

The Object as Agent of Mentalization

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Mentalization, our ability to understand people's behaviour in terms of mental states (feelings, thoughts, desires, intentions, etc.), is linked with our capacity to create symbolic representations of our inner states. From a psychodynamic point of view this is a developmental achievement related to adequate maternal care, more specifically to the mother's mirroring function. This proposition has been confirmed by recent experimental evidence. A clinical case is presented showing that the mirroring function of the therapist, and not his interpretations, helped the analysand to create symbolic representations of a recent traumatic experience. Through this experience in the here and now, the analyst may be able to approach early childhood traumas (described by Peter Fonagy and others as "procedural memories") inaccessible to analytic interpretation.

Introduction

Behind theories of mentalization, which are at present attracting significant interest in psychoanalytic practice for their reconfiguration of the subject's relation to the object, lies almost a century of preparatory psychoanalytic thought. Freud's description of identification as contributing significantly to the formation of both the Ego and the Superego¹ prepared the ground for the study of the importance of the attributes of external objects (the parents) for the development of the child's personality. In Kleinian theory the real parents (external objects) are important only insofar as they represent universal human attributes (a mother with breasts, a father with a penis), and because they can survive the child's ag-

1. See in particular "Mourning and Melancholia" (1915) and *The Ego and the Id* (1923).

gressive attacks; the particular characteristics of the parents' personalities and their impact on the child's self are not elaborated. Ferenczi, in his pioneering paper "Confusion of Tongues" (1933), took a significant step in positing the lack of maternal understanding as the main source of childhood traumas. Following these insights, Winnicott described, with unsurpassed perceptiveness, the contribution of the psychological attributes of the mother to the development of the child's self. Initially, for Winnicott, there is no such thing as a baby, only a nursing couple ("Anxiety" 99). Subsequently, a sense of self emerges, which both differentiates from and experiences a sense of continuity within the frame of the relationship with the mother, whose holding and mirroring capacities help the infant to understand and represent its own emotional experience as well as that of others (*Playing* 134).

Perhaps the most important precursor for theories of mentalization is Wilfred Bion, who, in the early sixties, developed a theory of thinking based on an elaboration of emotional experience. The raw data of experience (sensations, feelings), which he calls "b" (beta) elements, cannot be tolerated by the infant and are therefore projected into the mother. Her containing and reverie ("a" [alpha] function) transforms them into "a" (alpha) elements, which are the basic units of thinking capable of further elaboration (Bion, *Transformations*). These elements are more tolerable and can be internalized by the infant, who in time internalizes the mother's "a" function.

Mentalization

In the last twenty to thirty years, research in attachment theory and developmental psychology has demonstrated the importance of external objects for the organization of the infant's self, the development of its representational world and its emotional self-regulation. The work of Peter Fonagy and others, which seeks to link these findings to insights from post-Kleinian psychoanalytic theory, has focused on the child's capacity for "mentalization."

Mentalization has to do with being able to understand people's behavior in terms of mental states - feelings, thoughts, desires, intentions, etc. From a cognitive developmental point of view this capacity is innate, while from a psychodynamic point of view it constitutes a developmental achievement greatly facilitated by secure attachment (Fonagy and Bateman 72). A key factor in the development of this capacity is the mirroring function of the mother, her ability to understand the emotional state of her infant and to

represent it to him or her through the use of her facial and vocal expressions. The infant sees itself in its mother's face, which acts as a signifier for its emotional experience (signified). The internalization of the mother's empathic response enables the infant to develop a second-order (symbolic) representation of its mind state. Linking the internal state with a perception of that state outside provides a representation - a symbol - of its internal state, which corresponds yet is not identical to that state. The playful attitude of the mother here is crucial. The child's mental state must be represented sufficiently clearly and accurately by the mother for the child to recognize it, yet sufficiently playfully for the child not to be overwhelmed by its realness. In this way the child can ultimately use the mother's representation of its internal reality as the seed for its own symbolic thought.

