

THE TWO ANALYSES OF ANNE: THE SEESAW, DISCLOSURE, AND THE THIRD

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In this paper I initially describe Benjamin's conceptualization of the Third followed by Complementarity, within an evolving psychoanalytical context marked by a 'relational turn'. I then briefly outline the current debate surrounding the use of therapist self-disclosure in the analytic process. With the clinical vignette, I aim to illustrate the impact of self-disclosure on relational dynamics in the room, and I do so via two self-reflective appraisals, separated in time and interpretive quality, of an affectively charged session with a client of mine I refer to as Anne. With this narrative structure I endeavour to highlight the inherent complexity in discerning the intrapsychic and the intersubjective in the therapeutic process. I also suggest a basic guideline for the verbalization of disclosures as a kind of sextant to help the analyst negotiate the affective tempests that can suffuse a therapeutic encounter. However, I emphasize it is the analyst's capacity for embodied self-reflection, which needs to be developed via personal therapy, supervision and experiential groups, that remains the most important navigational instrument.

KEYWORDS: THIRD, COMPLEMENTARITY, ENACTMENT, IMPASSE, CO-TRANSFERENCE, INTERSUBJECTIVITY, DISCLOSURE, DOUBLE-BIND, EMBODIMENT

INTRODUCTION

The Relational Turn

In the history of psychoanalysis, particularly following Freud's shift from seduction to drive theory, the relevance of relational dynamics on the developing self receded in the background (Mitchell, 2000).¹ The task of psychoanalysis was to explore a solipsistic intrapsychic universe, one only tangentially influenced by relations with others.² In this context the analyst-cum-scientist was an 'objective' interpreter of the patient's³ mental processes, manifesting through transference and countertransference.

In time, the locus of ideas on human development and motivation shifted from intrapsychic drives to that of early relationships. Transference dynamics eventually came to be regarded as a set of affective experiences reverberating in a nonlinear fashion both the analysand and analyst's subjectivities. This repositioning of the analyst within the therapeutic dyad was reflected in the relational turn, a

paradigmatic shift more visible in the United States which gave rise to relational psychoanalysis,⁴ of which Benjamin is one of the key figures.

It is during this long process of levelling the analytic field that terms such as ‘intersubjectivity’ (Stolorow, Atwood & Bandchaft, 1995) and ‘Thirdness’ (Benjamin, 2018) became more widespread. It is also in this context that the debate around therapist self-disclosure has become a more acceptable dimension of the psychoanalytic discourse.

In this paper I aim to primarily illustrate Benjamin’s concept of Thirdness and how it may surface in the analytic dyad via the use of analyst self-disclosure. I also discuss what is essentially the absence and illusion of Thirdness, which are forms of enactment Benjamin calls Complementarity and Simulacrum, respectively. With the clinical vignette, wherein I briefly provide basic guidelines for the formulation of disclosures, I emphasize the importance of the therapist’s capacity for embodied self-reflection in navigating what is an elusive, complex and nonlinear relational process.

THIRDNESS

Benjamin’s conceptualization of the Third⁵ is integral to her therapeutic approach and has its roots in philosophy, psychoanalysis, infant developmental research and feminist studies. Historically, it seems the idea of the Third first seeped into psychoanalysis through Lacan (1975), whose view of intersubjectivity derived from Hegel’s theory of recognition (Benjamin, 2018). Lacan wrote about an oedipal third (1975), which is a space in between the mother–infant dyad that is created by the father – for Lacan it is in this space that the self-reflective, symbolizing subject is generated. However for Benjamin, Thirdness emerges *out of* the dyad rather than being held by one or the other caregiving subject, and most importantly, it is a space where subjects have the ability to take in the other’s point of view or reality.

