The Psychogenesis of the Self and the Emergence of Ethical Relatedness: Klein in Light of Merleau-Ponty

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Abstract

This paper presents a theory of the emergence of ethical relatedness, which is developed through a synthetic reading of the developmental theories of Melanie Klein and Maurice Merleau-Ponty. Klein's theory of the paranoid-schizoid and depressive positions are found to roughly parallel Merleau-Ponty's distinction between the "lived" and the "symbolic." With the additional contributions of Thomas Ogden and Martin C. Dillon, the theories of Klein and Merleau-Ponty are refined to accommodate the insights of each developmental perspective. Implications of the paper's analysis include: Opportunities to clarify key concepts in object relations theory, including projective identification; insight into the development of self-conscious emotions such as shame, guilt, embarrassment and gratitude; the articulation of a phenomenologically oriented object relations perspective which allows for human agency and therefore genuine altruism and compassion; and, finally, a validation of previous assertions that theory cannot and should not be meaningfully distinguished from ethics.

Melanie Klein's theory of the psychogenesis of the self hinges upon her conception of two developmental phases (not to be confused with stages): the paranoid-schizoid and depressive positions. These positions are not stages because they are psychological states that exist within a dialectical tension that persists into adulthood. Once these positions are understood dialectically, Klein's interpretation of the psychogenesis of the self can be seen to bear a striking resemblance to the developmental theory of the French, 20th century philosopher Maurice Merleau-Ponty. Indeed, Merleau-Ponty's notion of the synergetic sociability of the pre-communicative infant can enrich and clarify

Kleinian theory by more rigorously articulating how Klein's psychological positions represent, respectively, the tension between the "lived" and the "symbolic."

From Merleau-Ponty's phenomenological framework, though ironically contradicting some of his conclusions, it becomes possible to more clearly articulate how, as Klein argued, the superego emerges earlier than Freud's theory suggested. Namely, the infant's thematization of her body as separate from the mother is made possible by the recognition that the mother has an "alien perspective" outside the infant's self-enclosed concerns. The emergence of this dyad for the infant already includes therein the possibility of the Oedipal triad. In turn, this separation creates the divide that provides the infant with the impetus to enter into the symbolic world of language. Finally, and without privileging either of Klein's positions, an argument can be framed by which we can understand how an ethical relation to the other necessitates a continual tension between the twin poles of experience of the paranoid-schizoid and depressive positions.

KLEIN'S CONCEPTION OF THE PARANOID-SCHIZOID AND DEPRESSIVE POSITIONS

In her clinical work with children, Klein (1955/1994) observed that the mother, for the infant, appears "as good and bad breast split off from each other" (p. 128). However, within months and as the ego develops, the "split" image of the mother becomes increasingly integrated. The infant is gradually able to synthesize the images of the good and bad breast as belonging to the same embodied presence of the maternal figure. Through these observations, Klein was lead to "understand the importance of the process of splitting and keeping apart good and bad figures, as well as the effect of such processes on ego development" (p. 128).

Klein was attuned to the child's continuing shifts from a disposition of "happiness and satisfaction on one hand [to] persecutory anxiety and depression on the other" (Klein, 1955/1994, p. 118). Thus, Klein's predominate focus in all of her work with children was the child's fluctuating feelings of love and hate, particularly for the mother but also in subsequent object relations beyond the mother. Grounded in Freudian meta-psychology, Klein understood the child's love and hate as derived, respectively, from the life instinct (*eros*) and death instinct (*thanatos*). Klein's observations eventually lead her to make the case that the superego, which Freud saw as forming with the Oedipal complex, arises at a much earlier stage in development than Freud had originally presumed (Klein, 1955/1994, p. 122).

Klein traced the origins of the Oedipal complex back to pregenital stages where, she argued, infants experience destructive impulses and oral-sadistic phantasies (Klein, 1955/1994). The child engages in

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omnipotent phantasies wherein the mother's good breast is idealized and loved while the bad breast is attacked and devoured (Klein, 1945/1975). The good and bad breasts do not yet belong to the same, whole mother. Instead, in the fragmented world of the infant, they are experienced as separate objects. Klein accounts for this by arguing that the child relates to part-objects rather than whole objects (Klein, 1955/1994). Thus, for Klein, the origins of the superego hearken back to the child's introjection of the bad breast, which the infant fears will retaliate against him or her in the form of an internal, persecutory object (Klein, 1928/1975, 1930/1975). In summary, the split between the satisfactory, good breast and the frustrating, bad breast is the child's first rudimentary object relationship. Through a cyclical process of projection and introjection, these bad and good objects "participate in the building up of the ego and the superego and prepare the ground for the onset of the Oedipal complex in the second half of the first year" (Klein, 1946/1994, p. 138).

These early, primitive experiences of the infant are characteristic of what Klein (1946) originally termed the "paranoid position," though she later changed the term to the "paranoid-schizoid position" in honor of Fairbairn's (1941, 1944, 1946) contributions to the description of primitive experience in schizoid and schizophrenic disorders. The paranoid-schizoid position is characterized by splitting, projective identification, idealization and omnipotence. Klein argues that the young infant possesses a rudimentary ego that "largely lacks cohesion" and "has a tendency towards integration alternating with a tendency towards disintegration, a falling into bits" (Klein, 1946/1994, p. 140). The primary function of this early ego (like the later, more fully developed ego) is to manage anxiety. Anxiety is produced for the infant due to the imaginative unleashing of destructive impulses against the bad breast, which therefore also threaten the good breast. The infant manages anxiety by splitting off the bad breast from the loved breast that Klein associated with wholeness (Klein, 1946). Thus, the fragmented world of the frustrating breast is kept separate from the holistic world of the loved breast. In this sense, Klein's notion of "splitting" is a spatial phenomenon: The bad breast is spatially fragmented and torn to bits. However, she later acknowledged that this phenomenon may also involve breaks in temporal continuity (Klein, 1946). In either case, the bad breasts give rise to persecutory fear while the good breasts are idealized and introjected to protect the infant from persecution. Further, Klein argues that the split in the external object is impossible without a subsequent split in the infant's ego, which also becomes defensively severed into "good" and "bad" aspects.

Of the movement into the depressive position, Klein (1946/1994) writes:

> With the introjection of the complete object in about the second quarter of the first year marked steps in integration are made. This implies important changes in the relation to objects. The loved and hated aspects of the mother are no longer felt to be so widely separated, and the result is an increased fear of loss, states akin to mourning and a feeling of guilt, because the aggressive impulses are felt to be directed against the loved object. (Klein, 1946/1994, p. 149)

Within the first year of life, the infant comes to see her mother as a whole object, and with this perceptual ability, she comes to the horrifying recognition that the good and bad breast co-exist with the whole mother. The infant is grief-stricken by the recognition that, all along, she had been attacking the good breast along with the bad breast.

Ironically, it is with melancholy that the child is given psychological birth. As the child integrates the whole mother, she simultaneously introjects this whole in order to become a more wholly synthesized self. And like Oedipus with his terrible recognition of bedding his mother and murdering his father, the infant suffers extreme feelings of grief, guilt and fear of loss. As a result, she seeks to make reparation for damages to what was once the idealized, good breast. In exchange for this bitter realization, the infant's "anxieties lose in strength; objects become both less idealized and less terrifying, and the ego becomes more unified. All this is interconnected with the growing perception of reality and adaptation to it" (Klein, 1946/1994, p. 150).

The above reference to Oedipus is no accident; the implication is that the depressive position is what makes conscientiousness possible, which Freud originally thought occurred later in development, during the Oedipal stage around 3-5 years of age. With the emergence of a dyadic relationship between self and mother as whole objects, it only then becomes possible for the Oedipal triad—of infant, mother and father—to give rise to the Oedipal conflict. Thus, as theorists such as Britton (1992) and Caper (1997) have emphasized, the Oedipal situation *depends on* the infant's emergence into the depressive position.

