

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

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*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" (Spezzano 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

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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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## SUBJECTIVITY, OBJECTIVITY, AND TRIANGULAR SPACE

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*The author reviews his ideas on subjectivity, objectivity, and the third position in the psychoanalytic encounter, particularly in clinical work with borderline and narcissistic patients. Using the theories of Melanie Klein and Wilfred Bion as a basis, the author describes his concept of triangular space. A case presentation of a particular type of narcissistic patient illustrates the principles discussed.*

The acknowledgement by the child of the parents' relationship with each other unites his psychic world, limiting it to one world shared with his two parents in which different object relationships can exist. The closure of the oedipal triangle by the recognition of the link joining the parents provides a limiting boundary for the internal world. It creates what I call a "triangular space," i.e., a space bounded by the three persons of the oedipal situation and all their potential relationships. It includes, therefore, the possibility of being a participant in a relationship and observed by a third person as well as being an observer of a relationship between two people. . . .

If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage being observed. This provides us with a capacity for seeing ourselves in interaction with others and for

entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves. This is a capacity we hope to find in ourselves and in our patients in analysis. [Britton 1989, pp. 86-87]<sup>1</sup>

## TREATMENT OF BORDERLINE AND NARCISSISTIC DISORDERS

The theorizing that underlies these comments came from my experiences with borderline patients, from whom this capacity had been missing for long periods of time. Green (1997) sees borderline disorder and hysteria as distinct, and also makes the point—with which I agree—that borderline disorder is not a larval psychotic state. As will be evident from this paper, I regard the borderline syndrome as a particular form of narcissistic disorder, one that I characterize as hypersubjective or “thin skinned” (Rosenfeld 1987, p. 274). It has gradually become evident to me that what is missing in these cases is the *third position* described above.

I came to realize that my efforts to consult my analytic self were detected by such patients and experienced as a form of internal intercourse on my part that corresponded to parental intercourse. This, they felt, threatened their very existence. The only way I could find a place to think that was helpful and not disruptive was to allow an evolution of my own experience within me, and *to articulate this to myself*, while communicating to the patient my *understanding of the patient's point of view*. The possibility of my communicating with a third object was unthinkable, and so the third position I refer to was untenable. In such cases, the third object could be my theories, links with colleagues, or the residue of previous analytic experience.

As a consequence, it seemed impossible to sufficiently disentangle myself from the to-and-fro of the interaction to know what was going on. Any move toward objectivity could not be toler-

<sup>1</sup> This passage is from a paper read at a conference on “The Oedipus Complex Today” at University College London, in September 1987.

ated. Analyst and patient were to move along a single line and meet at a single point; there was to be no lateral movement. A sense of space could be achieved only by increasing the distance between us, a process such patients find impossible to bear unless they initiate it. In such situations, what I felt I needed desperately was a place in my mind that I could step into sideways from which I could look out at things. If I tried to force myself into such a position by asserting a description of the patient in my own terms, violence would follow—always psychically, and sometimes also physically.

## TRIANGULAR SPACE

The crucial importance of the three persons of the psychic triangle has been emphasized by psychoanalysts of other schools and in other countries, particularly in France, notably by McDougall (1971), Chasseguet-Smirgel (1984), and Green (1997). In America, also, it is addressed by some of the writers on intersubjectivity. That ideas derived from psychoanalytic practice based on the theoretical background of the British Kleinian school could lead to similar preoccupations and illuminations as those from the French school and from the United States encourages me to think that we might be addressing a clinical reality that transcends country, culture, and theoretical framework.

### *The Influence of Primary Relationships*

I personally arrived at the idea of triangular space and the third position from particular clinical experiences, and my theorizing was based essentially on Klein's (1928) concept of the early oedipal situation and Bion's (1959, 1962a, 1962b) theory of containment. Bion described the consequences for some individuals of a failure of maternal containment as the development of a destructive, envious superego, which prevents them from learning or pursuing profitable relations with any object. He made it clear that the inability of the mother to take in her child's projections

is experienced *by the child* as a destructive attack *by her* on the child's link and communication *with her* as the good object.

I suggest that the idea of a good maternal object can then be regained only by splitting off the mother's perceived hostility to linkage and attributing it to a hostile force. Such a force was represented in various religions of the ancient world by "chaos monsters": in ancient Egypt, it was Apophis, who was "an embodiment of primordial chaos. He had no sense-organs, he could neither hear nor see, he could only scream. And he operated always in darkness" (Cohn 1993, p. 21). Apophis continually threatened *ma'at*, the female personification of order in the world. Mother as the source of goodness, like *ma'at*, is now precarious and depends on the child's restricting his or her knowledge of her. Enlargement of knowledge of the mother as a consequence of development and of the child's curiosity are felt to menace this crucial relationship. Curiosity discloses the existence of the oedipal situation. The hostile force that was thought to attack the child's original link with the mother is now equated with the oedipal father, and the link between the parents is felt to destroy her as a source of goodness and order.

I am suggesting, therefore, that the problem has its origins in the relationship to the primary maternal object in cases where there is a failure to establish an unequivocally good experience of the infant-mother interaction to contrast with the bad experience of being deprived of it. Instead of the natural, primary split of predepressive development, there is confusion. To arrest the confusion, an arbitrary split in mental life is imposed to enshrine the notion of good and to locate and segregate the bad. The essential structure of the oedipal situation lends itself to splitting of this kind. This can give rise to the misleading appearance of being a classical, positive Oedipus complex based on rivalry with mother for the love of father. The transference tells another tale. The familiar, split nature of the positive oedipal configuration—usually used to separate love and hate—in these cases provides a structure to segregate desire for subjective understanding and love from the wish for objective knowledge and a shared intel-

lectual identity. I have come to regard these as the characteristics of *narcissistic and borderline disorders*.

## SUBJECTIVITY AND OBJECTIVITY

Here I am using *subjective* to mean the first-person point of view and *objective* as the third-person point of view. The philosopher John R. Searle (1995) distinguishes objectivity used as third-person description, which he calls *ontological objectivity*, from the use of the word to denote dispassionate judgment, which he calls *epistemic objectivity*. In this sense, it is the integration of ontological subjectivity with ontological objectivity that for some patients provokes catastrophic anxiety.

Rey (1988) described narcissistic syndromes as “a certain kind of personality disorder which defied classification into the two great divisions of neurosis and psychosis. We now know them as borderline, narcissistic, or schizoid personality organization” (p. 203). What sufferers of these various syndromes have in common is that they cannot, at least initially, function in analysis in an ordinary way, because they cannot form an ordinary transference relationship. Some remain aloof and detached; others are adherent, clamorous, and concrete in their transference attachment. But in neither of these is the analyst experienced *as both significant and separate*.

It was Abraham (1919) who discovered that some individuals who were not psychotic or manifestly uncooperative were extremely difficult to analyze because they did not, or could not, use the method of free association, nor could they expose their subjective experience. Rosenfeld (1987) described such patients as “thick-skinned narcissistic” individuals, in contrast to “thin-skinned narcissistic” ones. In a book published just after his death, he wrote that there are those patients

. . . whose narcissistic structure provides them with such a “thick skin” that they have become insensitive to deeper feelings . . . . To avoid impasse these patients have to be treated in analysis very firmly . . . . When interpretations at

last manage to touch them they are relieved, even if it is painful to them . . . . By contrast . . . the thin-skinned patients are hypersensitive and easily hurt in everyday life and analysis. Moreover, when the sensitive narcissistic patient is treated in analysis as if he is the thick-skinned patient, he will be severely traumatized. [p. 274]

What I have suggested (Britton 1998) is that these two clinical states are the result of two different relationships of the *subjective self* to the third object of the internal Oedipus triangle. In both states, the third object is alien to the subjective, sensitive self. In the hypersubjective, the self seeks to avoid the objectivity of the third object and clings to subjectivity. The hyperobjective patient identifies with the third object and adopts a mode of objectivity, renouncing subjectivity.

What is quickly revealed in both cases is that analysis is a major problem for such a patient—and for the patient's analyst. Being in analysis is a problem—i.e., being in the same room, the same mental space. Instead of there being two connected, independent minds, there are either two separate people unable to connect or two people with only one mind. These two situations could not be more different from each other in analysis. What patients in both situations have in common, however, is the inability to function in an ordinary way and terror of the integration of separate minds.

In one group, *the other* is treated as of no significance; in the second group, the patient cannot commune without making *the significant other* an extension of him- or herself. In the first situation, the analyst cannot find a place within the psychic reality of the patient, while in the second, the analyst cannot find a place outside it. The first is hyperobjective, with narcissistic detachment, and the second is hypersubjective with narcissistic adherence.

### *Hyperobjectivity and Narcissistic Detachment: Thick-Skinned Patients*

A case presentation follows in which the analyst was an outsider, that is, outside the subjective interaction with the object of desire and identified with an objective observer.

The patient, Mr. B, was a successful writer who sought psychoanalysis after a period of marital therapy, at the suggestion of the marital therapist and with the prompting of his wife. After telling me this, he added with disarming frankness that his problem was intimacy: "I am no good at intimate relations, my wife tells me, and I'm sure she's right." He also let me know in the consultation that he suffered from depression of a kind in which he would awaken sick with a sense of terror and despair about his own uselessness and life in general.

When Mr. B was young and still religious, he had believed that he was damned and beyond redemption, and that the usual religious remedies of confession, contrition, and so on would not work for him. When I suggested that he might feel the same way about analysis, he quickly agreed that he could not imagine its helping or changing him in the slightest—"but I have to try it if you are willing to have a go," he added.

The problem of shared analytic space quickly asserted itself when Mr. B arrived for his first session. We had agreed on a time, and he accepted the analytic convention, as he saw it, of lying on a couch for fifty minutes. But he conveyed that he could have cooperated equally willingly if I had suggested that he stand on his head for fifty minutes. "Enduring things," I suggested, "is something you know you can do without their having any effect on you." He agreed with this, offering several convincing examples from his childhood of his fortitude's having protected him from being changed by regimes inflicted on him.

Once we got underway, the problem was mine. Although I could understand him without too much difficulty, I could not find a means of sharing Mr. B's mental space, of getting into contact with him. I was the outsider in this analysis. The patient would claim that he was not really involved in the analysis; he sympathized with me for having to endure such an unappreciative patient, when presumably, I would like to be thought important and to have my ideas appreciated. My needs, therefore, were worth his consideration, but he could not do anything about them. Pity was what he offered me as a decrepit old man whom he once described as the "West Hampstead worm."

I was not empty minded, however, outside the realm of his attention. Mr. B had a gift for communicating to me what difficulties faced him and what anxieties troubled him, so that I was vividly aware of his very real suffering. If I drew attention to these, he politely scoffed at me for taking them seriously. He would then leave the session on an upbeat note of "Begone, dull cares," and with a wave, would say, "See you tomorrow." I was left, in other words, holding the baby.

This applied also to the patient's memories: to his recollections of cruel experiences, his revelations of painful humiliations and considerable deprivation. He treated my opinion that he had suffered an unhappy childhood as eccentric. If I then reminded him of recollections he had disclosed in the previous session, he would quickly say that he had a terrible memory and forgot everything from one day to another. So I was the only one who now knew of the existence of the suffering child.

My patient had gone missing. When I suggested to Mr. B that he had emptied his experiential self into me and then left the two of us behind, he responded by describing a story he had written. Although it had another title, he said that it "could have been entitled 'The Story of a Missing Person.' " In the story, someone was exploring a residence and could not establish whether anyone lived there or not. An outline of the missing person's life and attendant details were visible as traces left behind, but there was no presence. The essence of the story was that of emptiness shaped by absence, the shape of a missing person.

In analysis as in his marriage, absence appeared to solve the problem of presence for Mr. B. However, it required a place from which to be absent. In order to be an absentee husband, one needs a wife; to be an absentee patient, one needs an analyst; to be a runaway, one needs a home to run away from. And to have a missed session, one needs to have a session arranged.

Largely through the use of my countertransference as a source of information about my missing patient, we were able to get some idea of the problems that led to Mr. B's psychic retreat to the periphery of his life. I found that, although I retained my usu-

al analytic position of receptivity and inquiry, I could not achieve my customary sense of significance. I would be tempted to insert myself into my patient's field of psychic vision by assuming a role already assigned to me, often that of a coach or friendly critic. The price to be paid in the countertransference for remaining in my own psychic sphere was a sense of insignificance and loneliness. It was not difficult to see that this had been my patient's experience in the past and in his present working life, where he felt that he functioned on the rim of the world.

As a child, Mr. B had found a hideaway where he could be unknown to his family. His dreams made clear how significant this secret space was; it became the forerunner of other private spaces, culminating in the creation of the study where he worked. Here he created in his writing his own versions of himself and placed these replicas in a variety of contexts of his own choosing, which accurately mirrored his internal world. And a bleak and lonely place it usually was. I was to get inside knowledge of this forlorn terrain because it was where he placed me in the analysis. We met there, eventually, in a shared, moorland-like mental landscape that to me felt reminiscent of the place where Wordsworth (1904) met the leech gatherer when driven to despair by Coleridge's "Ode to Dejection." My impression was that the patient benefited from his analysis, and certainly he prospered; I would have liked to think that our encounters may have had a therapeutic effect on him similar to that which Wordsworth ascribed to the leech gatherer: ". . . to find/In that decrepit Man so firm a mind" (p. 157).

What I think we learned in the analysis was the reason for Mr. B's self-exclusion. It protected him from being misperceived, or, in Bion's (1959, 1962a, 1962b) terms, from being the contained that would be molded into the container's definition of a self. On the edge, the patient could define himself as the outsider, as the man who would not fit in. The cost of this identity was exclusion. The passport to inclusion was to be defined by the other's presuppositions and preconceptions; the price for entry into the mind of the other was to be misperceived. The sacrifice to be made to se-

cure a place indoors was to be caged within the limiting framework of the other's comprehension.

### *Hypersubjectivity and Narcissistic Adherence*

What clinically characterizes this group of cases is their *difficulty*. These patients find life with others difficult; they find tolerating themselves difficult; they find being in analysis difficult; and, in a characteristic way, their analysts find working with them difficult. When analysts bring such cases for consultation, they almost always begin by saying, "I want to talk about my difficult patient," or "I seem to have particular difficulty with this case." It is often accompanied by a sense of shame in the analyst, who feels that he or she has either let the patient down, or has become involved in a collusive analysis in a way that is hard to acknowledge to colleagues.

Of course, many patients pose considerable technical and countertransference problems, but the characteristic problem that leads analysts to use the word *difficult* with such emphasis is of a particular kind. It is the way that the analytic method itself is felt by the patient to be a threat, by virtue of its structure, method, and boundaries. The corollary of that in the analyst is a feeling of inability to properly establish an analytic setting. This impasse has been used by some analysts to promote as a superior analytic method an alternative strategy, which in reality was dictated by the patient as a necessary condition. This, I think, corresponds to the patient's belief, secret or not, that his or her atypical method of growing up was a more authentic way, and that those who were ordinary children (and who become more tractable analytic patients) are either victims of oppression or are collaborators.

While working empathically with the patient and validating his or her subjective experience in a way that the patient finds helpful, the analyst may begin to feel like a mother who does not really exist in her own right. The patient becomes reliant on this function and on the analyst as this receptive figure, but the analyst fears a loss of his or her own analytic identity. If, however,

the analyst asserts him- or herself and produces objectively based interpretations, the patient will feel persecuted, leading either to masochistic submission or an explosion. The patient will then, one way or another, eliminate what the analyst says or eradicate those elements of difference in it. The patient may feel the need to remove his or her mind from the analyst's presence by psychic withdrawal, and some patients even find it necessary to remove their bodies in order to remove their minds, thus breaking off the analysis. Such individuals are inclined to leave one analyst or to stay in an impasse with another; the risks are of analytic abortion or interminable analysis. Subjective and objective realities are believed to be more than simply incompatible—in fact, to be mutually destructive.

Objectivity appears to be associated with visual gaze. There is a fear of being seen, just as there is a fear of being described. A child with such problems in psychoanalytic psychotherapy serves well as an example because of the directness of the exchange with the psychotherapist. In a case I supervised, a seven-year-old girl was clearly very persecuted simply by being in the therapist's room, screaming whenever he tried to speak. Eventually, with the therapist's help, she managed to make it clear to him that if she blindfolded and gagged him so that he could not see or speak, but could only listen, then she would talk to him. When he was able to say to her that she believed his words would spoil and mess up her thoughts, she burst out, "They will, they *will!* So shut up!"

Such situations in their adult versions can evoke existential anxieties in the analyst because empathic identification with the patient seems incompatible with the analyst's objective clinical view of the situation and belief about what is necessary. Therefore, the analyst feels cut off from the theories that link him or her to colleagues and that bestow a professional identity. This problem also manifests in the analyst's difficulty in using general experience or general ideas, since such use appears to intrude on the singularity of the encounter with this particular patient and the uniqueness of the patient's psychology. Particularity seems to

be at war with generality in much the same way that subjectivity is with objectivity. In terms of the figures of the oedipal triangle, one might say that, when the analyst is able to follow and enhance the patient's emergent thoughts, he or she is identified as an understanding maternal object; but when introducing thoughts of his or her own, derived from general experience and analytic theories, the analyst is identified as a father who is either intruding into the patient's innermost self, or pulling the patient out of a unique, subjective psychic context into one of the analyst's own.

So we have a defensively organized oedipal situation, with the fantasy of a totally empathic, passively understanding, maternal object, juxtaposed to an aggressive, paternal figure who is objectivity personified, seeking to impose meaning. While this defensive organization of the oedipal triangle is maintained, it guarantees that reintegration will never take place between the understanding object and the misunderstanding object—which would result, it is believed, in the annihilation of understanding.

In this hypersubjective mode, the positive transference expresses its energy not by penetration but by extrapolation. Its intensity is conveyed by extension. It encompasses the object and invests everything it covers with heightened significance. The physical person of the analyst—and, by extension, the contextual details of the analysis—are given great importance, including the minutiae of sessions, the analytic office and its contents, and so on. Patients may collect and retain physical remnants of the analysis, such as bills or paper tissues, which serve a function similar to that of religious relics.

The negative transference is equated with a penetrating third object, while feeling understood is attributed to the primary object. Both positive and negative transferences are at play: one craved and sought after, and the other dreaded and evaded. The desired transference is skin deep and enveloping. Its epistemological mode is empathy, its physical expression is touch, and its emotional qualities are erotic or aesthetic. What is dreaded most is the conjunction of the encompassing transference with the penetrating transference—that is, of subjectivity with objectivity.

## MALIGNANT MISUNDERSTANDING AND THE NEED FOR AGREEMENT

In chapter 4 of *Belief and Imagination* (Britton 1998), I explored the mental catastrophe that is anticipated as following the integration of two different points of view. From the transference, it seems that the basic fear is of *malignant misunderstanding*. By this, I mean an experience of being so *misunderstood*, in such a fundamental and powerful way, that one's experience of oneself would be eliminated, and correspondingly, the possibility of the self's establishment of meaning would be annihilated.

This represents, I think, the fear of a return to primordial chaos, which corresponds to Bion's (1959, 1962b) notion of *nameless dread*, which he posits as following a failure of containment. Bion gives two accounts of the production of *nameless dread* from a failure of maternal containment in infancy. In both these, the uncomprehended becomes the incomprehensible. One could say that there is a dread of the namelessness of everything. If this failure of understanding is experienced in early infancy as an attack rather than as a deficiency, a force is believed to exist that destroys understanding and eliminates meaning. One sees this repeated in the transference when the failure of the analyst to precisely understand the patient is experienced by the patient not simply as a deficiency of the analyst, but as an attack on the patient's psychic integrity.

When there is a desire for understanding coupled with a dread of misunderstanding, there is also an insistent, desperate need for agreement in the analysis and the annihilation of disagreement. I have come to believe that a general rule arises from anxiety about misunderstanding, which applies in all analyses: it is that *the need for agreement is inversely proportional to the expectation of understanding*. When expectation of understanding is high, a difference of opinion is tolerable; when expectation of understanding is fairly high, difference is fairly tolerable; and when there is no expectation of understanding, the need for agreement is absolute.

## CONCLUSION

*Psychic Atopia*

I have asked myself these questions: Is there something in the *temperament* of some individuals that *predisposes* them to this particular development or response to trauma? Is there anything in the endowment of these persons that might encourage them to believe that an independently existing object will destructively misunderstand them? Is there an *innate factor* in the infant that increases the risk of a *failure of maternal containment*, and if so, what might it be?

In reply to these questions, I suggest that there may be an allergy to the products of other minds, analogous to the body's immune system—a kind of psychic atopia. The immune system is central to our physiological integrity and functioning; we cannot survive without it, and yet it is often the source of pathology. Is the same true of our psychic functioning? It certainly appears to be so in our social functioning, where the annihilation of the perceived alien is commonplace. The *not-me* or *not-like-me* recognition and response might fulfill a psychic function similar to that in the somatic. And just as the immune system sometimes makes for physiological trouble between mothers and babies, as in the familiar rhesus incompatibility problem, so, perhaps, might there be troublesome psychic immunity responses. Are there psychic allergies and is there sometimes a kind of psychic autoimmunity?

In the realm of ideas and understanding, we do seem to behave as though we have a psychic immune system. We are fearful about our ability to maintain the integrity of our existing belief systems, and whenever we encounter foreign psychic material, a xenocidal impulse is stimulated. Psychoanalysis made possible by the establishment of a shared mental space both exposes these difficulties and provides an opportunity to explore them.

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THE RELATIONAL UNCONSCIOUS:  
A CORE ELEMENT OF  
INTERSUBJECTIVITY, THIRDNESS,  
AND CLINICAL PROCESS

BY SAMUEL GERSON, PH.D.

*The relational unconscious is the fundamental structuring property of each interpersonal relation; it permits, as well as constrains, modes of engagement specific to that dyad and influences individual subjective experience within the dyad. Three usages of the concept of thirdness are delineated and contrasted with the concept of the relational unconscious, which, it is suggested, has the advantage of being both consistent with existing views of unconscious processes and more directly applicable to therapeutic concerns. Enactments and intersubjective resistances are viewed as clinical manifestations of the relational unconscious, and the therapeutic action of psychoanalysis results, in part, from altering the structure of the relational unconscious that binds analyst and analyst.*

Who is the third who walks always beside you?  
When I count, there are only you and I together  
But when I look ahead up the white road  
There is always another one walking beside you  
Gliding wrapped in a brown mantle, hooded  
I do not know whether a man or a woman  
—But who is that on the other side of you?

—T. S. Eliot, "The Waste Land" (1922, p. 48)

## INTRODUCTION

It may have taken the field of psychoanalysis eighty years to take full note of the “third” so evident to Eliot’s (1922) poetic vision, yet it seems that having only recently broadened our purview from a singular focus on the patient, our gaze now moves urgently past the engagements of the dyad and into an opaque space beyond identifiable subjects. For some, this something called a *third* that transcends individualities is thought of as a product of an interaction between persons; others speak of it as a context that originates apart from us even as it binds us together; and there are some for whom the third is a developmental achievement that creates a location permitting reflective observation of lived experience, be it singular or communal. These multiple meanings indicate that our field is searching for concepts to contain and further the abundant new observations that have stimulated us as we have evolved into a theoretically pluralistic discipline tied to contemporary developments in other fields of study.

In this paper, I hope to further this project by rethinking some of the foundational concepts that originated within a more exclusive intrapsychic orientation and by extending them from within an intersubjective perspective.<sup>1</sup> After briefly considering some premises that inform a relational view of the mind, I will elaborate on these elements of intersubjectivity, with three purposes in mind. The first is to extend the concept of the unconscious and its processes in a manner consistent with intersubjective views of human development and communication of knowledge. In this regard, I will suggest that the concept of the *relational unconscious* best captures the theoretical and clinical implications of intersubjectivity. Second, I will contrast the concept of the relational unconscious with those that involve notions of *thirdness*,

<sup>1</sup> For overviews of the intersubjective and relational perspectives, see Aron 1996; Benjamin 1995; Frie and Reis 2001; Hoffman 1998; Mitchell 1997, 1998; Momigliano and Robutti 1992; Renik 1998; Spezzano 1996; D. Stern 1997; and Stolorow, Atwood, and Brandchaft 1994.

and in this effort I will delineate three different usages of the concept of thirdness—namely, the *developmental third*, the *cultural third*, and the *relational third*. My third aim is to draw attention to the operations of the relational unconscious within psychoanalytic practice. Here I examine two clinical vignettes in which the work is temporarily stagnant as a consequence of *intersubjective resistances*; I suggest that the unraveling of such resistances alters both the structures of each individual's unconscious and the patterning of their relational unconscious. I conclude with the view that clinical progress is regularly characterized by analytic discourse that creates the dual therapeutic action of affecting both the individual and relational unconsciouss of both participants in the analytic dyad.

In 1994, the *International Journal of Psychoanalysis* published a 75<sup>th</sup> anniversary issue entitled "The Conceptualisation and Communication of Clinical Facts in Psychoanalysis." In a paper surveying and summarizing the content of the articles of that issue, Mayer (1996) wrote:

Almost every contributor makes a point of emphasizing how crucial and basic is the relational, intersubjective and subjective nature of a psycho-analytic clinical fact . . . Clinical facts are not about how, in the context of one person's mind, the unconscious becomes conscious or structural change happens. Unconscious fantasy and genetic reconstruction do not themselves constitute clinical facts; they simply do not exist as discernible facts outside the subjectivity and intersubjectivity of the analytic relationship. [p. 710]

This broad movement within psychoanalysis to embrace relationally based conceptions of developmental and clinical processes represents a significant departure from the debates that marked the emergence of the intersubjective perspective (roughly from the mid-1980s to the mid-'90s). Often framed as a debate between one-person and two-person psychologies, these controversies reflected a false dichotomy between intrapsychic (one-person) and intersubjective (two-person) conceptions of the analytic interaction.

More recent contributions have attempted to transcend the initial polarizations by revisioning psychoanalytic theory in a manner that seeks to describe the always intertwined and necessary contributions of each viewpoint (Green 2000).

In addition to general attempts to reconcile the intersubjective and intrapsychic, the current focus has shifted to specific aspects of theory and technique that are in need of elaboration from within the emergent integrative perspective. Fundamental concepts that form the theoretical base for analytic practice are currently being rethought from within the enriched perspective of a relational model that is fully informed by intrapsychic phenomena.<sup>2</sup> These efforts are, I believe, part of an evolution that seeks to refashion psychoanalytic theory and principles of technique by assimilating newer modes of thought into prior understandings in a way that enables both continuity and innovation.

## THE INTERSUBJECTIVE CREATION OF MEANING

I will introduce this section with a very brief vignette, one that occurred twenty-five years ago, yet only recently returned as a memory and now informs my thinking about intersubjectivity and the clinical process. Early in my career, a man came to see me with the hope that I might help him reach some decision about how to proceed in his professional life. His frustration was palpable, and while I sensed that he wished that I might advise him and rescue him from his interminable dilemma, he downplayed this idea and said he wanted only to figure out his own mind.

One day, in the midst of his reflections about how he would know when the right choice presented itself, he said, "I'm thinking

<sup>2</sup> See, for example, the concepts of drive and object (Green 2000), empathy (Fishman 1999), enactment (Friedman and Natterson 1999), holding (Ginot 2001), neutrality (Gerson 1996; Hoffman 1983; Renik 1996), self-disclosure (Cooper 1998a, 1998b; Crastopol 1997; Ehrenberg 1992; Gerson 1996; Jacobs 1999; Maroda 1991; Meissner 2002; Renik 1995, 1999), and supervision (Berman 2000; Brown and Miller 2002).

about that question that's asked in all introductory philosophy courses, the question of 'If a tree falls in the forest and there is no one to hear it, does it make any sound?'" He then went on to say, "Well, neither of the two choices makes any sense to me. It seems to me that in order for a tree to make a sound, there has to be more than one person to hear it. If I were alone in the woods and a tree fell, I would need to turn to someone and ask, 'Did you hear that?' Without someone else's response, how could I be certain about what had happened?"

I have come to believe that this man's novel solution to the "If a tree falls in the forest" question can be heard as an allegory about the communal origins of knowledge—a rendering that contains essential truths about human development, as well as about the analytic process. His reflections about the familiar philosophical puzzle contain the belief that our sense of the world around us, and of our position in that world, is forever contextualized in an intersubjective matrix of perception, speech, and signification.

His solution also captures two foundational elements of an intersubjective orientation to psychoanalysis. First is the premise that all subjectivity exists as a fluid state in which there is continuous movement from evanescent perceptions toward stability of meanings. This core aspect of mental activity involves processes of finding ways to represent our inner states to ourselves in a manner whereby experience achieves a sense of coherence. In this process, subjectivity tends toward its own transformation into objectivity via processes that aim to anchor the internal in external realities (e.g., projection and theories of causation). In these fundamental endeavors, we are perpetually engaged with the task of organizing our internal experience in ways that allow us to discover and create external realities that provide reflections and justifications for our affective states. As clinicians, we articulate this understanding in our efforts to demonstrate to our patients how their feelings may be transformed into "facts." Elusive as it may be, subjectivity always seeks to locate itself in the ground of objectivity. Lear (1990) spoke to this issue when he noted that "Subjectivity is upwardly mobile. The meanings and memories

that shape a person's outlook on the world do not lie dormant in the soul; they are striving for expression" (p. 29).

A second premise of an intersubjective psychoanalysis is that the organization of meaning in one mind is always embedded in processes of reciprocal influence with other minds similarly engaged in processes of altering subjective sensibilities into seemingly objective realities. The emphasis here is that the maintenance, transformation, and/or creation of organizations of meaning in one person rely on an active engagement with others (internally and/or externally) for realization. The journey of subjectivity toward its expression occurs via systems that originate beyond the individual and, through their use by the individual, inform and transform subjectivity itself.

This developmentally progressive, or "upwardly mobile," movement of subjectivity follows a trajectory from the internal, unique, and private domain toward external, shared, and communal worlds; it is a dynamic process wherein context infiltrates internal experience and saturates private fantasy with meanings that are publicly comprehensible. As each person strives to transform private sensation into symbolic communication, he or she also traces the route by which all individual minds become both the creator and the expression of culture. Implicit in this description is the inherent and inevitable quality of mind to utilize systems of meanings external to itself in the service of transforming inchoate impression into a communicable form, while simultaneously preserving the idiosyncratic truth of experience.

I think that this is what Bollas (1992) refers to when he discusses how we are continuously involved in attempts to utilize elements of the environment as opportunities for "thinking ourselves out." As he noted, "Without giving it much thought at all, we consecrate the world with our own subjectivity, investing people, places, things, and events with a kind of idiomatic significance" (p. 3). Objects that can contain the projection of our idioms and play them back in a way that neither destroys nor mystifies our experience best allow us to articulate our sensibilities. In this benign and creative process, that which has been felt but not reflec-

tively organized becomes available for our consideration and use. A major implication of the idea that minds are always engaged in procuring opportunities to know themselves and to be known is that the entirety of one's psychological content that comes to be known is not already organized, but rather, that some contents achieve coherence only in acts of communication and recognition.

From this vantage point, the unconscious is not only the receptacle of repressed material driven underground to protect one from conflict-induced anxieties; it is also a holding area whose contents await birth at a receptive moment in the contingencies of evolving experience. D. Stern (1989) outlined this perspective when he described the nature of *unformulated experience*:

Unconscious contents can no longer be conceived of as concrete or literal, but must instead be understood as potential mental activity: thoughts not yet thought, connections not yet made, memories one does not yet have the resources or the willingness to construct. [p. 12]

This idea of unformulated experience is of a similar order to Bollas's (1987) concept of the unthought known, Bion's (1962) concept of beta elements, and Mitrani's (1995) formulation of unmentalized experience—each referring to experience that eludes consciousness due to absences of a resonant interpersonal environment. In a similar vein, Stolorow and Atwood (1992) offered the concept of an unvalidated unconscious, constituted by aspects of experience that “could not be articulated because they never evoked the requisite validating response from the surround” (p. 33). They believe that this realm of the unconscious, while located in an individual's mind, is nonetheless affected by the intersubjective context, and as such, is always in a fluid state and capable of being transformed into consciousness, given a proper environmental fit.

These theories of mental organization describe an unconscious that fashions the forms of individual subjectivity, even while its contents await elaboration and the possibility of self-knowl-

edge through external experience with another. Together, they highlight the necessity of another mind capable of receiving, containing, and expressively elaborating one's experience, if that experience is to become a vital element of one's consciousness.

Spezzano (1995) refers to these fundamental processes as constituting a "theory of mind that posits an unconscious psyche constantly driven to bring its contents into consciousness. Consciousness, in turn, is viewed as, inherently, the creation of minds in interaction" (p. 24). Similarly, Cavell (1988) has written that "since meaning is understood to be intrinsically social, so in an important sense is mind" (p. 859). Both these authors point toward the postulate that the development and transformation of the unconscious is part of a continuous process that is rooted in the always evolving dialectics of private and social experience, and therefore cannot progress as an act of one mind in solitude. Rather, the presence of another mind is required for the registration, recognition, and articulation of the unconscious elements of the first. It is this necessary presence of the other that establishes knowledge as an intersubjective creation and renders that which is knowable as socially determined. As Bruner (1986) put it: "The nature of the 'untold' and 'untellable' and our attitudes toward them are deeply cultural in character" (p. 68).

All intersubjective theorization exists in opposition to "the myth of the isolated mind" (Stolorow and Atwood 1992, p. 7), and thereby issues a fundamental challenge to contemporary views about the privacy, unity, and primacy of the self (Blatt and Blass 1990; Cushman 1995). The intersubjective focus highlights those modes of experience wherein the sharp distinctions between inner and outer, between self and other, are replaced by boundaries that surround rather than separate the individual. As such, this jointly constituted area may be most fruitfully thought of as an entity of its own, rather than as a site of exchange between bounded individual selves. Winnicott (1953) captured the radical implications of this perspective in his formulation of an intermediate area of experience:

There is no interchange between the mother and the infant. Psychologically, the infant takes from a breast that is part of the infant, and the mother gives milk to an infant that is part of herself. In psychology, the idea of an interchange is based on an illusion in the psychologist. [p. 12]

Winnicott, in his descriptions of experience as residing in an undifferentiated zone populated by individuals, yet not defined by their singular attributes or potentials, foreshadowed contemporary research and writing on the relationally embedded nature of perception, meaning, consciousness, and communication.<sup>3</sup> These contemporary studies have included developmental (Beebe, Lachmann, and Jaffe 1997; Emde 1990; Main 2000; D. N. Stern 1985), philosophical (Cavell 1988, 1998; Elliott and Spezzano 2000; Gergen 1994), and semiotic (Muller 1996) contributions. Throughout these literatures, we are reminded that our sensibilities are formed and reformed by the presence of the other, and that our seemingly autonomous selves are social constructions, containing what Vygotsky (1978) aptly referred to as a culturally embedded “loan of consciousness,” while constituting individuals as containing “a consciousness of two” (p. 88).

## THE RELATIONAL UNCONSCIOUS

I propose that this reciprocal and mutual influence of unconscious minds upon one another creates a *relational unconscious*. The uniqueness of each relationship is in large part due to its singular mix of the permitted and prohibited, a mix that is formed from, yet transcends, the individual conscious and unconscious elements of each partner. Imagine the relationship as the offspring of the two individuals, constituted by each of their unconscious material, and, as in the mix of genetic material, having features both recognizable and novel and always containing

<sup>3</sup> Loewald's (1960) elegant attempts to integrate biological and social processes might be seen as a precursor of this point of view as well.

marks of mysterious origin. The jointly developed relational unconscious affords each participant novel opportunities for the expression of previously unactualized, as well as repressed, elements of subjectivity and experience, even as it contains limitations and prohibitions unique to the dyad, which culminate in a variety of mutually supported defensive processes.

The relational unconscious, as a jointly constructed process maintained by each individual in the relation, is not simply a projection of one person's unconscious self and object representations and interactional schemas onto the other, nor is it constituted by a series of such reciprocal projections and introjections between two people. Rather, as used here, the relational unconscious is the unrecognized bond that wraps each relationship, infusing the expression and constriction of each partner's subjectivity and individual unconscious within that particular relation. In this regard, the relational unconscious is a concept that allows the joining of psychoanalytic thought about intrapsychic and intersubjective phenomena within a theoretical framework that contains each perspective and elaborates their inherent interconnectedness.

I believe that this is the task and vision articulated by Green (2000) in the following passage:

We need to consider that it is more enriching to think of the relation between the two poles than to think of each pole (the intrapsychic and the intersubjective) separately, *as these do not remain the same* in the context of their mutual relations . . . . Moreover, our thinking about the "inter" in psychoanalysis cannot be confined only to that which takes place between the two members of a couple; it also refers to another order of determination that eludes the observation of their relations. What happens in each person's intrapsychic life and in the course of the relation between two subjects reveals that the intersubjective relation is, as it were, *beyond the two poles* . . . . The intersubjective relation has the property of creating an added value of meaning compared with the signification this acquires for each of the partners. [pp. 21-22, italics in original]

The relational unconscious may be thought of as that which is, in Green's words, "beyond the two poles," and as the unseen bridge that "eludes the observation of their relations." It is by dint of its existence in and between both minds that the concept of the relational unconscious described here differs from other recent usages of the term, each of which has addressed the content of an individual unconscious, rather than the bond made between the two individuals while going beyond each.

Davies's (1996) conception of the relational unconscious delineated a set of individually held experiences of unacceptable object-related wishes or fantasies, and incompatible self experiences in relation to the other. These experiences, while relational in nature, as they are always actualized in the interpersonal present and are evocative of the interpersonal past, are nonetheless viewed as aspects, albeit basic ones, of each person's psyche and not as a mutually constructed and maintained unconscious.

Similarly, Rucker and Lombardi's (1997) ideas about the "related unconscious" described a region of "undifferentiated" experience within the individual. They referred to interactions that occur on this plane as "subject-relations" and identified this level of interaction as one in which "two individuals experience their sameness and indivisibility rather than their individuality" (p. 20). Relying on Matte-Blanco's (1975) theory of the essential symmetrical organization of unconscious processes, Rucker and Lombardi's related unconscious denotes a property of all unconscious processes—namely, a register that is not organized by differentiation based on logic, linearity, and causality. In their model, the unconscious is related as an inherent product of its own organizing activity, and not as a result of the actual modes of engagement and separation created by two people in their relationship.

Recently, the concept of a two-person or relational unconscious has been fruitfully utilized by clinical scholars, who attempted to understand therapeutic processes from the vantage point of mutually constituted and maintained forms of regulation (Lyons-Ruth 1999; Zeddies 2000). The increasing emphasis on the reciprocal and reverberating influences of analyst and analy-

sand upon each other has found most use in the concept of enactment, and I will consider this phenomenon in a subsequent section of this paper. Suffice it to say here that even the enactment literature contains scant reference to a jointly created unconscious; rather, the formulations offered typically involve how two distinct unconsciouses affect each other. Here in the rich field of the transference-countertransference matrix, as in the great majority of psychoanalytic scholarship, the unconscious is represented almost exclusively as a property of each individual in interaction with an other's similarly bounded, even if responsive, unconscious. Yet, clinicians and theorists who apply psychoanalytic concepts to the larger entities of couples, families, groups, organizations, and ethnic, religious, and national entities regularly make use of some notion of a shared unconscious to facilitate their understanding of the motivational dynamics of such groupings (e.g., Hopper 2003; Javier and Rendon 1995; Ruszczynski 1993).

If we postulate that all human groupings are characterized by both conscious and unconscious domains of experience and belief, then we may describe each individual's unconscious life as existing in a continuous relation with the unconscious life of all other persons and groupings in which his or her life is lived. A full description of any individual's unconscious life in relation to the unconsciouses of all human individuals and groupings in that person's life would be of immense complexity, inevitably beyond two-dimensional renderings. Nonetheless, I would like to offer a few imaginary structures to explicate the concept of the relational unconscious.

First, visualize a triangular structure wherein the individual unconscious forms the apex and rests upon multiple dyadic relational unconsciouses. The relational unconsciouses (one for every relationship) may be thought of, in turn, as resting upon a series of ever more inclusive group unconsciouses (e.g., memberships in sexual, professional, political, national, religious, and cultural groupings). All these layers exist simultaneously, yet are more or less energized from moment to moment, depending on the groupings with which the individual is actively engaged at any

moment. Similarly, one might imagine that each relational unconscious is like the point of intersection on a Venn diagram between one's individual unconscious and that of one's partner, and that this relational unconscious is itself intersected by an ever more inclusive set of human groupings to which each member of the relationship belongs, with some of these groupings shifting from foreground to background, yet all represented unconsciously.

The visual metaphor of a triangular structure or of a nested series of overlapping circles does not, of course, capture the complexities created by the multidimensional interweavings of each layer or circle as it evolves from relationship to relationship. Yet I hope that in these imaginary configurations, the breadth of unconscious life finds representation and may shed light on how, in our existence as individuals, our seemingly most private unconscious is always being shaped by the multiple forces and contexts in which we are embedded and through which we are constituted.

### THIRDNESS

The now widespread recognition that analytic practice involves processes and phenomena that transcend the boundaries of a single mind has led to a variety of attempts to conceptualize, name, and explore that which exists beyond the individual psyches of analyst and analysand. Many of these attempts have invoked structures, positions, or locations that occupy a space apart from the minds of the participants themselves. In recent years, the concept of *thirdness* has been increasingly utilized to speak of a realm that transcends the subjectivities of the two participants. In what follows, I highlight some of the usages of the concept of the third and of related terms, contrasting these with the concept of the relational unconscious put forth in the previous section.

Thirdness, or the concept of the third, like the concept of intersubjectivity itself (Levine and Friedman 2000), has no singu-

lar, agreed-upon definition. Nonetheless, a review of the meanings of the concept of thirdness reveals three primary usages of the term, each of which describes a different (even if somewhat overlapping) domain of experience and set of conceptual concerns. I will call these the *developmental third*, the *cultural third*, and the *relational third*, and will briefly explicate each by referencing the work of those who write about thirdness from these particular perspectives.

The numerical connotation of the third as occurring along a sequential order is embodied in those usages of the term that seek to name a stage in a developmental progression from individual and dyadic concerns and capabilities to recognition of the independence of another person. The prime exemplar of the developmental third is found in the application of the concept of thirdness to refer to oedipal processes. Here, oedipal conflicts are thought of as a third force that (potentially) moves the individual from a narcissistic form of relating and toward an acceptance of relating to needed others, while recognizing that others have needs of their own.

This developmental thirdness is represented in the work of Britton (1998), for whom the third position always invokes an oedipal constellation, as it represents a third entity (be it person, institution, symbol) that disrupts the dyadic. The intrusion into the cloistered twoness creates a psychic spaciousness that Britton refers to as *triangular space* (1998, 2004), a positioning that allows the mental freedom of independence of mind, as well as a vantage point from which to observe oneself and one's interactions with others. Britton writes that "in all analyses, the basic Oedipus situation exists whenever the analyst exercises his or her mind independently of the inter-subjective relationship of patient and analyst" (1998, p. 44). Of note here is that, for Britton, the "inter-subjective" is a dyadic configuration that, by force of its fusion of subjects, limits independence of mind. A third position develops with the child's tolerance of parental relations from which he or she is excluded, and this

. . . provides the child with a prototype for an object relationship of a third kind in which he or she is a witness

and not a participant. A *third position* then comes into existence from which object relationships can be observed. [Britton 1998, p. 42, italics in original]

The third for Britton represents a third entity and, as such, it is not a quality of the intersubjective relation itself. Rather, in Britton's usage, the third position could be considered an intrapsychic achievement, born in the recognition of separateness, that permits reflection about separation. From this perspective, the third position—and the triangular space it creates—lies beyond, and perhaps even stands in opposition to, the intersubjective. Indeed “inter-subjectivity,” as defined by Britton, appears as a constraint on the development of a third position.

