

KLEINIAN PSYCHODYNAMICS AND RELIGIOUS ASPECTS OF HATRED AS A DEFENSE MECHANISM

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Hatred is placed in the theoretical framework of object relations, e.g., splitting, as developed by Melanie Klein and Otto Kernberg; it is also interpreted in a general religious context as a major barrier to forgiveness and to psychological health. Within the therapy process of the adult client, an important aspect of hatred is that it is a willed choice, i.e., the self acting as agent (Meissner, 1993). Hatred's extreme resistance to change is explained as due to its function as a defense against narcissistic injury. Defenses supported by hatred are described, for example, hatred defends one against the source memory and thus against a depressing, humiliating or inadequate past; hatred protects one from the risks of intimate relationships; it creates the benefits of the sick role and of self-pity; it defends one's unrealistic ego-ideals and moral pride; and it permits the pleasures of moral superiority.

In general, hatred has been relatively ignored as a barrier to psychological recovery.¹ Not only is hatred typically a major pathology in its own right (as argued here), but it blocks forgiveness and reconciliation with their benefits. For these reasons, an analysis of hatred will be useful.

Before summarizing a psychodynamic and object relations understanding of hatred, we will outline some of hatred's basic implications for religious aspects of psychotherapy. (The term "object relations" refers to the infant's very early internalized representations of relationships with others, e.g., infant-mother relationships.) Although the focus here is on extreme forms of pathology, it is likely that

even the most normal of people often exhibit the same kinds of hatred when they are in especially stressful circumstances. Most adults at certain times have demonized - at least briefly - a particular enemy. In the process they also show splitting (the internal representation of another or of the ego as made up of two disassociated parts, one all good, the other all bad). Furthermore, even when stress is not intense the so-called normal hatreds found in the ordinary person's life can be understood as different in degree but not in kind from those that will be examined in this article.

Of course, people can be fully justified in their annoyance with another who has hurt them. In the mature person, moral resentment is often a healthy response to injustice. However, we believe that genuinely righteous people are far from the majority. Most human beings are, rather, self-righteous in their response to injustice; in such adults, unconscious hatred derived from early pathology is commonly part of their self-righteous response.

In addition, the theories of hatred noted here raise the fundamental theological issue of sin and its origin. (This is not to imply that psychoanalytic theorists think in terms or concepts like *sin*.) Certainly, the familiar ease with which human beings develop and then hold on to hatred in response to pain and trauma can be taken as a sign of the natural human condition - a fallen nature. Infantile and childhood sadism, envy, rage, etc., cannot be viewed as actual sin since a person's free choice is needed for something to be a truly sinful response. But the ease with which these destructive and harmful tendencies develop, whether they are viewed as drives or as early pathological relationships, or learned responses, can be thought of as providing the universal human potential for sin. (For more

1 There is some evidence of recent interest in a theoretical understanding of hatred. From a psychoanalytical perspective, see Akhtar, Kramer, and Parens (1995); also important is Gilligan (1996), though his focus is primarily on violence and hatred from a social and preventative perspective.

discussion of this issue see Bridgman & Carter, 1989; Vitz & Gartner, 1989.)

This understanding is consistent with Klein's remark that "The repeated attempts that have been made to improve humanity - in particular, to make it more peaceful - have failed, because nobody has understood the full depth and vigour of the instincts of aggression innate in each individual" (quoted by Wolberg, 1988, p. 247).

ANGER AND HATRED: THE DIFFERENCE BETWEEN THEM

Anger is natural reaction to almost any actual or perceived attack, hurt or threat. Anger is both the immediate emotional and behavioral response to such attacks and it is familiar to all. Therefore, anger is often normal and appropriate, not psychologically harmful. Such anger, created by actually threatening stimuli, can be called *primary anger*.

Hatred, by contrast, is not an immediate reaction, but rather depends upon the cultivation of anger. This cultivation creates supporting cognitive structures, which continue to produce anger and negative affect, causing psychological pathology. Such chronic anger or resentment is really a response to the underlying hateful cognitive structures and can be called *secondary anger*. The injunction not to let the sun go down on one's anger is presumably aimed at preventing the development of hatred and the serious problems which usually go with it.