Benjamin’s Third draws parallels with Winnicott’s potential space (1971), and makes further links to the concepts of mentalization (Fonagy *et al.*, 2002) and intersubjectivity (Mitchell, 2000). Winnicott’s potential psychological space exists between self-experience and sensory perception, between reality and phantasy. Similarly, mentalization stresses the reflective aspect of understanding and being understood by others’ minds, facilitating the distinction between inner and outer reality.⁶ Intersubjectivity is a relation in which each person experiences the other as an agent capable of reciprocating a desire for recognition rather than as an object of needs or drives. Bromberg argues that humans relate intersubjectively ‘... when you are able to see yourself as others see you, while not dissociating from the experience of how you see yourself’ (Bromberg, 2011, p. 13). These three overlapping concepts rely on the fundamental notion of recognition, which Benjamin equates to a kind of surrendering (Ghent, 1990) – but rather than a voluntary act, surrendering is a disposition which bears a ‘quality of liberation and expansion of the self as a corollary to the letting down of defensive barriers’ (Mitchell & Aron, 1999, p. 404). Recognition is the capacity to sustain connectedness to the other’s mind while accepting his/her

separateness and difference. For Benjamin, this capacity emerges developmentally from dimensions of Rhythmicity and Differentiation.

Rhythmicity

Benjamin leverages studies in caregiver–infant face-to-face interaction (Stern, 1998) to illustrate the rhythmic component of Thirdness. Her conceptualization is similar to what is often referred to as affect attunement, which impacts our capacity to label, express and contain affect later in life, influencing our sense of self.⁷

When attuned caregivers communicate with their infants non-verbally, they recognize and surrender to the rhythm of the baby. There is a mutual accommodation – both caregiver and infant connect by aligning to a kind of rhythm that is much more than a mere mirroring. Aron (2006) compares this coordination to the musical improvisation of a jazz band. This coordination isn't perfect or seamless, but rather, it is a mishmash of 'matching, mismatching, and return to matching' (Benjamin, 2018, p. 5). Benjamin calls this optimal organic coordination in pre-oedipal stages of development the Rhythmic Third (2018).

Differentiation

Benjamin uses the concept of marking (Fonagy *et al.*, 2002) to illustrate the other essential component of Thirdness – Differentiation. Marking is the exaggerated affect display the caregiver provides the infant to validate the infant's own affective state. This dynamic exchange is crucial, as the infant then uses this feedback to differentiate the perceived emotion from the parent while appropriating the exaggerated reflection as an expression of his own affective state. Benjamin calls this the Differentiating Third (2018) and according to her and Aron, it is crucial in facilitating mentalization and affect-regulation.

Therefore, via Rhythmicity and Differentiation what the caregiver reflects back to the infant under optimal conditions is the experience of 'sameness within difference' (Aron, 2006, p. 359). Thirdness is constituted by *holding the tension* (my italics) of recognition between difference and sameness, which is also what occurs during the sequence of present moments (Stern, 2004) constituting an analytic encounter – '... the shifting balance between the pull of intersubjective resonance and each participant's enduring set of typical unconscious enactive self-systems is an ever-present phenomenon' (Ginot, 2014, p. 162).

COMPLEMENTARITY

Benjamin introduces the concept of Complementarity, which occurs when this 'sameness within difference' (Aron, 2006, p. 359) breaks down. In Complementarity the other is reduced to an extension of our internal world, where what we experience and understand is filtered by phantasy – we are relating intrapsychically to the other rather than intersubjectively. In this scenario, the caregiver's intrapsychic universe can intrude or engulf the infant, leading to the creation of compensatory internal

objects,⁸ which eventually find expression through the primitive defences of splitting, projection, introjection, projective identification. Benjamin also uses the term ‘doer-done to’ (2018) to describe complementary relations, as individuals may feel ‘done to’, whilst taking on the role of ‘doer’ in the other’s eyes. In these complementary relational dynamics, which Aron aptly compares to a seesaw (1999), individuals swing to and fro between these roles out of reflective awareness. In Complementarity there are no visible options available to the dyad,⁹ except possibly moving closer towards, or away from the fulcrum of the seesaw, which temporarily redistributes the weight (power) of each subject in the relationship, but not its nature. In the therapy room this dynamic occurs between analyst and client at lightning speed under an endless variety of guises. In this sense Complementarity, impasse and enactment,¹⁰ terms which I will use interchangeably, can be viewed as types of co-transferences reflecting a relational situation where each subject feels, out of reflective awareness, forced into an orchestrated role. As Ginot writes: ‘rigid self-systems are surprisingly successful at choreographing emotional environments and interpersonal dynamics that closely resemble and enact the internal expectations and predictions comprising one’s unconscious self-system’ (2014, p. 105).

