

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.

their mutually regulating pattern. Eventually, this difference becomes the basis for recognition of the other as a person with their own mind and perspective.

Mother, of course, ideally holds this awareness in mind from the beginning. But as time goes on each does something different to make it work. Mother is primarily responsible for making it work, for scaffolding the baby's action, while baby "plays along." The differentiating Third refers to an awareness of the distinct part played by other required for the coordination and resonance to work, the "something more" than just us two matching even while we are feeling "at one." This surplus attention to the other's regulation based on recognition of difference characterizes the mother's asymmetrical responsibility.

While developmental theory takes for granted this asymmetrical awareness in considering the needs of the baby, we are here considering its emergence in the mother. For the mother, her position in the shared Third which she and baby are building derives from the representation in her mind of the relationship, what it is and how it should be, her fantasies and her ideals. And as we shall discuss shortly, it matters a great deal whether this vision expresses the third position or the dynamic position defining alternatives as being either "for you or for me," control or submit and sacrifice; whether from a vision of differentiating thirdness or complementary twoness. It matters whether the mother can have an experience of mutuality in which she appreciates baby's part, recognizes his sprouting version of subjectivity; whether she can recognize his responses even though necessarily less defined and contingent than hers, and so encourages baby's agency and co-creation—as opposed to simply trying to manage the baby as object to fit her need for order or reactively accommodating to the point of behavioral unpredictability, internal chaos and depletion.

The ability to provide recognition depends not only on empathy or attunement, her ability to connect with what she can identify as "the same," but also upon her ability to do this while distinguishing their very different bodily states and capacities for self-regulation and soothing, to name only one category. Without this distinction, the mother's identification with a distressed baby (stiffening, howling, grimacing) can be overwhelming to her; her anxieties about consoling and being consoled may interfere with recognizing the difference. She may respond by fragmenting or becoming rigid, hyperaroused or shut down and manifestly dissociated. There is a synergistic relation between maintaining her own self-regulation and learning to read and respond to the communication of her particular baby's movements and sounds in order to help regulate his states. On this vital though usually ignored capacity for knowing the difference depends the quality of a mother's mirroring, her attuning, and hence the mutual recognition or Third.

We (including the mothers among us) expect good mothers to be not merely dutiful, submissive, sacrificing but also able to support the mutuality of play, as well as the differentiated affective connection that allows each person some agency. Furthermore, the mother is supposed to be able to divide herself and present to the baby the facet of herself that matches his need. She should be able to focus her attention and join with the baby's excitement even when she has been

sleepless all night, in other words, when she is aware of her different need. How does she do this? How does a mother divide herself in the way that Slochower (1996) called holding, create mental space for conflicting desires, and move between multiple self-states so that this responsibility does not vitiate her own vitality and empathy? We shall delve into the problematic realm of such expectations shortly.

For now, let us acknowledge that the asymmetrical responsibility for soothing, for scaffolding the baby's actions so the couple can co-create a rhythm, poses a challenge for the mother of managing her *own anxieties and conflict*. Meeting this demand further illuminates the function of the differentiating Third, that is, appreciating the existence of more than one mind, set of needs or point of view. The mother must be able to relate to more than one thing or person, for instance to more than one child at a time. Recognizing both her own need and the baby's need as legitimate, but knowing whose need comes first, allows the mother to relate to the baby's cry in the middle of the night not as a persecutory experience of being "done to," submitting to the tyrant baby, but as a necessary condition. This is just how babies are, this is "How it is," rather than how she would wish when she is deprived of sleep.⁷

How she maintains a sense of her own goodness and her self-regulation is intertwined with tolerating the difference between her ideals and What Is. But let us note how such acceptance of necessity and difference, the holding of multiplicity, in short, the relation to the Third depends upon self-regulation and the ability to facilitate a satisfying pattern of mutual regulation (Beebe & Lachmann, 2002; Sander, 2002). In other words, she has to get her baby organized enough to feel some sense of effectance: I can soothe and calm this baby's distress. Of course her ability to do that vital thing (which sometimes feels like a dire necessity, for instance, if there's a needy toddler nearby) depends upon being able to regulate her own anxiety when something has gone wrong. As we shall see, this depends on a number of things, but here I emphasize her relationship with her ideals—being able to tolerate her own imperfection and that of her child. So conversely, her regulation depends on what we think of as dynamic and characterological psychic attributes, which may or may not enable her to accept conflict, multiplicity and disappointment. These affect how tightly or loosely she holds her ideals, her

7 This idea grew out of a commentary on Sander's ideas about the maternal dyad as a system of mutual adaptation. His perspective inspired me to formulate this idea of the Third as dually aspected, both accommodating and differentiating. Sander's study demonstrated how babies adapt to sleeping through the night precisely because mother accommodates them by feeding on demand. I used it to theorize the rhythmic Third, in which one accommodation elicits another (Benjamin, 2002; 2004). However, as my own taxing experience of night feeding a newborn whose circadian rhythm was thrown off by an extra week in the hospital nursery under bilirubin lights made clear to me, establishing this rhythmic Third is supported by a mother's own relationship to the differentiating Third.

personal “religion” of good mothering, and whether she dissociates or collapses when she does not live up to them. Her idea of goodness can guide her to balance her identification with the baby’s emotional states with the ability to keep her own mind; but it can also dictate stringent requirements, make her more unresponsive and anxious. Some maternal “religions” polarize good and bad, deny the conflict between mothers and their babies, while others are more compassionate and flexible and yes, joyful. All of the above constitutes a mother’s relationship to the differentiating Third.

Thus we can see how maternal self-regulation is informed by differentiating capacities even as it correlates with accommodation to the other’s rhythm to create mutual regulation. Rhythmic and differentiating thirdness contribute equally to support negotiating the conflict between how things are and how we wished them to be: another way to express the relation of disruption and repair. Further, capacity for holding difference helps to resolve moments of dysregulation and prevent full on ruptures. For instance, in early face-to-face interactions, attunement and adaptation depend on the mother’s acceptance of difference. She is able to back off and cease to stimulate when baby gazes or leans away to down-regulate, tolerating the difference between her initial intention and baby’s response. She can interpret her baby’s glancing away not as a rejection but as the baby’s own need to lower stimulation; when she accommodates his personal pacing, this then becomes his contribution to their joint rhythm. Later, he does not have to respond exactly as she would like in order to reassure her, nor she to him. Both work within the usual optimal range of one Third matching (Beebe & Lachmann, 2014). Building the rhythmic Third thus depends upon the mother’s differentiating Third, even as differentiation depends upon the regulating function of rhythmic coordination. The “reward” of accommodating to the needs of her little partner is that the mother can share in states of high affective intensity, joyfulness, play as well as feel able to comfort and soothe.

The differentiating Third is a position that contributes to capacities for reflective awareness, observation and thinking about difference, all of which can be more or less symbolically mediated (see Aron, 2006). This position has often been understood as symbolic functioning, and sometimes it has seemed to me more appropriate to call this the symbolic Third. I believe, however, that differentiation is the overarching feature, that it is a thread running through the recognition we create both in pre-verbal, proto-symbolic and in verbal, symbolic communication. While there are many ways to slice this pie, the cut I am making is not primarily between sub-symbolic procedural and symbolic relations, between implicit relational knowing and explicit verbal communication. Rather, I am suggesting a categorical distinction between two crucial elements that constitute the position of the Third: the creation of harmony, fittedness, joining and the acceptance of difference, division, opposition. Writ large, recognition of the other subject in the psychological domain contains these two elements, regards him or her as a feeling agentic being like the self and yet different, not-self.

Separate Subjects, Shared Reality

What allows the position of shared reality, being with the other yet having one's own separate experience of that togetherness? In Winnicott's theory (Winnicott, 1971a), which has strongly shaped my thinking, it is the mother's "survival of destruction": her ability to persist without collapsing or retaliating in the face of the child's assertion of his fantasy of control or absolute independence. This is what creates the sense of a shared, external reality distinguished from the inner world of objects under one's fantasied control. This, Winnicott maintains, is directly related to the child's developing the capacity to "use the object" as an outside other. This capacity depends upon recognition of the loved object "*as an entity in its own right*" (Winnicott, 1971, p. 105). This means the object (other) "is objectively perceived, has autonomy, and belongs to 'shared reality' . . . the subject is *creating* the object in the sense of finding externality itself" (my italics, Winnicott, 1971, p. 105).

This experience of being able to effect change in the mother as an outside other was meant to be sharply distinguished from the fantasy of a good object, especially when deployed to offset a lack of confirming responsiveness for autonomy. It goes beyond mirroring as it implies conflict or challenge that is negotiated by recognizing two separate minds (see Pizer, 1992). Thus it is an essential experience of differentiation as part of connection.

This Winnicottian view of recognition is what primarily distinguished my take on intersubjectivity from the intersubjective systems theorists, for whom the concept pointed not to the potential for mutual recognition but the fact of mutual influence (Stolorow & Atwood, 1992). Recognition of the other's separate center of agency and authorship was conflated with mirroring, and the idea of the child's recognizing the mother as a separate center of mind taken to mean the child provides symmetrical mirroring to mother (see Orange, 2010). Actually the point, following my reading of the Hegelian idea of recognition, was that realizing mother's separateness gives a whole new meaning to his agency and her responsiveness to him, as in, "Your recognition now has value for me, because your independence confirms my independence." The mother (or analyst) remains particularly responsible when she survives destruction by the child's (or patient's) pushing the limits and negating her separate existence. In this context, the mutuality of recognition—understood as each partner's survival of the impact of the other and being changed by the other without collapsing or having one's subjectivity erased—is quite different from simple mirroring, mutual or otherwise.