Britton's view of thirdness as a developmental achievement bears an affinity to what I am referring to as *cultural thirdness*, since both usages of thirdness emphasize the third as existing beyond and intruding upon the dyad. The cultural third, as represented in the work of Chasseguet-Smirgel (1974) and Lacan (1977), also refers to a nonintersubjective form of thirdness; that is, a form of thirdness that does not arise from the subjectivities of the individuals in the dyad, but rather one that envelops, intrudes upon, and shapes the interactions of the dyad, as well as the subjectivities of each member of the dyad. Exemplars of the cultural third are such forces as the incest taboo, language, and professional standards (Aron 1999; Crastnopol 1999; Spezzano 1998), with each representing a codification, both legal and semiotic (Peirce 1972), of the possible and the prohibited. Muller (1996) offered a succinct delineation of thirdness as a cultural force, rather than as a relational product, when he noted that “the code that structures the interaction stands as a third term to the dyad, as the holding environment for both mother and infant” (p. 21).

Bernstein (1999) elaborated this perspective on the functions of the cultural third within clinical practice in her conception of the analyst as the interlocutor of a third force who stands apart from the intersubjective dynamics of analyst and patient:

Being the bearer of speech, the analyst—in the Lacanian framework—stands in the place of the Other, who is lis-

tening beyond the dimension of spoken words, always looking beyond the I-Thou analytic relationship, pointing toward Otherness of the unconscious discourse as it is determining and interrupting the dual drama of the psychoanalytic relationship. [p. 293]

Cavell (1998) positions the third as an entity beyond the dyad (e.g., another person, real or imagined, or language), yet one that serves as a point in a triangular structure that includes as well as organizes the intersubjective relation of the dyad. In her view, the third creates a triangulation that permits experiences that arise within the dyad to be reflectively organized through shared as well as external realities. In this regard, Cavell's cultural third is a necessary constituent of intersubjectivity, rather than a disjunctive force.

In a perspective that shares Cavell's integrative view of thirdness and intersubjectivity, Benjamin (2004) attempts to firmly anchor within an intersubjective sphere the developmental achievements that Britton places in a third area beyond the dyad. Benjamin's thoughts offer a view of thirdness that both encompasses and goes beyond dyadic relating. In her description of thirdness as a quality of mental space, she contrasts this idea of the third as a reflective space based on mutual recognition with the concept of a *complementary twoness*, in which there is no third space from which the interaction can be viewed. Here, she shows an affinity with Britton's ideas about the necessity of a third to create reflective space, and she opposes the Lacanian view of a cultural third. Benjamin (2004) also counters the idea that the third intrudes on the suffocating dyad of early mother-infant interaction:

In my view of thirdness, recognition is not first constituted by verbal speech; rather, it begins with the early non-verbal experience of sharing a pattern, a dance, with another person. I . . . have therefore proposed a nascent or energetic third . . . 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* . . . [pp. 16-17, italics in original]

In this and in her earlier work (1995), Benjamin utilizes the notion of thirdness to represent a creation of the dyad, itself containing cultural forces that are internalized into the operations of the dyad from the start. In Benjamin's (2004) conception, as in Cavell's (1998), the cultural third does not disrupt intersubjectivity, but rather is one of its basic constituents.

The notion of thirdness as arising from within the dyad is what I am referring to as the *relational third*, and it is this usage of the concept of thirdness that is most frequently associated with an intersubjective perspective. Early references to the concept of a relational third did not invoke nomenclature of the third, yet spoke to the same phenomenon that would later be placed under this rubric. In an early contribution, Green (1975) viewed intersubjective processes as constituting an *analytic object*. Green described the analytic object as created by the novel organization of meanings between analyst and patient, which exist "in the meeting of these two communications in the potential space which lies between them" (p. 12). In also adopting a spatial metaphor, Baranger (1993) situated intersubjectivity and the notion of thirdness in an *analytic field*, in and through which individual dynamics were situated:

In speaking of the analytic field, we are referring to the formation of a structure which is a product of the two participants in the relationship but which in turn involves them in a dynamic and possibly creative process . . . . The field is a structure different from the sum of its components, just as a melody is different from a sum of its notes. [pp. 16-17]

Bollas (1992) offered a similar notion of a relational third in his description of a *third intermediate object*, through which clinically serviceable psychoanalytic knowledge originates. As he put it:

The patient-analyst relationship is inevitably dialectical, as each participant destroys the other's perception and

rhetorical rendering of events, to create that third intermediate object, a synthesis, that is owned by neither participant and objectifies the loss of omnipotent wishes to possess truth, just as it situates the participants in that collaborative place from which the only analytically usable truth can emerge. [p. 112]

Orange (1995), as well, spoke to the notion of a relational third when she proposed the idea of an *intersubjective triad*. She stated that “the concept of a ‘triad’ highlights the capacity of the field itself to have both history and emotional qualities” (p. 9).

Perhaps the most often noted version of the relational third is that proposed by Ogden (1994a), who observed that intersubjectivity exists as the analytic third, and described this as a “third subjectivity . . . a product of a unique dialectic generated by (between) the separate subjectivities of analyst and analysand within the analytic setting” (p. 4). In this conception, Ogden applies to the analytic process Winnicott’s (1960) frequently quoted formulation that there is no such thing as an infant apart from maternal provision, when he states that “there is no analyst, no analysand, and no analysis in the absence of the third” (Ogden 1994a, p. 17).

Ogden’s concept of the intersubjective analytic third is consistent with that of other authors who speak of thirdness as a creation of the dyad, rather than that which signifies a force beyond the dyad. Yet, in relying on the spatial and differentiating concept of the third, Ogden’s usage of thirdness, as is the case with many other usages of the term, suggests the possibility of a remove from the continuous, reciprocal interplay of the two subjects of intersubjectivity. The analytic third can thus come to be thought of, both theoretically and within clinical practice, as a separate object that is potentially observable through an objectifying process—a process consisting of the analyst’s decoding reveries formed in that third. In this usage, the analytic third is in danger of being transformed from the product of two subjectivities ruled by unconscious processes into a site of projections that can be viewed in acts of unilateral understanding by the analyst.

While each of these authors evocatively articulates the notion that analysis occurs within a third arena, which is formed by in-

dividual subjectivities even as it alters them, I suggest that it is advantageous to think of an intersubjectively defined relation not as a third entity, but rather as constituting the relational unconscious of the dyad. Perhaps the most basic benefit of this terminology is that it allows us to utilize our already developed and richly nuanced ideas about the nature of unconscious processes to study the formation, regulation, and communication of that which is unthinkable.

In addition to its abundant historical linkages, the concept of the relational unconscious is, I believe, preferable to that of concepts invoking thirdness because it signifies a dynamic process that belongs fully to the human participants, whose hopes and fears silently combine in ways that may eventuate in creative, as well as destructive, engagement. The relational unconscious is not an object, a third, a triad, a field, or a space. Each of these renderings connotes—even if it is not the intention of the author to do so—an entity that can be separated from the two subjectivities that combine to create it. Intersubjectivity and the relational unconscious are better thought of as processes through which individuals communicate with each other without awareness about their wishes and fears, and in so doing, structure the relation according to both mutually regulated concealments and searches for recognition and expression of their individual subjectivities.

### THE RELATIONAL UNCONSCIOUS, INTERSUBJECTIVE RESISTANCE, AND CLINICAL PROCESS

The mind of the other is both the location of another subjectively organized unconscious, with its own archaic modes of operating and its own repository of experience striving for expression, and an interactive system buffeted by the unconscious forces in the interpersonal and cultural surround. Bollas (1992) captured the elemental power of the interaction of multiply located and structured unconscious processes when he wrote that:

To communicate with one another is to evoke each other, and in that moment, to be distorted by the laws of unconscious work. To be touched by the other's unconscious is to be scattered by the winds of the primary process to faraway associations and elaborations, reached through the private links of one's own subjectivity. [p. 45]

These remarks echo Freud's (1912, 1913, 1915) descriptions of unconscious processes in interpersonal communication, wherein he consistently pointed out that one's unconscious is inevitably and indispensably involved in receiving and learning about the hidden mental lives of others. Freud (1913) noted that "everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious of other people" (p. 320). In his essay on the unconscious two years later, he again drew our attention to the process of unconscious transmission and transformation of meaning when he wrote that "it is a very remarkable thing that the Unconscious of one human being can react upon that of another, without passing through the Conscious" (1915, p. 194).

These observations about unconscious communication were, however, at least as much a source of concern for Freud as they were his routes toward psychoanalytic understanding, to be valued and explored. Freud's (1912) recommendation that the analyst "must turn his own unconscious like a receptive organ toward the transmitting unconscious of the patient" (p. 115) was intended to suggest that the analyst's unconscious could receive the patient's unconscious communications without distortion, and that the analyst could then proceed to decode and reconstruct the meanings hidden in the patient's message. In his very next paragraph, however, Freud implied that the analyst's knowledge of the patient always contains mixtures and residues of the analyst's own unconscious. Freud assumed that these admixtures would inevitably be detrimental to the task of understanding the patient, and therefore must be filtered out by means of the analyst's undergoing his or her own "psychoanalytic purification" (1912, p. 116).

Advances in our understanding of analytic processes and our contemporary postmodern sensibilities (e.g., the more encompassing definitions and utility of countertransference, recognition of the inevitability of enactments, epistemological uncertainties introduced by the recognition that subjectivity is always involved in perception and the creation of meaning), render us unable to endorse Freud's early optimism about the possibilities of psychic purification. Rather, we are compelled to take account of the fact that the conscious meanings we develop about the patient, and the conscious intentions we maintain when we offer these meanings as interpretations, simultaneously reflect and obscure how we have received and processed the unconscious elements of the patient's mind via our own unconscious. As participants in a continuous mix of unconscious mental life, we can never be simply receivers or containers of the patient's affects and meanings; rather, we always saturate elements of the patient's subjectivity with our own, producing the novel admixture of a relational unconscious that makes each analysis unique.

Earlier, I noted that a basic premise of an intersubjective orientation is that we are all motivated to utilize elements from the environment to help cohere internal experience, as well as to creatively transform it. As Ogden (1994b) put it: "Human beings have a need as deep as hunger and thirst to establish intersubjective constructions (including projective identifications) in order to find an exit from unending, futile wanderings in their own internal object world" (p. 105). Of interest here is the similarity between this view of motivation and Freud's (1914) observations on the necessity "for our mental life to pass beyond the limits of narcissism and attach the libido to objects" (p. 85), if we are to avoid falling ill.

It is this movement toward enlivenment in the presence and through the medium of another's subjectivity that creates the analytic process. Furthermore, it is the intersubjective nature of the interaction that both enables the evolution of the particular transference-countertransference dynamic of the analytic dyad, and creates the conditions for its resolution—a resolution in which

the subjectivity of each participant is altered as it lives through its archaic expression in the other and within the dyad's unique relational unconscious.

Psychoanalytic theoreticians from all schools of thought have noted the inevitable presence of a relational unconscious (albeit with different terminology) within each analysis, as well as the imperative to achieve an understanding of the analytic relational unconscious by working within—and working through—its manifestations and meanings. Jung (1946) offered one of the earlier descriptions of the process that informs the construction of an analytic relational unconscious when he wrote that:

The doctor, by voluntarily and consciously taking over the psychic sufferings of the patient, exposes himself to the overpowering contents of the unconscious and hence also to their inductive action . . . . The patient, by bringing activated unconscious content to bear upon the doctor, constellates the corresponding unconscious material in him, owing to the inductive effect which always emanates from projections in greater or less degree. Doctor and patient thus find themselves in a relationship founded on *mutual unconsciousness*. [p. 176, italics added]

This description of the formation of the analytic relational unconscious is similar to Arlow's (1979) ideas about the manner by which empathy with the patient creates analytic understanding:

The shared intimacy of the psychoanalytic situation, the knowledge of secrets confided and desires exposed, intensifies the trend toward mutual identification in the analytic setting, and, in the end, serves to stimulate in the mind of the analyst unconscious fantasies either identical with or corresponding to those decisive in the patient's conflicts and development. Analyst and analysand thus become *a group of two sharing an unconscious fantasy in common*. [p. 202, italics added]

Similarly, Loewald (1979), in one of his last works, observed that:

There are kinds of relatedness between what conventionally we call self and object, that call into question the universal validity of these very terms. We have come to see that there are levels of mental functioning and experience where these distinctions are not made, or made only fleetingly and in rudimentary form. These are deep unconscious layers showing modes of intersubjective relatedness, of emotional ties that are active under the surface in both analysand and analyst, and thus in their relatedness, forming ingredients of therapeutic potential. [p. 376]

Perhaps the most readily observed and described clinical phenomena that indicate the presence of the relationally embedded and structured forms of unconscious engagement that Jung, Arlow, and Loewald articulate is the configuration known as *enactment*. Enactments may be thought of as a manifest content of the relational unconscious, for it is in these moments that transference and countertransference become mutually stimulating forces, unconsciously driving toward an expression that could not be consciously known and articulated between the individuals and within the relationship. Enactments are always, I believe, indicators of an intersubjective process that is not yet available for active reflection, and as such, are derivatives in action of the relational unconscious of the analytic dyad. Enactments, insofar as they express in action that which is not thinkable, have often been treated ambivalently in our literature, with some authors suggesting that while enactments may be inevitable, they nonetheless indicate an untoward or less than adequately processed countertransference. For others, however, enactments are not only inevitable, but also a major medium through which all analyses progress. Renik (1997) succinctly articulates this view in his statement that enactments are “the required text for the analysis of the transference” (p. 10). I would elaborate Renik’s useful insight by stating that, through the process of recognizing and working through enactments, the analyst gains access to the relational unconscious that structures the analytic work, and can thereby begin to alter

its repetitive and constraining hold on him or her, as well as on the patient.

At those times when the relational unconscious includes contents that do not permit or yield to attempts at conscious reflection, the transference and countertransference matrix may evolve into a state of unrelenting enmeshments in stagnant or destructive forms of interaction. In an earlier communication (Gerson 1996), I referred to such states as signifying

. . . a joint project designed to suspend the development of new modes of affecting and imagining the other and the relation. Such mutually and reciprocally motivated states can be thought of as *intersubjective resistances*, as they are sustained by each participant's efforts to maintain the other in the familiar transference-countertransference configuration. Intersubjective resistances and enmeshments are formed by the reciprocal influence upon each other of patient's and analyst's unconscious motivations and are a constituent of the *relational unconscious* of the analytic pair. [p. 632, italics in original]

This view of resistance as an intersubjective creation elaborates Boesky's (1990) oft-noted statement that "the manifest form of a resistance is even sometimes unconsciously negotiated by both patient and analyst" (p. 572). It also reflects an earlier understanding by Bird (1972) of the analyst's contribution to an impasse in the treatment:

What I come to . . . is the proposition that a stalemate in the analysis, an implacable resistance, an unchanging negative therapeutic reaction—anything of this kind should be suspected of consisting of a silent, secret, but actual destructive act engaged in by *both* patient and analyst. [p. 294, italics in original]

Clinical vignettes that illustrate the mutual construction and maintenance of intersubjective resistances are sparse in our literature. Understandably, vignettes of this sort reveal what most of us wish to conceal from ourselves and from each other. It may

be of interest, then, to observe that the two relevant clinical narratives from the literature that I have identified below both involve the analyst's struggle with parental loss—a part of life that we all share, and so can readily imagine ourselves within the chair of the analyst who is grappling with the intrusion of these personal concerns into professional work.

In the following illustration of an intersubjective resistance located in the relational unconscious of analyst and analysand, Jacobs (2001) describes a break in the flow of productive work with one of his patients that resulted from a parallel set of anxieties about each of their paternal relationships:

My father's sudden illness, and my reaction to it, had the effect of disrupting this work. As I mentioned, F [the patient] retreated in the face of what he perceived as signs of disability in his analyst. Since I did not understand and therefore could not interpret the underlying fantasies that led to his withdrawal, progress in the analysis essentially came to a halt. Indirectly, however, through associations that contained references to ill, disturbed, or otherwise nonfunctioning physicians, teachers, or other authority figures, F expressed the anxious concerns that, consciously, he had managed to keep at bay. For reasons of my own, I did not pick up these messages. To do so would have been to confront my own behavior, to explore its meaning, and to come in touch with the conflictual issues concerning my father, parallel to those F was struggling with, that I, too, wished to avoid. In fact, I realized later that my behavior in not dealing earlier with F's persistent focus on S as a resistance was motivated in part by defensive needs of my own. Although I was not conscious of it at the time, I must have had the sense that to engage F's resistance and to pursue the question of his deep and troubling ambivalence toward his own father would, inevitably, stir conflicts in myself that I was not ready to face. [p. 16]

The candor of Jacobs's report allows us to appreciate the manner by which personal conflicts that resonate within the dyad may

limit both participants' ability to identify and address the individual concerns of either patient or analyst. This type of intersubjective resistance often does, however, signal an unconscious configuration in the dyad that goes beyond the specific manifest content of the resistance. What I wish to suggest, in general and in reference to the above vignette, is that intersubjective resistances not only revolve around specific content, but also unconsciously structure the relationship itself in a specific way. I imagine, for example, that in addition to their parallel conflicts, anxieties, and defenses about their fathers, Jacobs and his patient were inhabiting a relationship structured along these unconscious issues.

In the next clinical vignette illustrating an intersubjective resistance, McLaughlin (1988) tells us that his report "reflects a particular instance of analytic stagnation that had been created by the patient and myself through the intermeshing of the patient's transferentially shaped behaviors with regressive transferences of my own" (p. 374). McLaughlin then describes an odd moment when, shortly after having a particular fantasy during the patient's monologue, he, the analyst, was stunned to hear a quite similar reverie expressed by the patient:

As he spoke, I had the powerful sense of the uncanny: strong vigilance, hair on back of the neck on end and tingling; a sense of being in the presence of something powerfully known but not identifiable. As this subsided, I too felt bewildered and fascinated. [p. 377]

I was caught up in something very difficult for both of us . . . [p. 378]

I think it is evident from this vignette that the necessary analytic work to be done by us had been slowed down by the cautious and passive distancing modes of the patient, reinforced by the increasingly similar stance I took in responding with my own conflicts. In the tangle of tensions that Mr. B brought to our work, I had quickly found likeness and symmetry between us. His rich range of conflicts about his son, wife, mother, deceased father,

and himself—as well as being close to my son’s age—allowed me the opportunity and liability to respond regressively . . . and supported my falling back into old defensive/adaptive ways to be removed from the swirl of anger, hurt, and needing that was alive in both of us. [pp. 382-383]

What we had created between us, during those months, could be viewed as the living reality in which both of us worked through strong resistances against grappling with our separate mordant concerns, now intertwined. [p. 384]

McLaughlin summarizes his work by noting that “the analytic stagnation and tensions consequent to this regression embody in their detail and specific enactment the shared and intertwined dynamic concerns specific to both members of the pair” (p. 388). To this open description of the time and commitments necessary for the fruitful working through of the enmeshments of an intersubjective resistance, I wish to add only a consideration of the role of the relational unconscious in these interactions. McLaughlin’s emphasis on each partner’s “strong resistances against grappling with our separate . . . concerns” echoes Jacobs’s (2001) description of parallel concerns between his patient and himself.

While each of these authors readily highlights the stultifying impact of the interaction between these individual concerns, neither directly addresses how the interlocking of the individual conflicts of analyst and analysand created an unconscious configuration between them that contained, and yet went beyond, their individual concerns, and that allowed for particular ways of relating and excluded others. What I wish to emphasize here is that, while moments of enactment and impasse often reveal in dramatic fashion specific dynamic constraints to what is knowable (both affectively and cognitively), the relationship itself is continuously being patterned in more subtle ways that embody and elaborate a reciprocally constructed, intersubjective dynamic. In this perpetual process, enactments are like disruptive events that indicate “fault lines” between the analyst’s and patient’s dy-

dynamic trajectories, yet they do not describe the configurations that result from the interaction of these individual forms. Before, during, and after the drama of enactment captures our attention and reveals hidden forces, the continuously operating relational unconscious is silently configuring the landscape.

Smith (1997, 2000, 2001) proposed an analogous view when he noted that the dynamics informing all analytic processes were constantly shaped by progressive and regressive elements, and that each moment and any outcome was marked by a compromise in the conflict between desire and defense. In his view, the interactions between the dynamics of analyst and patient are of such complexity that, inevitably, each movement toward understanding and resolution leaves potential areas of knowing unexplored. He noted that “transference, countertransference, and their interactive form, enactment, are all processes in analysis that operate to varying degrees at all times simultaneously to advance and to retard the work of analysis” (1997, p. 14). I read this to indicate that all analyses, like all relationships, assume a particular shape that is the product of two individual psychologies, and therefore, there is no such entity as a complete analysis; rather, each analysis bears the unique stamp of its relational unconscious, and thus of what was possible for that particular dyad and what was jointly occluded.

An important implication of linking intersubjective resistances to content within the broader framework of the structuring functions of the relational unconscious is that we may then observe how the unraveling of resistances not only reveals hidden conflicts in each person, but also alters the unconsciously maintained patterning of the relationship. As a result of the successful working through of a conflicted area of functioning, there is an increased range of possibilities in each mind and in the relationship itself. These wider arcs of possibility create a virtuous chain wherein individual and relational growth mutually and reciprocally reinforce each other.

It is my contention that the concept of the relational unconscious provides the vantage points from which to investigate how the intersubjective nature of human processes is expressed and

altered within the matrix of transference and countertransference phenomena. An example of an approach that furthers our understanding of the operations of the relational unconscious within the analytic setting can be found in the work of the Boston Change Study Process Group (2002). These clinicians and developmentalists are exploring the applicability of findings from the developmental, cognitive, and neuroscience literatures to the psychoanalytic process, and have, in a series of papers, suggested that therapy progresses via changes in the patient's *implicit relational knowing*, and that this level of knowledge is unconsciously held as a form of *procedural knowing* (Bucci 2001). The BCSPG investigators maintain that implicit relational knowledge shifts in *moments of meeting* that are often constituted by *relational moves*—the small, interactive units wherein the intentionality of each partner to affect the other may be gauged. It is believed that these relational moves are all formed within a context in which “each partner is not only putting forth actions and inferring intentions, but also having an effect on shaping the actions and intentions of the other as they emerge” (Boston Change Study Process Group 2002, p. 1058). Referring to a clinical example wherein attempts at greater “fittedness” between the partners were successful, the authors noted that “what has been created belongs to both, becoming part of the implicit relational knowing of each” (p. 1058). Here they are referring to an emergent and fluid set of procedural moves and knowledge that are intersubjectively created.

Lyons-Ruth (1999; Lyons-Ruth and Boston Change Study Process Group 1998), a member of the Boston Change Study Process Group, has elaborated on this process:

If representational change involves not only cognition or “insight” but also changes in affectively rich “ways of being with,” a shift in organization must also involve a reorganization of the analyst's and patient's ways of being together. Therefore, moments of reorganization must involve a new “opening” in the interpersonal space, allowing both participants to become agents toward one an-

other in a new way . . . . This new organization is not simply a product of the individual patient's intrapsychic work, however, but of the working out of new relational possibilities with the analyst. [Lyons-Ruth 1999, pp. 611-612]

The BCSPG's work resonates with the idea that the therapeutic action of psychoanalysis is formed on a dual basis, consisting of a restructuring of both the individual unconscious of the analysand and the relational unconscious of the analysand and analyst. In addition, the concept of the relational unconscious contains the fundamental systems, or "field," notion that change in one member of the analytic dyad inevitably involves and invokes shifts in the other and in their relationship.

Another way of conceptualizing this is that a shift in an individual transference presumes shifts in the countertransference aspect of the matrix, and thereby results in mutually reinforcing movement in the individual unconscious of analyst and analysand and in their relational unconscious. This multifaceted perspective on the dynamics of change highlights how our contemporary recognition of the patternings of unconscious processes within structures of relating permits us to broaden the psychoanalytic project of making the unconscious conscious, such that it includes working through those aspects of the relational unconscious that limit knowledge and creative development.

## CONCLUSION

The increasingly commonplace understanding of change as involving relational processes that are beyond insight has often left the analytic clinician grappling with questions about what modes of intervention best serve the analytic process. We generally agree that the analyst's "irreducible subjectivity" (Renik 1993) has been draped over the tattered remains of the classical blank screen, yet when we enter the consulting room, intersubjective theory is confronted by, and yields to, modes of practice shaped by the objectivist orientation of our theoretical heritage. Here we encounter the oft-noted lag between innovations in our theory and

their application to clinical practice, and are thus challenged to integrate the intersubjective perspective with our keen and elemental interest in the patient's singular experience. It has been my aim in this work to suggest that the concept of the relational unconscious can serve us well as a bridging structure that is at once firmly rooted in the historical insights and terminology of traditional psychoanalysis, even as it incorporates our contemporary theoretical and clinical understandings and sensibilities. We are left with substantial and vexing questions of how best to work with the broadened concept of the unconscious that we inhabit with our analysands, and of whether the principles of technique that we apply to understand the individual unconscious will serve us as well to understand the relational unconscious. Yet our increasing sophistication about the intersubjective foundations and structures of mind may allow us to explore these questions in a spirit of joint endeavor with our analysands and our colleagues.

There is always a preexisting blueprint of experience in the minds of the analyst and analysand. Yet a new and more livable architecture of knowledge is built through their discourse about how they use and respond to each other's subjectivity as they construct their unique relationship. Knowledge that carries the conviction of being lived is created in dialogical moments in which traces of each participant's private meanings provide a marker for the other's expression, until a pattern that fits both of their experiences and imaginings is created. Much as we agree about the arrangement of stars to form constellations, the mutual creation of coherence alters the private and dark unknown of the individual unconscious into a shared geography of meaning.

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## THIRDNESS AND PSYCHOANALYTIC CONCEPTS

BY ANDRÉ GREEN

*Many psychoanalytic concepts lend themselves to the notion of thirdness. Starting from a basis of Freudian thought, the author discusses some of the elaborative contributions of Winnicott, Lacan, and Bion, as well as the ideas of Saussure and Peirce, noting how all these incorporate an appreciation of the value and relevance of thirdness in both the theory and practice of psychoanalysis.*

Between the mother who is physically holding the baby and the baby, there is a layer that we have to acknowledge which is an aspect of herself and at the same time an aspect of the baby. It is mad to hold this view, and yet the view must be maintained.

—Winnicott 1988, p. 167

## TWO- OR THREE-PERSON PSYCHOLOGY?

Soon after the notion that psychoanalysis should be considered a two-person psychology first appeared in the literature, it came to be viewed as a mutative change that went far beyond the traditional conception of the relationship between transference and countertransference, which was supposed to contain the nucleus of the

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This paper is a modified version of "On Thirdness," a Squiggle Public Lecture presented on May 25, 1991, at Primrose Hill Community Center, London (see Green 2000, 2002).

same idea. This new notion was also seen to go further than Freud's rather late (1937) comment on the nature of the analytic relationship: "We are reminded that the work of analysis consists of two quite different portions, that is, carried out in two separate localities, that it involves two people to each of whom a distinct task is assigned" (p. 258). Freud wrote this two years before his death, pretending that he had always been aware of it, even though he had not mentioned it before. No doubt, it would have undergone further developments if he had thought of it earlier.

Today we might consider this comment of Freud's as another example of one of his favorite concepts, that of complementary series—and even, to some extent, that it could be seen as another illustration of a pair of opposites. Most Freudian concepts entail couples (processes, repression, fantasies, drives, and so on). There are two notable exceptions: the models of the psychic apparatus and the Oedipus complex. It is as if, when a certain stage of complexity is reached, three elements in interaction are needed to understand the network of relationships that depict the situation.

This latter viewpoint stands in implicit agreement with two other points of view. The first, already mentioned, is the awareness, reached only very slowly, that the analytic cure had to be considered a partnership—a view that continued to grow in psychoanalysis in different forms until it became the basic principle of the intersubjective movement. This movement itself stemmed from object relations theory and was also influenced by self psychology. In fact, as is well known today, it truly began with the work of Ferenczi, as clearly indicated in his clinical diary (1932), which implied a strong criticism of classical technique.

The second relevant point of view is linked to the evolution of theory. Freud's conception of time was enriched by successive expansions during more than twenty years. It was ultimately considered too complicated to be followed by subsequent analysts or to be extended along its original lines (Green 2002). It was replaced instead by a more simple, more manageable theory based on what was called the genetic point of view, which added the genetic and structural dimension to the three classical points of

view of Freudian metapsychology (dynamic, topographic, and economic). This conception implied a linear evolution from the dual relationship toward the triangular relationships of the oedipal phase.

From a developmental perspective, the dual relationship—that between mother and infant—is best located at the beginning of the so-called preoedipal relationship, preceding the oedipal stage, which involves three persons. It is therefore logical from a developmental perspective to see these relationships as shifting from two-part ones to three-part ones. Winnicott (1975) rightly noted that “there is no such thing as a baby” (p. 99), meaning that one must always consider the baby in relation to something else: the mother, the environment, the cradle, or whatever. I would like to add to this that there is no such thing as a mother–infant relationship. I intend this statement, of course, as a reminder of the role of the father. While it is obvious that the baby in the very beginning is related exclusively to the maternal object, this is no reason to conclude that the father has no existence whatsoever during that period. It is also obvious, at least to me, that the good enough quality of the relationship with the mother hinges on the mother’s love for the father and vice versa—even if the child’s relationship to the father seems minimal in comparison to the bond with the mother in the earliest period of life. The matter at issue, and the one of utmost importance, is whether the actual partners in a relationship are only those physically present, or whether an absent party can play a role by virtue of being present in the mind of another member of the relationship (Green 2002).

### ON CHILD OBSERVATION IN PSYCHOANALYSIS

Some theoretical systems have developed notions involving thirdness as the transitional phenomenon (Winnicott 1971) that takes place between the internal and external space. The wildest attacks against such dualistic hypotheses came from Lacan (1966), who denied even the validity of the expression *preoedipal*, since for him

the Oedipus complex was already present in the parents even before the child's birth, impregnating the earliest relationship. The mother's fantasies and expectations about the baby during her pregnancy form part of an active oedipal structure and have to be considered as such from the start, according to Lacan; he thus acknowledged the existence of pregenital relationships, but in no way considered them preoedipal. At odds with many authors who proposed descriptions based on what was supposed to be in the baby's mind, Lacan usually formulated his ideas according to what he had learned from the adult parent or would-be parent. But experience has shown that reconstructions are not always trustworthy in reflecting an analysand's past; so if we have a chance to observe *in situ* the relationship between a mother and her baby, we are in a better position to understand the symptom appearing later in life. At least, these were the underlying assumptions, which were denied by many others, especially by the French analysts influenced by Lacan.

An implicit postulate emerged, based on two incorrect pre-suppositions:

1. That our means of observation are scientifically trustworthy. If they were, why are there such discrepancies among different observers—and even builders of theories—who utilize identical observations of children (Green and Stern 2000)?
2. That in observing a relationship between baby and mother from outside, we gain the most accurate idea of what goes on in the mind of the child. External observation has been seen as more reliable than hypotheses based on formulations of internal functioning.

Until the present time, a presumed advantage of such investigations was that they based theory on solid facts, with a corresponding restriction of speculation, submitting the theory to control and studying variations when external conditions were changed. We were at last on solid ground. How is it, then, that

the serious work of Mahler, Pine, and Bergmann (1975) came to be negated a few years later by Stern (1985)? There is at least one explanation (assuming we do not simply believe that she was wrong): that Mahler was a psychoanalyst and Stern is not. This is not to say that as an analyst, Mahler could not be wrong; but rather, that to be wrong when starting from a psychoanalytic point of view leads to commission of a different kind of errors than starting from some other point of view.

Or, to put it differently, the specific knowledge gained about a psychic process is not *at first* what is manifested in external conditions or what is observable from the external *outcome*. Rather, it is formulated by speculation about what goes on in the interaction between the external experience and its treatment by the unconscious. In other words, we must first study the specificity of the organization of internal psychic processes—eventually comparing them to alternative kinds of psychic processes—and then, and *only* then, consider the hypothetical role of external conditions. It is here that we may usefully apply specifically psychoanalytic principles for the understanding of the mind. If those principles initially appear unsatisfactory, we may find that new hypotheses can be put forward, based on recent data resulting from observation by analysts who have followed analytic principles in formulating them. Of course, if the fundamental analytic principles applied appear to be wrong, the analyst will have to choose another theory or move to another discipline—but with the reservation born of an awareness that the new hypothesis can offer the guarantee of being more valid from the point of view of psychoanalysis.

Considering the primary modes of organization in the development of the infant, Bion (1962, 1967) quickly concluded that explanations in terms of the good and bad breast are inadequate. He seemed to imply that, in order to build the psychic, something else is needed—something that also belongs to the psyche and is indispensable to its creation. This is how he came to postulate the existence of the alpha function, which he believed originates in the mother's capacity for reverie. Here he recognized that, even

if the mother feeds the child adequately, that alone does not promote the child's capacity to think. The mother *herself* has to think, in some special way, in order to help the child overcome the tendency to reject what is experienced as painful, since such an attempt at rejection will always prove ineffectual due to the tendency of what has been rejected to arise again.

In describing this situation in detail, Bion noted that if the mother's reverie is not fueled by love for the baby and/or for the father, this fact will be transmitted to the infant—even though it may be an incomprehensible fact. This is an analogous situation to what I am proposing in regard to the role of a third party: that it is not directly present in a relationship between two members of a couple, but is nevertheless conveyed, in absentia, through one or the other actual members of the relationship. It should be emphasized that *Bion's model was not drawn from any observational setting, but rather from deductions born of his experience in the analytic setting with psychotic patients.*

## A NEW VIEW OF OEDIPAL TRIANGULATION

I do not think that one has to wait until the child is capable of conceiving of the third person (through language, for instance) before acknowledging that the child can be influenced by fantasies in the mother's mind about the father. I propose to call this phenomenon the *other of the object* (that which is not the subject). The element of the third is not restricted to the person of the father; it is also symbolic. In the mother's mind, the third element springs forth alongside the real person of the father. In his description of the *paternal metaphor*, Lacan (1966) emphasized that the concept of fatherhood links the father in the mother's mind with other significant figures of her past—for instance, the traces that stand for her own father and mother, which include representations of her childhood fantasies as connected with the wish to receive a child from a parental figure. In certain cases, a truly closed dual relationship can develop; and here I wish to focus on

relationships from which the father or the third figure is radically excluded—or even annihilated, foreclosed from the mother's desire, as described by Lacan (1966). This is a fateful precondition for mental illness, paving the way for subsequent psychosis or other major psychic disorders.

It follows from these remarks that we may need to revise some of our deeply rooted convictions regarding the Oedipus complex. We are aware that to consider the hypothetical relationship between mother and infant is not enough, and observation cannot offer more than that. But a true psychoanalytic investigation—not an ethological one—should consider *where* and *how* the father is experienced in the mother's mind at this stage of intimacy between mother and child. One might even pose the query, "Who is the true father for the mother?" Is it her own father, her mother, a brother, an earlier lover?

Let us now consider the relationships in a simplified family model, without siblings. The three family members—mother, father, and child—have different statuses according to their being present or absent toward each other. The child—or, more specifically, the infant—is co-present with the mother and mainly related to her body. He or she moves from fusion and dependence to separation and independence. Fusion occurs at the earliest stage; and in spite of clues indicating the possibility of innate, isolated reactions, alternate states of fusion and separation follow the first stage. Separation is achieved as the sense of independence grows. (In order to focus on my primary topic, I will not include here a detailed description of *how* this is achieved.) One has to differentiate between separation and awareness of separateness.

Let us think of the case where the father is absent for the child. The mother is still co-present with the child, of course, but it should be remembered that the mother is the only member of the triangle to have intense bodily relationships with both the baby and the father. This situation generates conflict to a higher degree for her, because of the mixing up of tenderness and sensuality and the attendant need to untangle them. If she is thinking of the father while being co-present with the child in an intimate

closeness, she is absent from the child to a certain degree, even though she is with the child. She can cope with this situation by articulating an indirect bond between child and father through her own desires. Also, she may talk to the infant about the father: his absence, his return, his past (when dead).

The father is co-present with the mother and absent for the child, and although he may have some bodily relationship with the child, he is not a distinct object at the beginning, nor can his bodily relationship with the child be compared, by any means, to that between mother and child. If his presence for the mother is not constant, he can fully and totally enjoy pleasure from the mother's body by sharing the joy of sexuality with her. How can all traces of the sexual relationship between the parents be totally dissociated and split off from the mother's feelings about her body when she is with the child? For instance, when feeding the child, she shares in the pleasure of sucking (the breast or the bottle). This situation necessitates an important repression: the mother must match the residue of her sensuality while with the father with the undeniably sensuous impressions stemming from her relationship with the child. If she is careful to repress in her mind an overly close linking of these two situations, it will be the child who enhances a forced return of the repressed, through his or her stimulations. It is striking to note that much of the literature on the mother-infant relationship has been written as though sexuality between the parents was totally absent from the picture. Theoretical discussions lead to modification of our ways of understanding the meaning of analytic situations and offer more complete interpretations of analytic practice, not limited to so-called real relationships.

A necessary condition for establishing a relationship is that there be two parties. This simple declaration has many implications. It sets up the pair in dyadic terms, which is more fruitful than descriptions that start with a debatable unity as a base. If we further reflect on the implications of this fundamental duality as a precondition for the production of a *third*, we arrive at the basis of symbolic activity. In fact, the creation of a symbol de-

mands that two separate elements be united in order to form a third element, which borrows its characteristics from the other two, but which will nevertheless be different from the sum of those two (Green 1986).

There is another way of conceiving thirdness. To take the example of the relationship of two parts designated A and B, one might say that the relationship between A and B, whether a form of linking or unlinking, is the third element of the relationship. The same can be said of an object reflected in a mirror: we have the object, its image (or representation), and the mirror as a reflecting surface. Such discussions have inspired new ways of interpreting the analytic session, such as in Ogden's (1994) conception of the analytic third, relying on my own idea, at least partially (Green 2002).

### THE SETTING AS ANALYTIC THIRD

Already during the 1950s, Bleger (1967) and Winnicott (1975), each in his own framework, recognized the existence of a third factor apart from the analysand and the analyst. The setting was seen as a transitional state between symbiosis (Bleger) and potential reunion (Winnicott), partially reflecting the location from which it originated, but inhabiting a different space. In Winnicott's view, this related to symbolization and was viewed not only as the reunion of parts that had been separated, but also as including a historical dimension that linked two moments. The reunion was conceived of as the realization of an instant that had been anticipated long before it happened; but when it did occur, it could not acquire meaning without first being connected to the moment when the parts had been split.

It is obvious that Winnicott's hypothesis cannot be dissociated from Freud's basic assumptions about desire. In symbolization, two parts of a broken unity are reunited; and the overall result can be considered not only as the rebuilding of a lost unity, but also as the creation of a third element that is distinct from the other two split-off parts. This way of understanding symboliza-

tion links it with conception. Here, *to conceive* both constitutes a concept and creates an imaginary gap between the two states of separation and reunification. Binding and unbinding are the two main functions that Freud found to be the basic characteristics of life or love instincts, on the one hand, and of destructive instincts on the other—a view that comes close to what I have just stated in terms of reunion and separation.

Although two functions may seem quite enough to explain the interplay of these activities, I wish to propose a third element: *rebinding*, which corresponds to reunion after separation. Most of the time, psychic structures appear to us as already bound. In reality, they are less bound than *rebound*, stemming from an unknown stage when the component parts were separated. You tell a dream, you associate, and you analyze it. You break the manifest dream as a bound unity. You disassemble the formerly apparent unity through associations. Afterward, a new unity appears in the mind, once the dream work has been mobilized and interpreted. Elements that come under the scrutiny of analysis are rebound into a new unity.

## TERTIARY PROCESSES

Earlier (Green 1972), I proposed to add another type of mental event to Freud's description of primary and secondary processes—what I called the *tertiary processes*. The role of these is crucial in the course of analysis: they function as a go-between, linking primary and secondary processes. In analytic work, the tertiary processes vacillate between fantasies and ideas, or perhaps between a rational association and the memory of a dream, or even between a narrative monologue and an inadvertent slip. The silent work of such processes is what enables the analytic process to progress toward achievement of insight. It is also the lack of such processes or their impairment, described by Bion (1962), that accounts for the absence of progress in an analysis. A similar circumstance was described by Winnicott (1971) as the inability to play or the lack of a transitional area seen in some patients.

In fact, in psychoanalysis, we have several notions that contain an important third dimension, just as do the bipartite models of the psychic apparatus and the triangular oedipal situation; some of these are concepts that can be interpreted in a tertiary way by modifying their classical dualistic formulation (such as binding/unbinding or primary process/secondary process).

### SAUSSURE'S LINGUISTICS AND LACAN'S UNCONSCIOUS

I will now turn to what I consider a main feature of the psyche: its relationship to language and thought. Saussure's (1976) linguistics were used by Lacan (1966) to illustrate his theory, according to which the unconscious is structured like a language. Lacan's theory of psychoanalysis was supposed to pay attention only to the signifier and not, by any means, to either the signified or the meaning related directly to it. But the structuralistic reinterpretation that occurred in the 1960s defended the view that the aim of analysis was in fact to analyze the relationship of the subject to the signifier. In Saussure's linguistic conception, the signifier is the acoustic or material face of the sign. Lacan (1973) gave his own definition, which differed from Saussure's: "The signifier is what represents a subject for another signifier" (p. 180). Although his meaning may seem obscure, we must understand that he is speaking here of the signifiers of the unconscious, which form a chain (Freud 1918). Therefore, if one considers the relationship between two of them, their connection is understandable only if the operation of a *subject* is inferred to link them together. Such a subject is, of course, the subject of the unconscious. The signifier—the smallest unit of language—is represented by its material contents, through which it is signifying by taking part in a system of combination and then functioning as a model.

Applied to psychoanalysis, the isolation of a signifier within a chain induces the operation of the subject, which is detected by the transition from one signifier to the other. Here the circularity of Lacan's definition becomes apparent: that psychoanalysis is the

relationship of the subject to the signifier as that which represents the subject for another signifier. Or, to state it in another way, it is the relationship between the subject of the unconscious and the subject of discourse—as expressed in the subject’s individualized idioms, expressions, words, style, and so forth—that paves the way to unconscious desire, from the most explicit and meaningful sentences to inadvertent turns of phrase. This position is clarified by another Lacanian axiom: that the unconscious receives its message from the Other in an inverted form.

The foregoing is a generalization of Lacan’s application of the model of language to the unconscious as a discourse of the Other. I should mention that Lacan’s (1966) definition of the signifier includes a reference to the representation; it is “what represents a subject for another signifier” (p. 819). In my view, this reference to representation in Lacan’s own words has the feel of a slip of the tongue, indicating that he wanted to avoid a conception of the subject in terms of representations as understood in classical analytic theory. In spite of the difference in meaning of these two uses of *representation*, in his more abstract definition of the signifier, Lacan referred back to it; he was then bound to do exactly what he had tried to escape: he compelled us to match his conception with the Freudian theory of representation. In fact, the Lacanian definition of the signifier is quite compatible with Freud’s formulation of secondary processes—that is, the relationships of relationships.

