Mentalization and Metaphor, Acknowledgment and Grief: Forms of Transformation in the Reflective Space

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This paper illustrates the clinical application of current theorizing about mentalization and reflective functioning and shows how it can synergize with established analytic concepts. The paper presents a single case, that of a middle-aged woman patient with a moderate but significant history of trauma and presenting with narcissistic/borderline and masochistic dynamics. Unlike some applications of the new concepts, however, this paper does not focus the case presentation around them but instead shows how a number of processes contribute to the development of mentalization. These include corrective engagement in enacted repetitions of the patient’s past mistreatment, the development of a central metaphor that allows for proto-reflection and playing with painful affects, and a mourning process precipitated by the death of a family member to whom she is ambivalently attached. In the course of the presentation, then, a variety of psychoanalytic concepts are applied, such that the paper works as a synthesis of mentalization theory with them. Specifically, transference–countertransference dynamics are tracked, projective identifications and containment processes are described, interactions and interpretations lead to progressive change, and fantasies, conflicts, and internal object relations are observed and analyzed. Such direct and detailed clinical application of the concept also makes it more vivid, lucid, and experience near.

Emerging developments in attachment research are contributing to the psychoanalytic understanding of development and psychopathology, as they have been augmented by them. Re-

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recently, this synergy has accelerated, as the concept of “mentalization” has generated broad and intense interest (Coates, 1998; Seligman, 1999a, 2000; Chused, 2000; Main and Hesse, 2000; Slade, 2000; Fonagy et.al., 2000, among others). In this paper I propose to illuminate and elaborate this term through its application to a clinical case, which is presented after a brief review of the concept.

However, in this paper I do not focus the case presentation around the mentalization concept but instead describe a variety of change processes that occur within the analytic relationship, which can be understood as contributing to the emergence of reflective functioning. These include corrective engagement in enacted repetitions of the patient’s past mistreatment, the development of a central metaphor that allowed for proto-reflection and playing with painful affects, and a mourning process precipitated by the death of a family member to whom she was ambivalently attached: Transference–countertransference dynamics are tracked, projective identifications and containment processes are described, constructive interactions and interpretations lead to progressive change, and fantasies, conflicts, and internal object relations are observed and analyzed. Overall, this integrative approach is an effort to make the new concepts part of the analyst’s vocabulary rather than replacements for it.

With this emphasis in mind, my primary use of mentalization theory in approaching the case will be a retrospective one. Although it was influential at times, the mentalization framework was not decisive in shaping the technical decisions in the case. Generally, my interventions combined a mix of various psychoanalytic clinical theories on one hand and a more or less disciplined responsiveness under the various pressures of the transference and countertransference and other elements of the ongoing analytic process on the other. I present the back and forth of the analytic process, tracking shifts in the patient’s psychological style and her evolving relationships. What emerged was a mix of traditional interpretation, including of the transference, the past, and the patient’s extra-analytic relationships; working out transference–countertransference enactments; affect regulation; (as I have said) a particular metaphor that facilitated a transition to more direct and mentalized functioning; grief and mourning triggered by the death of the patient’s close relative; and the progressive impacts of intercurrent extra-analytic life events. The most important role of the “mentalization” model in the clinical report is to provide a series of retrospective touchpoints to follow the
analytic progress, which in turn should clarify it and its clinical implications.

Mentalization as a Milestone in Child Development and Clinical Psychoanalysis

*Mentalization* refers to an emerging mental capacity, achieved in a crucial process in development where the child comes to understand that her immediate experience, “objective” as it may seem, is a personal experience, which may well be different from that of other people. The mentalizing child thus has a sense of her own subjectivity, a “theory of minds,” including a theory of other minds, all of which implies that her subjective experience is dependent on her mental state as well as whatever is occurring in external reality. This capacity thus implies a number of distinctions: between one’s own mind and those of others, between intentions and effects, and the ability to imagine that one’s own experience of an external “reality” may be one among many. The child is coming to know that she has a mind of her own, in a world of her own that includes other people who have other minds which see the same world as she but from a different perspective. Along with the term mentalization, other related conceptualizations have referred to metacognition (Main and Hesse, 2000) and reflective functioning (Fonagy, 2000; Fonagy et al., 2002; Slade, 2000).

A key feature here is that these all-important senses that there is an “objective reality,” and other minds coexisting in that reality, are constituted in relationships rather than being discovered. There are two correlated developmental experiences: The child sees herself seen in the eyes (and mind) of someone who cares for her at the same time that she sees that that person has a view of her mind that is not the same as her own sense of herself from the inside. In tandem with this, she can share attention to other objects with such caregivers, coming to the complex experience that the same object is seen from a more or less different vantage point by herself and the others (Trevathan, 1980; Stern, 1985; Seligman, 1999a; Fonagy et al., 2002). When the child can apply this ability to take on multiple perspectives about her own mind, she can grasp how her own internal experience could be different from what someone else sees when he sees her. This is the core of the fundamental organizing principles that comprise mentali-
zation—the theory of minds and the dialectic between objectivity and sub-
jectivity.¹