In analysis, when the analyst gives *acknowledgment*, admits fallibility in the way Orange (1995; 2011) advocates, this action constitutes a form of survival, *an avowal of one's separate intact subjectivity that can be apprehended as such*. Survival means the analyst has not been coerced, her acknowledgment has not been extracted, but has been given freely. Consequently the patient can feel her fantasy of destruction has clashed with reality, separating projection and fears of retaliation from the other's real actions. This is what it means for the patient to recognize the analyst's separate existence *outside* her mind.

In this iteration, recognition of the analyst (or anyone) is not a demand that can be directed at another, but something that emerges freely. Of course, any stance of demand by the analyst would present the opposite of thirdness. This might occur in moments of complementary breakdown to be sure, when the analyst might seem to pressure the patient to accept her view of reality. But as we have seen, the recognition that follows upon survival of destruction was intended by Winnicott to denote precisely the opposite of having to comply with or repair the other. When the child or patient discovers that the mother/analyst can survive opposition, she becomes a person from whom something real can be received without a price, without sacrificing what feels real to self. Two different realities can thus exist; both minds can live. When the other/analyst is able to avoid submission without retaliation, can think for and regulate herself, and so be responsive from her own center of initiative, she is neither controlling nor enveloping with weakness, neither a burden nor a puppet.

Acknowledgment, Marking and Containing

The mother-child relation is also asymmetrical regarding how mothers come to recognize their children's subjectivity. This occurs primarily through the mother's relation to the differentiating Third. It is another point at which the mother's awareness of separateness can actually enhance her responsibility for inflicting disappointment or the pain of separation. This awareness of responsibility can be held even as she respectfully, empathically recognizes her child's distress. I suggest that the mother's relation to the Third informs the behavior called *marking*—the way an attuned mother will add a differentiating gesture that enables her in painful moments of pain or frustration to both emphasize and soothe baby's distress, indicating she is not dysregulated herself. Gergely's (Gergely cited in Fonagy & Target, 1996a & b; Fonagy et al., 2002) concept of marking, based on the study of mothers' actions with distressed babies, articulates the importance of how the mother communicates gesturally to the baby that she recognizes his pain, she may even feel pain, but she is not dysregulated. She does this by exaggerating her mirroring of baby's distress. "Ooh," says Mother grimacing, "that really is a nasty scratch, that hurts!" This mirroring may take place in an easier context for mother, as in "*The big dog is scary, but, Look—Mommy is not frightened.*" Or a mother might use it in a moment of differentiation when the baby protests upon her return from work, and she is able to contain that feeling: to offer reassurance and soothing by calibrating her expression even though she herself is somewhat jangled.

This form of differentiating acknowledgment conveys a positive double message and thus embodies the third position. It not only soothes the baby, but it also constitutes an early form of proto-symbolic communication at the procedural level. Significantly, the differentiating aspect is as important here in early procedural interaction as it is to later symbolization. The baby begins to learn that different minds see things differently, and indeed, she learns how other minds work: what Fonagy and Target have advanced as the idea of mentalization

(Fonagy et al., 2002). Understanding other minds as separate, different, yet able to be trusted because they can recognize my mind, constitutes an essential part of the differentiating Third.

It would seem that acknowledgment that involves the mother's marking or differentiating denotes the same, or similar, phenomenon as containing in Bion's (Bion, 1962a; 1962b) language: a process in which the infant's pain and frustration, what Bion called raw beta elements, are transformed by the mother's reverie into symbolized emotions, alpha elements (see also Ferro, 2009; Brown, 2011). The acknowledgment of a painful feeling, provided inside the range of affect tolerance, can become the basis for eventual symbolization or alpha function, the naming of what is missing or feels wrong. Common to both the concepts of marking and containment is the importance of the differentiating element alongside the rhythmic.

We may begin to see the congruence here between various conceptualizations of maternal function and its effects on the relational interaction: marking, containing, recognition through matching specificities (Sander, 1991), and the integrating of emotions (Fosha, Siegel & Solomon, 2009). Though the differentiating gesture of recognition—in particular, the acknowledgment of what has just happened at the feeling level—begins with marking procedurally, it also prepares the way for commentary and thus for symbolic articulation of emotional events. The child becomes able to use this experience of mother marking and narrating to identify his own emotions and to communicate in a more differentiated way.

When, on the other hand, marking is lacking and the mother is too dysregulated by the infant's distress to respond, or when she experiences herself as failing, we infer that an infant feels a wrongness. The mother's dysregulation translates into the child's fantasy of his mother being "destroyed" by his distress, by his need for loving responsiveness. "Mother disappears behind closed doors whenever I cry or fuss." In this way the feeling of being destructive arises, of having reduced mother to "a state of dissolution," as described by Klein (1952), who of course attributed much of this to the infant's aggression but also noted that the external object's condition played a role. The sense of the other collapsing leads to the feeling of a broken or fragmented self, but not only: it also manifests in a vision of the world as collapsed, ruined or broken. The world appears incoherent, its sense or meaning is precarious. This is to say, it is not simply the "object," mother who has been destroyed or made bad, for whose sake the self feels destructive and guilty. The world itself has become unreckonable, its goodness spoiled, its territory treacherous with pitfalls, as with the feeling that "people are crazy, life is dangerous."

True repair of violations cannot be made simply internally, as in the desperate effort to repair the object when as Klein put it, the ego feels horror at the damage it has done. So long as there is not a relational repair—an experience of healing the broken Third with mother, or later, with the analyst—the world itself does not appear intact or lawful, it is a broken world. The needed repair of self, mother, relationship and world requires *acknowledgment* from the other. Herein lies another form of dependency on the other's recognition in action.

The Moral Third

Let us consider further: what do we mean by relational repair and how does recognition play a role in creating a coherent, lawful world? Empathically modulated acknowledgment, marking of pain and disruptions—the violations of expectancy, the many small insults infant flesh is prey to—gives rise to what I call the moral Third. The moral Third, relying on both rhythmic and differentiating aspects, embodies recognition of the discrepancy between what is and what ought to be; it grows out of the correction of violations of the child's sense of the natural order of things, restoring the sense of a lawful world. The moral Third develops through acknowledgment, which later becomes so crucial in regard to empathic failures and trauma.

The mother's marking, which contributes to this formation, can also be observed as a feature of her ongoing narration to her preverbal baby. For instance, when there is a jostling, jangling, or other unexpected disruption and mother's accompanying voiceover goes, "Ugh, that was bumpy!" or "Ooh, that's too cold!" The mother's sense of there being rightfully shared expectations is conveyed as she recognizes violations of expectancy not only in moments of distress but as part of scaffolding the uneven flow of lived interaction. Thus the moral Third is shaped not merely by what is predictably anticipated but by what has been ratified by repair and correction as "made right."

From the baby's point of view (and the patient's), acknowledgment confirms that something was indeed wrong, out of alignment or unharmonious, and that it warrants remediation—even if not such a big deal. Putting things right is itself a motive, like creating beauty or harmony. Implicitly, the mother's affirmations of expectancy and violation demonstrates faith in the possibility of putting things right, of harmonizing what was out of sync or at least sharing in the sense of loss and disappointment. This sort of recognition of disruption, of lapses in attention and responsiveness, or of larger dissociations and missed meeting, is needed as well and even more explicitly in analysis.

The moral Third builds upon both early experiences of a harmonious responsive relatedness as well as a reliable acknowledgment and repair of disruption. As I said, harmony may be viewed as a rhythmic instantiation of lawfulness. The psychological construct of a lawful world is a notion closely related to the idea of the Third growing out of rupture and repair, the procedural action that becomes the basis for explicit, symbolic repair and recognition of different points of view. This construct grows from the responsiveness and self-correction of the one we depend upon, not the fulfillment of imaginary demands for a completely predictable controllable universe.

Here is where mutuality enters the picture: a vital outcome of interactive repair is the infant's own emergent sense of agency and impact on the mother. Her response to her child's impact in turn confirms the experience of mutuality: Baby appears to be *causing* mother to change and adjust with each change in baby. Mother is not the only mover. Further, mother needs this reciprocity to confirm

her adjustments. Developmentally, this impact amplifies the sense of trust and safety that begins with mother's recognition of baby's cry. Recall that the mother's responsiveness to a baby's distress (Beebe et al., 2010), a predictor of secure attachment, both expresses and transmits in practice the principle of a lawful, caring world. In a lawful world where the self has agency and impact, the I is *recognized* by the Thou in a way that confirms that the Thou has a sentience and mind like one's own.

Furthermore, the acknowledgment of the infant's discomfort or suffering implicitly communicates the mother's respect for her child as a separate body worthy of care. Thus the correlate of the lawful world, wherein you can trust the other's protection, is recognition of the worthiness or, in general human terms, the dignity of the child's person (Bernstein, 2015). This dignity is linked to the sense of self-cohesion (Kohut, 1971), which depends on such recognition. Having had such experience of the moral Third allows a person to gauge her own and the other's behaviors well enough to have an existential platform for action in the world. The sense of self-cohesion (being), the worthiness of self and other, and the experience of agency are united through the reliability of caring others.