In recognizing our participation in the Complementarity, we effectively create a Third which can help us get off the seesaw and re-establish intersubjectivity. Such moments of recognition can help the client realize ‘... that the trouble that’s happening right now isn’t just her fault, her distortion of reality: The two of you [analyst and client] are doing it together ... [and] since you’re doing it together, you can probably find a way to understand what you’re doing and then do it differently together’ (DeYoung, 2015, p. 125). However, it is important to acknowledge that we can just as easily fall into the illusion that we have created a Third space, only to realize in the best of cases, that we had never actually dismantled the seesaw.

Simulacrum

To this effect, Benjamin introduces the concept of the Simulacrum of the Third (2018), a form of enactment which results from the analyst reaching for the Third in their own mind and inadvertently disconnecting from the analysand. This is a situation where Differentiation occurs without the Rhythmicity, or equally, where there is Rhythmicity without Differentiation. The former which ‘... mimics reflection but is detached’ (Benjamin, 2018, p. 160) could be compared to intellectualization, a defensive verbalization bereft of curiosity (Stern, 2019). In contrast, Rhythmicity without differentiation in the therapy room could resemble the humanistic unconditional positive regard, which can easily spill into enactment when over utilized by therapists keen to avoid conflict with clients (Maroda, 2010). In either scenario, the therapist has the illusion of having restored intersubjectivity.

DISCLOSURE

There are several authors (Ringstrom, 1998; Maroda, 1999; Benjamin, 2018; Renik, 1999) who suggest that one way of intentionally creating a Third to restore

intersubjectivity is through therapist self-disclosure. But what exactly constitutes analyst disclosure? Benjamin only goes as far as highlighting its function, ‘... which is to acknowledge the analyst’s contribution (generally sensed by the patient) to the intersubjective process’ (Benjamin, 2018, p. 42). As mentioned earlier, by taking responsibility for their impact on the dyad and acknowledging their participation in the Complementarity, analysts can get off the seesaw. But how do we formulate such a disclosure? Is there a template therapists can reference? Unfortunately, as Maroda observes, ‘... self-disclosure continues to be a controversial topic ... Even defining self-disclosure has presented problems ... [and].there remains the quandary of what to disclose, when to disclose, how to disclose, and whom to disclose to’ (2010, pp. 107–9). Psychoanalytic literature has traditionally favoured therapist neutrality, considering disclosure an intrusion into the patient’s intrapsychic world – a type of Complementarity. But there has been just as much questioning of therapist neutrality. For Brody (2013), the traditional pressure to maintain neutrality represents itself a narcissistic defence. Ehrenberg (1992) believes anything we say or do, including remaining silent, can be a form of enactment, and therefore the idea that we can bracket countertransference is untenable. Just as therapist subjectivity is seen as an unavoidable dimension of the analytic dyad, many consider disclosure an equally inevitable dimension of analysis.