With her theory of the paranoid-schizoid and depressive positions, Kleinian theory offers an innovative and compelling account of the psychological birth of the infant. However, Klein's account is rooted in an "intellectualist" language that renders a solipsistic account of human subjectivity. The world of the Kleinian subject is a world of projections and introjections in which there can be no genuine contact with an other. The other is always already situated as a vehicle for the subject's intrapsychic projections and introjections. Ironically, then, Klein laid the foundation for a radical reconceptualization of intersubjectivity in subsequent object relations theory, but the subject of her account remains strangely cut off from the influence of the other *as*

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other. Yet, read through a different lens, Klein's account can be found, on the contrary, to provide an ontological foundation for ethical relatedness: the conditions of possibility for relating to the other *as* other. First, however, it is necessary to clarify the dialectical understanding of Klein's psychological positions.

OGDEN'S CONTRIBUTION TOWARD A DIALECTICAL UNDERSTANDING OF KLEIN'S PSYCHOLOGICAL POSITIONS

Ogden (1992) writes that Klein's three most important theoretical contributions

> to the development of an analytic formulation of subjectivity are (1) the dialectical conception of psychic structure and psychological development underlying her concept of 'positions,' (2) the dialectical decentering of the subject in psychic space, and (3) the notion of the dialectic of intersubjectivity that is implicit in the concept of projective identification. (p. 613)

According to Ogden, Klein's use of the term "position" to describe the paranoid-schizoid and depressive states suggests that these positions are not merely developmental stages that occur in the infant's first year of life. Rather, there is a constant dialectical tension between these two experiential poles in non-psychotic adults. One must not make the mistake of assuming that the infant leaves behind the primitive, psychotic level of experience of the first few months of life. Each position "creates, negates and preserves the other" (Ogden, 1992, p. 613). With this dialectical conception of Klein's psychological positions, each pole is viewed as two extreme organizations of experience that can be plotted along a continuum.

Following Klein, Ogden (1992) characterizes the paranoid-schizoid position as:

> . . . ahistorical, relatively devoid of the experience of an interpreting subject mediating between the sense of I-ness and one's lived sensory experience, part-object related, and heavily reliant on splitting, idealization, denial, projective identification and omnipotent thinking as modes of defence and ways of organizing experience. This paranoid-schizoid mode contributes to the sense of immediacy and intensity of experience. (p. 614)

The primitive layer of experience of the paranoid-schizoid position is lived as temporally discontinuous. This temporal discontinuity makes possible the experience of a fragmented world where the same breast, for example, can be experienced as two separate objects, good and bad. Since the world of the paranoid-schizoid position is temporally

fragmented, it follows that others and things are also experienced as fragmented part-objects. Further, temporal fragmentation implies a lack of distinction between self and other. Since things and others are not experienced as continuous, autonomous beings, they are instead organized according to the quality of the experience, that is, according to the feeling states associated with these phenomena (e.g., "good" or "bad"). In the split world of the paranoid-schizoid organized around feeling states, others and things are extensions of one's self and, vice versa, the feeling-states of others are taken as one's own.

While Ogden (1992) does not provide a solution to the puzzle of exactly how the depressive position emerges developmentally, he emphatically insists that the emergence of the depressive position is a project that is never fully completed nor should it be completed. In contrast to the paranoid-schizoid pole, Ogden (1992) describes the depressive pole of experience as:

> . . .characterized by (1) an experience of interpreting 'I-ness' mediating between oneself and one's lived sensory experiences, (2) the presence of an historically rooted sense of self that is consistent over time and over shifts in affective states, (3) relatedness to other people who are experienced as whole and separate objects with an internal life similar to one's own; moreover, one is able to feel concern for the Other, guilt, and the wish to make non-magical reparation for the real and imagined damage that one has done to others, and (4) forms of defense (e.g., repression and mature identification) that allow the individual to sustain psychological strain over time . . . In sum, the depressive mode generates a quality of experience endowed with a richness of layered symbolic meanings. (p. 614)

In the depressive pole, the split of the paranoid-schizoid position is mended through the emergence of temporal continuity, which provides for the spatial continuity of a self and other no longer organized merely by feeling-states. Instead, both good and bad feeling-states regarding self and other are ambivalently held together by a bounded ego or I-ness. Others are no longer experienced simply as "loved, hated, or feared forces or things that impinge on oneself"; they are experienced as separate beings for whom one can have concern (Ogden, 1989, p. 23). Empathy becomes possible.

Ogden's reading of Kleinian theory offers an advance over Freud because it offers a plausible, phenomenological account of the emergence of ethical relatedness without falling into the same kind of reductionistic and mechanistic framework Freud relied upon to support his thesis. Ogden's more phenomenological, though still Kleinian, descriptions can be considered an advance compared to Freud's

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because his account leaves more room for agency on the part of the emergent infant self. As various commentators have noted, genuine ethical relatedness requires agency, without which acts of compassion and other possibilities for ethical concern would have no meaning (e.g, Gantt & Reber, 1999; Williams, 1992). If ethical concern were driven by an unconscious process alien to the conscious self, ethical behavior in the form of kindness, compassion, love and altruistic acts would not be possible as such. Such behavior would appear on the surface as meaningful, agent-driven actions, but in reality they would be nothing more than determined behaviors driven by pure necessity rather than conscience. Ogden's account, however, suggests that beyond the forces that initially give rise to an emergent sense of self, the developing infant does develop a recognition of the other which is not purely driven by necessity.

While Ogden (1992) argues that the paranoid and depressive positions are always dialectically related and not *merely* developmental phases, he also recognizes that "it would be absurd to adopt an exclusively synchronic perspective that fails to recognize the progression of states of maturity that take place in the course of the life of an individual" (p. 614). Nevertheless, when taking a developmental approach to the Kleinian positions, there is a risk of overlooking the primitive dimension of *all* experience, "including those forms of experience considered to be the most mature and fully evolved" (p. 614). Ogden wishes to preserve the notion that, in fact, the depressive position is needful of the paranoid-schizoid position. Influenced by Bion (1959, 1967), Ogden (1992) argues that, without the "de-integrative pressure of the paranoid-schizoid pole," the depressive position "would reach closure, stagnation and 'arrogance'" (p. 616). Thus, the continuous tension between the de-integrative tendencies of the paranoid-schizoid pole and the integrative tendencies of the depressive pole allow for the creative emergence of new psychological possibilities without the descent into total fragmentation on the one hand nor severe psychological rigidity on the other.

For example, Roland (1981) observed that therapists with an artistic orientation tend to be much more comfortable working with patients who are involved with very primitive and regressed modes of experience. This implies that more creative therapists tend to feel more comfortable surfing the ebb and flow of the merging and fusion of primitive processes, which may enhance their ability to work with deeply regressed experiences of projective identification. The creative process of art, that is, may serve as a training ground for the therapist who wishes to become attuned to primitive levels of experience without losing ego control. On the other hand, analysts with more rigid ego boundaries, such as obsessive-compulsive characters, might find these experiences to be too disturbing. Such observations support Ogden's

(1989) argument that traditional object relations theory has too often "villainized" the paranoid-schizoid position. Even diagnostically, it is not the *presence* of paranoid-schizoid defenses that indicates psychosis but rather the *absence* of higher-level defenses, such as repression and intellectualization, that warrant a diagnosis of a psychotic level of organization (McWilliams, 1994). Indeed, the ability to be present to psychotic experiences without falling apart would appear to be a necessary (though perhaps not sufficient) condition for any therapist working with people with psychotic and borderline levels of organization, who themselves are not able to tolerate such states of mind.

In any case, Ogden's re-conceptualization of the Klein's psychological positions is theoretically sophisticated and, more importantly, contributes to constructively shaping Kleinian theory to better develop its radical notions of intersubjectivity. In Ogden's hands, Klein's subject is no longer an encapsulated, solipsistic individual but instead is dialectically constituted in the fold between self and other. With Ogden's development of Kleinian theory, then, the road is well-paved for a generous and mutually-beneficial dialogue between object relations theory and the phenomenological philosophy of Merleau-Ponty.

