

## Beyond Doer and Done To: an Intersubjective View of Thirdness

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## BEYOND DOER AND DONE TO: AN INTERSUBJECTIVE VIEW OF THIRDNES

BY JESSICA BENJAMIN, PH.D.

*Analytic work based on the intersubjective view of two participating subjectivities requires discipline rooted in an orientation to the structural conditions of thirdness. The author proposes a theory that includes an early form of thirdness involving union experiences and accommodation, called the one in the third, as well as later moral and symbolic forms of thirdness that introduce differentiation, the third in the one. Clinically, the concept of a co-created or shared intersubjective thirdness helps to elucidate the breakdown into the twoness of complementarity in impasses and enactments and suggests how recognition is restored through surrender.*

The introduction of the idea of intersubjectivity into psychoanalysis has many important consequences and has been understood in a variety of ways. The position I will develop in this paper defines intersubjectivity in terms of a relationship of mutual recognition—a relation in which each person experiences the other as a “like subject,” another mind who can be “felt with,” yet has a distinct, separate center of feeling and perception. The antecedents of my perspective on intersubjectivity lie on the one hand with Hegel (1807; Kojève 1969), and on the other with the developmentally oriented thinkers Winnicott (1971) and Stern (1985)—quite different in their own ways—who try to specify the process by which we become able to grasp the other as having a separate yet similar mind.

In contrast to the notion of the intersubjective as a “system of reciprocal mutual influence”—referring to “any psychological field formed by interacting worlds of experience” (Stolorow and Atwood 1992, p. 3)—adumbrated by intersubjective systems theorists Stolorow, Atwood, and Orange (Orange, Atwood, and Stolorow 1997),<sup>1</sup> I emphasize, both developmentally and clinically, how we actually come to the felt experience of the other as a separate yet connected being with whom we are acting reciprocally. How do we get a sense that “there are other minds out there” (see Stern 1985)?

In highlighting this phenomenological experience of other minds, I—like other intersubjective critics of Freud’s Cartesianism—emphasize the reciprocal, mutually influencing quality of interaction between subjects, the confusing traffic of two-way streets. But this theoretical recognition of intersubjective influence should not blind us to the power of actual psychic experience, which all too often is that of the one-way street—in which we feel as if one person is the doer, the other done to. One person is subject, the other object—as our theory of object relations all too readily portrays. To recognize that the object of our feelings, needs, actions, and thoughts is actually another subject, an equivalent center of being (Benjamin 1988, 1995a), is the real difficulty.

<sup>1</sup> Stolorow and Atwood (1992) point out that they coined the term *intersubjective* independently and do not think of it as presupposing a developmental attainment, as Stern (1985) does. I (Benjamin 1977, 1978) have made use of the term as introduced into philosophy by Habermas (1968), and then carried forward into psychology by Trevarthen (1977, 1980), in order to focus on the exchange between different minds. Like Stern, I consider the recognition of other minds (the other’s subjectivity) to be a crucial developmental attainment. Unlike Stern, however, I (Benjamin 1988) have considered all aspects of co-creating interaction with the other, from early mutual gazing to conflicts around recognition, as part of the trajectory of intersubjective development. The major difference between the theorizing of Orange, Atwood, and Stolorow (1997) and my own is not, as they believe (see Orange 2002), that I think the analyst should focus clinically on helping the patient to recognize the analyst’s (or other’s) subjectivity at the expense of the patient’s own. It is rather that I see such engagement in reciprocal recognition of the other as growing naturally out of the experience of being recognized by the other, as a crucial component of attachment responses that require mutual regulation and attunement, and, therefore, as ultimately a pleasure and not merely a chore.

## THE PLACE OF THE THIRD

To the degree that we ever manage to grasp two-way directionality, we do so only from the place of the *third*, a vantage point outside the *two*.<sup>2</sup> However, the intersubjective position that I refer to as *thirdness* consists of more than this vantage point of observation. The concept of the third means a wide variety of things to different thinkers, and has been used to refer to the profession, the community, the theory one works with—anything one holds in mind that creates another point of reference outside the dyad (Aron 1999; Britton 1988; Crastnopol 1999). My interest is not in which “thing” we use, but in the process of creating thirdness—that is, in how we build relational systems and how we develop the intersubjective capacities for such co-creation. I think in terms of thirdness as a quality or experience of intersubjective relatedness that has as its correlate a certain kind of internal mental space; it is closely related to Winnicott’s idea of potential or transitional space. One of the first relational formulations of thirdness was Pizer’s (1998) idea of negotiation, originally formulated in 1990, in which analyst and patient each build, as in a squiggle drawing, a construction of their separate experiences together. Pizer analyzed transference not in terms of static, projective contents, but as an intersubjective process: “No, you can’t make this of me, but you can make that of me.”

Thus, I consider it crucial not to reify the third, but to consider it primarily as a principle, function, or relationship, rather than as a “thing” in the way that theory or rules of technique are things. My aim is to distinguish it from superego maxims or ideals that the analyst holds onto with her ego, often clutching them as a drowning person clutches a straw. For in the space of thirdness,

<sup>2</sup> Important portions of this paper and descriptions of my thinking about the third were written for a paper jointly conceived and coauthored by Lewis Aron and me (Aron and Benjamin 1999); thus, I owe a great debt to Aron for the development of these ideas.

we are not *holding onto* a third; we are, in Ghent's (1990) felicitous usage, *surrendering to it*.<sup>3</sup>

Elaborating this idea, we might say that the third is that to which we surrender, and thirdness is the intersubjective mental space that facilitates or results from surrender. In my thinking, the term *surrender* refers to a certain letting go of the self, and thus also implies the ability to take in the other's point of view or reality. Thus, surrender refers us to recognition—being able to sustain connectedness to the other's mind while accepting his separateness and difference. Surrender implies freedom from any intent to control or coerce.

Ghent's essay articulated a distinction between surrender and its ever-ready look-alike, submission. The crucial point was that surrender is not *to someone*. From this point follows a distinction between *giving in* or *giving over* to someone, an idealized person or thing, and letting go into *being with* them. I take this to mean that surrender requires a third, that we follow some principle or process that mediates between self and other.

Whereas in Ghent's seminal essay, surrender was considered primarily as something the patient needs to do, my aim is to consider, above all, the analyst's surrender. I wish to see how we facilitate our own and the patient's surrender by consciously working to build a shared third—or, to put it differently, how our recognition of mutual influence allows us to create thirdness together. Thus, I expand Ghent's contrast between submission and surrender to formulate a distinction between complementarity and thirdness, an orientation to a third that mediates "I and Thou."

## COMPLEMENTARITY: DOER AND DONE TO

Considering the causes and remedies for the breakdown of recognition (Benjamin 1988), and the way in which breakdown and re-

<sup>3</sup> Ghent's work on surrender was the inspiration for my first formulations of some of these thoughts, which were presented at a conference in his honor, sponsored by New York University Postdoctoral Psychology Program, May 2000.

newal alternate in the psychoanalytic process (Benjamin 1988), led me to formulate the contrast between the twoness of complementarity and the potential space of thirdness. In the complementary structure, dependency becomes coercive; and indeed, coercive dependence that draws each into the orbit of the other's escalating reactivity is a salient characteristic of the impasse (Mendelsohn, unpublished). Conflict cannot be processed, observed, held, mediated, or played with. Instead, it emerges at the procedural level as an unresolved opposition between us, even tit for tat, based on each partner's use of splitting.

In my view, theories of splitting—for instance, the idea of the paranoid-schizoid position (Klein 1946, 1952)—though crucial, do not address this intersubjective dynamic of the two-person relationship and its crucial manifestations at the level of procedural interaction. The idea of complementary relations (Benjamin 1988, 1998;) aims to describe those push-me/pull-you, doer/done-to dynamics that we find in most impasses, which generally appear to be one-way—that is, each person feels *done to*, and not like an agent helping to shape a co-created reality. The question of how to get out of complementary twoness, which is the formal or structural pattern of all impasses between two partners, is where intersubjective theory finds its real challenge. Racker (1968) was, I believe, the first to identify this phenomenon as complementarity, formulating it in contrast to concordance in the countertransference. Symington (1983) first described this as an interlocking, dyadic pattern, a corporate entity based on the meeting of analyst's and patient's superegos.