For me, the concept of representation is, without a shadow of a doubt, the cornerstone of Freud’s conception of the psychic apparatus—provided one appreciates the originality and complexity of the different types of representation included in Freud’s conceptual system. Lacan’s theory of the signifier restricts the analytic conception of representation to the representation of a linguistic structure, leaving us in obscurity as to what exactly represents the subject in a nonlinguistic structure. Furthermore, Lacan did not always appropriately acknowledge his sources; this is the case with his definition of the signifier, which is less related to the work of Saussure than to that of Peirce (1931). Lacan’s conception, examined nowadays, is seen to contain many problems:

1. It contradicts one of its sources, Saussurian linguistics, in its recognition of the possibility of separating the signifier and the signified, originally seen as indissociable, as though they were two sides of the same coin.
2. The recent discoveries in regard to Saussure's manuscripts indicate that he favored drawing a distinction between a linguistics of language and a linguistics of speech. Lacan, though aware of that, missed the opportunity of constructing a linguistics of speech.
3. Lacan's "theory for the sake of theory" (Green 1973a, 1973b) is compelled to minimize the various elements of signification and their relationship to the model of language, thereby neglecting the heterogeneity of the psychoanalytic signifiers (word, thing, affect, drives, ideas related to reality, and so on). The components of Freud's theory include not only word-presentations, but also thing-presentations (the only ones that constitute the unconscious, supposedly), psychical representatives of the drives (Freud 1915), ideas and judgments derived from reality that represent it in the mind, and affects, among many other elements. Each element follows specific models of binding and unbinding. Thus, Lacan made an unjustified extension of the concept of the signifier, without differentiating between the signifiers of language and others related to semiotics.
4. Verbal elements are treated as a single category of signs in Lacan's theory, and other elements must be converted to words as far as possible. This is an ambiguity when applied to psychoanalysis, where the fundamental rule is to extend the field of translation of the nonverbal signifier into verbalization. Even when it is possible to translate the nonverbal signifier into speech, that signifier continues to bear what Freud (1925) labeled a "certificate of origin" (p. 236).

## C. S. PEIRCE: THE LOGIC OF RELATIVES

Peirce's (1931) semiotic theory is very complex, and I do not want to give the impression that I share all his ideas, because I am not sure that I fully understand them all. One of his most striking innovations is his triadic conception of the sign: *firstness*, *secondness*, and *thirdness*. Firstness is associated with qualities of feelings and emotion, secondness with being, and thirdness with generalizations such as law, thought processes, and so on. What Peirce called the *logic of relatives* seems to include constituents of varying definitions. Firstness is characterized in some writings as referring to presence, simplicity, spontaneity, or perhaps a mode of being in itself. Qualifying it as primal or primitive, Peirce emphasized that this category, as he conceived it, has no relationship whatsoever with anything other than itself.

Secondness, which in his view is the easiest category to understand, is the result of the brutal reaction to a force originating from the outside. Here Peirce included the idea of separateness and subsequent reunion in two, and only two, subjects—a principle of constant duality and, as such, not fully comprehensible; the elements, when either united or separated, form couples, as though nothing else would or could exist. Secondness is secondary to firstness and does not substitute for it. And finally, thirdness constitutes the true level of understanding, because it is about the modification of a subject, which cannot be modified while a part of any pair without introducing something intrinsically different from the unity of the pair.

These ideas, expressed by Peirce for the first time in 1867, were elaborated as long as he continued to write. They resonate with psychoanalytic thinking: firstness is linked with sensations and affects; secondness with conflict, and to some extent, with primary processes; and thirdness applies not only to secondary processes, but also to what Lacan defined as the symbolic and Bion as the alpha function. Winnicott placed himself cautiously between primary creativity and objective perception; as he noted, this dual-

ity, or paradox, should not be overcome—that is, we have to accept that objective perception does not remove primary creativity. The result of the interaction of these two elements is the enrichment of creativity through the presence of objective perception, rather than the domination of objective perception at the expense of primary creativity.

Peirce's association of firstness with feelings and secondness with being is in concordance with the ideas expressed in Freud's (1925) paper, "Negation." Peirce implied that the first mode of functioning of the psychic apparatus is based on the judgment of attribution, which decides whether something is good or bad. What comes second is the judgment of existence, which decides whether or not the thing exists in reality. Here a question commonly arises: Why is existence—that is, reality—placed in the second category, rather than in the first? The concept of thirdness is here associated with the treatment of symbols, and all specifically "mental" characteristics—whatever *mental* implies—are assigned to thirdness. Peirce (1931) wrote in a letter, "Thirdness is the triadic relation existing between a sign, its object, and the interpreting, though itself a sign, a sign that mediates between the interpreter and its origin" (p. 52).

## INTERPRETING THOUGHT

An element of particular interest in Peirce's definition is that the interpretation of thought is considered one of the three elements of the triad. The ability to interpret thought is not born magically out of the dual relationship between a sign and an object; the relationship needs an organizing agent that is not part of the relationship, and as it relates to thought, such an agent recognizes a distance and reflection between the object and the sign. If we apply this postulation to the analytic situation, we can consider the unconscious as playing the role of the object, verbalization as its expression in terms of sign, and interpretive thought as the process by which the terms are related to one another. According to various modes of thought and their relationships to

a developmental point of view, different sorts of triadic relationships are recognized, and all belong to thought.

This calls to mind some of Freud's earliest research, even before the birth of psychoanalysis in 1891, around his investigation of aphasia, in which he sought basic principles of explanation. He came to define the *symbol* as a relationship not between a thing and a word, but between the representation of the thing and the representation of the word. This is further evidence that from the beginning, Freud was seen to defend the conception he held about the mind and the brain. He considered that representation lay at the center of psychic activity. Representation is a polysemic concept about the workings of the mind that differs according to what is under discussion: the external world (perception), the internal world (memories, fantasies, and so on), the body (drives and needs), or reality (judgment). The problem is how to articulate these different types of psychic work in order to construct meaning in its different varieties (conscious, unconscious, somatic, real, and so forth). These involve different modes of representation. Therefore, representation is a unified concept that is applied to heterogeneous material and is related to meaning, from the earliest and most primitive expressions to the highest and most complex psychic activities. The type of sign involved in thinking constitutes the mode of being of a sign, and this will perhaps become clearer as I progress in my exposition.

### INSTINCTIVE KNOWLEDGE: REPRESENTATIVES AND REPRESENTATIONS

Every analyst is aware of the importance of Freud's (1918) findings from the analysis of the Wolf Man, not only in relation to the discovery of the primal scene, but also because the case represents the first occasion in psychoanalysis of an apprehension of borderline thinking. It is probably the neglect of this characteristic of the Wolf Man that caused what might be called the most famous reported failure of analytic treatment. At the end

of the paper, after referring to the far-reaching instinctive [*instinktiv*] knowledge present in animals, Freud made a comment that seemed to deplore a lack of such knowledge in people: "If human beings, too, possessed an instinctive endowment such as this [instinct in animals] . . ." (1918, p. 120). He then went on to describe the relationship between this type of primitive knowledge and more developed intellectual thinking, the latter superseding the former, though not suppressing it entirely. In particular circumstances, instinctive knowledge may be endowed with renewed power.

It would not be surprising that it [such knowledge] should be very particularly concerned with the processes of sexual life, even though it could not be by any means confined to them. This instinctive factor would then be the nucleus of the unconscious, a primitive kind of mental activity which would later be dethroned and overlaid by human reason, when the faculty came to be acquired, but which in some people, perhaps in everyone, would retain the power of drawing down to it the higher mental process. [Freud 1918, p. 120]

This quotation supports the fact that, as far as instincts were concerned, Freud's conception was not a biological one, but rather, it alluded to a primitive kind of mental activity. Something at the heart of the psyche—this primitive kind of mental functioning—must have some relationship with what Freud referred to as the *psychical representative of the drive* or the *instinct*.

I would like to spell out more specifically what I am alluding to in Freud's quotation. The psychic representative of the drive, in his own term, is the *psychische Repräsentanz*; it must not be confused with what is called in English the *ideational representative* [*Vorstellungsrepräsentanz*]. Why make this distinction? The difference for me lies in what is represented in each case. The *ideational representative* refers to the object presentation—i.e., the representation of the idea of the object, or in other words, its contents. For instance, when we think of the breast, we attempt to make the breast reappear, even more than the idea of the breast. Our

thoughts derive from the sensory impression of the breast that is present in our minds, with the wish to make it come to life again.

The *psychic representative*, by contrast, is the representation of the body stimuli in need of satisfaction, once they reach the mind. This is quite different from the representation of the breast in terms of its ideational content, whether an image or simply an evocation of any of its qualities that remain present in memory traces. In this last instance, the image in the mind has a reference outside the mind, too, in the external world. Does the image look like that which it refers to, and what are the consequences of the conformity or nonconformity of bringing together the image and its outside model? Freud encountered questions such as these in his early research.

On the other hand, when we speak of the *psychic representative of the drive*, there is no external reference. It is not a copy of an original existing somewhere else that we can visualize or perceive in our minds or to which we can refer as a form. An analogous situation is of a movement that lacks an image seeking an object in order to find satisfaction, and if it does not, it turns, at least, to the traces of a former experience that brought satisfaction. What is represented here is a movement in search of something. In other words, the instinct or the drive is described as *being* the representative of the body, whereas elsewhere, the drive was described by Freud as *having* representatives (ideational, imaginary, affective, verbal, and so on), to which it will turn when reality does not bring satisfaction.

So, it is instinct that connects the being with the demands of the body. But that being is dependent on an object outside the body to sustain and support it because of its immature condition at birth. The result of this situation, according to Freud (at least as I understand him), is that *the matrix of the mind is characterized by the meeting of the psychic representative* (by which, so to speak, the being comes into existence through the demands of the ultimate reality of the body) *with what the mind has kept as traces of former experiences of satisfaction that bear some similarity to the sought-after situation*. Most of the time, we do not think of this

matrix as having been formed out of two components: one coming from the innermost body (which does not really know what it is seeking, and expects only a degree of relief from its tension and pain), and the other from the contents provided by the mind to fit the demand. It may even be postulated that it is only when the memory traces of the object meet the urges of the body that meaning is retrospectively found.

Usually, analysts who find value in such a model content themselves with the well-known concept of hallucinatory wish fulfillment; they seem to overlook that they are dealing with the *result* of the process, mistaking it for the components of its *origin*. That is, the mobilization of the wish reproduces the mobilization of the body stimuli that seek satisfaction and the awakening of memory traces during such a mobilization, reproducing the attempt to reach the object that once brought satisfaction.

If we consider the relationship I am describing between the psychic representative and the ideational representative, we realize why our conception of representation cannot be compared to the philosopher's view of it. Philosophers locate representation outside any situation of dependence on the body or the object. What they seek in representation is something permanent, immutable, and defined mainly in terms of its correspondence to reality—through perception, that is—a relationship that in Freudian thinking is only a secondary one. Philosophers tend to refer to the most tranquil, quietest, and most stable representations, because they can include them as links in a chain connecting perception to conception, whereas our concept of the representation is a dynamic one. It is dynamic because it deals with tensions that it continually tries to resolve through modifications directed both internally and externally, seeking solutions according to the memory of past successful outcomes—memories that have been retained, but that still have not achieved mastery of a general state of urgency, threat, and sometimes helplessness. The consequence of this is that the most primitive kind of mental activity (labeled *instinctive* by Freud) centers around puzzling problems that are felt as experiences in the body, necessitating

their resolution by something outside the body—and with the presence of only a hazy notion of what the relationship might be between what is internal and what is external.

According to such a view, the concept of representation would expand in this vast field from the body to language. Representation would be closely associated with the psychic and with interpretation—that is, the interpretation of movement in the body by the young being, and interpretation about the need-satisfying objects that reside both in the mind and altogether outside it. It is the meeting of these two types of interpretation that culminates in the awareness of the relationship between subject and object. The subject is thus seen as a restless, moving entity in search of rest, having to cope with the multiple conditions of the object and aiming at their coexistence within the subject itself.

### THREE MODELS

We can construct three models:

#### ANALYTIC SITUATIONS

Analysand . . . . . Insight  
Analyst . . . . . Interpretation  
Setting . . . . . Symbolization

#### THE INTRAPSYCHIC

Psychical representative  
Thing-presentation  
Word-presentation

#### THE INTERSUBJECTIVE

Enunciation (the analysand's discourse)  
Listening (the analyst's deciphering)  
Metacommunications (from the analyst: interpretation;  
or from the analysand: insight)

All such models imply thirdness. In the analytic situation, depicted in the first model, the setting is the space-and-time framework that facilitates understanding the relationship. In the second model, the trajectory is from body to language (and vice versa), and in the third, from one person to another, resulting in a new meaning that has been created through communication between the two partners.

I doubt that the here-and-now interpretations in an object relationship can dispense with all references to the category of “somewhere else”; they may be indirect references, in most cases, but they are nevertheless present. Nor can there be a complete absence of “once-upon-a-time” references, associated with processes of reentry (Edelman 1992). So we see that the representation and complexity of thirdness are linked and rely on interpretive thought, which takes different forms according to the material. I find it hard to understand how any living organism belonging to the human species could survive without any activity of interpretation.

The internal object is not a reproduction or a photocopy of the external object, but a true creation. Needless to say, we have to make a distinction between the internal, conscious representation of the external object, born out of perception (whose structure is supposed to more closely approximate that of the external object), and the internal, unconscious representation of the external object, which will be framed by projections of sexuality, their frustrations and repression, and built up with the help of desire. This latter structure is the byproduct of imaginary work done on the wishful object in tandem with instinctual impulses, the desire of the subject, and memory traces of the need-satisfying object—all of which are transformed, and which together give birth to the representation of the object. These elements combine to form the unconscious thing-presentation.

From that first union between the psychic representative emanating from the body and the memory traces of the image of the object, a new entity is created: the object representation. In this new mixture, the subject has worked out all inherent subjectivity,

not only because of the projection, but also because of something stemming from the inner sense of the subject's body feeling, to which he or she has given a conceivable and meaningful form. This can be considered in terms of projection, as long as one is careful to emphasize that the projection is, above all, toward oneself—which provides the opportunity of bringing it back into the mind, when communicated to someone else, as an interpretation that may find a place in a wider context.

Such ideas may shed some light on the primitive kind of mental activity hypothesized by Freud (1918) in regard to the Wolf Man. At first sight, we might be tempted to interpret Freud's remarks as relating to a sort of intuition. If my construction of the matrix of the mind is accurate, we may assume that the participation of the body, from the point of view of what will become its instinctual impulses, favors the anticipation of more elaborate rational conceptions precisely because of its link with the ideational representative and the future transformations of this amalgam. This association is not limited to describing the state of immaturity of the child and the child's dependence on the parents; it inevitably fosters an intense fantasizing activity as well. And when it approaches reality, perception is directed by the contents that have previously inhabited the mind and found shelter in the internal world. Projection is at play, but as Winnicott beautifully portrayed, the mind finds and creates objects simultaneously. And in this interaction of processes, where perception and projections combine, some mutual grasping of what is perceived and what is apprehended with an internal gaze can meet to form a kind of pattern, which, though very far from the real situation, has a suggestive power of evocation and generation of other forms in the mind—perhaps something analogous to what occurs in a squiggle game.

### THIRDNESS IN THE HISTORY OF PSYCHOANALYSIS

The history of psychoanalysis is a continuous series of controversies, some familiar to us and others more hidden. To cite a well-

known example, there was much controversy about the relative importance of the internal object versus the external in the debates between Melanie Klein and Anna Freud, and that quarrel is not over. The baton was taken up by Hartmann, who argued along the same lines as Anna Freud, but very differently. Then came Bion, following on Klein's point of view. In fact, Bion's view is also very different from its source of inspiration, as it includes a rehabilitation of some of Freud's hypotheses within a Kleinian framework; this applies to his ideas about thought processes.

Happily enough, this duel gave birth to a third contributor, Winnicott, who refused to be caught in the dichotomy between internal and external, instead locating himself in the transitional space. Again, thirdness was the appropriate solution, because the analytic space falls under the sole sovereignty neither of the internal nor of the external world. The whole dispute, at least as I see it, has been in actuality about the question of representation. Though Klein did not make much explicit use of the notion, the question for her, as for others, has been: What stands between the sometimes unrepresentable content of our deepest inner reality and the representation of realities through perception?

Freud (1927) eventually discovered, through disavowal, that perception could not be considered appropriate evidence of access to reality. (The reader will remember that he had earlier discussed reality testing.) The interpretation of reality was later seen to be dependent on the judgment of existence. Freud finally articulated the interpretation of mental events according to two types of judgments: that of attribution, which governs the pleasure-unpleasure principle, and the judgment of existence, which must determine whether an object does or does not exist also in reality, under the governance of the reality principle. Even in this latter case, however, we recognize that in Freud's theory, there are some psychic structures that are threefold, adding a third category to the two well-known concepts of the pleasure principle and the reality principle: the category of conscious fantasy, called *half-caste*—the fetish that exhibits simultaneous acceptance and denial of reality.

Does psychoanalytic theory recognize the problems indicative of the complexity of the mind?

### REPRESENTAMEN AND THE INTERPRETANT

Here I would like to return to Peirce (1931), and to now consider his ideas about representation, as he described them in comments about what he called *representamen*. Let me remind the reader of some aspects of his position: Peirce noted that thirdness consists of that which brings a first (a sign) into interaction with a second (its object) and the interpreting thought, which is itself a sign. Something similar has been postulated by the French linguist Benveniste (1967) about the third person in language; he defined this as a function of representation that is able to replace some parts of the statement, and even an entire statement, with a more manageable substitute.

It should be noted that the operation of substitution seems to obey a process of internalization that acquires a specific function within a process that may be characterized—at least according to Freudian views—as itself acting in the same way: word-presentations become substitutes for thing-presentations. These word-presentations, according to Freud, are themselves devices to provide a quality to thoughts that enables us to perceive them. The word-presentations can be said to stand between two systems, serving as intermediaries between the inner representation of objects and the communication of thoughts. But in the case of the third, what seems to be emphasized is a general extension of the function of substitution and the possibility of association with any object reference, bringing with it the capability of becoming reflexive with the agency of discourse.

Turning again to Peirce, it appears to me that the essential function of a sign is to make inefficient relations efficient—not to set them into action, but rather to establish a habit or general rule by which they will occasionally act. If this definition is conceived in terms of efficiency or inefficiency, dissociated from action,

what happens during a dream might come to mind. Furthermore, when the organization of signs leads to action, uncontrolled actions can occur, as in parapraxes or in acting out, or others may be induced to act in the way the subject wishes, or they may be provoked to perform acts that the subject wishes to perform. In advancing his thinking along these lines, Peirce concluded that he needed a theory of representation, a position that brings him very close to Freud. He created a new concept, *representamen*.

Interpretation is not limited to the communication of the analyst to the patient. One can say that everything conveyed to the analyst has undergone some kind of interpretation (unconscious, of course) by the patient before being communicated. This is obvious in the example of the dream. Recognizing this helps us to understand what we do when we analyze. There are signs—the words of patients, or, in Freud's term, word-presentations—and there are no objects. Objects—or, in Freud's term, things—are what words refer to. Objects have a double existence: internal and external. Representations help us to make these two aspects communicate; it is through the system of signs that we can connect the thought processes that account for their organization.

Thus far, we have talked only about secondness and firstness. To analyze is to be able to refer to a third category, however: that of interpreting thought, which is itself a sign, though not evidently noticeable, and one that I call the *tertiary processes*. I consider these to constitute the mode of being of the sign that words alone would not enable us to interpret.

As Peirce noted, an interpretant can be taken in such a vast range of ways that its interpretation is not necessarily a thought; it may be an action or an experience or a feeling. This is one of the most striking aspects of Peirce's theory—the extension of the field of interpretation beyond language (particularly since he was a semiotician and not a linguist). In my view, the interpreting thought is not only present in word-presentation (i.e., in language), but also in object presentation. That is implied by Freud's conception of the unconscious. For instance, consider that Freud characterized the repressed as being attracted to what has al-

ready been repressed. Unconscious object representations are thus necessarily structured so as to possess the capacity of interpreting thought. In the same way, Freud underlined the fact that thought is mainly unconscious, and thus, by implication, not dependent on words. Unconscious processes are capable of a certain type of thought that is different from that based on secondary processes—interpretations—as can be seen in projection and projective identification. These are ways of thinking, too, and therefore, there was no need for Lacan (1966) to speak of the unconscious as structured like a language, because what matters is not a theory of the relationship of the subject to the signifier, but a theory of the relationship of the subject to a whole range of representations of different natures, where the signifier has a heterogeneous structure implying transformation when one passes from one type to another (that is, between dreams, fantasies, transference, and so on).

I should here clarify the difference between a sign and *representamen*. A sign, Peirce wrote, is probably everything that can be said about an object, while a *representamen* is everything that is subject to analysis in the mind. The sign is the association—the manifold association—with the associated. In the case of an object, *representamen* is only what you can analyze from the relationship between firstness and secondness. Every sign stands for an object independent of itself, but it can only be a sign of that object insofar as that object is in and of itself the nature of a sign or thought. The sign does not affect the object but is affected by it, so that the object must be able to convey thought; every thought is a sign.

## LEVELS OF MENTAL FUNCTIONING

Contemporary psychoanalysis is divided into different approaches. To simplify this division, we can distinguish three levels underlying the bases of theories of thought:

1. Level of conscious speech
2. Level of unconscious thoughts and representations
3. Level of bodily reactions and affects

This scheme must be augmented by the following:

- A. There is often a relationship between 1 and 2, conscious and unconscious speech. This is the pre-conscious.
- B. Between 2 and 3 lies the relationship between thing-presentations and bodily expressions. This corresponds to unconscious affects and extends to body expressions and the soma. As far as the soma is concerned, interpretation is not specific enough and must relate to the higher levels. Notice that I imply a difference between body and soma: the first is influenced by unconscious representations and affects, while the second is not.

In intersubjective relationships, there are four phases:

- the body, the mother, the father in the mother's mind as the potential of thirdness already existing;
- the baby, the mother, and the object of the mother (which is not the baby);
- the baby, the mother, and the father;
- the baby and the parental couple.

In each case, the *representamen* changes its functions. The above descriptions bring me to the conclusion that any attempt at so-called dual relationships is a total illusion.

A representation is the operation of a sign or its relationship to an object, and this includes the possibility—essential when thinking about analysis—that a word or any other material of the mind is susceptible to being associated to other elements in a way that makes it possible to propose a meaning to this association. This statement is close to Lacan's concept of the symbolic. But the difference is that Lacan discarded the semiotic approach of Peirce, because he believed that Saussure's conception of the unconscious structure of language was better suited to psychoanalysis.

*There cannot be any subject if not for another subject, and a sign is whatever communicates a definite notion of an object by any means.* In Peirce's (1931) words:

*Representamen* is the subject of a triadic relation to a second, called its *object*, for a third, called its *interpretant*, this triadic relationship being such that the *representamen* determines its interpretant to stand in the same triadic relation to the same object for some interpretant. [Vol. 1, p. 285, emphasis in original]

I am aware that I am quoting very difficult statements, but this is a fundamental point. This conceptual structure does justice to the complexity of the act of interpretation in analysis. Interpretation is surely the core of analytic action, and I prefer pondering such dense statements to oversimplifying the whole thing by adopting a schematic attitude.

Let us now consider some non-neurotic structures, where thirdness seems to be lacking. How can we work with this situation? If we return to the concept of the psyche, the inaugural moment of thought is the meeting of the unrepresentable, the psychic representative expressing the bodily demand, and the cathexis of a memory trace left by the object. From this original joining together, the possibility of analytic work through transference is opened up. To put it very schematically, the psyche is the effect of the relationship of two bodies, one of them being absent. Let me here try to explain what I understand from Peirce's hypothesis. The concept of *representamen* attempts to define a process more than a condition, as in the relationship to perception. We find in this an analogy to Freud's concept of representation, which, as we have seen, reproduces and reshapes itself very clearly with a double standard of things and words, to which Freud added a very different kind of representation: of messages borne in the body and requiring expression when they reach the mind. Peirce did not directly concern himself with that. But when he assumed that an interpretive thought can be found in a feeling or in action, he opened up the possibility of including messages from the body as possible locations for interpretive thought as well. It is this set of transformations that one should keep in mind.

Peirce focused his elaboration along several lines. The first conceived of the sign as a manifestation of the *representance*

through its capacity to establish a relationship of some kind—or, at any rate, to create a situation in which substitution is at play. He remained vague as to the limits of what such a relationship is all about. He assumed at this stage that the sign is something that stands for something else. This process in which a relationship leads to a substitution finds an analogy in Freud's descriptions of dream work. No subject is involved here; instead, the psyche is reduced to the operation by which it transforms content through condensation and displacement.

Of course, a major difference between Freud's thinking and Peirce's is the former's hypothesis of the pleasure-unpleasure principle, which accounts for the attempt to realize a wish in a dream. But for both theoreticians, what is important is the result: the capacity to establish a relationship that includes the replacement of an original statement by something else acting as a substitute. We might also think of object representations as less a translation of the perception of the object than a relationship between elements derived from sense impressions left by the object, substituting for the object itself.

## SOMETHING AND SOMEONE

A change in thinking results from the communication of this view of the relationship. What had been labeled *something* undergoes a considerable change when communicated to *someone*. The pursuit of the process of representation within a person or in another person is taking place. Here it is not a mere relationship that develops, but a *creation* that occurs—either of an equivalent sign or a new mental event, the occurrence of a more developed sign. How can this happen, if not by taking something of the proposed sign and including it in a more extensive set of associations?

We must clarify Peirce's definition of *representamen*, which introduces the concept of the *interpretant*. We can deduce that an interpretant is what changes an already existing relationship with the action of a subject. (I am not sure that we need to consider the

relationship as always with another person.) We can understand this event as the operation of thinking in a secondary approach—not because it comes after the first, but because it examines an already existing relationship limited to a process of substitution. The specificity of the interpretant stands for something of its object. We witness here Peirce's return to the term *something*, but in fact, he wanted to define the matter with which the mind has to work. After the intervention of the interpretant, the transformations that have occurred with the development of a higher type of sign are confronted anew with contents that they can reshape according to this new approach. What has been transformed is no longer related to the operation of the relationship; it is related to what Peirce qualified as *something of its object*.

Here is an ambiguity: did he mean the object on which the sign has worked to form the relationship? Or did he mean that the object is the outcome of the relationship itself—i.e., the meaning that can be drawn from the intrapsychic relationship? It is possible that the two meanings coexist, but the important thing to understand is that the object is referred to in the theory only after the intervention of the subject—either as some other person or as the subject's own object. The object would not exist empirically outside the mental events that allow some relationship to appear. It is always indirectly apprehended. This postulation appears close to Freud's theory. Object and interpretant are associated by the process of substitution, itself submitted to a substitution of another type, including a subject. This reminds me of Freud's definition of secondary processes as capable of expressing relationships of relationships. Peirce had no other way to define what he considered to be the foundation of *representamen* as an idea; here he was obliged to come back to traditional philosophical thinking. But what matters for us is the way the triadic relationship keeps moving forward. The *representamen* dictates that its interpretant stand in the same triadic relation to the same object for *any* interpretant.

In thirdness, there is always one term that is disturbing by virtue of being undesirable or unwanted, or one missing term

that changes the triangular structure to form a pair. We can now see that the nature of the psyche is linked not only with the unconscious, but also with the parents, or, more generally, the others. *Freud's second topographic model increases the heterogeneity of the agencies of the psychic apparatus (by which I am referring to the id, ego, and superego), each one following a different modality of treating the information, related to internal needs or to the exigencies of the external world, or having to submit to more or less drastic suppression in the mind.* But this dualism at the start includes thirdness by inference (the two terms and their relationship as the third one). So it is in life, just as in thought.

### THE INAPPROPRIATENESS OF LINEARITY

We realize at this juncture that a logic of common sense, following a linear sequence (1, 2, 3 . . .), is inappropriate for the understanding of the human being. The happy encounter between Peirce and psychoanalysis opens new paths for research. But one can also raise doubts; for instance, this conception of thirdness may be viewed as lacking a very important dimension, that of conflict—but I do not think this criticism is justified. As Peirce noted, everything that the mind encounters contains an element of struggle, and this is present even in rudimentary fragments of an experience, such as a simple feeling, because such a feeling always has a degree of vividness and diffusion, and always stands in relation to other feelings. This is the basic condition of how emotions appear in the mind: never isolated, but as parts of sets that include opposition. The simplest feature of what is present in the mind is the element of struggle: the mutual action of two things without reference to a third nor to any mediation, and without consideration of the law of action (Peirce 1931). If, in the endeavor to find some idea that does not involve elements of struggle, we imagine a universe that consists of a single quality that never changes, there must still be some degree of steadiness in this imagining, or else we could not ask whether there

were an object with any positive substance. Peirce claimed that this steadiness consists of the fact that, if our mental manipulation is delicate enough, the hypothesis will resist the change. I think it is a beautiful way of presenting things, and also of showing that psychic activity is linked to Eros against destruction.

The preceding remarks relate to secondness, which must deal with the outcome of changes in being that occur as a result of the influence of force (action and reaction). Underlying this is the idea of coupling, even between remote subjects. This coupling is exclusively limited to two subjects; it is a constant duality.

Thirdness must be approached more precisely. Peirce developed the concept of thirdness in the context of a logic of relative elements, opposing it to firstness and secondness. Thirdness is the highest capacity of the mind. Peirce gave different descriptions of it; one conception was that it consists of modifications of the being of a subject. We might think that this simply constitutes an extension of secondness, but in fact, there is a change of order, because it is only in thirdness that meaning, understanding, and generalizations are possible. This is a requisite to the formulation of a law. But the outcome of thirdness must include firstness and secondness as independently fixed; otherwise, thirdness would lack a basis for its operations.

Peirce made another statement about the difference of thirdness from the preceding. He used the comparison of an individual within a system, noting that, if there is a relationship within which each individual in the system stands in relation to any other, but in which no third stands in connection with the previous other, then, in relation to each individual of the system, any other individual stands for that relationship. This characterizes what he called *finished multitudes*. Here the third does not exist in an immediate connection with the second, but spreads all over the system and can find an application in any instance of secondness.

To review, firstness has to do with sensations, feelings, and qualities; secondness with the modifications being undertaken

through interaction with external forces; and thirdness with what Peirce considered the field of generalization and continuity. Peirce warned against the temptation to oversimplify the conception of the relationships between these categories. We need not suppose that the qualities of firstness emerged as separate entities that related to the others afterward; in fact, exactly the opposite is true. The general and independent potentialities have become limited and heterogeneous. This is a powerful indication that we should not think of this logic of relationships as obeying the schematic patterns of child development.

Peirce hesitated to define the attributes that characterize thirdness; he considered two possibilities, mediation and representation, but he was afraid to extend the usual meaning of the latter word in a potentially abusive way. *Representamen* seems to permeate the whole definition, especially the subject, because it is a subject whose attribute is to bring forward its capacity of interpreting the relationship between subject and object. There is no understanding of such a relationship that would do away with interpretation. Moreover, to interpret is not only to assess or to give meaning; it is also, through its very exercise (acting as a third factor), to demonstrate the possibility of proceeding to a substitution of the subject by the interpretant and to go on in the process in such a way that the interpretant can play this role for any other interpretant. It seems to me that this is an essential finding: the connection of interpretations, together with substitution and dynamics. The relationship between subject and object must not only be transformed by the operation of an interpretant; the relationship must also open up the field of interpretation, applying it to another interpretant.

How important these hypotheses could be for psychoanalysis! The first implication is that reference to a relationship existing exclusively between a subject and an object (usually called an object relationship) is insufficient, and, in my view, wrong. If, with Peirce, we add the category of the interpretant (as distinct from the category of the subject), we suggest that with this notion, a specific function comes into play. Its task is to extend and to

generalize the outcome of the relation between subject and object in a particular experience. This is how I understand Peirce's definition, which speaks of its application for any other interpretant. This is not to be confused with any other *subject*, since it is within the discourse of the subject that the interpretant is linked to other interpretants. This is the basic idea that more than two parties are necessary to categorize and generalize the exchanges of a relationship. The three-party relationship is the matrix of the mind. A dual relationship is not an appropriate model, as it does not do justice to the complexity of communication in terms of thought processes.

This calls to mind Bion's distinction between thoughts and thinking, with the latter needing an apparatus to transform the thoughts. In other words, the representation is about the representation of a relationship, rather than about the different elements that take part in it. Interpretants are not persons; they are signs and characterize the mode of being of a sign. What is important to emphasize is the solidarity between subject/interpretant/representation. Not only does the interpretant act in a way that makes it indissociable from meaning, and not only does its mediating quality serve as a link in the relationship with an object, but also, and even more important, it serves to ensure continuity because of its potential to reproduce the relationship that now stands in the place of the subject for any other interpretant. If we do not take notice of this operation, we will not be able to adequately explain the process of interpretation in the analytic setting—given that what the analyst interprets from the patient's material has already been interpreted by the analysand, both in his or her internal world and in the way the material is communicated to this other object, the analyst.

## THOUGHT AND SIGNS

Thought is the manipulation of signs. Thinking does not exist apart from the signs through which it expresses itself. This capacity of thought opens the way for an infinite system of interpre-

tation. Here I think we are closer to Freud than to any other theoretician. Peirce's logic of relatives applies to what is psychic; if we want to apply it to problems of development, we should try to find out how such elements can coexist in different periods, as opposed to emerging from one to another. True knowledge has to give up the idea that the understanding of primitive stages provides the key to more advanced modes of thinking. It is only through thirdness that we can gain the possibility of understanding the relationship of the mind to others—perhaps because, no matter how archaic a transference relationship appears, as it unfolds in an analysis, it can no longer be labeled as purely archaic, but must be seen more as a reorganization of what is supposed to evoke archaicity but which is nevertheless intelligible to the mind of the analyst (which it would not be if it were exclusively archaic).

The analysis of a dream—not only its telling, but also what we assume to be the dream work—indicates that a form of thirdness is present, allowing it to be interpretable. All psychoanalytic treatments (psychoanalysis, psychotherapy, and derived methods) are based on interpretation. One might inquire whether this is true even when dealing with the so-called dual relationship, to which I would reply that it is through interpretation that the situation can be modified. In the so-called dual relationship, there must be some connections with thirdness that can be heard by the patient, as young or as regressed as he or she might be.

From these remarks, we should be encouraged to carry our research forward, rather than believing in simplistic explanations. I believe that Winnicott's ideas on the location of cultural experience could be seen in the light of some of these ideas. Bion—or, to be more precise, Keats, quoted by Bion—talked about negative capability as the ability to tolerate mystery and doubt and as a requirement for being an analyst. I should also mention here Winnicott's potential space, which cannot be observed, but is reached only through imagination. Lacan, too, emphasized the role of language in terms of presence and absence. All of these ideas, whether derived from Bion, Winnicott, or Lacan—or, in-

deed, from developments of Freud's conception of representation—use absence as the precondition for representation. Perception does come into play, but things are probably not so simple, even in perception, since it, too, involves representation in operation beyond ordinary awareness.

## CONCLUSION

We have seen that thirdness is connected to many other issues: so-called dual relationships, the interpretation of pregenital and preoedipal features in psychoanalytic theory, the relationship between mother–infant observation and mental processes, the part played by language in analytic practice, the examination of different bodies of ideas (Freudian, Lacanian, Winnicottian, and Bionian, for example), and, last but not least, the links between representation and thirdness. Peirce's concept of *representamen* happens to be very useful for psychoanalysis, providing a theoretical framework for an overview of representation. All this leads me to a conclusion that many will consider radical; nevertheless, it is my opinion: it is an illusion to believe that one can grasp the nature of the psyche in all its facets without the third element, which carries with it an inevitably metaphoric dimension.

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## SOLVING THE PROBLEMS OF DUALITY: THE THIRD AND SELF-CONSCIOUSNESS

BY MICHELE MINOLLI, PH.D., AND MARIA LUISA TRICOLI, PH.D.

*Locating the concept of the third in the debate about countertransference that began in the 1950s, the authors maintain that it originated to solve problems stemming from the recognition that the analytic encounter takes place between two individual subjects. This recognition can lead to discomfort for the analyst, once objective criteria to interpret reality have been lost due to adhesion to a dialectical constructionist perspective; it also implies a deeper involvement arising from the abandonment of neutrality. The concept of the third is often invoked to help avoid these risks. However, the authors maintain that only the human subject itself can grasp the self reflexively; this view has a referent in the Hegelian concept of self-consciousness and is also supported by the findings of infant research.*

### INTRODUCTION

The concept of the third is peculiar to our times and is closely linked to the emergence of the concept of subjectivity. In classical philosophy, the individual was not aware of himself as a thinking subject.<sup>1</sup> Thought was a datum and, as such, it had an ontological status like any other existing object. The need for objectivity, i.e., the truth of thought, arose when the classical world entered a crisis. Only then did people begin to feel that thought was some-

<sup>1</sup> Throughout this paper, we use male pronouns to refer equally to both genders.

thing internal that depended on them. The subject began to perceive himself as different and extraneous to the object. Descartes's doubt, methodologically addressed to everything that existed, led to the idea of an acquired separation between thought and reality, triggering the search for a link between these two terms.

In subsequent centuries, in order to understand the relationship between subject and object, philosophers eliminated one of the two terms—reality—from the problem. In attempting a solution, at one point, they made an absolute of intellectual thought, which was seen as released from reality; then they regarded perception as the only form of knowledge, or they established an irreducible separation between thought and praxis, as in the Kantian solution. In fact, in the modern age, conceptual knowledge prevails over every other form of knowledge.

Hegel's (1807) work takes a different perspective. Hegel deals with the dichotomy between thought and reality in a new and original way. He maintains that viewing these two factors together, as opposed to one or the other alone, gives rise to insoluble problems, and it is necessary to resolve this dichotomy via a dialectical process. What seems to be different from thought—i.e., reality—is that aspect of ourselves that we do not know. Overcoming perceptual and intellectual certainties is a feature of human "becoming." It is not carried out in a linear way, but within a continuum of affirmations and negations that are characteristic of self-consciousness.

After briefly outlining the historical factors that gave rise to the topic of the third, we will maintain that self-consciousness—whose aim is to reach a special quality that Hegel calls "presence" of the I-subject to himself<sup>2</sup>—serves as a solution to the inevitable problems that the recognition of duality implies. To this purpose, we will take into account the data emerging from infant research and will also establish a link with Hegelian thought.

There is a point we would like to clarify first: When we refer to the human being and his psychic dimension, we prefer to speak

<sup>2</sup> The *presence of the I-subject to himself* is the human capacity to discover and accept what our lives present to us as our own reality.

of the *I-subject* rather than the *self*, as is commonly used, since the latter term does not preclude the risk of reification. Let us briefly outline the reasons for our choice. The term *self* was born with Hartmann (1939) because of the aporias of Freud's second topography. Initially, *self* indicated representations included in the ego, such as its mental content; it expressed what the observing ego observed. However, very soon, in Jacobson's (1954) work, the self was seen to become a supermodal structure that integrates id, ego, and superego as the self is born and develops from relational exchanges, modifying the structure of the ego. No longer a mental content of the ego, the self cannot possibly avoid the risk of reification, especially when the determinative article *the* is used before the term, since this turns the reflexive pronoun into a noun. As a consequence, the self and its interactive exchanges with objects take the place of the Freudian concept of *drive*. In order to avoid any risks of reification, we think that the term *self* should recover its original meaning, i.e., the perception we have of ourselves in a precise historical moment.<sup>3</sup>

There is another concept that, in our opinion, requires explanation. All of us have a feeling of unity of our various perceptions. As a matter of fact, we have the feeling that all our perceptions are ours (the multiplicitous selves). So in this paper, the expression *I-subject* is used to mean the *unitary referent of our self-conscious experiences* (Di Francesco 1998). This unitary referent is not an entity, but an organization that forms and develops with time.

## HISTORICAL ROOTS OF THE CONCEPT OF THE THIRD

Freud's theory sets forth neither a subject in a full sense nor an object. The subject, which is somehow present in the "Project for a Scientific Psychology" (Freud 1895), disappears in the seventh

<sup>3</sup> In the English translation of the Hegelian text, the term *self* is used with reference to the German expressions *Geist* or *Ich*. We find this translation reductive and not expressive of Hegelian thought.

chapter of "The Interpretation of Dreams" (1900), in order to make room for a psychic apparatus that is set in motion by an internal stimulus. The psychic apparatus organizes perceptions first in perceptual consciousness and then in intellectual consciousness, unless this course is prevented by an impediment (repression). The object, as Freud (1915) puts it, is the most variable element, hence the least important to be taken into account in order to explain the functioning of the psychic apparatus. Only the drives are the true vectors of psychic development (p. 120).

As a reaction to the relative importance given to the object in Freudian theory, Fairbairn (1952) and the object relations theorists, on one hand, and Bowlby (1969), on the other, worked in complement with each other and introduced an external pole into psychoanalytic theory. They stated that human beings are no longer defined by the search for satisfaction, but rather by the search for contact, which is not a wish that can be given up; it is an unavoidable need. However, this new attitude might entail the risk of assigning excessive importance to external factors in the development of the self. As a consequence, the problem of establishing and clarifying the relatedness between subject and object arises at both theoretical and clinical levels.

In our opinion, the first attempt to find a solution to this situation can be seen in the debate on the concept of countertransference (Burke and Tansey 1991) in the 1950s. Analysts of that era, who had been trained according to the ego psychology model, discovered—at first with a feeling of uneasiness and then with increasing interest—that countertransference encompassed more than Freud (1910, 1912) had described. The first step was the recognition of countertransference as a set of feelings, experiences, and at times also problematic and uncontrollable actions of the analyst, which were difficult to prevent. Countertransference was a manifestation of the analyst's subjectivity, which had not necessarily been provoked by the patient (Sandler 1976).

A second revolutionary step was the view that patient and analyst have the same level of dignity, even though they are assigned different roles (Aron 1991; Lachmann 2000; Mitchell 1988). The

term *countertransference* was abandoned, and attention was drawn instead to the analyst's subjectivity. Before long, that subjectivity appeared as irreducible data (Renik 1993, 1999)—that is, it was recognized that the analyst always puts something of his own into the analytic situation.

The term *enactment* was coined to express this complex situation. It underlined the relational, empirical-experiential dimension of the analytic encounter versus the intrapsychic, individual dimension in the light of "events" that could happen during the treatment (De Marchi 2000). Once recognized, enactment was defined as a moment in the drama that could have a clarifying impact on the analytic process.

This long and intense development of a different view of the analytic dyad coincided with the shift from a one-person to a two-person psychology (Gill 1983; Hirsch and Aron 1991; Levenson 1972, 1983; Mitchell 1988; Searles 1979; Stern 1985, 1991). That shift marked the passage to a constructivist perspective on reality (De Robertis 2001; Hoffman 1983), according to which human thought is relative, and no absolute certainty exists.