HATRED AND OBJECT-RELATIONS THEORY: KLEIN

Before getting to the topics of hatred as a decision or choice and hatred as a kind of defense mechanism, hatred needs to be put in a theoretical context.

The first major focus on hatred from an object-relations orientation is provided by Melanie Klein (1957) who accepted Freud's concept of the death instinct and proposed that the infant experiences the death instinct as fundamental hatred. This basic hatred is a kind of primal rage - an innate hatred by the death instinct of life itself. According to Klein, hatred, therefore, is based in the inherited rejection of the life instinct in all its forms. This primary rejection of life, this hate-filled rage present in the newborn infant is expressed very early in intense envy - it is as though the death instinct based on hatred recognizes the moral superiority of the life instinct and reacts with

violent rejection and envy of it.

The earliest aggressive manifestation of the death instinct is in oral sadism. Greed, jealousy, and envy are specific affects (which can become attitudes and lead to decisions), and are derivatives of oral aggression. Greed "aims at the possession of all the goodness that can be extracted from the object" (Wolberg, 1988, p. 246). Jealousy, another expression of the death instinct, is expressed by the prototype fantasy that the frustrating object, originally the breast, willfully withholds its supplies.

Envy, as Wolberg (1998) has characterized it, is a two-person relationship in which the subject begrudges the object for some possession or quality. Oral envy expresses hatred of the withholding object and the wish to spoil it in order to eliminate the source of envy. Envy aims at being as good as the object, and, since this is not possible, at blemishing the goodness of the object. Wolberg (1988) has also noted the following:

It is this spoiling aspect of "envy" that is so destructive to development, since the very source of goodness that the infant depends on, i.e., the breast (mother) and the good things to be achieved from it (her) is turned "bad" by envious attacks. (p. 247)

The infant's fantasy of attacking the breast is supported by such processes as spitting, urinating, defecating, and penetrating looking.

Envy often lies at the root of major negative therapeutic reaction and interminable treatment. The patient being unable to tolerate the very help that he or she gets from therapy therefore attacks all help received both from outside the self and inside from his or her own thoughts. Wolberg (1988) has also pointed out in his description of Klein:

A frequent defense against envy and one which makes itself felt often in the therapeutic situation is contempt, which is the patient's effort to defend against his or her unbearable envy and hostility. Envy is very often unconscious and considerable working through of it is needed before it appears in awareness. (p. 249)

The Bible does not treat envy in children or the origin of envy, but in adults Scripture often links envy with malice and spite. Envy is seen as a basic human evil, characteristic of the enemies of love, truth, and God, and is also a major element of what is termed *covetousness* which the Commandments explicitly forbid.

In Klein's view (1946), at the age of approximately four months the infant passes

through a stage or position in development that she called the *paranoid-schizoid* position. During this period the infant has two conflicting experiences of the mother's breast and the mother. It is both gratifying in the food and comfort it supplies, which mobilizes erotic feelings; or at other times it is frustrating in its unavailability, which mobilizes aggressive feelings in the infant.

Through the primitive defense-mechanism of splitting, the infant experiences the gratifying and frustrating breast-mother as two separate objects - the "good", or need-satisfying, mother and the "bad" breast or mother; the mother when she is absent or rejecting. (Keep in mind that Klein's theory interprets the quite primitive psychology of the infant, and is thus very much based on the body.) For Klein, the basic human anxiety is the ego's response to aggressive feelings, which are expressions of the death instinct. The fundamental nightmare is that hate, death, evil, and destruction will overwhelm and destroy the loving, libidinal, and gratifying good aspects of self and the breast. The infant must find some way to reduce the anxiety inherent in hating the object that gives life. The infant does this through splitting and projection. Through splitting, the infant maintains the false view that it is not the idealized "good breast" that frustrates but some other devalued "bad breast." Further, through projection, the infant rids himself or herself of aggressive feelings by attributing them to that same bad object, thus preserving the experience that both self and the primary other are "good."

The major costs of these defenses are first, that the accurate perception of reality is compromised, and, unless the infant progresses beyond this position, there will be long-term serious difficulties in reality-testing. Second, the infant has created an external world of persecutory bad objects from whom he fears attack and retaliation.

