

Transformations in Thirdness

Recognition Between Mutuality, Vulnerability and Asymmetry

This Chapter is divided into separate parts, the first emphasizing developmental theory in light of the Third and the second the clinical theory that is associated with it. My original reflections for this Chapter, “You’ve Come a Long Way Baby,” given at IARPP in 2011, considered how the study of infancy, in particular the mother-infant relationship, led to an intersubjective psychoanalysis in which mutuality or mutual recognition plays a central role. So it was necessary to return to another point of origin in my theorizing: intersubjectivity as seen from the vantage point of recognizing women’s, specifically mother’s, subjectivity. This was a perspective that could evolve only through the co-incidence of feminism with intersubjective theory. Originally, I asked: If it is important for a mother to recognize her infant’s subjectivity—that is, as another I rather than simply an It—how does anyone develop this capacity?

*This question guided the moves I made in *The Bonds of Love* (Benjamin, 1988), weaving the problem of recognition of women as subjects together with the evolving theory of intersubjectivity, as grounded in both psychoanalysis and infancy studies. The point of this move was to open psychoanalytic thought to the complexity of how we come to recognize the Other, to grasp the reciprocal action of two subjects knowing and being known, affecting and being affected, and thus to confront the problems attendant upon that bi-directionality.¹*

The first part of this chapter presents the different ways of thinking about the Third as a position and a function, with its aspects of rhythmicity and differentiation. It is an expansion of Chapter 1, “Beyond Doer and Done To” and attempts to show the relationship between affect regulation and recognition. My original categories “Third in the One” and “One in the Third” are further explained as well as the importance of establishing a sense of the “lawful world,”

1 In terms of critical theory, the point was to take intersubjectivity out of the framework of normative model of societal discourse—an ideal—in which it was placed by Habermas and feminist followers like Ben Habib (1992); to place it instead in a material developmental process, understood psychoanalytically, that recognizes the dialectic of obstacles in the struggle to recognize the other (see Benhabib et al., 1995; Benjamin, 1998; Allen, 2006).

a metaphor for the moral Third. I also suggest the expression “our Third” as a personal experience of intersubjective connection.

The second part, the discussion of clinical consequences and how we work with our own subjectivity, our vulnerability as analysts, illustrating the way in which we combine our understanding of affect regulation and recognition in our clinical work, use acknowledgment and our own vulnerability to create the moral Third. I also discuss further the idea of surrender in motherhood and in analysis, considering the consequences of elevating responsibility for the Other in Levinas’ sense over our need for reciprocity and our desire for mutual recognition.

PART I. YOU’VE COME A LONG WAY BABY

In writing this chapter I wondered what might serve as a metaphor for mutuality that does justice to the concept. I thought of a tiny seedling, something that starts out small, as little more than a germ, needs tender responsiveness, much cultivation before it becomes a complex plant with deep roots, unfurls its leaves, produces flowers and bears fruit. But the limits of the metaphor are obvious—since in the human case the supportive environment and devoted horticulturalist of the sprout engage in a complex non-linear dynamic system that is bi-directional. The sprouting and unfurling and opening are talking back to the cultivator and are necessary to bring out her full capacities, as they are receiving the environmental nurturance they are amplifying and making it more complex. In a sense, it might work better to say the plant is the system of mutuality and two unequal people cultivate it. The plant, their mutual adaptation and recognition, is their Third.

Using the term mutual recognition has been hard for some thinkers to reconcile with the historical understanding of psychoanalyst and patient, the one who gives understanding and the one who receives, the healer and the healed. Not surprisingly, in psychoanalysis the possibilities of mutual recognition have been contested. The question has been raised repeatedly as to why recognition would need to be reciprocated. Isn’t the point of psychoanalysis that the analyst recognizes the patient? Recognizes his or her needs, suffering, agency, self-expression? In more recent thinking, the patient who contributes to knowledge and so is not to be simply treated as an object of knowledge, nonetheless has been characterized as “the suffering stranger” whose need calls us to surrender (Orange, 2011). In what sense is it necessary, or desirable, then, that patients should experience mutuality, or in some form, a recognition of the analyst’s existence as a separate subjectivity (see Gerhardt et al., 2000)?