These important epistemic-theoretical changes, applied to the analytic situation, gave rise to a new kind of problem linked to the impossibility of trusting an enlightened analyst who "knows," in a situation where there is an unaware patient who needs a sort of enlightenment. As a consequence, in the last decade, the debate has focused on mutuality and symmetry/asymmetry in the relationship between analyst and patient (Aron 1991; Greenberg 1991; Hoffman 1991), with the aim of clarifying important aspects of the analytic encounter. Various facets of these concepts have been deepened and developed. There has been a continuing discourse about how the analyst can convey his perspective to the patient if he gives up the principle of authority peculiar to classical analysis. There is always a risk that the analyst could abuse the authority associated with his role, and the patient might passively accept the analyst's intervention. These problems are typical of bipersonal psychology, arising when the existence of a dyad within the analytic relationship is acknowledged. Given the sud-

den and increasing popularity of the concept of the third, we think that analysts may be turning to it in order to solve problems of duality. In the history of ideas, a new concept always arises when a problem has to be solved.

Aron (1998) maintains that the analyst has to balance personal and subjective factors with objective and impersonal considerations. As a defense against “dangers” stemming from the relationship with the other, Aron proposes to count on the analytic community and on analytic theory—that is, on professional alliances, values, and beliefs.

So, on the one hand, the third is an antidote to the analyst’s possible uneasiness once the objective criteria to read reality have been lost because of dialectical constructionism; on the other hand, the third seems to express the analyst’s need to be emotionally reassured when, due to the abandonment of neutrality, a deep involvement with the patient is undertaken. In any case, the existence of a reassuring third is not as effective as one might think. First, it is worth noting how many concepts on the third have been developed:

- The third in the context of roles, tasks, and boundaries (Shapiro and Carr 1991);
- The “analyst’s deployment of a working model of a dynamic unconscious” (Brickman 1993, p. 905);
- The intersubjectively generated experience of the analytic pair (Ogden 1994);
- The triangular space formulated on the basis of Bion’s notion of the working model (Schoenhals 1995);
- The analytical role (Almond 1995);
- The Name of the Father as an unconscious structure, à la Lacan (Friedlander 1995);
- The triangular space with one vertex representing the analytic community (Spezzano 1998);
- The social context (Altman 1996);

- The semiotic code that frames the dyad (Muller 1999b); and
- The professional, social, and historical culture in which the dyad is embedded (Aron 1999; Crastnopol 1999).

Most of these concepts make reference to a tangible content—for example, the social context, the analytic community, or the analyst's private life; but others seem to hint at a new dimension that may be reachable via the dyad.

When the third is theorized as a content, there is a risk that it may become a member of another dyad (Crastnopol 1999, pp. 462-463), both logically and practically. It becomes the third member of a trio, the patient's rival in a separate dyad that the analyst keeps to himself (Muller 1999a, p. 475)—and, we might add, that the patient keeps to himself as well. Giving the third—when it is meant as a tangible content—the power to limit the risks of subjectivity, or the power to warrant the objectivity of the analyst's intervention, may result in the patient's incomprehension and eventual aggression toward the analyst, who may arbitrarily take shelter in the third and withdraw from the relationship.

## SELF-CONSCIOUSNESS

We think that the third was born as an attempt to recall the human being's special capacity to grasp himself reflexively. This belief is confirmed by the increasingly widespread use of terms like "reflective function" or "metacognition" (Fonagy et al. 1991), "reflexivity" (Mitchell 1988), "self-reflexivity" (Aron 1998), and many others in psychoanalytic literature. However, we have chosen to use a different term, *self-consciousness*, hearkening back to the work of Hegel (1807), who described the phenomenology of consciousness in *The Phenomenology of Mind*.

According to Hegel, the development of consciousness takes place through the "forms" (*Gestalten*) of perception, intellect, and self-consciousness. Therefore, there is one kind of consciousness that depends on perception, another dependent on intellect, and

a third dependent on self-consciousness. Any of our feelings stemming from perceptive activity are provoked by the object. Feelings coming from intellectual consciousness concern the rational comprehension of reality and make use of Aristotelian categories—i.e., cause and effect, non-contradiction, and so forth. Finally, feelings originating in self-consciousness concern those subjective meanings that fall under perceptual and intellectual consciousness.<sup>4</sup>

Self-consciousness is the vital comprehension of ourselves as subjects plunged into our own histories; it is a perceptual, intellectual, and affective comprehension of ourselves in our relationships with others.<sup>5</sup> According to Hegel, only self-consciousness can grasp and overcome the dichotomy between subject and object. Such a quality depends exclusively on a personal developing process; it cannot be dependent on anything other than itself. If a third had the power to engender self-consciousness in someone else, it would turn that person into a puppet. This leads us to mention our belief that it is necessary to stop ascribing a magical power to a third factor—a power viewed as different from what the human being has inside himself, as though the third were capable of redressing the problems linked to subjectivity in the dyad.

With the aim of understanding, in the light of self-consciousness, the psychic functioning hidden under the concept of the third, we find it useful to draw Hegelian theory closer to the outcome data of infant research. We will then dwell on Hegel's thought more directly.

### *Dependence of the Subject on the Object*

Stern's (1985) work brought into focus the process of the making of the self. At about the age of one and a half years, children

<sup>4</sup> We think that *self-reflexivity*, which Aron (1998) speaks of, expresses the same quality of self-consciousness.

<sup>5</sup> In some respects, the Hegelian concept of self-consciousness is similar to Damasio's (1999) *extended consciousness*.

begin to carry internalized object representations (Stern 1985; see also Call 1980; Golinkoff 1983). This capacity is confirmed when the child, looking at himself in the mirror, touches the red mark made on his nose while he was unaware (Kaye 1982; Lewis and Brooks-Gun 1979). It is also confirmed by the appearance of symbolic play (Herzog 1980)—which is a sign of the capacity to manipulate the significant—and by the advent of speech (Stern 1985) as management of a symbolic codex of interaction.

We could say that, at this age, there is a watershed between two very different qualities of consciousness: the first is characterized by the perception of the object, the second by the capacity of the subject to reflectively grasp himself while perceiving self and other; the latter is, in this sense, the awareness of knowing. Unfortunately, Stern does not make this qualitative distinction among the three levels of consciousness (Jervis 1984; Minolli 1993); therefore, the data on psychic functioning that emerges from his work is not sufficiently clear.

The prereflective mode corresponds to the Hegelian stages of perceptual consciousness; the reflective mode corresponds to the stage of intellectual consciousness. By comparing these stages with the Hegelian modes, we realize that a distinction between intellectual consciousness and self-consciousness is missing in the work of the above-mentioned authors. Perhaps a distinction between perceptual and intellectual consciousness is missing as well.

Let us now examine the functioning of perceptual and intellectual consciousness, both of which depend entirely on the object. Even though the child is continuously active toward his environment from birth, the object has a definite power to shape the child's perceptions, thoughts, and behaviors. We will present two examples to illustrate this statement:

1. Bob was a very precise man. Every day at 7:35 a.m., he got into his car, drove to his office, and arrived at 8:30 a.m. One morning, the car would not start; the battery was dead. Bob was totally upset. He phoned the office to say he would not be at work and spent the whole day in a bad temper, sleeping on the couch.

2. Jane went to great pains to cook a special dish, a “parmigiana,” for dinner. Her friends knew of her ability to cook this dish. But something went wrong that afternoon. She tasted it several times, but it was not as good as she had expected. As a consequence, she canceled the dinner and spent the night feeling sorry for herself.

Each of us might easily give many other examples of how the object of desire affects and shapes the self. Certainly, in the above examples, the weight of the object is not the only variable at play. But these vignettes do help illustrate how much our investment in and expectation of being affirmed by the object determine our psychic balance. Within the interaction based on perceptual and intellectual consciousness, the object is perceived as an independent variable, which we have to bend to our will in order to be safe and happy. Since it is the object of our desire, it has the capacity for accommodation or assimilation.

*Overcoming Dependence on the Object: The Appearance of Self-Consciousness*

As mentioned earlier, Hegel (1807) distinguishes among various stages of consciousness—perception, intellect, and self-consciousness—and thus moves away from the Western philosophical tradition, from Aristotle to Kant. This distinction is made on the basis of what is known. Both perceptual and intellectual consciousness ground their truth in the object as such. By contrast, self-consciousness is a feature of the I-subject and concerns the world of subjective meanings that link the object to the subject. Thanks to the activity of self-consciousness, the I-subject discovers that the object is a deceptive support of his own meaning, since it is the I-subject who attributes meanings; the latter do not belong to the object constitutionally. The I-subject discovers that what he knows belongs to himself and not to the object, thus achieving a “real knowing” (Olivieri 1972, p. 19). Using a meaningful metaphor, Olivieri writes: “The object is the grave of consciousness” (p. 21, our translation)—referring to the I-subject, who does

not know that he is alienated in the object to which he has attributed what he knows about himself.

This means that, at the end of its laborious wandering around the object, carried out with the aim of grasping the object's elusive essence, consciousness finally realizes that it has always been looking for itself, since reality is consciousness and consciousness is reality. Even more clearly, Hegel (1807) maintains that consciousness "furnishes its own criterion in itself, and the inquiry will be a comparison of itself with its own self" (p. 161). Hegel's theorizing pushes us to think that, by overcoming the stages of perception and intellect, the I-subject comes to a completely new feature that allows him to grasp himself as alienated in the object. In this way, a living relationship with the self is born, based on *himself* and not on the object.

### *Master and Bondsman*

Having established a link between Hegel's thought and the findings of infant research, it seems useful to us to outline the functioning of self-consciousness in order to better understand the meaning of the third. Hegel (1807) gives us the modes or forms of the master and bondsman (p. 234), a metaphor (called *Gestalt* by Hegel) that expresses the functioning of self-consciousness. It indicates that the achievement of self-consciousness is a "return" from the object or from otherness (p. 219). This metaphor is only one of Hegel's descriptions of the achievement of self-consciousness, the one that best suits our way of thinking.

The *master* in this metaphor is one who challenges death. He exists only in the consumer domain of things and because the bondsman has given him absolute recognition as a master. The *bondsman* is the one who does not dare to risk his own life. He is captured by the production of things and by his absolute recognition of the master (Minolli 1997). The bondsman's absolute recognition constitutes the master, and the master's absolute recognition constitutes the bondsman. This recognition is the vehicle of the relationship in the dyad, where the emotional dimension of

being the master or the bondsman is a feature of each component of the dyad. The split between master and bondsman is merely a function of the subjective balance. The master feels that he is defined by the bondsman's recognition and vice versa. Thus, there is an instrumental use of the other, as always happens in relationships where the recognition given by the object prevails.

Hegel maintains that these two modes of the functioning of self-consciousness define the human being—but only apparently so, since in reality they portray a split of self-consciousness. Even Bloch (1962), despite his humanistic and historicist reading of Hegel's work, notes that the human being must overcome the objective dimension by which he is affected as a foreign objectivity. In other words, we might say that the master shifts his bondsman state onto the bondsman, who accepts this shift because he can then deny his master state by attributing it to the master. These simultaneous and mutual attributions are a feature of every dyad. If the master does not take on his bondsman state and attributes it to the external, or if the bondsman does not assume his master state through the process of self-consciousness, their subjectivities are halved, since their own meanings are partially strangers to themselves.

Infant research shows us infants who are active from the very beginning. The long process of psychic development that stretches from perception to self-consciousness follows an often painful chain of adaptations and compromises, the aim of which is to maintain caregivers' love. However, these are historical adaptations and compromises, not the consequences of conscious choices. Given this, the solution to the problems of duality can be found only by overcoming the split of consciousness in the two forms of master and bondsman. Resolution cannot occur automatically—i.e., out of self-consciousness itself—thanks to the intervention of a third, nor can it depend on the decisive push of the environment. The fight is not between two self-consciousnesses, but within the same self-consciousness, since the two apparent self-consciousnesses are both unaware of being the “double” of the same consciousness (Hegel 1807, p. 232). This split

makes a part of self-consciousness extraneous by projecting it as an absolute onto the other. As a consequence, the other is none other than a part of self-consciousness that has been alienated. It is therefore necessary that self-consciousness reenter into itself, overcoming the split that made it "other" to itself.

The achievement of self-consciousness is located in this return from the other as an alienated part of the self (Hegel 1807, p. 219). The other becomes true when its otherness is not seen as such any more (Olivieri 1972). It is not an intellectual operation, but a comprehensive one that involves the whole person. Across this dialectical route, the I-subject has to reconcile that part of himself which has been denied through having been considered other than he. Duality disappears, since the other is seen as a part of himself, and a new outlook on himself arises in its place: it is an outlook centered on the dialectical becoming of the I-subject through the process of self-consciousness.

#### REFERENCES TO HEGEL'S TRIADIC BECOMING IN CONTEMPORARY PSYCHOANALYTIC THOUGHT

Psychoanalytic literature over the last decade or so has contained many references to Hegel's thought (e.g., Aron 2000; Benjamin 1990; Kennedy 1998; Ogden 1994). Such appreciation of Hegel is consistent with the deeper interest in the dyad that characterizes psychoanalysis today. In the work of these authors, the third is conceptualized as a new dimension or quality of the self that is achieved by analyst and patient together in the ongoing process of analytic interaction. We share this position in our conceptualization of the third as self-consciousness—a quality, according to Hegel, that is reached by the I-subject in an endless dialectical process. It is a process in which the I-subject confronts others in order to recognize the otherness as a denied part of the self, returning back to himself with a new awareness. We would like to emphasize the importance of the I-subject's return to himself.

It was Lacan (1998) who introduced Hegelian thought into the psychoanalytic field, moving away from the Freudian point of view grounded in Kant. We know that Lacan got to know Hegel through Alexander Kojève (Roudinesco 1993), who gave a seminar on Hegel's *Phenomenology of Mind* (1807) at the "École des Hautes Études" in Paris from 1933 to 1939. Lacan regularly attended Kojève's lectures between 1934 and 1936. Kojève had the gift of applying Hegel's thought to the events of those times, but he was not a philosopher; his reading of Hegel had a more humanistic/sociological slant. Olivieri (1972) writes that Kojève's commentary shows how a seemingly correct interpretation of Hegel's words may lead to an extrapolation of concepts in such a way that their meanings become completely different. Kojève's humanistic/sociological approach gives consistency to the other as one by whom it is crucial to be recognized, a factor that is missing from Hegel's own writings (Olivieri 1972, p. 86n). For instance, in the introduction to his commentary, Kojève (1947) writes that the human being cannot generate and maintain his own existence if he is not "recognized"; only when the human being is recognized by the other, by others, by all the others, is he really human.

It seems to us that the references to Hegel found in today's psychoanalytic writing frequently depend on Kojève's interpretation as disseminated by Lacan. For example, Ogden (1994) writes:

In Hegel's allegory, at the "beginning of history," in the initial encounter of two human beings, each senses that his capacity to experience his own sense of I-ness, his own self-consciousness, is somehow contained in the other . . . . Each individual cannot simply become a self-conscious subject by seeing himself in the other, that is, by projecting himself into the other person and experiencing the other as himself. *Each individual is destined to remain outside of himself (alienated from himself) insofar as the other has not "given him back" to himself by recognizing him.* [pp. 103-104, italics added]

This is what Kojève maintains, not Hegel. Giving the other the power to recognize and structure the self makes the self alienated

and a stranger to itself, since it then depends on the other and his recognition.

Aron (2000) writes:

Current notions of self-reflexivity . . . include a “theory of mind” that builds on Hegel’s discussion of mind becoming self-conscious only through intersubjective struggle, negation, and recognition: I learn to reflect on my mind because another person regards me as having a mind to reflect on, and my discovery of this is a discovery that that person has a mind too, *and I only become conscious of myself because someone else takes me to be a self*. This relational assumption includes a recursive looping that creates a triangular space emergent from within an interpersonal dyad. [p. 675, italics added]

On the contrary, in reflecting on Hegelian work, we have come to the conclusion that this triangular space, which was created by “someone else” who pushes me to be a self, is only a moment of the dialectical process between the forms of master and bondsman. It is rather the I-subject who, in his need of entering a relationship with the other, engages in a fight with the other because he has discovered the other as different from himself. The I-subject becomes a presence to himself only when he discovers that what has appeared to be different from himself is actually a denied aspect of the self.

Our argument is not against a relational dimension; it is a confirmation of that dimension. As a matter of fact, the dimension of the presence of the I-subject to himself can be reached in a relationship only by overcoming the negation of the other. What we want to underline here is the feeling of agency that is peculiar to human beings, which does not accord with passivity or dependence on someone else.

Benjamin (1990) presents the path of self-consciousness in its dialectical development in a very elegant way. She notes that: “In its encounter with the other, the self wishes to affirm its absolute independence, even though its need for the other and the other’s similar wish give the lie to it” (p. 190). She maintains that Hegel,

in speaking about the conflict between “the independence and the dependence of self-consciousness,” “showed how the self’s wish for absolute independence comes into conflict with the self’s need for recognition. In trying to establish itself as an independent entity, the self must yet recognize the other as a subject like itself *in order to be recognized by the self*” (p. 189, italics added). In affirming this, Benjamin isolates an aspect of the master–bondsman relationship, making an absolute of only one moment of the process, that of the struggle for recognition.

According to Hegel, it is true that the struggle for recognition occurs through the fight between two self-consciousnesses, but it is equally true that these two self-consciousnesses, which struggle for recognition, are merely two aspects of the same self-consciousness. In Hegel’s thought, the recognition of the other as a subject like the self does not have the aim of being recognized by another self, but rather the goal of putting an end to the projection to the other. The fight for recognition disappears when the I-subject acquires the quality of presence to himself, thanks to self-consciousness.

Kennedy (1998) makes clear how some aspects of Lacan’s theory are guided by Kojève’s reading of Hegel’s thought. He states that:

To find the subject, desire is needed; the desiring subject is the human subject . . . . But what is essentially human about desire is at another level, that of self-consciousness, when it is faced by another self-consciousness, and where both are struggling for acknowledgement or recognition. [p. 91]

However, focusing on desire has the inevitable consequence of giving an absolute value to something that, according to Hegel, is only a moment of the dialectical interaction with the other. In this way, the dialectical movement toward the object, the aim of which is the “negation” of otherness, is given up in favor of the object—i.e., in favor of the desire for recognition “from” the other.

## SELF-CONSCIOUSNESS IN THE CLINICAL FIELD

In a discussion group, a classically trained colleague stated with assurance: "Today, all of us are relational." We think he was wrong, but we take his words as an example of the change of epistemological points of reference in the history of ideas, and, as a consequence, in psychoanalysis as well.

Since the early stages of analysis, Freud maintained that the aim of treatment was to make the unconscious conscious—that is to say, that becoming conscious was the mechanism of recovery. Many books were written to make the implicit meaning of becoming conscious clear. It is not our intent to review them. What we wish to note is that, for a long time, classical psychoanalysis has taken it for granted that the therapeutic factor is a mental operation that makes a historic event or a meaning—which has until then been denied or repressed—clear and understood. This has always been true, regardless of the focus placed on insight or on rationality. This becoming conscious has always had the nuance of linkage to an intellectual way of knowing; it has always been regarded as an expression of intellectual consciousness, that is to say, as a way of reflectively catching the self as an object and not as a subject.

In contrast, however, in the past few years, several analysts have accepted and incorporated the recent epistemological findings of the philosophy of science. Among them we may count Aron (2000), Hoffman (1994), Mitchell (1988), Ogden (1997), and Renik (1999), to mention just a few. They maintain that knowledge comes from relational exchanges, refuting the notion of an analyst who owns the truth. They have chosen an intersubjective perspective in the search for a shared truth (Renik 1999). We also adhere to this perspective, although we link it to the concept of self-consciousness.

## CLINICAL CASE PRESENTATION

We present the following brief clinical case with the aim of exemplifying the process of self-consciousness within the analytic treat-

ment. To illustrate the functioning of self-consciousness through a clinical case is not easy; any presentation will inevitably turn out to be bound to the observed contents of the process. Even though the contents are arranged in sequences, they cannot express what has happened within the patient; they are merely expressions or consequences of a conjectured process of self-consciousness. Ideally, we would need the patient to present his own case! Of course, that would not be easy, but we note that only the patient is entitled to do it accurately, as he is the only one who knows the pertinent facts. Perhaps it is easier to grasp the analyst's process of self-consciousness if he agrees to reveal himself in writing.

### *Anna*

Anna is a 35-year-old woman in treatment with one of us (M.L.T.). Clever and educated, she has a subtle charm, denied by a sort of distance in her behavior. The only child of a paranoid mother who died ten years earlier, she seeks treatment because of a strong discomfort that she cannot define. Her primary relationships had been very difficult, especially the one with her mother. Her work is below her capacities. She has no male friends and had only a brief and very idealized romantic relationship, which ended eight years before. By contrast, she has many female friends, to whom she offers her complete availability and every kind of help. Anna does not feel they accept and appreciate her enough; nevertheless, she devotes herself to them above her real availability, as if this were the only kind of relationship allowed. With the analyst, Anna is basically silent but cooperative, always trying to understand what is expected of her.

The metaphor that very soon emerges from our relationship is of "staying in the corner," of Anna's drawing back to defend herself from the other's unpredictability, just as she experienced in her relationship with her mother. Very soon, the complementary aspect of this psychic structure emerges: she has to come forward to indulge the other at any cost. Perhaps in the past, this behavior had the aim of repairing the object, but not today, since Anna does not believe that the object may be softened. It is rath-

er an unavoidable interior imperative, even though she knows, as a well-established experience, that she cannot fulfill it by compelling others to accept her. Anna does not realize how angry she is toward the object; she speaks about injustices she suffered with a subtle and untouchable play of projections and denials. Her conclusion—that is, her defensive rationalization—is that she is not worth anything, and that whatever she does for friends and relatives, she does not do well enough. It is better for her, therefore, not to seek out any kind of relationship.

From the very beginning, as the analyst, I feel that I have to move slowly in this treatment, since the patient has a very rigid interior structure that has become an untouchable lifestyle. For a long time, Anna speaks only of very serious and dead-end events. She tells of many dreams in which she is afraid of killing people, or being killed, or is and is discovered to be a murderer.

I do my best in this difficult situation. My cautious interpretations about present and primary relationships are punctually confirmed by dreams. However, I always feel deeply uneasy, afraid to press the patient toward what might be a too-painful understanding of her erroneous beliefs. Above all, I am afraid of causing a dramatic emergence of the difficult nature of her relationship with her mother, since Anna does not seem to be aware of it. I am also very wary of speaking explicitly about her denied rage and aggressiveness.

After a couple of years, Anna begins to reduce the amount of her communication, since she feels she can only repeat what she has already said; eventually, we end up in almost complete silence during the sessions. I am very worried about this situation, feeling as though I am at a dead-end, too. Suddenly, I realize that, just like my patient—who is always expecting me to give her permission to speak—I, too, am waiting for her permission to say what I think about our relationship and her compulsion to repeat old beliefs. What I had thought of as my showing respect for her was actually my fear of being as intrusive and demanding as her mother had been. Even though I would have been acting in a demanding way in order to improve the patient's quality of life,

I was instead asking Anna to confirm my need to be a good and respectful analyst. In so doing, I was not considering her as a free and independent subject, just as her mother had done. Being intrusive and demanding was a denied part of myself, and this had led the analysis to a deadlock.

Nothing evident happened between us, but I became safer and more relaxed, and began to manage the situation with greater confidence in what I was doing. This allowed our work to go on for a couple of years until we came to a deadlock again. Anna had become very angry, and for months, she had reasserted that she only wanted to be left alone, as she would never be on good terms with anyone. Everyone was asking too much of her.

One day, she recounted a dream that she described as “mysterious.” In the dream, she and a former teacher of hers entered a shop full of beautiful things to look for a special gift. She saw a small, light stone. It was clear and bright, a beautiful moonstone. Her teacher pointed to a much finer object, a red marble block with bright veins in which the spiral of a fossil shell, a nummulite, could be seen. Anna was fascinated by that stone, too. However, she thought it was an awkward, binding object to be kept in a house; she would prefer the small moonstone.

I omit the lengthy work that Anna and I did on this dream, and also on what is usually called negative transference. I would like to report only a meaning that came immediately to my mind while I listened to the patient. Anna was going to build a new perception of herself; it was like a light and bright little stone, very different from the impressive, well-finished marble block that I was proposing to her, in which the fossilized spiral of her childhood secrets was still hidden. It was she who had to choose her new identity, not her analyst. Whatever I might propose to her—and every analyst always proposes a direction to the patient, even if not volitionally—would be awkward, binding, and even disturbing, if passively accepted. This dream was a signal that Anna was reaching a new level in the process of self-consciousness, trying to assume in the first person those meanings we had co-constructed together.

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*Case Discussion*

We do not think that this vignette proposes anything new or different from what any relational analyst does. What we have meant to portray in relating it, however, is the patient's gradual development of self-consciousness. In order to clarify this assertion, we would like to apply the metaphor of the master and bondsman to the analytic relationship, which consists of the interactions between two "subjects," the patient and the analyst.

In the analytic relationship, the analyst and patient may repeat their roles of master and bondsman with ever-increasing rigidity. Whatever happens in that relationship, the analyst is to be thought of as a professional who is competent at being in touch with himself according to his self-consciousness. This is both the aim and the therapeutic factor of the analytic intervention: two people interact within a structured field to reach an ever-greater level of presence to themselves. This has to be achieved first by the analyst—or, to better express the situation, this must be accomplished by both participants, each at his proper level of development. Self-consciousness is not an a priori reality to the patient, nor can it be thought of as being acquired once and for all by the analyst.

The forms of master and bondsman are examples of ways of functioning that the subject has unconsciously adopted according to his own story. Obviously, these two patterns come out in the analytic relationship. If neither the analyst nor the patient becomes aware of it, the treatment fails. Both analyst and patient may or may not be aware of how their own internal structures affect the relationship, independently of one another. An analyst who is too helpful and supportive because he is overwhelmed by a particular situation becomes, in that precise moment, a bondsman. It is very likely that he will play this role with a patient who is playing the role of master. Of course, we do not mean that the forms of master and bondsman are positive or negative in themselves; they are interchangeable and merely express a moment in the dialectical process of self-consciousness.

In the clinical case presented above, the analyst comes to understand the patient's closing in of herself as a consequence of her own fear of being like the patient's mother. This hypothesis implies an elaboration of the following kind:

- I, the analyst, realize that I might be as intrusive and demanding (a master) as the patient's mother.
- I assume that my being intrusive and demanding is supporting the patient's passively closing in of herself (a bondsman).
- My being intrusive and demanding is my own denied part: I did not allow myself to interact with the patient because of my fear of being like her mother.
- A new relationship with the patient depends on my working out both my fears of being intrusive (a master) and my being passive in the relationship with her (a bondsman). This new way of being is different from my historical relationships and fulfills itself in an ongoing, dialectical process.
- The laborious repetition of this basic sequence allows the analyst and patient to enter the dimension of self-consciousness.

An appreciation of this sequence of the development of self-consciousness leads us to view the concrete contents of the analytic relationship—i.e., behaviors, words—as relative. It is no longer a question of knowing who is right and who is wrong, what is good and what is bad, or how things really happened. The search for truth has vanished, and the quality of the presence of the I-subject to himself—and, as a consequence, the quality of the other—has appeared in its place. It is this experience of self-consciousness that makes the analyst competent and able to deal with the meaning of the analytic relationship.

In this way, tension about a given solution has been overcome. The analyst's self-consciousness of his own subjective states as master or bondsman makes possible two solutions, without priv-

ileging either of them. No solution may be defined in advance as the right solution that ought to be pursued or hoped for. Being both a master and a bondsman makes it possible to have an outlook toward the self that not only includes both self and other, but also makes the historical function of the older dichotomy relative, so that it is now possible for the individual to be open to new ways of being and to knowing his own meanings, beyond their historical contents.

The painful process of discovering oneself to be both master and bondsman, and accepting oneself as other, is rooted in affect. It cannot be only a rational or an intellectual process, since inevitably, then, we would have an external object to pursue. Rather, it is a feeling of knowing.<sup>6</sup>

The analyst's authority is grounded in his availability to follow the process of self-consciousness, not in his involvement with the patient. The analyst, whether he likes it or not, exists inside the analytic relationship with all his subjectivity. It is to be hoped that the analyst is more available than the patient to follow the process of self-consciousness, albeit with difficulty. Since this availability is always put to the test by every new relationship or interaction, the analyst's authority and power come from his acceptance of the laborious, qualitative process of being always present to himself.

It is understandable that the concept of the third is so prevalent in psychoanalytic literature today—it is the sign of a need for

<sup>6</sup> We are aware that we are entering a difficult field by diminishing the importance of the intellectual or rational component of self-reflexivity or metacognition. It is a field that may appear mysterious and fascinating—in the meaning that the German word *mystik* conveys—just because it is difficult to frame it clearly and logically. However, there is nothing magic or esoteric about this domain. In the secular tradition of Western philosophy, the line traced by Aristotle/Descartes has prevailed until now over that traced by Plato/Hegel, so that the supremacy in knowing has been held by rationality. Today, more than a few authors (see, for example, Moravia 1999; Searle 1992; Stern 1985) maintain the necessity of conjugating intellect and willingness. This last is meant as a subjective assumption of what is known, an expression of personal involvement. As Hegel (1807) says: "The Absolute . . . is not to be grasped in conceptual form, but felt, intuited; it is not its conception, but the feeling of it and intuition of it that are to have the say and find expression" (p. 71).

deeper understanding. However, the concept must not be reified. Nobody but us has the power to switch on the light of self-consciousness inside ourselves. Only we ourselves can enter into the light of self-consciousness and become reflexively known to ourselves (Damasio 1999).

## DISCUSSION AND CONCLUSIONS

Each of us has experienced, in some instance, the ability of the concept of the third to stimulate us to comprehend a problem that had appeared insurmountable. At first sight, a friend's suggestion, someone's advice, an event that impressed us may seem to have a decisive power. In fact, things happen differently.

When Freud started his work on the relativization of consciousness, he employed a Cartesian perspective in which consciousness was identified with the ego. He thus underlined the existence of an unconscious dimension as a more appropriate expression of the complexity of human psychic functioning, thereby undertaking a major anthropological-epistemic revision. Since the time of Freud, it would be difficult to think of intellect and rationality as the aspects that best define the human being! Today, we recognize other strong attributes: for example, the opposition between soma and psyche—nowadays so widely criticized, and not only in psychoanalytic literature, or the opposition between consciousness/intellect and self-consciousness, which underlies the problems linked to duality. Duality means fighting, rivalry, a limitation to either supremacy or defeat. It seems that the concept of the third has emerged in the history of psychoanalysis as a response to the dangers of duality. This concept reflects a recognition that neither member of a dyad can say he owns the truth about himself or the other. What feels dangerous is entering a relationship with the foreign and alien other, with whom one has to either fight to establish who is the master, or surrender, running the risk of forming a *folie à deux*. Moving between these two opposites, a good solution may seem to be the

achievement of a deeply desired recognition by the other. But recognition implies the disappearance of opposition. As a consequence, deliberately or not, a magic power has been given to the third: the power to overcome a theoretical position that first established the other and the object as a real danger, then rendered them enemies to defeat or to be surrendered to, thereby eliminating them as independent subjects.

However, in reality, things are different. Although the Cartesian mind–body split is generally criticized, so far, intellectual reflectivity has maintained an implicit supremacy in our thinking. It is necessary to review its role in the light of the Hegelian concept of self-consciousness as the presence of the I-subject to himself, a full and perpetually in-progress presence.

In a developmental Darwinian perspective, our outlook on human beings makes us think that they have the potential to grow and develop in themselves. Certainly, the environment greatly affects development. However, the human being is the only living species that has the capacity to manage and guide its development according to its awareness.

It is crucial that we ask whether intellect or self-consciousness carries the greater weight. Of course, a clear and definite concept has great power to reassure us. However, intellectual comprehension does not exhaust all reality; it is just a way of framing it and gives us the illusion that we master it. Beyond mere rationality, the concrete body and the mysterious unconscious, a human dimension exists that Hegel calls the *presence of the I-subject to himself*. This presence is the human capacity to understand and give meaning to all that our psychic or bodily, conscious or unconscious lives offer us. As mentioned, it is the ability, hindered by repression, to discover and accept what our lives present to us—events, thoughts, affects, illness, death—as our own reality. Mere rationality cannot know and master this reality, which usually escapes our comprehension. Nor can the third have the power to make us recognize what happens to us and take on what we are. If the third had such a power, we would be dependent on external factors, like chil-

dren, and our lives would always belong to someone else. The dialectical movement between reality as other and the presence of the I-subject to himself is not resolvable: it is the deeper meaning of human life. It may be difficult to accept that our development does not rest on a secure basis, but instead depends on a never-ending movement; this movement makes us feel small and fragile. It is also difficult because centuries of history have pushed us to identify with the strength of the intellect. However, both the power of reason and the pull of the unconscious are deceptive: the human being is not the king of the universe, and reality is not an enemy.

We will conclude by exemplifying our assertions with some remarks about Leonardo's painting, *The Last Supper*. The first impression one may draw from this picture is a feeling of deep serenity and peace. This feeling of quietness comes from Jesus, located in the center. The apostles, divided into two groups of three on either side, are upset. Jesus has just said that one of them will betray him, and this is surprising, perhaps even to Judas. By uttering those words, Christ has shown himself to be different and a stranger; he has revealed an unacceptable truth. On hearing it, the apostles react with a wide range of feelings: surprise, incredulity, dismay, rebellion, anger, and even outrage. These are the feelings that the other as different and a stranger arouses in each of us.

Jesus has also had to face something new and difficult to accept: one of his friends will betray him and his own death will follow from that. He has struggled against this idea; he was "troubled in spirit" (John: 13, 21). However, once he accepts this not-yet-known aspect of himself, he becomes calm and can share bread with the one who will betray him. The process of self-consciousness, even though put in motion by the other, takes place and develops *within* the human being in a dialectical, ongoing process.

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## THE ANALYTIC THIRD: IMPLICATIONS FOR PSYCHOANALYTIC THEORY AND TECHNIQUE

BY THOMAS H. OGDEN, M.D.

*The author views the analytic enterprise as centrally involving an effort on the part of the analyst to track the dialectical movement of individual subjectivity (of analyst and analysand) and intersubjectivity (the jointly created unconscious life of the analytic pair—the analytic third). In Part I of this paper, the author discusses clinical material in which he relies heavily on his reverie experiences to recognize and verbally symbolize what is occurring in the analytic relationship at an unconscious level. In Part II, the author conceives of projective identification as a form of the analytic third in which the individual subjectivities of analyst and analysand are subjugated to a co-created third subject of analysis. Successful analytic work involves a superseding of the subjugating third by means of mutual recognition of analyst and analysand as separate subjects and a reappropriation of their (transformed) individual subjectivities.*

I am honored to have been invited by the *Psychoanalytic Quarterly* to make a contribution to this special issue devoted to the topic of the analytic third. The analytic third is a concept that has become for me in the course of the past decade an indispensable part of the theory and technique that I rely on in every analytic session. In the present paper, I draw on previous clinical and theoretical contributions (Ogden 1994a, 1994b, 1999), in an effort

to gather together in one place a number of elements of my thinking on the subject of the analytic third.<sup>1</sup> As will be discussed, I consider the dialectical movement of individual subjectivity (of the analyst and analysand as separate individuals, each with his or her own unconscious life) and intersubjectivity (the jointly created unconscious life of the analytic pair) to be a central clinical phenomenon of psychoanalysis, one that virtually all clinical analytic thinking attempts to describe in ever more precise and generative terms.

My own conception of analytic intersubjectivity represents an elaboration and extension of Winnicott's (1960) notion that "there is no such thing as an infant [apart from the maternal provision]" (p. 39n). I believe that in an analytic context, there is no such thing as an analysand apart from the relationship with the analyst, and no such thing as an analyst apart from the relationship with the analysand. Winnicott's now famous statement is to my mind intentionally incomplete. He assumes that it will be understood that the idea that there is no such thing as an infant is playfully hyperbolic and represents one element of a larger paradoxical statement. From another perspective (from the point of view of the other pole of the paradox), there is obviously an infant, and a mother, who constitute separate physical and psychological entities. The mother-infant unity coexists in dynamic tension with the mother and infant in their separateness.

In both the relationship of mother and infant and the relationship of analyst and analysand, the task is not to tease apart the elements constituting the relationship in an effort to determine which qualities belong to whom; rather, from the point of view of the interdependence of subject and object, the analytic task involves an attempt to describe the specific nature of the experience of the unconscious interplay of individual subjectivity and intersubjectivity. In Part I of the present paper, I shall attempt to trace in some detail the vicissitudes of the experience of being

<sup>1</sup> I am grateful to the *International Journal of Psychoanalysis* for permission to include here portions of a previously published paper (Ogden 1994a).

simultaneously within and outside of the unconscious intersubjectivity of the analyst–analysand that I have termed the *analytic third* (Ogden 1994a).<sup>2</sup> This third subjectivity, the intersubjective analytic third, is the product of a unique dialectic generated by/between the separate subjectivities of analyst and analysand within the analytic setting. It is a subjectivity that seems to take on a life of its own in the interpersonal field, generated between analyst and analysand.

In Part II of this contribution, I will offer a reconsideration of the phenomenon of projective identification and its role in the analytic process by viewing it as a form of the intersubjective analytic third. In projective identification, as I understand it, the individual subjectivities of both analyst and analysand are to a large extent subsumed by a third subject of analysis, an unconscious, co-created one: the *subjugating third*. A successful analytic experience involves a superseding of the third by means of mutual recognition of analyst and analysand as separate subjects and a reappropriation of the (transformed) individual subjectivities of the participants.

## PART I: THE ANALYTIC THIRD IN CLINICAL PRACTICE

I will present a fragment of an analysis followed by a discussion of the importance of the analyst's attending to the most mundane, everyday aspects of the background workings of his or her mind (which appear to be the analyst's "own stuff," entirely unrelated to the patient). I shall also discuss the analyst's task of using verbal symbols to speak with a voice that has lived within the in-

<sup>2</sup> It is beyond the scope of this paper to offer a comprehensive review of the literature concerning an intersubjective view of the analytic process and the nature of the unconscious interplay of transference and countertransference. See Bion's (1962) and Green's (1975) work concerning the *analytic object* and Barranger's (1993) notion of the *analytic field* for conceptions of unconscious analytic intersubjectivity that overlap with what I call the *analytic third*. For thoughtful reviews of the rather large body of literature on the transference-countertransference, see Boyer (1993) and Etchegoyen (1991).

tersubjective analytic third, has been changed by that experience, and is able to speak from it and about it to the analysand (who has also lived the experience of the third). I shall make every effort in this clinical presentation to allow the experience with the patient to lead the theory making (and not the other way around).

*Clinical Illustration: The Purloined Letter*

In an analytic session with Mr. L, a patient with whom I had been working for about three years, I found myself looking at an envelope on the table next to my chair. For the previous week or ten days, I had been using the envelope to jot down phone numbers retrieved from my answering machine, ideas for classes I was teaching, errands I had to do, and other notes to myself. Although the envelope had been in plain view for over a week, I had not noticed until that moment in the meeting that there was a series of vertical lines in the lower right hand portion of the front of the envelope, markings that seemed to indicate that the letter had been part of a bulk mailing. I was taken aback by a distinct feeling of disappointment. The letter that had arrived in the envelope was from a colleague in Italy who had written to me about a matter that he felt was delicate and should be kept in strictest confidence.

I then looked at the stamps and for the first time noticed two further details. The three stamps had not been canceled, and one of them had words on it that, to my surprise, I could read. I saw the words *Wolfgang Amadeus Mozart* and realized after a moment's delay that the words were a name with which I was familiar, and were "the same" in Italian as in English.

As I retrieved myself from this reverie, I wondered how this might be related to what was going on at that moment between the patient and me. The effort to make this shift in psychological state felt like the uphill battle of attempting to "fight repression" that I have experienced as I have tried to remember a dream that is slipping away on awakening. In years past, I have put aside such lapses of attention and have endeavored to devote

myself to making sense of what the patient was saying, since in returning from such reveries, I am inevitably a bit behind the patient.

I realized I was feeling suspicious about the genuineness of the intimacy that the letter had seemed to convey. My fleeting fantasy that the letter had been part of a bulk mailing reflected a feeling that I had been duped. I felt that I had been naive and gullible, ready to believe that I was being entrusted with a special secret. I had a number of fragmentary associations, including the image of a mail sack full of letters with stamps that had not been canceled, a spider's egg sac, *Charlotte's Web* (White 1952), Charlotte's message on the cobweb, Templeton the rat, and the innocent Wilbur. None of these thoughts seemed to scratch the surface of what was occurring between Mr. L and me; I felt as if I were simply going through the motions of countertransference analysis in a way that seemed forced.

As I listened to Mr. L (the 45-year-old director of a large nonprofit agency), I was aware that he was talking in a way that was highly characteristic of him—he sounded weary and hopeless, and yet was doggedly trudging on in his production of “free associations.” He had during the entire period of the analysis been struggling mightily to escape the confines of his extreme emotional detachment from himself and from other people. I thought of Mr. L's description of his driving up to the house in which he lives and not being able to feel that it was *his* house. When he walked inside, he was greeted by “the woman and four children who lived there,” but could not feel that they were *his* wife and *his* children. “It's a sense of myself not being in the picture, and yet, I *am* there. In that second of recognition of not fitting in, it's a feeling of being separate, which is right next to feeling lonely.”

I tried out in my own mind the idea that perhaps I felt duped by the patient and taken in by the apparent sincerity of his effort to talk to me. But this idea rang hollow to me. I was reminded of the frustration in Mr. L's voice as he explained to me again and again that he knew that he must be feeling something, but he did not have a clue as to what it might be.

The patient's dreams were regularly filled with images of paralyzed people, prisoners, and mutes. In a recent dream, he had succeeded—after expending an enormous amount of energy—in breaking open a stone and finding hieroglyphics carved into its interior surfaces, like the markings of a fossil. In the dream, his initial joy was extinguished when he realized that he could not understand a single element of the meaning of the hieroglyphics. His discovery was momentarily exciting, but ultimately an empty, painfully tantalizing experience that left him in thick despair. Even the feeling of despair was almost immediately obliterated upon his awakening, becoming a lifeless set of dream images that he “reported” to me (as opposed to telling me). The dream had become a sterile memory and no longer felt alive as a set of thoughts and feelings.

I considered the idea that my own experience in the hour might be thought of as a form of projective identification in which I was participating in the patient's experience of the despair of being unable to discern and experience an inner life that seemed to lie behind an impenetrable barrier. This formulation made intellectual sense, but felt clichéd and emotionally lacking. I then drifted into a series of narcissistic, competitive thoughts concerning professional matters that began to take on a ruminative quality. These ruminations were unpleasantly interrupted by the realization that my car, which was in a repair shop, would have to be collected before 6:00 p.m., when the shop closed. I would have to be careful to end the last analytic hour of the day precisely at 5:50 if there were to be any chance at all of my getting to the garage before it closed. I had a vivid image in my mind of myself standing in front of the closed garage doors with the traffic roaring in back of me. I felt intense helplessness and rage (as well as some self-pity) about the way in which the owner of the garage had shut his doors precisely at 6:00 p.m., despite the fact that I had been a regular customer for years and he knew full well that I would need my car. In this fantasied experience, there was a profound feeling of desolation and isolation, as well as a palpable, physical sensation of the hardness

of the pavement, the stench of the exhaust fumes, and the grittiness of the dirty glass windows of the garage door.