Ogden (1994) developed his own perspective on this structural pattern in the notion of the *subjugating third*. He used the term *analytic third* differently than I do, to denote the relationship as one of an Other to both selves, an entity created by the two participants in the dyad, a kind of co-created subject-object. This pattern or relational dynamic, which appears to form outside our conscious will, can be experienced either as a vehicle of recognition or something from which we cannot extricate ourselves. Taking on a life of its own, this negative of the third may

be carefully attuned, like the chase-and-dodge pattern between mother and infant. From my point of view, it is somewhat confusing to call this a third because, rather than creating space, it sucks it up. With this negative of the third (perhaps it could be called “the negative third”), there is an erasure of the in-between—an inverse mirror relation, a complementary dyad concealing an unconscious symmetry.

Symmetry is a crucial part of what unites the pair in complementarity, generating the takes-one-to-know-one recognition feature of the doer/done-to relation (Benjamin 1998). In effect, it builds on the deep structure of mirroring and affective matching that operate (largely procedurally and out of awareness) in any dyad, as when both partners glare at each other or interrupt in unison. In such interactions, we can see the underlying symmetry that characterizes the apparent opposition of power relations: each feels unable to gain the other’s recognition, and each feels in the other’s power. Or, as Davies (2003; see also Davies and Frawley 1994) has powerfully illustrated, each feels the other to be the abuser-seducer; each perceives the other as “doing to me.”

It is as if the essence of complementary relations—the relation of twoness—is that there appear to be only two choices: either submission or resistance to the other’s demand (Ogden 1994). Characteristically, in complementary relations, each partner feels that her perspective on how this is happening is the only right one (Hoffman 2002)—or at least that the two are irreconcilable, as in “Either I’m crazy or you are.” “If what you say is true, I must be very wrong—perhaps shamefully wrong, in the sense that everyone can see what is wrong with me, and I don’t know what it is and can’t stop it.” (See Russell 1998.)

As clinicians, when we are caught in such interactions, we may tell ourselves that some reciprocal dynamic is at work, although we may actually be full of self-blame. In such cases, our apparent acceptance of responsibility fails to truly help in extricating us from the feeling that the other person is controlling us, or leaving us no option except to be either reactive or impotent. Attributing blame to the self actually weakens one’s sense of being a responsible agent.

In the doer/done-to mode, being the one who is actively hurtful feels involuntary, a position of helplessness. In any true sense of the word, our sense of self as subject is eviscerated when we are with our “victim,” who is also experienced as a victimizing object. An important relational idea for resolving impasses is that the recovery of subjectivity requires the recognition of our own participation. Crucially, this usually involves surrendering our resistance to responsibility, a resistance arising from reactivity to blame. When we as analysts resist the inevitability of hurting the other—when we dissociate bumping into their bruises or jabbing them while stitching them up, and, of course, when we deny locking into their projective processes with the unfailing accuracy of our own—we are bound to get stuck in complementary twoness.

Once we have deeply accepted our own contribution—and its inevitability—the fact of two-way participation becomes a vivid experience, something we can understand and use to feel less helpless and more effective. In this sense, we surrender to the principle of reciprocal influence in interaction, which makes possible both responsible action and freely given recognition. This action is what allows the outside, different other to come into view (Winnicott 1971). It opens the space of thirdness, enabling us to negotiate differences and to connect. The experience of surviving breakdown into complementarity, or twoness, and subsequently of communicating and restoring dialogue—each person surviving for the other—is crucial to therapeutic action. From it emerges a more advanced form of thirdness, based on what we might call the *symbolic* or *interpersonal* third.

## THE IDEA OF THE THIRD

Initially, the idea of the third passed in to psychoanalysis through Lacan (1975), whose view of intersubjectivity derived from Hegel’s theory of recognition and its popularization by the French Hegelian writer Kojève (1969). Lacan, as can best be seen in Book I of his seminars, saw the third as that which keeps the relation-

ship between two persons from collapsing. This collapse can take the form of merger (oneness), eliminating difference, or of a twoness that splits the differences—the polarized opposition of the power struggle. Lacan thought that the intersubjective third was constituted by recognition through speech, which allows a difference of viewpoints and of interests, saving us from the kill-or-be-killed power struggle in which there is only one right way.

In many analytic writings, theory or interpretation is seen as the symbolic father with whom the mother analyst has intercourse (Britton 1988; Feldman 1997). Not only in Lacanian theory, but also in Kleinian, this may lead to a privileging of the analyst's relation to the third as theory and of the analyst's authority as knower (despite Lacan's warning against seeing the analyst as the one supposed to know), as well as to an overemphasis on the oedipal content of the third. Unfortunately, Lacan's oedipal view equated the third with the father (Benjamin 1995b), contending that the father's "no," his prohibition or "castration," constitutes the symbolic third (Lacan 1977). Lacan equated the distinction between thirdness and twoness with the division between a paternal *symbolic*, or law, and a maternal *imaginary*. The paternal third in the mother's mind opens up the sane world of symbolic thirdness (Lacan 1977).

I agree that, in some cases, we might speak of someone's letting go and accepting the full blow of the reality that mother has her own desire and has chosen father, and this might indeed constitute one kind of surrender to the third (Kristeva 1987). I respect Britton's (1988, 1998) idea, and its adaptation by Aron (1995), that the triangular relation of a child and two others (not necessarily father and mother) organizes the intersubjective position of one subject who observes the other two in interaction. But unless there is already space in the dyad, unless the third person is also dyadically connected to the child, he cannot function as a true third. He becomes a persecutory invader, rather than a representative of symbolic functioning, as well as a figure of identification and an other whom mother and child both love and share.

The only usable third, by definition, is one that is shared. Thus, I contend that thirdness is not literally instituted by a father (or other) as the third person; it cannot originate in the Freudian oedipal relation in which the father appears as prohibitor and castrator. And, most crucially, the mother or primary parent must create that space by being able to hold in tension her subjectivity/desire/awareness and the needs of the child.

## THE PROBLEM OF ONENESS

The issue of maternal subjectivity, as we have known for some time, is relevant to critiquing developmental theories that postulate an initial state of oneness between mother and baby (Benjamin 1995b). A fascinating point can be found in Lacan's (1975) critique of object relations theory. Regarding Balint's idea of primary love, Lacan objected that, if the intersubjective third were not there from the beginning, if the mother-baby couple were simply a relation of oneness, then mother could nurse unstintingly in total identification with baby, but there would then be nothing to stop her, when she was starving, from turning the tables and eating the baby.<sup>4</sup>

Thus, the child is actually safeguarded by the parental ability to maintain aspects of subjectivity that are crucial to suspending the child's immediate need without obliterating the difference between *I* and *thou*. In a related vein, Slochower (1996) argues that we must consciously bear the knowledge of pain in giving over to the patient, who cannot bear our subjectivity.