Merleau-Ponty on the Psychogenesis of the Self

While Ogden (1992) cautions against over-valuing a developmental orientation for understanding the paranoid-schizoid and depressive positions, a phenomenological approach to human development attempts to understand the world of the infant on her own terms and, in this respect, is essential for understanding the phenomenology of these two poles of experience. Moreover, phenomenological investigation into the psychogenesis of the self actually *supports* Ogden's claims. Drawing on the work of Merleau-Ponty, it can be argued that what has been termed the paranoid-schizoid position is synonymous with the "synergetic sociability" of the infant prior to the emergence of the "specular I" with the symbolic function (i.e., the emergence into language). In other words, the paranoid-schizoid position can be understood as belonging to the lived world of the child—the bedrock of all adult experience—which "grasps and represents the meaning of a situation rather than the content" (Simms, 1993, p. 35).

Merleau-Ponty's conception of the world of the child anticipates Ogden's reconceptualization of the Kleinian subject as fundamentally intersubjective and thus always already being-with. Like Ogden's subject, Merleau-Ponty portrays the infant-self as dialectically constituted by "a flowing exchange of meaningful gestures and situations" between self and other (Simms, 1993, p. 37). Further, like Ogden's description of the pre-symbolic paranoid-schizoid position, Merleau-Ponty's infant-subject is a precommunicative subject who is primarily a communal self. As Merleau-Ponty (1964) writes:

> Thus the development has somewhat the following char-
> acter: there is a first phase, which we call precommunica-
> tion, in which there is not one individual against another
> but rather an anonymous collectivity, an undifferentiated
> group life (*vie a plusiers*). Next, on the basis of this initial
> community, both by the objectification of one's own body
> and the constitution of the other in his difference, there
> occurs a segregation, a distinction of individuals—a pro-
> cess which, moreover, as we shall see, is never completely
> finished. (p. 119)

If these two phases seem curiously familiar, it is due to the remarkable
parallel between Merleau-Ponty's description of the developmental
phases of the child and Klein's description of the paranoid-schizoid
and depressive positions. Yet while Klein emphasizes the depressive
position as a developmental milestone, Merleau-Ponty sees "the emer-
gence of the symbolic capacity of the self . . . as a rift that alienated the
lived experience from the symbolic experience" (Simms, 1993, p. 39).
This implies that Ogden's description of the dialectic between the para-
noid-schizoid and depressive poles can read as the dialectic between
lived and symbolic experience.

Merleau-Ponty (1964) draws many of his insights from Guillaume,
Wallon, and Lacan. From Guillaume, he draws the idea that, in the first
phase of life, the child's *me* is virtual or latent. Therefore, the term
"egocentricism," which characterizes the child's apparent self-preoccu-
pation in this phase, is misleading. The child's apparent preoccupation
with herself does not stem from an encapsulated ego, but rather from
the child's syncretic relationship to the other. Merleau-Ponty shows
how the phenomenon of 'syncretism,' an indistinction between self and
other, better characterizes this first phase of life. Later, Merleau-Ponty
demonstrates how Lacan's "mirror phase" marks the period in which,
through the emergence of the "specular I," the child begins to draw a
distinction between self and other, a distinction which even into adult-
hood is never fully complete.

Like Klein, Merleau-Ponty describes the child's experience of her
body as "fragmentary" in the first six months of life. The child's experi-
ence of self is a bleeding together of bodily experience and other in the
world. For example, if a child cries when her caregiver leaves the room,
the child is not crying for the loss of an other separate from herself; she
is crying because she has an "impression of incompleteness"—that is, a
loss of the other as a part of her undifferentiated self. At the heart of
this "synergetic sociability" is the phenomenon of "transitivism." The
child who experiences her body as fragmented has no visual awareness
of her body. In turn, as Merleau-Ponty (1964) writes, "[s]he cannot
separate what *[s]he* lives from what others live as well as what he
seems them living" (p. 135).

Between the fourth and sixth months of life, the child gradually begins to develop a more integrated "corporeal schema." For example, she begins to explore and attend to parts of her body. In turn, her impressions of others become more unified. This is the inauguration of the period Wallon understood as "incontinent sociability." Yet, the (m)other continues to remain a part of a system of 'me-and-other.' The child, as Merleau-Ponty states, "is apt to recognize himself in everything" (p. 150). Merleau-Ponty sees in this the foundation for jealousy, cruelty and sympathy which continue into adulthood as a "regression" to this "synergetic sociability." Here, we most clearly see how Merleau-Ponty would understand the persecutory quality of the paranoid-schizoid position in Klein's theory. The child, not yet differentiated enough from the (m)other, lives a "split" world such that the "bad" breast/mother can be separated off from the "good" breast/ mother. The "bad" breast is thus felt as potentially destructive to the child while the "good" breast is idealized. A "fragmented" world is a world that is organized around the constricted and exclusive meanings of emotional states.

Again drawing on Wallon and Lacan's theories, Merleau-Ponty sees the emergence of the "specular I" during the "mirror stage" as the transition of the child from "synergetic sociality" into a more fully differentiated self and other. He points out that the child's experience of a distinction between another person's specular image and body precedes the child's ability to distinguish her body from her own specular image. The other's body in the mirror is experienced as a double or phantom that has a secondary existence from the other's 'real' body. Yet, the child confronts her own image in the mirror with surprise. How is this so? Essentially, the latter is a much more complex process than the former.

The child is able to see both the other and the specular image of the other as two, separate visual experiences. The child's *own* experience of her body, on the other hand, does not include a full visual representation of her whole body as others would see her body *except* as the specular image. The child feels her body *here* and sees her body in the mirror *there*. Therefore, the child's task involves the problem of recognizing that the image in the mirror *there* is not, in fact, the *here* where she feels herself. Moreover, the child must also recognize that the image *there* is the very same image that others see of her when they look at her "at the very same place [s]he feels himself to be" (p. 129). Prior to the age of six months, therefore, the child begins with the impression that the image *there* in the mirror is "a sort of double of the real body" (p. 129).

Between the ages of six months and one year, the child passes through the "mirror stage" in which the child realizes that the image in the mirror is not the "real" body. Interestingly, however, this process is

never fully completed and the "phantom" body in the mirror as a "quasi-presence" remains, on some level, throughout adulthood. This speaks to the fact that this process is not a mere "all-or-nothing" cognitive process. Rather, it is a process that "bears not only on our *relations of understanding* but also our *relations of being* with the world and with others" (p. 137). It is here where Lacan's conception of the "mirror stage" sheds light on Wallon's theory.

At first, the child identifies with the image of herself in the mirror. The image of the specular image creates the opportunity for the child to be a spectator of herself. This is the birth of the "specular I," which involves a major psychological shift for the child. The child shifts from a lived body or *me* merged syncretically with the environment and others to a visual *I*. In psychoanalytic terms, the *me* can be understood as the *ego*, "the collection of confusedly felt impulses," whereas the "specular I" brings forth the *superego*, an ideal representation of oneself. Further, with the birth of the superego/specular I, there also emerges "the narcissistic function" (p. 136). The child becomes alienated from her lived body by identifying with the image as an ideal "*me* above the *me*" (p. 137). Further, this alienation from one's lived *me* serves as a preparation for the alienation one will subsequently experience from others.

Obviously, Merleau-Ponty's descriptions conflict with Klein's observations that the 'persecutory' breast is the earlier origin of the superego. In fact, the emergence of the ideal "*me* above the *me*" in Merleau-Ponty's theory coincides much more closely with Freud's original conception that the superego emerges with the genital stage due to the Oedipal complex.

The phase in development in which the child becomes alienated both from her lived *me* and others is called by Merleau-Ponty "the crisis at age three." At this age, the period of "incontinent sociality" (in which the child experiences a "synergetic" fusion with others) comes to an abrupt end. The child begins to prefer performing activities alone and finds the look of another person to be somewhat aversive; it is at this phase that the specular image becomes generalized to others. That is, one becomes the *here* which is a spectacle for others. The child feels a sense of ambivalence. She both wants attention (even misbehaving in order to get it) and fears the gaze of others. The child also begins to develop a capacity for selfishness. Self and other "cease to be a unity," which brings on the occasion for the child to, for example, covet toys as possessions. Of course, this does not entirely bring to end the child's lived *me* with its "synergetic sociability." Throughout adulthood, in limited situations, one continues to experience moments of "syncretism," such as with the experience of love in which one feels immersed in the other.