There seem to be two classes of therapist disclosures – intentional and involuntary. As the name suggests, involuntary disclosures are implicit, occurring out of reflective awareness.¹¹ and include mostly facial expressions, body language and intonation. With regards to intentional disclosures, most literature on the topic seems to focus on the sharing of feeling-states. Maroda defines intentional disclosure as the verbalization of something the therapist is thinking or feeling. Ehrenberg writes that disclosure involves the analyst’s revelation of his or her feelings in relation to the patient. Bromberg (2011) adds granularity to his view of disclosure when he discusses sharing with the patient his subjective experience of the therapeutic relationship, including details of the analysts’ state of mind and their awareness of the shifts in mind/body experience. Bollas (2019) encourages the analyst to be open about an internal conflict or to outline to a patient the internal process that led the analyst to a particular question or observation. Then there are disclosures of responsibility, including apologies, which some authors reject *tout court* and others caveat. Steiner (1993) would dismiss the idea of disclosure of responsibility of fault as it could destabilize the analysand, particularly the one looking for containment. Benjamin suggests that analysts’ acknowledgment of responsibility should only take place by ‘working through deep anguish around feelings of destructiveness and loss’ (Benjamin, 2018, p. 47). Others, such as Renick, disagree with the idea of judicious self-disclosure, advocating an analyst should practice with ‘one’s cards face up’ (Renick, 1999, p. 521) as he calls it. Suffice it to say there is still much debate around what constitutes self-disclosure. In the following clinical vignette, I illustrate the application of two intentional disclosures – one where I share my feeling state and the other an internal conflict – both aimed at opening a Third during affectively charged complementary dynamics.

Clinical Vignette: Anne

Anne is a demure and intelligent professional woman in her late 40s.¹² She is married with no children. Anne had initially come to me for help in managing her overwhelming anxiety, which she felt had increased following the recent passing of her father and a job change. Anne had had various experiences with mental health treatments across her lifetime since her early 20s – cognitive behavioural therapy (CBT) for six to eight sessions, eye movement desensitization and reprocessing therapy (EMDR) for one session, counselling for eight sessions, and therapy with a psychologist for one year. We started therapy in November 2018 twice a week and after a year switched to weekly sessions as she had found these too overwhelming. Anne continues to attend therapy regularly with the aim of ‘managing the floodgates’ to her overwhelming emotions.

Background Anne grew up in a middle-class household with a younger sister, a mother who was a paediatric nurse and a father who was often absent because of work commitments. Anne finished school, completed university studies and she continues to have a successful career in her field. Anne’s diffuse anxiety is rooted in the emotional and physical abuse she suffered from a very young age at the hands of a narcissistic and highly volatile mother. Her father was a kind and mild man whom Anne also witnessed being a victim of her mother’s vicious outbursts. Anne refers to the introjected trauma as ‘mother’s tendrils’, and the embodied experience of their expansion in times of affective dysregulation as being in the ‘Upside Down’, in reference to the Netflix series *Stranger Things* (2016).

Dynamics in the room Anne is soft-spoken, very courteous, considerate and she always waits for me to sit before taking her seat on the couch. Anne is keen to be a ‘good client’ and, as she told me, facilitate my job as therapist. During sessions Anne is terrified of ‘getting it wrong’, which potentially includes anything that deviates from the safety of polite conversation. For Anne, her emotions are a window into who she really is, and there is nothing more terrifying for her than ‘becoming like mother’. Anne’s fear is that if I were to catch a glimpse of what lies beneath her veneer of propriety, I could be so horrified that I would quit being her therapist. Anne ‘... desperately wants to be understood but fears the consequences of being known’ (Brody, 2013, p. 52). This acute fear of abandonment and rejection has had an impact on her social life as well, where she keeps most of her relationships at arm’s length. Her structured workplace seems to be the only environment where she is able to function efficiently, even under times of stress.

Our sessions, until recently, followed a distinct affective contour (Stern, 2004) – within a few moments of her sitting down and dispensing social niceties, she often freezes up, eyes welling, lump in her throat. I initially tried to help Anne in those moments using somatic awareness and mindful breathing to regulate her affect – but Anne felt too disgusted by her body to reap any benefit from the exercise. Sitting in empathic silence, Being With, still does not help as her phantasy quickly spills into the space, where she fears I am tacitly judging her for ‘doing therapy wrong’. I had also tried to help Anne ‘... give up seeing ... badness as residing exclusively within

herself' (Davies, 2004, p. 724) by de-idealizing, or humanizing, my role of therapist. However, she had experienced those kinds of exchanges as veiled attempts on my part to get rid of her. Anne's fear of abandonment is very powerful and she is trapped in a multi-layered double bind.