This ability to maintain internal awareness, to sustain the tension of difference between my needs and yours while still being attuned to you, forms the basis of what I call the *moral third* or the *third in the one*. It is analogous to the ability to project the child's future development (in other words, her independence), which Loewald (1951) considers a parental function in his famous paper

<sup>4</sup> Shockingly for us today, Lacan (1975) alleged that Alice Balint portrayed certain aborigines as doing just that.

on therapeutic action. The sustained tension of difference helps create the symbolic space of thirdness. *This third in the one is exemplified by the mother's ability to maintain awareness that the child's distress will pass, alongside her empathy, by holding the tension between identificatory oneness and the observing function. This mental space of thirdness in the caretaker must be, I believe, in some way palpable to the child. As a function, in both its symbolic and soothing aspects, it can be recognized and identified with, then made use of by the child or patient.*

I propose that the analyst can only soothe—that is, help regulate—the patient by maintaining this position of thirdness. And *if the analyst does not eventually convey the third in the one to the patient, if she gives from a position of pure complementarity (the one who knows, heals, remains in charge), the patient will feel that because of what the analyst has given him, the analyst owns him; in other words, the analyst can eat him in return. Further, the patient has nothing to give back, no impact or insight that will change the analyst. The patient will feel he must suppress his differences, spare the analyst, participate in pseudomutuality or react with envious defiance of the analyst's power.*

*The flip side of this absence of thirdness is that the analyst, like a mother, may feel that her separate aims, her being a person with her own needs, will kill the patient. She then cannot distinguish between when she is holding the frame in a way that is conducive to the patient's growth and when she is being hurtful to the patient. How can she then bear in mind the patient's need to safely depend on her, and yet extricate herself from feeling that she must choose between the patient's needs and her own? Such a conflict may occur when an anxious patient repeatedly calls on weekends, or when the analyst goes away.*

*Let me illustrate the dynamic that is instituted when the patient's world is organized by the choice between submitting to being eaten or murdering the other. Rob, a patient in his forties, grew up as his mother's favorite, the one who existed to fulfill her expectations, her perfectionist demands, her unful-*

filled ambition—in short, to live for her desire. Rob married a woman who is committed to being a perfect, self-sacrificing mother, but who refuses sex; thus, Rob can never fulfill his own desire as a separate person, nor can the couple come together as two bodies in the oneness of attunement.

Rob forms a deeply passionate attachment to a woman at his work, and while considering leaving his wife, takes his own apartment. But his wife demands that he swear on the Bible that he will not contact this woman for six weeks while he is considering the situation; otherwise, she will never take him back. Rob has submitted to this demand, but is confused. In effect, he does not know a real third and cannot distinguish a moral principle from a power move. He feels bound to his promise, but also coerced and frightened of losing his wife or his lover. He tells his analyst he feels suicidal.

At this juncture, Rob's analyst, a candidate in supervision, is gripped with terrible urgency as well, feeling that she must protect and save her patient. But she is about to leave for a long-planned week's vacation and finds herself fearing that her leaving might kill the patient. **Separation means murder. She feels divided: coerced, but bound to her patient, deeply concerned and afraid to leave, but aware she is caught in an enactment. She cannot get to that feeling of the mother who knows her baby's distress will pass. She wants to be the good mother, available and healing, but can find no way to do this without complying in some way with Rob's notion that he can only stand alone by abjuring all dependency.** She will be coerced by Rob as he is by his wife.

Patient and analyst are thus replaying the relationship in which the child must submit to the mother who devours; the mother who leaves destroys the child. The third here is perverted, turned from a commitment to truth or freely agreed-upon principle—e.g., “We need to give our marriage a chance”—to a promise extracted, “Give in to me or else.” The wife threatens the patient that he will go to hell for leaving her, thus giving expression to a moral world in which goodness/God is opposed to freedom,

where freedom is only possible in a world of moral chaos ruled by the devil. The perversion of the moral third accompanies the kill-or-be-killed complementarity and marks the absence of recognition of the other's separateness, the space that permits desire, the acceptance of loss.

In consultation, the analyst realizes she must bear her guilt for wanting to be separate and to have her own life, just as the patient must bear his. She has to find a way to distinguish between her deep empathy with the patient's fear of abandonment, on the one hand, and submission to him in his urgent, extracting behavior, his demand that she give her life, on the other. In the observational position provided by supervision, it becomes clearer how the interaction is informed by the belief that separating and having one's own independent subjectivity and desire are tantamount to killing, while staying means letting oneself be killed.

The analyst is inspired in the following hour to find a way to talk to Rob about how she has to bear the guilt of leaving him, as he must bear his own guilt. This dispels the sense of do-or-die urgency in the session, the intense twoness in which someone must do wrong, or hurt or destroy the other.

## THE ONE IN THE THIRD

One of the important questions I want to address here is how we think about the way human beings actually develop this symbolic third. Here I **part company** with Lacan (1975). The deeper problem with the oedipal view of the father as representative of **the third (a concept both Lacanian and Kleinian)** is that it misses **the early origins of the third in the maternal dyad. Lacan tells us that the thirdness of speech is an antidote to murder, to "your reality" versus "my reality," but his idea of speech misses the first part of the conversation. This is the part that baby watchers have made an indelible part of our thinking. In my view of thirdness, recognition is not first constituted by verbal speech; rather, it begins with the early nonverbal experience of sharing a pattern, a dance, with another person.** I (Benjamin 2002) have

therefore proposed a nascent or energetic third—as distinct from the one in the mother’s mind—present in the earliest exchange of gestures between mother and child, in the relationship that has been called *oneness*. I consider this early exchange to be a form of thirdness, and suggest that we call the principle of affective resonance or union that underlies it the *one in the third*—literally, the part of the third that is constituted by oneness.

For the symbolic third to actually work as a true third—rather than as a set of perverse or persecutory demands, as we saw in the case of Rob—requires integration of the capacity for accommodation to a mutually created set of expectations. The primal form this accommodation assumes is the creation of, alignment with, and repair of patterns, the participation in connections based on affect resonance. Sander (2002), in his discussion of infancy research, calls this resonance *rhythmicity*, which he considers one of the two fundamental principles of all human interaction (the other being specificity). Rhythmic experiences help constitute the capacity for thirdness, and rhythmicity may be seen as a model principle underlying the creation of shared patterns. Rhythm constitutes the basis for coherence in interaction between persons, as well as coordination between the internal parts of the organism.

Sander (2002) illustrated the value of specific recognition and of accommodation by studying how neonates who were fed on demand adapted more rapidly to the circadian rhythm than those fed on schedule. When the significant other is a recognizing one who surrenders to the rhythm of the baby, a co-created rhythm can begin to evolve. As the caregiver accommodates, so does the baby. The basis for this mutual accommodation is probably the inbuilt tendency to respond symmetrically, to match and mirror; in effect, the baby matches the mother’s matching, much as one person’s letting go releases the other.

This might be seen as the beginning of interaction in accord with the principle of mutual accommodation, which entails not imitation, but a hard-wired pull to get the two organisms into alignment, to mirror, match, or be in synch. Sander’s study showed that once such a coherent, dyadic system gets going, it

seems to move naturally in the direction of orienting to a deeper law of reality—in this case, the law of night and day. In using this notion of lawfulness, I am trying to capture, at least metaphorically, the harmonic or musical dimension of the third in its transpersonal or energetic aspect (Knoblauch 2000).

Again, this aspect of lawfulness was missed by oedipal theory, which privileges law as boundary, prohibition, and separation, thus frequently missing the element of symmetry or harmony in lawfulness. Such theorizing fails to grasp the origins of the third in the nascent or primordial experience that has been called oneness, union, resonance. We might think of this latter concept as the *energetic third*. Research on mother-infant face-to-face play (Beebe and Lachmann 1994) shows how the adult and the infant align with a third, establishing a co-created rhythm that is not reducible to a model of action-reaction, with one active and the other passive or one leading and the other following. Action-reaction characterizes our experience of complementary twoness, the one-way direction; by contrast, a *shared third* is experienced as a cooperative endeavor.

As I have stated previously (Benjamin 1999, 2002), the thirdness of attuned play resembles musical improvisation, in which both partners follow a structure or pattern that both of them simultaneously create and surrender to, a structure enhanced by our capacity to receive and transmit at the same time in nonverbal interaction. The co-created third has the transitional quality of being both invented and discovered. To the question of “Who created this pattern, you or I?,” the paradoxical answer is “Both and neither.”

I suggest that, as with early rhythms of sleeping and nursing, it is initially the adult’s accommodation that permits the creation of an organized system with a rhythm of its own, marked by a quality of lawfulness and attunement to some deeper structure—“the groove.” In “intersubjectivity proper,” that is, by the age of ten months, the partners’ alignment—as Stern (1985) proposed—becomes a “direct subject in its own right” (Beebe et al., in press). In other words, the quality of our mutual recognition, our

thirdness, becomes the source of pleasure or despair. The basis for appreciating this *intention* to align and to accommodate may lie in our “mirror-neurons.” Beebe and Lachmann (1994, 2002) have described how, in performing the actions of the other, we replicate their intentions within ourselves—thus, in the deepest sense, we learn to accommodate to accommodation itself (we fall in love with love).