Merleau-Ponty, in light of Lacan, demonstrates that the "mirror phase," inaugurated by the phenomenon of the "specular image," is no mere cognitive or intellectual process. Rather, it involves "all the individual's relations with others" (p. 138). Merleau-Ponty, therefore, emphasizes "the affective significance of the phenomenon" (p. 137).

With the onset of the "mirror phase" at the "crisis at age three," the child first becomes separated from her lived body and therefore from herself as a sentient being. Next, the child becomes alienated through her separation from the other. She becomes an object to be looked at. As a consequence, there arises an "inevitable . . . conflict between the *me* as I feel myself and the *me* as I see myself or as others see me" (p. 137). Through these two forms of alienation, the child is essentially torn from her "immediate reality." Yet, this process for Merleau-Ponty is "essential" for childhood. It is part of what makes the human being different from animals.

The human child experiences all this before she even has the physiological capacity to live up to the ideals her "specular image" creates. The human child is born into the world as vulnerable and incredibly dependent on others. Yet, this experience of alienation from self and other also forms a "superego" by which the child may begin to assimilate into the communicative world of the adult. Therefore, the child, in a sense, experiences a "pre-maturation." She is not yet able to assimilate into the communicative adult world, nor live up to the expectations of her ideals as a "specular I." Thus, she experiences an incredible sense of insecurity. The child, before her time, is "turned away from what [she] effectively is, in order to orient [her] toward what [she] sees and imagines [her]self to be" (p. 137). The conflict between the *me* that *is* (the imagined *I*) and the gaze of the other creates the possibility for aggression toward others. Out of frustration, the child may lash out at those who appear to "confiscate" her through their gaze. The child lives "beyond [her] means," aware of what she can be as an adult, yet unable to live this out. The other's gaze, in a sense, can seem to mock the child's sensitivity to this dilemma. Yet, at the same time, it is the child's ability to "live beyond [her] means" that creates the vision of what she will one day be as an adult. In her triumphs, through the effort to attain this ideal, she will experience jubilation. In her defeats, she will suffer. Like Klein's description of the infant's emergence into the depressive position, the child's psychological birth into selfhood is tragically bittersweet.

It is the lived body, the *me*, that becomes alienated from the "I" and others with the "mirror stage." This is the body that feels the *here*, yet also lives *there*. It is the sentient self that merges chiasmically with the world. At this level, there is no clear separation between self, other, and world. This is the undifferentiated self we were as "pre-communicative" infants. What then is the relationship between body and lan-

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guage? From Merleau-Ponty's article, it is clear that the alienation from self and other occurs in preparation for the child's entry into the communicative world of the adult; that is, into language. In order for the child to communicate verbally with the other, the other must become separate. In order for the child to view the other as separate, she must first identify with the "specular I." As Lacan writes: The specular image is the "symbolic matrix . . . where the *I* springs up in primordial form before objectifying itself in the dialectic of identification with the other" (cited in Merleau-Ponty, p. 137). It is from out of this "symbolic matrix" that language springs forth for the child. Therefore, language belongs not to the lived body of the "existential self," but to the "categorical self" that is the observed self.

This strongly implies that the depressive position most fully emerges when the child enters the "symbolic matrix" of language. As Ogden (1992) explains, in the paranoid-schizoid mode there is virtually no space between symbol and symbolized; the two are emotionally equivalent. There is no mediating subject, no "specular I," no "categorical self." Returning to Klein, when the infant 'introjects' the whole (m)other, she is not 'introjecting' the 'real' (m)other, but rather a symbolic (m)other. Further, the infant's 'whole' self, from Merleau-Ponty's perspective, is not the 'real' self but rather a "categorical" or "specular I," a self that covers over the existential self of the lived body. The child gains historicity and a relatedness to the other at the expense of the wisdom of the communal, lived body that remains the well-spring from which the specular I may arise.

Stern (1985) writes: "the advent of language is a very mixed blessing for the child . . . The infant gains entrance into a wider cultural membership, but at the risk of losing the force and wholeness of original experience" (p. 177). With language, the child learns the meaning of existence from her cultural-historical world. Yet, the child pays a great cost in losing a large portion of the wisdom of the "lived body." Those experiences which are unspeakable, that language cannot speak for, become lost or 'unconscious' to the child. Yet, the body continues to 'know.'

With the emergence of language, the child develops many abilities. The child enters a symbolic world in which she can imagine, fantasize, remember and develop expectations for the future. Further, these experiences can be reported to herself or to others. Yet, the cost of acquiring these abilities is that the child loses direct access to the experiential knowledge she had acquired about the world, others and her body before the advent of language. Drawing on Klein, we can also say that the child gains a capacity for empathy and concern for the (m)other. With the emergence into the depressive position, the child 'mourns' for the damage done to the "good" breast. Yet, is this all the child mourns? Merleau-Ponty's conception of the child suggests the

child also mourns the loss of the lived body unmediated by the symbolic function of language.

People often assume that language has a direct correlation to reality. Yet, language's great benefit, as well as cost, is that it permits one to "transcend lived experience and be generative" (Stern, p. 169). The meaning of words does not have a direct correlation to things in the world, but, instead, arises from "interpersonal negotiations involving what can be agreed upon as shared" (Stern, p. 170). That is, the meanings of words do not merely belong to the person herself or simply to the culture in which she lives. Instead, meaning emerges from the dialogue between self and other in which words develop "mutually negotiated *we* meanings" (Stern, p. 170). Therefore, as the child reaches the phase in which she develops the capacity to speak, this also marks the period in which important others will direct the child toward a social order and, in turn, push her away from the spontaneous, although unorganized, order of the "pre-communicative" phase.

As the child continues to grow into the mutually negotiated "*we* meanings" of her language world, a rift develops between these "we meanings" and the direct, lived experience of the "pre-communicative" phase of infancy. In some cases, the language will match lived experiences wonderfully. In other cases, the global experience will be poorly represented by the language, and, as a result, the experience will become "misnamed and poorly understood" (Stern, p. 175). Finally, there will be those lived experiences that are "unspeakable." Language will not have access to these experiences, and in turn these experiences, as unnamed, will continue to exist 'unconsciously.'

THE PROBLEM OF THE SUPEREGO: CONTRIBUTIONS FROM DILLON, BRITTON AND CAPER

Klein's observation that the emergence of the superego occurs within the first year of life appears to conflict with Merleau-Ponty's argument that the "me above the me" emerges with the "specular I." However, Dillon's (1978) critique of Merleau-Ponty's conception of the psychogenesis of the self promises a potential reconciliation of these perspectives.

Dillon argues that the "mirror phase" is concurrent, not prior "to recognition of oneself in the look of the other" (p. 90). One problem with the dependence on the "mirror phase" for the emergence of a differentiated other is that it relies too heavily on the visual sense, whereas the whole body involves *all* the senses. More consistent with Kleinian theory, Dillon instead argues that the differentiation of self and other is more primordially dependent on "traumata, or disturbances of an affective kind" (p. 91). Dillon (1978) writes:

> Synergetic sociability breaks down—not because the
> infant has developed a capacity for visual recognition—
> but because a significant other, by some set of behavioral
> cues (e.g., punishment, failure to respond approvingly to
> the creation of feces, etc.), forces the infant to recognize
> an alien perspective as such. (p. 91)

When Bitton's (1992) argument is taken into consider along with
Dillon's argument, it becomes possible to reconcile Kleinian theory
with Merleau-Ponty's conception of the psychogenesis of the self. For
Britton, the depressive position does not *precede* the Oedipal situation;
instead, they are *co-constituted*. The Oedipal complex is resolved "by
working through the depressive position and the depressive position by
working though the Oedipal complex" (p. 35). The existence of the
superego presupposes the infant is able to experience guilt. While the
Kleinian infant-self is "persecuted" by the "breast" into which she has
projected her death instinct, this cannot be properly called a superego
until the child enters the depressive position with the recognition that
the attacked, prosecutory breast is also the "good" breast. As Britton
has argued, the capacity for guilt emerges with the depressive position,
which is dependent on the Oedipal drama in order to become possible.