Intersubjective Vulnerability and the Need for Recognition

A consideration of recognition in early life takes us immediately to the associated problem of dependency as the organizer of our first relationships. Orange (2010),

elucidating the concept of recognition in my work, expressed this idea with the term intersubjective vulnerability.² We need the other to recognize us, to be responsive or affirming, confirm the impact of our actions, and we can be hurt or harmed when the other fails or misrecognizes us. Why not see this need as determining a one-way relationship between the one who gives (mother) and the one who receives recognition (child)? Why do we need to think in terms of mutuality? Indeed it is true that for many people mutuality feels much too dangerous; being at the receiving end of recognition has not been a reliable experience, while giving it is often confused with submission to power.

Although it is true that human infants start out very asymmetrically dependent on the powerful caretaker, and that many of our patients have not found a viable way out of that asymmetry, it is a limited way of life and they enter analysis to overcome it. A host of post-Freudian thinkers have formulated the argument that analysis provides an ameliorative experience, asymmetrical in nature, of receiving the recognition—responsiveness, reflection, or mirroring—that was lacking in early life. But what of the ameliorative experience of giving? Paradoxically, it would seem to be a lack of a positive asymmetrical experience that has made them incapable of symmetry. The complicated task is to help them become more capable of mutuality in an asymmetrical relationship. The evolution into mutuality involves asymmetrical vulnerability to injury and thus requires our asymmetrical responsibility for the process (Aron, 1996; Mitchell, 2000), providing an opportunity to recapitulate developmental steps in the course of being safely held and understood in a very asymmetrical way.

However, a more careful consideration might reveal that the historical absence of trustworthy asymmetry already reflects a problem in the area of mutuality, and so some version of mutuality contributes the amelioration. Perhaps this idea can be framed by postulating that even in very asymmetrical relations of infancy there are germs of mutual recognition that need to be recognized and cultivated in analysis. The mirroring mother needs the mirroring baby, as facial mirroring is a bi-directional process in which each follows the others direction of affective change (Beebe & Lachman, 2002; Beebe et al., 2016). The child needs understanding in part so as to be able to understand the other's mind, to not be clueless. To mentalize, grasp the other's mind, is perforce an action in relation to the other and not merely a capacity. Psychoanalysis must be based on understanding the process of development by which human beings become more capable of mutuality, more able to recognize the other. This development ideally is associated with more vitality, agency and ability to balance dependency with independence.

- 2 In her original commentary on "recognition-as" Orange (2008/10) was critical of my use of the concept of recognition, apparently based on certain misconceptions cleared up in her subsequent reading of my work (Orange, 2010) that I define recognition as a "Must", something the one must give the other. However, Orange's parsing of the concept in terms of "recognition as", which focuses our minds on acknowledgment as a vital form of recognition raised valuable questions which will inform some of what follows.

Oddly, we must take account of just how little attention was given to the development of mutuality before the emergence of relational psychoanalysis and simultaneously the study of infancy (see Benjamin, 1988). The necessary tension between the relationship of mutuality—the connection between the two persons who recognize the other as Thou in Buber’s sense of I-Thou rather than I-It—and the asymmetrical responsibility of both mother and analyst was first clarified by Aron (1996). The analyst is responsible for the process of mutual regulation, the safety of the container, the ongoing attunement to the patient’s needs and process. As Mitchell (2000) puts it, the most asymmetrical aspect of analysis is constituted by the fact that the patient is meant to abandon and let go of responsibility for all that goes on while the analyst maintains it. Of what then does mutuality consist and why does recognition theory need to shine light on the marbling of its subtler lineaments within the well-known figure of asymmetry?