The mother's expression tempers emotion and the infant may come to associate the control it has over her mirroring displays with the ensuing positive change in its own affect state, leading to an experience of the self as a self-regulating agent. The establishment of second-order representations for emotion creates the basis for affect regulation and impulse control and provides the essential building blocks for the child's later development of the crucial capacity for mentalization (Fonagy and Bateman 68).

A child's capacity for mentalization can be tested by its performance on "false belief tasks," an example of which is the following. A little ball is placed in container A in front of a child and an adult. The adult leaves the room and during his or her absence the ball is transferred to container B. When the adult returns, a child up to the age of three predicts that the adult will search for the ball in container B. By the age of four or five, children do not commit this error any more; they tend to predict that the adult will look for the ball in container A, because they are able to attribute a false belief to the adult.

Research findings are providing evidence for the way social interaction is important in the development of a mentalistic understanding. For example, deaf children with hearing parents are delayed in the development of false belief understanding, unlike deaf children with deaf parents. This seems to be because deaf parents are native users of sign language, thus exposing their children to normal conversation. Hearing parents of deaf children, on the other hand, are less fluent in sign language and therefore their children are not exposed to complex conversation about everyday events involving people's actions, beliefs and emotions (Fonagy and Bateman 73).

Attachment theorists have suggested that disturbances within the mother-child relationship may inhibit the emergence of symbolic thought.

Recently, empirical evidence has accumulated to suggest that attachment security with the mother is a good concurrent predictor of metacognitive capacity in the child. A relation has been demonstrated between attachment security to the mother and the child's understanding of emotional states in a puppet doll (Fonagy, *Attachment Theory* 100).

The concept of mentalization, it could be said, has always existed in psychoanalysis. It is present in Freud's notion of *Bindung* (linking), Klein's formulation of the depressive position, Winnicott's concepts of holding and mirroring, and Bion's ideas of containment and transformation. What is significant for psychoanalysis today, however, is the fact that recent experimental evidence is confirming the validity of these psychoanalytic propositions.

Clinical case

A 22-year-old single woman, whom I'll call Mary, came to therapy with depressive symptomatology. She had difficulties in her relationship with her boyfriend and wanted to break it off, but found it impossible to do so because of feelings of guilt; the thought of not seeing him again was intolerable. She therefore remained in the relationship in spite of the fact that it didn't mean anything to her any longer. From the beginning, it was obvious that the issue of separation or loss was dominant in her psychopathology.

During the first month of analysis, the patient reported a dream she had had a little while before she became depressed: "I go out and am walking on a beach. I realize that in the sand there are millions of little human beings, all dead. I take them up in my hand and look at them . . . I am alone in the world . . . I don't want to live. I start sinking in the sand . . . the sun is big, bright . . . I feel terribly lonely." It was not possible to interpret this dream at the time. However, in a later period of the therapy she remembered it and realized that she herself had killed those little people and consequently was sinking into an unbearable loneliness. When other people disappoint her she responds with intense hate, wants to challenge them, to belittle them ("little human beings"). They cease to exist for her at the price of isolation, which equals psychic death. It became clear, as the analysis progressed, that her depression was related to the destruction of the external object.

A dream from the third period depicts a basic character trait of this patient: "I am flying above the world and trying to keep a certain distance. But I am afraid that if I go too high, I will stop existing." She related this flying

to the effort she kept making as a child to become invisible. She always felt uncomfortable in the presence of others, and spent hours in a closet, the only place where she felt some security. The following comment is revealing: “The distance I keep from others is a problem. I feel it protects me from pain, but it is self-negating . . . as when I was a child . . . I don’t feel . . . I don’t feel.” It is this distance, kept both from herself and from others, which formed her central character trait.

Towards the end of the first year, in an early afternoon session, she started by asking me: “Do you find time to eat?” I replied that I do. She continued: “Because I don’t . . . I come straight from work and don’t have time to eat.” She went on talking about various topics and at some point referred to her mother, who was accusing her of always “crying and moaning and never being satisfied,” ever since she was a baby. I said to her that perhaps she had cried because she was hungry. She replied that that was what the doctor had said. They had called a doctor to examine her and had been told that the baby wasn’t being sufficiently nourished. She herself, of course, could not remember any of this, but was informed about it much later by her mother.