Influenced by Britton's perspective, Caper (1997) views the depres-
sive position and Oedipal complex as dialectically co-constituted.
More specifically, Caper defines the "depressive awareness" of the
depressive position as "the awareness that an object is separate from
oneself," and, further, he defines the Oedipal situation as "the aware-
ness that the object has relationships with other objects in which one
does not partake" (p. 265). As far as we are concerned, Caper's per-
spective is essentially equivalent to Dillon's argument that synergetic
sociability collapses with the recognition that the (m)other has an
"alien perspective." With the recognition that the (m)other has con-
cerns of her own, the child must inevitably be exiled from the garden
of Eden: her idealized perspective of the (m)other's "good" breast.
This concern might be the father or it could be other concerns outside
the dyadic relationship of the mother and infant. As Severns (1998)
writes, "A psychologically healthy woman always has interests of her
own that call her away from her child, thus allowing the child to sepa-
rate" (p. 123).

From Klein's observations, we can understand that the Oedipal situ-
ation pre-dates the age of the Freudian phallic stage. Taking the work
of Dillon, Britton, and Caper into consideration, we can say the Oedi-
pal situation first emerges with the depressive position: with the recog-
nition that the (m)other is her own person with concerns of her own
outside of their dyadic relationship. This is not inconsistent with
Klein's claim that the superego emerges in the first year of life.
Indeed, it can be argued that the Oedipal triad of infant, mother, and

father is only possible because of the infant's realization of the mother's separate existence. And, further, it is impossible for the child to come to this realization unless the (m)other has a "father function" to carry her away from the symbiotic union with her child.

As Dillon (1978) suggests, the differentiation from the (m)other with the depressive position and the Oedipal situation gives rise to a thematization of her body as an object of experience. "In other words, [her] corporeal schema (the body as lived) must become visibly identified with [her] body image (the body as thematized)" (p. 95). The "mirror phase" as described by Merleau-Ponty does not so much play a part in this process as much it make the process "apparent to the observer" (p. 95). This process of separating the "body-object" and "body-subject" through symbolization makes "reflective transcendence" a possibility. It is this "reflective transcendence" that makes it possible for the child to imagine an ideal self; thus, it constitutes the possibility for a super-ego as the ideal "*me* above the *me*."

Re-visiting Ogden

As we discussed earlier, Ogden (1989) conceives of the depressive position as the emergence of "symbol formation proper," such that "the symbol re-presents the symbolized and is experienced as different from it" (p. 11). In light of our phenomenological reflection on the dialectical co-constitution of the depressive position and Oedipal situation, we can understand Ogden's interpreting subject as emerging with Merleau-Ponty's "categorical self." As Ogden recognizes, the experience of "I-ness" emerges with the capacity to mediate between symbol and symbolized. Now, with the assistance of Dillon, we can understand this process as occurring with the emergence of a thematic body in relation to a (m)other with concerns of her own. It appears that this very thematization makes possible the entry into the symbolic language of the adult world which, as Merleau-Ponty and Stern have shown, leads to a covering over of lived experience. Finally, Ogden's conception of the never-ending dialectic between the paranoid-schizoid and depressive positions can be understood as the continuing tension between the symbolic world of language and the lived experience that it has covered over. As Dillon (1978) writes:

> . . . the crisis of alienation does not constitute a complete eradication of synergetic sociability . . . it establishes a tension between alienated isolation and aloneness, on one side, and group identification and communal solidarity, on the other. Subsequent to this crisis, the child will dwell within this tension and his experience will oscillate between the poles of solipsism and being-with for the rest of his life. (p. 94)

Thus, when Ogden defends against the "villainization" of the paranoid-schizoid position, he can be said to be defending the integrity of the pre-thematic, lived body, without which the symbolic order would not be possible. The lived experience of the "existential self," in a sense, lies beneath and continues to sustain the abstract, symbolic world into which we thematically emerge. Occasionally, in moments of de-integration, we catch glimpses of it, becoming "accessible only under special conditions, such as moments of contemplation, emotional states and certain experiences of works of art that try to evoke the global, preconceptual, lived experience" (Simms, 1993, p. 39).

Holding the Tension: The Space of Ethics

With the formulation posed thus far, there is a risk of giving a primacy to the lived operative intentionality of the body-subject, and thus "villainizing" the depressive position just as Klein can be said to have "villainized" the paranoid-schizoid position. However, with a close reading of Merleau-Ponty's theory of language, this problem can be remedied. As we've seen, the emergence into the depressive position and the "categorical self" also leads to the possibility of a new, more mature communion with the other. The recognition of the other as alien, while potentially objectifying, also opens the possibility for ethics and for genuine communication. In this reading, the "superego" need not be a mere oppressive force; rather, its presence marks a profound recognition of the asymmetry between self and other; that is, the o*therness* of the other. The mediation between symbol and symbolized mirrors the new recognition of a mediating, interpretive space between self and other that does not exist at the level of the "anonymous" body-subject. Developmentally, language emerges only after the discovery that the (m)other is an other unto herself; thus, the very desire to enter the symbolic can be read as the desire for communication across this newly discovered divide. Thus, we can not read the categorical self as merely torn away from the anonymous union in the "flesh" of syncretically merged otherness; the entry into the world of language is also a movement toward an ethical other.

In response to Emile Brehier's challenge to Merleau-Ponty that his philosophy of the other describes an "other [that] does not even exist," he responds: "It was never my intention to posit the other except as an ethical subject, and I am sure I have not excluded the other as an ethical subject" (Merleau-Ponty, 1964, p. 30). Brehier's charge assumes Merleau-Ponty falls into the error of Husserl: "How can my ego, within his own peculiar ownness, constitute under the name, 'experience of something other,' precisely something other" (Husserl, 1977, p. 94). Husserl's phenomenology as a philosophy of immanence cannot allow for the other as a transcendent other. Yet, for Merleau-Ponty (1964), "there is a paradox of immanence and transcendence in perception"

(p. 16). Within perception itself, the other or thing that confronts us within the world horizon always resists totalization; what we perceive "always contains something more than what is actually given" (p. 16).

With the infant, the emergence into a recognition of otherness comes with the recognition that the mother is capable of having concerns of her own outside of the infant's concerns; she, like others who are a "transcendence in immanence," is capable of surprising the infant, of disrupting the givens of any perspective within the infant's current horizon. The other as given within the world horizon promises, even as thematized within the immanence of the subject, that she is always more than what is given. The other as another body-subject remains on the other side of that horizon, pulling us toward the future to meet her there. The child, prior to the recognition of the mother as other, "lives in a world which [she] unhesitatingly believes accessible to all around [her] . . . [She] . . .does not suspect that all of us, [herself] included, are limited to one certain point of view of the world" (Merleau-Ponty, 1994, p. 355). With the birth of otherness is the birth of the finite *I*, an *I* that is limited, temporal, faced with a horizon that always calls to be opened further and explored, if not recoiled from in anxiety. The "categorical I" is an *I* who implicitly understands it is a point-of-view and yet rooted in a syncretic relatedness to others. Further, this birth of a perspectival *I* is concurrent with the thematization of the body as *here* over against the other *there*.

Merleau-Ponty (1994) writes:

> Once the other is posited, once the other's gaze fixed upon me has, by inserting me into his field, stripped me of part of my being, it will readily be understood that I can recover it only by establishing relations with [her], by bringing about [her] clear recognition of me, and that my freedom requires that same freedom for others. (p. 357)

That I recognize my separateness and possibility of solitude already implies that I am a being for whom communion is possible (p. 359). When I find myself faced with the objectifying gaze of the other, the unbearableness of that gaze already speaks to the absence of possible communication (p. 361). The emergence into the depressive position is a mixed blessing. With it comes the possibility of violence to self and other, but also the possibility of a more genuine and ethical relatedness to the other. The bittersweet birth of the self is bittersweet not only for the loss of a pure anonymity, but also for the loss of omnipotence. With the recognition that I am a point-of-view, one perspective upon the world among others, I recognize that I am not a god: "In God I can be conscious of others as of myself, and love others as myself. But the subjectivity that we have run up against does not admit of being called God" (Merleau-Ponty, 1962, p. 358).

