Foreword

The third position: Identity, reflection, and the challenge of thinking

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A conversation between Ron Britton and Marcus Evans

Marcus: When Susan Evans and I meet some of these children and young people, one of the first things that strikes one is how fixed they are in their view of themselves in relation to the rest of the world, and that it is sometimes difficult to support them to consider there might be alternative ways of thinking about themselves. This aligns closely with your ideas about the lack of symbolic thinking, the inability to free-associate, and how, in a certain way, they have adopted a certainty about themselves as a protective structure. Could you explain how this clinical experience relates to your ideas about the lack of internal triangulation?

Ron: The model I have of the development of the ego begins with the sense of mind and brain. The brain gives rise to the mind, but what emerges is more than a neurological process—it is a psychological self that exists within a world of relationships. If we add to that our idea of the self as always experienced from the beginning in relation to that which is not the self—what we might call the "other"—then we begin to see identity as inherently relational. In natural development, the self is not constructed in isolation, but in relationship with another. From the

outset, the self reaches towards the other and towards a sense of how it is perceived in the eye of the other.

In "The prelude", Wordsworth describes an ideal early object relationship in a passage on infancy in which the baby, at the breast, "doth gather passion from her Mother's eye". This poetic image captures something fundamental: the infant experiences themselves as being brought into being through the mother's gaze. In this remarkable vision of early psychic development, Wordsworth anticipates much of what Melanie Klein (Klein, 1975) would later propose, particularly the idea that the disparate parts of the infant's internal world begin to cohere as they are reflected, held, and brought together by the mother's gaze.

Even in a less-than-ideal initial object relationship, there may be a sufficient approximation of this mirroring to give the infant a workable sense of self. That is, there may still be enough alignment, whether real or imagined, between how the infant perceives themselves and how they imagine they are perceived by the other, to allow for a relatively integrated ego to form.

Marcus: One of the other things we encounter, related to what you're saying, is this sensitivity to the way the therapist views them. They feel quite assaulted if there isn't an immediate alignment between their self-perception and how others see them. They also often appear to be detached from the experience you describe as emanating from the body.

Ron: We take it, as I think we must, that the brain makes the mind. But once the mind has come into being—once it forms a view of the self within a world of others—this mental representation of self may or may not remain in harmony with the embodied experience of the self generated by the brain. When it does, there is coherence. But when it does not—when the imagined self is persistently contradicted by the responses of others or by the body's own felt experience—the individual may come to feel a deep disjunction. What results is a divided self: a sense of identity that is no longer unified, but split between internal conviction and external contradiction.

This early dyadic relationship—between infant and primary caregiver—is often shaped by opposing experiences of good and bad, satisfaction and frustration. In development, this split can become internalised, with parts

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of the self experienced as idealised or persecutory. If unresolved, these contradictory elements may then be imposed on a later, more complex relational structure: the developing triangular situation, where a third figure—traditionally a paternal one—is introduced.

In fortunate development, however, this triangulation opens up a new psychological opportunity: what I have referred to as the "triangular spectrum". Within this structure, the infant begins to see not only themselves in relation to the primary object (often the mother), but also the relationship between that object and the third figure (such as the father). This triangulated view introduces what I've called the third position—a reflective vantage point from which the individual can observe themselves in relation to others. It allows for the capacity to think about oneself objectively while continuing to experience oneself subjectively. In other words, one can both feel and think oneself at the same time. However, as you described, there are some children (and indeed, some patients) for whom this development is compromised.

Marcus: Another clinical experience we often have with the kids is that everything is all right as long as you, as the therapist, completely align with their view of themselves. The modern expression is to "affirm" their perspective, which leaves no room for any alternative views.

Ron: For these individuals, all may appear well, as long as the therapist fully mirrors and aligns with their self-image. But when the therapist offers a different perspective, the patient may feel not merely misunderstood but actively threatened. They experience this difference not as a challenge to think with, but as a prosecution, a rupture of their sense of safety.

For some patients, it's as if there's only one exit—one door. The introduction of symbolic thought or therapeutic reflection feels like someone might close that door. So they act quickly or defensively—not to resist help, but to preserve what feels like their only escape route.

Marcus: So, for these patients, even symbolic reflection isn't liberating—it can feel like a kind of psychological enclosure, a threat to the fragile escape route they've constructed?

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Ron: Well, this reaction arises because, for such patients, the introduction of a third position—an observing perspective—can feel as though it threatens or even destroys their idealised relationship with the desired object. The very suggestion of seeing themselves from another point of view is experienced not as a path to integration, but as a danger to their psychological survival.

This presents a technical difficulty in analytic work: how to speak to such patients without triggering defensive collapse. I believe the way forward lies in articulating the patient's point of view, rather than offering interpretations from one's own. This includes acknowledging how the patient perceives one, not disputing it, but holding it reflectively. In doing so, we offer the patient sufficient time and space to begin thinking about themselves—and eventually for themselves—without feeling that an alien viewpoint has been imposed.

Such patients often experience themselves as misperceived, as seen wrongly or reductively by others. In this context, the worst possible scenario, from their point of view, is one in which the analyst appears to claim to know them better than they know themselves. That is not experienced as understanding but as an intrusion or even a violation of their psychic autonomy.

It is therefore a crucial starting point in the therapeutic encounter to respect and reflect their subjective position. If, instead of asserting your own view, you begin by articulating their point of view, you are doing more than just empathising—you are implicitly recognising that they can imagine you as a person who can observe the relationship between the two of you, rather than simply imposing a role or position within it.