We now know that experiences of the first years of life are registered in the so-called “procedural memory,” described by cognitive scientists in relation to the non-conscious use of past experience. Fonagy *et al.* explain this as follows:

There is general agreement that the memory system is at least of a dual nature with two relatively independent, neurologically and psychologically homogeneous systems underpinning it. In addition to the autobiographical memory, which is at least in part accessible to awareness, an important additional component to memory is a non-voluntary system that is implicit, principally perceptual, nondeclarative, and nonreflective . . . It is possible that it is, at least in certain respects, more dominated by emotional and impressionistic information than its autobiographical counterpart . . . The procedural knowledge that it contains is accessible only through performance. It manifests itself only when the individual engages in the skills and operations into which knowledge is embedded. Given these features, it seems likely that the schematic representations postulated by attachment and object-relations theorists are most usefully construed as procedural memories, the function of which is to adapt social behavior to specific interpersonal contexts. (41)

These non-conscious procedural memories, in other words, organize our “way of being with the other,” and may come to be enacted in the transference. Mary comes to the session feeling hungry, and I am the one (my early afternoon session) responsible for her starvation. Mary seems to have had a series of traumatic experiences in her childhood. The insufficient nourishment, the very limited empathic capacity of her mother, the behavior of her father (I refer to him later), the long hours in a closet, all these comprise a picture of what Masud Khan has called “cumulative trauma.” It becomes increasingly evident to me that these experiences have contributed significantly to the formation of her basic character trait, namely the distancing from herself and from others.

It is significant that at the end of his life, Freud had been working towards a very similar view of traumatic experiences inaccessible to memory. About fifty years after his description of trauma as retroactive (*Nachträglichkeit*), he revised the notion of childhood trauma (before the age of five), and wrote:

The [traumatic] experiences in question are as a rule totally forgotten, they are not accessible to memory . . . They relate to impressions of a sexual and aggressive nature, and no doubt also to early injuries to the ego (narcissistic mortifications) . . . The effects of traumas are of two kinds, positive and negative. The former are attempts to bring the trauma into operation once again - that is, to remember the forgotten experience . . . to revive it . . . The negative reactions follow the opposite aim: that nothing of the forgotten traumas shall be remembered and nothing repeated . . . These negative reactions too make the most powerful contributions to the stamping of character. (*Moses and Monotheism* 74-76).

What Freud is describing here is an area of the unconscious that is not repressed, cannot enter the dynamics of representations and is not approachable by interpretations. As he argues in this same period (the late 1930s), we may gain access to these negative effects of childhood traumas by the use of constructions (“Constructions in Analysis”). Modern approaches to this area of the unconscious (the not repressed) include Bion’s concept of “O” and its transformations (*Attention and Interpretation*), and the Botellas’ concept of “accidents of thought” (*The Work of Psychic Figurability*).

Mary’s basic character trait did not change at all during the first period of her therapy. However, her depressive symptomatology subsided, she sep-

parated from her boyfriend, felt generally better and then decided to interrupt the treatment, despite my objections. It seemed to me that she was not yet able to handle experiences of loss, and that she was interrupting the treatment out of fear of deeper involvement in the transference.

Two years later she phoned to tell me that Katie, her sister younger by ten years, had been killed in a car accident. Shocked by the news, I told her to come and see me. She came five years later, claiming she had wanted to cope with the problem herself but kept in mind that if she failed she would resume therapy. She had left her job and moved to the town where her parents lived to help them with the painful situation. Almost every night she would dream of her sister in situations where they were both happy and everything was fine. When, in any of these dreams, the realization struck that her sister was dead, she was overwhelmed by unbearable anxiety and woke up. During the daytime, she believed that her sister was living somewhere else and that one day they would be together again.