Yet, along with the loss of omnipotence, as we have already spoken to, there is indeed a loss of the primordial connectedness to things and others, one's rootedness in pure perceptivity which makes possible communion in a common world. The paranoid-schizoid and depressive positions—lived and symbolic—are needful of one another; the depressive position is founded upon the paranoid-schizoid position as, with Merleau-Ponty's (1964) notion of *Fundeirung*, the symbolic is founded upon the lived (p. 58-59). If the "sedimented" language given by one's culture is to speak of such a common world, it cannot remain within a closed system, but must be enriched by what it points toward. A rigid adherence to the symbolic at the expense of the lived ground of one's being leads to suffering and stagnation—to neurosis—and a loss of creative involvement in the flux of being within which one partici-pates as "flesh."

As Yeo (1992) points out, there is a close relationship between Merleau-Ponty's reading of the other and his conception of language, which becomes apparent in Merleau-Ponty's 1951 lecture, "The Expe-rience of Others."

> One cannot help but notice how much the perception of other people becomes increasingly comparable to lan-guage. Indeed, a language [*un langage*] in danger of becoming stereotypic can be distinguished from fertile language. (Merleau-Ponty, 1951, p. 57)

Merleau-Ponty implies that a rigid, stereotypic perspective of others, a decidedly unethical stance toward the other, is isomorphic with a stag-nant, stereotypic language. The relationship between the other and language becomes even stronger considering that the gaze alone does not capture the experience of the other, but that the other, as we have already shown, is an other who calls us into communication—into speech. To the degree that I become enclosed within the sedimented language of my culture, I cannot communicate with an other who resists being totalized by that very language. Yet, with the fertile ground of originary speech, I am freed to creatively discover a lan-guage which speaks to the ethical demand of the other as other. To the same degree, we are both freed to discover anew with that fertile lan-guage a speech within which we can be surprised by our differences and speak of them to each other with an understanding that otherwise would not be possible.

For Merleau-Ponty (1962) "sedimented" or "stereotypic" speech is an "institution" that provides us with "ready-made meanings" which "demand from us no real effort of expression and will demand from our hearers no effort of comprehension" (Merleau-Ponty, 1962, p. 184). On the other hand, "fertile" or "originary speech" "formulates for the first time," and includes examples such as "the child uttering its first word, . . .the lover revealing his feelings. . .the 'first man who

spoke,' or . . . the writer and philosopher who reawaken primordial experience anterior to all traditions" (p. 178-179). Without fertile speech, there truly would be "nothing new under the sun." Yet, without sedimented language, there could be no originary language, for sedimented language is "the stock of accepted relations between signs and the familiar significations without which [we] could never have begun to read" (Merleau-Ponty, 1973, p. 13). As Yeo (1992) writes: "Sedimented language does not prevent the appearance of new meaning—on the contrary, it makes it possible" (p. 47).

Analogously, that the body-subject of the infant comes to recognize that she is a point-of-view on the world makes possible the recognition of a genuine other; yet this perspective on the world is necessarily rooted in her syncretic relationship to others:

> The everything which exists for me should be mine, and not qualify as being for me except on condition of being framed in my field, does not prevent the appearance of the other—on the contrary, it makes that appearance possible . . . (Merleau-Ponty, 1973, p. 138)

The emergence into the depressive position need not lead to a purely alienated existence. There may remain a proper tension between lived, syncretic, anonymous communion with the other in a common world, and the self-other differentiation of the depressive position. With the personalized transcendence of meaning-making that differentiates me from the other, I am also given the possibility of communicating and sharing that meaning, and, likewise, others may do the same with me. Yet, without our rootedness in a common, anonymous world, the gap between us would be insurmountable. That is, if our surprise and disorientation in the face of the other's difference could never become understanding, our solitude would indeed be impenetrable (Merleau-Ponty, 1973, p. 142-143). Understanding only becomes possible in an originary relatedness analogous to fertile speech by which the other defies the stereotypic and opens up the possibility for understanding. To the degree that I am able to reintegrate that understanding, I have the possibility of an ethical relationship. To the extent that I rigidly adhere to sedimented meanings, an ethical relationship is foreclosed.

Summary

In summary, we believe this examination of Klein in light of Merleau-Ponty demonstrates the benefits of a continual dialogue between phenomenology and Kleinian theory, as well as psychoanalytic theory in general. By outlining Klein's theory, it was discovered that her brilliant clinical insights were obscured by her intellectualist perspective, which lead her to imagine the child as solipsistic. By doing so, Klein severed her theory from a coherent reading of the depressive

position as holding the possibility for an ethical relationship with a genuine other, even while this appeared to be her intention.

With the assistance of Ogden's re-reading of Klein and Dillon's re-examination of Merleau-Ponty, it became possible to understand the paranoid-schizoid and depressive positions as two dialectical poles of experience that mirror Merleau-Ponty's notion of the 'lived' and 'symbolic' levels of perception. It was shown that Klein's paranoid-schizoid position developmentally parallels Merleau-Ponty's description of the infant's syncretic relationship with others prior to the emergence of the 'specular I' with the 'mirror stage'.

Merleau-Ponty's description of the 'mirror stage' is enriched by Klein's conception of the depressive position. While Merleau-Ponty, following Lacan, described the 'mirror stage' as creating a 'specular I,' Klein's theory allows for a reading wherein the separation from the mother is prior to the infant's thematization of her body. The infant thematizes her body when she recognizes that the mother has an "alien perspective" outside of their self-enclosed relationship. The rift that erupts between the mother-infant dyad already opens the possibility for the triad of mother-infant-father of the Oedipal stage, thus supporting Klein's observation that the "superego" emerges earlier than Freud speculated. The "superego," however, can be reconceptualized as the "me above the me," the lived, embodied self's reflective grasp of itself as if from the perspective of the other. The conceptualization of the "superego" as the "me above the me," in comparison to Freudian metapsychology, is a less mechanistic, less deterministic and more experience-near—a more phenomenological—description of the emergence of conscience.

Finally, it was shown that the rift between mother and infant, while opening the possibility of the alienating gaze, also opens the possibility for an ethical relationship to a genuine other. Consistent with Klein's observation that the onset of the depressive position leads to a more empathic concern for others, the separation of the infant from the other opens a desire for genuine communication and, thus, the move into language. However, the entry into the sedimented language of one's culture leads to the possibility of a reification of oneself and others. Nevertheless, a continual tension between lived and symbolic, as well as the ability to be surprised and disoriented by the difference of the other, allows for the possibility of understanding. While the dangers of stereotypic relations with others always remains present, an originary, fertile relationship with others creates a place for ethics.

IMPLICATIONS: THE CASE OF PROJECTIVE IDENTIFICATION

The phenomenological interpretation of Klein's theory of the self surely has a variety of implications, the majority of which I cannot reasonably predict. However, one implication of the phenomenological

interpretation of Kleinian theory is that it provides a framework within which to potentially resolve certain fundamental problems with key concepts in object relations theory. For example, the concept of "projective identification" has been a source of controversy among analysts working in the psychodynamic tradition, but the problems raised by practitioners can be resolved through a phenomenological interpretation of the phenomenon.

The Projective Identification Controversy

Bion (1952, 1962a, 1963) used Klein's concept of projective identification in innovative ways. Essentially, he argued that the therapist must play the role of the (m)other in order to "contain" the primitive anxieties of the patient. The process of containment is necessary because the deeply regressed patient is unable to communicate through language so she communicates by impact instead, essentially projecting her anxieties 'into' the therapist. Most therapists, if they are attuned to it, have probably had this type of experience. Sitting across from a client who appears relatively calm, a therapist may suddenly feel an overwhelming sense of dread—a sensibility which, sometimes, is discovered to be instead a prethematic understanding of an unspeakable anxiety rumbling beneath the surface of the client's unruffled surface. With the right intervention or interpretation, the anxiety emerges more thematically in the client's expression, serving to validate the therapist's suspicion that the anxiety was not his or her own but in some sense "projected" into him or her by the client. Yet, even having had such experiences, the whole notion of projecting one's feelings into another person is just bizarre, to say the least. It's the kind of statement we expect to hear from psychotics, not therapists. And, yet, the concept provides a clumsy metaphor for something that seems to really go on in psychotherapy between the client and therapist. I suggest a phenomenological framework provides a more satisfactory discourse in order to describe such phenomena.