## THE SHARED THIRD

If we grasp the creation of thirdness as an intersubjective process that is constituted in early, presymbolic experiences of accommodation, mutuality, and the intention to recognize and be recognized by the other, we can understand how important it is to think in terms of building a shared third. In shifting to an intersubjective concept of the third, we ground a very different view of the clinical process from the one espoused by those who use the concept of the third to refer to observing capacities and the analyst's relation to his own theory or thinking.

Contemporary Kleinians view the third as an oedipal construct, an observing function, conceiving the analyst's third as a relation to theory rather than a shared, co-created experience with the patient. Britton (1988, 1998) theorized the third in terms of the oedipal link between the parents, explaining that the patient has difficulty tolerating the third as an observational stance taken by the analyst because theory represents the father in the analyst's mind. The father, with whom the analyst is mentally conversing—actually having intercourse—intrudes on an already shaky mother-child dyad. Indeed, one patient yelled at Britton, “Stop that fucking thinking!”

In discussing Britton's approach, Aron (Aron and Benjamin 1999) pointed out that his description of how he worked with the patient shows a modulation of responses, an attunement that accords with the notion of creating the one in the third. The safe shelter that Britton (1998) thinks the patient must find in the analyst's mind may rely on the analyst's observing third, the third

in the one, but is experienced by the patient as the accommodating asymmetry of the mother with her baby, the one in the third.

In seeing the third primarily as an intersubjective co-creation, the analyst offers an *alternative to the asymmetrical complementarity of knower and known, giver and given to. By contrast, when the analyst sees the third as something the analyst relates to internally, the central couple may become the one the patient is excluded from, rather than the one that analyst and patient build together. I suggest* that there is an iatrogenic component to the view of the third as something the patient attacks because she feels excluded. It inheres in the view of the third as *the other person*—although I take Britton’s point that because of the lack of a good maternal container, the analyst’s relation to an other may symbolize, or may even feel like, a threat to the patient’s connection.

But I think that, most frequently, the other with whom the analyst may be conversing is another part of the patient, the co-parent of the child patient (Pizer 2002)—the part that has often collaborated and joined the analyst and his thinking. As the more traumatized, abandoned, or hated parts of the self arise, this collaborator is experienced by the betrayed child as a sellout, a “good-girl” or “good-boy” false self, who must be repudiated, along with the analyst whom the patient loves.

### *An Example from the Literature*

The effects of the usage of the third as an observing function from which the patient feels excluded, and therefore attacks, are especially well illustrated in a description of impasse by Feldman (1993). He described a case in which the patient was speaking of an incident from childhood in which he had bought his mother a tub of ice cream for her birthday, choosing his own favorite flavor:

When he offered it to her, she said she supposed he expected her to give him some of it. He saw it as an example of the way she never wholeheartedly welcomed what he did for her and always distrusted his motives. [p. 321]

Feldman apparently did not investigate what might have caused the patient to repeat a story that implied his mother “habitually responded . . . *without thinking, and without giving any space to what he himself was thinking or feeling*” (p. 323, italics in original). Feldman argued that the patient’s motive was to regain reassurance, to reestablish his psychic equilibrium, and that, when he failed to receive reassurance, the patient needed to emphasize how hurtful the episode had been. Feldman noted that the patient withdrew, feeling hurt and angry. I would speculate that the patient was trying to communicate something that the analyst had missed in assuming that he already understood.

What the analyst understood and proposed to the patient was that the patient could not tolerate the mother’s having her own independent observations (much as he, the analyst, felt not allowed to have them; note the mirror effect here). The mother was instead thinking about her son in her own way by using her connection to an internal third. Feldman maintained that he neither “fit in with” nor criticized the patient, but rather showed that he had been able to maintain, under pressure, his own capacity for observing and his way of thinking, and this, he believed, was primarily what disturbed the patient. The patient had “sometimes been able to acknowledge he hates being aware that I am thinking for myself” (p. 324). As is symptomatic of complementary breakdown, Feldman found himself unable to maintain his own thinking except by resisting “the pressure to enact a benign tolerant relationship” (p. 325) or to otherwise fit in.

It is notable that Feldman was insightful in recognizing that insisting on “the version of his own role that the analyst finds reassuring may put pressure on the patient to accept a view of himself that he finds intolerable” (p. 326). Feldman accurately described the impasse in which the patient was “then driven to redress the situation” (p. 326) and assert counterpressure.<sup>5</sup> What he did not recognize was how his view of the third—in my terms,

<sup>5</sup> In a later work, Feldman (1997) discussed how the analyst may unconsciously foster impasse by becoming involved in projection and enactments.

a *third without the one*—contributed to this enactment. His case narrative demonstrates that thirdness cannot reside simply in the analyst's independent observation, nor can it be maintained in a posture of resisting the patient's pressure. In effect, this is an illustration of the complementary situation, in which the analyst's resistance—his effort to maintain internal, theoretically informed observation, as though that were sufficient to make a third—led to the breakdown of the intersubjective thirdness between analyst and patient.

My way of analyzing this case would be rather different than Feldman's, by which I do not mean that in the live moment, I might not feel something like the pressure and resistance that he felt, but rather, that I would see the situation differently in retrospective self-supervision. The patient, in response to Feldman's prioritization of "observing" or "thinking," insisted that the analyst was behaving like his mother; in other words, he correctly read Feldman's refusal to mold, to accommodate, to show understanding and give space to what he himself was feeling. The ice cream was a metaphor for the intersubjective third, part of the patient's effort to communicate about what he wanted in treatment—and had wanted in childhood—to share. The mother (or analyst) was unable to see the ice cream as a shareable entity—in her mental world, everything was either *for her child* or *for herself*; it was not a gift if it was shared, but was so only if it were relinquished.

How might this dynamic have affected the mother's envy and sense of depletion each time she gave to the patient? How much could she have enjoyed sharing anything with her child? In a world without shared thirds, without a space of collaboration and sharing, everything is mine or yours, including the perception of reality. Only one person can eat; only one person can be right.

The analytic task in such a case is to help the patient create (or repair) a system of sharing and mutuality, in which now you have a bite, now I have one, as when you eat a cracker with your toddler. The toddler may have to insist at times on "all mine," but the delight of letting Mommy take a bite, or letting her pretend to, as well as of playfully pulling the cracker away, is often an

even greater pleasure. Feldman's patient was trying to tell him that in their co-created system, the third was a negative one; there was no intersubjective thirdness in which they could both eat, taste, and spit out together.

In my understanding of complementarities, if the analyst feels compelled to protect his internal, observing third from the patient's reality, this generally is a sign of a breakdown already occurring in the system of collaborative understanding and attunement. The analyst needs the third in the one—that is, to maintain independent thinking, but this cannot be achieved by, in effect, “refusing to fit in.” In order to receive the patient's intention and to reestablish shared reality, the analyst needs to find a way to fit, to accommodate, that does not feel coercive—the one in the third. The clinical emphasis on building the shared third is, in my view, a useful antidote to earlier, often persecutory idealizations of interpretation—even those modified ones, such as Steiner's (1993) position, which recognizes the necessity of the analyst's accommodation to the patient's need to feel understood, yet considers it less essential for psychic change than acquiring understanding.

Rather than viewing understanding—that is, the third—as a thing to be acquired, a relational view sees it as an interactive process that creates a dialogic structure: a shared third, an opportunity to experience mutual recognition. This shared third, the dialogue, creates mental space for thinking as an internal conversation with the other (Spezzano 1996).

## INTEGRATION: THE *THIRD IN THE ONE* OR THE *MORAL THIRD*

To construct the idea of the shared, intersubjective third, I have brought together two experiences of thirdness, the *third in the one* and the *one in the third*. I now want to suggest briefly how we can understand these in terms of what we have observed developmentally in the parent-child relation. We need to distinguish the rhythmic third in the one, the principle of accommodation,

from the third in the mother's mind, which is more like the principle of differentiation.