Anne and I share intrapsychic traits, an aspect of similarity between therapist and client which often engenders parallel processes that are difficult to discern, as this clinical vignette will further attest. In Anne's moments of panic, I sometimes find there is nothing that helps except deflecting to idle chitchat, which I could then easily carry on doing unhindered for the whole session. In those moments I also feel trapped in a double-bind – if I do my job, I am a harming therapist, and if I don't, I feel like a fraud, charging her money just to have a conversation. What I found best attenuates her panic in those moments of Complementarity is engaging her in a form of metacommunication or mentalization. I ask her what she thinks I could be thinking, and after we explore her reverie (Bion, 1962), I sometimes then intentionally disclose what I was actually thinking in that moment of silence, with the aim of creating a disconfirming experience (Ecker, Ticic & Hulley, 2012). This kind of intentional disclosure, a form of Third, seems to have a regulating effect – but not always.

THE JUNE SESSION

During a session that took place in the month of June, Anne told me she was feeling like a 'bad client' because, after almost two years together, she was not making enough progress. She felt hopeless, saying she had 'regressed'. She felt that the terror within, her 'mother's tendrils', still had too much of a grip on her.

We had been in this situation before. I paused the present moment (Stern, 2004) and unpacked her fear, her 'shoulds'. She was able to talk about her affective state self-reflectively, disclosing how she feared that if she did not show sufficient improvement, I may ultimately abandon her. Although the more cognitive part of her knew it was unlikely I would simply interrupt our sessions, affectively she felt I would abandon her 'in spirit' whilst continuing to see her.

A part of me felt equally hopeless in the face of this repetitive scenario. As Ginot states '... [in] ... repetition ... [therapists] may get to feel frustrated and incompetent, while patients may become hopeless and discouraged ... ' (2014, p. 104). In this co-transference, feelings of hopelessness were amplified by my own intrapsychic configuration, borne of personal life experiences and attachment dynamics. But any kind of self-reflective awareness was overshadowed by the intensity of the enactment, so much so that, as we will see, it is only in the second appraisal of that session that I managed to discern the Complementarity at play.

Initial Appraisal

First Disclosure: Rupture In that moment of hopelessness, my cognitive self-part took centre stage, scrambling for a way out of the impasse. This resulted in a clear plan which involved intentionally disclosing to her my felt sense (Gendlin, 2003) of

hopelessness and helplessness. I reasoned that by surrendering (Ghent, 1990) to my affective experience and disclosing it to Anne I would get off the seesaw of Complementarity, engendering a new affective experience in Anne and restoring intersubjectivity.

Following my disclosure, Anne remained in silent hypoarousal. So I subsequently asked her *what she felt she had heard* me say. With teary eyes and a cracked voice, she told me that she had heard that I could no longer help her, and that I had given up on her. I immediately felt apprehensive, believing that my disclosure had done more harm than good.

Second Disclosure: Repair Our verbal exchanges then somehow progressed to a place where she asked me if I really cared about her. In addition to my disquiet provoked by the first disclosure, I now felt naked and exposed. I did not know what to say – I do care for Anne deeply, but in reassuring her I was fearful not only of breaking the therapeutic frame, but that by submitting to her demand, I would simply be fuelling the repetitive cycle, like providing a drug addict a quick fix. However, I felt I had no choice as she was waiting for an answer. I clearly remember articulating to her ‘I am conflicted – one part of me would like to tell you how much I care about you and about our relationship, but another one, the therapist part, says I should not, as this could break boundaries and could possibly not be helpful to you’.

I sensed her demeanour lightened immediately. I asked her what it was like to hear me disclose this inner conflict to her. Anne smiled and told me it was very important, as she had always carried a doubt that maybe I did not really care (which we had also addressed in previous sessions), and that I was just helping her for the money.