To illustrate the often bizarre descriptions of object relations theorists, consider the following description of projective identification by Finell (1986):

> The concept [of projective identification] describes the mysterious interplay of two psyches around projection and introjection, merger, and telepathy, and has quasimagical overtones. It describes an enactment in which split-off self and object parts and related affects are induced in the other. It operates as both a defense and a type of communication. (p. 104)

The problem with Finell's description is that it begins with the assumption that a human being's 'subjectivity' is essentially 'stuff' that ends at

a person's skin; as if 'it' were something contained within an inner psychic space, a representation (or misrepresentation) of what is otherwise a "objective" world, real only to the extent that it is extended in space (in the Netwonian sense). How, in such an objective universe, could it be possible for subjective 'stuff' to transport itself from one, inner psychic space into another person's totally separate, inner, psychic space? Finnell is almost at a loss for words, and thus resorts instead to talk of magic and telepathy.

As Whipple (1986) has noted:

> Projective identification is a metaphor. Psychic concepts are abstractions and cannot literally be put into someone else. We are also not literally 'containers' for this evacuated product . . . [N]one of the writers on projective identification satisfactorily explain how psychic contents are put into another person". (p. 123)

Whipple is absolutely correct that projective identification is a metaphor. What else could it be? Psychic events do not become physical events that propel themselves from mind to mind like fleas on the backs of dogs. However, Whipple takes advantage of Finell's literalization of a metaphor in order to erroneously discount the experience she is describing. He argues, in effect, that the concept of projective identification is merely a rationalization on the part of the analyst to "avoid the real issue of counter-transference" (p. 121). However, it is more likely that Finell was attempting to describe something really happening in therapy, but, at a loss for words, she relies instead upon a contrived and literalized metaphor borrowed from the sedimented language of the tradition of therapy in which she was trained. As an alternative, we should describe the event in a more rigorous, phenomenological way rather than relying upon poorly drawn metaphors.

In a creative elaboration of previous conceptions of projective identification, Joseph (1989) conceptualized the phenomenon as the pressure a client puts upon the therapist to comply with her projections. The implication is that the therapist can therefore use his or her own feelings as a source of information in order to understand the client's dynamics (Spillius, 1992). Joseph's description of projective identification has been widely discussed in the literature (e.g., Rosenfeld, 1971; Sandler, 1976a, 1976b, 1987; Sandler & Sandler, 1978; Spillius, 1988, 1992).

The idea that the therapist can be drawn into a role in relation to the client was anticipated by Deutsch's (1926) and Racker's (1957) concept of "complementary identification." Complementary identification was believed to occur when the therapist unconsciously takes on a role which is complementary to the client's conscious, thus feeling and/or enacting the client's unconscious. Van den Berg (1971), a phenomenol-

ogist, offered a similar idea when he suggests that "the *therapist and the unconscious* of the patient are one and the same thing. The *therapist is the patient's unconscious*" (p. 339). Sandler and Sandler (1987) suggested that such "role actualizations" in the therapist can be used as a defense by the client in order to avoid remembering early relationships and fantasies and instead repeating them in the therapeutic relationship (cited in Finell, 1986, p. 105).

Because there is ambiguity surrounding concepts such as projective identification, complementary identification, and other similar constructs, there is little agreement in the literature on how therapists should deal with these types of phenomena if and when they occur in the therapeutic milieu. The failure to contain such countertransference has been termed "projective counteridentification" (Grinberg, 1968; Grotstein, 1981; Malin & Grotstein, 1966). However, objective relations theorists have not yet reached any agreement on whether "projective counteridentification" can ever by truly distinguished from projective identification (e.g., Finell, 1986).

A similar controversy revolves around the question of whether projection and projective identification are the same or different processes (e.g., Grotstein, 1981; Malin & Grotstein, 1966; Meissner, 1980; Ogden, 1979, 1982; Finell, 1986). Analysts such as Finell (1986) have argued that there is a potential danger with the concept of projective identification because the concept can potentially lead a therapist to fell prey to omnipotent fantasies, as "if the analyst is portrayed in one-to-one correspondence with patient feelings" (p. 105). These sober concerns stress that the therapist must remain highly self-reflective in order to assure that he or she does not unwittingly act out in the therapy, either failing to contain the projective identification or using projective identification as a defense against coming to terms with how his or her own countertransferential dynamics are triggered by the client. Some clinicians (e.g., Caper, 1997) argue that is it preferable to hold back from interpreting projective identification. Still others, such as Maroda (1995), have gone so far as the insist that the therapist's acting out, as long as it is followed by an interpretation, is the best approach to handling projective identification. For example, Maroda argues that it is only when the patient witnesses his or her own split-off feelings in the analyst that she or he feels truly understood. (For in depth literature reviews on these controversies, see Feldman, 1997; Finell, 1986; Gabbard, 1995; and/or Hamilton, 1990).

Phenomenology of Projective Identification

The confusion and controvery surrounding the concept of projective identification can be understood, in part, to be the result of muddled thinking on the part of dynamic theorists and practitioners. As I have already suggested, the problem appears to stem from the tendency to

take sedimented metaphors too literally, which is a common problem in psychology (Romanyshyn, 2001). To the extent that such metaphors lose their rootedness in the life-world of the therapist-client relationship, they risk doing violence to the deeply transformative process of therapy and, consequently, are in danger of becoming unethical. By saying such literalizations are "unethical," I mean the sedimented language of dynamic theory can undermine its intent to faithfully describe the experience of therapy as it is lived out concretely in the human lives who participate in its process.

If we assume that projective identification is a poorly articulated metaphor for something that really happens in therapy, a phenomenological approach allows the careful observer to describe the lived experience of this phenomenon. Phenomenological description permits the observer to creatively draw from the sedimented language of our culture for the purpose of developing new, perhaps more appropriate metaphors, analogies and/or other figures of speech, which may provide us with a more faithful description of the phenomenon as it unfolds in lived, embodied being-in-the-world.

From our phenomenological interpretation of Kleinian theory, the phenomenon of "projective identification" can be understood as a possibility which emerges from the primordial, pre-symbolic bedrock of human experience which founds even as it is transfomed by the symbolic matrix of language. The lived "me," which precedes the symbolic "I" of the specular image, is not a "hollow container" nor does it move along a grid of equidistant points (Boss, 1979, p. 87). The lived "me" is not located merely where the "I" is thought to stand. Its space does not end where its skin does. The lived "me" is an openness and receptivity that is spatial as a basic characteristic of its existence (p. 89). It is a clearing that is receptive to things and people, not in a way that "furniture is put into an empty room," but in a responsive and engaged way (p. 90). The dialectics of space for the lived "me" concern how things matter. Those things and feelings which appear, come close and recede—and the ways in which they do so—depend on their significance. The "me" lives spatially, bodily and temporally as an expression of what matters to it.

Projective identification does not involve one container emptying part of itself into another. The client does not come to the session as an encapsulated psyche and 'put into' another encapsulated psyche internal parts of him- or herself that he or she wants to split-off and externalize. Likewise, the therapist does not sit like a passive container into which the contents of the client's psyche will be poured. Furthermore, projective identification is not just a matter of the client actively doing something and the therapist passively receiving something. Rather, it is the interaction and engagement of two human beings bringing together two worlds to form a uniquely structured experience. Both the client

and the therapist pervade the open space of the therapy room with their existential, perceptive openess. Indeed, the perceptive openness of the lived "me" is not uniquely the experience of psychotherapy, nor is it specific to regressive forms of psychopathology; on the contrary, it forms the very foundation of any human experience, which nevertheless is often concealed by the sedimented abstractions of symbolic language. The lived "me" is the *here* where I feel myself *there* as an openness upon a world, which is the condition of possibility for having a sense of I-ness in the first place and which does not presuppose or require an explicit or symbolic representation of a specular "I."