Through our experience with classical analysis and our critical attention to its problems, relational analysts have come to recognize that this asymmetry expressed in terms of knowing, objectivity and authority (Hoffman, 1998) may also intensify the issues of control attendant upon accepting dependency. The complementarity of giver of attention and given to, knower and known, can devolve so that one person appears to be the knower and director, the other the object. The patient may at one moment relish the freedom of abandon, but at another feel it is offered only as long as he is the one who is powerless, like a child who has no effect on the other. Such feelings, of course, go with the territory of the transference. The point is that asymmetry of responsibility has its shadow side of power, can become sucked into the complementary transferences of doer and done to, and thus present us with the same necessity of working our way out into thirdness as any other form of splitting.

The modification of this complementary breakdown can only occur through awareness of how the analyst’s view and style of performing asymmetrical responsibility serves either to impede or facilitate the move into thirdness. The outcome depends on how we use the intersubjective relationship to encourage development of the patient’s sense of agency and authorship by recognizing his impact upon us and his contribution to the ongoing work. My way of thinking about this evolution towards a more mutual relationship within the analytic process is expressed in the idea of creating the shared Third.

Bromberg has eloquently described the experience of movement towards mutuality in analytic work from the analyst’s perspective. He recounted that as he became able to hold in awareness the separate inner worlds of himself and his patient while yet feeling their connection, his inner world became more available as a source of knowledge about the other. This simultaneous difference and connection made it unnecessary for him to “figure things out on his own” because he and his patient were now felt to be “parts of something larger than either of us alone.” Thus, gaining access to unconscious experiences in each partner “became a matter of finding it *together*. *A give and take that gradually builds a linguistic bridge between the inner and outer worlds of each of us*” (Bromberg

in Greif & Livingston, 2013, p. 327). We might say the “larger something” is the Third, which reveals itself through the give and take.

From this perspective, asymmetrical responsibility would not consist of figuring it out alone, but of the charge of keeping the attention on self, other, and the bridge. If the analyst commits to go with the patient to the brink of the abyss (Bromberg, 2006) that looms before her, he can feel himself being in her world with her even as he stays aware of his own inner world: building the bridge (Pizer, 1992). With this, Bromberg is describing the subjective experience of thirdness: being part of something larger with the other person, a shared process of exploration. The felt sense of being in this place together includes each person’s respective worlds as well as the symbolic links between them.

Fortunately, not only clinical practice but the rich field of infancy studies has provided ample templates and metaphors for such evolution. In what follows we shall trace how mutuality arises—even under conditions of asymmetry—because analyst and patient are involved in a process I like to think of as “building the Third.”³ Mutuality consists of this ever more *subjectively realized* sense that we are sharing in the doing and feeling: co-creation is felt experience of building together rather than merely posited and perceived as mutual influence from a God’s eye view. Mutual influence can exist objectively without our having the slightest sense of having an impact, or receiving one. More important, mutual influence can consist of a tight, reactive feedback loop with negative impact, in which someone consistently avoids connecting when invited and looms or intrudes when not, as in the chase-and-dodge interaction (Beebe & Stern, 1977). Mutual recognition is what happens when we *share and reciprocate knowing*. We know the other is a person who is, or at least could be, connecting, aligning with our intentions, matching, getting it and being gotten.

Symmetry and Asymmetry: The Rhythmic Third

The study of mother-infant interaction inaugurated a paradigm shift whose revolutionary implications were at first resisted by mainstream psychoanalysis but were eventually accepted in North America. The metaphor of the infant with the breast was upstaged by the social infant who engages in play interaction. The symmetrical aspects of give and take, mutuality and reciprocity were the focal point of the new infancy studies (Brazelton et al., 1974; Stern, 1974; 1977; Tronick et al., 1977—cited in Benjamin, 1988; Tronick, Als & Brazelton, 1979; Trevarthen, 1980). Stern (1985) explicitly contrasted the giver-receiver relation of nursing to the symmetrical, reciprocal relation of face-to-face interaction between mother and baby. Stern’s sensibility was based on a deep appreciation of the need to know other minds in order to connect, the intersubjectivity of each of us knowing that

3 Thanks to Yitzhak Mendelsohn for the metaphor of building for the process of co-creation. Thanks to Beatrice Beebe for the emphasis on the centrality of sharing.

the other knows that I know (Stern, 2004). That reflexivity of knowing that we know, and hence we are connected from within, as subjects not objects of knowing, is what we might call the Basic Recognition.