I have suggested that, while it is crucial for the mother to identify with the baby's need—for instance, in adjusting the feeding rhythm—there is the inevitable moment when twoness arises in the form of the mother's need for sleep, for the claims of her own separate existence. For many a mother, this is experienced as the moment of truth, rather like Lacan's kill-or-be-killed moment. Here the function of the third is to help transcend twoness not by self-abnegation, not by fostering the illusion that mother and baby are one; rather, at this point, the principle of asymmetrical accommodation should arise from the sense of surrender to necessity, rather than from submission to another person's tyrannical demand or an overwhelming task.

A mother's pride in how overworked and self-denying she is undermines knowledge of her own limits and the ability to distinguish necessary asymmetry from masochism. Likewise, the mother needs to hold in mind the knowledge that much infant distress is natural and ephemeral, in order for her to be able to soothe her child's distress without dissolving into anxious oneness with it.

An important contribution of infancy research, as Fonagy et al. (2002) have emphasized, is an explanation of how the mother can demonstrate her empathy for the baby's negative emotion, and yet by a "marker"—exaggerated mirroring—make clear to the baby that it is not her own fear or distress. Fonagy et al. argue that mothers are driven to saliently mark their affect-mirroring displays to differentiate them from realistic emotional expressions. The baby is soothed by the fact that mother is not herself distressed, but is reflecting and understanding *his* feeling. This behavior, the contrast between the mother's gesture and her affective tension level, is perceived by the child. I would argue that this constitutes a protosymbolic communication and forms an important basis for symbolic capacities.

Such an incipient differentiation between the gestural representation and the thing/feeling initiates the symbolic third. It is

inherently reflexive, relying on the mother's third—her ability to distinguish her distress from her child's and to represent this as a necessity rather than an urgency in her mind. **It is the place where self-regulation and mutual regulation meet, enabling differentiation with empathy, rather than projective confusion. Thus, we see the synergy of the attunement function, the one in the third, with the differentiating, containing function, the third in the one.** The mother needs to experience the third in the one, and not just relate to a simple, moral third, because **the third degenerates into mere duty if there is no identificatory oneness of feeling the child's urgency** and relief, pleasure and joy in connection.

Let me give an example written by someone who was himself a parent and was writing about a parental experience, which is an important point, but even more important to me personally, it was written by Stephen Mitchell, whose subsequent death was a great loss. It represents a statement by a founding relational theorist about the importance of the principle of accommodation to the other's rhythm in creating a shared third. Mitchell (1993) underscored the distinction between submission to duty and surrender to the third, what I am calling the third in the one:

When my older daughter was about two or so, I remember my excitement at the prospect of taking walks with her, given her new ambulatory skills and her intense interest in being outdoors. However, I soon found these walks agonizingly slow. My idea of a walk entailed brisk movement along a road or path. Her idea was quite different. The implications of this difference hit me one day when we encountered a fallen tree on the side of the road . . . . The rest of the "walk" was spent exploring the fungal and insect life on, under, and around the tree. I remember my sudden realization that these walks would be no fun for me, merely a parental duty, if I held onto my idea of walks. As I was able to give that up and surrender to my daughter's rhythm and focus, a different type of experience opened up to me . . . . If I had simply restrained myself out of duty, I would have experienced the walk as a compliance. But I was able to become my daughter's ver-

sion of a good companion and to find in that another way for me to be that took on great personal meaning for me. [p. 147]

The parent thus accepts the principle of necessary asymmetry, accommodating to the other as a way of generating thirdness, and is transformed by the experience of opening to mutual pleasure. Mitchell asked how we distinguish inauthentic submission to another's demand from authentic change, another way of questioning how we distinguish the compliance of twoness from the transformational learning of thirdness. To me, it seems clear that in this case, the internal parental third, which takes the form of reflections on what will create connection in this relationship, allows surrender and transformation. This intention to connect and the resulting self-observation create what I would call moral thirdness, the connection to a larger principle of necessity, rightness, or goodness.

It would be simple (and not untrue) to say that the space of thirdness opens up through surrender, the acceptance of being, stopping to watch the fungi grow. But I have been trying to show how important it is to distinguish this from *submission*—to clear up a common confusion between surrender and an ideal of pure empathy, whereby merger or oneness can tend toward inauthenticity and the denial of self, leading ultimately to the complementary alternative of “eat or be eaten.” For instance, Teicholz (2001) argued that the analyst's authenticity—which she misconstrues as the relational analyst's demand for the patient's recognition of his subjectivity—is opposed to empathy. This opposition of empathy and authenticity splits oneness and thirdness, identification and differentiation, and constitutes the analytic dyad as a complementarity in which there is room for only one subject (Aron 2001).

I have found that analysts who have worked deeply with patients in a style that emphasizes empathic attunement frequently come for help with stalemates based on the exclusion of the observing third, which now appears as a destructive outside force, a killer that threatens the treatment. This issue is crucial because

submission to the persecutory ideal of being an all-giving, all-understanding mother can gradually shift into an experience of losing empathy, of exhaustion. As one supervisee put it, she began to feel so immobilized that she imagined herself cocooned in a condom-like sheath, “shrink-wrapped.”

The work necessary here is not that the analyst demand that the patient recognize the analyst’s subjectivity—a misunderstanding of the relational position on intersubjectivity (Orange 2002; Teicholz 2001)—but that the analyst learn to distinguish true thirdness from the self-immolating ideal of oneness that the analyst suffers as a persecutory third, blocking real self-observation. The analyst needs to work through her fear of blame, badness, and hurtfulness, which is tying both the patient and herself in knots.

As a supervisor, I often find myself helping the analyst create a space in which it is possible to accept the inevitability of causing or suffering pain, being “bad,” without destroying the third. I observe how both members of the dyad become involved in a symmetrical dance, each trying not to be the bad one, the one who eats rather than being eaten. Yet whichever side the analyst takes in this dance, taking sides itself simply perpetuates complementary relations.

The concept of thirdness that joins the one and the third aims to distinguish compliance born of this dance from the acceptance of necessary asymmetry (Aron 1996). However, such necessary asymmetry does not imply a view of the maternal bond as involving only one-way recognition of the child’s subjectivity by the parent. Such a view is incompatible with an intersubjective theory of development, which recognizes the joys and the necessity of reaching mutual understanding with the other. One-way recognition misses the mutuality of identification by which an other’s intention is known to us. To separate or oppose being understood from self-reflective understanding or understanding the other misses the process of creating a shared third as a vehicle of mutual understanding.

My contention is, then, that we need the third in the one, that is, that oneness is dangerous without the third—but it does not

work properly without the flip side, the one in the third. We (Aron and Benjamin 1999) have talked about the need for a deep identificatory one in the third as a prerequisite for developing the positive aspects of the observing third. Without this identificatory underpinning, without the nascent thirdness of emotional attunement, the more elaborate forms of self-observation based on triangular relations become mere simulacrum of the third. In other words, if the patient does not feel safely taken into the analyst's mind, the observing position of the third is experienced as a barrier to getting in, leading to compliance, hopeless dejection, or hurt anger. As Schore (2003) has proposed, we might think of this in terms of brain hemispheres: the analyst's shutting down the right-brain contact with her own pain also cuts off affective communication with the patient's pain. Moving dissociatively into a left-brain modality of observation and judgment, the analyst "switches off" and is reduced to interpreting "resistance" (Spezano 1993).

Typically, observing thirds that lack the music of the one in the third, of reciprocal identification, cannot create enough symmetry or equality to prevent idealization from deteriorating into submission to a person or ideal (Benjamin 1995c). Such submission may be countered by defiance and self-destructive acts. Analysts in the past were particularly prone to conflating compliant submission on the patient's part with self-observation or achievement of insight and defiance with resistance. One of the most common difficulties in all psychotherapeutic encounters is that the patient can feel "done to" by the therapist's observation or interpretation; such interventions trigger self-blame and shame, which used to be called by the misnomer "resistance" (although they may indeed reflect intersubjective resistance to the analyst's projection of her shame or guilt at hurting the patient). In other words, without compassionate acceptance, which the patient may have seldom experienced and never have internalized (as opposed to what ought to be), observation becomes judgment.