In my initial appraisal of the June session I believed our exchanges had reflected a textbook sequence of rupture and repair so essential to therapeutic change. The first disclosure had constituted the rupture – a flawed attempt on my part to open a Third, whereby I failed to differentiate. In other words, with my first disclosure I had inadvertently *merged* with Anne’s sense of hopelessness. The second disclosure, on the other hand, had provided the repair by way of a Third thanks to the way I had formulated it. By disclosing an inner conflict whilst invoking self-parts, I had restored Differentiation. In my initial appraisal I had thus concluded that to successfully create a Third to get off the seesaw of Complementarity was mostly a question of technique. However, many months later, as I revisited the events, I construed these differently.

Re-Appraisal

First Disclosure: Enactment Maroda (2022) says that enactments are preceded by longstanding undesirable feelings that are repeatedly submerged, and I know that I had felt somewhat bored (done-to) for some time at the repetitive and predictable nature of my sessions with Anne. It is possible we had been stuck in Complementarity prior to the June session, a situation which had silently festered as unformulated

experience (Stern, 2019). What I had been equally unaware of in my first appraisal was that my cognitive ‘scrambling’ to find a Third was a form of intellectualization characteristic of my defensive repertoire. Anne’s own sense of failure in therapy had reverberated with my intrapsychic configuration, pushing me to seek refuge in cognitive problem-solving. My first disclosure was not just faulty technique – it was as Hahn (2000) would call it, concordant countertransference. The seesaw swung the other way – Anne felt abandoned by me (done-to), and I feared I had become a harming therapist (doer). All my first disclosure had achieved, as Aron says, is rebalance the fulcrum of the seesaw, but not its nature. And the nature of this seesaw was rooted in the intrapsychic similarities Anne and I shared, which fuelled a Complementarity that had been simmering out of awareness for some time.

Second Disclosure: Simulacrum Subsequently, as Anne asked me if I cared about her, I felt naked, exposed, cornered (done-to). In my first analysis I had completely overlooked my reaction, as I had deemed it a normal response to a very intimate and direct question. I had failed to realize how far down my intrapsychic corridors her question had actually reverberated. The intolerable sense of exposure I experienced with her question was akin to Anne’s own sense of persecutory helplessness. My ensuing disclosure, invoking inner conflict and self-parts, may indeed have been well formulated, but all it had done is give the drug addict her fix – I had told Anne what she implicitly had orchestrated to hear. The belief that I had opened a Third had been in fact an illusion – I had sacrificed Differentiation at the altar of the Simulacrum.

What happened with both my disclosures is that Anne could not experience me ‘as both significant and separate’ (Britton, 2004, p. 5), and instead of there being two connected, independent minds, we were ‘two people with only one mind’ (Britton, 2004, p. 6). On that day, Anne and I were both caught in the swells of Complementarity, while I had initially been convinced that with my second disclosure I had managed to get us back onto the shores of intersubjectivity. And that illusion was further reinforced with the discussions that followed in subsequent sessions.

Aftermath

In the weeks that followed we discussed how Anne had experienced the June session. She described the initial terror at feeling abandoned and the subsequent relief in hearing I cared about her. As a result Anne told me ‘... before when I came to see you, I waited for you to deliver therapy to me. Now instead I feel like we are both doing therapy together’. I remember feeling touched by her statement and I felt Anne had acquired a renewed capacity to relate to me intersubjectively. I believed we had reached a significant milestone in treatment, and that we had turned a proverbial corner.

However, shortly thereafter Anne was back in the Upside Down, this time feeling even more guilty because she had expected that after my last disclosure, she should be much improved. This state of affairs perdured, albeit with slight improvements

along the way, until she decided to go on medication a year later. This was a significant step for Anne – she had always refused to consider pharmacological treatment as it would mean she was ‘crazy like mother’. A few weeks into her psychotropic regimen, Anne felt much better able to hold the floodgates to her emotions and worried that therapy was just making her feel worse – so she asked me to end therapy. I discussed this matter in supervision, entertaining the possibility that we had reached a point in her treatment where, for Anne, psychotherapy was maybe iatrogenic. As Anne and I could seemingly not get off the seesaw, we agreed to end her psychotherapy treatment.