Where does mutuality come in? If the mother's responsiveness is too asymmetrical, feels forced, or unwilling, or her responses are too reactive, too tightly matched and rigid, the complementarity of giver and given to leaves no room for the baby's responses and agency. The mother's accommodation only serves the creation of the Third when it moves out of the complementary position of submission or control, when it is not conveyed as anxious perfectionism, duty or sacrifice, but her genuine experience of her child as a sentient being with whose needs she identifies and whose feelings she attunes to. This recognition is what makes her acceptance of the Third a profound experience of surrender rather than submission. As in erotic life, surrender to the Third involves giving up some control over the self in exchange for enjoying the transformational effects of our mutual impact on each other, the intersubjective thirdness, of "*you change me, I change you.*" Surrender creates the space for mutuality even with asymmetry.

In order for the asymmetrical responsibility of soothing and regulating to be more than following rules, more than duty, depletion, and management of an object, more than "*I do this for you,*" maternal practice must draw vitality from the pleasure of holding her baby's body, looking into his eyes, matching his smiles and laughter. Otherwise, bodily care and responsibility are dissociated from recognition of the other's felt experience of being an agent, a creator, a responder. Thus, the position of the moral Third, however abstract it sounds, is not a function of mere "reason" but founded in the embodied connection of two minds.

Shifting contexts for a moment to psychoanalytic and social healing of trauma, the vision of the moral Third is invoked in the context of witnessing violations as well as restoring some lawfulness to a broken world, which begins with acknowledgment. In general, the recognition of each individual's humanity—as opposed to dehumanization—is the ethical underpinning of the position from which we

provide acknowledgment of suffering. In witnessing and confirming what has taken place, again, we affirm that the victim is worthy of being heard, deserving of dignity, of recognition for suffering and caring protection by the lawful world (Gerson, 2009).

While I go into the matter of such “world recognition” elsewhere (Chapter 7), in what follows I want to describe some clinical implications of the developmental view of the Third for psychoanalytic practice. I will therefore return to the subject of mutuality in relation to clinical acknowledgment, our way of recognizing the pain, distress, trauma and violations of lawfulness to which our patients have been subjected. I make the assumption that the developmental model of recognition as constitutive of the psychological repair of violations between self and other has some bearing, despite important differences, on suffering in later life.

PART II. RESPONSIBILITY, VULNERABILITY AND THE ANALYST’S SURRENDER TO CHANGE

How to Change a Lightbulb: Clinical Implications

Old joke: How many analysts does it take to change a light bulb? Answer: One, but the light bulb has to want to change. New Answer: One, but the analyst has to change first.

As we have learned in relational practice, the “analyst needs to change,” as Slavin radically formulated two decades ago (Slavin & Kriegman, 1998; see also Slavin, 2010); this is the difference the other can make (Benjamin, 1988). “Going first,” surrendering first—giving up our own self-protective stance to hear the other’s expressions of pain or fear from their point of view—manifests the analyst’s assumption of asymmetrical responsibility (Benjamin, 2004). However, some patients like to beat us to it, changing before we realize; we then try to catch up and recognize their contribution to altering our shared dynamic. And of course, sometimes it seems we just move in tandem, going together.

Significantly, the relational turn has shown how the importance of being changed by the other (Slavin & Kriegman, 1998) complicates Winnicott’s picture of surviving destruction; revising Winnicott, we affirm how important it is for the analyst to change “in quality” as McKay (2015) has pointed out. Survival requires that the analyst *is* changed, making palpable the patient’s impact on her and her accommodation to it. Further we emphasize that the analyst may often fail before succeeding at responding in a way that allows the patient to come to see us as existing independently of his projections. So on one hand, we stress the analyst being changed in the sense of fitting in and adjusting, acknowledging and repairing ruptures. But on the other, we take heed of how the analyst’s failures and misrecognitions will challenge the patient, who must be able to endure disruptions, sometimes ruptures, in order to be able to make better use of intersubjective

relatedness. Thus we add to Kohut's original understanding of repair empathic failures the notion that in such moments the analyst's subjectivity comes into play and is recognized as such (Magid & Shane, 2017). As we recognize how both partners are challenged to change in appropriate ways, our theory holds the tension between asymmetrical responsibility for the other and the mutuality of co-creating "our Third" together.

Nonetheless, the analyst is the watchful tender of the process. Like the mother who recognizes distress or protest with both empathy and marking, when tension rises the analyst provides acknowledgment by working with the mix of rhythmic and differentiating aspects. In determining whether rhythmic joining or differentiated marking needs to be more prominent, we are of course making use of different parts of our own subjectivity. How we respond varies with what and whom we are interacting, differing self-states and different individuals. But this is also a process of procedural trial and error, based on implicit knowing as well as on our reflection. This process of adaptation involves what Ipp and Slavin call achieved empathy (Ipp, 2016), which goes beyond attunement, and evolves over time, "contingent upon certain psychic work . . . deep processing together that enables the varying self states of analyst and patient to be held in tension simultaneously." In this vision, relationally achieved empathy depends upon the patient's participation that enables a different kind of knowing. Together we begin to feel and name what felt wrong in their early relationships.

At first, with my patient Wendy, I notice that my expression of empathy with her suffering seems not to be calming; I have to find a way to engage her in telling me what feels wrong or unhelpful. After some time, Wendy is able to tell me that she becomes frightened when I, thinking to witness and validate her suffering, actually seem to confirm that something is wrong. And further, "wrong" means she is damaged, irremediably. This means that she will never find her way out of pain. In the eternal present of fear, my expression of empathy feels insufficiently marked; a mirror of her own fear. And since she cannot receive protection from me, she seeks it by being dismissive of her feelings as well as my responses. I have to keep tacking between trying to tune in to her and regulating myself when she scornfully pushes me away. I speculate, based on stories as well as our interaction, that Wendy's mother was highly anxious and dysregulated, unable to console her and frightened of taking care of a baby. In our reconstruction her mother appears to have oscillated between dismissive reactions to her child's feelings and making her own needy demands for attention.

At first it seems as if Wendy's criticisms are, procedurally, simply the equivalent of the baby leaning as far away as possible from mother, crying and pushing away. But gradually, as I invite her feedback, she begins to tutor me in what she feels I *should* be doing to give her what she really wants: performing an exaggerated and encouraging response appropriate for showing a preschooler that everything is alright. More marking, less soothing. Increasingly creative, she creates a narrative solution for me, she demonstrates the persona she calls "Tough Mama," probably derivative of some television character, who is sympathetic, but practical and

humorous, affirming that “life is rough, girl, but you know everyone’s got their shit to deal with.” The ironic tone alludes to “Mama’s” own experience surviving life’s inevitable woes, a kind of symmetry that reduces her shame; at the same time, it confirms that the coherent world is still intact. My use of irony would show the frightened child part of her that I am neither collapsed nor retaliating.

Once I have procedurally shown my understanding, and done my best to sound like “Tough Mama,” Wendy can articulate her fears in a way that enables us to experience together her fear that something is terribly wrong. We come to see that my response needs to gesturally embody my sense of differentiation because she fears that I (as mother) will merge with her fear, fragment with anxiety, and become disorganized. This in turn will cause her to lose self-cohesion—and besides, if she is to be safe, I should already know that. Gradually, then, we become able to see how much any sign of not already knowing frightens her and triggers a response of mistrust and critique.

Often hard to bear with, Wendy’s early demands for correspondence with her idea of a marking mother with no dangerous emotions of her own is like matching a child’s stick figure drawing, black and white. There are only small openings for expansion of her inner world to give us room for play. But as I accept her suggestions as a form of agency and a genuine contribution, as I play along with a little humorous marking that reassures her I won’t be angry about her critical form of protest when I haven’t done it right, I begin to survive her pressured angry state intact. We find a name for this little “mean girl” who is so critical of herself and everyone else, whose expectation of my either fragmenting or becoming angry is reactive to a mother who has left Wendy feeling destructive and alone. At moments, she surrenders, expressing her hope that I will survive in a different way, her gratitude when I do.

A very different dilemma affects Gina, whose mother was retaliatory, controlling, sometimes violently abusive or triumphant; and otherwise, simply unresponsive and neglectful. Gina wants me to show the frightened child self-state that I am authentically moved by her pain, and she is scanning my face to see my emotions. She searches for signs of my identification with her. My matching her level of emotional distress with my face and voice as well as my words dramatizes the fact that I am not unmoved, not distant from her pain, not shutting her out of my mind. If exaggeration is needed in the response Gina seeks, it is not to differentiate, it is to confirm with palpable emotion that I know her suffering is real, that the bad thing really did happen. My acknowledgment of the many violations and pain she has suffered will be soothing to her.

Gina repeatedly affirms that she wants to be tightly held, yet what makes her anxious is the element of asymmetry between us, which might mean that I am merely observing, distant and clinical. Rhythmicity, not differentiation, is what she craves. Ideally, for her, the feeling should be mutual: I should want to console as much as she wants to be consoled. Insofar as our roles are asymmetrical, our goal should be to harmonize and feel of one mind regarding her pain and her need. Paradoxically, being allowed to make this demand (which I cannot always meet)

assuages her anxiety that I might see her urgency as tyrannical and demanding, which might lead me to self-protectively close myself to her desperation, refusing all care and concern. My expression of empathy and explicit acknowledgment reassures her that her need has not been apprehended as something destructive that will evoke hostility, even if I only sometimes meet it with spontaneous protective feelings. As Gina trusts my willingness to “change” for her, it becomes increasingly possible for her to articulate and take into account her fear of being punished for being too much, too demanding.