Analysts, of course, turn this same beam of critical scrutiny on themselves, and what should be a self-reflexive function turns

into the self-flagellating, “bad-analyst” feeling. They fantasize, in effect, being shamed and blamed in front of their colleagues; the community and its ideals become persecutory rather than supportive.

## BREAKDOWN AND REPAIR

There may be no tenet more important to overcoming this shame and blame in analytic work than the idea that recognition continually breaks down, that thirdness always collapses into twoness, that we are always losing and recovering the intersubjective view. We have to keep reminding ourselves that breakdown and repair are part of a larger process, a concomitant of the imperatives of participating in a two-way interaction. This is because, as Mitchell (1997) said, becoming part of the problem is how we become part of the solution. In this sense, the analyst’s surrender means a deep acceptance of the necessity of becoming involved in enactments and impasses. This acceptance becomes the basis for a new version of thirdness that encourages us to honestly confront our feelings of shame, inadequacy, and guilt, to tolerate the symmetrical relation we may enter into with our patients, without giving up negative capability—in short, a different kind of moral third.

Until the relational turn, it seems, many analysts were content to think of interpretation as the primary means of instituting the third. The notion of resolving difficulties remained some version of the analyst’s holding onto the observing position, supported by theory, and hence formulating and interpreting in the face of impasse. Relational analysts are inclined to see interpretation as action, and to recognize, as Mitchell (1997) pointed out, that holding onto interpretation could perpetuate the very problems the interpretation is designed to address. An example is when an analyst interprets a power struggle, and the patient experiences this, too, as a power move.

Relational analysts have explored a variety of ways to collaborate with the patient in exploring or exchanging perceptions. For

instance, the analyst might call for the patient's help in figuring out what is going on, in order to open up the space of thirdness, rather than simply putting forward his own interpretation of what has just gone wrong (Ehrenberg 1992). The latter can appear to be a defensive insistence on one's own thinking as the necessary version of reality.

Britton (1988, 1998) explicitly considers the way the complementary opposition of my reality and your reality gets activated within the analytic relationship when the presence of an observing third is felt to be intolerable or persecutory. It feels, Britton remarked, as though there is room for only one psychic reality. I have been trying to highlight the two-way direction of effects in this complementary dynamic, the symmetry wherein both partners experience the impossibility of acknowledging the other's reality without abandoning one's own. The analyst may also be overwhelmed by how destructive the patient's image of her is to her own sense of self. For instance, when the patient's reality is that "You are toxic and have made me ill, mad, and unable to function," the analyst will typically find it nearly impossible to take that in without losing her own reality.

I believe that the analyst's feeling of being invaded by the other's malignant emotional reality might mirror the patient's early experiences of having his own feelings denied and supplanted by the parent's reality. The parental response that the child's needs for independence or nurturance are "bad" not only invalidates needs, and not only repels the child from the parent's mind; equally important, as Davies (2002) has shown, the parent is also subjecting the child to an invasion of the parent's shame and badness, which also endangers the child's mind.

Where this kind of malignant complementarity takes hold, the ping-pong of projective identification—the exchange of blame—is often too rapid to halt or even to observe. The analyst cannot function empathically, because attunement to the patient now feels like submission to extortion, and it is partly through this involuntary response on the analyst's part to the patient's dissociated self-experience that trauma is reenacted. Neither patient

nor analyst can have a grip on reality at this point—what Russell (1998) called “the crunch,” often signaled by the feeling expressed in the question, “Am I crazy or is it you?”

The analyst caught in the crunch feels unable to respond authentically, and against her own will, she feels compelled, unconsciously or consciously, to defend herself against the patient’s reality. When the analyst feels, implies, or says, “You are doing something to *me*,” she involuntarily mirrors the *you* who feels that the other is bad and doing something to you. Therefore, the more each *I* insists that it is *you*, the more each *I* becomes *you*, and the more our boundaries are blurred. My effort to save my sanity mirrors your effort to save your sanity. Sometimes, this self-protective reaction shows itself in subtle ways: the analyst’s refusal to accommodate; the occurrence of a painful silence; a disjunctive comment, conveying the analyst’s withdrawal from the rhythm of mutual emotional exchange, from the one in the third. This reaction is registered in turn by the patient, who thinks, “The analyst has chosen her own sanity over mine. She would rather that I feel crazy than that she be the one who is in the wrong.”

This deterioration of the interaction cannot yet be represented or contained in dialogue. The symbolic third—interpretation—simply appears as the analyst’s effort to be the sane one, and so talking about it does not seem to help. Certain kinds of observation seem to amplify the patient’s shame at being desperate and guilt over raging at the analyst. As Bromberg (2000) pointed out, the effort to represent verbally what is going on, to engage the symbolic, can further the analyst’s dissociative avoidance of the abyss the patient is threatened by. In reviewing such sessions in supervision, we find that it is precisely by “catching” a moment of the analyst’s dissociation—visible, perhaps, in a subtly disjunctive focus that shifts the tone or direction of the session—that the character of the enactment comes into relief and can be productively unraveled.

Britton (2000) has described the restoration of thirdness in terms of the analyst’s recovery of self-observation, such that “we stop doing something that we are probably not aware of doing in

our interaction with the patient.” I would characterize this, in accord with Schore (2003), as the analyst’s regaining self-regulation and becoming able to move out of dissociation and back into affectively resonant containment. Another way to describe it is that the *analyst has to change*, as Slavin and Kriegman (1998) put it, and in many cases this is what first leads the patient to believe that change is possible. While there is no recipe for this change, I suggest that the idea of surrendering rather than submitting is a way of evoking and sanctioning this process of letting go of our determination to make our reality operative. To do this—and I think this has been clarified only recently, and insufficiently remarked upon prior to recent relational and intersubjectively informed literature (see Bromberg 2000; Davies 2002, 2003; Renik 1998a, 1998b; Ringstrom 1998; Slavin and Kriegman 1998; Schore 2003; and Slochower 1996)—is to find a different way to regulate ourselves, one in which we accept loss, failure, mistakes, our own vulnerability. And, if not always (as Renik [1998a] contends), we must certainly often feel free to communicate about this to the patient.

Perhaps most crucial to replacing our ideal of the knowing analyst with an intersubjective view of the analyst as responsible participant is the acknowledgment of our own struggles (Mitchell 1997). The analyst who can acknowledge missing or failing, who can feel and express regret, helps create a system based on acknowledgment of what has been missed, both in the past and the present. There are cases in which the patient’s confrontation and the analyst’s subsequent acknowledgment of a mistake, a preoccupation, misattunement, or an emotion of his own is the crucial turning point (Jacobs 2001; Renik 1998a). For, as Davies (2002) illustrated, the patient may need the analyst to assume the burden of badness, to show her willingness to tolerate it in order to protect the patient. The analyst shoulders responsibility for hurting, even though her action represented an unavoidable piece of enactment. A dyadic system that creates a safe space for such acknowledgment of responsibility provides the basis for a secure attachment in which understanding is no longer persecutory, out-

side observation, suspected of being in the service of blame. The third in the one can be based on this sense of mutual respect and identification.

As analysts, we strive to create a dyad that enables both partners to step out of the symmetrical exchange of blame, thus relieving ourselves of the need for self-justification. In effect, we tell ourselves, whatever we have done that has gotten us into the position of being in the wrong is not so horribly shameful that we cannot own it. It stops being submission to the patient's reality because, as we free ourselves from shame and blame, the patient's accusation no longer persecutes us, and hence, we are no longer in the grip of helplessness. If it is no longer a matter of which person is sane, right, healthy, knows best, or the like, and if the analyst is able to acknowledge the patient's suffering without stepping into the position of badness, then the intersubjective space of thirdness is restored. My point is that this step out of helplessness usually involves more than an internal process; it involves direct or transitionally framed (Mitrani 2001) communication about one's own reactivity, misattunement, or misunderstanding. By making a claim on the potential space of thirdness, we call upon it, and so call it into being.