For me the idea of mutual recognition versus split complementarity, first developed abstractly and philosophically, assumed more concrete form through the manifest contrast between soothing or satisfaction and knowing or sharing intentions in interpersonal engagement. In *Bonds of Love* (Benjamin, 1988), I used this paradigm shift to articulate the distinction between sharing of states and asymmetrical complementarities such as giver and receiver. I cast identification via state sharing as the opposite to the doer and done to relation, that is, the reversal via projective identification that imbues the other with the power and agency one lacks or the helplessness and passivity one disowns. “Being with”—Stern’s formulation which later became an essential part of clinical theory (see, Boston Change Process Study Group, Stern et al., 1998; BCPSG, 2010)—figured as a form of relating that transcends or modifies the dualisms of asymmetrical caregiving. That is to say, we can be giving care in a complementary way or in a way that includes emotional reciprocity and state sharing. Intersubjective relating that transcends dualism is one way of thinking about what I gradually came to understand as functioning in the position of the Third. The Third *as form* operates in all moments in which a tension is held mutually rather than through splitting of opposites in complementary relations.

The Third in this sense presents procedurally in nascent forms of mother-infant relatedness where we see the emergence of recognition. State sharing, attunement, matching specificities, moment to moment alignment of intentions and feelings—all forms of recognition Sander (1991) called “moments of meeting”—comprise a framework of expectancy essential to early development in the dyad. They form the basis of the earliest experiences of thirdness, by which I mean interactive manifestations of the *Third*. As a *function*, we find thirdness in the initial co-created pattern of reliable expectations of alignment and matching or state sharing that mother and baby experience as “our way of being together,” patterns which create the dyad’s secure attachment (Ainsworth et al., 1977) but also the intimacy of mutual knowing (Stern, 2004).⁴

If mothers or babies are used such language, they might think of it as “the Third we build together,” or “Our Third.” The idea is that both partners contribute, neither one alone determining its directions; rather than being engaged in a pattern of simple reactivity—as in the split complementarities of active-passive, doer-done to, giver-receiver, knower-known—both partners are actively creating alignment of direction according to their own abilities (Beebe & Lachmann, 1994; 2002; 2012). Understanding how mothers and babies adapt and create mutual regulation,

4 Of course insecure attachment and non-recognition can also have a reliable pattern, with contingent responses that have a negative emotional valence, such as mother looking away when the baby gazes, and baby in turn looking away when mother touches or seeks contact.

we could infer they are guided by the meta-expectation of returning to alignment with “our Third.” This relational expectation has been conceptualized by Tronick (1989) in terms of the principle of disruption and repair: disruptions of the interactive patterns are tolerated and repaired in an ongoing process that fosters resilience. As Beebe and Lachman (1994) point out, if the dyad is mutually regulating in such a way that normal violations of expectancy—mismatching or disjunction—are adjusted and the couple returns to matching, then infants contribute as much as mothers do to the process. As mother-infant dyads move through moments of procedural adjustment, that is repair of disjunction, each moment strengthens the infant’s resilience, gives the mother confidence in her capacities, and enlarges the space of negotiation and accommodation of difference in their shared thirdness—experienced as “Our Third.” This principle of expecting repair of violations is highly significant because our concept of the recognition process involves repeated breakdown, ongoing negotiation and reorganization, enabling higher levels of complexity and resilience.