Under normal reasonably good developmental conditions the infant develops a more integrated and realistic perception of self and others. Gradually, the infant re-owns or re-introjects the projected aggression, leading to feelings of guilt for the newly acknowledged hate and aggression toward the mother. This later stage (position) between six and 12 months, Klein called the *depressive-position*. Further, the infant perceives the mother in a more realistic light as having both good and bad aspects. Albert Mason, a Kleinian analyst stated, "...the making of the unconscious envy conscious will usually result in the mobilization of more love and concern for the attacked

object and therefore some diminution of destructive envious attacks..." (quoted in Wolberg, 1988, p. 249).

However, if the early experiences of aggression and deprivation are too intense, the developing child may never feel safe enough to bring good and bad experiences of self and other together in an integrated whole, and the result will be severe psychopathology and a continued reliance on primitive defenses.

HATRED AND OBJECT-RELATIONS THEORY: KERNBERG

Kernberg (1991) in a major theoretical statement defined hatred as a complex aggressive affect whose primary aim is to destroy its object (a person), who is both needed and desired and the destruction of whom is equally needed and desired. The cognitive aspect of hatred which includes powerful rationalizations is chronic and stable and exists in mild, moderate, or severe forms. Kernberg has accepted Mahler's rather than Klein's developmental sequence, placing the period of splitting in the second year of life during the separation-individuation period, after the separation of self and object representations has been achieved. (See, e.g., Mahler, Pine, & Bergman, 1975.) Kernberg has clarified the nature of self representations by positing the existence of good self, bad self, good object, and bad object representations where the differentiation between self and object representations can appear blurred in Klein. Further, he has postulated that there is always a specific connecting affect between each self and object representation (for example, "contemptuous-mother feels disgust for worthless-child").

In Kernberg's (1991) work, persons with the syndrome of malignant narcissism, ego-syntonic aggression (aggression acceptable to the self without guilt or anxiety), paranoid and anti-social tendencies and a psychopathic transference (deceptiveness as a dominant transference feature) may consistently and ruthlessly attempt to exploit, destroy, or dehumanize significant others. Such people may give no evidence of rage or overt hatred in daily life or in transference to a psychotherapist. They may appear essentially aloof and indifferent. However, their dreams and fantasies will typically be sadistic. Also, their ego-syntonic sadism may be expressed in a conscious ideology of aggressive self-affirmation (nationalism, fascism, communism, racism). They may also have chronic suicidal tendencies which do not emerge as part of a

depressive syndrome, but rather in emotional crises with the underlying fantasy that to be able to take one's life reflects superiority and triumph over the usual fear of pain and death. To kill one's self, in these patients' fantasies means to take sadistic control over others or to leave a world they feel they cannot control. The paranoid orientation of these patients (which psychodynamically is connected to the projection onto others of their own sadism) is manifest in an exaggerated experience of others as fools, enemies or idols.

Kernberg (1991) has commented that the therapist will often have a hard time maintaining support in the face of the patient's envy-based attacks and rejection of valid interpretation. The therapist's feeling of being emptied, exhausted, frustrated, in this process must be controlled, otherwise it may stimulate countertransference hostility which encourages the patient's acting-out of hatred and envy.

For Kernberg, hatred is not always pathological. That is, when it is a response to an objective, real danger, a threat to the survival of self and/or those one loves, hatred, for Kernberg, is a normal elaboration of rage aimed at eliminating the danger. (We interpret this situation as primarily involving justified anger.) But unconscious motivations usually enter and intensify hatred, as in revenge. As a chronic characterological predisposition, hatred is always pathological.

The therapist's efforts to resist and confront the patient's malevolent attacks on everything valuable may be experienced by the patient as a brutal attack by the therapist. This leads to the emergence of direct rage and hatred in the transference; the therapist commonly observes the transformation of the original hidden psychopathic transference into a paranoid form. Next, systematic clarification, confrontation and interpretation of the hostility toward the therapist, others, and the patient's own self can, along with other positive conditions, transform the paranoid transference into a depressive one. For Kernberg the sequence of stages (psychopathic - to paranoid - to depressive transferences) is typical of the resolution of severe hatred in therapy with many borderline patients.