However, there is a need for me to survive as a separate person that eventually sets a limit. The growing edge of responding to her need to shape our process must be balanced with my ability to distinguish it from fearful control. This is not easy, and when surrender drifts towards complementary acquiescence, I find myself feeling pressured by her urgency. I am also aware that if I am reacting ambivalently to the pressure to fully and authentically mirror her feeling exactly, keeping all difference out of the picture, this represents my way of holding her own doubts and fears. So when this complementary reaction intensifies, when accommodation turns towards submission, I sense that a disruption is unavoidable. Guilt arises in me, the fear of frightening her, and I struggle to metabolize the dissociated pressure coming from the part of her that is vigilant, not actually feeling the pain she demands I feel with her, rather fiercely wary of betrayal. And when this strain shows on my face, in my voice, or my words, Gina demands to know what is wrong, my true feelings, preferring the truth to being left in the dark, alone, with the feeling of a hidden threat, that the bottom may fall out. In such moments of collision it becomes possible to explore the feelings behind the demands, the unspoken or unarticulated anxiety that was causing me to chafe and react (see Slochower, 2006; Stern, 2009), because part of Gina knows that only if she recognizes my reactions, and her part in them, will I honestly be able to continue recognizing hers.

The backdrop for both Wendy and Gina is helplessness and a pervasive lack of safety, which makes for a particularly mistrustful form of the need to influence my behavior. The question for them is whether trying to elicit soothing or responsiveness will backfire, cause more disruption (see Schore, 2004). The more I can respond to that activity not as an attempt to control me but a complex mixture of fear, need for acknowledgment of what caused the fear, and need to have their agency recognized, the less we fall into complementarity. But there are many moments of enactment in which some simulation of the original complementary dilemmas with mother occurs, when their anxiety or my reactivity requires us to negotiate a repair of rupture. As this proceeds, as I continue to elicit their communications in the enactment rather than expect to “figure it out on my own,” so that their efforts more effectively contribute to the building of “our Third.” It is in this repair of rupture, through my recognition of the desire or intent behind the vigilance, that the asymmetry of my responsibility for the moral Third and the mutuality of their contribution can be joined.

Surrender and the Third, Again

My theory of the Third developed in response to reflecting on such breakdowns and impasses (Benjamin, 2004; Aron, 2006). So far in this chapter I have said a great deal about how the Third works and relatively little about its collapse, about the accompanying fears of abandonment and injury, of being shut out or closed in. I have not yet spoken of the analyst's fear of finding demons in her own cabinet, a fear with some important parallels to the frightening side of motherhood, when darkness falls in the nursery (Kraemer, 1996). Here surrender to the longing for recognition meets the reality of anxiety aroused by the responsibility of caring for a helpless infant or fragile patient. With deeply injured patients, the analytic process of disruption and repair may confront an analyst with her lack of goodness and parallel maternal confrontations with fears of inadequacy and destructiveness (Kraemer, 1996). When that darkness falls in the consulting room and the shadow of past objects falls upon all those present, we find ourselves facing the specter of our own historic experiences in which repair failed.

The form of acknowledgment that constitutes witnessing of past injuries, letting ourselves be guided at the procedural level by the patient's responses, may well depend on bearing such feelings of harming or failure. The idea of surrendering to the Third as an act of acceptance, giving up our own self-protection in favor of hearing the pain of the other, appears helpful in such moments. But surrender rather than submission (Ghent, 1990) as a connection to the Third—as an act of facilitation that potentiates the thirdness between us (Benjamin, 2004)—is a complex matter for the analyst. Those who would translate Ghent's idea into a practice where the analyst goes first and thereby facilitates the patient's surrender (Benjamin, 2004; Orange, 2011) would do well to recall that Ghent's idea was that the individual wants to “come clean,” let go of defenses in order to expose the vulnerable true self, to be known as well as to know the other. Precisely because this wish to be known as well as to know the other cannot be expressed, it manifests as masochism. Essentially, then, he associated mutual recognition with the outcome of surrender, but knew how easily it could manifest as submission, even in the analyst. Indeed, beginning with Ferenczi and later Racker, the analyst's quandary of avoiding the reversal from sadism into submission has shaded with ambivalence our experience with mutuality. In impasses and enactments, finding a way to negotiate surrender without submission to the other's demand to replace your reality with theirs can be quite elusive for the analyst (Pizer, 2003).

It was actually towards this end—finding a position of surrender in relation to impasses and complementary oppositions involving submission and dissociation that I initially reflected upon Lacan's (1975) idea of the Third (Benjamin, 2004). The Third was conceived as that which differentiates us from the imaginary relationship of kill or be killed, presented by Hegel as a struggle in which the weaker party substitutes slavery for death, while the victor gains freedom and dominion. More recently, I (Benjamin, 2014) suggested the formulation of this complementary opposition, in which each person struggles for recognition by

imposing or defending their own version of reality without recognizing the other, as corresponding to the fantasy of “*Only one can live*” (see Chapter 4). Part of the project of recognition theory is to articulate both the dynamic forces behind this breakdown as well as those that create the material, psychological conditions for the third position in which this complementarity can be overcome.

Relevant to our understanding of both mothers and analysts is that the unconsciously held imaginary of a world in which *Only one can live* can become the shadow side of asymmetry. It may be associated with the tendency whereby surrender turns into submission, which is either embraced or defended against in reactive self-protection. The fantasy *Only one can live* may be unconsciously attached to notions of maternal sacrifice and goodness, and by extension to the maternal position in analysis. In that constellation, it appears that the child or fragile patient can only live at the expense of the mother or analyst. The question of how to preserve or save the life of the fragile, vulnerable other without sacrificing the life of the self is vexed in theory, and at times agonizing in practice.

Facing a psychic world—which has its real counterpart in cruelty and suffering—in which the absolute self establishes itself at the expense of the other has led some theorists to embrace Levinas’ idea of asymmetrical responsibility for the Other as a kind of antidote (to what, we must consider further). His philosophy constitutes the ethical subject in the act of accepting the essential, absolute and asymmetrical responsibility for the Other’s suffering. This has been posed as an alternative to the idea of recognition as a solution to the self’s problematic relation to the Other (see Oliver, 2000; Butler, 2004; Orange, 2011). However, I will argue that theorizing responsibility in opposition to reciprocity of recognition and mutual knowing ultimately contradicts the practical experience that a loop of reciprocity is necessary to sustain thirdness, which in turn helps contain some of the complex feelings we have in the face of the other’s need.

Let me briefly suggest how I think this problem plays out. Orange (2011), inspired by Levinas, has adumbrated an ethic for analysts in which the suffering of the Other takes precedence over self, contravening the classical subject of analysis. When the self is imagined as the isolate Cartesian mind he is actor, not acted upon, knower not known, and resists the impact of the other. By contrast, when the self surrenders as, in Levinas’ formulation of the “Me” (accusative) who allows the other’s pain to overtake him, to accept the impact of the other’s suffering, he gives up the classical “I” (nominative) who knows, categorizes, objectifies the Other. This reversal is a vital move, fundamental to intersubjectivity and to all critiques of objectification and instrumental reason that challenge knowing as domination (Benjamin, 1988; 1997). In this way Levinas and relational psychoanalysis meet (Rozmarin, 2006).

However, the idea of elevating the Other and his suffering in order to ground ethical subjectivity in responsibility begins to contradict the purposes of relational psychoanalysis and our current view of mother-infant relations when it eliminates the dynamic force of reciprocity and recognition. As Orange concedes, there is a virtual erasure of subjectivity in the face of the Other and in “Levinasian

therapeutics asymmetry outranks mutuality [and] . . . responsibility often overwhelms the also indispensable reciprocity . . .” (Orange, 2011, p. 57). What this would imply for us is that the healer or maternal figure should not need the other’s reciprocity to fulfil her role. The result is a complementary relation of giver and given to—rather than a dialectical relationship of support between responsibility and reciprocity—thereby foreclosing the surrender and mutual vulnerability Orange herself expounds as a relational position. Orange’s advocacy of fallibility, listening to the other’s version of reality, with the position that only we are responsible for doing the right thing? Surely if we are going to learn from the patient (Casement, 1991), be humble in the face of their criticisms (Ferenczi, 1933) we are in some sense part of a system of mutual correction and repair. As we are not engaged in abstract thought but (hopefully) practicing healers, at times our ability to stay firm and survive destruction so that we can be recognized as different, vital subjects in our own right will be more helpful than bowing down to the other’s suffering. How else will the patient get a taste of the mutuality (perhaps unknown heretofore) now consider vital in both therapy and in early mother-infant interaction?

As the appeal to certain crucial passages in Levinas implies (Baraitser, 2008, p. 103), an image of the sacrificial mother who takes on the pain or suffering of her child subtends this therapeutic ideal. As we know, however, there is an important element of mutuality in our developmental theory of subjectivity and thirdness in the mother-infant dyad, which is at odds with the foreclosure of mutuality in this ideal. Baraitser (2008), who has contended for adopting the Levinasian ethic as a basis for constituting maternal subjectivity, illustrates this problematic opposition. In her view, a maternal subjectivity based on a Levinasian idea of responsibility for the stranger Other is necessitated by the loss attendant on the mother’s encounter with the baby as Other, and the “relentless attacks” on her psyche by the demands of her infant. Baraitser’s useful admission of the degree to which mothers (isolated, Western mothers who have not been surrounded by babies throughout their girlhoods) experience self-loss and fear of destructiveness with their infants poses the dilemma for us.