Although I was not fully conscious of it at the time, in retrospect, I can better see that I was quite shaken by this series of feelings and images that had begun with my narcissistic/competitive ruminations and had ended with fantasies of impersonally terminating the hour of my last patient of the day and then being shut out by the owner of the garage.

As I again returned to listening in a more focused way to Mr. L, I labored to put together the things he was currently discussing: his wife's immersion in her work and the exhaustion that they both felt at the end of the day, his brother-in-law's financial reversal and impending bankruptcy, an experience while jogging in which the patient was in a near accident with a motorcyclist who was riding recklessly. I could have taken up any one of these images as a symbol of themes that we had previously discussed, including the detachment itself—which seemed to permeate all that the patient was talking about, as well as the disconnection I felt both from myself and from Mr. L. However, I decided not to intervene because it felt to me that if I were to try to offer an interpretation at this point, I would only be repeating myself and saying something for the sake of reassuring myself that I had something to say.

The phone in my office had rung earlier in the meeting and the answering machine had clicked twice to record a message before resuming its silent vigil. At the time of the call, I had not consciously thought about who might be calling, but at this point in the hour, I checked the clock to see how much longer it would be before I could retrieve the message. I felt relieved to think of the sound of a fresh voice on the answering machine tape. It was not that I imagined finding a specific piece of good news; it was more that I yearned for a crisp, clear voice. There was a sensory component to the fantasy—I could feel a cool breeze wash across my face and enter my lungs, relieving the suffocating stillness of an overheated, unventilated room. I was reminded of the fresh stamps on the envelope—clear,

vibrant in their colors, unobscured by the grim, mechanical, indelible scarring of machine-made cancellation marks.

I looked again at the envelope and noticed something about which I had been only subliminally aware all along: my name and address had been typed on a manual typewriter—not a computer, not a mailing label, not even an electric typewriter. I felt almost joyous about the personal quality with which my name was being “spoken.” I could almost hear the idiosyncratic irregularities of each typed letter, the inexactness of the line, the way in which each *t* was missing its upper portion above the bar. This felt to me like the accent and inflection of a human voice speaking *to me*, knowing my name.

These thoughts and feelings, as well as the physical sensations associated with these fantasies, brought to mind (and body) something that the patient had said to me months earlier, but had not mentioned subsequently. He had told me that he felt closest to me not when I said things that seemed right, but when I made mistakes, when I got things wrong. It had taken me these months to understand in a fuller way what he had meant when he had said this to me. At this point in the meeting, I began to be able to describe for myself the desperateness that I had been feeling in my own and the patient’s frantic search for something human and personal in our work together. I also began to feel I understood something of the panic, despair, and anger associated with the experience of colliding again and again with something that appears to be human, but ultimately feels mechanical and impersonal.

I was reminded of Mr. L’s description of his mother as “brain dead.” The patient could not remember a single instance of her ever having shown evidence of feeling anger or intense emotion of any sort. She immersed herself in housework and “completely uninspired cooking.” Emotional difficulties were consistently met with platitudes. For example, when the patient as a six-year-old was each night terrified that there were creatures under his bed, Mr. L’s mother would tell him, “There’s nothing there to be afraid of.” This statement became a symbol in the analysis

of the discord between the accuracy of the statement on the one hand (there were in fact no creatures under his bed) and the unwillingness/inability of his mother to recognize the inner life of the patient (there was something he was frightened of that she refused to acknowledge, identify with, or even be curious about).

Mr. L's chain of thoughts—which included his commenting on his wife's and his own feelings of exhaustion, his brother-in-law's impending bankruptcy, and a potentially serious or even fatal accident—now struck me as a reflection of his unconscious attempts to talk to me about his inchoate feeling that the analysis was depleted, bankrupt, and dying. He was experiencing the rudiments of a feeling that he and I were not talking to one another in a way that felt alive; instead, I seemed to him unable to be other than mechanical with him, just as he was unable to be human with me.

I told the patient that I thought that our time together must feel to him like a joyless, obligatory exercise, something like a factory job where one punches in and out with a time card. I then said that I had the sense that he sometimes felt so hopelessly stifled in the hours with me that it must feel like being suffocated in something that appears to be air, but is actually a vacuum.

Mr. L's voice became louder and full in a way that I had not heard before, as he said, "Yes, I sleep with the windows wide open for fear of suffocating during the night. I often wake up terrified that someone is suffocating me, as though they've put a plastic bag over my head." The patient went on to say that when he walked into my consulting room, he regularly felt that the room was too warm and that the air was disturbingly still. He said that it had never once occurred to him to ask me either to turn off the heater at the foot of the couch or to open a window, in large part because he had not been fully aware until now that he had such feelings. He said that it was terribly discouraging to realize how little he allows himself to know about what is going on inside of him, even to the point of not knowing when a room feels too warm to him.

Mr. L was silent for the remaining fifteen minutes of the session. A silence of that length had not previously occurred in the

analysis. During that silence, I did not feel pressured to talk. In fact, there was considerable feeling of repose and relief in the respite from what I now viewed as the “anxious mentation” with which he and I had so often filled the hours. I became aware of the tremendous effort that Mr. L and I regularly expended in attempting to keep the analysis from collapsing into despair: I imagined the two of us in the past frantically trying to keep a beach ball in the air, punching it from one to the other. Toward the end of the hour, I became drowsy and had to fight off sleep.

\* \* \* \* \*

The patient began the next meeting by saying that he had been awakened by a dream early that morning. In the dream, he was underwater and could see other people who were completely naked. He noticed that he, too, was naked, but he did not feel self-conscious about it. He was holding his breath and felt panicky that he would drown when he could no longer hold his breath. One of the men, who was obviously breathing underwater without difficulty, told him that it would be okay if he breathed. Mr. L very warily took a breath in the dream, and found that he could breathe. The scene changed, although he was still underwater. He was crying in deep sobs and was feeling profound sadness. A friend whose face he could not make out talked to him. Mr. L said that he felt grateful to the friend for not trying to reassure him or cheer him up.

The patient said that when he awoke from the dream, he felt on the verge of tears. He got out of bed because he just wanted to feel what he was feeling, although he did not know what he was sad about. Mr. L noticed the beginnings of his familiar attempts to change the feeling of sadness into feelings of anxiety about office business or worry about how much money he had in the bank and other matters with which he distracts himself.

### *Discussion*

The foregoing account was offered not as an example of a watershed in an analysis, but rather in an effort to convey a sense

of the unconscious dialectical movement of individual subjectivity and intersubjectivity in the analytic setting. I have attempted to describe something of the way in which my experience as analyst (including the barely perceptible and often extremely mundane background workings of my mind and body) are contextualized by the intersubjective experience created by analyst and analysand. No thought, feeling, or sensation can be considered to be the same as it was or will be outside of the context of the specific (and continually shifting) unconscious intersubjectivity created by analyst and analysand.

I would like to begin the discussion by saying that I am well aware that the form in which I presented the clinical material was a bit odd, in that I gave almost no information of the usual sort about Mr. L until rather late in the presentation. This was done in an effort to convey a sense of the degree to which Mr. L was at times quite absent from my conscious thoughts and feelings. My attention was not at all focused on Mr. L during my periods of reverie. (I use Bion's [1962] term *reverie* to refer not only to those psychological states that clearly reflect the analyst's active receptivity to the unconscious of the analysand, but also to a motley collection of psychological states that seem to reflect the analyst's narcissistic self-absorption, obsessional rumination, day-dreaming, sexual fantasizing, bodily sensations, and so on.)

Turning to the details of the clinical material itself as it unfolded, my experience of the envelope (in the context of this analysis) began with my noticing the envelope itself, which, despite the fact that it had been physically present for weeks, came to life at that point as a psychological event, a carrier of psychological meanings, that had not existed prior to that moment. I view these new meanings not simply as a reflection of a lifting of a repression within me; rather, I understand the event as a reflection of the fact that a new subject (the analytic third) was being generated by (between) Mr. L and me, which resulted in the creation of the envelope as an *analytic object* (Bion 1962; Green 1975). When I noticed this "new" object on my table, I was drawn to it in a way that was so completely ego-syntonic as

to be an almost completely un-self-conscious event for me. I was struck by the machine-made markings on the envelope, which, again, had not been there (for me) to this point: I experienced these markings for the first time in the context of a matrix of meanings having to do with my distress at not feeling spoken to by Mr. L in a way that felt personal to me. The uncanceled stamps were similarly “created” and took their place in the intersubjective experience that was being elaborated. Feelings of estrangement and foreignness mounted to the point that I hardly recognized Mozart’s name as part of a common language.

A detail that requires some explanation is the series of fragmentary associations having to do with *Charlotte’s Web* (White 1952). Although highly personal and idiosyncratic to my own life experience, these thoughts and feelings were also being created anew within the context of the experience of the analytic third. I had consciously known that *Charlotte’s Web* was very important to me, but the particular significance of the book was not only repressed, it had also not yet come into being in the way that it would exist in this hour. It was not until weeks after the meeting described that I became aware that this book was originally (and was in the process of becoming) intimately associated with feelings of loneliness. I realized for the first time (in the succeeding weeks) that, as a child, I had read this book several times during a period of intense loneliness and that I had thoroughly identified with Wilbur as a misfit and outcast. I view these largely unconscious associations to *Charlotte’s Web* not as the retrieval of a memory that had been repressed, but as the creation of an experience (in and through the unconscious analytic intersubjectivity) that had not previously existed in the form that it was now taking. This conception of analytic intersubjectivity is central to the conception of the analytic process that I am developing: The analytic experience occurs at the cusp of the past and the present, and involves a past that is being created anew (for both analyst and analysand) by means of an experience generated between analyst and analysand (i.e., within the analytic third).

Each time my conscious attention shifted from the experience of my own reveries to what the patient was saying and how he was saying it to me and being with me, I was not returning to the same place I had left seconds or minutes earlier; I was in each instance changed by the experience of the reverie, sometimes in only barely perceptible ways. When I refocused my attention on Mr. L after experiencing a series of thoughts and feelings concerning the envelope, I was more receptive to the schizoid quality of his experience, and to the hollowness of both his and my own attempts to create something together that felt real. I was more keenly aware of the feeling of arbitrariness associated with his sense of his place in his family and the world, as well as the feeling of emptiness associated with my own efforts at being *his* analyst.

I then became involved in a second series of “self-involved” thoughts and feelings (following my only partially satisfactory attempt to conceptualize my own despair and that of the patient in terms of projective identification).<sup>3</sup> My thoughts were interrupted by anxious fantasies and sensations concerning the closing of the garage and my need to end the last analytic hour of the day on time. My car had been in the garage the entire day, but it was only with this patient at precisely this moment that the car as analytic object was created. The fantasy involving the closing of the garage was created at that moment not by me in isolation, but through my participation in the unconscious, intersubjective experience with Mr. L. Thoughts and feelings concerning the car and the garage did not occur in any of my other analytic sessions that day.

In the reverie concerning the garage and my need to end the last analytic hour of the day on time, the experience of bumping up against immovable, mechanical, inhumanness in myself and others was repeated in a variety of forms. Interwoven with

<sup>3</sup> I believe that an aspect of the experience with Mr. L that I am describing can be understood in terms of projective identification, but at the point in the session when the idea occurred to me, I was using the concept of projective identification predominantly as an intellectualizing defense.

the fantasies were sensations of hardness (the pavement, glass, and grit) and suffocation (the exhaust fumes). These fantasies generated in me a sense of anxiety and urgency that was increasingly difficult for me to ignore (although in the past, I might well have dismissed these fantasies and sensations as having no significance to the analysis except as an interference to be overcome).

Returning to listening to Mr. L in a focused way, I was still feeling quite confused about what was occurring in the session, and was sorely tempted to say something in order to dissipate my feelings of powerlessness. At this point, an event that had occurred earlier in the hour (the phone call recorded by my answering machine) occurred for the first time as an analytic event (that is, as an event that held meaning within the context of the unconscious intersubjectivity that was being elaborated). The voice recorded on the answering machine tape now held the promise of being the voice of a person who knew me and would speak to me in a personal way. The physical sensations of breathing freely and of suffocating were increasingly important carriers of meaning. The envelope became still a different analytic object from the one that it had been earlier in the session: it now held meaning as a representation of an idiosyncratic, personal voice (the hand-typed name and address with an imperfect *t*).

The cumulative effect of these experiences within the analytic third led to the transformation of something the patient had said to me months earlier about feeling closest to me when I made mistakes. The patient's statement took on new meaning, but I think it would be more accurate to say that the (remembered) statement was now a new statement for me, and in this sense, was being made for the first time.

I began at this point in the hour to be able to use language to describe for myself something of the experience of confronting an aspect of another person and of myself that felt frighteningly and irrevocably inhuman. A number of themes that Mr. L had been talking about took on a coherence for me that they had not previously held: the themes now seemed to me to con-

verge on the idea that Mr. L was experiencing me and the discourse between us as bankrupt and dying. Again, these familiar themes were now becoming new analytic objects (for me) that I was encountering freshly. I attempted to talk to the patient about my sense of his experience of me and the analysis as mechanical and inhuman. Before I began the intervention, I did not consciously plan to use the imagery of machines (the factory and the time clock) to convey what I had in mind. I was unconsciously drawing on the imagery of my reveries concerning the mechanical (clock-determined) ending of an analytic session and the closing of the garage. I view my "choice" of imagery as a reflection of the way in which I was speaking *from* (not about) my unconscious experience of the analytic third (the unconscious intersubjectivity being created by Mr. L and me).

I went on in an equally unplanned way to tell the patient of an image of a vacuum chamber (another machine), in which something that appeared to be life-sustaining air was, in fact, emptiness (here I was unconsciously drawing on the sensation-images of the fantasied experience of exhaust-filled air outside the garage and the breath of fresh air associated with my answering machine fantasy).<sup>4</sup> Mr. L's response to my intervention involved a fullness of voice that reflected a fullness of breathing (a fuller giving and taking). His own conscious and unconscious feelings of being foreclosed from all that is human had been experienced in the form of images and sensations of suffocation at the hands of the killing mother/analyst (the plastic bag [breast] that prevented him from being filled with life-sustaining air).

The silence at the end of the session was in itself a new analytic event, and reflected a feeling of repose that stood in marked contrast to images of being violently suffocated in a plastic bag or of feeling disturbingly stifled by still air in my consulting room.

<sup>4</sup> It was in this indirect way (i.e., in allowing myself to freely draw upon my unconscious experience with the patient in constructing my interventions) that I "told" the patient about my own experience in and of the analytic third. This indirect communication of the countertransference contributes in an important way to the feeling of spontaneity, aliveness, and authenticity of the analytic experience.

There were two additional aspects of my experience during this silence that held significance: first, the fantasy of a beach ball, frantically kept aloft by being punched between Mr. L and me, and second, my feeling of drowsiness. Although I felt quite soothed by the way in which Mr. L and I were able to be silent together (in a combination of despair, exhaustion, and hope), there was an element in the experience of the silence (in part reflected in my somnolence) that felt like faraway thunder (which I retrospectively view as warded-off anger).

I shall only briefly comment on the dream with which Mr. L opened the next session. I understand it as simultaneously a response to the previous session and the beginnings of a sharper delineation of an aspect of the transference-countertransference in which Mr. L's fear of the effect of his anger on me, and of his homosexual feelings toward me, were becoming predominant anxieties. (I had had clues about this earlier on that I had been unable to use as analytic objects—e.g., the image and sensation of traffic roaring behind me in my garage reverie.)

In the first part of the dream, the patient was underwater with other naked people, including a man who told him that it would be all right to breathe, despite his fear of drowning. As he breathed, he found it hard to believe he was really able to do so. In the second part of Mr. L's dream, he was sobbing with sadness while a man whose face he could not make out stayed with him, but did not try to cheer him up. I view the dream as in part an expression of Mr. L's feeling that in the previous session, the two of us had together experienced and had begun to better understand something important about his unconscious ("underwater") life, and that I was not afraid of being overwhelmed (drowned) by his feelings of isolation, sadness, and futility, nor was I afraid for him. As a result, he dared to allow himself to be alive, and to confront (to inhale) what he formerly feared would suffocate him (the vacuum breast/analyst). In addition, there was a suggestion that the patient's experience did not feel entirely real to him, in that in the dream, he found it difficult to believe he was really able to do what he was doing.

In the second portion of Mr. L's dream, he more explicitly represented his enhanced ability to feel his sadness in such a way that he felt less disconnected from himself and from me. The dream seemed to me to be in part an expression of the patient's gratitude to me for not having robbed him of the feelings he was beginning to experience, as I would have done had I interrupted the silence at the end of the previous day's meeting with an interpretation or other form of effort to dissipate—or even transform—his sadness with my words and ideas.

I felt that in addition to the gratitude (mixed with doubt) that Mr. L was experiencing in connection with these events, there were less-acknowledged feelings of ambivalence toward me. I was alerted to this possibility in part by my own drowsiness at the end of the previous session, which often reflects my own state of defendedness. The fantasy of punching the beach ball (breast) suggested that it might well be anger that was being warded off. Subsequent events in the analysis led me to feel increasingly convinced that the facelessness of the man in the second portion of Mr. L's dream was in part an expression of the patient's (maternal transference) anger at me for being so elusive as to be shapeless and nondescript (as he felt himself to be). This idea was borne out in the succeeding years of analysis, as Mr. L's anger at me for "being nobody in particular" was directly expressed. In addition, on a more deeply unconscious level, the patient's being invited by the naked man to breathe in the water reflected what I felt to be an intensification of Mr. L's unconscious feeling that I was seducing him into being alive in the room with me, in a way that stirred homosexual anxiety (represented by the naked man's encouraging the patient to take the shared fluid into his mouth). I did not interpret the sexual anxiety reflected in the dream until much later in the analysis.

### *Reverie and the Analytic Third*

In the clinical sequence described, it was not simply fortuitous that my mind "wandered" and came to focus on a machine-made set of markings on an envelope covered by scribbles of

phone numbers, notes for teaching, and reminders to myself about errands to be done. The envelope itself (in addition to carrying the meanings mentioned above) also represented (what had been) my own private discourse, a private conversation not meant for anyone else. On it were notes in which I was talking to myself about the details of my life. The workings of the analyst's mind during analytic hours in these un-self-conscious, "natural" ways are highly personal, private, and embarrassingly mundane aspects of life. It requires great effort to seize this aspect of the personal and the everyday from its un-self-reflective area of reverie for the purpose of talking to oneself about the way in which this aspect of experience has been transformed in such a way that it has become a manifestation of the unconscious interplay of analytic subjects. The "personal" (the individually subjective) is never again simply what it had been prior to its creation in the intersubjective analytic third, nor is it entirely different from what it had been.

I believe that a major dimension of the analyst's psychological life in the consulting room with the patient takes the form of reverie concerning the ordinary, everyday details of his own life (that are often of great narcissistic importance to him).<sup>5</sup> I have attempted to demonstrate in this clinical discussion that these reveries are not simply reflections of inattentiveness, narcissistic self-involvement, unresolved emotional conflict, and the like. Rather, this psychological activity represents symbolic and protosymbolic (sensation-based) forms given to the unarticulated (and often not yet felt) experience of the analysand as they are taking form in the unconscious intersubjectivity of the analytic pair (i.e., in the analytic third).

This form of psychological activity is often viewed as something that the analyst must get through, put aside, overcome, and so on, in his effort to be emotionally present with, and attentive to, the analysand. I am suggesting that a view of the analyst's ex-

<sup>5</sup> Here and in the remainder of this paper, male pronouns are used to refer equally to both genders.

perience that is dismissive of this category of clinical phenomenon leads the analyst to diminish (or ignore) the significance of a great deal (in some instances, the majority) of his experience with the analysand. I feel that a principal factor contributing to the undervaluation of such a large portion of the analytic experience is the fact that such acknowledgment involves a disturbing form of heightened self-consciousness. The analysis of this aspect of the transference-countertransference requires an examination of the way we talk to ourselves and what we talk to ourselves about in a private, relatively undefended psychological state. In this state, the dialectical interplay of consciousness and unconsciousness has been altered in ways that resemble a dream state. In becoming self-conscious in this way, we are tampering with an essential inner sanctuary of privacy, and therefore with one of the cornerstones of our sanity. We are treading on sacred ground, an area of personal isolation in which, to a large extent, we are communicating with subjective objects (Winnicott 1963; see also Ogden 1991). This communication, like the notes to myself on the envelope, is not meant for anyone else, not even for aspects of ourselves that lie outside of this exquisitely private/mundane "cul-de-sac" (Winnicott 1963, p. 184). This realm of transference-countertransference experience is so personal, so ingrained in the character structure of the analyst, that it requires great psychological effort to enter into a discourse with oneself in a way that is required to recognize that even this aspect of the personal has been altered by experiences in and of the analytic third. If we are to be analysts in a full sense, we must self-consciously attempt to bring even this aspect of ourselves to bear on the analytic process.

### *Some Additional Comments*

Because the analytic third is experienced by analyst and analysand in the context of his own personality system, personal history, psychosomatic makeup, and so on, the experience of the third, although jointly created, is not identical for each participant. Moreover, the analytic third is an asymmetrical construction

because it is generated in the context of the analytic setting, which is powerfully defined by the relationship of roles of analyst and analysand. As a result, the unconscious experience of the analysand is privileged in a specific way; i.e., it is the past and present experience of the analysand that is taken by the analytic pair as the principal (though not exclusive) subject of analytic discourse. The analyst's experience in and of the analytic third is (primarily) utilized as a vehicle for the understanding of the conscious and unconscious experience of the analysand. (Analyst and analysand are not engaged in a democratic process of mutual analysis.)

The analytic third, though often having a coercive effect that limits the capacity of analyst and analysand to think as separate individuals, may also be of a generative and enriching sort. For instance, experiences in and of the analytic third often generate a quality of intimacy between patient and analyst that has "all the sense of real" (Winnicott 1963, p. 184). Such experiences involve feelings of enlivening humor, camaraderie, playfulness, compassion, healthy flirtatiousness, charm, and so on. These experiences in the analytic third may hold particular importance to the analysis in that they may be the first instances in the patient's life of such healthy, generative forms of object relatedness. More often than not, I defer interpreting the meanings of such analytic events until much later in the analysis, if I interpret at all. It is living these experiences as opposed to understanding them that is of primary importance to the analysis.

## PART II: PROJECTIVE IDENTIFICATION AND THE SUBJUGATING THIRD

Having discussed in Part I the experience of the analytic third in the clinical setting, I will now address the question of how the concept of the analytic third enriches psychoanalysis at the level of clinical theory.<sup>6</sup> To that end, I shall offer some reflections on

<sup>6</sup> What follows is a condensed and slightly revised version of material originally published in Ogden 1994b.

the process of projective identification conceptualized as a form of unconscious, intersubjective thirdness. In particular, I shall describe the unconscious interplay of mutual subjugation and mutual recognition that I view as fundamental to projective identification. (For discussions of other forms of the analytic third, see Ogden 1996, 1999.)

The understanding of projective identification that I shall propose is founded on a conception of psychoanalysis as a process in which a variety of forms of intersubjective *thirdness* are generated, which stand in dialectical tension with the analyst and analysand as separate psychological entities. In projective identification, a distinctive form of analytic thirdness is generated that I shall refer to as *the subjugating third*, since this form of intersubjectivity has the effect of subsuming within it, to a very large degree, the individual subjectivities of the participants.

I use the term *projective identification* to refer to a wide range of psychological-interpersonal events, including the earliest forms of mother–infant communication (Bion 1962); unconsciously fantasied, coercive incursions into and occupation of the personality of another person; schizophrenic confusional states (Rosenfeld 1952, 1965); and healthy, “empathic sharing” (Pick 1985, p. 45).

Projective identification involves the creation of unconscious narratives (symbolized both verbally and nonverbally) that involve the fantasy of evacuating a part of oneself into another person. This fantasied evacuation serves the purpose of either protecting oneself from the dangers posed by an aspect of oneself, or of safeguarding a part of oneself by depositing it in another person who is experienced as only partially differentiated from oneself (Klein 1946, 1955; see also Ogden 1979). The aspect of oneself that, in unconscious fantasy, resides in the other person is felt to be altered in the process, and under optimal conditions is imagined to be retrieved in a less toxic or endangered form (Bion 1959). Alternatively, under pathogenic conditions, the reappropriated part may be felt to have been deadened or to have become more persecutory than it had previously been.

Inextricably connected with this set of unconscious fantasies is a set of interpersonal correlates to those fantasies (Bion 1959;

Joseph 1987; Racker 1952, 1968; Rosenfeld 1971). The interpersonal quality of the psychological event does not follow from the unconscious fantasy; the unconscious fantasy and the interpersonal event are *two aspects of a single psychological event*. Projective identification, conceived of in this way, is by now a widely accepted component of psychoanalytic theory. In what follows, I will offer a reworking—more an elaboration than a revision—of this understanding of projective identification.

The interpersonal facet of projective identification—as I view it from the perspective generated by the concept of the analytic third—involves a transformation of the subjectivity of the “recipient” in such a way that the separate “I-ness” of the other-as-subject is (for a time and to a degree) subverted. In this unconscious interplay of subjectivities, “You [the ‘recipient’ of the projective identification] are me [the projector] to the extent that I need to make use of you for the purpose of experiencing through you what I cannot experience myself. You are not me to the extent I need to disown an aspect of myself and in fantasy hide myself [disguised as not-me] in you.” The recipient of the projective identification becomes a participant in the negation of himself as a separate subject, thus making “psychological room” in himself to be (in unconscious fantasy) occupied (taken over) by the projector.

The projector in the process of projective identification has unconsciously entered into a form of negation of himself as a separate “I,” and in so doing has become other-to-himself: he has become, in part, an unconscious being outside of himself (residing in the recipient) who is simultaneously “I” and “not I.” The recipient is and is not oneself (the projector) at a distance. The projector in this process is becoming someone other than who he had been to that point. His experience of occupying the recipient is an experience of negating the other as subject and co-opting the recipient’s subjectivity with his own subjectivity; at the same time, the occupying part of the projector’s self is objectified (experienced as a part object) and disowned. The outcome of this mutually negating process is the creation of a third subject, “the subject of projective identification,” that is both and

neither projector and recipient. Thus, projective identification is a process by which the individual subjectivities of both projector and recipient are being negated in different ways: the projector is disavowing an aspect of himself that he imagines to be evacuated into the recipient while the recipient is participating in a negation of himself by surrendering to (making room for) the disavowed aspect of the subjectivity of the projector.

It does not suffice to say that projective identification represents simply a powerful form of projection or of identification, or a summation of the two, since the concepts of projection and identification address only the intrapsychic dimension of experience. Rather, projective identification must be understood in terms of a mutually creating, negating, and preserving dialectic of subjects, each of whom allows himself to be “subjugated” by the other—i.e., negated in such a way as to become, through the other, a third subject (the subject of projective identification).

What is distinctive about projective identification as a form of analytic relatedness is that the analytic intersubjectivity characterizing it is one in which the (asymmetrical) mutual subjugation, which mediates the process of creating a third subjectivity, has the effect of profoundly subverting the experience of analyst and analysand as separate subjects. In the analytic setting, projective identification involves a type of partial collapse of the dialectical movement of subjectivity and intersubjectivity, resulting in the subjugation (of the individual subjectivities of analyst and analysand) by the analytic third. The analytic process, if successful, involves the reappropriation of the individual subjectivities of analyst and analysand, which have been transformed through their experience of (in) the newly created analytic third (the “subject of projective identification”).

Projective identification can be thought of as involving a central paradox: the individuals engaged in this form of relatedness unconsciously subjugate themselves to a mutually generated intersubjective third for the purpose of freeing themselves from the limits of whom they had been to that point. In projective identification, analyst and analysand are both limited and enriched; each

is stifled and vitalized. The new intersubjective entity that is created, the subjugating analytic third, becomes a vehicle through which thoughts may be thought, feelings may be felt, sensations may be experienced, which to that point had existed only as potential experiences for each of the individuals participating in this psychological-interpersonal process. In order for psychological growth to occur, there must be a superseding of the subjugating third and the establishment of a new and more generative dialectic of oneness and twoness, similarity and difference, individual subjectivity and intersubjectivity.

Although Klein (1955) focused almost entirely on the experience of psychological depletion involved in projective identification, the work of Bion (1962), Rosenfeld (1971), Racker (1952, 1968), and others has demonstrated that projective identification also involves the creation of something potentially larger and more generative than either of the participants (in isolation from one another) is capable of generating. The vitalization or expansion of the individual subject is not exclusively an aspect of the experience of the projector; the recipient of a projective identification does not simply experience the event as a form of psychological burden in which he is limited and deadened. In part, this is due to the fact that there is never a recipient who is not simultaneously a projector in a projective identificatory experience. The interplay of subjectivities is never entirely one sided: each person is being negated by the other while being newly created in the unique dialectical tension generated by the two.

The recipient of the projective identification is engaged in a negation (subversion) of his own individuality in part for the unconscious purpose of disrupting the closures underlying the coherence/stagnation of the self. Projective identification offers the recipient the possibility of creating a new form of experience that is other-to-himself and thereby creates conditions for the alteration of the person whom he has been to that point and whom he has experienced himself to be. The recipient is not simply identifying with an other (the projector); he is becoming an other and experiencing (what is becoming) himself through the subjectivity of a newly created other/third/self.

The two subjects entering into a projective identification (albeit involuntarily) both unconsciously attempt to overcome (negate) themselves, and in so doing make room for the creation of a novel subjectivity, an experience of I-ness that each individual in isolation could not have created for himself. In one sense, we participate in projective identification (often despite our most strenuous conscious efforts to avoid doing so) in order to create ourselves in and through the other-who-is-not-fully-other; at the same time, we unconsciously allow ourselves to serve as the vehicle through which the other (who-is-not-fully-other) creates himself as subject through us. In different ways, each of the individuals entering into a projective identification experiences both aspects (both forms of negating and being negated) in this intersubjective event. It does not suffice simply to say that in projective identification, one finds oneself playing a role in someone else's unconscious fantasy (Bion 1959). More fully stated, one finds oneself unconsciously both playing a role in, *and* serving as author of, someone else's unconscious fantasy.

In projective identification, one unconsciously abrogates a part of one's own separate individuality in order to move beyond the confines of that individuality: one unconsciously subjugates oneself in order to free oneself from oneself. The generative freeing of the individual participants from the subjugating third depends upon (1) the analyst's act of recognizing the individuality of the analysand (e.g., by means of his accurate and empathic understanding and interpretation of the transference-countertransference), and (2) the analysand's recognition of the separate individuality of the analyst (e.g., through the analysand's making use of the analyst's interpretations).

Hegel's (1807) allegory of the master and slave (particularly as discussed by Kojève [1934-1935]) provides vivid language and imagery for the understanding of the creation and negation (the superseding) of the subjugating third of projective identification. In Hegel's allegory, at the "beginning of history," in the initial encounter of two human beings, each senses that his capacity to experience his own sense of I-ness, his own self-consciousness, is somehow contained in the other.

Self-consciousness [in a rudimentary form] is faced by another self-consciousness; it has come *out of itself*. This has a twofold significance: first, it has lost itself, for it finds itself as an *other* being; secondly, in doing so it has superseded the other, for it does not see the other as an essential being, but in the other [at first] sees [only] its own self. [Hegel 1807, p. 111, italics in original]

Each individual cannot simply become a self-conscious subject by seeing himself in the other, that is, by projecting himself into the other person and experiencing the other as himself. "He must overcome his being-outside-of-himself" (Kojève 1934-1935, p. 13). Each individual is destined to remain outside of himself (alienated from himself) insofar as the other has not "'given him back' to himself by recognizing him" (p. 13). It is only through the recognition by an other who is recognized as a separate (and yet interdependent) person that one becomes increasingly (self-reflectively) human. One's being outside of oneself (for example, one's being *within* the subject of projective identification) is only a potential form of being. The act of having oneself given back by the other is not a returning of oneself to an original state; rather, it is a creation of oneself as a (transformed, more fully human, self-reflective) subject for the first time.

An intersubjective dialectic of recognizing and being recognized serves as the foundation of the creation of individual subjectivity. If there is a failure of recognition of each by the other, "the middle term [the dialectical tension] collapses," into "a dead unity" (Kojève 1934-1935, p. 14) of static, non-self-reflective being: Each leaves the other alone, "as a thing," and does not participate in an interpersonal process in which each gives the other back to himself, thereby creating individual subjectivity.

The projector and the recipient of a projective identification are unwitting, unconscious allies in the project of using the resources of their individual subjectivity and their intersubjectivity to escape the solipsism of their own separate psychological existences. Both have circled in the realms of their own internal object relations, from which even the intrapsychic discourse that

we call self-analysis can offer little in the way of lasting psychological change when isolated from intersubjective experience. (This is not to say that self-analysis is without value; rather, I believe that it has severe limitations when isolated from intersubjective spheres such as those provided by projective identification.) Human beings have a need as deep as hunger and thirst to establish intersubjective constructions (including projective identifications), in order to find an exit from unending, futile wanderings in their own internal object world. It is in part for this reason that consultation with colleagues and supervisors plays such an important role in the practice of psychoanalysis.

The unconscious, intersubjective alliance involved in projective identification may have qualities that feel to the participants like something akin to a kidnapping, blackmail, seduction, mesmerization, being swept along by the irresistible, frightening lure of an unfolding horror story, and so on. However, the degree of pathology associated with a given projective identificatory experience is not to be measured by the degree of coercion involved in the fantasied subjugation; rather, pathology in projective identificatory experience is a reflection of the degree of inability/unwillingness of the participants to release one another from the subjugation of the third by means of a mutual act of recognition (often mediated by means of interpretation) of the unique and separate individuality of the other and of oneself.

In sum, the concept of projective identification, to my mind, is substantially enriched by viewing it as a form of the intersubjective analytic third. In projective identification, so conceived, there is a partial collapse of the unconscious dialectical movement of individual subjectivity and intersubjectivity, resulting in the creation of a subjugating analytic third (within which the individual subjectivities of the participants are to a large degree subsumed). A successful psychoanalytic process involves the superseding of the unconscious third and the reappropriation of the (transformed) subjectivities by the participants as separate (and yet interdependent) individuals. This is achieved through an act of mutual recognition that is often mediated by the analyst's interpretation of

the transference-countertransference and the analysand's making genuine psychological use of the analyst's interpretation.

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## THE THIRD IN MIND

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*Various aspects of the occult as they relate to psychoanalysis are discussed in this article. Drawing on both Freud's writings and Granoff and Rey's (1983) work on the occult in Freudian thought, the author considers the concept of co-thinking and its manifestations in clinical work. The psychoanalytic third is viewed in the context of the occult element known as thought transference, or thought transmission, and is also considered as it bears on psychoanalytic supervision.*

## PSYCHOANALYSIS AND THE OCCULT

In *L'Occulte, Objet de la Pensée Freudienne (The Occult: Object of Freudian Thought)* (1983), Granoff and Rey put forward a proposition that could be viewed either as innovative or merely trivial. They compared Freud's conclusions on the occult and psychoanalysis in his "Psychoanalysis and Telepathy" (1921a) with those he reached in "Dreams and Telepathy" (1921b). This comparison led them to make the following observation about the concluding section of the 1933 text:

In order to evoke the picture sketched in those last lines, we will take the liberty of writing that, after the 1921 phrase "there is thought-transference" [*es gibt*

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Translation by Beatrice Patsalides, Ph.D.

*Gedankenübertragung*],<sup>1</sup> follows de facto the phrase “there is observation” [*es gibt Beobachtung*], a proposition faithful to the text despite being of our own invention. [Granoff and Rey 1983, p. 191]

According to this interpretation of Freud’s comments, the recognition that thought transmission exists brought about, twelve years later, the assertion that one must observe it. Freud’s text did not mention the term *observation*; however, after stating that “All of this is still uncertain and full of unresolved enigmas, but this is not a reason for anxiety” (1933, p. 55), he described certain observations communicated by Dorothy Burlingham that, “if confirmed, will put an end to our remaining doubts concerning the reality of thought transmission” (p. 56). He added, “And this brings us back to psychoanalysis, from which we started” (p. 56). Overcoming anxiety, recognizing facts, and returning to observation: these are thus the three stages that lead from thought transmission to psychoanalysis.

### *The Phenomenon of Thought Transmission*

From the time that Freud became interested in thought transmission, he did nothing but repeat that we have to return to the facts and nothing but the facts. Yet his interest in thought transmission arose quite early, and we know that he owed much to Ferenczi in this respect. Just after returning from the United States in 1909, Freud went with Ferenczi to Berlin to visit a famous medium. Subsequently, Freud actively participated in her experiments. In a letter to Ferenczi dated November 15, 1910, Freud mentioned a patient’s report that a court astrologer had accurately predicted an event linked to the patient’s hostile wishes to-

<sup>1</sup> *Translator’s Note:* Freud’s term *Gedankenübertragung* literally means *transmission of thought*, and the author usually translated it as such (*transmission de pensée*) in the original French version of this article. When he chose to apply the term *transfert de pensée*, however, this reflects a subtle change to an expression more accurately translated as *thought transference*. It should be noted that Strachey’s *Standard Edition* of Freud’s work consistently translates *Gedankenübertragung* as *thought transference*.

ward a brother-in-law, of which the astrologer could not have been aware. This commentary, slightly modified, was taken up again in the 1921(a) and 1933 manuscripts.

Judging by their correspondence, however, it was Ferenczi who was more passionate about the effects of thought transmission, redoubling his experiments until the moment when, in a letter of November 22, 1910, he confided to Freud:

Dear Professor,

Interesting news in the transference story. Imagine, *I am a great soothsayer, that is to say, a reader of thoughts!* I am reading my patients' thoughts [in my free associations]. The future methodology of psychoanalysis must make use of this. [Haynal 1993, p. 235, italics in original]

Freud was alarmed to receive this and responded as follows on December 3, 1910:

You will certainly be astounded that I didn't react earlier to your earthshaking communication to the effect that you were yourself a medium. I wouldn't even be able to write yet today if I weren't rather miserable with influenza . . .

I could not, of course, prevent your news from occupying me greatly. I see destiny approaching, inexorably, and I note that it has designated you to bring to light mysticism and the like, and that it would be just as futile as it is hard-hearted to keep you from it. Still, I think we ought to venture to slow it down. I would like to request that you continue to research in secrecy for two full years and don't come out until 1913; then, certainly, in the Jahrbuch, openly and aboveboard. You know my practical reasons against it and my secret painful sensitivities. [Haynal 1993, pp. 239-240]

Ferenczi agreed in his letter of December 19, 1910:

I didn't respond to your wish expressed in regard to thought induction because, in view of our earlier discussions, I thought we had decided to treat this matter with

extreme caution. It goes without saying that I am in complete agreement with the date 1913; perhaps I will want to extend it even further. [Haynal 1993, p. 244]

One imagines that Freud pricked up his ears on hearing Ferenczi present himself as a mind reader, given that Fliess's description of Freud himself with the same term, at Achensee in 1900, had led Freud to react with extreme forcefulness, declaring that if that were the case, he should abandon his research.

In revisiting the initial phases of this interest in thought transmission, I would like to emphasize how well the exchange between Freud and Ferenczi illustrates the historical and personal context of their research. As Granoff and Rey made clear in *The Occult: Object of Freudian Thought* (1983), it was between the time of the 1921(a) editing of the "Preliminary Report" (later renamed "Psychoanalysis and Telepathy" by its German editor) and the 1933 edition of the "New Introductory Lectures" that Freud's fear of approaching such a potentially compromising topic had given way to an invitation to pursue its study within the field of psychoanalysis. Granoff and Rey had no trouble considering this method of observation to be "a front-line sector upon which advances must be made" (p. 176). And they added that this method "cannot be utilized until the moment when the possibility of a new objectivity is constituted" (p. 176).

### *The Concept of Observation*

But what should we understand by the term *observation*? And how do we interpret this "new" objectivity? For the authors of *The Occult: Object of Freudian Thought*, these questions go far beyond the realm of occultism; they bear directly on the occult in psychoanalysis. As far as Granoff and Rey (1983) were concerned, such issues remain within the purview of Freudian thought—or at least, the authors felt comfortable utilizing Freud's language to make inquiries about psychoanalysis. Their focus was the *Sprachgebrauch*, that use of language that characterized both Freud's "Report" of 1921(a) (written for a small group of believers attending a meet-

ing in the Harz mountains) and the “New Introductory Lectures” (1933). Transmission of thought and transference of thought—it might be said that both of these are conveyed by the same word in the German language. And if we conceive of *Gedankenübertragung* as thought transference, how do we situate it in the practice of psychoanalysis? And isn’t this also what Ferenczi referred to when he spoke of the history of transference in general, and when, defining himself as a mind reader, he established a direct link to his own free associations?

It is here that the concept of observation and the question of objectivity reappear. How do we understand this concept, according to which psychoanalysis is a factual science and free association its method? Here I am not talking about the fundamental rule given to the patient, but rather that which—by imitating a moment of self-analysis of a dream—is at work in the process of interpretation. In Freud’s and Ferenczi’s observations, the mind reader was seen as surveying the associative context in which the patient’s thoughts were located. Freud developed this idea at length in “Dreams and Telepathy” (1921b). Therefore, one can appreciate that the observation in question is not the biologist’s gaze searching for causes and effects, but rather that of the morphologist, attentive to forms and comparisons of forms. And in my belief, this is the way one must interpret Granoff and Rey’s (1983) proposition. It is from this view of observation that I would like to start out, applying it no longer just to language, but instead to psychoanalytic communication in the broadest sense—i.e., to the work of thinking that, via the detours of the associative process, lets the missing or the masked thought emerge. It is that which identifies the clairvoyant, but it is also that which the analyst discovers in the work of accompanying another person’s thoughts, at each moment, and yet without any claim to a medium’s gifts.

There is no doubt that Freud wanted to apply the methodology of the natural sciences as objectively as possible in order to shed some light on the enigma of thought transference. But at the same time, he came up against the difficult question of the ob-

jectivity of the so-called mind reader. This is the paradox that we must overcome by taking recourse to the requisite function of the *third*. This function presents itself on three levels within psychoanalysis:

- (1) It is present in the individual encounter between patient and analyst, where the relationship between the necessary consideration of (psychic) facts, on the one hand, and the intersubjective nature of psychic work accomplished together, on the other, is expressed most acutely.
- (2) It manifests in analytic supervision.
- (3) More generally speaking, it is present in those situations where the third is inscribed in the life of an institution—that is to say, whenever the third leaves the purely symbolic realm and becomes actualized in communication considered to be scientific.

The function of the third, therefore, is present in the very process of the transmission of psychoanalysis itself. From this, one might conclude that we are always dealing with transference.

Let us examine Freud's (1913) metaphor of the passenger in the train compartment. The patient observes thoughts streaming by. Ideally, he or she is not *watching* that stream, but rather submitting to its existence as passively as possible; the situation is identical to that of falling asleep, when unbidden thoughts (*Einfälle*) emerge. The analyst observes (that is, listens to) what the patient describes and, without a priori assumptions, takes up the patient's thoughts. From the point of view of the natural sciences, those very facts must be considered by the analyst with the greatest possible objectivity (neutrality).