It was clear that Mary was trying to deny the tragic loss, that the reason she hadn't returned to therapy was the fear that I would make her face up to it. The situation, however, had become overwhelming, and she tried, four years after Katie's death, to escape in a new relationship. It is significant that she came to therapy asking for help with difficulties with her boyfriend, from whom she wanted to separate but was prevented by guilt, as in the first period.

In the first sessions we talked about her relationship and soon she managed to break it off, using me as a support. It was inevitable, however, that the loss of her sister would become the main focus of the treatment. Whenever I asked her to describe the accident, she would try to avoid it. The details emerged gradually. Her sister had wanted to go to a nearby village to meet some friends. Both Mary and her mother didn't approve, but eventually Mary changed her mind under pressure from her sister, and managed to persuade the mother to agree. One of the boys took his father's car, the accident occurred and Katie was killed (though nobody else was hurt). Had Mary not mediated to change the mother's mind, her sister would still be alive.

In one session she reported the following dream:

there is a storm . . . I am in a vehicle which looks like a boat . . . there are other people in it . . . perhaps my sister too. The vehicle is moving along something like a riverbed, which is very muddy and leads to the sea. I try to control it but can't . . . I look at it from a distance . . . it rolls over and eventually sinks into the sea . . . there is a sense of

danger. Some people around are accusing me, saying that it was very dangerous . . . they are moving towards me in a threatening way. Then a man, who looks like Poseidon, comes and takes me in his arms and rescues me.

It was clear that the dream referred to the accident, and Mary herself connected the figure of Poseidon with me. I interpreted that she was attempting to undo the tragic event, without success. Her guilt at having encouraged her sister to visit her friends was being experienced in a persecutory way. The analyst-Poseidon functioned in a protective and soothing way. She agreed with the interpretation, but I was left with a feeling that something was missing from my emotional understanding in relation to her. I thought that her guilt had deeper roots, and tried to search for them in competitive feelings towards her sister during childhood - without success. I told her that there must be something very painful in the accident that is difficult to reach, that it might be useful to try and describe the accident in as much detail as possible. With great difficulty and much encouragement, she began the narrative. The car was driving along a dirt-track (the muddy riverbed in the dream), it skidded off the road, then rolled over many times. Katie was killed by being thrown through the windscreen. In spite of the emotionally charged description, however, I still felt that something was missing.

Certain childhood traumas, I have said, cannot be elaborated psychically, cannot be represented symbolically, leave a void in the network of representations. To confront this gap, the analyst's only resort may be to function as a mirror of the patient's internal state - to offer the opportunity for its "performance" (to use Fonagy *et al.*'s word) within the context of experience in relation to the other/object. Interpretations cannot reach such traumatic areas. As long as I was interpreting, Mary would agree with me and we would continue indefinitely without touching the core. I would be functioning like Poseidon, relieving her guilt but leaving the traumatic area intact.

Another dream in the next session seems to move closer to what is at stake: "I found Katie . . . I embraced her . . . I was worried that she might see what had happened to her body in the accident. At one point she said to me: 'don't press me . . . don't press me.' I moved away and shouted: 'I was right . . . I was right.'" I didn't interpret this dream because I thought that it would not lead anywhere. It is interesting that I ignored the reference to Katie's body in the dream and instead asked her to describe her sister's funeral. What followed is almost beyond my descriptive capacity, a result of

her acutely painful hesitation and my own fearful encouragement. Katie's chest had been crushed but this was not apparent because her body was covered with flowers. However, the face . . . her pain was so intense that I feared she might break . . . Katie's face was somewhat flattened . . . the idea that she might have experienced excruciating pain was unbearable . . .