This dark side of maternal experience was discussed by Parker (1995) who, in the tradition of Klein and Bion, contended that mothers’s ambivalence—being torn between love and hate—could lead to a subjectivity based on self-reflection and holding the tension of opposites. For Baraitser, destructiveness is not opposed by love, as in Klein, but by responsibility. But what psychic force or feeling makes us responsible? Baraitser explicitly follows Butler (2000), who rejects the form of recognition that follows from shared survival of breakdown. Seemingly, her argument is that this understanding of how analysts or mothers survive their negation does not to take destructiveness seriously, would reduce its role in the psychic world to “a lamentable occurrence.” Butler contends that destruction is destructive when it is practiced as such. But this view conflates the psychoanalytic meaning of a patient’s frightened fantasies of damaging the internal object with her negation, or the child’s defiant testing of a parent, with real harming. Here, I

believe lies a crucial misunderstanding. We analysts are called upon to acknowledge “real” destructiveness and abuse that our patients have suffered, but we are called more generally to recognize the pain that is felt when they or we ourselves face fear of our own hatred, guilty self-reproach, knowledge that we may hurt those we love, including our children. Our commitment is to recognition of those parts of self that feel monstrous, and the shame this induces. In particular, the mother must survive her own knowledge of rejecting or hateful feelings.

For Baraitser, there is no way for the mother to establish her child’s survival as the child does hers, no means of reassurance that her destructive fantasies are not real, that bring the other into focus as an external being who can be loved. The mother becomes a subject for him, but not for herself. The mother apparently cannot actually tolerate “destroying the object in fantasy”—that is, hold the ambivalence of love and hate. Nor can she fight for recognition as she would with an equal, opening herself to a Winnicottian dialectic of destruction and recognition. Therefore Baraitser turns away from recognition theory and proposes the mother become an ethical subject in the Levinasian version of responsibility for the stranger Other, her child.

The language of the infant’s “relentless attacks” in this text suggests that encountering otherness in the form of a helpless infant reactivates in the mother the psychological possibility of a world in which the infant really could devour her or she really could murder him: Lacan’s kill or be killed world in which “Only one can live.” It evokes a kind of primal scene experience, as fantasy and reality merge in the feeling “I alone am responsible in this life and death situation, I must keep this infant alive,” or mushrooms into “The choice is either I let you devour me or I am responsible for your death.” I speculate that for Baraitser this fear is meant to be metabolized and contained by the ideal of responsibility, formulated as, “This Other calls me to rescue her/him from death.” That appeal resonates with Levinas’ expression of how the face of the Other commands “Do not kill me!” The mother’s ethical subjectivity of Thou shalt not kill is a psychically powerful solution to the imagined attacks and counter-attacks, a fearful cycle that can now be checked by the ideal of her responsibility for the Other.

However, I believe there is in fact another solution to this problem, involving a different analytic take on the mother’s reactivity. When the responsibility for another vulnerable being cracks the mirror in which a mother hoped to see her control reflected (Lacan notwithstanding, it is mother not baby who requires that mirror) she is forced to recognize a helpless/fragmented or raging/exasperated version of *herself who is not in control*. This is not her baby’s attack, but her own. In a confrontation with a wailing, inconsolable infant whom she cannot soothe, the problem is not encountering the Other without but inability to recognize and acknowledge the “other within.” As one mother put it, the problem is not surviving destruction by and for the child but surviving knowing she is feeling “I hate you.” One survives accepting such hatred by reclaiming the capacity for love and growing into a more reflective subject through embrace of ambivalence, says Parker (1995).

Confronting the raw and extreme ambivalence of mothers towards helpless, vulnerable infants—Can a mother hate her baby?!—Kraemer (2006) eloquently declared, has caused most writers and thinkers, including psychoanalysts, to become faint-hearted, even those brave ones like Winnicott (1946), who famously described mothers' hateful feelings in "Hate in the Countertransference." The mother's state of mind can and does often replicate the intense complementarity of "Only one can live," feeling that one must choose being either destroyed or destroyer, lacking the moral Third. Where the ethic of responsibility aims to counter the reality of fear, the psychoanalytic question is, What helps mothers to bear and surrender to this knowledge of self? The idea of mother's surrender to encountering this strange, other version of herself, could be taken not simply as ethical responsibility but as self-knowledge, in Parker's sense. The Third of maternal surrender would then be: this is my helplessness, this is my rage and anxiety, this is my imperfection, all of this *is me* (Mayid, 2008). But then these would also be contained within a tension that has on its other side love and learning with the newly forming other.

Baraitser's proposed ethic of responsibility is ambiguous regarding how the mother's encounter with the infant stranger changes her, silent about love, emphasizing only that mother is transformed by meeting alterity. This seems to exclude the mother's identification with baby, the satisfactions or raw expressions of need, as well as with the developing child. This more expansive possibility is introduced instead by referring to Levinas' narrative about the father—not mother—in regard to (no surprise) the son. There is a possibility for a parenthood that does more than encounter strangeness, for getting to know the other in a way that does not control or objectify—though not yet attributed to mothers.

But this move seems to open up the question, why does the mother not have access to the other's survival of destruction, to a degree of distinction between fantasies of destroying and actual harm that is vital for stepping out of the doer-done to complementarity. Is this reciprocity truly absent from the mother-infant relationship? As I originally contended, a mother's sense of power to harm, the fearful fantasy of primal destructiveness, can be profoundly affected by her baby's flourishing, by her moment-to-moment pleasure in engagement (Benjamin, 1988). Survival of destruction can, as with analyst and patient, even under these very asymmetrical conditions, be mutual. Within limits, there is a parallel between infant and mother each experiencing the other's survival; for although mother has to contain the fearful feeling that her baby may not survive, in reality she may then discover that he has done so (Kraemer, 1996). Even though she may have been filled with self-hate, despair and resentment, wanting only to be left alone in peace, when her baby greets her smiling and cooing, completely unaffected by her internal process, this reciprocating recognition of her does modify her sense of destructiveness. As one mother proudly reported, when she was impatiently and irritably diapering her toddler after a long day he looked up at her and said, "Mommy sometimes good, sometimes bad." The mother has the opportunity to overcome her destructive fantasies through building the Third with her infant, especially the moral Third of disruption and repair.

Perhaps this need for reciprocity and recognition from the child—well accepted by infancy researchers—is the sticking point in the devaluation of reciprocity. Mothers may recoil, Kraemer (1996) suggests, at recognizing their need to use the baby as a love object, an object of desire. This fear of exploitation naturally underlies psychoanalytic suspicions of reciprocity by both children and patients. However, it has also been difficult to theoretically recognize the mother's need for her baby's responsiveness: "Fully acknowledging the critical ways in which the mother is nourished by her baby's confirmation of her usefulness" (p. 780) is part of recognizing the mother's subjectivity, Kraemer asserts. The fact that mothers depend upon this reciprocity of the baby's responsiveness is exactly the acknowledgment of her subjectivity denied by the ethic of responsibility.

Mothers do need, are dependent upon, this confirmation, Kraemer suggests, in a way that parallels what analysts may feel some more courageous ones have also been willing to admit, like Searles who said that with one patient "My life depended upon her being able to accept something from me" (cited in Kraemer, 1996, p. 781). When guilt and shame are associated with accepting need and desire as the possible antidote to destructive feelings, some may find a safer antidote in the elevation of renunciation and loss as the ethical point of maternal subjectivity. Attaching need and desire to our ethical position, not to mention pleasure, seems virtually unthinkable—presumably because it is associated with using and assimilating the baby to the needs of the self. And yet, how is it possible for the mother not to identify with all the sucking and slurping and squeezing, and yes biting, without erasing her bodily presence? What if the mother does admit her erotic pleasure in her baby, asks Taniguchi (2012), what if we have not forgotten the erotic desire attached to the mother who finds "delicious . . . her baby's soft, plump flesh," and what if the erotic horror and delight of such fantasy is not dead or closed off to psychoanalytic consciousness as so many continually assert, but is alive and well (Wrye & Welles, 1994)? Going further, what if the point of psychoanalysis is that there is no purified subjectivity, no intersubjectivity without the intrapsychic fantasy world, no mothering without the enigmatic transmission of desire, of the message (Laplanche, 1997; see Chapter 5)? And what if there is no true love without acknowledging the truth lovers feel, "I want it, take advantage of me . . . use me up!" (Amichai, 2000; see Atlas, 2013).

The idea that the mother, or the analyst, needs nothing back, not even the reciprocity of responsiveness, protects us from that fantasy of devouring, lusty or fearful. The fantasy of the mother who needs nothing is more than a denial of practical reality, it is a way of reintroducing through the back door an idea of a subject who is independent of the object, is not shaped by the other; a translation from the omnipotently knowing masculine subject into the serving, all-giving subject who as one mother proudly asserted to me needs no one because "I am the mother!" (Benjamin, 1988). Perhaps where the ideal of the self-contained individual subject manifested for women as mothers was in the idea of not needing anything. Taylor (2007), the Hegel scholar, critiques the individualist position of altruistic unilateralism, maintaining that the parental fostering of the child's growth only

succeeds "where a bond of love arises . . . where each is a gift to the other, where each gives and receives . . . the line between giving and receiving is blurred."