Negotiating and repairing disruptions illustrates the general proposition that, potentially every time we are changed by the other—every time we shift to match, accommodate, reflect the other’s need—that change is registered and produces a corresponding shift in the other’s sense of agency, impact and self-cohesion. This inherently satisfying mutuality of impact is the deep structure of recognition without which, I believe, there is a failure of meaning. Without it, there is only the emptiness of being an object for the other rather than an agent in a lawful world. To be sure, the mother’s deliberate accommodation is vital, insuring this evolving process. Without her accommodation, the infant is left to regulate on his own without repair and so without faith in the other’s recognition of his impact. Conversely, we may imagine that the experience of mutual impact deepens trust in attachment, in the recognition process, in “Our Third.”

What distinguishes recognition from regulation or mutual influence is this: gradually the sense of affecting the other to create correspondence of intention and action becomes a distinct and appreciated part of the experience rather than being an unrealized concomitant of our action. Recognition becomes an end in itself: human beings want to *share* attention and intentions (Beebe & Lachmann, 2002) not only for the sake of state regulation and soothing but also, as with more complex contingent responsiveness, for the sake of *sharing* itself (Beebe, in conversation). Recognition involves knowing and being known, as in “moments of meeting,” when, as Sander puts it, “one individual comes to savour the wholeness of another” (2008, p. 169).

The Third corresponds to the locus on the axis of intersubjectivity where we recognize others as separate, equivalent centers of being/feeling rather than as objects, as Thou (Buber, 1923). Since I have repeatedly heard that the meaning of the Third is elusive, the term not immediately graspable, in what follows I will outline my usage of the concept, with the caveat that this is still a work in progress. I propose thinking of the Third as a position—a relational psychological position applying to tensions and oppositions within and between selves. Thinking of the

Third as a position draws from and bears resemblance to Klein's formulation of the depressive position, in which we can accept within ourselves a host of binaries, including that of doer and done to. But in my usage it is meant to describe the state of the relationship, the stance towards real others, not to representations of internal objects.

As I suggest here, this position may be viewed in terms of both form *and* function in development. As *form*, the third position designates both a kind of relationship and its organizing principle, which transcend splitting or dualism. The *function* of such a relationship or principle is to serve as the basis for lawful relating to other humans, to enable recognition of the other, to move us out of tendencies towards control and submission. Form and function coalesce in various phenomenal experiences of thirdness or co-creation—sharing of states, harmonizing, recognition of other minds through matching specificity (Sander, 1991), understanding and negotiating differences. All express the position of differentiating without polarizing, connecting without erasing difference.

We may imagine the psychological position of the Third originating in the mutual accommodation, the system of adaptation and fitting (Sander, 2008) between mother and infant that I now call for simplicity's sake the rhythmic Third (see Chapter 1). Initially (Benjamin, 2004) I tried to conceptualize this position with the phrase "the One in the Third," meaning the kind of joint harmonious creation (Third) based on recognition or being "in tune." We may think of a rhythm developing from the caregiver's recognition of and accommodation to the infant's earliest needs and the evolving mutual adaptation in feeding and holding, supporting the emergence of shared intentions (Sander, 1995) and communication. This rhythmic Third also builds upon the sharing of positive affect states or attention as well as the intentional coordination of actions—for example, gazing, head nodding, leaning in or away, vocalizing, movement in general—that support the recognition process in the procedural dimension. It creates a basis for interacting in a way that allows the baby to exercise agency through regulation of his own state by affecting the other in a more differentiated way (Sander, 1991). That is, the issue of whether our action has the intended impact and is recognized as intended becomes central.

To the extent that mutual alignment and the development of the rhythmic Third proceed well enough, they also generate stable representations of procedural interactions, that is, patterns of (positively contingent) expectancy: "Our Third." Actions may match or violate those patterns, but significantly smaller violations may be followed by return to the expectable, which itself becomes an expectable pattern; this implies reorganization at a more complex level (Beebe & Lachmann, 1994). Or, as in disruption and repair, the dyad may find a specific form of correction. The relationship of safety in dependency, which has been called attachment (Ainsworth, 1969; Bowlby, 1969)—so vital for our clinical understanding—is shaped by whether such patterns of fitting and coordination can be relied upon, and whether they are constituted by control or responsiveness to needs, broken by exciting novelty or in disruptive ways. All of which, of course, influences the dyad's level of arousal, or mutual affect regulation.

