Believed that not enough experiences of needs being met, child internalises the negative object and this becomes their disposition.

Klein sees the resolution of this resolution of innate tension towards the mother and breast as key to development. The child begins to know ambivalence. Healthy ego development is understanding good and bad can exist at the same time in the same person.

Inner tensions take place irrespective of the mother and this is where Klein diverges from other key thinkers.

**Psychic life of the infant**

Klein also believed that intra-psychic development in first year dictated personality development throughout life. Different to Freud as he believed it was the first five years. Klein believed infancy (0-1) was when major conflicts of character formation took place.

In Klein’s theory, she didn’t discard Freud’s theory of instinctual drives; she continued them and reformulated the death drive, putting emphasis on aggression impulses. Believed that the origin of this is a result of a child wanting to go back to a state where it is in the womb where all needs are met without personal effort.

Klein believed that new-born infants are born with egos, able to feel anxiety, and can make use of defences (introjection and projection allowing strengthening of ego development) from birth able to form mental representations, form object relations in fantasy and reality, and that the superego is present from the beginning.

Klein believed that defence mechanisms were an ongoing process.

Infant exists in relation to another person or part of person (mothers breast) as primary object

Object at times experienced as satisfying and ideal, and at other times as frustrating and persecutory

Own aggressive impulses creating persecutory experiences

Governed by death drive and the death drive that emerges from the impossibility of returning to the womb. Infant realises that to obtain something you have to apply effort.

**Phantasies:**

- One of Klein’s basic assumptions is that the infant, even at birth, possesses an active phantasy life. These fantasies are psychic representations of unconscious id instincts; they should not be confused with the conscious fantasies of older children and adults.
- Phantasies are mental representation of somatic events. When a child feels hungry certain mental processes occur and the child experiences this through distress. Distress is made sense of through the aggression of being persecuted.
- These phantasies are linked to object relations theory – phantasies of good breast manifest through finger sucking
- As the infant matures, unconscious fantasies connected with the breast continue to exert an impact on psychic life, but newer ones emerge as well. These later unconscious fantasies are shaped by both reality and by inherited predispositions. One of these fantasies involves the Oedipus complex, of the child’s wish to destroy of parent and sexually possess the other.