This ameliorative action may be thought of as a practice that strengthens the third in the one—not only the simple, affective resonance of the one in the third, but also the maternal third in the one, wherein the parent can contain catastrophic feelings because she knows they are not all there is. I also think of this as the *moral third*—reachable only through this experience of taking responsibility for bearing pain and shame. In taking such responsibility, the analyst is putting an end to the buck passing the patient has always experienced—that is, to the game of ping-pong wherein each member of the dyad tries to put the bad into the other. The analyst says, in effect, “I’ll go first.”<sup>6</sup> In orienting to the moral third of responsibility, the analyst is also demonstrating the route out of helplessness.

<sup>6</sup> Drucilla Cornell (2003) has explicated the principle of *Ubuntu*, crucial in the South African reconciliation process, as meaning “I’ll go first.”

In calling this the *moral third*, I am suggesting that clinical practice may ultimately be founded in certain values, such as the acceptance of uncertainty, humility, and compassion that form the basis of a democratic or egalitarian view of psychoanalytic process. I am also hoping to correct our understanding of *self-disclosure*, a concept that developed reactively to counter ideas about anonymity. In my view, much of what is misunderstood as disclosure is more properly considered in terms of its function, which is to acknowledge the analyst's contribution (generally sensed by the patient) to the intersubjective process, thus fostering a dyadic system based on taking responsibility, rather than disowning it or evading it under the guise of neutrality.

Let me briefly illustrate with an example presented by Steiner (1993), which touches on the analyst's difficulties with feeling blamed. Steiner cites an interaction in which he went too far in his interpretation, adding a comment with a "somewhat critical tone to it which I suspected arose from my difficulty in containing feelings . . . *anxiety about her and possibly my annoyance that she made me feel responsible, guilty, and helpless*" (p. 137, italics added). In supervising and reading, I have seen numerous examples of this kind of going too far, when the analyst thinks he has managed the discomfort of suppressing his own reality and reacts by dissociatively trying to insert it after all (Ringstrom 1998). Despite this aside to us, his colleagues, in the actual event, Steiner (1993) dismissed the patient's response to him as projection, because he felt that "I was being made responsible for the patient's problems as well as my own" (p. 144). He does not seem to consider the symmetry between his reaction and her reaction—which was to feel persecuted because he "implied that she" (that is, she alone) "was responsible for what happened between us" (p. 144). So, rather than "disclosing" that indeed *he was feeling responsible* and that he had gone too far, he rejects the possibility of confirming her observation that "over the question of responsibility, she felt I sometimes adopted a righteous tone which made her feel I was

refusing to examine my own contribution . . . to accept responsibility myself" (p. 144).

While Steiner accepts the tendency to be caught in enactment, and the necessity for the analyst to be open minded and inquiring in order to be helped by the patient's feedback, he insists that the analyst must cope by relying on his own understanding, just as he insists that the patient is ultimately helped only by understanding rather than by being understood. Both analyst and patient are held to a standard of relying on individual insight, the third without the one, rather than making use of mutual, albeit asymmetrical, containment (Cooper 2000). Steiner's definition of containment excludes the possibility of a shared third, of creating a dyadic system that contains by virtue of mutual reflection on the interaction. Thus, he rejects use of the intersubjective field to transform the conflict around responsibility into a shared third, an object of joint reflection. And he dismisses the value of acknowledging his own responsibility because he assumes that the patient will take such openness as a sign of the analyst's inability to contain; the analyst must engage neither in "a confession which simply makes the patient anxious, nor a denial, which the patient sees as defensive and false" (Steiner 1993, p. 145).

But what is the basis for assuming that the patient would be made anxious or perceive this as weakness rather than as strength (Renik 1998a)? Why would it not relieve her to know that the analyst is able to contain knowledge of his own weaknesses, and thus strong enough to apologize and recognize his responsibility for her feeling hurt? It seems to me that it is the analytic community that must change its attitude: accepting the analyst's inevitable participation in such enactments, as Steiner seems to do, also implies the need for participatory solutions. The surrender to the inevitable can be the basis of initiating mutual accommodation and a symmetrical relation to the moral third—in this case, the principle of bearing responsibility ("I'll take the hit if you'll take the hit").

## ACCOMMODATION, CO-CREATION, AND REPAIR

I will illustrate this creation of shared responsibility in a case of breakdown into complementarity, a prolonged impasse in which any third seemed to destroy the life-giving oneness.

A patient whose early years in analysis provided an experience of being understood and safely held began to shift into trauma-related states of fearing that any misunderstanding—that is, any interpretation—would be so malignant that it would catapult her into illness, despair, and desolation. Aliza, a successful musicologist, had fled Eastern Europe as a child and had suffered a series of catastrophes with which her family had been nearly unable to cope; among them was Aliza's having been left by her mother with strange relatives who barely spoke her language. After several years on the couch during which Aliza experienced me as deeply holding and musically attuning, a series of misfortunes catalyzed the appearance of catastrophic anxieties, and my presence began to seem unreliable, dangerous, and even toxic.

My efforts to explain this turn appeared to Aliza as blind denial of her desperation, as dangerous self-protection, evasion of blame. My adherence to the traditional third, the rules of analytic encounter, began to seem (even to me) a misuse of the professional role to distance myself from her agonies and to withdraw as a person, in effect dissociatively shutting the patient out of my mind. Any effort to explain this awful turn, even when Aliza asked it of me, could turn into a means of shifting the blame onto her, or clumsy intellectualization that broke the symphonic attunement of our early relationship (an example of the right-to-left brain shift described by Schore [2003]). This problem was exacerbated because Aliza often wanted to show she could be an intact adult in talking about her traumatized child self, but that self then felt angry and excluded. What had been a subjectively helpful third now seemed to be a dynamic built on a dissociative or blaming form of observation, rather than on emotional resonance and inclusion.

I began to be overcome by classic feelings of complementary breakdown: the need to defend my reality, my own integrity of feeling and thinking, and the corresponding fear that this would lead me to blame and so destroy my patient. When Aliza objected to my formulations as too intellectual, I was reminded of Britton's (1988, 1998) descriptions of how the shaky maternal container is threatened by thinking. But it did not seem to me to be the "father" who broke into the soothing maternal dyad, but rather a sanity-robbing and terrifying denial that represented the dissociated, disowned, "violent innocence" of Aliza's mother (Bollas 1992, p.165), who responded to any crisis or need with chaos and impermeability. It was this mother whom neither of us could tolerate having to be. Our complementary twoness was a dance in which each of us tried to avoid being her—each feeling done to, each refusing to be the one to blame for hurting the other.

At the same time, from Aliza's point of view, the feeling of blame was *my* issue; her concern was that she literally felt as if she were dying and that I did not care. I began to fear that she would leave and we would thus recapitulate a long history of breaking attachments. In consultation with a colleague, I concluded that I would tell her that what she wanted me to give her was not wrong or demanding, but that I might not be *able* to give it to her. In the event, I surprised myself. I had prepared for the session by trying to accept the loss of Aliza as a person I cared about, as well as my failure as an analyst. I thought that our hopeful beginning, when we had created a deeply attuned dyad, would be at best overshadowed by our ending. I knew we both felt love for each other and that I could identify with the pain she was experiencing—alongside my feelings of frustration, impotence, and failure.

As planned, I began by telling Aliza that her needs were not wrong, yet I might be unable to fulfill them, and I would assist her in seeking help elsewhere if she wished. But I also found myself telling her spontaneously that no matter what she did, she would always have a place in my heart, that she could not break our attachment or destroy my loving feelings. This reassertion of

the indestructibility of my love and my willingness to bear responsibility dramatically shifted Aliza's view of me. But it also shifted my receptivity to her because, paradoxically, my acceptance of my inability to find a solution alleviated my sense of helplessness. It enabled me to return to the analytic commitment not to "do" anything, but rather to contact my deep connection to her. She responded by recovering her side of the connection and feeling, with me, the loss of my importance to her. This shift allowed us to open the door to the dissociated states of terror and aloneness that the patient had felt I could not bear with her, and she recovered memories and scenes of childhood we had never reached before. Yet we were still haunted by the specter of the destroying mother, and after a period of this heightened reliving, Aliza said that she would never fully regain her trust in me. She chose to leave in order to protect our relationship, a third she could not imagine would survive.