### *Thought Induction*

The conundrum lies in knowing whether the collection of facts brought to light in this way derives exclusively from the ex-

changes between client and medium (exchanges whose nature and content escape the client), or whether we need to hypothesize an unknown mode of transmission. But—and this is the crucial point for the analyst to remember—the answer to this enigma matters little, since what is certain is that “thought induction” is occurring. At the end of his 1921(a) essay, Freud noted: “You can see that all of my material concerns only one point, the induction of thought; about the other miracles that occultism claims, I have nothing to say” (p. 193). Granoff and Rey (1983) underlined this point. The term *thought induction* was so little recognized at the time of Freud’s use of it that it was frequently left out, being replaced instead by the term *thought transference* in the English translation; thus, *Gedankeninduktion* was translated as exactly the same as *Gedankenübertragung*. But the distinction was redrawn following Granoff and Rey’s translation into French in *The Occult: Object of Freudian Thought* (1983).

These authors justly considered the distinction important and saw the term *thought induction* as “in its own way the newest and most advanced product, as one would say, at the forefront of this work” (p. 231). The main reason why I plead for the use of the term is that it inverts the roles in the relationship between the subject and the interpreter (that is, the medium or analyst). It is no longer the latter who actively observes; instead, it is the former who induces the representation that is transmitted. Observation is therefore not a task actively managed by the analyst-observer; instead, the analyst perceives an effect of transmission induced by the analysand. In retrospect today, it does not seem that Freud considered all the consequences of this notion of induction—or at least, not all its implications for psychoanalytic practice.

## PSYCHOANALYTIC CO-THINKING

I will not review here the history of the evolution of analytic practice, which, through various challenges, has seen many disparate viewpoints converge (e.g., Heimann and Racker in regard to coun-

tertransference, and Viderman and de M'Uzan in regard to interpretation, to cite only two examples). In my own attempt at synthesis, I would like to propose the term *co-thinking* in order to define a collaborative psychic work leading to interpretive elaboration. This term can be understood as a communication of thought in the same sense as *Gedankenübertragung*. But the latter suggests too strongly the idea of a thought as the content of a representation or of an ensemble of representations, whereas in fact it is rather the associative process itself that is being described—the act of thinking itself. As Granoff and Rey (1983) rightly pointed out, it is, conversely, a *Denkung*, the transference of an associative process, that is operative. Thought induction concerns the very associative stream that guides two parallel paths of thought, even though the two lack precise meeting points. Rather than focusing on the metaphor of parallel lines, however, one should hold in mind the model of two associative fields, two networks of thought that intersect to a greater or lesser extent, forming nodal points (*points de capiton*<sup>2</sup>). Rereading Freud and Ferenczi's descriptions of their "observations" reveals these associative structures functioning as networks.

### *Co-Thinking and Countertransference*

A possible misunderstanding concerning the relationship of co-thinking to countertransference should be clarified. With respect to thought transference, Freud (1921a) strongly underscored the psychodynamic and economic aspects of the phenomenon, as described in the following quotation:

Analysis provides . . . a surplus of meaning. It teaches us that it is not just any fragment of unimportant knowl-

<sup>2</sup> *Translator's Note:* *Point de capiton*, which might be variously translated as *anchoring point*, *quilting point*, or *nodal point*, is a term introduced into psychoanalysis by Lacan (1977) in his seminar on psychosis, where he used it to denote a specific aspect of the relationship between the signifier and the signified. Broadly speaking, the *point de capiton* is the point in the signifying chain at which "the signifier stops the otherwise endless movement of signification" (Lacan 1977, p. 303).

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edge that gets transmitted by way of induction from one person to another, but that someone's extraordinarily strong wish—a wish that stands in a particular relationship with his consciousness—can find for itself a slightly veiled conscious expression with someone else's help. [p. 184]

It seems to me that the “medium-like” thought transmission described here expresses very well what is at work in thought transference as it operates within analytic treatment. Whether or not every wish present in analytic co-thinking can be considered an effect of transference or of countertransference is an open question. Granted, it is a matter of definition, but too-broad use of the terms *transference* and *countertransference* risks diluting their meaning; I do not want to engage in this debate here as it would lead me too far from my primary topic. Suffice it to say that two distinct levels of psychic action are at play: one is the process through which the drives seek their object goals, whether this be through an interpersonal relationship or through fantasy; the other is the way that fantasies are expressed as representation or as enactment. We have here the two sides of one and the same process.

Co-thinking is not independent of the interplay between transference and countertransference. Inducing unconscious thoughts into the unconscious mind of the other is not strictly involuntary. However, in some cases, certain processes of co-thinking are related to the power of suggestion emanating from shared reactions to the cognitive and emotional world, i.e., when both associations are provoked by contact in thinking regarding, for example, current news or cultural events. Both partners react to common emotional and cognitive stimuli.

Conversely, the interaction between transference and countertransference may be expressed interpersonally. Analysts of the so-called intersubjective school emphasize the importance of this interpersonal relationship. In any case, the induced association process creates a kind of dual dreaming, and this is more active when, due to regression, the interpersonal interaction between

both parties is reduced to a minimum. However, even in the most interpersonal relationships, the role of the analyst is to distance him- or herself from excessive interpersonal involvement. The implicit question for the analyst is no longer what is desired or expected by the patient's unconscious, but what in the patient unconsciously induces thoughts from the analyst.

What happens in thought *transmission* (let us take advantage here of the fact that the French language allows us to distinguish the two concepts<sup>3</sup>) elucidates, in its duality, what exists in the normal flow of thoughts and in analytic co-thinking. Drive cathexis occurs in each psychic act, and each thought transference gives meaning to a wish. What is debatable is whether every wish in a treatment is a transference of drive. To reduce every wish in treatment to such a transference risks ignoring the variety of drive cathexes and confusing the phenomena of autoerotic drive regression—the persistence of drive dynamics outside the treatment—and displaced transferences with transference itself.

### *Co-Thinking and the Concept of the Third*

A crucial issue, I believe, is what Renik (1993) has called the *irreducible subjectivity* of the analytic situation. This concept seeks to address, as have many others, what Meehl (1994) called the harrying question that Fliess asked at Achensee: How does the analyst as mind reader justify his or her legitimacy? The intersubjective dimension of thought transference in the analytic situation achieves validity through its reference to the concept of the *third*. The notion of observation here again becomes a riddle, because the observer is no longer the person one imagines; the effects of co-thinking or of thought transference take on meaning only insofar as the analyst frees him- or herself of them in order to weigh their impact and to give them meaning. In the work of interpretation, analysts are guided by self-analysis of their own associative processes.

<sup>3</sup> *Translator's Note:* Both French and English distinguish between *transference* of thought (in French, *transfert*) and *transmission* of thought (in French, *transmission*).

Does such a capacity for self-division exist for the clairvoyant? We do not know. In any case, Ferenczi did not shy away from declaring himself a medium in November 1910, and the clinical examples he gave to Freud bear witness to a capacity to position himself as an observer of thought transferences.

But the analyst's use of self-analysis within the intersubjective field has its limits. Intersubjectivity can hardly be maintained in solitude. We can keep it alive only when we are able to uphold an *intrapsychic* third to which we address ourselves by means of a *symbolic* third, which we project to the outside. We place ourselves in a structure of imaginary supervision. In fact, the real situation of analytic supervision develops, maintains, and strengthens this relation to the symbolic third. Nothing is more vague than the technical principles that rule the way in which a particular analyst—the supervisor—understands and handles what another analyst, the supervisee, reports about the psychic work accomplished with the analysand. The variety and indeterminacy of methods employed can be seen to explain the diversity of theories put forward.

### *Co-Thinking and Analytic Supervision*

For some, the analytic supervisory relationship is a form of apprenticeship; for others, it is a process of familiarizing oneself with practice. The first group readily accuses the second of confusing supervision and psychotherapy, and this criticism is not altogether off base; what is thought and said between supervisor and supervisee is not radically different from what has just been described with respect to the work of the analytic treatment. What the supervisee reports is not the objective observation of a case, but the expression of psychic work that has been accomplished collaboratively (Berman 2000). The supervisor, in turn, associates to the material presented to him or her. The internal psychic work accomplished by the supervisor is fluid and rich to the extent that the material brought by the supervisee is also fluid and rich. Of course, the supervisor forms ideas about which parts of the associative work belong to either the patient or the analyst,

but the essential part of the supervisor's work will be to speak to—as best he or she can—the work of co-thinking as it is presented.

We are dealing here with the work of co-thinking at one remove, because it develops between supervisor and supervisee based on what was accomplished between patient and supervisee. Here again, and perhaps even more than in treatment itself, the self-analysis of the two participants intervenes and becomes an object of potential exchange between them. As a matter of fact, one will note that if the connection between thought transference and transference of drive is strong in treatment, it is in principle less so in supervision. The drive energy that animates the work of co-thinking depends less on the relationship with the analyst, being better integrated in sublimatory processes—a phenomenon that confirms the necessity of maintaining a distinction between thought transference and transference of drive.

One could, of course, raise the objection that this intersubjective dimension risks inducing excessive collusion and jeopardizing the validity of interpretive work. But this danger is tempered by the fact that, beyond the mutual work of self-analysis, the interplay between the two aspects, that of treatment and of supervision, is also a source of objectivity. Inevitable and necessary defenses arise out of what flows from the associative work of treatment into supervision; in considering these, the analyst in supervision takes the measure of resistances, both in the analysand and in him- or herself.

Earlier (Widlöcher 1994), I observed that the intense scientific activity of analytic institutions cannot be explained through a simple need for scientific production. I advanced the idea of the search for a common identity as a possible explanation. Consensus and debates over small differences have the potential to maintain and reinforce this collective feeling of identity. I think today that we are searching not only for reassurance, but also for a way to render objective the all-too-subjective dimension of the work of co-thinking in treatment. One might speak of a process of

“generalized supervision” that would allow the juxtaposition of associative interpretation to multiply in clinical exchanges.

When a clinical case is presented at our scientific meetings, the discussants are warned not to get involved in a kind of supervision. That is only fair, in many respects, but it does not stop associative listening from participating in any scientific exchange. In simple terms, I believe that, in place of an educational ethic and a relationship of expertise, we should substitute the open-ended listening and sharing of associations and interpretations that characterize the indefinite expansion of thought transference. The term *supervision* (along with the even less acceptable *control*) can be a source of misunderstanding. When conceived of as a second form of co-thinking, however, it keeps all its value of transmission while detaching itself from implying the transference of mastery. The scientific exchange is not about coaching the presenter, and even less about covertly evaluating him or her, but rather about participating in a work of secondary co-thinking focused around what the presenter is offering, as well as studying together what has been induced in our listening by the presentation of the treatment.

At stake here is not simple politeness among colleagues, but rather an ethic of psychoanalytic debate. Debates in the realm of natural science abide by strict rules; the logic of a proof provides the best example of this. Here we do not have to abide by the same logic, but this does not preclude our taking into account and respecting a different logic. To understand why our own interpretive co-thinking may differ from that of others—and in particular, from that of the person making a clinical presentation to us—is precisely the scientific objective that we are pursuing together.

Ultimately, it is to a genuine ethic of transmission that these reflections on thought transference lead. The field of psychoanalysis remains in control of this ethic. We must understand here, utilizing the model of supervision as an example, that we always have to account for our own experience of thinking in relation to, or by induction of, that of the other. Psychoanalysis

proposes a new ethic of communication—that is, to share with others the forms of thought mobilized in ourselves. The risk is obvious: namely, the pejorative view of psychoanalysis as the undertaking of a shared dream that is apt to close in on itself, a process hardly different from what we typically consider a sectarian enterprise. We need not abandon Freud's positivistic credo; the facts do exist. As Granoff and Rey (1983) underscored:

What Freud is not bowing to are the *Tatsächlichkeiten* [factualities], and even the *neue Tatsächlichkeiten* [new factualities], to the extent that they are established organizations that we find again and again along our path, and in relation to which we must have an adequate and coherent attitude in respect to what they are, that is to say, a position that is scientifically resolute, even aggressive. [p. 127]

We must conclude that thought transference is just such a factuality.<sup>4</sup>

### *Co-Thinking and Training Analyses*

The personal analysis of the future psychoanalyst has to reach the point that it facilitates his or her entering this mode of co-thinking, which lays the foundation for thought transference—a necessary tool for therapeutic change. In simple terms, thought transference is preparatory to the process of supervision. It opens the way to a particular mode of communication that incorporates the third in the process of co-thinking. This is the appropriate didactic dimension of the personal analysis of the future analyst. When involved in evaluating a candidate's capacities for practicing analysis, one should thus view this capacity as the key attribute to be tested—that is, the aptitude for co-thinking,

<sup>4</sup> *Translator's Note:* The word *Tatsächlichkeiten* is not often used in German, nor is *factuel* common in French. The adjective corresponding to the latter is *factuel*, which derives from the English *factual* or *of fact*. Hence, I have translated the original Freudian term in English as *factualities*, despite its obscurity to most English-speaking readers.

as manifested both in the candidate's own analysis and in the interview that he or she undergoes before entering training. It is always thought transference that is at stake.

The therapeutic element in a training analysis surely does not differ from what it is in any other analysis. Above all, it concerns the transference, in the usual sense of the term—namely, the transference of drive that manifests just as much in the repetition of demands as in the externalization of its internalized forms, and in particular, in its identifications. It is disengagement from these instinctual transference constraints, as well as from their effects on thought transference, that affords greater freedom to the process of co-association and to other thought transferences.

## THOUGHT TRANSFERENCE IN PSYCHOANALYSIS

The study and practice of psychoanalysis are of unique value in the elucidation of thought transference. This phenomenon, as it operates in analytic treatment, must submit to factual proof, not only via experimental methods from outside analysis, but also from within the field itself, by means of the endlessly repeating expansion of experience. The practice of psychoanalysis is radical—one might even say scandalous—in that it is based on the effects of induction that operate to ensure this transference. As a practice based on communication, analysis is certainly no stranger to the contemporary epistemological field constituted by the social sciences, nor to the methodological rules pertaining to the research produced by those sciences. But the exceptional nature of psychoanalysis's inductive effects—or at least the exclusive status that these are granted within the particular mode of analytic observation—has unique consequences for the transmission of the capacity to practice analysis.

Let me be clear that, although one often speaks of the resolution of transference, analysis is not a matter of resolving thought transference. Much to the contrary, the latter must develop, along

with the capacity to communicate it to a third. What will grow and then maintain this capacity—which might be seen as an effect of sublimation—constitutes an appropriate goal for the teaching of psychoanalysis, and hence of the didactic analysis. Thought transference becomes a permanent tool of the analysis of countertransference. The transference of drive that for so long constituted the source of the operations of co-thinking has to unfold once more in relation to the extra-analytic world; transference is still the key. As Granoff and Rey (1983) noted, the *Übertragung* (transference) taking place in analysis, which then becomes a constituent part of the analytic process itself, is a potential and enigmatic aspect of the treatment that is always held in reserve as well. And the unknown that the power of that reserve represents is not elucidated, nor subject to access (*Zugang*) or explanation.

After all, transmission is a form of transference. Ultimately, the essential mission of psychoanalytic training is undoubtedly to ensure the transference—that is, transference of thought. Psychoanalysis thus recaptures some of its assets from occultism in the same way that it recaptured others from religion. It is perhaps in this sense that we can best understand the title of Granoff and Rey's (1983) innovative work, *The Occult: Object of Freudian Thought*.

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## THE THIRD POSITION: REFLECTIONS ABOUT THE INTERNAL ANALYTIC WORKING PROCESS

BY RALF ZWIEBEL, M.D.

*The development of a third position is a key aspect of the analyst's ability to survive in the analytic relationship. In exploring the value of the third position, the author discusses other models relevant to clinical work, including the analytic-therapeutic position, the internal analyst, the alive analytic contact, and the phobic position. A case example illustrates these models and forms the basis for further discussion of the internal analytic working process.*

I dare to assert: Practically all knowledge which does not provide us with an immediate knowledge about ourselves is worthless.

—I. Kertész (1993, p. 14)

In the context of a daily ethical practice, in a moral sense it is possible, even necessary, to live in a paradox, but not in a compromise.

—I. Kertész (1993, p. 62)

### INTRODUCTION

I would like to begin with a remark by Winnicott, which I have often remembered during my clinical work with analysands and about which I have thought again and again. Winnicott (1962)

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Translation by Jeanne Wolff Bernstein, Ph.D.

wrote that he considered his main analytic task to “remain awake, alive and healthy” (p. 217). Ogden (1995, 1998), strongly influenced by the work of Winnicott, formulated a similar idea when he wrote that he considers that one of the major tenets of his work is to describe a feeling of aliveness and deadness in the transference-countertransference dynamic. If one pushes this metaphor to its extreme, one could postulate that the central analytic task is *to survive* the relationship with the analysand (Zwiebel 2003).

I propose that, in order for the analyst to survive that relationship, a *third position* must be developed, which has to be drawn out from the internal working processes of the analyst, over and over again. The analyst has to work repeatedly on this position because it is not an indestructible or permanent one, but rather, one that is constantly put into question by negating and destructive processes. The third position implies a tolerance for a basic paradox that should not be confused with the attempt to achieve a certain resolution (Bohm 1998). It also expresses itself in the conflict between the personal and professional experiences of the analyst and in the intellectual reception of the psychoanalytic literature, which, in each particular permutation, represents an individual and specific pattern—and yet, through its communication among colleagues, must remain flexible.

I believe that the major work the analyst must accomplish on the third position resides exclusively in his or her internal situation. This emphasis is important because the majority of the analytic literature describes the internal process of the analysand, and it is from that view that models for psychodynamic processes, and for psychopathology and its treatment, are being developed. My focus on the internal work of the analyst does not mean, however, that the analytic work is not primarily concerned with the understanding and treatment of the analysand’s psychic and unconscious reality (Müller-Pozzi 1991). As Thomä (1999) so pithily formulated it, the analytic task consists of comprehending the patient’s behavior and of enabling him or her to get out of an impasse.

While a great deal more attention has recently been given to the relational and interpersonal/intersubjective elements in the

analytic relationship (see, for instance, Bauriedl 1994; Kernberg 2002), the concrete, subjective situation of the analyst—who may see six to eight patients daily for months and years—is being neglected. To put it a bit more dramatically, one could say that we do not pay enough attention to our professional survival, with all its challenges and needs, even though the “symptoms” of working so hard are often quite blatant. In my earlier work (Zwiebel 1977, 1984, 1992, 2002a), I dealt with these hardly noticed symptoms, such as analysts’ dreams and signs of drowsiness, and attempted to show how internal work regarding these can significantly deepen the understanding of clinical problems.

A dynamic, process-oriented approach to clinical work arises from such a perspective, analogous to the way that Morgenthaler (1986) described it: The analytic process takes place through experience and only secondarily through understanding. It orients itself in what the analyst and analysand experience together. Experience is different from understanding and from theory. When we initiate an analytic process with an analysand, we are confronted from the very first session with the emotional undercurrents of the unruly id; “we should not believe that we can figure out or control this emotional movement” (Morgenthaler 1986, p. 61). Here, emotional movement is described as an expression of aliveness. In order to be able to give him- or herself over to this process, the analyst needs an internal model in order to tolerate the anxiety, uncertainty, and doubt that inevitably arise in the process. Or, as Morgenthaler (1986) notes:

Psychoanalytic technique is generated out of the dynamic of the psychic process and does not have at its disposal a unitary instrument like metapsychology. Rather, one can compare it to islands that form points of orientation in a sea of ungraspable, emotional movement, which in turn enable us to consistently follow the analytic process. [p. 55]

One could describe analysis as a dialectical, paradoxical process that moves between structure and no structure, between boundaries and a lack of boundaries—a process that can only be

navigated if one is guided by an internal model (Zwiebel 2002d). I would like to present a brief outline of the essential “islands” that form the models of one’s private theories (Sandler and Dreher 1996), which I find relevant in my own clinical work. They are the models of the *analytic-therapeutic position*, the *internal analyst*, the *alive analytic contact*, and the *phobic position*. With the help of a clinical example, I will illustrate these models and examine their practical relevance.

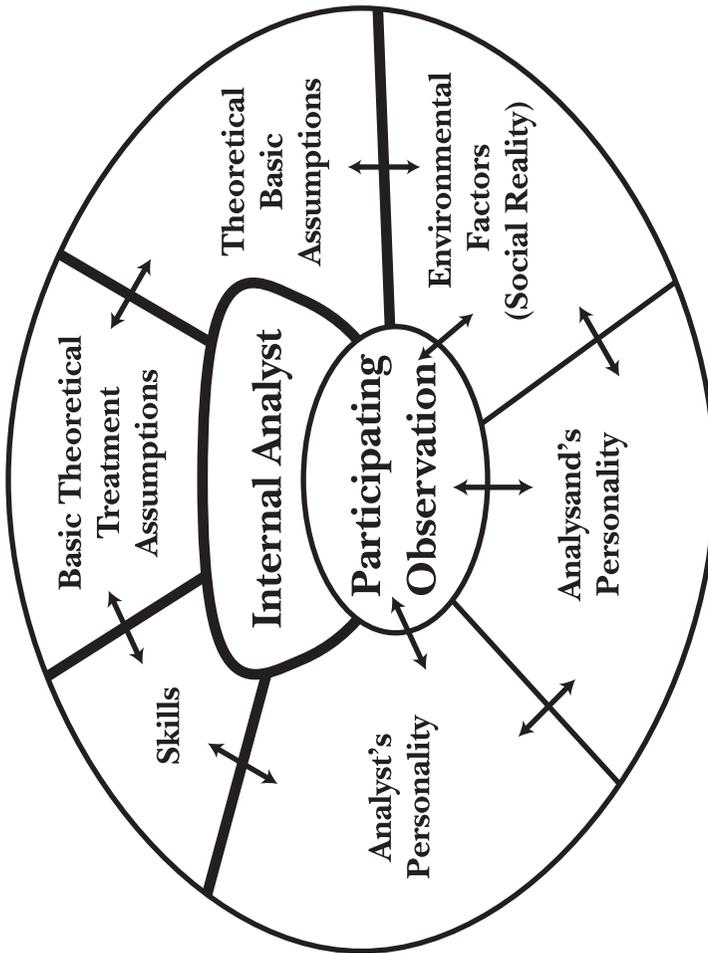
## THE ANALYTIC-THERAPEUTIC POSITION: PRECONDITIONS

Even though psychoanalysis is often associated with Freud’s famous remark about the impossible profession, the idea that it is, in fact, a profession like any other has increasingly gained attention (Pollack 1999). I find it useful to summarize the knowledge, abilities, and stance of the analyst as expressions of his or her professionalism in terms of the unique concept of the analytic-therapeutic position, and to illustrate in more detail the individual components that inform this professional identity.

Diagram 1 on the facing page portrays the whole model and distinguishes among the preconditions that are not only organized across a periphery, but also document a central core that attempts to capture the actual mental activity of the analyst from moment to moment in the analytic situation. At the same time, the separate preconditions also illustrate the conditions of the frame that must be present, so that the psychic activity and internal workings of the analyst—listening, understanding, and interpreting—can be realized as the core of his or her analytic-therapeutic position. I will describe in greater detail the mutual dependence and exchange between the frame and the core of the analytic-therapeutic position, once I have discussed its single elements in more detail.

### *Basic Theoretical Assumptions*

The theoretical orientation, theoretical knowledge, and general construction of an analytic model are summarized in the first pre-



**Diagram 1: The Analytic-Therapeutic Position**

condition. Knowledge is based on several basic tenets, such as the many determining factors of psychic processes, the meaning of the unconscious (Brenner 1976), and internalized conflicts (Müller-Pozzi 1991). The contemporary analyst's listening is often done from several different theoretical perspectives, as Ferro (1999) has described in his work about the bipersonal field. He formulates three essential positions: the Freudian (a perspective in which

the analyst is compared to an archaeologist digging up past historical events), the Kleinian (in which listening to the analysand's unconscious fantasies is emphasized), and the Bionian (in which the mental functioning of the analyst, with all its dysfunctional qualities, assumes center stage).

Ferro emphasizes a necessary balance between these perspectives, depending upon a given clinical situation, so that the analyst is not repeatedly entrapped in hermetic circles. Other perspectives can also expand one's psychoanalytic vision (such as those of Kernberg 2002 and Ogden 1994). In this theoretical realm, one must include questions about the scientific status of psychoanalysis, the patient's conscious and unconscious assumptions and convictions about the worldly and human image of the analyst, and ongoing confrontations with other scientific orientations, such as developmental psychology, infant research, and modern neurobiology. These few examples illustrate the enormous theoretical demands placed upon a single analyst, but they should not be seen exclusively as burdens. For example, neurobiological contributions to dream research (Leuschner [2002]; Solms [1997]), as well as the neurobiological rediscovery of the unconscious (including the meaning of the unconscious ego), reconfirms some of the basic assumptions of psychoanalysis (Roth 2001). I think it is particularly important that the analyst develop tolerance for a gap that may exist between his or her potential knowledge and actual knowledge, and that the analyst allow for an awareness of the implied assumptions that govern his or her work.

### *Treatment Assumptions*

The second precondition concerns the clinical construction of a model of the analytic situation, the analytic process, and analytic understanding. This realm includes free association as the fundamental rule for the patient, evenly hovering attention by the analyst, and the asymmetrical relationship and benevolent neutrality. All these conditions are aimed at evoking a regressive, emotional process, within which the pathological, internalized conflict of

the patient can come to life. Resistance, transference, and countertransference are central concepts of the treatment. The triangle of insight described by Malan (1979) is a technical orientation in understanding the associative process of the patient, by which the patient's essential internalized and unconscious conflicts are to be understood and linked in terms of past history, present living situation, and the transference.

In his ego psychological work, Busch (1999) emphasizes the important role that free association can play in the beginning phase of analysis, insofar as unconscious conflicts are expressed therein. He is critical of the work of many analysts who ignore free association:

It is startling to me that while we emphasize the significance of the method of free association for the analytic process, we actually use little of the process. Rather than using the associative process as a whole, analysts use it in listening for signs. The result is that many patients end their analysis unaware of and still unable to use the method of free association as a basic staple of an ongoing self-analytic process. [p. 92]

Here, one may detect the perception of a certain incongruence between theoretical assumptions and treatment results. I believe that it is particularly important for the development of the analytic process to maintain a close linkage between theory and technique.

### *Management and Technique*

In this third precondition, I will summarize the qualities of the analyst that he or she must utilize in order to bring to bear theoretical and technical assumptions in the concrete analytic situation. Looking at the work of Müller-Pozzi (2000), we might describe the second precondition as *method* and the third precondition as *technique*. Müller-Pozzi defines *method* as the revival and interpretation of fantasies underlying symptoms that become accessible only in the intersubjective space of resistance and trans-

ference. How this process takes place is viewed as a matter of *technique*. Indeed, I agree with Müller-Pozzi that this distinction is often not made. Structure of the treatment, handling of the frame and setting, use of tact and empathy, and formulation of interpretations belong to the category of skill and technique. Stern et al.'s (1998, 2002) concept of "yet unformulated experiences" (1998, p. 903)—a basic, nonsymbolic, representational capacity that is achieved through intersubjective, regulative moments of connection—also belongs to the category of skills.

### *The Analyst as a Person*

The foregoing brief description of skills already touches upon the connection to the fourth precondition, in which those elements belonging to the analyst as a person are described. The following points should be mentioned: the character of the analyst, dominant personality traits, persistent internal conflicts, age, life-cycle crises, and aspects of the real living situation, such as illness, marital separation, death, professional experience, career successes and disappointments, and so on. Particular emphasis ought to be given to the experiences of one's analytic training and its results; the didactic and therapeutic aspects of the training analysis and of additional training have the most optimal result if the analyst has developed trust in and a conviction about the analytic method and can identify him- or herself with it. If analytic training has had an unfavorable outcome, then a latent or even open hostility can emerge with regard to the analytic method, which may gravely affect the analyst's patients, the analyst's self, and the analytic community.

### *The Patient as a Person*

It may seem astonishing that I count the person of the analysand among the preconditions of the analytic-therapeutic position. The fact that this aspect is included in this category points to the interactive-interpersonal aspects of analysis, emphasizing in particular the cooperation—or at least the unconscious help—of the

patient, as well as a certain measure of suffering and motivation for treatment, without which the analyst tends to be unable to assume a professional position vis-à-vis the patient. Certain of the patient's personality traits and symptoms will emotionally affect the analyst in different ways, illustrating an experience that can be subsumed under the concept of subjectivity. This calls to mind the ways in which today's typical analytic patient may differ from yesterday's; it is troubling to observe that our institutes often allow candidates to take on analytic patients who would frequently not be accepted by well-seasoned analysts. Roudinesco (2002) portrayed this recent development very poignantly:

With respect to the patient of the nineties, one can barely detect a resemblance to those from earlier times. In general, they adequately reflect the depressive society in which they live. They are strikingly marked by a contemporary nihilism, they exhibit narcissistic and depressive disturbances, and they suffer from loneliness and symptoms of a loss of identity. They rarely have the energy or wish to undergo a long analysis, and so it becomes difficult for them to consult with an analyst on a regular basis. They miss sessions without much hesitation and at times they cannot bear to come to more than one or two sessions a week. Since they lack financial means, they tend to leave their analyses the moment they feel better, even when they resume analysis after the symptoms have returned. The resistance to enter into a transference relationship means that the patient acts in line with the market economy, which treats the subject like a piece of merchandise, and consequently, they treat psychoanalysis like a medication and the psychoanalyst as a dumping ground for their suffering. [p. 167]

This description makes it clear that every patient has idiosyncrasies whose influence on the analyst should not be underestimated.

### *Social Reality*

With this element, a connection is made to the just-mentioned precondition. The preconditions can be summed up in the graphi-

cal scheme as *social reality*—all those elements expressing socio-cultural factors. Key elements are the institutional factors that bear on the treatment, such as educational systems, the overall societal climate (and, in particular, its stance toward psychoanalysis), and the role of analysis as a mental health treatment within the larger health care system. For instance, in Germany, the recent legislative ruling of psychotherapy by the “psychotherapy law,” the explosion of costs in the entire health care system, and ongoing discussions about quality control exert an influence on the individual psychoanalyst. One may assume that a large percentage of presently practicing analysts worry about whether analysis can survive; and the analyst may question whether he or she can continue to exist in this profession. It is likely that these thoughts and fears have a considerable influence upon the analyst’s internal state of being, and hence upon the way he or she works.

### *A Short Diversion: The Concept of the Internal Analyst*

The ability to self-reflect and to self-analyze is seen as a particularly meaningful function of the analyst. It is not easy to find room for such a function in the model outlined thus far, because the ability to self-reflect and to self-analyze depends upon the technique and personality of the analyst, as well as upon his or her theoretical assumptions. For this reason, I have posited these skills as overarching qualities that I place near the heart of the analytic-therapeutic position.

Self-analytic and self-reflexive abilities are of particular relevance to the working analyst because they evolve out of a good enough training analysis and are continuously developing. The self-analytic capacity includes a recognition of one’s own unconscious experiences and reactions, as well as the ability to reflect upon these and to communicate them in an appropriate form. Recently, there have been several attempts to describe this function in more detail; for example, Fonagy et al. (unpublished) wrote of the reflecting function, for which they developed an empirical scale of measurement. Another such effort is my own mod-

el of the *internal analyst* (Zwiebel 2001a), herein developed in more detail. The human capacity to access unconscious experiences, to work them through cognitively and to communicate about them, could be described as the ability that most characterizes the internal analyst. I have proposed that one ought to think of the internal analyst as a triadic structure made up of different poles, such as introspection, cognition, and communication (see Diagram 2 on the following page). At the center, one imagines a sort of internal eye, present as an all-encompassing perceptual system that illuminates the various poles more or less equally, or may even render them transparent.

If we differentiate between a dream as dreamed, a dream as remembered, and a dream as narrated, we can perhaps visualize the different activities of the internal analyst (Moser and von Zepelin 1996). In the immediate work of the analyst, this means that, while listening to the patient's stories and associations, the analyst remains aware of internal subjective sensations and experiences, connecting these with what is heard, and can verbalize resultant insights in an appropriate way. The development and creation of an internal analyst could be conceptualized as a central goal for the patient as well; such an ability will have been previously immobilized because of the patient's neurotic mechanisms. As I will show, this self-analytic function is a key capacity that includes the ability to change perspectives, which can be seen as a highly developed ego function. For the analyst, the function of the internal analyst is an important extraterritorial viewpoint that permits establishment of the third position.

This seemingly artificial compendium of factual and subjective realities, assumptions, modes of thinking, attitudes, behaviors, and capacities certainly demonstrates that we are looking at a complex construction that impacts the concrete analytic situation only latently; that is, it is only under certain conditions, and usually after the fact, that the analyst becomes aware of some of these elements. This is particularly true when disturbances of an ongoing nature have an effect on the analytic-therapeutic position. For instance, if either the analyst or the patient shows chronic reac-

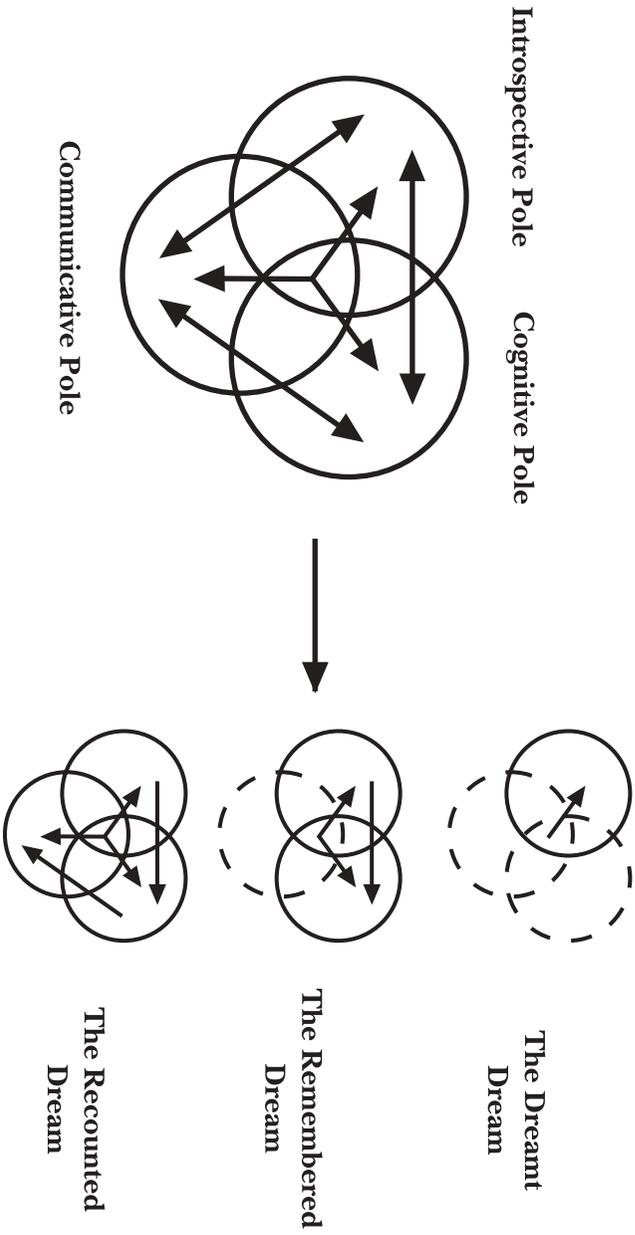


Diagram 2: The Model of the Internal Analyst (on the basis of dreams)

tions of fatigue, then it becomes imperative that he or she reflect upon the various preconditions.

One might postulate that not all preconditions carry the same weight or have the same meaning. As I will discuss, the self-reflective function, and the theoretical and basic clinical-theoretical assumptions underlying it, play an overarching role in the establishment of a third position. This is especially true when obstructive elements do not step into the foreground (such as intense personal problems of the analyst or political influences on the analytic setting, to give just two examples). For that reason, it is always helpful for the analyst to remain conscious of this very complex construction as a profound influence on the clinical work, so that if disruptions occur, the analyst can localize their sources. One should also examine the analyst's ability to check him- or herself against this complex construction as an essential aspect of the analytic-therapeutic position.

## THE ANALYTIC-THERAPEUTIC POSITION: THE CORE

All the preconditions to which I have alluded contribute in different ways and to various extents to the specific position of the analyst in the analytic situation, which I consider to constitute the core of the analytic-therapeutic position (see Diagram 3 on the following page). Here, one is concerned with actual, moment-to-moment psychic activity in the analytic relationship, expressed in a certain modality of experience, thought, and behavior, and manifesting in a particular way of listening, understanding, and interpreting.

### *Bipolarities*

Psychic activity in analysis takes place in an oscillating field of tension, which expands and contracts between two basic bipolarities—otherwise known as evenly hovering attention and participant-

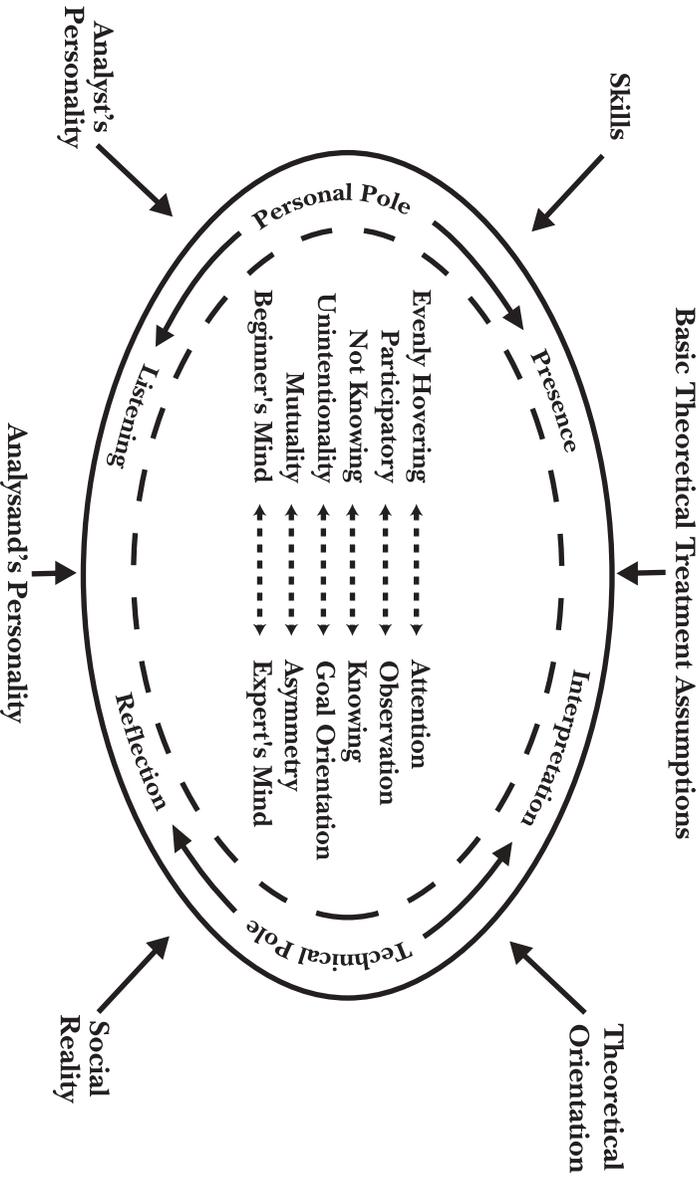


Diagram 3: Core of the Analytic-Therapeutic Position

observation. Especially the latter approach—which Thomä (1999) discusses, drawing on the work of Hoffman (1991), who speaks of the analyst as a participant-constructivist—appears to me to be a particularly clear example of this bipolar field of tension: that is, the analyst's participation in the experience of the analysand as an expression of an unconscious, empathic identification at one end of the pole, and observing, reflecting, and maintaining a distance at the other end of the pole.

This unique structure of the analytic situation enables the analyst to perceive his or her own unconscious, empathic identification as an expression of this participatory pole. The analyst's associative process becomes clear, manifesting itself in his or her ideas, feelings, fantasies, memories, and thoughts. Such productions are the result of an unconscious resonance and are expressed as unconscious communication, projective identification, and as primary or telepathic communication (Malan 1979).

Even if we limit our discussion to the end of the pole where evenly hovering attention resides, the bipolar structure is apparent in terms of the polarity between dreamy, unfocused mental activity (reverie), on the one hand, and focused and concentrated attention, on the other. Other bipolarities exist as well, such as the following: non-knowledge (or, in other words, non-understanding) versus knowledge and understanding; unintentionality versus goal-oriented listening and therapeutic expectation; mutuality versus asymmetry; and, finally, the spirit of the beginner's mind versus the expert's mind. In what follows, these are described in more detail.

The polarity between knowing and not knowing seems to be of particular importance because it stands in marked opposition to professional competence. Several analytic authors have discussed this problem in detail—particularly, of course, Bion (1967), with his famous dictum, “no memory, no desire, no understanding” (p. 279). More recently, Schneider (2003) addressed this subject in his description of an “atopic” stance, in which the fragmentary nature of knowledge is explicitly acknowledged, and with it, the interiority of not knowing—i.e., the dialectic between knowing and not

knowing. The positions of knowing and not knowing are part and parcel of the analytic situation, because the analysand and the analyst seal themselves off anew and become strange to one another over and over again. What is repeatedly recognized in an analysis is that things can be only momentarily and partially true, that nothing can be seized upon for good, and that all must be relativized and worked through again in an unending process. Keats's concept of negative capability describes particularly well the necessary human capacity to bear a state of not knowing, of unclarity and uncertainty—a faculty that demands a great deal from the analyst because it stands in such opposition to the expectations of the patient, as well as to the analyst's own expectations and ideals.

A similarly significant polarity exists between unintentionality and goal orientation, between a lack of bias and the pursuit of therapeutic goals. The work of Sandler and Dreher (1996), as well as the first results of the DPV Katamnese Study (Leuzinger-Bohleber et al. 2001), shows that all clinical analysts carry more or less specific treatment goals—even though they hold themselves to the analytic ideal of impartiality—and that these goals are expressed in terms of the wish for a reduction of symptoms and suffering in the patient and for changes in the patient's shaping of his or her life or personality structure (Westenberger-Breuer 2002). As in participant-observation, one senses here as well a bipolar, oscillating field of tension, which does not resolve its basic contradiction. The analytic desire to know, to understand, and to want to be understood, to make contact in a relationship and to alleviate suffering, is vital for the creation of a fruitful analytic process; at the same time, that desire, as Freud (1913) warned in his advice of "furor sanandi" (and as Bion admonished in his dictum of "no memory, no desire"), can become a major impediment to an authentic understanding of the psychic reality of the analysand. Such understanding can only evolve; one cannot forcefully create, manipulate, or control it.

For that reason, this bipolarity can only be conceptualized as a contradiction or as a dilemma, as a desire of the nondesire, or, as in Taoism, where one thinks of the acting of nonacting. To rec-

ognize one's own therapeutic wishes—the wish to be a particularly good analyst, or the wish for lively analytic contact with the patient and the resultant effects on the analytic relationship—produces a disidentifying and hence negating distance, through which the desire becomes active and observable, but is no longer unconsciously put into action.

Given these assumptions, I think that the concept of the analytic-therapeutic position is apt because it expresses the contradictory and paradoxical character of the analytic work with regard to healing and therapy. Müller-Pozzi (2000) postulated two divergent discourses, the analytic and the therapeutic, with which he reminded us that analysis has as its aims both exploration and achievement of knowledge, but not healing. This delineation seems problematic for the practicing analyst for the aforementioned reasons, and because it entangles the analyst in other dilemmas, as Müller-Pozzi describes them, regarding the difference between psychoanalysis and psychoanalytic psychotherapy.