A few months later, Anne contacted me once again saying she just needed a ‘top up’ session, as she felt ‘mother’s tendrils’ were creeping back again. In the sessions that followed Anne decided to disclose to me, for the first time in more than two years, specific past events that she had always considered too horrifying to share with me. Anne told me this was ‘the stuff’ she always dreaded to tell me for fear I would abandon her – these events related to a rape by a boyfriend, an assault by penetration perpetrated by her mother when Anne reached puberty, and Anne’s telling of what she construed to be an unforgivable lie. I will not delve further into these events in this paper, but I nonetheless wanted to mention these as they help to highlight the enduring intrusiveness of ‘mother’s tendrils’.

Ever since Anne’s disclosures, I feel she has regained some form of agency over her emotions. Although our sessions continue to follow similar affective contours, her moments of frozen terror seem shorter. Anne has also come to accept a little more the severe trauma she has suffered growing up and the extensive therapeutic work that is required to help her ‘manage the floodgates’.

DISCUSSION

Although no template exists for good disclosures, I do believe that outlining an inner conflict or our thinking process – supported by the use of demonstrative pronouns and invoking self-parts – can increase the chance of restoring intersubjectivity. However, just as I believe in the inevitability of analyst subjectivity I also believe in the inevitability of enactment. Bromberg says the analysand’s experience of the enactment must be one in which ‘... the shadow of the destabilizing affect is strong enough to be felt but not strong enough to automatically increase the use of dissociation’ (Bromberg, 2011, p. 61). Therapeutic change involves unplanned, affectively charged, transactional events within an analytic dyad that allows “collisions between subjectivities” (Bromberg, 2009, p. 646), and where breaks can be processed and repairs negotiated. In this context, even flawed self-disclosures constitute a valuable gateway to furthering therapeutic work. As Ehrenberg states, ‘Although ... the kind of counter-transference disclosure ... can itself also be a form of countertransference enactment, I think it still allows for opening a new level of analytic exploration’ (1995, p. 223).

During the June session, Anne and I initially shared a sense of hopelessness, which, following my first disclosure, turned into a mutual fear of destruction – I

was afraid of being a harming therapist, and similarly, Anne was afraid she had destroyed my willingness to help her. Destructive introjects beget guilt and loneliness, intolerable affects which then pushed Anne to ask me if I cared for her. Following her question I felt exposed – exposure and destructiveness, though seemingly different, share a quality of metaphysical isolation, or ‘cosmic loneliness’ (Stern, 2004). Lost in this landscape, I took refuge in intellectualization, that most beguiling of defences, laying the foundations for a Simulacrum of the Third. I reacquired the role of rescuing therapist while Anne obtained from me what she had so desperately wanted from mother – unconditional love. The enactment was complete. However, as mentioned by Ehrenberg, even countertransference enactments can open up new levels of exploration. Without my first disclosure, maybe Anne would not have asked me if I cared. By disclosing to her how much I cared, and unknowingly perpetuating the Complementarity, maybe Anne would not have resolved, the following year, to go on psychotropic medication. And this medication, which ‘took the edge off’, might have enabled Anne to disclose what was most terrifying to her, which has allowed a new dimension to open up in treatment. Does that mean we should ‘play our cards face up’, as Renik suggests? I think the answer to that question depends on too many factors, at both the individual and cultural level. With regards to Anne, I would have never made the aforementioned disclosures early in our relationship, as I believe that Anne’s need for containment was far too great. Although I am aware I am not offering the reader a concrete recommendation around self-disclosure, what I do believe is that in the field of psychotherapy, the constructive use of disclosure, even when flawed, very much relies on the analyst’s capacity for embodied self-reflection, a skill that we can only develop over time thanks to personal therapy, supervision, experiential groups (where affective tempests are usually more frequent) and, hopefully, through multiple appraisals of our own therapeutic work.