The satisfaction of imagining oneself fulfilling this role, even sacrificing for it, might be likened to the alienated form of recognition, a "look-alike," in which the sense of power or control substitutes for the engagement with another subject. Whereas the baby's needs and vulnerability in conjunction with the mother's power to harm seem to affirm this view of maternal subjectivity, the baby's active responsiveness and the mother's capacity to feel the goodness of connection are linked in the alternate constellation. The two positions, existing in most of us, are then dissociated. We might see surrender to the Third as the ability to stand in the spaces of knowing we contain all these parts of self.

The denial of the need for a reciprocal response overlooks the way that from the moment of the baby latching on the mother feels she is being validated in her need to be a source of goodness. "Fully acknowledging the critical ways in which the mother is nourished by her baby's confirmation of her usefulness" (p. 780) is part of recognizing the mother's subjectivity, Kraemer asserts. The fact that mothers depend upon this reciprocity of the baby's responsiveness is exactly the acknowledgment of her subjectivity denied by the ethic of responsibility. In those moments where her baby cannot provide that affirmation, when her baby is unconsolable and unsoothed, the mother (often unconsciously) identifies with his suffering in a somewhat undifferentiated way as a version of her own unmothered, unresponded-to needy self: this now appears as the needy demand she hates in her baby and herself. As she fails to calm her baby she herself feels more chaotic and unsoothed.

The analyst who projects his own need onto the patient is likewise inclined to feel more hatred of the unconsolated, dysregulated part of the patient, who is preventing him from being the all-good and giving power, a guise for his own unmet needs. Accepting the part of self that does not want to be responsible for an other human being's fragility, does not want to be exposed in our own suffering because we are too depleted or our own needs are unmet becomes a great challenge for many analysts. In this sense the moral Third becomes vital to differentiating moralizing from acceptance, bearing the unknown, the "not-me" the "ungood," that emerges (Mark, 2015) in facing our own suffering in the context of our ongoing relationship to the other.

This might be one way to read Freud's (1923) experience when he said that the rules of analysis forbade us using our personality, even though it might be helpful, in the face of the patient's "negative therapeutic reaction" because we would then fall prey to the temptation to play savior or redeemer. Unfortunately, Freud did not address the fact that we might be seduced by the power to heal because it is so much more comfortable to see the other as the vulnerable, needy one. The projection of those unmet needs and vulnerability can re-emerge in seduction or idealization of the analyst's all-giving quality (see Celenza, 2007). However, feeling helpless to ameliorate the other's pain is also a genuine source of suffering. And further, at the unconscious level, the baby and the mother are each parts of

one self, the needs and the suffering move in underground tides of identification between us, not nearly as distinct as a non-psychoanalytic ethic of the Other imagines. Insofar as unconscious symmetry and identification always operates between analyst and patient, even when we play complementary opposite parts, we cannot wholly take our roles at face value.

The need for reciprocal recognition does not arise because we push the patient to recognize our independent subjectivity, but rather because we cannot deny him the experience at some point. It will arise either because of our misattunements, or the need to overcome joint dissociation, or because the patient herself is pushing to know where the analyst really stands, as when Slavin's patient Emily who comes to realize that in this peculiar process it is sometimes only by understanding you that we can understand me (Slavin, 2010). Or it may be that the patient is wanting precisely the experience of "recognizing that we recognize each" other that comes with shared transformation. Or, it may be that recognizing the other within, confronting one's own demons called up by the patient, is what will enable the analyst to meet the patient in the ways she most desperately needs (McKay, 2016).

One demon the analyst must confront is that of identifying (projectively) his own need to be saved with the patient and the role of savior with self, a form of complementarity that can easily be masked by a notion of asymmetrical responsibility. It is always necessary to be aware of how the psychic aspiration to realize an absolute form of responsibility for the Other might hinder us from the awareness of our own needs to affirm goodness and avoid the sense of badness—which if we think as Racker (1957; 1968) does, has probably led us to become healers in the first place. The reciprocity of needing the other's reflection to correct our own tendency to be unaware (dissociated), also informs our symmetrical vulnerability to each other.

This realization returns us to the analytic position of recognizing the fears of both desire and destruction that make the idea of asymmetrical responsibility appear so reassuring. At the same time, it may help us to liberate the deeper longings for recognition (knowing and being known) that constitute our most potent allies in letting go of self-protectiveness and accepting what we need to learn from or with the other. This movement of recognition can then inform both our sense of responsibility and our surrender to the shifts between hope and dread, leading us to openness to the other.

Interestingly, the practical conclusions we reach by assuming that each partner, in very different ways, survives for the other and reciprocally enables recognition is consonant with Orange's actual clinical theory and hermeneutics of trust. She accepts that the analyst should be changed by confronting her own reactions to the patient, however humbling and shaming, and it is her responsibility to "go first" in surrendering to that reality. Seconding Jaenicke (2011), who in declaring "To change we have to let ourselves be changed" (p. 14) makes a case for the analyst's vulnerability that suggests how true responsibility also requires mutual exposure (see also Jaenicke, 2014).

Orange (2011) recognizes in Ferenczi's original efforts to create a relationship of trust and honesty, his acknowledgment of failures to heed and be present with his patients, how the pressure of a complementary breakdown, often brought about by the analyst's dissociation regarding the patient's trauma, requires the analyst to risk her own vulnerability and openness. "When he felt his own compassion breaking down, or worse yet, when his patients felt it breaking down, the two grown-ups had to explore together what kinds of evasions or dissociations on both parts might be interfering with healing the completely devastated child/adult who had entrusted a raped and shattered soul to this analyst."

Since we do need this action by the other, since we are not all-knowing but fallible and vulnerable to the other, how can we conceptualize this process without positing the other's reciprocal role in relation to our acknowledgment and shared exploration? In my view, the practice of confronting such dissociation together—especially disavowed negative feelings, or efforts to sidestep them through avowed goodness and compassion—alters the ideal of one-sided responsibility and calls for the balancing idea of recognition. When the analyst faces that she cannot repair the breakdown alone, admits her failure as Ferenczi (1933) suggested, and invites the patient to be honest in her perceptions; when the patient is relieved by the analyst's acknowledgment and willingness to change and so gains the sense of his own impact—he may then recognize the analyst as an external other who is trying to understand him even if "doing a bad job at the moment" (Bromberg, 2011). This sequence does not simply reverse who plays Subject and who Other, who is giver or given to, knower or known; it does create an experience of seeing one another, differently. We now become two subjects—both an I—who recognize how we each are affecting the other Me in creating a pattern of interaction. We step into the thirdness of this mutual recognition, surrender together to our vulnerable self.

The analyst thus, by exposing herself, becoming vulnerable, practices relinquishing the aspiration to knowing and certainty, while at the same time enabling her patient to recognize her as a fallible Other. The analyst's surrender, which indeed bears resemblance to the Me who welcomes and hosts the full impact of the Other's suffering, also critically requires an I who hosts her own otherness and vulnerability as psychoanalysis uniquely comprehends and makes possible. The move of placing recognition of the other at the center of our struggle to transcend objectification means letting ourselves be vulnerable to the other's impact, and this vulnerability *to* the Other must be held in tension with our responsibility *for* the Other, recognizing him in his suffering, his difference. The analytic I attends closely and takes responsibility for the symmetry of intersubjective vulnerability.

At this juncture I believe we can formulate the difficulty in using, as Orange does, a Levinasian ethics of responsibility that rejects reciprocity as a ground for making the relational move towards an analyst who accepts vulnerability, fallibility and the need to change for the other. In order to open ourselves to the suffering of the Other as stranger, as Orange proposes (Orange, 2011), responsibility must be imbricated with a form of analytic mutuality in which both

partners survive for the other (see Aron, 1996). The essential relational move of accepting the analyst's vulnerability creates a sense of mutuality within the frame of asymmetrical responsibility. But, I would stress, it is achieving this mutual recognition—this shared thirdness with its rhythmic, reparative and difference-accepting aspects—that is transformational. Asymmetrical responsibility contributes the sense of containing and framework that is essential to achieving this end; we count on it as an expression of caring. But the caring itself lies in the recognition and responsiveness to the other's pain, aliveness, need to know and be known. The process is one in which the analyst's witnessing and recognition can be continually expanded as the patient assumes the subjectivity of the one who changes us and becomes a partner in dialogue. This movement invokes the difference between complementarity and the thirdness in which two separate minds can live (Rozmarin, 2007).

Mutual Vulnerability in the Psychoanalytic Relationship

The idea that we have impact on, change one another is the ultimate implication of mutuality within asymmetrical, unequal relations. But what guides us in embodying mutuality as we try to suspend our awareness between the requirement that our separate minds live and that we attune to the other? Contending with the various interpretations of maternal subjectivity is part of what informs the differing ideas of the ethical basis for care, an issue I will take up in Part III on the ethics of motherhood.