Strong to very strong degrees of hatred normally do not focus on destruction of the object(s) or relationships with them. Instead the patient keeps the object and makes it suffer pain so the patient can experience conscious enjoyment of the person's suffering. This sadism may be expressed as a sexual perversion with actual physical pain or injury to the object or a characterological sadism as in

the malignant narcissism syndrome or sadomasochistic personality structure. Again, the aim is not to eliminate but maintain the relationship with the hated object so as to torture it.

Kernberg pointed out that primitive hatred often takes the form of an effort to destroy the potential for a gratifying human relationship. Underlying this intention to destroy reality and communication in intimate relationships is conscious and unconscious envy of the object, particularly of the person who is not controlled from within by similar hatred. Clinically, Kernberg states, it is impressive how, under conditions of intense hatred, a patient's capacity for self-awareness is practically obliterated.

Kernberg (1991) has described a process called "fixation to the trauma" (p. 227). It is one of the most consistent phenomena in transferences dominated by the acting-out of hatred, especially its stronger forms. In the process, the patient becomes intensely dependent on the psychotherapist and also, simultaneously hostile. At the same time, in the patient's fantasies and anxieties, there is also the assumption that, unless the patient consistently fights off the therapist, the patient will be subjected to a similar onslaught of hatred and sadistic exploitation and persecution by the therapist. By using the defense process of projective identification, the patient is attributing to the therapist his own hatred and sadism. This illustrates, for Kernberg, the intimate links between persecutor and persecuted, master and slave, sadist and masochist; all referring in the last analysis to the sadistic, frustrating, teasing mother and the helpless, paralyzed infant. Such early traumatic experience is seen by Kernberg as the environmental cause of the pathology, thus he rejects much of Klein's emphasis on innate drives.

For example, as Kernberg noted, research by Fraiberg (1982) and Galenson (1986) identified infants' internalization of aggressive behavior of mothers toward them and these infants' replication of their mother's behavior in relationship with her and with others. An intense motivation for maintaining the link with the hated object has been observed in the study of physically battered children. This was given theoretical emphasis rather early by Fairbairn (1940/1952, 1944/1952; see also Grotstein & Rinsley, 1994) who connected past relationships with others to the origin of defense mechanisms. This intense attachment to the frustrating mother is the primary origin of the transformation of aggressivity - rage reaction - into hatred. Kernberg (1991)

continued his analysis of hatred by observing that the very contradictory and unreliable behaviors of the mother reinforce the psychopathic end of the hatred spectrum. The infant (and child) interprets mother's behavior as a betrayal be the potentially "all good" object who becomes unpredictably and overwhelmingly "bad." The child then identifies himself or herself, in turn, with a betraying object and begins focusing on a revengeful destruction of all positive object relations. Here, Kernberg believes, is the probable ultimate cause of Jacobson's (1971) "paranoid urge to betray." The most severe forms of psychopathological attachment behavior have been described in infants with mothers whose behavior combined abandonment, chaos, violence, and teasing overstimulation with chronic frustration.

When conditions are positive, the integration of all-good and all-bad internalized object relations may proceed and object (person) constancy develops. Ego-functions and superego structures then develop. The ego is separated from the id by repression and a definite tripartite structure (id-ego-superego) consolidates.

When this developmental process only partially completes itself, then the psychopathology of hatred is in the superego structures. The integration of infantile sadistic superego precursors with the preoedipal ideal-self plus oedipal prohibitions and demands lead to sadistic superego demands, depressive-masochistic psychopathology and characterological sadism expressed in cruel and sadistic ethical systems. The induction of shame in humiliation of others as character traits are other manifestations of hatred often integrated into the superego. At this stage one is close to the more severe forms of neurotic function.

As noted, Scripture says little about the origins of hatred. Nevertheless, hatred is explicitly condemned in many places: "You shall not hate your brother" (Lev. 19:17, Revised Standard Version); "Anyone who hates his brother is a murderer" (1 John 3:15); "If anyone says 'I love God', yet hates his brother, he is a liar" (1 John 4:20); "Bloodthirsty men hate one who is blameless" (Prov. 29:10); "You have heard it said 'You shall love your neighbor and hate your enemy'. But I say to you, love your enemies and pray for those who persecute (hate) you" (Matt. 5:43-44). This last passage certainly implies the kind of psychotherapy proposed by Kernberg and others as necessary in the case of borderline patients.