Marcus: This aligns with our experience of starting by understanding how the patient perceives things.

Ron: In this way, the patient is not reduced to being the object of the therapist's perception; they are invited into a shared, relational space where thinking can occur. This preserves their sense of agency and gradually allows for the development of reflective distance—the very third position that felt threatening before.

Time begins with life—it is the price all life forms pay. Two developments in mammals—one, the brain, and, in our case, the development

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of speech—have brought with them a qualitatively different experience of time. In humans, a significant amount of new brain growth occurs, particularly in the frontal lobe, which appears to be the source of foresight, anticipation, and planning. This, in turn, gives rise to imagination—imagination informed by memory.

Marcus: So, the cost of a developed frontal lobe and the capacity for strategic thinking is that we then have to live with the very uncertainty that this foresight introduces? We're required to tolerate the anxiety of possibilities—not just what is, but what might be?

Ron: Time, as it is necessarily experienced, has three components: past, present, and future—all condensed into the experience of "now". The frontal lobe continues to enlarge significantly during adolescence. Much of what we call a basic belief system—and a style of thinking that is intrinsic to the brain's function—is analogical in nature.

Marcus: Are you saying there is a level of functioning that is like an innate but not fully formed one until it is met with an experience?

Ron: Beyond the notion of preconception, I think there is a useful idea: that of an innate, imageless expectation, which only acquires form through our encounters with the outside world. The evolution of the mind is how we describe the development of consciousness through the brain in the species. In parallel with this, we can consider the development of the mind in the individual from infancy onwards.

Marcus: Many of these developments stem from an increased awareness of the body's experiences.

Ron: There is potentially a cooperation between the brain's experience of the self and the mind's version of the self. But historically—and in many individuals—there has been a distinction between the mental self and the body self, and this divide may persist. If we add to this the way we are perceived by others from birth—initially by the mother, and then by family and society—there can be a conflict between an imaginative view of the self and one rooted in bodily sensation.

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Marcus: Could this be where the beginnings of identity conflict lie—between the self we feel ourselves to be, and the self reflected to us by others?

Ron: Yes, and some people feel they have not been given the body they would have liked, as if the external perception has overwritten or denied their internal sense of self. I'm not sure we are all given just one body—think, for example, of the difference between the left and right sides.

Marcus: That's a fascinating idea—that even within our own body, we might feel internally plural or asymmetrical. Do you think this inner dissonance can fuel identity instability?

Ron: There is a difference in how individuals tolerate these inner differences and how much latitude they give themselves to integrate them. I suspect this is linked to the ability to accept probability rather than certainty—a kind of tolerance for internal contradiction.

Marcus: Temperamentally, the capacity to tolerate the difference between what we ideally would like to be and what we perceive ourselves as being seems so important.

Ron: When psychoanalysts describe a narcissistic claim to omnipotence and omniscience, they are describing a mental position in which the mind claims to create both the self and the natural world. I have called this epistemic narcissism, and it was exemplified in the thinking of William Blake (Blake, 1802), who wrote: "I must invent a system or I will be prey to someone else's." He also said:

> This Life's dim Windows of the Soul
> Distorts the Heavens from Pole to Pole
> And leads to Believe a Lie
> When you see with, not thro' the Eye.

The questioners, or as Blake called them, the enemies of the mind—the professional and natural philosophers—were, in his view, agents of Satan. Bacon, Locke, and Newton were singled out in particular. "Science is a tree of death," wrote Blake (Britton, 1998).

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David Hume (Hume, 1748), the seventeenth-century Scottish philosopher often described as an empiricist or natural philosopher, appears to be the one whose ideas most easily accommodated modern scientific thinking, including the work of Darwin, Newton, and later twentieth-century developments. He thought it necessary to steer a path between ideological absolutism and ultimate scepticism, which brought him back to the idea of probability as the best principle by which we can live.

The experiences you describe in this work speak to the future of psychoanalytic engagement with young people whose identities are organised around what might be called a "NOT" belief system, where meaning is structured through negation. In such systems, the nature of something is defined not by what it is, but by what it is not: left is not right, large is not small, good is not bad, other is not self. This binary logic reflects a defensive structure that protects against ambiguity, complexity, and emotional ambivalence. From a psychoanalytic perspective, it can be understood as a manifestation of splitting—a primitive defence that keeps opposites apart to avoid the painful task of integration. While splitting is a normal developmental process, when it becomes rigid or dominant, it forecloses the possibility of symbolic thinking and emotional growth.

Marcus: Many of the young people we see describe themselves by saying, "This body is not mine," and many express a lot of disappointment with the body they have.

Ron: I can vouch for this based on my own analytic experience with several patients. One in particular stands out—a man who once dreamt he had only half a body. On further enquiry, I discovered he had been phobic about odd numbers in childhood. This "NOT" logic permeated his analysis. If I offered an interpretation, he would readily agree, saying, "Yes, that's right"—but I came to realise that the agreement stemmed not from a recognition of the interpretation itself, but from the fact that it was not something else.

Marcus: So for him, identity was defined more by what he wasn't than by what he was?

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Ron: For him, the value of an interpretation lay in what it excluded. Left was not right, right was not left—but nothing was ever defined positively. His internal world was structured through negation: meaning was established through opposition rather than essence; through absence rather than presence. In this way, the self could only be stabilised by the rejection of alternatives—never through the affirmation of its own content.

Marcus: Thank you, Ron. This provides us with a deeper foundation for thinking about identity difficulties in the clinic and how we communicate with the young people who present them.

References

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