The relief provided by the ordeal of this description bore striking results. The first had to do with the quality of her communications. For the first time in therapy, she became more intimate and alive, investing her thoughts with appropriate emotion. She referred to the pregnancy of her mother with Katie. Much to Mary's distress, her parents had decided to interrupt the pregnancy, but the doctor managed to persuade them against it. Mary's prayers were answered. I thought this communication related to the deeper roots of her guilty feelings, but didn't interpret it because what was important at this moment was the restoration of her relationship with her sister (her prayers saved her sister). It is important to stress here that this not only refers to the past, but also reflects her present internal state, which is a symbolic representation of her mental state. Having survived the traumatic transference experience, she realized that her sister was very much alive inside her. According to Klein in *Mourning and its Relation to Manic-Depressive States*, in every case of loss, the survival of the internal object is at risk. Every mourning process is complicated because we mourn not only on behalf of ourselves but also on behalf of the object (Segal 70). This is why the loss of a child is the most difficult case of mourning. Mary had to experience the pain of her sister, to survive it and discover that her relationship with her was still alive inside her. She could now pass by the cemetery where Katie was buried without going into a panic. She had ceased, in other words, to identify with her dead sister and the trauma had lost its atemporal and immediate quality (its flash-back quality) and was placed in historical perspective (there and then).

Two weeks later a dream from another session shows more clearly the deeper roots of Mary's guilt. "We're having a celebration at home because they [the parents] are going to kill Katie, who is suffering from cancer. I'm trying to persuade them not to do it because she might be cured or die from another cause." The fact that there is a celebration before the planned murder points to Mary's death wishes against her sister. What is important here is that this insight didn't precede the experiencing of trauma and loss; on the contrary, it came afterwards. In the attempt to identify the factors that help a patient to change, John Steiner asks the question as to whether insight precedes mourning or mourning precedes insight. The patient con-

fronting loss, he argues, finds himself in a quandary: “He cannot take back the projections unless he can mourn and he cannot let the object go and mourn it unless he can take back the projections” (1077). In Mary’s case, it seems, mourning preceded the taking back of her projections (insight). Her sister was still important for her, her loss filled her with grief, yet she had gained a degree of freedom to live her own life. The first and most significant step towards the recognition of loss and the development of autonomy had taken place.

Another important development had to do with her relationship with her father. In the past she had described him as verbally violent, without attributing much significance to this. Now she revealed that he was a “terrorist” (her word), that everybody in the family was terrified of him, and that she believed he was capable even of killing her. Now for the first time, she began to stand up to him and told him she would no longer tolerate his violence. She remembered an incident with a small female dog that was on heat and had been tied up to be protected from a large male dog in the neighborhood. Her father had infuriated Mary by untying the dog without concern for the consequences. I interpreted that she was also angry with me because I had exposed her to painful feelings without guarantee of a successful outcome. The dog incident, in other words, was a symbolic representation of her relationship with me. She soon found a boyfriend, which I interpreted as in part an acting out, an attempt to avoid deeper involvement with me.

The shift in her personality, as I have interpreted it, had come about without the reconstruction of her traumatic childhood events. It was only through dealing with the recent trauma that the character trait (the distance from others) could be approached. The therapeutic value of childhood reconstructions, of course, is still an open debate within psychoanalysis, with some analysts, such as Harold Blum in his 2003 essay on “Repression, Transference and Reconstruction,” insisting on the necessity of reconstructions. Following Fonagy (for example in “Memory and Therapeutic Action”), however, I would dispute their utility and put the emphasis on the here and now analysis of the transference, which constitutes an enactment of the old experiences mediated by procedural memory.

Conclusion

This case raises many interesting questions: the contribution of early traumatic experiences to the formation of the character, the “not repressed” un-

conscious and how to approach it, the validity of childhood reconstruction and the analysis of the here and now transference, the experience of the trauma that is followed by insight and not *vice versa*, and of course the function of the analyst. Interpretations had a soothing effect but could not reach the central issue. My feeling of something missing from the puzzle was the guide in my approach. It reflected Mary's internal psychic state and acted as its mirror. This enabled her to experience and describe the trauma, to give it symbolic representation, which eventually led to the development of the capacity for mentalization.

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She admitted that I was becoming very important to her and was angry that I was not always available. On another occasion I interpreted that she was disappointed with me for my failure to bring her sister back to life.