HATRED AS CHOICE

An essential point needs to be made here - a point that is not part of Kernberg's position - namely that hatred in most adults at its core is not affect but volition. Hatred in childhood can exist primarily as an affect, and not as a willed decision, for example, as a response to severe abuse. Presumably very little true volition is involved in the experiences that set up fixation and developmental arrest. The point being made, however, is that adults, at some later time, do either freely decide to accept their hatred or to work at rejecting it. Even more important, in psychotherapy itself, the patient is confronted with a choice. He or she must decide to start, or not to start, the process of letting go of hatred and moving toward forgiveness. Also, as previously noted, for the adult, much of the affect associated with hatred is not a primary cause of hatred but a consequence of previously built cognitive structures, at least some of which involved acts of will. Further, hatred involves a decision, a refusal to love and forgive; a refusal to request, accept, or give forgiveness. In the willed sense, hatred for self or others is never healthy. It never produces psychological health.

Obviously, the patient does not have the freedom to stop hating in the sense of easily or suddenly abandoning pathological structures built up over many years. But, as stated, patients do have the freedom to begin to stop hating. (In part, this freedom is demonstrated in the patients' continued participation in therapy.) Although persons/patients must freely choose to try to escape their past, in many - probably most - cases, this is far from adequate. Two other forces are needed; one is the force provided by the therapist. This is the rationale behind John Gartner's (1992) approach, and most psychodynamic therapy today. Therapists try to help the patient overcome splitting and the tendency to hate of an often paranoid kind. In dealing with borderline or other seriously disturbed patients, they are called on to show love, and to respond to hatred, anger, and criticism with patience and support. Therapists must often turn the other cheek.

The other force is grace which operates even in natural psychotherapy, whether the secular therapists believe in it or not. But certainly in a Christian therapeutic context, grace can be explicitly recognized and called on. Even so, the fact that so many very disturbed patients never recover raises the

basic mystery of suffering and sin. And for this mystery we have no explanation.

In psychoanalytic terms, our emphasis on the patient's will can be interpreted as an example of Meissner's (1993) "self as agent." Meissner interprets the self as a super-ordinate structural construct representing the whole person and containing the willing or responsible self as agent, as actor.

After the patient moves into the depression stage (Vitz & Mango, 1997), the therapist should be especially open to windows of opportunity for forgiveness. These windows are moments of free choice that occurs before, or sometimes after, depressive or hate-filled thinking takes over (such thinking of course makes the choice of forgiveness essentially impossible.) Often these moments of possible forgiveness come as the patient reflects on his or her troubles and past; these moments are not dominated by affect, and the patient shows some psychological distance from the hated person. In short, these are occasions when the therapist can suggest the possibility of forgiveness. One presumed precondition of such opportunities of forgiveness is the patient's integration of loving and hateful feelings towards the relevant person (e.g., Gartner, 1992).

HATRED AS A DEFENSE MECHANISM

It is a theoretical position of this paper that hatred, by which we mean hatred of a person, not of a behavior or injustice, in spite of secondary gains, is at bottom fundamentally pathological. We also view hatred as a defense mechanism - which is not to imply that all defense mechanisms are inherently pathological. Some (e.g., sublimation, repression) are healthy when employed properly. The development of basic ego strength and an adequate measure of self worth often requires defensive or protective psychological responses - rather as the body wards off threats to its integrity.

Examples of hatred's various defenses follow. The number and utility of these mechanisms account in large part for the appeal, power, and stability of hatred. What is being defended, in hating, is the narcissism of the psyche as it exists both prior to true ego and oedipal development and in more developed form as found in normal ego structures. Major examples of hatred as a defense are the following:

1. Hatred can be used as an unconscious defense against painful memories and affects.

For example, as long as the individual hates, he or she is able to ward off the underlying hurt and sadness caused by the person who gave rise to the hate. In other words, hate defends the person against the source memory (Fitzgibbons, 1986) and thus defends one from the reality of a depressing, humiliating, guilty, or inadequate past.