Asymmetry and mutuality have been described as another basic bipolarity. Hoffer (1996) expressed some of the differences between Freud's and Ferenczi's positions in an essay that has gained far too little attention. He summarizes his thoughts in the following way:

My thesis is that there is a natural—indeed universal—pull toward symmetry and mutuality in the intimacy of the analytic relationship, just as there is in all other relationships. Awareness of the tension that that pull creates alerts the analyst to the temptation to convert the analytic relationship into an ordinary relationship.

Unwittingly, the analyst may relieve that necessary and normal tension in the analytic relationship in two contrasting ways: (1) by increasing the asymmetry and distance through a withdrawal into a state of intellectualized detachment; or (2) by eliminating the asymmetry by making the relationship a mutual, ordinary one. I believe, however, that, like a rider on a bicycle built for two, the analyst should lean first in one direction, then in the other, to maintain the equilibrium necessary to keep the therapeu-

tic process moving forward. Awareness of the therapeutic value of this tension helps the analyst first to tolerate it, then to take notice of it, and ultimately to wonder self-analytically about it—especially if it should suddenly disappear. The *absence* of that predictable tension thus serves as a signal that the analyst has moved too far in one direction or another. My advice to analysts may then be a disheartening one—stay tense . . . [p. 117, italics in original]

Here, the bipolarity between asymmetry and mutuality is very clear, including potential violations that can occur and that have been described since the early days of psychoanalysis as the dilemma between failure and satisfaction—or, alternatively, as a maternal versus a more paternal treatment technique (Cremerius 1979).

Here, a few remarks seem appropriate about the polarity between a beginner's mind and an expert's mind. The concept of the beginner-mind comes from Zen Buddhism and describes a specific, meditative stance of awareness, within which one becomes aware in particular of the new, the unique, and the unknown (Suzuki 1970; Zwiebel 2001b). Basically, the emphasis is placed on the alive reality of the here and now, in contrast to the site or locale where the human being exists. The beginner's mind is masked by the expert's mind, which touches upon and structures experiences according to patterns of familiar and trusted perceptions, memories, and conceptualizations, as well as unconscious schemata. Here one can also formulate a basic, tension-filled bipolarity expressive of two fundamental tendencies of the human mind. This implies that the analyst has to create over and over again, from moment to moment, in the unmediated *now*, the patient and analyst, and must do so out of an intersubjective experience; the analyst has to delve into this dynamic while simultaneously remaining aware of the inevitable oppositional push to evade the anxious moment of the now through the employment of familiar and known concepts and theoretical models. Stern and his colleagues (Stern et al. 1998, 2002) formulate something similar with their developmental theories when they describe present moments, the "now moment" and the "moment of encounter" (1998, p. 903).

The aforementioned bipolarities cannot be fully separated from one another, since they overlap and emphasize certain accents in the analyst's psychic activity. The oscillating field of tension that spans different poles is, however, of central importance. The ability to allow for this field of tension, with all its movement and changeability, accounts for the vitality of the analytic-therapeutic position, so that the embedded contradictions, dilemmas, and oppositions are not merely problems to be solved, but rather, the necessary tension created by the contradictions can be tolerated.

At this point, a basic question must be asked: What factors and conditions are responsible for an individual's ability to tolerate this paradox? One might reply by postulating a capacity for triangulation on the part of the analyst, so that we can think of the analytic-therapeutic position as a third position at its very core.

If one were to generalize from the above-described polarities, one could speak about a *personal* and a *technical* pole, positioned in tense opposition, which is quite characteristic of the professional attitude of the analyst. Concern, reverie, unintentionality, mutuality, and a beginner's mind belong to the personal pole, whereas observation, focused concentration, goal orientation, asymmetry, and an expert's mind belong to the technical pole. The field of tension marked by the personal and the technical is based on a deeper dynamic of one's own, of the other, and of the shared, which I will illustrate with a short vignette from an analytic session:

During the beginning of an hour, as I am listening to the ideas and stories of my patient, I realize more and more how difficult it is for me to follow them and to develop an initial understanding for the actual situation. I sense how my thoughts are beginning to wander, and I remember a dream from the previous night. In the dream, I went to a big apartment, eventually arriving in a room with a concert piano that I began to play. I have a few associations to this dream and a few thoughts that relate to a bigger playing field or latitude, and all the conflictual emotions that come with that. As I pursue my thoughts about a larger space for play and attempt to transfer them

to the situation with my patient, I hear my colleague enter his office next-door, and I suddenly think that he and I could go for a walk together. I have been wanting to ask him for some time whether he thinks that I am narcissistic, because I often have the feeling in our conversations that I am talking too much about myself. At this moment, my patient falls silent, and he seems visibly touched; he has sensed my absence, a fact he confirms when I ask him about it. At this point, he describes some interactions with his father, whom he experiences as extremely self-absorbed and narcissistic.

This brief vignette can be understood in the following manner: I, the analyst, gradually slide from an initially *technical* position to a *personal* one. The memory of my dream, with its conflictual associations, is an expression of my subjectivity. As I am drawing a connection to the analytic situation with the patient (what is the meaning of a “play room” here and now?), I am moving back in the direction of the technical pole, which is modified once again when I hear my colleague enter his office; here another personal element is added that ends with the thought of my own self-absorption. At that moment, the patient becomes silent because he has sensed my partial absence. His subsequent expression of his ideas allows me to suddenly understand that I have unconsciously followed the same trajectory, in my thoughts and in my self-analysis, that the patient now consciously expresses in his perception of his father as a self-absorbed person. With that understanding, I am moving back in the direction of the technical pole.

This movement becomes even more clear when I think about the unconscious transference-countertransference dynamic as enactment and as unconscious role takeover (Gabbard and Lester 1996; Sandler 1976), which had been staged in the patient’s first associations, and which I did not at first recognize or understand. “The patient treats me like his narcissistic father,” or “The patient feels that I treat him as his self-absorbed father treated him”—these are thoughts of an unconscious, relational dynamic within which private, personal, and technical elements are differentiated

along an initial continuum, and which can ultimately be formulated into one meaning.

Similar reflections can be found in the writings of Buchholz (1999) and Pollack (1999), who base their work on theories developed by the sociologist Oevermann. According to Oevermann, the professional relationship between a client and a professional (e.g., a doctor, lawyer, teacher, or an analyst)—which is defined in a critical moment by a contradictory combination of specificity and diffusion—is, on one hand, characterized by a formal attitude (an attribute of the profession), and on the other hand, by a diffuse, personal relationship model based on an early parent-child relationship. The latter includes the lack of a time limit on the relationship, mutual unredeemability of the relationship, the impossibility of substituting another partner, exclusive claim to the other, a mutual affective tie, the development of trust, and thematic openness. The contradiction between specificity and diffusion is thus maintained through professional habits and behavior, which in turn have been established through education and professional experience.

The dangers of eruption in such situations are very similar to those described by Hoffer (1996) when he talks about polarization of technocratic management and private intimacy. According to Pollack (1999), a paradoxical relationship necessarily exists between the specific and diffuse features of the analyst because the analyst has to combine a hermeneutic understanding of the patient while simultaneously employing universal, scientific rules; this polarity is equivalent to what I have described as the personal and technical poles.

### *The Concept of Position*

As a rule, the concept of position is used informally, and sometimes has martial connotations, such as in regard to military positions. But, on the contrary, I understand *position* as an expression of a dynamic, intersubjective movement in a bipersonal, relational field, which can be characterized, at its core, as a “place

without a place,” as Schneider (2003, p. 238) notes in describing his conception of “atopia.” His description of an indeterminate negation, of a movement of refraining from a preordained identification, is not only valid on a relational basis, but is also important in dealing with theoretical knowledge and treatment techniques. A kind of homelessness is also tied to this concept, as the expression “place without a place” makes clear. This sense of homelessness evokes feelings of loneliness, anxiety, and even despair, tempting us to attach ourselves to institutions, schools, theories, and convictions; these in turn threaten to undermine the open and unrestrained balance we strive to maintain in professional dealings—such as in our tolerance toward contemporary psychoanalytic pluralism.

The concept of *position* implies a connection to the psychic work of the analyst; it marks a place at which this internal work takes place, even if this place is not static, but rather is understood in its dynamic, paradoxical structure. As far as I know, only the conception of a *countertransference position*, as outlined by Faimberg (1992), has developed out of a similar context. Faimberg is also concerned with the psychic activity of the analyst in session, which is focused on listening to the patient and paying attention to what he or she says and does not say. Inevitably, an asymmetry evolves out of this paradoxical relationship, which she argues to be the essential reason for applying the term *position*. Faimberg uses the concept of *countertransference position* because she observes that the central function of the analyst is to direct his or her listening to the transference of the patient. It is particularly noteworthy that Faimberg emphasizes the analyst’s capacity to actively place him- or herself into the position of not knowing, within the countertransference position, in order to allow for surprise at what is not known. It is important to Faimberg that the analyst remain open to the anxiety of not knowing.

An argument that might be made against the concept of *position* is that this term is already used in the autistic-contiguous, paranoid-schizoid, and depressive positions (Klein 1975). If one considers the specific, respective contexts—on one hand, the de-

scription of a universal subjective experience, and on the other hand, the modality of a subjective professional experience—one can distinguish more clearly the connections between them. These are a tolerance for contradictions and dilemmas at the core of the analytic-therapeutic position, the avoidance of polarizations and standoffs, the renunciation of omnipotent control while acknowledging one's own limits, the capacity for multiple relationships and equivalent integration of diverse aspects, and, in particular, the analyst's ability to establish a connection to the patient as a whole person with the capacity for symbolization and changes in perspective. One might sum up all these analytic tasks as an expression of the depressive position, i.e., the openness to oscillate between various positions.

### THE CONCEPT OF THE ALIVE ANALYTIC CONTACT

The establishment of the analytic-therapeutic position as I describe it, as it manifests in common, everyday analytic work, is a decisive prerequisite for the professional survival of the analyst. One has to attribute particular significance to the analyst's ability to tolerate daily tense contradictions and dilemmas, which constitute central elements of his or her analytic position. Questions remain, however, of how this tolerance for paradox develops, how it is maintained, and what elements limit or even dismantle it. The working model of *alive analytic contact* helps answer these questions. With this concept, I intend to mark a specific moment of an encounter or contact in the analytic relationship, one that ought to be understood as the expression of a spontaneous, creative, and novel emotional-cognitive experience on the part of both analyst and patient—an experience that, for both of them, encompasses dimensions of subjectivity and objectivity and is related to a new emotional realization.

The insistence on emotional rather than intellectual knowledge seems to me particularly relevant (Symington 1990). Such contact comes about through the mobilization of unconscious

subjectivities in the analytic relationship; it cannot be actively created, forced, or controlled, but can only be permitted. It does not arise from a complete separation between analysand and analyst, but is instead implied in the professional aspect that has been more clearly articulated as *the third position* (Cavell 1993; Kernberg 1999; Thomä 1999; von Klitzing 2002). The *alive analytic contact* can thus be clinically illustrated, permitting a central orientation in an otherwise very complex analytic process, so that tensions resulting from the dilemmas can be better tolerated, and the phenomenon can be understood as a key indicator of the analytic process. I feel that this concept clearly describes primary analytic activity—in other words, the experience and understanding of the unconscious reality of the analysand (and of the analyst). Here the word *alive* stands for the act of experiencing the effects of the unconscious as it penetrates the whole analytic field, and *analytic* stands for the understanding that follows this experience.

### *Clinical Example*

My treatment of a 40-year-old man, Mr. A, illustrates this model. Mr. A saw me once a week for two years, *vis-à-vis*, due to chronic marital problems. He no longer loved his wife and had an intense wish to separate from her, but felt he could not do so because of their three young children.

Mr. A suffered from phobic-compulsive symptoms. He had a traumatic history, with many breaks, losses, and feelings of abandonment, although he had stabilized himself relatively successfully through a compulsive character structure. He encountered significant difficulties in the analytic situation because it went against his massive need for control, unleashing strong regressive anxieties. That he would lie on the couch was completely out of the question; even the idea of this was barely tolerable and triggered many symptomatic reactions.

Mr. A experienced lengthy silences as an unbearable rejection. It was also incomprehensible and barely tolerable to him that I would sometimes take a wait-and-see attitude, even though

I modified this stance over a period of months in order to make the hours more bearable for both of us. It was very rare that we came to a common understanding, and in most instances, he diluted my remarks or attempted to contradict them with counterexamples, frequently beginning his comments with "Yes, but . . ." Quite often, Mr. A voiced doubts about the treatment and wondered what he was accomplishing by it. Not many changes or positive signs were perceptible, except for the fact that he came to sessions regularly and punctually, despite his misgivings. In Morgenthaler's (1986) words, one could say that a field of experience was established between the two of us that was characterized by unpleasure, tension, and control, and in which one could only sporadically and somewhat mechanically arrive at a sense of understanding.

At the beginning of an hour that I want to discuss in more detail, Mr. A spoke about his difficulty in starting a session: He did not know what he should be talking about, what was and was not important. It was quite characteristic for him to fix an intense visual gaze on me for several minutes at the beginning of sessions, so much so that I sometimes found it impossible to return his gaze, leading to an uncomfortable feeling of my being forced into a particular way of relating. (In this particular hour, this behavior was not so accentuated, however.) After his typical comments of having a hard time starting out, Mr. A said that he had thought about our previous conversation. At that point, I had suggested that he was searching for a "godly" way out of his unbearable living situation, and he had modified this statement with a wish for a fairy princess or some other kind of dream woman to solve his problems. Since that session, he looked up some fairy tales, and in so doing, remembered that, whenever he had been in a relationship, he had always, albeit briefly, fallen in love with another woman, even in his marriage.

Mr. A elaborated on this a bit more and then fell silent. A typical situation in this treatment arose: I sensed that he was expecting an explanation or clarification, while I had not yet fully understood what his communication meant or how to organize

it, how to understand its meaning for the patient or what I had to say about it. In characteristic fashion, he gave voice to his discontent and disappointment, saying he could have saved himself telling me this. He was no smarter than before, and how can talking help anything anyway?

I experienced enormous pressure, which had become quite familiar to me in my work with Mr. A; I felt compelled to behave like an expert, to disguise my lack of understanding of him, and furthermore, to bear the soaring tension between us during this whole process. I have often noticed that in such situations, it is difficult for me to keep my thought process intact. Nonetheless, I discovered a little more space in which to think at this moment, drawing a connection between the themes of *beginning difficulties*, *fairy tale princess*, and the ensuing silent pause. From the understanding of this patient that I had achieved thus far, a familiar formulation appeared: that Mr. A associated my silence with a feeling of abandonment, and once he felt abandoned, he would do anything to provoke a reaction from me.

But at the same time, I sensed that there was something else today that I could not clearly verbalize. For that reason, I told Mr. A that, while listening to him, I had thought about the connection between his remark about difficulty beginning an hour, his associations to the fairy tale princess and being in love, and his reflection that he did not have to tell me all that because it would not be helpful. I wondered whether he had two internal pictures: one of an ideal woman or ideal person who could do and understand everything, and the other of an absent and disappointing person, as he was experiencing me right now, because I was not able to get him out of his troubles in starting the session, as a prince in a fairy tale could certainly do.

Mr. A seemed touched and not as defensive as had often been the case during previous sessions. He went on to describe several situations with his wife, friends, and family that tied in with this thought. I said that his two mental pictures existed not only in actual reality with his wife and in his relationship with me, but also that they had played an important role in his childhood, and

had probably originated there. I suggested that he must have often longed for a father who would be like a prince in a fairy tale, or for his mother to be a fairy princess, but that neither of these ideal beings materialized, leaving him disappointed and forlorn. By way of confirming this, the patient told me that he had had a strong impulse to leave the session during the foregoing silence because he had felt so deserted by me. But then he realized that I *had* made efforts to help him; he could see that now and recognize it.

I replied that Mr. A had thereby gained a new, third picture through his experience of me: that of someone who was not perfect, but who was also not totally absent and disappointing. With this comment, the hour ended in an atmosphere markedly different from that of previous hours. I felt that there had been a moment of encounter, a contact between the patient and me, a brief moment during which a new experience—that of a real other—could be lived, and that it was something we both experienced, though certainly in different ways.

### *Discussion of the Treatment*

I suspect that I remember this session so well because it was the first, after eighty hours with Mr. A, in which a certain emotional understanding was reached between us. I gained the hope that I could survive as an analyst with this patient because he was able to acknowledge an accomplishment in our work together, and he became more willing to immerse himself in the work.

There is another reason why this hour left such a strong impression: I kept thinking about a *third picture* or a *third object*, and that reminded me of a dream I had had. In the dream, I was looking at a photograph of an important person, who suddenly came alive and stepped out of the picture. This led me to believe that there was an immediate resonance for my thoughts about Mr. A in my own internal world, in turn leading me to think about the experience of an other as a real and alive person.

This session represented a change in the analytic process with Mr. A, in that similar ones occurred more frequently after that one.

In an hour a few weeks later, the patient spoke about his new bifocal glasses, with which he had difficulties; he likened these to the difficulties in our own situation, but without being able to pursue this thought any further. As the hour progressed, we were able to understand a little better the fact that he experienced his sessions as troublesome because they constantly required changes in his perspective, when it would have been so much easier for him to wear two separate pairs of glasses.

### *The Unique Value of the Alive Analytic Contact*

This emotional-cognitive experience relates to the self (the subjective dimension) and to the object (the objective dimension), and provides both dimensions with a new experience and a new emotional understanding—one that could be described, on the analyst's part, as the development of a minitheory (Schafer 1997), but which is also the rediscovery of an already known theory (Parsons 1986). I find it quite remarkable that there is a realm within which this experience can be described as something common, even when the subjective and objective experience remains individually different and evokes different questions. But it is precisely that commonality that justifies the description of contact, through which the specific quality of this experience can be described.

As I will illustrate in more detail, we are dealing here with *contact* because commonality and separateness are maintained in a dialectical field of tension, offering continuous possibilities to be experienced as such. My description of this phenomenon incorporates aspects of psychoanalytic theory, insofar as unconscious schemata are being mobilized and questioned through the transference in the analytic situation and through the concrete interaction with the analyst, particularly through his or her interpretations. New experiences become possible in this manner of working, and a new object can be created. One can also think of a successful analytic-therapeutic process as an endeavor toward new experiences (Thomä 1999). The lively analytic contact that can be

understood as an indicator of the analytic process is not confined to manifestations in the patient alone, but applies to both partners in the analytic situation. As I described elsewhere in more detail (Zwiebel 2002b)—and here I am in agreement with Müller-Pozzi (2000)—the description of the internal working method of the analyst applies to both psychoanalysis and psychoanalytic psychotherapy, as long as the analyst works from the position of striving for an alive analytic contact.

### *Multiple Perspectives*

What is difficult to describe is the necessity of reaching a multidimensionality that can be depicted through an exchange of internal perspectives between the patient and the analyst. Both partners in the analytic relationship assume different perspectives in different areas—for instance, one of them may focus on perspectives of the past, present, or future. The analyst may introduce the past by reminding the patient of the child who was abandoned, and this time, the patient can allow him- or herself to experience that feeling; at the same time, the analyst understands anew how the patient feels abandoned in the therapeutic present during inevitable silences. Other perspectives may include the following:

- The subjective and objective dimension, wherein the analyst understands the dynamics of the real object, not only in the patient but also in him- or herself, and the patient sees not only his or her own failure and disappointment in the therapeutic situation, but also the analyst's efforts and interest;
- The dimension of the concrete and abstract, wherein the patient can ignore a tense situation that is filled with unpleasure, for the moment, and reflect upon internal pictures, while the analyst simultaneously rediscovers aspects of an already-known theory that are meaningful for this specific patient, for this specific hour, and within the overall dynamics of the case;

- The intrapsychic and interpersonal dimension, wherein the analyst is primarily focused on the patient's intrapsychic characteristics, but also observes his or her own reactions to the patient, as well as any difficulties in keeping the ability to think intact;
- The three-dimensional or multidimensional process, which appears to arise as a result of triangulated competence (von Klitzing 2002), emanating primarily from the analyst, whereby the third is introduced primarily through the distance obtained via the analyst's own thinking and the resultant change in perspective.

Alive analytic contact thus represents a mutual moment during which a specific and immediate experience creates the capacity for reflection about a third or a new object, be that reflection in the form of insight, a thought, an affect, or a realization of the other person as a real other. Such reflection marks a change in the internal reality of the analysand and in that of the analyst. One cannot emphasize enough that the concept of lively analytic contact does not eclipse the field of tension in the analytic relationship—especially the tension between symbiosis and separateness, between asymmetry and mutuality—but rather, it describes the patient's experience of *living* his or her ambiguity or dilemma, which permits it to be understood as an inevitable occurrence.

## TRIANGULATION

I now turn to the triangulated process, revisiting the basic paradox between the *personal* and the *technical* poles, in order to question anew the conditions necessary to form the ability to tolerate paradox in participant-observation. The properties of the analytic situation, including free association on the part of the patient and evenly hovering attention on the part of the analyst, produce a process of transference and countertransference that is decisively shaped by the analyst's unconscious, empathic identification (an expression of the personal pole) and his or her distant observation

(an expression of the technical pole). This unconscious identification occurs spontaneously as the analyst begins to orient himself or herself in the experience of the analytic encounter, as Morgenthaler (1986) describes, and in lively participation as it is formulated in the concept of participant-observation. As a simultaneous event, a distant renunciation of the lived experience takes place, proceeding first through a thoughtful phase and then on to an emotional understanding. This bipolar movement between unconscious identification and distant observation would repeatedly circle back on itself and eventually spiral into a void, were it not for the presence of a third integral reference point, which transforms the bipolar field into a triangular space, one facilitated by emotional understanding. This step enables the analyst to tolerate anew the paradoxical tension between the personal and the technical poles, without becoming a party to standoffs and polarizations—usually the hallmark of an either-or dynamic.

My patient Mr. A intuitively grasped and communicated this triangular step with the metaphor of bifocal glasses. Such glasses function well when the wearer can switch between one or the other point of view, in order to allow for an undisturbed transition between nearsightedness and farsightedness. In analysis, we operate within an unconscious oscillation between near- and farsightedness; depending upon the object of perception, one chooses the appropriate lens and thereby avoids blurred or inadequate vision. One can experience short- and farsightedness simultaneously with the use of bifocal glasses, and the transition, the oscillation between one perspective and the other, is completely unconscious. This contrasts with the use of two separate pairs of glasses that make objects at one or the other distance clearly perceptible.

If we take bifocal glasses as a metaphor for the core of the analytic-therapeutic position, with its central bipolarity and bifocality, one could state that the *personal* pole is equivalent to shortsightedness, since within its range of vision lie the experiences of unconscious identification, self-observation, nearness, and intimacy. The *technical* pole is equivalent to farsightedness;

within its perspective, one can locate experiences of observing the object, of distance, and of otherness. In order to see both perspectives clearly, an unconscious oscillation, a sliding between both visions, must be brought about. This reveals itself to be a paradoxical task, since one must be able to focus on both ranges of vision simultaneously to accommodate both near and far objects. The either-or paradigm is superseded by an as-well-as dynamic when true bipolar oscillation, in terms of the ability to change perspectives, becomes possible. The latter can occur only when an extraterritorial reference point is established.

### *Freedom of Movement between Poles*

According to my conception, the personal pole is characterized by the function of the internal analyst; it expresses the reflexive function. Conversely, the technical pole is distinguished by basic technical and theoretical assumptions, which constitute and structure the analyst's observations. As illustrated in Diagram 4 on the facing page, movement is activated in the direction of the personal pole (i.e., unconscious identification and participation) through the activity of the internal analyst, insofar as the self experience of the analyst moves more strongly into the foreground, thus being noticed and reflected upon. This activation makes possible a countercurrent in the direction of the technical pole, facilitated by basic technical treatment assumptions hovering in the background. Through this interaction, the personal and the technical become intertwined, insofar as movement via a third position permits a perspective of the personal from the standpoint of the technical, and vice versa. In literal terms, this means that one's own unconscious participation can be observed from one's own perspective (the subjective dimension) and from the viewpoint of the other (the objective dimension); or, more precisely, every phenomenon can be contemplated and experienced bifocally in the analytic situation.

Hence, the ability to move between the two poles is a critical precondition for psychic bifocality, as Morgenthaler (1986) notes

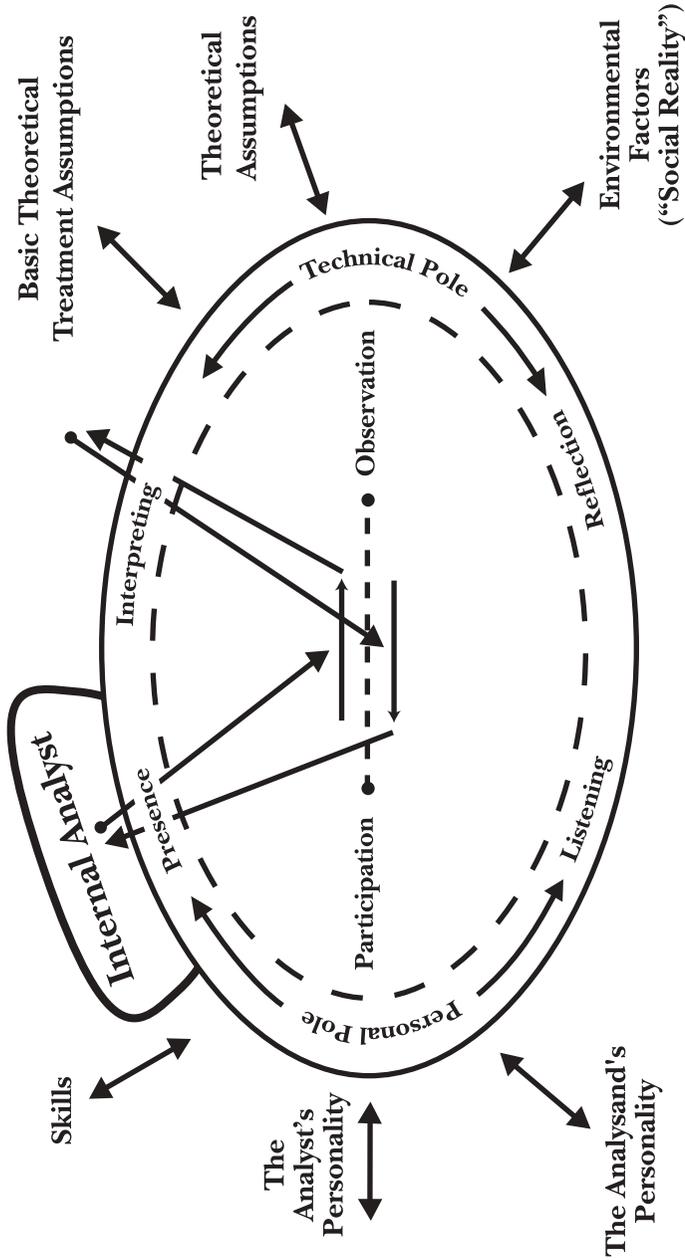


Diagram 4: Bifocal Analytic Working Method

when he writes about emotional movement. However, this movement leads to emotional insight only when a third dimension can be constructed through triangulation. In contrast to bifocal glasses, with which the necessary oscillation is unconscious, analytic bifocality must remain potentially observable on a continuous basis.

To concretize this, I would like to describe movement in the analytic process once more, in greater detail, by noting that, at the beginning of treatment, the analyst ideally listens without any expectations, remaining relaxed but focused on the patient and on what he or she says. What is being observed is gradually structured through basic assumptions located in the background (i.e., psychic conflict, anxieties against which the patient is defending, the flow of associations, and so on). Through the activation of the patient's unconscious conflicts in the transference, the analyst becomes privy to these assumptions, which in turn disrupts the analyst's relaxed listening and brings into sharper focus his or her emotional self experience. This dynamic is manifested in the analyst's affects and fantasies as the analyst perceives them in associative self-observation, as illustrated by my brief vignette from a clinical hour.

A movement from the technical pole to the personal pole is thereby launched, but this movement is useful only if it can be simultaneously observed. Such observation is made possible through the activation of the internal analyst, through which the analyst becomes aware of his or her own self experience, while making simultaneous cognitive attempts at understanding. As an example, we might think of the analyst who becomes aware of being tired and experiences this drowsiness as ego-dystonic, leading the analyst to question why this emotional reaction is occurring at this particular moment. Such awareness and contemplation trigger a countermovement that now gives greater prominence to the technical pole. Following this awareness, what had been heard and observed thus far is now structured and reflected upon from the perspective of the analyst's emotional reaction. For instance, the analyst might suddenly notice that the patient had been speaking

in an almost inaudible, monotonous voice; the technical pole is thus being observed through the lens of the personal pole, therefore sharpening the focus with the help of latent basic assumptions (such as the matter of which affects the patient is defending against).

Reflections like these facilitate the analyst's ability to make interpretations that take into account *how* something is said. Such interpretations make it possible for the analyst to again occupy the technical pole—until a new emotional tension arises, or until the tensions become heightened, so that an oscillating counter-movement is set in motion toward the personal pole. In other words, the movement between participation and observation remains active via the functioning of the internal analyst and the presence of latent theoretical models, so that the analyst can contemplate his or her experience from a distance, and the reflections can be reciprocally considered—that is, the personal can be viewed from the vantage point of the technical, and the technical can be contemplated from the personal viewpoint. An example of the former would be the analyst's knowledge that discomfort with the patient is connected to the patient's inability to tolerate the analyst's silence while thinking, because the patient experiences this as a threatening abandonment. An example of the latter would be the patient's experience of the analyst's silence as an annihilating abandonment, making it necessary for the analyst to put aside any personal discomfort and communicate to the patient the little that is understood and consciously available to the analyst.

### *Implications for the Analytic Process*

As previously described, at the beginning of the hour, the analyst ideally listens to the material in an observing mode, without predetermined goals. The analysand tends to find him- or herself under the pressure of the momentary experience, a pressure that is activated through the analytic process and is dominated by internal transference conflicts; sooner or later, the analysand feels

pressured to act (Klüwer 1983), and the analyst identifies with this wish, which becomes even more heightened through the inability to understand the current dynamics. The analyst thus becomes infected with the analysand's unconscious problems, resulting in disruption of the analytic situation—which, of course, can take very different forms. This disruption is ubiquitous, and it sometimes happens that the analyst is the one to act out and act in. In contrast to the analysand, however, the analyst is able to react to this disruption through associative self-observation—i.e., the activity of the internal analyst—and establishes a necessary distance through this observing and understanding function. The analyst may even react by naming the disruption and describing it to the analysand, thus motivating him or her to observe it as well.

The analyst's interpretation subsequently assumes the central function of mobilizing the activity of the internal analyst in the analysand. At this point, it becomes crucial that the analyst identify the lived experience and establish connections between it and the areas that the analysand has erased from his or her conscious mind. Effective interpretations are usually based on the bifocality I have described, so that what comes to light—and also what disrupts the session—can be interpreted from at least two different perspectives. The analysand is then encouraged to identify with a bifocal perspective; and when able to do so, the analysand is also in a position to assume a distance that constitutes a decisive step toward participant-observation. If both partners in the analytic situation observe the experience from a bifocal perspective—especially any disruptions and ensuing acting and co-acting pressure—then the determinative preconditions for an alive analytic contact are established.

My descriptions thus far highlight the internal working mechanisms of the analyst and represent one of the preconditions that enable an alive analytic contact to occur. However, another precondition is that the patient must become infected, to a degree, by the analyst's internal working mechanism. This is a more detailed description of the more usual formulation, which is that the analysand identifies with the working method and self-analytic

function of the analyst. According to my conceptualization, the following cycle of events is repeated in many different sessions: observational capacity as a function of distancing; growing pressure in the analytic situation; unconscious identification and participation; keeping one's distance through the function of the internal analyst; interpretations; and identification of the analysand with the function of the analyst. This cycle represents the actual analytic process, which approaches termination once the patient has largely introjected the internal working method of the analyst. The occurrence of alive analytic contact is an indicator that an analytic process is taking place, while its absence is an indicator of a blockage in the process.

Baranger, Baranger, and Moms (1983) have described those blockages more precisely. They propose that a crucial function of the analyst in such situations is to take a second look by contemplating the disrupted analytic field from a different perspective. This second look is equivalent to what I have described as the basic bifocal vision of the analyst, who will inevitably be drawn into the analysand's disruptions, sooner or later, but who can walk away and analyze this process from the position of the internal analyst, thereby avoiding deadlock. It is also worth mentioning that the second look emanates in certain situations from the analysand, who may be in the best position to rectify a disruption in the analytic process, since impasses and disruptions can also originate with the analyst in some situations. It may sometimes suffice to recognize this fact, with the recognition itself being enough to dissolve the impasse.

Thus, one could argue that the alive analytic contact is a sign of an ongoing analytic process in which both partners participate, even if their participation is conducted in an asymmetrical fashion. One could also say that the alive analytic contact comes about when both analyst and analysand are able to look upon their experience in a bifocal manner—in other words, when both can subject themselves to a second look.

Applying these reflections to the case of Mr. A, discussed earlier, I would say that the disruption between the patient and me

lasted for a long time as a consequence of the patient's projection of his unpleasurable, tense experience of the sessions exclusively onto my therapeutic stance. He rejected or only superficially accepted (by saying, "yes, but . . .") my various attempts to interpret this experience in a different light. One might say that the analytic process had not yet been mobilized. I could clearly bear witness to the fact that an alive analytic contact was missing.

During this phase of Mr. A's treatment, I had also taken into consideration, of course, the fact that a change in the process represented a massive threat to the patient's internal balance, since I hypothesized a fragile and narcissistic component to his psychodynamics, based on his childhood history. This consideration indicated that a bifocal view was already being employed: On the one hand, I noticed the absence of alive analytic contact in the stagnating treatment; however, I did not try to transform this realization into increased interpretations of the patient's resistance. Instead, I tried, over and over again, through a second look, to imagine and comprehend his internal situation and to put my understanding into words, despite the patient's strong resistance. Although I cannot retrace the individual steps of this here in more detail, I can note that the aforementioned shift occurred after two years in treatment, and that it culminated in the patient's newfound ability to create his own bifocal image, thus expressing that he had understood—at least unconsciously—my internal working method.

### THE THIRD POSITION

From these reflections, it would seem that the analyst can survive the work with the patient when the analyst can develop and maintain his or her own working method, which comprises at its core a tolerance for contradictions and dilemmas that develop out of the *third position*. The third position represents the capacity to hold multiple perspectives and to develop the multidimensionality that characterizes psychoanalytic thinking. Establishment of the third position is a delicate process that often includes negotiation of disruptions in understanding and in interaction. It is un-

derstandable that the analyst may put up some resistance to this process; it requires him or her to undergo painful internal work. One might assume that the analyst has some ambivalence about his or her professional position; it is essential that this ambivalence be brought to his or her conscious awareness over and over again, to ensure that the analyst does not risk derailment from his or her professional position.

In elaborating my reflections about the third position, I would like to first briefly mention some thoughts of a few other authors on the subject. It is well known that Reik (1989) referred to this theme with his concept of the third ear. In recent years, the number of articles addressing the third has greatly increased. In a survey of transference and countertransference, Thomä (1999) discussed subjectivity and triangulation. For him, an essential question is that of how to objectify the personal exchange between analyst and analysand. Paraphrasing Hoffman (1991), Thomä wrote:

The psychoanalytic encounter is paradoxical. As a method, it is carried out according to rules, but at the same time it is personal, spontaneous and emotional . . . . The emerging awareness of the mixture of personal and technical-clinical answers evolves more readily in the therapist who implicitly or explicitly works according to the social-constructivist paradigm, within which this mixture is not only expected but welcome. [1999, pp. 848-849]

The paradox I have described is emphasized here, connected to the theme of triangulation. In fact, Thomä also speaks of bifocality of the transference, by which he means that every transference between patient and analyst has two authors.

One can consider triangulation from either an intrapsychic or an interpersonal perspective. In the first case, the triadic structure of recognition and understanding is at play, as I described with the model of the internal analyst. The work of Cavell (1993) should be mentioned here, since it refers to the triangulated process between parent and child, postulated by the philosopher Davidson, who related it to an objective thing of the objective world. The capacity to change perspectives can come about only through a

relationship between at least two people; a child can have such an experience only through awareness that there is another perspective besides that of the mother.

Von Klitzing (2002) wrote about the meaning of the early, real triadic relationship, distinguishing triadification as an interpersonal process from triangulation, which describes the intrapsychic consequences of triadification. He depicts the parents' ability to integrate the child as a third into their environment as a triadic capacity. As a result of his direct observations of families, he introduced the concept of *trilog* as a game to be played by three (p. 873).

Since the analytic situation is so much a dyadic one, the third may be easily overlooked. This led Thomä (1999) to state that the analytic dyad can be formulated as a *triad minus one*—in other words, that the absent third encapsulates the entire independent, existential world of the patient. Kernberg (1999) goes so far as to identify psychoanalysis as a *three-person psychology*, explicitly calling the analyst's position that of the third position. Orange (1995) writes of this third element in her work about emotional understanding.

Intersubjective theory, like contemporary semiotics, recognizes understanding as triadic. The triadic nature of understanding means more than "*your* subjectivity," "*my* subjectivity," and "*our* relatedness." It means that yours and mine assume their particular shapes within our relatedness. "Semiotics recognizes that all contact between subjectivities requires a mediating sign, a third term" (Orange 1995, p. 24).

I should also highlight here the work of Ogden (1995, 1998), who speaks of the analytic third as the third subject in an analytic relationship:

The intersubjective analytic third is understood as a third subject created by the unconscious interplay of analyst and analysand; at the same time, the analyst and analysand qua analyst and analysand are generated in the act of creating the analytic third. (There is no analyst, no analysand, no analysis, aside from the process through which the analytic third is generated.)

The new subjectivity (the analytic third) stands in dialectical tension with the individual subjectivities of analyst and analysand. The intersubjective analytic third is not conceived of as a static entity; rather, it is understood as an evolving experience that is continually in a state of flux as the intersubjectivity of the analytic process is transformed by the understandings generated by the analytic pair.

The analytic third is experienced through the individual personality systems of analyst and analysand and is therefore not an identical experience for each. The creation of the analytic third reflects the asymmetry of the analytic situation in that it is created in the context of the analytic setting, which is structured by the relationship of roles of analyst and analysand. [Ogden 1995, p. 697]

We can connect this formulation to the concept I have developed of an alive analytic contact, through which a three-dimensional process is being created, in which factors that are foreign, that are one's own, and that are shared enter into a relationship. Borges (2002) described something similar in depicting how a poem is perceived:

The taste of an apple is not harbored in the apple itself, since the apple cannot taste itself, nor does it lie in the mouth of the one eating the apple. A contact is necessary between the two. The same occurs with a book . . . . What is a book in and of itself? A book is a physical object in a world of physical objects. It is a series of dead symbols. And then the right reader passes along and the words—or more accurately, the poetry of the words, because the words in themselves are only symbols—come alive and we have the resurrection of the word. [pp. 8-9]

The function of the analyst as a third position is thus being recognized and written about, as evidenced in these quotations. The central paradox of the third position is being clearly expressed. The analyst no longer survives when he or she cannot assume and expand the analytic-therapeutic position into a third position. My model allows for the individual conditions that may

play a part in establishing the position; for instance, a particularly difficult pathology in the patient, or particularly difficult external circumstances, may impede the analytic process. When one observes problems of derailments, however, and notices ongoing deterrents to the internal analytic working method as they may be linked to a dismantlement of the third position, the person of the analyst moves into the foreground of one's reflections.

### DERAILMENTS AND THE PHOBIC POSITION

Although space limitations prevent a full discussion of derailments here, I would like to begin by noting that most derailments are characterized by a loss or constriction of the oscillating tension between the bipolar fields, leading to a fixed overemphasis of one pole over the other as an expression of this polarization. Either the personal pole or the professional pole may predominate, which causes the analyst to be either overinvolved and without distance from what is occurring, or to be a remote observer who cannot muster empathy. These polarizations can be evaluated from different perspectives. From a dynamic viewpoint, they can be seen as the result of a defense directed against a very basic anxiety about emotional understanding. For both patient and analyst, the wish for emotional understanding is often filled with ambivalence and conflict, and resistances are commonplace; changing emotional knowledge and understanding may be painful and sorrowful. Hence, the polarizations expressed in these resistances are frequently of an intellectual nature.

From a structural point of view, such polarizations can be seen as the result of temporary or permanent ego restrictions, as they become evident through an inability to tolerate failure or not knowing, or to withstand the mutual interplay between regression and progression, or through inflexibility toward both internal and external boundaries. Insecure feelings about identity can also lead to one-sided polarizations.

From an object relations viewpoint, one could see these polarizations as a problem of individuation, within which tendencies

toward fusion or forceful attempts toward autonomy confront each other in a relatively unintegrated fashion. This situation may indicate an unstable self and object configuration or a lack of self and object constancy. There is evidence that a relatively large percentage of analysts suffered severe traumatic experiences in childhood. The conflict-laden, structural, or relational aspects to which I have alluded can be traced back to these traumatic factors during early development, which can also engender a basic anxiety about retraumatization. If the fear of retraumatization remains too prominent or is reactivated in the present, the oscillation between the poles—so necessary for the internal working method of the analyst—cannot be fully accomplished, especially when the analyst's own therapeutic experience was not sufficiently "therapeutic" (Zwiebel 2002c).

In an earlier paper (Zwiebel 2002d), I argued that the establishment of the third position, as well as tolerance of the paradox at the core of the analytic-therapeutic position, is closely linked to issues of external and internal boundaries. The emotional process I described can only be tolerated if the external limits of the setting are secure and the internal ones can be kept permeable, or at least semipermeable (Zwiebel 2002d). Accordingly, one can assume that all derailments are based on disruptions of boundaries—either in terms of overly strict and rigid limits, or of violations or dissolutions of appropriate boundaries.

Gabbard and Lester (1996) noted that the most frequent cause of boundary violations is a form of lovesickness on the analyst's part, which can lead to the development of a complicated interpersonal interchange, triggering sexual or nonsexual violations. The analysts they discussed frequently felt unloved and were unconsciously looking for a form of love in their work with patients, a form that they themselves had never received. External boundary violations are often preceded by internal ones, and consequently, it becomes increasingly difficult to draw a distinction between the internal and external world. External circumstances weighing heavily upon the analyst, such as death, marital separation, aging, and major disappointments, can greatly advance this

situation. Analysts at risk for this kind of lovesickness tend to be socially and professionally isolated, and their narcissistic vulnerability is very much in the foreground; they are hungry for love and recognition, and they use the analytic relationship as a means of regulating their feelings of worthlessness.

Following the work of Bauriedl (1994), one could also describe these boundary violations as substitute object relations. Unconscious rescue fantasies can prove particularly problematic, especially if coupled with sexual attraction. Some analysts, like many other people, entertain the fantasy that sexual love is curative in and of itself. Such famous movies as Hitchcock's *Vertigo* and *Spellbound* portray this unconscious fantasy. Especially *Vertigo* can be said to depict a derailment of the therapeutic process, in which trauma and melancholy constitute an essential condition for the rescue fantasy. The psychodynamic factors at play in such situations are examined and described far too little, in my opinion.

