

## Benjamin's Analytic Third: Beyond the Doer/Done-to Dynamic

The analytic third is a concept with a confusing history. Lacan originally introduced the concept of the intersubjective third (“the name of the father”) to refer to the space between mother and infant which is represented by law, culture, and language and gives order to the relationship of the subject to his/her lived sensory experience and to his/her relations with others. Later, Ogden posited the concept of the analytic third to refer to unconscious intersubjectivity of the analytic pair which occurs as a result of projective identification processes. In her 2004 article, “Beyond Doer and Done To: An Intersubjective View of Thirdness,” Jessica Benjamin extends the concept to refer to a potential space between the analyst and patient where a sense of connectedness to each other’s mind and an acceptance of the other’s separateness and difference co-exist. For her, Manny Ghent’s concept of surrender helps illuminate the intersubjective process that thirdness represents. In fact, it is through the act of surrendering that a space between the analyst and patient is created that can lead out of the “doer or done to” complementarity. Benjamin’s concept of thirdness seems closely related to Winnicott’s concept of transitional or potential space.

### I. Orienting Questions:

- A. How does the concept of intersubjectivity differ in the work of Daniel Stern, Benjamin, and Stolorow?
- B. How does Benjamin understand the doer/done-to dynamic?
- C. Why does Benjamin think that the theory of splitting does not address the intersubjective doer/done-to dynamic?
- D. How does Benjamin’s concept of thirdness differ from that of Ogden’s analytic third?
- E. What does Benjamin think makes the analyst’s vulnerable to falling into a doer/done-to complementarity? - When the analyst resists the inevitability of hurting the other and doesn’t own his/her own contribution in co-creating the analytic dyad, he/she falls into the grasp of the other’s projective processes.
- F. How do Benjamin’s concepts of the ‘third in the one’ and the ‘one in the third’ differ?
- G. Why does Benjamin believe that the one-way recognition of the patient by the analyst is incompatible with the intersubjective theory of development? - It doesn’t recognize a mutual understanding of the other and thereby doesn’t create a shared third.
- H. In what way does Benjamin think a “doer-done-to” complementarity can be worked through?

### II. Key Concepts

- A. Thirdness - an intersubjective process whereby both the analyst and patient surrender themselves and thus develop a sense of connectedness to each other’s mind while accepting the other’s separateness and difference. For Benjamin, thirdness is seen as a developmental achievement which has a trajectory beginning from the early mutual gazing of the infant to later conflicts around recognition. As such, the development of thirdness grows out of the attachment responses between mother and infant or between analyst and patient.
- B. Enactment – refers to a rigid, unyielding, inevitable, continuous, unformulated, and unconscious interpersonal pattern of involvement between analyst and patient in which both the analyst and patient inevitably enact dissociated, reciprocally influenced, unconscious self-states
- C. Dissociation – a basic function of mental functioning where incompatible emotions or perceptions are unable to be processed cognitively within a unitary self-experience and

are denied access to consciousness (i.e. unsymbolized) in order to preserve sanity and survival

- D. Surrender - refers to a certain letting go of the self and implies the ability to take in the other's point of view or reality without any intent to control or coerce the other
- E. Submission - refers to a giving in or a giving over to someone
- F. Intersubjectivity – refers to the field of intersection between two subjectivities. From an intersubjective perspective (Orange, Atwood, and Stolorow), this field is the underlying structure of experience and provides the background from which all people interact and understand themselves. From a relational perspective (Benjamin), this field is a developmental achievement and involves the capacity to recognize others as different and separate from one's self (i.e. Winnicott's "objectively perceived" object) and yet connected.
- G. Recognition of the other – where the patient is able to experience the analyst (his subjectivity and knowledge) as not defined by his/her own projections. This helps the patient see different perspectives and enhances the full development of one's self as a human being.
- H. 'Doer/done to' complementarity - refers to the complementary relationship where one person is experienced as the other's opposite. That is, one person is the subject and the other is the object. This complementary relationship often occurs between analyst and patient when impasses and enactments take place in analytic treatment.
- I. Transitional or potential space (Winnicott) – refers to the hypothetical area of experience that occurs between an infant and his/her mother or between a patient and his/her analyst where distinctions between "me" and "not-me," "real" and "unreal," or "internal" and "external" are not made. This space represents an illusion that there is an external reality which corresponds to an infant's or a person's ability to create and out of which personal growth and development occurs.
- J. Negotiation (Pizer) - refers to the process by which the patient comes to experience the analyst as able to become sufficiently allied with his/her interests and thereby the patient can re-open and re-work old conclusions about him/herself.
- K. Impasse - involves a coercive dependence that draws each person into the orbit of the other's escalating reactivity. Here conflict cannot be processed and remains as an unresolvable opposition between two people.
- L. Interlocking dyadic pattern (Symington) - refers to the complementarity of the transference/countertransference based on the meeting of the analyst's and patient's superego. This seems similar to Ogden's concept of the analytic third.
- M. Subjugating or negative analytic third (Ogden) - refers to an entity co-created by the analyst and patient which forms outside their conscious wills and can be experienced as either a vehicle of recognition or something from which they can't extricate themselves
- N. Principle of reciprocal influence – refers to the fact that both the analyst and patient reciprocally influence one another in their interactions.
- O. Symbolic or interpersonal thirdness – refers to a more advanced form of thirdness which develops when the analyst accepts the inevitability of the reciprocal influence. For Benjamin, accepting this inevitability "makes possible responsible action and freely given recognition" which "allows the outside, different other to come into view," and thereby "opens the space of thirdness, enabling us to negotiate differences and to connect." (p. 10)
- P. Intersubjective third (Lacan) – refers to the space that keeps the relationship between two persons from collapsing. This collapse can take the form of a merger which eliminates difference or a twoness which splits the differences. For Lacan, recognition via language allows for the difference of viewpoints and interests and thereby avoids a power struggle in which only one right way survives.