Shortly after the terrorist attacks of September 11, 2001, Aliza returned for a number of sessions, having worked in the interim with another therapist. She reported that she had become aware of anger and the feeling of being surrounded by others who refused to acknowledge their own relation to the disaster. Believing that she was commenting on my relation to her and linking this to the way in which she had experienced me in the past, I noted the following: "Everything I said seemed to be my distancing myself, another experience of the blank faces in your family. When disaster struck, they acted as though nothing bad had happened at all. Whenever I told you anything I saw, it wasn't my having a subjective reaction to the same disaster as you—it was my seeing something shameful in the intensity of your reaction."

Aliza then spoke of guilt at having "battered" me, and I replied that she was troubled by this at the time, but could not help doing it. She said that she had "tricked" me by eliciting formulations and explanations from me that felt distancing and had so angered her. Likewise, she had often demanded that I tell her what I felt, but had been angry if I did so because then it was "about you."

I acknowledged that in being drawn into these interactions, I often did feel very bad and as though I were failing. I said that in my view, what was important was that, even though she knew this was happening, it felt to her that she had to accept the onus, all the blame, if she let herself acknowledge any responsibility—a “loser-takes-all” situation. This seemed to me related to why she had left when she did. I raised the question of whether she felt that I, too, could not bear the onus, that whatever I would have to admit to for us to continue would be more than I could bear; that I was not willing to take that on in order for her not to be crazy. I suggested, “You couldn’t rely on me to care enough about your sanity to bear blame for you.”

Aliza replied, “Yes, I saw you as being like the parent who won’t do that, would rather sacrifice the child.” We considered how every effort I had made to acknowledge my role in our interaction was tainted by Aliza’s sense that she was required to reassure the other. She was sure she had to bear the unbearable for her mother (or other), while reassuring her that she was “good” for her. It seemed there had been no way for me to assume responsibility without demanding exoneration—thus, the limits of any form of disclosure or acknowledgment became clear to both of us.

In later sessions, we explicated this impossibility as we arrived at a dramatic picture of Aliza’s mother’s way of behaving during the horrifying events of the patient’s early childhood. I was able to say what could not be said earlier: how impossibly painful it was for Aliza to feel that she, with her own daughter in the present, in some way replicated her mother’s actions. But it was likewise impossible for me to bear the burden of being that mother, because then I would pose a terrifying threat to her.

Aliza responded to this description of her dilemma with shocked recognition of how true it felt, and also how it foreclosed any action on my part, any move toward understanding. She was amazed that I had been able to tolerate being in such a frightening situation with her. Again, I was able to reiterate my sadness about having been unable to avoid evoking the feeling of being

with a dangerous mother who denies what she is doing. Aliza's response was to spontaneously reach an intense conviction that she must, at all costs, assume the burden of having a sanity-destroying mother inside her. She was aware of a sense of deep sorrow for how difficult it had been for me to stay with her through that time.

Indeed, her response was so intense that I felt a moment of concern—was I forcing something into my patient? However, when she returned after a two-month summer break and throughout the following year, Aliza spoke of how transformed she felt, so much stronger after that session that she often had to marvel at herself and wonder if she were the same person. Now she had the experience that *her* love survived the destructiveness of our interaction, my mistakes and limitations.

As the process of shared retrospection and reparation continued, Aliza and I re-created an earlier mode of accommodation, which brought into play our previous experiences of being in harmony. She was able to reintegrate experiences of reverence and beauty in which my presence evoked her childhood love of her mother's face, the ecstasy and joy that had confirmed her sense of my and her own inner goodness (Mitrani 2001). We created a thirdness, a symmetrical dialogue, in which each of us responded from a position of forgiveness and generosity, making a safe place between us and in each of our minds for taking responsibility. The transformation of our shared third had allowed both of us to transcend shame, to walk through disillusion, and to accept the limits of my analytic subjectivity. Nonetheless, I hope I have made clear that disclosure is not a panacea, that the analyst's acknowledgment of responsibility can take place only by working through deep anguish around feelings of destructiveness and loss.

The notion of the moral third is thus linked to the acceptance of inevitable breakdown and repair, which allows us to situate our responsibility to our patients and the process in the context of a witnessing compassion. This notion seems to me intrinsic to embracing the intersubjective necessity, the relational imperative to participate in a two-way interaction. If involvement in the interaction cannot be avoided, then it is all the more necessary that

we be oriented to certain principles of responsibility. This is what I mean by the moral third: acceptance (hopefully within our community) of certain principles as a foundation for analytic thirdness—an attitude toward interaction in which analysts honestly confront the feelings of shame, inadequacy, and guilt that enactments and impasses arouse. In this sense, the analyst's surrender means accepting the necessity of becoming involved in a process that is often outside our control and understanding—thus, there is an intrinsic necessity for this surrender; it does not come from a demand or requirement posed by the other. This principle of necessity becomes our third in a process that we can actively shape only according to certain “lawful” forms, to the extent that we also align and accommodate ourselves to the other.

In recent decades, the relational or intersubjective approach has moved toward overthrowing the old orthodoxy that opposed efforts to use our own subjectivity with theories of one-way action and encapsulated minds. It is now necessary to focus more on protecting and refining the use of analytic subjectivity by providing outlines in the context of a viable discipline. As Mitchell (1997) contended, transformation occurs when the analyst *stops trying* to live up to a generic, uncontaminated solution, and finds instead the custom-fitted solution for a particular patient. This is the approach that works because, as Goldner (2003) put it, it reveals “the transparency of the analyst's own working process . . . his genuine struggle between the necessity for analytic discipline and need for authenticity” (p. 143). Thus, the patient sees in the analyst a vision of what it means to struggle internally in a therapeutic way. The patient needs to see his own efforts reflected in the analyst's similar but different subjectivity, which, like the cross-modal response to the infant, constitutes a translation or metabolizing digestion. The patient checks out whether the analyst is truly metabolizing or just resting on internalized thirds, superego contents, analytic dictums.

I experienced a particularly dramatic instance of this need to contact and be mirrored by the authentic subjective responses of the analyst with a patient whose highly dissociated experiences of

her parents' homicidal attacks materialized as a death threat toward me. After I told her that there were certain things she absolutely could not do for both of us to safely continue the process, she left me a phone message saying that she had actually wanted me to confront her with limits, as she never had been before. In effect, she was searching for the symbolic third, what Lacan (1975) saw as the speech that keeps us from killing. This third had to be backed up by a demonstration that I could participate emotionally, that is, could identify with her feeling of sheer terror and survive it.

The patient added in her message that she needed me to do this from my own instincts, not out of adherence to therapeutic rules. I came to realize that she meant that I had acted as a real person, with my own subjective relationship to rules and limits. And that this had to be demonstrably based on a personal confrontation of the reality of terror and abuse, not on dissociative denial of it. She needed to feel the third not as emanating from an impersonal, professional identity or a reliance on authority, such as she had felt from the church in which she had been raised, but from my personal relation to the third, my faith. At the time, I felt how precarious the analyst's endeavor is, the risk of the trust placed in me: could I indeed reach into myself and be truthful enough to be equal to this trust?

All patients, in individual ways, place their hopes for the therapeutic process in us, and for each one, we must use our own subjectivity in a different way to struggle through to a specific solution. But this specificity and the authenticity on which it is based cannot be created in free fall. Analytic work conducted according to the intersubjective view of two participating subjectivities requires a discipline based on orientation to the structural conditions of thirdness. It is my hope that this clinical and developmental perspective on co-created, intersubjective thirdness can help orient us toward responsibility and more rigorous thinking, even as our practice of psychoanalysis becomes more emotionally authentic, more spontaneous and inventive, more compassionate and liberating to both our patients and ourselves.

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