CONCLUSION

In this paper, I initially provided a broad outline of the evolution of psychoanalytic theory beginning with Freud by way of the relational turn that took place in the United States. I briefly discussed the evolution of the concept of Thirdness focusing on Benjamin, including her views on Complementarity which, for the purposes of this paper, is a term I treated at par with enactment and impasse. I also provided an overview on the debate surrounding the use of therapist self-disclosures in the therapy room.

With the clinical vignette, I outlined the dynamics of a particular session with a client of mine where I made two self-disclosures. I discussed their impact on the relational dynamics in the room by way of two ex post facto appraisals separated in time, endeavouring to highlight the very elusive nature of enactment. In the discussion I highlighted the complexity of the therapeutic process, where basic guidelines for the verbalization of self-disclosure can still prove helpful, even when flawed. Finally, I stress that the use of disclosure ought to rest fundamentally on therapists’

capacity for embodied self-reflection, which needs to be developed and nurtured via personal therapy, supervision and experiential groups.

DISCLOSURE STATEMENT

No potential competing interest was reported by the author.

NOTES

1. In this paper I take the political risk of using the labels ‘therapist’ and ‘analyst’ interchangeably.

2. Not everyone agrees with this interpretation – some argue that Freud’s theory was just as ‘relational’ as what contemporary relational theorists claim to be their own. However, this debate is out of scope for this paper – for further reading please see Carmeli and Blass in Loewenthal and Samuels (2014).

3. The use of the label ‘patient’, which persists today, would lend credence to this dyadic formulation.

4. Some would argue that humanistic psychotherapy, in the work of Buber and Rogers, amongst many others, precedes the thinking of the relational psychoanalytic theorists.

5. Over time, Benjamin’s taxonomy for her concepts has evolved. For purposes of this paper, I will use the terms from her latest publication *Beyond Doer and Done To* (2018), and will use Thirdness or the Third interchangeably on par with Symbolic Third. For related conceptualizations of Thirdness see Thomas Ogden’s analytic third (1991) or Britton’s third position (2004).

6. Fonagy *et al.* argue that in moments of dysregulated affect individuals experience a *lack* of mentalization, while Sharp and Vanwoerden (2015) and others (Schmahl *et al.*, 2014) contend individuals *hyper*-mentalize, which involves making assumptions about other people’s mental states. Although Benjamin does not make reference to this debate, I find hyper-mentalization may help better explain the occurrence of Simulacra in the therapeutic space.

7. There are multiple interpretations on the notions of self – James spoke of the Subjective and Objective Self (1950); Damasio (1996) speaks of a Proto-Self, Core Self and Autobiographical Self; Kohut refers to a Nuclear Self (1977); LeDoux discusses the Synaptic and Implicit Self (2002); Heidegger speaks of Dasein (1962). On the flipside, authors such as Metzinger think the self is an illusion (2009). Sartre, Nietzsche and Husserl shared a similar view in that ‘...the self must be classified as a linguistic construct or as a product of reflection’. (Zahavi, 2005, p. 101). I personally like Fonagy who states that the self is ‘originally an extension of the experience of the other’ (Fonagy *et al.*, 2002, p. 25).

8. Fairbairn’s endopsychic model (1952) provides a baseline template for the process of adaptive internalization which, in the course of time, will undergo multiple iterations.

9. Ogden similarly addresses complementary relations with his concept of the subjugating third (2004), while Ringstrom illustrates these via the concept of the double-bind (Bateson, 1987).

10. Although in the literature we may find technical distinctions between impasse, enactment and Complementarity, for the purposes of this paper I use enactment as an umbrella term for these phenomena which are expressions of ‘... mutually reactivated implicit schemas of both patient and therapist’ (Ginot, 2015, p. 32).

11. There is a wide body of cross-disciplinary work that explores the various levels of human awareness (reflexive, reflective, pre-reflective, etc.), and this is tied to the wider Hard Problem of consciousness.

12. Written informed consent for the publication of this paper was obtained from the individual mentioned. No identifiable information is included. A pseudonym is used throughout.

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