The lived "me" discovers itself not as an encapsulated psyche nor as an internal space or container of representations. It discovers itself as a world of things and others that matter. In any encounter with another person, the "me" signifies itself through the other, as if the surface of the other's face and posture were the other side of its own, the two joined experientially in chiasmic interchange which reverberates with feeling. It is only when the psyche takes a step back and filters this experience through a communicative act of symbolization that the event can be transformed into a performance between two discrete and isolated bodies and/or containers. In this sense, "projective identification," which is the experience of another's emotion as if it were one's own, is not a deviant or abnormal experience. On the contrary, it provides the possibility for empathic engagement in which one can sympathetically feel the suffering or joy of the other person as if it were one's own.

What then accounts for the apparent deviancy of "projective identification" as it is described by object relations theorists? In the descriptions of projective identification, the experience of being drawn into the web of the client's dynamics is experienced as fraught with danger. It is a threat which arrives in the form of having lost control or, better, of having given over control of one's self to the other's unconscious (prethematic) dynamics. I suggest that what is unique about these threatening experiences of projective identification is not the syncretic identification with the other, which is nothing pathological in itself. Rather, the threat emerges to the extent that the lived "me" which shows itself in the threatening form of projective identification takes the form of a traumatized body that has resisted articulation through the containing function of the symbolic order. In these instances, the trauma creates a rift or chasm between the "me" and the "I." The "me" continues to experientially live out the trauma, which is repeated in relationship after relationship because the "I" has not stood in a reflective relationship to it.

What is it about traumatic experiences that tend to create a rift between the lived and the symbolic selves? As Dreyfus and Wakefield (1988) have suggested, psychopathology (or at least the sort we are

addressing here) occur when "some aspect of the epistemological rela-
tion of a subject to the other persons and objects, which should take
place in the clearing, becomes a dimension of the clearing itself" (p.
276). In other words, the traumatic event, which might otherwise exist
in the client's world as a past memory of a specific occasion, becomes
much more than that: it becomes the filter through which all other,
subsequent events are organized. And, more specifically, it is when this
dimension of the clearing is not recognized by the person to be his or
her dimension—his or her organization of experience—but is taken to
be *the* reality, that a person becomes pathological. The traumatic expe-
rience comes to constitute the world horizon within which all other
events transpire in the life-world of the client. Because the event per-
sistently appears *as* the horizon of experience, the event refuses to be
symbolized to the extent that it does not appear as a *particular* event
within the horizon of experience.

Yet what does it really mean to say this particular organization of
experience is "pathological"? As Guignon (1993) has argued, any artic-
ulation of psychopathology and any prescription for a cure necessarily
implies some moral framework. To articulate what is pathological or
abnormal is always already to imply the converse, the good life which
the suffering person lacks. Therefore, I suggest that what makes the
experience pathological are at least two consequences: A failure of the
ethical relation to others and a failure of agency. These are moral fail-
ures. Although they are not failures for which a person can necessarily
be blamed, they do nevertheless create the life circumstances for per-
sistent experiences of guilt and shame. To repeatedly suffer the experi-
ence of hurting others by drawing them into a repetition of a traumatic
drama and to find one's self at a loss to prevent these repetitions is to
find one's self "pathological," translated literally as the meaning
(*logos*) of one's suffering (*pathos*). What it means to suffer—that is, to
be "pathological"—is to find one's self through the emotion of guilt as
one who damages others and to find one's self through the emotion of
shame as one who has lost a basic sense of agency or control of one's
destiny, particularly with regard to the care of loved ones, who are
almost always the ones who are the most deeply wounded by our
'pathologies.'

If the 'projective identification' is a moral failure, the therapist faced
with a client who engages in projective identification has the task of
helping the client to restore his or her moral dignity. The client's moral
dignity is restored through the achievement of the kind of agency that
permits the person to restore (or discover, as the case may be) an ethi-
cal relation to others. In order to restore a sense of agency in relation
to the traumatic experience, the client must become explicitly aware—
that is, come to symbolically articulate—the traumatic event not as the
horizon of his or her experience, but as a particular event within the

horizon of his or her lifeworld. Through this shift of perspective, the client is able to regain a sense of control or agency to the extent that the traumatic event lies before him or her and, as such, can be thematized as such. To the extent that the event is thematically recognized as a particular event within the world horizon, the person is no longer doomed to repeat the event over and over, because other events within the world horizon can be appreciated on their own terms. In this sense, the person is able to encounter others in a more ethical way, because the other person can appear more purely as a transcendent other rather than always and only through the horizon of the traumatic event.

Given the above phenomenological interpretation, we are in a better position to address the controversy surrounding how to therapeutically approach the phenomenon of projective identification. Unlike the client, the competent therapist is in the position to, not only syncretically participate in the re-creation of the trauma in relation to the client. He or she is able to articulate it and reflect it back to the client in symbolic form. In other words, the therapist is able to interpret the trauma and articulate it symbolically as an event *within* the client's horizon. To do this successfully, however, the competent therapist must be capable of temporarily giving herself over to a syncretic engagement with the client's emotional drama. That is, the therapist, who is a clearing for the client in the context of the therapy, can syncretically identify with the client's organization of experience. (Such a syncretic identification, however, does not imply the therapist completely merges with the client's lifeworld, because, for the therapist, the client always appears as a transcendence-in-immanence. The identification of self and other, that is, always has an asymmetrical character.) The possibilities which the client splits off are taken up by the therapist, who finds him or herself ready to experience and/or enact a role that asymmetrically repeats the client's split off experience. When these dynamics are recognized by the competent therapist, he or she is able to 'contain' them in the form of interpretations rather than (or in addition to) acting upon them.

The competent therapist, in other words, is able to move dialectically between the lived and the symbolic realms of being-in-the-world. Through this dialectic engagement, the therapist is able to reflect back to the client his or her traumatized "me" as an aspect of his or her I-ness. When the traumatized "me" is returned to the client in symbolic form, the client's "I" is able to discover or recover his or her ability-to-respond to the traumatic event rather than remain possessed by it. Having recovered or discovered his or her sense of agency *vis a vis* the traumatic event, the client is then capable of renewed contact with others in his or her life. Others are no longer doomed to appear within a repetition of the trauma's narrative, but are capable of surprising the client who is newly open to their transcendence.

CONCLUSION

The phenomenological interpretation of Klein's object relations theory bears a variety of fruits. When the paranoid-schizoid and depressive positions are reconceptualized phenomenologically as the lived and symbolic dimensions of being-in-the-world, it becomes possible to clarify what have traditionally been confusing concepts in object relations theory. By submitting the sedimented metaphors of object relations theory to creative speech, they can be renewed by a return to the lifeworld experience that initially inspired such metaphors. With an improvement in the clarity of such concepts, we find ourselves in a better position to articulate how the therapist should position him- or herself in relation to such phenomena. The concept of projective identification is only one example. We could just as likely turn to other similarly confusing concepts (e.g., splitting, linking) which must remain the work of future investigations.

The phenomenology of human development, when interpreted through the insights of object relations theory, may also shed light on other controversial concepts in psychology. For example, the description of the psychogenesis of the self holds the potential to inform current developmental theories of the self, which, in turn, could shed light on the development of the "self-conscious" emotions, such as guilt, shame, gratitude, and embarrassment. The analysis of the psychogenesis of the self, as presented in this paper, suggests that the emergence of the self, or the "me above the me," provides the occasion both for personal agency and an ethical relation to the other. The coincidence of the emergence of personal agency and ethical engagement suggests that altruistic behaviors and compassion are genuinely possible and cannot be adequately explained by sociobiological theories, which typically assume such behaviors and feelings are ultimately selfish. These are important points that need to be addressed by future scholarship.

Finally, the phenomenological reading of object relations theory has relevance for articulating the ethical dimensions of theory. Theory which becomes mired in sedimented metaphors runs the risk of losing touch with the concrete lifeworld which originally founded those metaphors. The analysis performed in this paper has suggested that an ethical theory is one that is capable of creatively renewing the sedimented language that gives it form. Metaphors that we have used in this paper, such as "horizon," cannot be taken literally, but function creatively in order to bring lived experiences before the 'eyes' of symbolic thought. To the extent that they obscure rather than reveal, they should be discarded and replaced by more appropriate language that does justice to the phenomenon.

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