

THE ANALYTIC THIRD: IMPLICATIONS FOR PSYCHOANALYTIC THEORY AND TECHNIQUE

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

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

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

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

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

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

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

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

PART I: THE ANALYTIC THIRD IN CLINICAL PRACTICE

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

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

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

Clinical Illustration: The Purloined Letter

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Discussion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reverie and the Analytic Third

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

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

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

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

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

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

Some Additional Comments

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

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

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

PART II: PROJECTIVE IDENTIFICATION AND THE SUBJUGATING THIRD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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