The outcome of such ongoing adjustment contributes to the construction of what I think of as lawfulness in human relating, a rhythm of recognition. Here, try not to think of law as in decree, prohibition, government. By lawfulness I am denoting not prohibitions or decrees, or even explicit rules. I mean the quality of reliable patterning and coherent dyadic organization (Tronick, 2005; 2007) at affective and sensory-motor levels of interaction that might be thought of as a baby's idea of the "natural order of things." Now it is true that the natural order and system to which an infant may become used could be highly depriving of agency or quite painful, an arrangement involving control and pathological accommodation. It would be without the essential element of contingent responsiveness whereby one's intentions are affirmed. So in this usage, lawfulness would signify sharing of intention, the infant equivalent of the aesthetics of harmonious existence, something like the implicit relation to harmony in music or synchrony of motoric movement in dance. The harmonious, coordinated movement is the opposite of both tight control and fragmentation or disintegration; it thus expresses physically what later appears psychically. In this sense, as we coordinate, we are able to savour each other's expressions of intention.

Rhythmic thirdness depends on co-creation, that is continuous mutual adjustment that persists through variation of patterns, which allows for acknowledgment of difference and deviations by both partners. The representation of "the lawful world" thus includes difference as well as harmony in co-creation. I hold this to be a key representation in the infant's mind, the basis, long before speech, before a symbolic order, of a lawful world known through the sensory-affective musical order of coherent mutual relating (see Knoblauch, 2000). Not the paternal "law of separation" (Chasseguet-Smirgel, 1985), the Law of the Father, of do or don't (oedipal law), but the "law of connection."⁵ Of course this rhythmic Third will have great consequence for our later relation to the symbolic domain.

Affect Regulation and Mutuality

The dimension of early mutuality that I refer to as establishing the rhythmic Third, originally understood through infancy studies, has more recently come to be theorized in terms of affect regulation. Some years after infancy research began to revolutionize psychoanalysis, the introduction of neuroscience into the field started to confirm a view of affect regulation (Schorer, 1993; 2003; Siegel, 1999; Hill, 2015) that meshed with both recognition and attachment theory. What seems particularly germane is the connection between affect regulation and emotional integration. Affect regulation refers to maintaining a range that is neither over- or under-aroused such that both painful and positive affect can be differentiated

5 In other words, I am sharply distinguishing the idea of "the lawful world" and lawfulness from Lacan's law of the father, the father's No, the prohibition, the taboo, the boundary that comes with the symbolic order.

and shared. Siegel (1999) and Schore's (2003) articulation of the integrating function of emotion (Fosha, Siegel & Solomon, 2012) corroborates Stern's (1985) earlier views, and suggests that self-cohesion (Kohut, 1977) comes from the ability to share and express affect states. The proposition might then be expressed as follows: *recognition of affect by the other*, in communicative action, promotes the integrating function of emotion within the self.

Conversely, and by extension, the integration of discrete, articulated emotions that results from recognition serves to diminish hyperarousal, which is to say, makes the having of feelings less anxiety producing; it thereby expands the "window of affect tolerance" (Siegel, 1999; Schore, 2004). In a recursive move, we can say that the expansion of what can be known, borne, and communicated in turn widens the field of mutual recognition. Conversely, as the recognition process allows more emotions to come into play between two partners, it extends the range of experiences they can share and reflect upon—including those otherwise unbearable experiences that people come to therapy to heal or at least make less disruptive and damaging. Thus recognition and regulation are co-determining.