- Q. Paternal third (Lacan) – refers to the third as symbolically representing the father’s prohibition or castration, his “no.”
- R. Traditional (or the Oedipal) third – refers to the observing capacity, the “objective” rules of the analytic encounter, and the analyst’s relation to his/her own theory or thinking
- S. Developmental third (Britton) – refers to the intrapsychic achievement where the patient moves from a narcissistic form of relating to others to an acceptance of relating to needed others who are recognized as having needs of their own (i.e. oedipal constellation). This third is understood to be in opposition to an intersubjective third because it emphasizes the separateness of the participants.
- T. Primary Love (Balint) – refers to the first phase of mental development which is characterized by the baby’s "harmonious relation to an undifferentiated environment." This primitive phase, which is not associated with an erogenous zone, is the matrix of later object relations and leaves "vestiges and residues . . . in all the later phases."
- U. Third in the one (or moral third) – refers to the ability to maintain internal awareness of the tension of difference between one’s needs and those of the other while still feeling attuned to the other. For Benjamin, this third in one is exemplified by the mother’s ability to maintain awareness that the child’s distress will pass while still identifying with the child’s distress.
- V. One in the third (or energetic third) – refers to an early form of thirdness which begins with the early nonverbal experience of sharing a pattern with another person. For Benjamin, this third is exemplified by the earliest exchange of gestures between mother and child.
- W. Symbolic third – refers to the symbolizing capacity of verbal interpretations
- X. Rhythmicity (Sander) – refers to the affect resonance (or oneness) that occurs between a mother and infant where shared patterns of expectations are created, aligned with, and repaired
- Y. Specificity (Sander) – refers to process of recognition where a sequence of increasingly complex tasks of adaptation or “fitting together” occur between the mother and infant over the first years of life.
- Z. Principle of mutual accommodation – refers to the inbuilt tendency to respond symmetrically and reciprocally to match, mirror, and be in sync with the other
- AA. Shared third – refers to the experience of cooperation that occurs between two persons when establishing a co-created rhythm. This is in contrast to an action-reaction experience which is characteristic of complementary twoness. For Benjamin, the shared third has the transitional quality of being both invented and discovered.
- BB. Intersubjectivity proper (Stern) – refers to the stage of development at 10 months of age where the child “becomes a subject in its own right” (p. 18)
- CC. Mutual recognition - involves developing a space between and about the patient and analyst where each can recognize the other’s separateness (“objectivity”). This process contributes to the development of a capacity for attunement and a tolerance of difference.
- DD. Principle of asymmetrical accommodation – refers to the need of the parent to surrender to the child’s need in order to create an opening for the experience of mutual pleasure
- EE. Markedness (Fonagy et al) – refers to the expression conveyed by a series of salient perceptual features that distinguish a pretend action or pretend emotion from a real one, e.g. “knowing looks, slightly tilted head, high pitch and slowed down, exaggerated intonation contour, schematic, abbreviated, or only partial execution of action schemes, and the use of invisible imaginary objects.” This markedness leads the child to feel that the affect belongs to him/her and not to the parent who mirrors the affect.

- FF. Rupture and repair – refers to the intersubjective process of both the analyst and patient owning responsibility for feelings of shame, inadequacy, and guilt and finding a space where their roles and consequences can be thought about and understood within the context of the patient’s life without assigning blame. Inevitably, entering into this process involves a mutual surrender of both analyst and patient.
- GG. Negative capability (Keats) – refers to the state of mind where uncertainty can be tolerated without needing to resort to rationality
- HH. Interpretation as action vs. as verbal interpretation – the former voids the conundrum that the latter falls into by emphasizing the analyst’s privileged access to psychic reality
- II. Self-disclosure –refers to (1) implicit inevitable self-revelations that the analyst conveys to patients outside of his/her awareness or (2) information that the analyst consciously and deliberately chooses to reveal explicitly