As the bi-directional nature of rupture and repair has become increasingly clear in practice, analysts have been freed to acknowledge the cooperative aspects of working through disruptions or violations of expectancy in enactments. That is, we have come to see how much the patient contributes to the process of recreating the space of thirdness after breakdown. Among other things, this means (see Chapter 2), that from an intersubjective viewpoint, when the patient expresses insight into his own or the analyst's mind, this action relieves and frees up the mind of the analyst—a point that was obscured as long as the process was being described solely from the standpoint of curing the patient of his illness (see Hoffman, 1983; Aron, 1991a; 1996). To my mind such practical experience confirms the theory of therapeutic mutuality and points towards viewing survival of destruction as an achievement of the couple. That is, we may think in terms of the Third itself surviving after breakdown into complementarity. The analyst's asymmetrical responsibility consists of explicit tending to this process of restoration of mutual recognition after breakdown.

Let us recall that responsibility is not really the opposite of mutuality—equals can be responsible for each other—but it is limited by all that we can't know, control or feel with certainty. The idea of mutual recognition can become troublesome if it is conflated with cognition, with the knowing of self or other as an "object of knowledge" rather than in relation to shared experience of apprehension, perhaps

of the other's difference, perhaps of "this is how it feels to be with each other" (Stern et al., 1998; Lyons-Ruth, 1999; Boston Change, 2010). Even in such a loosely held notion of making meaning together we expect that we will not fully contain without dysregulation or some measure of dissociation all that the patient needs to bring forth so that we can recognize vital parts of him and his inner world; that there is no way for him to manifest it without interacting with our inner world. The sometimes minute, sometimes drastic shifts in self states that express the mix of past and present, dread and hope are simply too complex, sub-symbolic, or enigmatic to be tracked and charted in medias res by one person's skilled analytic mind (Bucci, 2011). We must negotiate a two-way street, in which the analyst's subjectivity is exposed in some measure to the patient as well as, hopefully, to herself. Like the mother dysregulated by her infant's crying, the analyst may become a stranger to herself, may have to recognize parts of herself she does not want to see. Thus we meet the other within and without—for Dissociation is also Us.

But even if, or more precisely when, we accept as unavoidable reality the downside of mutuality, that dysregulation and vulnerability is present in both partners, responsibility sets the boundaries of mutuality. Since some kinds of mutual knowing are not optional but also frightening, part of analytic tact is knowing when not to mess with the self-protective lines of dissociation that people draw, allowing them to know and not know at the same time—and having a sense of when crossing or pushing the line will be fruitful rather than disastrous. Thus even when mutuality is not optional, the discipline of asymmetry, embodied in our rituals, is all the more important (Hoffman, 1998). Whether foreground or background in our awareness, we accept the role of reflecting on the interaction of both partners' experience, aiming to communicate something that is regulating and absorbable for the patient.

Mutuality and asymmetry are co-determinants of the acknowledgment that I (Benjamin, 2009) have been stressing as reflecting the essential responsibility for demystifying one's own contributions to ruptures. This may not include all we know at the time, rather what encourages the patient in expressing what she knows. The symbolic explication of what has happened in disruptions may lean on correction through rhythmic marking or procedural adjustment, but can go further by creating shared understanding of what had been dissociated. Responsibility includes determining when and how we proceed in this way to learn from our patients while furthering the mutuality of knowing each other as "the one who did or said, who felt or thought This."

It bears repeating that the obstacle to acknowledgment is often the analyst's own vulnerability to shame regarding her own dissociation or guilt at being hurtful. The effect of these reactions on the patient, who often saw them clearly, was historically denied, leading to the splitting off of vital parts of each person's experience. Awareness of these feelings, often the obstacle to becoming more regulated and available to the patient, as well as mutual regulation, is a crucial component of the recognition process. From this angle, we grasp mutuality as *mutual vulnerability to each other*. Mutual vulnerability is often our key to doors that were locked in fear and pain.

Mutual Vulnerability in Practice

The vignette that follows illustrates the movement from dysregulation to acknowledgment of self-protection and mutual recognition of vulnerability (Levine, 2015; Cooper, 2016) as well as our impact on the other. It also shows how such recognition results in the dissolution of complementarity and opening up to a more resilient thirdness. I am proposing here that the asymmetry of responsibility encompasses the acknowledgment of shared dysregulation—going first—which helps to contain the volatility of shared affect and unlinked self states. At a heightened moment of collision, when the patient may fear being actually destructive and the analyst may fear not surviving, the analyst's acknowledgment facilitates the couple's survival together as more differentiated partners in a renewed moral Third.

My patient Wendy, the one who would like me to strongly mark my affirmation of her pain and simultaneously encourage and reassure her, has often expressed her great fear of being “too big,” of being out of control and dangerous, as she felt with her mother. Her need of the other is bad, destructive and a manifestation of her damage. This sense of destructiveness is not surprisingly evoked by any sign of my being less than perfectly powerful and invulnerable. Unfortunately, perfect equanimity is not my response to her in moments of high dysregulation and concreteness, when Wendy asserts that I am not soothing her, I am “making it worse.” One Friday, though, we found a place of shared understanding and warm connection, which met her hopes for being soothed regarding her anxiety about separating and being able to take care of herself by getting her work done. She was able to think about how her anxious anticipation of the weekend was linked to a previously unspoken conviction that I would find her bothersome or needing too much.

On Monday following, Wendy returned in an agitated state, unable to finish her work assignment on time, stressed because it was “too much” to get to my office, fearful that she would never get her need for soothing met, that I would fail to make things better. My reaction to her state of fear did not seem reassuring, did not signal a maternal calm unruffled by her agitation. We were now relating in that familiar complementarity where I would be unable to give her that “just right” combination of mirroring and marking, and she would be both deprived and accusing. Knowing that this “right thing” I was supposed to give her was not what was needed, I still could not marshal a non-judgemental way of cutting through. I could feel how the part of me that is organized around trying to be different from my angry, dismissive mother was activated, my need to repair and make things good again. However, my inclination was not to realize but to tamp down my own hostile reaction to her accusation, my own worry about inability to contain her aggression. It seemed I needed to fail in a way that would let us meet, differently.

The following session Wendy marched in determined to deal with our messy encounter and make repair. Now she was going to take charge and be the one who does the thinking no matter how her fragmented mother frustrated her. In a different spirit, I felt a similar determination. She opened with the assertion that

I am unable to soothe her when she is upset, that she has to turn to others who are more encouraging, give her a sense of reality and remind her that she can get her work done. Dramatically, she added (and unfortunately I must alter the phrase to protect her privacy): “I’m in a *whirlpool*, and I need you to come pull me out.” “Whirl-Pool!” I repeated, struck by the resemblance between the word and her father’s name, Warren Poole, the angry, agitated, chaotic giant of her family.

When I drew her attention to the name she agreed, but used the metaphor to press her advantage: “When I’m flooded, you get flooded,” she asserted confidently. I readily acknowledged that this does happen sometimes, I myself knew I had indeed not been containing or thinking as I would have liked. But I added that I felt it wasn’t only her flooding, that I felt as if *she* had pulled away from *me* on Monday, and wondered if it was because she had felt dropped on the weekend, afraid to need me again after losing the connection we had had on Friday. I said it was hard to hold on to the part of her that connected, and asked, “What do you think happened to Friday Wendy?”

Wendy was dismissive. There was nothing to think about because a weekend is so obviously more frustration than she can bear, she is alone, has no partner, is pressured by the impossible demands of her job. We might have been enacting a scene in which I was expecting her to be a big grown-up girl even though I had left her alone and never helped her, and she was protesting, refusing to be satisfied with this miserable excuse for mothering. Once again she was *too big*, too destructive for this weak mother so easily reduced to bits. How could she be cohesive and contained when mother could not? As in her childhood, she addressed the problem vigorously, by pumping mother up with instruction on what to do: *if* at such moments I would contain her anxiety by presenting her with reality, *if* I would organize and create a mental structure for her, *then* I could help her as I should, make things less scary. The problem that these efforts to repair the rupture would more likely make the mother-me become more anxious and dangerous was being enacted once again.

“Besides,” she added, fixing me with a keen look and imitating my tone of voice, “I would ask you, Why didn’t *you* hold on to ‘Friday Wendy’? Maybe *you* weren’t holding on to her when you couldn’t soothe me on Monday. And then you felt bad because you weren’t being a good therapist, you were doing a lousy job.”

“Touché. You got me there,” I replied without hesitation, a little pleased with her openly sparring, putting the issue of who would be to blame for failure of holding on to our connection on the table. I asked her if she wanted to hear how I saw it. With her assent, I felt safe enough to be vulnerable and admit the part that felt shameful to me. So I acknowledged having indeed felt I was not doing a good enough job; actually, I continued, it is a feeling I know quite well. Still, I gently pushed back. I said, I sensed that something more was going on. Yes, she needed someone who had faith in her strength to pull together her work for the meeting, but hadn’t I actually said something about . . . Here Wendy interrupted me to launch into rebuttal, when suddenly in mid-sentence she stopped herself and said in a very different voice, one of beginning realization:

Vouchers

Um, Right then, uh, you know when you tried to say that? You know what I was feeling? I felt you hated me, you must hate me for being a mess . . . so immediately I hated *you*! And I started telling you how badly *you* were doing your job.

