adler's approach focuses on the positive and what works, whereas Klein's is focused on the negative or what is maladaptive.

The self-fulfilling prophecy states that individuals will construct their world in such a way that agrees with their beliefs (Maniacci et al., 2017). An individual's behaviors reflect his or her beliefs. In turn, these behaviors influence the world around the individual. The world, which has been affected by the individual, then responds, often in a manner that confirms the individual's initial beliefs (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 on the basis of their internal representations, she does not go so far as to address this thought.

An important Adlerian assumption, social interest as mental health, asserts that psychological health is achieved through social interest (Maniacci et al., 2017). As discussed already, Adler believed that social interest was attained through evoking a sense of belonging and contribution to something larger than one's self (Maniacci et al., 2017). Kleinians believe that the return to health is achieved through the recreation of the early caretaker

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relationship that allows for a reformulation of more adaptive object relations (Klein, 1952a). Adlerians and Kleinians appear to agree that creating a relationship where one has a sense of belonging, whether that be to one's primary caregiver or to a larger entity, is the key to returning to psychological health (Klein, 1952a; Maniacci et al., 2017). Adlerians extend their definition of health to include a need to contribute to something larger, which Klein does not appear to address. At the core, Adlerians and Kleinians agree that a return to health is achieved through pivotal relationships.

Finally, Adlerian theory is an optimistic one in that the theory holds that people can and will change (Maniacci et al., 2017). 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 the therapist can determine where the development of self went wrong so that the therapist can re-create an environment to assist the client in more productively progressing through the development of self and creation of good object relations (Klein 1952a, 1946, 1955). However, Kleinian theory does hold that an individual can return to health. Thus, while Adlerian theory is more strengths based, Kleinian theory is less optimistic 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). In contrast, 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 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 to 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, attachment plays a significant part in health according to both theories.

In conclusion, Kleinian theory and Adlerian theory share many important similarities and some significant differences. After careful comparison, it appears that more than half of the Adlerian assumptions are present in Kleinian theory. Thus, Adler and Freud may have both influenced Kleinian theory. However, the scales are tipped in favor of Kleinian theory being neo-Adlerian, as the basic foundation of Kleinian theory is that individuals are driven by a basic need for relationship (Klein, 1930). This basic foundation is similar to the foundation of Adlerian theory, which is also socially oriented (Mosak & Maniacci, 1999). Most important, both theorists believe that clients can return to health and are capable of change.

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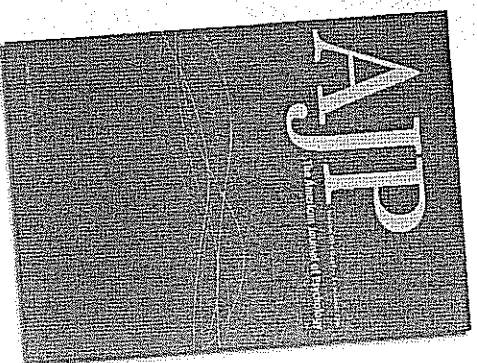
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