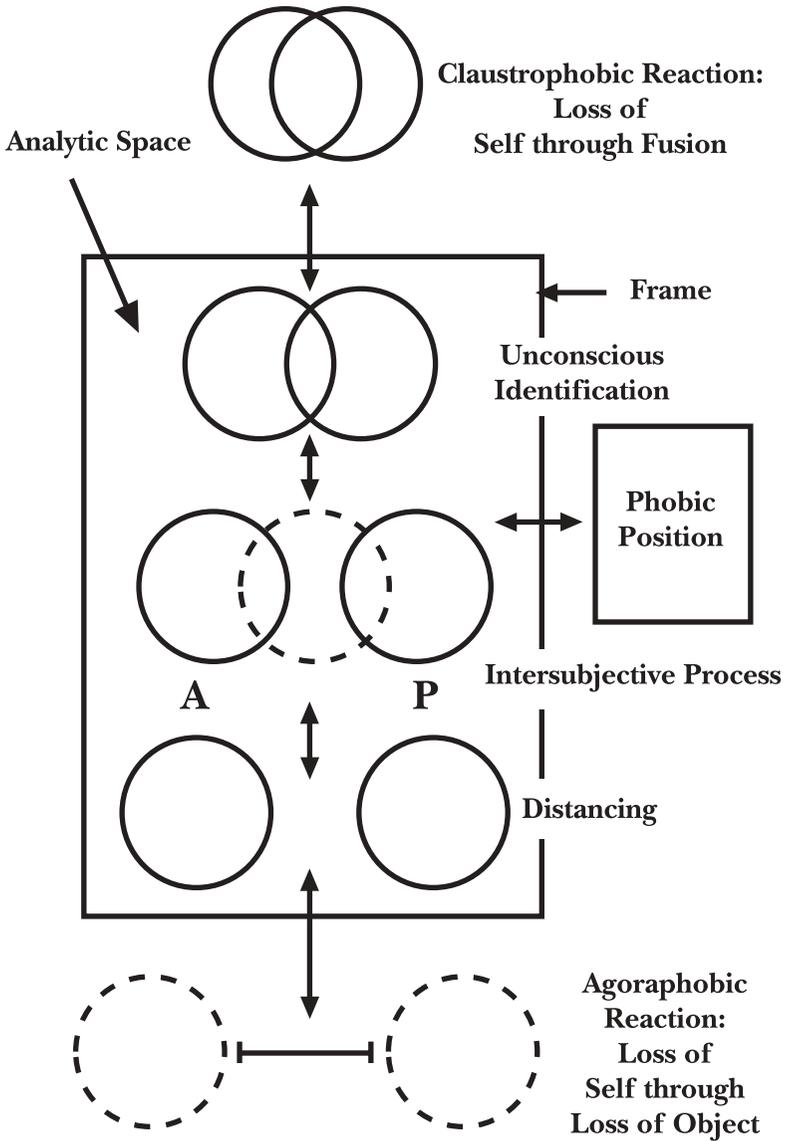
I have briefly discussed the conflictual, structural, and relational aspects of the analyst's stance. Sometimes the analyst may adopt a phobic position, expressive of resistance against an emotional, oscillating, relational element in the analytic process, and an awareness of this can deepen our understanding of the psychodynamic processes at work when derailments occur. As a consequence, our appreciation of the analyst's mode of survival and the maintenance of his or her internal working method are also deepened. One could argue that the phobic position is to be sought at the core of a basic anxiety, as Symington (1990) portrayed. In his view, the greatest contribution of Bion's (1967) work was the theme of the freedom to think. The freedom to think (or a lack of it) emerges from something located deep in the personality, which functions either according to a healthy, responsive, and reflective modality, enabling thinking to take place, or according to a disturbed, reactive modality that constricts one's thinking. A basic, existential anxiety, felt to be a threat to one's identity and one's very self, contributes to and upholds the reactive modality of this basic element, which ultimately leads to constriction and impediment of the ability to

think, to experience, and to relate. One may assume that traumatic experiences sustain this basic, existential anxiety and evoke a reactive personality.

The analyst's internal working method is nourished primarily by the responsive (i.e., reflexive) mode, permitting the analyst to open up him- or herself to thoughts and to the relationship with the analysand, thereby becoming involved with the analysand, but keeping some distance as well. We detect a phobic position when the analyst acts too strongly from within the reactive modality, using it as a protection against a basic, existential anxiety, which is all too often caused by past traumatic circumstances. The particular setting and the analytic method can thus be rationalized to uphold the phobic position as well, which is not recognized as such, but which is established as a methodological imperative. The analyst is thereby unable to surrender to the oscillating field of tension between empathic identification and observing distance, but instead has to assume a defensive position, which can be likened to the claustrophobic-agoraphobic dilemma, as Rey (1994) illustrated (see Diagram 5 on the following page).

In such circumstances, neither movement in the direction of unconscious identification (with the activation of the internal analyst), nor movement in the direction of observing distance (including theoretical and technical, basic treatment assumptions), can be granted full permission; instead, an extraterritorial third position—along the lines of Steiner's (1993) "retreats"—is taken up, from which the analyst can react, but can no longer respond in an authentic manner. Thus, an attempt is made to protect oneself from one's own massive anxieties, which result, on one hand, from an internal object relation of possessing or being possessed (in the case of empathic identification), and, on the other hand, from an object relation of letting go and allowing oneself to fall (in the case of distant observation).

The consequences of a phobic position are grave: first, for the patient, who does not feel understood, and who may experience an escalating sense of despair if the analyst cannot view him



**Diagram 5: Model of Derailments and the Phobic Position**

or her from a bifocal perspective; and second, for the analyst, who cannot derive satisfaction from the work, once having retreated into this position. There can also be serious consequences for the analytic process, which may fall prey to a stagnating impasse and eventual derailment because an alive analytic contact cannot be established. Taking these factors into account, there will always be movement—either for internal reasons on the part of the analyst, or because of pressure coming from the patient—toward breaking out of the phobic position. The possibility for an analytic process to occur arises if a genuine third position can be constructed out of this attempt to break free from the phobic position; but there is also a danger that the treatment will be interrupted, or that boundaries will be violated, when the necessary internal working method is not put into effect.

To put it another way, one might say that the analyst will no longer be able to bear the feeling of pressure, or the ongoing sense of abandoning or being abandoned, if he or she cannot alter these states of being through the use of the internal working method in the direction of the third position. Without this, the final result will be either the interruption of the treatment or an unhealthy fusion with the patient. The analyst's professional survival is at stake, if not finally eclipsed. Gabbard and Lester (1996) underscore that such situations are not as rare as we may wish to think. For that reason, it is crucial that every analyst think through his or her internal method of working; this is always a never-ending process because of the dynamic and complex nature of psychoanalytic work.

It is essential to realize that the phobic position is not a rarity or an exception. It may be a necessary temporary refuge for the analyst's survival. I would like to emphasize that reflections about the phobic position can usefully contribute to the maintenance of the analyst's internal working method. It is helpful to understand the dynamic interconnections between the phobic position and the analytic space. I think that Hitchcock's movie *Vertigo* resonated powerfully with many analysts because it so convincingly illustrated the sources and consequences of the phobic position and

its links with trauma and the melancholic core with which many analysts identify. It is also essential to recognize its symptomatic presentation in order to remain open to the need to break from this position. In my own clinical experience, the analyst's drowsiness and the analyst's dreams tend to be important indicators of this dynamic. It is interesting that both phenomena are often considered taboo topics, or at least as symptomatology; however, if we view them as indicators of the activity or nonactivity of the phobic position, or the interrelationship between the phobic position and the third position, then they become valuable and clinically meaningful symbols, which can, in the end, contribute to the analyst's survival.

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## THE THIRD: A BRIEF HISTORICAL ANALYSIS OF AN IDEA

BY CHARLES M. T. HANLY, PH.D.

In what follows, I try to clarify historically the idea of the third in philosophy and in psychoanalysis. It is an account that has its own point of view, the evidential justification of which, of necessity, is only scantily presented. The exposition suggests an agreement and differences between the various philosophical thirds and the psychoanalytic thirds found in this issue. Even the agreement that emerges is at present controversial. I make no claim that this exposition of the topic escapes the influence of the controversy. My purpose is to provide background and to raise questions.

### THE THIRD IN PHILOSOPHY

*Charles S. Peirce*

Peirce (1903) introduced the term *the third* into philosophy. Of itself, it has nothing directly to do with any psychoanalytic notions of thirds, of triadic relations, or of triangular "space." It is simply the notion of meaning captured in general concepts, their nature, and their crucial place in knowledge.

Peirce was a realist in the tradition of the medieval scholastic philosopher, Duns Scotus (c. 1270-1308), who was a "moderate," or Aristotelian realist, as opposed to a Platonic realist. For whatever reason, Peirce either was unaware of or failed to appreciate the devastating criticism that the empiricists (Bacon 1620, Hobbes 1651, Locke 1690) and the rationalists (Descartes 1641, Spinoza 1673) had made of Aristotelian scholastic epistemology. Consequently, Peirce's notion of thirdness is epistemologically naive, in-

sofar as he—like Scotus, and before him, Aristotle—believed that the concepts by which we *know*, and the objects *that* we know, are co-natural (of the same substance).

Perhaps Peirce was influenced by the spirituality of New England transcendentalism. What is clear is that he could not entertain the possibility, for which there is plentiful pragmatic evidence (e.g., the effects on mental functioning of a blockage of an artery to the brain), that psychic life depends for its existence on the living matter of the brain and central nervous system. Instead, he believed that the universe is the sign of a self-developing God whose habitual thoughts are the laws of nature. Hence, Peirce could view ideas and things as co-natural. However, he stopped well short of a co-creation of nature by God and man. Nevertheless, as in Aristotle, Peirce's third, the general concept, simply abstracts what is inherent in the object of which it is a concept. Co-naturality applies to ideas about our own psyche—its organization, activities, and contents; for example, the *idea* of the instinctual unconscious is co-natural with its object, the instinctual unconscious. But the *idea* of any inanimate, material object is not co-natural with the object that the idea enables us to comprehend.

Concepts are general, but by means of them, we seek knowledge of objects that are particulars. Concepts are true when the properties, structures, dynamics, and relations they articulate are actually to be found in the objects to which they refer; when they are not, the concepts are artificial and false. The proposition that "man is mortal" is true, even though each person dies his or her own death in an individual way.

Peirce postulated a triumvirate of categories of concepts. *First*s are potential, uninterpreted, sensible qualities. *Firstness* is exemplified by a possible impression of a person's mood, facial expression, hesitation, discomfort, anxiety, or physical gait. *Secondness* is an actually existing object made up of qualities that engender a percept in the mind, such as a patient's entering briskly and cheerfully into a clinician's office. A percept is a sense-image or sensory representation (as in Locke [1690]) of an object ripe with the possibility of being known by means of concepts. Peirce, like

his scholastic predecessors, and unlike Locke, uses the term *percept* to refer both to the sense-impression of an object and the object sensed. This usage leaves the door open for an idealist-type of metaphysics (one in which all things are *mind*). Peirce's concept of percept differs from Locke's concept of representation, although Peirce sometimes uses the latter term.

*Thirdness* is the concept by which we grasp what is *general* in a class of objects. The concept is real (and true as well) because it gains access to the reality of the object revealed by the percept. The concept, if correctly abstracted from the particularities of the object, can achieve generality on the basis of the observation of one individual—an Aristotelian notion. The concept is imbued with its reality and truth from the object via the percept of the object. A concept that is true of an individual will be true of the natural class of things of which the individual is a member.

Peirce proceeded to formulate a pragmatic criterion of meaning, truth, and reality. For Peirce, the third is an *intellectual conception*; a third is an affirmation or denial about the nature of an object. The meaning of any concept is to be ascertained by considering "what practical consequences might conceivably result by necessity from the truth of that conception; the sum of these consequences will constitute the entire meaning of the conception" (Vol. 5, paragraph 9). This crucial definition implies that concepts are real *when* and *because* they have a real external counterpart, some basic aspect of which is articulated by the concept. For example, the latent content of the dream is, in Peirce's definition, the referent in the object (dreamer) of the topographical theory of dreams. If the observations specified by the theory are forthcoming (e.g., wish-laden memories and fantasies in the analysand's associations), the latent dream is a real property of the dreamer, according to Peirce's definition of pragmatism.

Thus, Peirce's pragmatism requires epistemological realism: "The real is that which is not whatever we happen to think it is, but is unaffected by what we may think of it" (Vol. 8, paragraph 12). Objects, about which meaningful intellectual concepts can be constructed, are not altered by being observed; they are not

co-created. An object is real, for Peirce, if—and only if—its nature is independent of how any individual happens to think it to be. Otherwise, an object is an artifact of experience, a phantasm of our subjectivity. Competent observers (those who have made themselves competent by divesting themselves of such personal idiosyncrasies as could only produce subjective impressions that reflect themselves and their individual beliefs) who perform similar experiments, or who make observations under similar conditions on a real object, will come up with similar results.

This concept of the competent observer can itself be evaluated pragmatically. Peirce's concept of intersubjectivity is that of science and common sense; it is diametrically opposed to the meaning of the term as used by psychoanalytic intersubjectivists. Observers, Peirce would say, who have been unable to divest themselves of idiosyncratic ways of experiencing objects will form subjective impressions that fail to correspond to the object as it is. It cannot be fairly said, however, that Peirce was a naive realist, despite his Aristotelianism; his pragmatism implies fallibility. But neither was he a naive subjectivist who believed that his perceptual field was only an expression of himself, leaving him unable to make experiential contact with independently existing, real objects, despite his idealist metaphysics. On the basis of Peirce's epistemological third, if psychoanalysts were irreducibly subjective, their knowledge claims would have to be considered meaningless.

Peirce's concept of thirdness is of interest to psychoanalysis because it is itself a third in a rather different sense, a sense that is found in other philosophies: it is an *epistemological* third. An idea, or at least a good idea, offers a perch, a prospect, a position from which we are able to better observe, become acquainted with and hence to better grasp or comprehend someone or something. Elsewhere, I (Hanly 1995) have noted this function of ideas, drawing on Proust. It is something that abounds in Freud's thinking. For example: "We can say that the patient's resistance arises from his ego, and we then at once perceive that the compulsion to repeat must be ascribed to the unconscious repressed" (Freud 1920,

p. 20). Peirce's idea of thirdness is itself, implicitly, an epistemological third.

### *Rene Descartes*

This more specific, epistemological idea of the third is implicit in diverse philosophical ideas and arguments. The cornerstone of Descartes's (1641) systematic doubt is the idea of an all-powerful Malignant Deceiver. This idea permitted Descartes to take up a reflective third position that in turn enabled him to conceive of the possibility that his experience was irreducibly subjective—that he was alone with and encased in his sense-experience, memories, feelings, and thoughts. Descartes's *cogito* and his idea of God are rationalist, epistemological thirds that release him from his irreducible subjectivity.

### *John Locke*

Locke (1690) used the idea of representation as a third. This offered him an ideational perspective from which to examine the nature of the relation between the perceiving subject and the object perceived. Locke accepted the testimony of our sense experience as reflected in common sense, natural science, and almost all philosophies (among them, Peirce's), specifying that the people and things that make up the world have a nature and existence independently of our experience of them or our ideas about them. Even Berkeley (1710), who believed that *to be is to perceive* or *to be perceived*, never seriously entertained the idea that there is no reality independent of our experience of it.

The answer to the old chestnut about the falling tree, mentioned by Gerson in this issue (p. 67), is that, in Berkeley's theory, when a tree falls, a sound occurs in the Divine Sensorium, whether or not an animal with auditory sensory apparatus is about. For Locke, for whom the universe is made up of physical bodies and forces, the fall of the tree causes sound waves that then cause the sound of the fall to be heard, and thus actually

occur—if, and only if, there is an animal sensory apparatus in the vicinity to respond to sound waves; otherwise, the sound waves occur without the sound. Peirce would have said the same thing as did Locke, with different words; sound waves for him would be a potential sound. In either case, any curious animal in the vicinity could check out what caused the sound, if it were not already obvious from its pattern and volume (the swish of the branches descending, the crackles and snaps of branches breaking, and the thump of the trunk), by moving in the direction from which the sound came, and could see if a tree had actually fallen, without having to have it confirmed or disconfirmed by someone else.

From the vantage point of the third, was Gerson's patient making a "philosophical" point about the relational unconscious and the cultural relativity of meaning, or was he expressing an infantile, transference dependency on the analyst, in order to reduce his anxiety about trusting the evidence of his own senses or his ability to make his own decisions? No doubt the patient received the benefit of an analytic interpretation of his dependency at the right time. Might one not wonder whether the patient reaped this benefit despite the hypothesis of a relational unconscious, rather than because of it?

Locke, who used the idea of perceptual representation as a third, differentiated the primary qualities of objects from their secondary qualities. The primary qualities of shape, mass, solidity, number, location, motion, and rest are intrinsic properties of physical objects. The secondary qualities of color, sound, smell, taste, and so on are subjective. The colors we see and the sounds we hear are intrinsic to our sensory experience of objects and guide us in our relations with them, but they are not inherent in the objects themselves. Intrinsic to objects is the power to cause our senses to generate the colors we see in them and the sounds they emit. These "sensible qualities," therefore, are irreducibly subjective, although also passive, normative, and unavoidable. Primary qualities are objective. However, Locke used the idea of representation to take into account the ways in which our per-

ceptions of the primary qualities of objects can generate perceptual illusions under certain conditions—e.g., the apparent diurnal motion of the sun. The idea of representation enabled Locke to bring the implications of Newtonian optics into epistemology.

Like Descartes (1641) and other rationalists—e.g., Spinoza (1673)—Locke (1690) considered self-awareness to be essential to the use of *ideas as epistemological thirds*. Consciousness is reflexive in the sense that, when we perceive objects, imagine them, have feelings about them, or think about them, we are aware that we are perceiving, imagining, feeling, and thinking. Self-awareness, for Locke and for Descartes, was not an automatic and necessary concomitant of consciousness, for we can and do “lose ourselves” in thought, imagination, observation, feeling, or action. However, we also “come back” to ourselves from reveries, even in instances when we cannot recall what had so occupied our thoughts. Psychoanalysis can help people—albeit with great difficulty—to get back from being lost in severely dissociated states. For Locke and Descartes, self-awareness was of fundamental importance to cognitive activities because of its attesting and correcting functions. And self-awareness was assigned a yet more fundamental importance in German idealism.

### *Immanuel Kant*

In Kant’s (1781) epistemology, the “synthetic unity of apperception” (pp. 155-157) becomes the ultimate ground of knowledge and objectivity. “I think” (pp. 152-153) must accompany every sort of propositional thought and representation. The reflexive nature of consciousness lays down certain conditions that any thought must satisfy in order to be a thought about objects. The “I think” imposes its own subjective categorical conditions of thought on our knowledge of objects. For example, we cannot think about an object unless we think about it in terms of substance and attribute and causality. These are subjective conditions that the mind imposes on knowing anything.

As a result, Kant drew the skeptical conclusion that we can only know objects as they appear, but not as they are in themselves

—hence, his distinction between phenomena and noumena. *The Kantian third—the idealist third—is made up of the reflexivity of consciousness and the categorical conditions it imposes on knowledge.* Whereas Descartes (1641) and Locke relied upon the attesting, cognitive function of self-awareness, Kant assigned to it a legislative function in knowledge.

### *G. W. F. Hegel*

Hegel (1807a) went much further: “The individual is the immediate certainty of himself and . . . he is therefore unconditioned being” (p. 40). Psychoanalysis has taught us that self-knowledge comes only with labor and is seldom, if ever, certain. Perhaps Hegel is referring to a consciousness without content. But how could consciousness confer “unconditioned being,” if there is such a thing, on anything, including itself? *In Hegel, we find the third of absolute idealism.*

\* \* \* \* \*

Even this highly selective, abbreviated, truncated account of the epistemological third in philosophy presents a complicated picture. Self-awareness is of crucial importance for each of the philosophers considered here except Peirce. Peirce’s pragmatic fallibility logically requires a philosophical third that includes self-awareness armed with the capacity to sustain self-criticism, self-approval, and self-doubt. Yet Peirce denied individual identity. He thought of a person, and even of God, as a “bundle of habits,” far removed from Kant’s synthetic unity of apperception, Descartes’s (1641) *cogito*, or Hegel’s (1807a) grandiose notion of unconditional being. Peirce considered personal identity to be a “vulgar delusion.”

Psychoanalysts who espouse theories in which relations are prioritized over individuals, and who claim that the failure to give primacy to relations results in an untenable one-person psychology, can find some support for their views in Peirce. However, Peirce cut the psychological ground from under his pragmatism

when he eliminated the possibility of critical self-awareness of believing, which many feel accompanies belief. Self-awareness must be capable of distancing itself from a belief, in order to critically consider that belief or to adopt an attitude of skepticism toward it, or to treat it with impartiality and neutralize one's adherence to it as conditional upon being able to submit the belief to the pragmatic test. Peirce's concept of thirdness is not consistent with the ideas of co-created relational thirds of the sort proposed by Ogden and Benjamin in this issue, or by other intersubjectivists.

From a philosophical perspective, a third requires an idea. Otherwise, the functioning of self-awareness is limited to self-experience. An idea such as Descartes's Malignant Deceiver or Locke's representation is required to, as it were, "lift" self-awareness to a position from which the cognitive activities of the self can be scrutinized, analyzed, and evaluated. The third can be the idea of a thing existing independently of the experience of it by human observers (Cavell 1998). Such a third is to be found in philosophers as otherwise at odds as Descartes and Locke.

Benjamin, Gerson, Minolli and Tricoli, and Ogden tend to be critical of the idea that a third requires an idea (theory), let alone that a third requires an object independent of it (Descartes, Locke, Peirce). These analysts are concerned that a third in the form of an idea (knowledge, theory) at work in the analyst will have a detrimental effect on interaction within the analytic dyad by subordinating, derogating, or isolating the analysand in a variety of ways.

Britton, Green, Widlöcher, and Zwiebel recognize the importance of ideas in the work of a third. Philosophically, there can be no third without an idea. Since Peirce "eliminated" self and self-awareness, for him, a third is only an idea. However, other philosophers have recognized the need for both in the formation of an epistemological third. Wittgenstein (1918) treated philosophy itself as a self-eliminating third, a third that self-destructs as soon as it has achieved its purpose, a rational relation to reality. Philosophy does not yield an understanding of reality; it helps us to realize that science does so. "He [the philosopher] must, so

to speak, throw away the ladder [philosophy] after he has climbed up on it" (Wittgenstein 1918, p. 151).

Embedded in or logically connected with the epistemological third is some idea of truth and verification. For Descartes (1641), clear and distinct ideas warrant certainty no less in anatomy than in mathematics. For Locke, the truth of an idea depends on its empirical verification with the fallibility that attends it. For Peirce, ideas, however clear and distinct, require pragmatic testing of their consequences. Russell (1946) pointed out some of the difficulties with pragmatism as a criterion of truth.

We can say of the philosophical third that, typically (Peirce's views excepted), it is a function of self-awareness informed by an idea that differs in different philosophies.

## THE THIRD IN PSYCHOANALYSIS

An idea of the third is also implicitly at work in psychoanalysis. In deriving and formulating this implicit idea and thus making it explicit, it is necessary to differentiate threesomes, triangular relations, and the use of the metaphor of "triangular space" or "triangulated space" from the third as such, although important linkages with them may be found. For example, Freud's (1905) explanation of smutty humor requires a threesome, but it does not involve a third. Nevertheless, the third is at work and is an object of implicit inquiry from the beginning of Freud's work.

Freud (1895) plausibly described the psychological genesis of the third, as Peirce understood it, with the beginning of instinctual object seeking, reality testing, and subject-object differentiation. This genesis takes place in earliest infancy with the differentiation between the image of the satisfying object that does not satisfy and the object itself that does satisfy. At the heart of this experience is the first rudimentary awareness that images represent but do not duplicate, that they point beyond themselves to the needed, real, need-satisfying object. The rudiments of Locke's empiricist third are present in the structure, dynamics, and content of the primary infantile experience of need satisfaction, as Freud (1895) described it.

The Kleinian depressive position (Klein 1935) is also a third. The depressive position is made possible by the infant's capacity to see the mother as a whole person, both satisfying and frustrating, who is good and bad, and to compare this real mother with the projections of the paranoid-schizoid positions. The third is an awareness of the difference between the largely subjective experience of an idealized and denigrated object and the more reliable experience of the object as it actually is.

There are innumerable dyadic parent-child situations in which a child becomes aware, while retaining self-awareness, that he or she is an object for another. An opportunity is provided for the child to gain a sense of how another sees him or her. These opportunities are building blocks for the child's evolving ability to objectify the self. However, seeing oneself with the eyes of another may either benefit or harm this inner capacity to be educated to reality. There are situations in which anxiety can cause a loss of self-awareness as a consequence of becoming an object for another. In these instances, the child feels overwhelmed, invaded, and taken over—consumed, as it were, by the object for whom the child has become nothing but an instrumentality. The result is a dyadic unity based on domination of the sadistic parent or surrogate and diminution of the self-awareness and identity of the masochistically surrendering child.

Britton (1987) and Feldman (1997), among others, have explored these sorts of factors in the transference and the role of the analytic third in the countertransference. In this issue, Benjamin describes situations of this sort in psychoanalysis. The differences observed between the point of view expressed in Britton's article in this issue, on the one hand, and that of Benjamin and others of the relational school, on the other, pose the question of whether clinical experience supports Kleinian and Freudian realism or relational, intersubjective idealism. Stated differently, which notion of the psychoanalytic third best helps the analyst to recognize, understand, and remedy these pathological situations and the analyst's involvement in them? It is my opinion that the radical revisions involved in the idea of Gerson's relational

unconscious are not required to understand Jacobs's (2001) description of his becoming aware of a therapeutically disadvantageous countertransference. The same is true, I think, of what Arlow (1979), Loewald (1979), Bird (1972), and Boesky (1990) have to say along the same lines.

The preoedipal child has a benign, anaclitic reliance on both parents, especially on the parent of the same sex, as surrogate egos to test reality and to identify danger—a dependency that allows the child full enjoyment of his or her fantasy life. In this relation, the child becomes aware of the difference between the way in which a parent experiences an object and the way the child experiences the same object. The recognition of this difference invites the child to sufficiently detach from the narcissistically naive self-evidence of his or her own experience to be able to question it, in Locke's terminology, and to treat it as a perceptual representation that may not be true of the object in this or that respect. In these ways and others, an education to reality takes place by pragmatic increments, made possible by a developing capacity for sensory and affective discrimination. The template provided by these early relations forms some of the psychological background for Cavell's (1998) argument concerning triangulation and objectivity. Fundamental to this process is primary identification.

Freud's increasing understanding of identification enabled him to clarify the psychological foundations of thirdness, i.e., the preparation of the mental capacity for objectivity, and to advance his thinking on the role of identification in character formation and relations (Freud 1917, 1921). He described how the strengthening of the child's identification with the parent of the same sex in the resolution of the Oedipus complex enables the child to internalize the position of the rivaled parent in relation to herself or himself, and, thereby, the parental prohibitions (Freud 1923).

This identification internalizes a crucial aspect of an indispensable object relation, and in so doing, deeply modifies both the child's relation to the parents and the child's ego. In this way,

the child consolidates an improved capacity for critical self-awareness, for self-approval or self-condemnation, for a new measure of objectivity about self and primary objects (although at this point, the child cannot be expected to have an adequate measure of his or her parents). Whereas earlier, the child found her or his sense of worth primarily in the parent's love or withdrawal of it, sanctioned inwardly by shame, the child is now able to perform this function independently, sanctioned inwardly by guilt. The child has acquired a measure of moral autonomy and responsibility. The reflexivity of consciousness has been informed by a deontological morality.

But more than moral conscience is involved in this transformation as it proceeds. In the end, these developments provide for a fallible but reliable, self-critical, epistemic self-awareness, enabling us to objectify ourselves to some genuine extent (some more than others), in order to test our experience for its objectivity, to adopt measures to reduce its subjectivity, and to test evidentially the beliefs to which our experience gives rise. We feel a diminution of our self-esteem when we are caught by ourselves or others being logically inconsistent. In this way, psychoanalysis provides a psychological explanation of the origin and nature of the philosophical idea of a third position. This explanation is inconsistent with the Cartesian, Kantian, and Hegelian thirds, but consistent with the core of Peirce's third (see Green's article in this issue) and the empiricist third.

Freud's (1923) focus was on the moral, behavioral, and relational consequences of oedipal identification. Early on, Waelder (1934) noted the further implications of Freud's hypothesis: "What is common to these modes of super-ego attitudes [moral, humorous, cognitive] is self-observation, objectification of oneself, the attainment of a position above one's ego" (p. 104). This position "above one's ego" is a third in the philosophical sense. In addition, psychoanalysis provides Peirce with psychological grounds for classifying logic, along with morals, as a normative science, by setting out rules for valid reasoning and methods for empirical falsification and verification.

Rickman (1950, 1951) first introduced the idea of numbered psychologies (Hanly and Nichols 2001). Having introduced the term *two-person psychology*, based on Freud's uncovering of transference and countertransference, Rickman detailed what he considered to be the limitations of a two-person psychology, among them that it is confined to the here and now and to the immediate interactions between analysand and analyst. A horizon upon the past in the present, essential to the genetic orientation of psychoanalysis, is lacking. The transference, after all, is only a sign, to use Peirce's semiotic definition (as distinct from de Saussure's signifier) of the analysand's past. The same is true of the analyst's countertransference. The transferential and countertransferential interactions of the dyad are but signs of these signs, which can only be read aright by a position that includes the past.

But analysis must seek out the past by means of free association. The horizon that opens a way to the past in the present requires the analyst to become aware of the analyst-analysand relation itself, by gaining a perspective or a position from which the relation can be objectified—i.e., viewed for what it is. This position is made possible by the third person, either real or imaginary, of the oedipal triangle. Rickman does not adequately formulate this notion because of his failure to grasp the importance and effect of oedipal identifications and their profound influence on self-awareness (the reflexivity of consciousness, as philosophers would say).

Nevertheless, Rickman goes to the heart of the matter. According to Rickman, psychoanalysis, as Freud formulated it, is neither a one- nor a two-person psychology. It is a three-person psychology that requires the analyst to be able to observe the dyadic analytic relation from the position of a third person—or, more important, from the position of an observer who is sufficiently impersonal and unbiased so as not to be caught up in and confined to dyadic interaction. Freud set out how the analyst can function as the third in the analytic situation, as can the analysand. But given that the patient is debilitated by neurotic conflicts, and given the analytic contract, it is incumbent on the analyst to be able

and prepared to facilitate the restoration or development of the function of the third in the analysand. The question arises as to whether or not and how, in this circumstance, a co-created third could serve this function.

This objectivity—in the sense of getting “outside” or “above” one’s own subjectivity, in whatever form of complacency, partiality, dogmatism, preoccupation with self, or squeamishness that it may take, in order to become aware of it, to think about it, and disengage it (even partially) from the analysis—is psychologically grounded in the self-awareness made possible by oedipal identification. This identification internalizes the observing function of the parent as auxiliary ego during the earlier, more anaclitic stages of development. The subsequent development of this function is in the direction of greater impersonality and impartiality—doing what is right rather than what one has been told to do; crediting one’s senses rather than received opinion and belief; submitting one’s observations, imaginings, and thoughts to the demands of reality, logic, and empirical testing.

This position “outside” the dyadic relation also opens the way to thinking about how the analysand experiences the analyst and his or her interpretations, as well as how the analyst experiences the analysand and his or her reactions to interpretations. There is nothing special about this analytic third; it belongs to common sense, science, art, and literature, as well as to everyday life. It is certainly not infallible, although experience, knowledge, and practice can improve it. In this respect, the analytic third, thus conceived, stands in opposition to the idealization of self-awareness found in the Cartesian, Kantian, and Hegelian thirds. Nor is this analytic third immune to psychopathology.

Britton (1987, 1998, and in this issue) traces the origins of the third position to the oedipal triangle, which provides for being seen in a relation with another and seeing a relation between two others. This experience lays down a template for a “capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves” (1987, p. 87). What is crucial

about the oedipal identification is that it internalizes these templates, drawing them from triangular relations. Nowhere else in this issue is there an explicit recognition of the contribution made by the resolution of the Oedipus complex to the cognitive use of thirdness. However, Green's, Widlöcher's, and Zwiebel's contributions appear to me to be compatible with Britton's insight and its relation to the philosophical, empiricist third.

Benjamin explicitly repudiates the oedipal contribution to the psychoanalytic third when she takes Britton (1998) and Feldman (1997) to task for running the risk of "privileging of the analyst's relation to the third as theory . . . as well as to an overemphasis on the oedipal content of the third" (p. 12). Gerson also criticizes Britton's (1998) idea of the third for being insufficiently intersubjective. Minolli and Tricoli, as well as Ogden, adumbrate psychological theories in which the Oedipus complex and its resolution appear to have little part to play, if any.

## A DIALECTICAL DISCUSSION

Some papers in this issue use the term *dialectical* without defining it. There are at least five different, serious uses of the term in philosophy: two by Plato (4<sup>th</sup> century b.c.) and one each by Kant (1781), Hegel (1807a), and Marx (1873).

One of the best known uses of *dialectic* is the Socratic dialectic of the Platonic dialogues. Often, the dialogues are searches for definitions of moral virtues, justice, love, the soul. The search is conducted dramatically by means of arguments in favor of some definition, e.g., that justice is the interest of the stronger, or a compromise between what we most and least want, advanced by a character in the dialogue. Socrates then points out weaknesses in the definitions and eventually advances one favored by Plato. *Dialectic* is the cut and thrust of the intellectual arguments. Plato (4<sup>th</sup> century b.c.) also used the term to refer to some undefined process of reasoning that was supposed to lead from the contemplation of the forms of natural kinds—artifacts, arithmetical and

geometric ideas, virtues, and so on—to the form of all forms, the *Form of the Good*.

Plato's notion of *dialectic* as intellectual debate is scarcely of use in psychoanalytic clinical thinking because, although some analysts want us to engage in such disputatious exchanges with them, their treatments are not served by our going along with the wish to engage in intellectual combat. Psychoanalysis teaches us the futility of trying to reason a patient out of a neurotically caused belief.

Kant (1781) used the term *dialectic* to refer to the futility of trying to prove the immortality of the soul, the infinity of the universe, and the existence of God, favorite undertakings of metaphysics because, as Kant believed, the soul, the universe, and God are not objects of possible experience. This exercise of pure reason (i.e., the use of concepts without content), Kant tried to show, results in arguments with contradictory conclusions. He called this exercise the *dialectic of pure reason*.

Hegel (1816) sought to go beyond Kant with a dialectical logic in which contradictions generate higher truths in which they are overcome. Hegel believed that dialectical logic was at work in thought, in history, in the organization of society, and in the cosmic evolution of nature. For Hegel, *dialectic* was the logic of an ultimately unifying, self-actualizing, spiritual force he called *Absolute Spirit*.

Marx (1873) invented the fifth meaning of *dialectic* by substituting materialism for Hegel's idealism. Marx considered that Hegel had *dialectic* standing on its head. Marx turned it right side up by hypothesizing that economic forces are the fundamental causes of historical change. Marx thus took over Hegel's dialectical logic, leaving it otherwise unchanged.

Psychoanalysts who use the term *dialectic* should carefully define its meaning. They should consider whether there is a specific psychoanalytic meaning of the term that refers to something more than, or other than, psychic conflict (e.g., ambivalence, struggles between narcissistic libido and object libido, and so on). This semantic task is not trivial, as I shall now try to show.

## SOME FURTHER PHILOSOPHICAL- PSYCHOANALYTIC REFLECTIONS AND QUESTIONS

Hegelian ideas make their appearance in several papers in this issue. Minolli and Tricoli make the most extensive use of Hegelian ideas, drawn from a sound translation into English by Baillie of Hegel's (1807b) *Phenomenology of Mind*. Suffice it to consider just one problem that cannot be avoided in formulating psychoanalytic findings in Hegelian terms. For Hegel, everything in developmental process is animated by conflict. Hence, on the surface, his idea of dialectics might seem to agree with the centrality of conflict discovered by psychoanalysis in individual psychic development. Unfortunately, it does not. According to Hegel, any and every process is dialectically conflicted; an initial state generates its opposite. This opposing second state stands in contradiction to the first. The conflict produces a resolution in a higher synthesis that overcomes the contradiction. These processes are teleological, irreversible, and progressive. Marx (1873) derived his utopianism directly from Hegel's logic. Two fundamental vicissitudes that psychic processes undergo cannot occur, according to Hegel's logic: fixations interrupt development and regressions reverse development. Moreover, needs and wishes cause individual and collective life to have purposes, but psychoanalysis does not view human life as the fulfillment of some cosmic teleology, such as the realization of Absolute Spirit.

To make Hegelian dialectic suitable for psychoanalytic theorizing, one would have to strip it of the logic peculiar to it or deny that there are fixations and regressions of needs, desires, and wishes. Why translate valuable psychoanalytic observations into a system of thought that runs counter to common sense? Marx's (1873) materialistic correction of Hegel's spirituality has not increased the credibility of dialectical logic. Any Hegelian definition of *dialectic* is incompatible with basic facts of human psychic life.

In his article, Ogden implicitly raises a fundamental issue. In understanding the analyst-analysand relationship, he states that:

The task is not to tease apart the elements constituting the relationship in an effort to determine which qualities belong to whom; rather, from the point of view of the interdependence of subject and object, the analytic task involves an attempt to describe the specific nature of the experience of the unconscious interplay of individual subjectivity and intersubjectivity. [p. 168]

This recommendation is based on the assumption that, in addition to the two persons who make up the analytic dyad and their interactions, there is a third, more fundamental, relational reality—their intersubjectivity—which is an amalgam of the two persons. This amalgam is a “subjectivity that seems to take on a life of its own” (Ogden, p. 169). According to what one might call the Freudian/Kleinian third or the oedipal third, when such a predominantly preoedipal transference and countertransference develops, it falls to the analyst to sustain the analytic third in him- or herself, so that the analyst may continue to observe the self, the analysand, and the interplay between them in the sessions, in order to enable the analyst to assess the therapeutic efficacy of their relationship.

Such conflicting assumptions currently divide psychoanalysis. There does not appear to be any way to reconcile them. The otherwise very different philosophical positions considered earlier agree that individual self-awareness is essential to thirdness (except Peirce’s). To be sure, self-awareness is not sufficient in and by itself; an idea is necessary to inform it and give it direction, but there are no philosophical precedents for intersubjective relational thirds, apart from individual consciousness—which is, of course, a consciousness of both self and others.

In the philosophical third, in one way or another (depending on the philosopher), the function of the third is to organize and direct the mind to take cognizance of itself in order to be better prepared to observe and understand both the self and the world. It is readily apparent how closely psychoanalysis agrees with—and enriches and improves the prospects of success in—this broad philosophical project, which Bacon (1620) traced back to the ancient

Greeks. Perhaps Hegel could be made out to be an exception, despite the primacy he gives to individual self-awareness, but any attempt to use Hegelian ideas runs into the problem of the dialectical logic by means of which he derives the other from the subject.

Of course, conscious and unconscious relations of fundamental importance to the analysis are established between analyst and analysand. The analyst, by means of empathic trial identifications, needs to be able to feel, imagine, and think something (hopefully to a sufficient degree) of what it is like to be the analysand. But the analyst may feel him- or herself drawn into a fusion with the patient, in which the analysand comes to feel disorganized and enmeshed with the analyst. The same experiences may occur in the analyst. An analysand, for example, may feel drawn into a fusional bond with the analyst that is focused on the soothing sound of the analyst's voice. But does the revival of such infantile experiences, and others like them, warrant the inference of a third entity that exists independently of the different transferential, counter-transferential, and reality-bound relations formed by one member of the analytic dyad with the other?

If we follow Peirce back to medieval philosophy, we find William of Ockham, of the school of Scotus—who, with his now-famous razor, declared that entities should not be unnecessarily multiplied. Perhaps, upon further reflection by analysts, such entities as intersubjective thirds, the relational unconscious, and others will, like Platonic forms, fall under the cutting edge of Occam's razor—or perhaps not. Yet in science, as in philosophy, the simplest theory to comprehend the phenomena will be most serviceable for the advancement of knowledge and more likely to turn out to be true.

Philosophy, as indicated by the foregoing all too brief survey, is almost universally committed to epistemological realism. Even philosophers like Peirce and Hegel, who were metaphysical idealists, were epistemological realists, as were Plato and Aristotle. Epistemological subjectivism is an unusual doctrine—espoused, perhaps, by Protagoras, but by few others. Some intersubjectivists, at least, adhere to the idea of irreducible subjectivity, a highly am-

biguous notion (Hanly and Hanly 2001). If its meaning is psychological, it signifies only that each person's feelings, motives, experiences, thinking, and so on are his or her own and no one else's. Objects can be shared; experiences can be verbally shared; but my experience of the object is mine and yours is yours. They are psychologically irreducibly subjective because each individual is the owner of her or his sensory apparatus.

This statement says nothing about our capacity to have the same experiences, however, or to know that we have different experiences of one and the same object; nor does it say anything about our ability, by means of sense perception, to become aware of the existence and nature of objects that exist apart from and independently of our own subjectivity—as Peirce and Locke, but also Descartes (1641) and Berkeley (1710), philosophically affirmed. But if the meaning of irreducible subjectivity is cognitive, and hence epistemological, it means that our perceptions, thoughts, and so on must inevitably fail in making us aware of the existence and nature of objects that exist apart from and independently of our own minds. No method of investigation, no correction of perceptual illusion, will serve. Our minds are inevitably locked into their own subjectivity.

Thus, if the notion of irreducible subjectivity is implied by intersubjectivity, and if the notion of irreducible subjectivity is taken as an epistemological one, rather than merely as the assertion of an elementary psychological and neurological fact, we are each located in our own worlds, as contrived by Descartes's Malignant Deceiver. Most authors, in fact, treat irreducible subjectivity as a cautionary notion—not an epistemological premise, but a warning against naive realism. These warnings are obviously helpful. However, the concept as often used carries the implicit, false implication that all realists are naive realists. It is true of Aristotle or Plato, perhaps, but not of Locke or Peirce, or of Galileo, Harvey, Newton, Einstein, Darwin, or Freud.

That psychoanalysis is a process, who could doubt? That it is greater than the conscious volition or detailed comprehension of analyst or analysand need not be in doubt either. But these facts

do not require a special ontology of the primacy of relations. What *can* be doubted is that there is a third participant making up the process, a co-created subjectivity of some sort, with some kind of life of its own. Aristotle's classic third-man critique of Plato's forms would appear to apply here. It is an infinite-regress argument. Since the analyst and analysand co-create a first relational third, the analyst will have to form some kind of relation with this third. But this relation will co-create a *second* relational third, and so on, ad infinitum. The same will apply to the analysand.

I can understand that psychoanalysts might not be as impressed as philosophers by the problem posed for theories by infinite-regress arguments. They do indicate serious logical and conceptual flaws in theories when they apply. In any case, would it not be adequate, as well as simpler, to assume that the analytic dyad is made up of two persons with separate identities, needs, characters, and motives, who relate to each other according to their respective needs, characters, and motives, one of whom is in need of help and one of whom is there to help?

Platonism survived Aristotle's critique until Scotus, William of Ockham, Aquinas, and others paved the way for the replacement of scholasticism by modern scientific thought.

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