I was surprised by the sudden shift in Wendy's self-state, it felt like a quite remarkable move from complementary accusation to trust. Something had opened her mind to the way she hated herself and tried to project her state of shame. But was she trying to project her shame? Or was she trying to discover if I knew that shame from inside myself, because I felt it too? I did not analyze that at the moment. Rather, I responded with direct appreciation of the new feeling she expressed. Showing my surprise, I said that it really was about time for us to welcome in her hate, where had it been all this time? My confirmation of how real and true the hate felt in turn took Wendy by surprise. As we went forward I humorously pursued the tack of performative recognition: "Hate must out, it must be known!" Wendy looked pleased, surprised, as well as a little disconcerted by turns, as she became reflective. She hadn't realized how much she was holding on to that hate, how much she felt hated. She was a little frightened that she admitted hating me . . . and a little happy and relieved.

In this moment of recognition our ability to surprise each other brought us closer, both surviving destruction in knowing about the part of ourselves that frightened us, the part that could hurt another person. Our complementary interaction of accuser and accused had barely masked that symmetry. Now, in a position of the Third, her lived experience became organized as if on film: having been left alone, unsoothed and ashamed of her neediness as a young child; boiling with her helpless feeling of hate; trying to be good, helpful and show her mother what to do; when this failed, dealing with frustration by becoming by turns bossy and enraged with her mother, hating herself. We had arrived at a differentiated articulation of a previously formless and overwhelming movement: hated for being shameful and unsoothable, hating for being unsoothed, and in despair, pushing me away in dismissive anger because ashamed at calling and hoping for help.

Wendy and I had often spoken "about" hate, her fatalistic assurance that she would never get what she needs or be soothed, and she had realized how mean she could be with her constant criticisms of herself and others. But now this abstract knowledge was saturated with emotional meaning. My willingness to be vulnerable in front of her (and only a bit retaliatory) convinced her that I was not afraid of her hate, indeed, that her efforts to repair and correct me, make a better mother of me, might not even be seen as hateful by me. Further, I could hold my own vulnerability and keep my mind intact. I could acknowledge my own tendencies to dysregulation and shame, not so different from her own, while remaining willing to hear how angry she had been with me. My risking her knowing about my badness, my failure, opened her to a similar but different risk of intersubjective vulnerability. This meant that feelings good and bad were not "unthinkable." All her life Wendy had imagined that happy people in safe homes

didn't even have such vulnerability let alone speak about feelings. It had not been possible to communicate these feelings to her parents no matter how many efforts she made. It was essential, even at the expense of her own sanity, to normalize and conceal the intense despair, the chaos and rage of her unhappy home. Now she was finding out that being safe actually meant having a home in which to be vulnerable, in which pain could be known and thought. I was not pretending to be simply strong, the Tough Mama who would be the complementary opposite to her needy child. I was also vulnerable, and I did not have to match her image to help her find her own feelings. The liberation of this discovery was to reverberate in her more than either of us knew.

In the moment of rupture, when Wendy enacted her shame and fear, she had been convinced that it had destroyed me for good, that it was a truly dangerous whirlpool. My failure would recreate the dangerous, unlawful world of her childhood; she would be plunged into its chaos and left alone. Her anger would be as destructive to me as hers and her father's had been to her mother; she would really be too big for me, so that I could not contain and survive her rage as she had desperately wished her mother had been able to do.

Although this was only one of many fraught moments on our bumpy route of negotiation and repair, Wendy was truly surprised that I not only survived destruction but recognized her need to be held by someone who *knew* her disorganization, accepted her hatred and could acknowledge my own wrongness. I did not have to always get it right the first time, nor did she. The shameful "not-me" girl whom she had so often violently repudiated, could now be seen as a someone that another someone wants to know. Appreciating each other's honesty, we both survived being known differently than before, having in asymmetrical ways our own respective experiences of hostility. I was finding a way to enlarge myself to contain it so that what might have seemed a flood became a newly articulated emotional experience.

This was a particular version of the moral Third, in which we were both suffering exposure. Its rhythmic side was re-established as we joined together in rescuing ourselves from the flood, in welcoming the little girl who was too much, too angry, too mean. By the end of the session the Third felt renewed and vital, rhythmic and differentiated, a co-created process that had room for two subjects, each the other's other, as we laughed together. In this lawful world violations could be corrected—for Wendy, this meant a sane world.

Indeed, the following session Wendy, arriving in high spirits, announced: "Today, for the first time *ever*, I came here without worrying about how the session might be going to damage my mental health. That you might do something wrong which would make me lose my sanity." Wendy continued to elucidate, with humor and feeling, this painful possibility of being damaged, changed by me in the "wrong way." In the months following this moment of recognition, Wendy became noticeably less judgemental and dysregulated, less fearful in general. Her life changed dramatically. Her ability to think in the face of frustration was markedly greater, and her dismissiveness abated, so that she could actually share with me her feelings about losing connection over the weekend or with my absence. She

could say out loud those “crazy” thoughts, like the one that I might ruin her sanity, or that my ideas about people having feelings could not possibly be true. Wendy actually came to trust that I would carry out my responsibility for her, play my role without instruction, value our co-created thirdness and her part in shaping it. Her thinking process accordingly became more creative and less concrete as she found new metaphors of water: surrendering to the beautiful waves in the ocean, rather than drowning in the whirlpool, the flood.

Conclusion

In my discussion of the development of thirdness I tried to evoke and think about the shared movement of intentions and feelings that is mutual influence which can further develop into mutual recognition. Here, in this part, I am highlighting how the analyst changes in response to the patient, which in turn allows the patient to have more impact and therefore experience themselves as an active contributor to the process. As McKay has written, more than simply being understood or given empathy, “recognition is characterized by the experience of being seen by and being allowed access to the mind of another, as elements of the unformulated (Stern, 1997) in one person call forth something unformulated in the other, enabling affective coherence to emerge in a new way for both partners.” As part of this process we invite patients to activate us, move us, which entails the challenge to reflect and re-connect with the exposed parts of ourselves rather than engage in self-protective dissociation. Still, surrender to the Third means accepting the inevitability that he will sometime lapse into self-protective detachment or dissociation of our own limits, especially in the face of a patient’s traumatic reactivity and the analyst’s responsibility to protect him from the impingement of our subjective response.

The analyst’s asymmetrical responsibility in many instances consists of “going first”: acknowledging, surrendering, grasping her own part in the interaction. This can give rise to a reciprocal action in which each person changes for and with the other, gradually recognizing one another more fully, encompassing what is hardest to face and bear. In this sense I have stressed how mutual recognition includes *both* partners’ vulnerability, an intimate connection in which each person knows the other knows something about her, not all of it matching up with her ideal. There are parallels to and differences from how a new mother tries to bear what she uncovers in herself as she meets the challenge of caring for a newborn. For the analyst, this surrender to exposure constitutes the edgy side of mutual recognition; then again, it’s not so easy for the patient either.

Seen in this way, the analytic relationship has more dimensions than the expected complementarity of a protected partner (the analyst who understands) with a vulnerable partner (the patient who is understood). In this view, the patient comes increasingly to what we can call the “use of a *subject*,” one whose vulnerability is no longer associated with threatening fragmentation, collapse or impingement. This vulnerability must no longer appear to be caused by the patient’s own destructiveness, too-muchness or self-hatred, which changes the status of vulnerability

so that it can become an aspect of mutual recognition. This acceptance of the analyst's exposure does not represent an abdication of taking responsibility but adds another dimension to it—honest accountability. It is not an unspoken, unacknowledged demand upon the patient to carry by herself the burden of unspoken knowledge of the other's struggles and susceptibilities by herself. In this way mutuality and responsibility are actually joined in the recognition process through acknowledged and shared awareness of our vulnerability. This can now become a source of engaged connection as we move through cycles of disruption and repair, aiming to strengthen the moral Third.

Things change, as relational analysis has discovered, when we acknowledge that privileging the protective barrier around our subjectivity may also have drawbacks. As an interactive position that re-establishes complementarity and opposes mutuality that barrier can be problematic. Not because we deny the responsibility for realizing our limits, holding and analyzing our complex subjectivity; but rather, because the barrier needs to have enough permeability to let us directly recognize the patient's emotional effect or the impact of his action. In addition, the patient can make use of our vulnerability if we can help him to his own way of making use of the mutuality of shared vulnerability. This use of us and our mutuality means we are creating a dyadic system, a moral Third, based on lawful accountability and protection of insight.

That our vulnerability as analysts will inevitably exceed what we can hold without dissociation and self-protection is the very problem that leads us back into the process of acknowledgment, into repair and recognition. Viewed in this way, the conflict between mutuality and asymmetry is not something to be solved but is instead a recursive paradox within intersubjectivity, one we try to hold in the tension of thirdness. Developmentally, the asymmetry in which mother recognizes child makes mutuality possible; evolving mutuality between the two keeps asymmetrical relations from degrading into controlling the object, non-recognition of subjectivity. This accords with the principle, not always realizable: recognizing the other is requisite to feeling recognized by an equivalent subject.

As we work and move deeply into the recursive paradox of mutuality and responsibility, it can enliven us in the reciprocity of using our subjectivity and being used as a *subject*. So it is not merely the analyst's subjectivity that is finally irreducible (Renik, 1993); it is the fact of mutuality, which must be embraced in all its complexity and vitality or avoided at peril of both partners losing their subjectivity. Knowing that once our subjectivity is freely acknowledged, we must face our own demons and assume responsibility for them, we are poised on the shore of a new continent, and now, together, must all pay close attention to what happens next.