### III. Considerations

- A. According to pep-web, Benjamin’s 2004 article, “Beyond Doer and Done To: An Intersubjective View of Thirdness,” is 6<sup>th</sup> most popular psychoanalytic article and 2<sup>nd</sup> most cited psychoanalytic article in the world.
- B. Despite analysts’ best attempts to be empathically attuned, Benjamin believes that “doer/done-to” complementaries are inevitably enacted in analyses because the recognition of the other continually breaks down, thirdness collapses, and analysts fall prey to patients’ projective processes.
- C. Nevertheless, Benjamin maintains that working through these doer/done-to enactments can expand a patient’s experience of the other, integrate split-off parts of his/her self, and thereby transform self-experience.
- D. For Benjamin, thirdness entails both the analyst and patient surrendering themselves in order to create a transitional space where the analyst and patient can develop a sense of connectedness to each other while accepting each other’s separateness and difference.
- E. This thirdness is in contrast to the analytic third of Ogden where the third represents a fixed bind between patient and analyst that can’t be opened up or transformed.
- F. Benjamin emphasizes the difficulty of extricating one’s self out of a ‘doer/done-to’ complementarity and finding a middle ground. For her, monitoring countertransference responses can prove very helpful in working through the bind.
- G. However, Benjamin believes that if the analyst sees this thirdness as something that the analyst relates to only internally the patient may feel excluded and the complementarity would only persist.
- H. Instead, Benjamin advocates for creating a space between the analyst and patient where the patient feels recognized and a shared dialogue about the impasse develops.
- I. For Benjamin, processing the thirdness internally (i.e. silently) is tantamount to the analyst enacting a parental dialogue where the analyst represents both of the patient’s projected internal parents and demands that the patient accept the analyst’s understanding.

- J. Benjamin believes that excluding the patient from this processing leads to the patient qua child feeling betrayed, threatened, and forced to assume a false, compliant self in order to please the analyst qua parent and maintain a sense of connection. In order to assert his/her separateness and difference, the patient then inevitably has to reject the analyst's understanding.
- K. For Benjamin, the Kleinian analyst would understand this complementarity as resulting from the patient's lack of a good maternal container and not be due to intersubjective processes which occur between the analyst and patient. Similarly, a Freudian analyst would understand this complementarity as resulting from a transference distortion to which the analyst didn't contribute. These responses represent a one-person psychology.
- L. Interestingly, a Kohutian analyst would understand this complementarity as representing a rupture in the empathic bond between analyst and patient.
- M. However, despite their differences, all three of these psychoanalytic approaches emphasize the importance of helping the patient understand the cause of the complementarity.
- N. The difference between a Kleinian or a Freudian analyst's emphasis on understanding and that of a Kohutian analyst would be that, in order to repair the rupture, the Kohutian analyst would de-center him/herself and try to understand from the patient's point of view what led to the rupture and not from the analyst's point of view.
- O. Although the Kohutian analyst may silently consider how he/she may have contributed to the rupture, like the Kleinian and Freudian analysts, he/she would still keep his/her thoughts to him/herself and only verbally acknowledge the patient's experience. This response then represents a one and one-half person psychology.
- P. In contrast, Benjamin argues for the creation of a dialogue between the analyst and patient about the "doer-done-to" complementarity.
- Q. To create such a dialogue Benjamin believes that the analyst has to be simultaneously in "the third in one" and "one in the third." This means that the analyst has to maintain an observing awareness of the tension of difference between one's own need and that of the patient while still feeling attuned to and identifying with the patient.
- R. To do this means that the analyst has to accept responsibility for his/her failure of understanding, acknowledge the resulting pain from which the patient suffers, and demonstrate his/her struggle to understand and help the patient. This response represents a two-person psychology.
- S. In fact, this response seems to be tantamount to being both inside and outside the analytic dyad simultaneously, similar to when a "good-enough" parent is able to be attuned to the immediate needs of a child and yet also recognize the child's separateness, difference, and need for independent growth and development.
- T. Benjamin seems to be arguing for a developmental line of thirdness where initially (i.e. "one in the third") the analyst begins with the early nonverbal experience of sharing a pattern of experience with the patient, then (i.e. "third in one") maintains an internal

awareness of the tension of difference between his/her needs and those of the patient while still feeling attuned to the patient, and finally (i.e. “shared third”) has the experience of establishing a co-created rhythm with the patient and the recognition of the other.

- U. While thought-provoking, Benjamin’s explanation of finding a way out of a “doer/done-to” complementarity seems highly abstract and not experience-near. As a result, it is unclear how helpful such a theory can be in the heat of the moment as the analyst finds him/herself caught in such a bind.
- V. Benjamin’s concept of the “doer/done-to” complementarity seems similar to the concept of reader response theory. That theory posits that readers are active participants who create a work of literature in the process of reading it and that the meaning of a text exists somewhere between the words on the page and the reader's mind.
- W. Similarly, for Benjamin, the analyst is an active participant in the analytic field and thereby the analyst’s subjectivity inevitably contributes to the complementarity that occurs between the analyst and the patient. Thus, understanding the analyst’s counter-transference responses help understand the conundrums that analysts and patients inevitably fall prey to and further a deeper understanding of the patient.
- X. However, Benjamin’s suggestion for the analyst to verbally acknowledge his contribution and encourage the patient to participate in exploring ways out of the conundrum is what positions the technique of Relational Psychoanalysis as being different from other schools of analysis.
- Y. Thus, the proverb “Two heads are better than one” seems particularly fitting as a description of a Relational psychoanalytic theory of technique.

### Bibliography

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