2. Hate is also used to protect one from becoming vulnerable in loving relationships since expression of hatred tends to keep others at a distance. That is, hatred can protect one from the risks of intimate relationships. Many people are willing to forgive only when they realize that this process does not mean that they have to allow themselves to be vulnerable to an insensitive person (Fitzgibbons, 1986).

3. Hatred of self and/or others can defend against perceiving and accepting present reality in that hatred almost always involves splitting. It keeps one from recognizing that one's self is seriously flawed and that others often have positive attributes. In this way hatred can reinforce irrational beliefs in one's omnipotent, omniscient self-ideals.

4. Also, patients filled with hatred benefit from self-pity or the "sick role" that the hatred of self or others maintains (Fitzgibbons, 1986). The self-pity and victim status which are so popular today often express this benefit of hatred. That is, victim status defends one's narcissism by rationalizing shame, inadequacy, and failures (see Sykes, 1992).

5. Hate also is a form of self-indulgent laziness in that it keeps the person from having enough energy and time to actually attempt realistic goals where failure would be unbearable. If the patient is frightened of the world, hatred keeps the world with its challenges at a distance. The hated person is responsible for one's failures; again, the narcissistic self-evaluation is defended.

6. It also seems important to recognize that forgiveness can be psychologically "destructive." For example, hatred can often maintain a relationship. Forgiveness has the effect of destroying both the hated object (because one gives up the hate relationship) and the idealized object (which is recognized as being sullied, and needing forgiveness). To forgive another person puts that person outside of one's omnipotent control and brings them into reality. There is no guarantee that the object, and the relationship to it, will survive this process. (Winnicott's, 1975, observations on the survival of the transitional object may provide insights here.)

The process of forgiveness requires that

people be willing to break the hatred that is the only tie to an object with the hope that some kind of new relationship will develop afterwards. But that is risky - thus hatred can be a defense against losing a relationship, a defense against feelings of emptiness.

7. Familiar defense-mechanisms usually associated with sexual anxiety can often derive from anxiety associated with hatred. Examples include the following: rationalization, denial, and projective identification (the unconscious fantasy of aggressively forcing parts of one's feelings, motives, or ego into another). These are all used to maintain defensive hatred. For example, hatred of others can defend against the anxiety of loss of love. Consider a person dependent upon others (e.g., peers) who supports hatred of a social or racial variety. This person's racial or social hatred wards off anxieties about being socially rejected; such hatred may also reflect low self-esteem, pathological dependency on some hate-filled person, and even express an infantile symbiotic object-relatedness with another (e.g., Mahler & Furer, 1968).

8. Finally, and most importantly, people's narcissism or pride is strongly protected by hatred. For example, the patient can hate the self for failing to meet his or her self-chosen ideals or infantile, unrealistic expectations. That is, hatred defends against attacks on one's narcissistic ego ideal; hatred wards off shame.

Perhaps even more common is the situation where moral pride in one's self is defended by hatred. After all, you are morally superior to the "sinful," or "immoral," or "truly horrible" person who hurt you. Such feelings of moral superiority are probably the most frequently observed rewards of hatred.

Aside from the important defensive aspects of hatred, there is the basic pleasure that expressing hatred provides. After all, hatred is fueled by a primary drive or by such things as early mother-infant trauma, and the expression of such aggression, like that of sex, is "fun" in its own right. Kerberg (1990) has acknowledged this in his treatment of "hatred as pleasure." But the joy of the direct expression of violence, anger, etc. has long been known. Hatred and revenge provide purpose to life and make people feel alive and powerful. The pleasure of revenge in fantasy or fact is a common theme in literature and the media; and of course control of others has obvious rewards. Because of these positive rewards deriving from hatred, it is not surprising that forgiveness is viewed by many people as weakness; as a giving up of power.

In short, hate and all that it supports - narcissism, protection from shame, feelings of moral superiority, the desire to keep hold of a relationship that might be lost through forgiveness, moral laziness, denial of reality, power over others, self-pity, and the sheer pleasure of hating - are usually easier to sustain than the risky behaviors which nonetheless represent positive and healing responses to pain and suffering.

One final point. Working with patients' hatred can raise serious countertransference problems. When therapists have not worked through their serious hatreds, patients are rarely able to work through their own problems with hatred.

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