The proposition that recognition and regulation work in tandem points us towards a further intersubjective issue: that the *sharing* of affect states is complicated not only because affects themselves may exceed the level of our own tolerance. They may also, unfortunately, exceed what the *other person* can tolerate. Once affect has broken the window of tolerance, emotions are no longer recognized (by self or other) as specific feelings; rather, affects take on an aspect of chaotic dysregulation. As they are not contained in articulated form, they become intolerable to the psyche or disruptive to the attachment relationship. They interfere with the mutual coordination of intentions, impede sharing of states, and are liable to cause dissociation and disconnection.

In this incarnation affect can appear dangerous; in common parlance feelings are threatening, even though in actuality the emotions are not being *felt*. It also becomes difficult or impossible to recognize feelings, emotions as such, for as we often note in the clinical situation, what is being transmitted is disorganized, inchoate, sub-symbolic. The transmission is felt to be too uncomfortable or overstimulating for the receiver who cannot therefore locate them in the containing window, who feels unable to "think." Whereas specific emotions can be identified and shared as a coherent, organized experience, the sharing of hyperarousal is quite a different matter. It is contagious, but not experienced as voluntarily shared. Such experience feels impinging and thus not mutual but asymmetrical: here arises the sense that "something is being *done to me*."

A person holds such dissociated affect in self-states which are experienced as not-me or shameful and thus disruptive to the ongoing "Me" (Bromberg, 2000). I would add, they are also disruptive to the shared "We" that creates meaning together. The pressure of this unformulated experience (Stern, 2009), conveyed in unconscious communication and dissociated enactment calls out for, though it often impedes, recognition by self or other. When the other is able to meet this pressure with understanding of what has been inchoate, overwhelming and isolating, that

is contain, there occurs a palpable experience of the value of the other's separate mind—in this sense, recognition of the other.⁶

Thus dissociation and recognition become poles of affect relations—negative and positive poles of connection. Early lack of recognition predicts disorganized attachment and later dissociation (Beebe et al., 2010). The more dysregulated and incoherent the affect, the more experience leans towards dissociation and away from recognition by self and other. The less recognition of affect, the less coherence and containment, the more dysregulation and consequent dissociation. *Hence, recognition and regulation, while not exactly the same, are dynamically linked.* They are both indispensable to connection and, clinically, to repair of what has remained disruptive or traumatic in early relating. When there has been a tilt towards asymmetry without a sense of responsive subjectivity, the attention to affect regulation helps to restore the conditions for recognition. Likewise, the acknowledgment to the patient by the analyst of failures in recognition—a failure that is a violation of expectation for help or understanding—is a form of repair that restores mutual regulation.

Thinking in terms of the synergistic relationship between recognition and regulation enables us to better understand the procedural dimension of two persons gradually building a rhythmic Third and to appreciate its therapeutic function. Each therapeutic relationship constructs its own complementary dilemmas reflecting both partners' attachment histories, each must therefore find its own forms of thirdness through which to engage them. The relationship, regardless of content, becomes the medium for changing the internal working model of the individuals' respective attachment paradigms (Ainsworth, 1969; Bowlby, 1969; 1973), which may vary with self-states. When growing trust in the evolving implicit thirdness alleviates mutual dysregulation and creates a zone of affective sharing this can be translated into the patient's internal working model of attachment, their representation of the other. In this way previous unlinked, dissociated experiences can be wired together (Siegel, 1999; Bromberg, 2006; 2011; Schore, 2011) through mutual recognition.

Maternal Subjectivity and the Differentiating Third

Whereas I formulated the rhythmic Third by looking at the early attuned dyad, the differentiating Third was initially observable to me by focusing on the mother's subjectivity. For this reason I originally described this differentiating position as "the Third in the One" (Benjamin, 2004), meaning this: if we think of what used to be called "oneness" as an experience of a harmonizing pattern that feels like union, this Third differentiates between the two partners that harmonize to create that pattern. This view of the Third incorporates the recognition of different parts, different needs, different feelings that go into the way mother and baby create

6 McKay in conversation.