When mentalization is not consolidated, the developing child is stranded in rather unwieldy and constrained mental states (Fonagy and Target, 1996). Others cannot be relied upon, as they are not held as separate; they are protected from whatever psychic vicissitudes may perturb the inner mind, because the internal anxieties and destructiveness bleed into their representations. In constituting such psychic organizations, projections are both indispensable and perilous: Because the internal and external perspectives are not well differentiated, such projections are particularly problematic because they are taken as equivalent to objective reality; but they cannot be avoided since the border between minds is so indistinct. Thus, patients with mentalization deficits may well be prone to pathological idealization, paranoid projections of internal malignancies, and oscillations between these. All of this leads to the widespread impression that these deficits are implicated in much character pathology (Clarkin, Kernberg, & Yeomans, 1999; Diamond et al., 1999, among others). In particular, there is significant empirical evidence of very significant correlations between deficits in mentalization and borderline personality disorder (Fonagy, 2000).

The crucial link between being understood and the sense of coherence and security is thus explicated. Thinking reflectively and making meanings that make sense are a crucial aspect of feeling secure in the world. When such developments are impaired, basic psychopathology will likely ensue. (In a related finding, Main and her colleagues [2000] have shown that adults who have developed the ability to reflect on their experience are more psychologically secure than those who have not, even when their actual experiences are more traumatic. These findings provide basic support for the therapeutic value of psychoanalytic exploration.)

¹Suggestive links might be made with established analytic models. Freud’s (1911, 1923) theories of the two principles of mental functioning and of the polarity between the ego and the id are the essential points of departure for this theorizing, making a distinction between the reality orientation and that which does not distinguish between the internal and the external. Subsequent but essential conceptual developments elaborate this: These include the essential Kleinian–Bionian (Bion, 1962) interest in the development of the depressive position and “thinking” along with the pitfalls of fixation in the paranoid–schizoid position; Winnicott’s (1971) pivotal distinction between the “subjective object” and the more mature “object usage”; and the central role in ego psychology of reality testing as an ego function and, more broadly, the complex relationship between psychic and actual realities (Hartmann, 1956; Erikson, 1964; Arlow, 1969; Wallerstein, 1988).
Despite the widespread interest in this innovative conceptualization, however, much uncertainty remains among analysts about it, especially about its direct application to clinical analysis (although there have been a number of important efforts to clarify this, including Diamond, 1999; Diamond and Blatt, 1999; Chused, 2000; Seligman, 2000; Slade, 2000; Weinberg, 2006)

This paper illustrates the emerging theories about mentalization and reflective functioning by presenting an analytic treatment of a woman with a chronic traumatic history and masochistic–narcissistic character trends. As it does this, it renders these theories with the complexity that inevitably emerges in the rough-and-tumble of analytic treatment and links them to other theories and intuitions on which the working analyst relies in everyday clinical work.

The patient in this case started out in a nonmentalized state, characterized by projective identification, psychic equivalence, teleology, and a rather limited behavioral and emotional repertoire. As the case progressed, she developed a more fluid psychological organization able to see others’ motives and imagine their states of mind, taking them into account with greater flexibility and with a wider and more context-specific range of affects.

This general evolution can be understood as converging in the development of mentalization and evolving senses of subjectivity/intersubjectivity. The markers of these developments included the patient’s becoming more self-reflective, more aware of the difference between her own psychic reality and external reality in general, and concurrently able to conceive of the distinction between her own mental life and the others’ experiences. She became more flexible, empathic, and less compelled by her past and the correlated psychological rigidities. Her emotional range broadened, and her practical experience became more varied and pleasurable. Similarly, the transference became less rigid and more open to interpretation, and the patient was more able to take advantage of the directly supportive aspects of the analytic situation. As this all evolved, the analyst became freer and more available.

Case Illustration

Harriet J, an administrator in an agency for emotionally disturbed children, was in her 50s when we first met. She was pleasant in her demeanor and appearance; I felt she was “a good person.” A bit nondescript, she seemed
lively and articulate enough, interested but apprehensive. She was consulting a couple of analysts, and I was pleased that she chose me. We agreed to meet twice weekly.

Ms. J had become disenchanted with an analyst that she had seen for several months. She felt that he was cool and unresponsive. I was sympathetic, but Harriet’s presentation of herself as mistreated seemed exaggerated. She could refer to her own internal experiences of frustration and strong and romantic wishes to be close to him, and even appreciated his plausible technical reasons for being restrained, but this was awareness without reflection. Whatever she knew about herself was disconnected and overridden by having an ax to grind.

This intimated a common dilemma with certain patients: Something felt right about Harriet’s account of the analyst at the same time that her responses were driven by her own internal rigidities. I managed to restrain myself from enacting either of the twin temptations of joining her in blaming the analyst or taking up the underlying sense of grievance, and things went along well for a while. Ms. J had been in a submissive marriage with a man who turned out to be a drug abuser and had ultimately died of a drug-related illness. Hardly anyone had appreciated how devastating this had been for Harriet, even though the marriage had ended a decade ago. She told me that she found my understanding this to be quite moving and helpful.

Getting Snagged:
A Transference–Countertransference Bind

When Harriet returned from a vacation, she was shocked to see my charge for her week away, although I believed that I had explained that this arrangement was standard in my practice. She felt hurt and angry: Indeed, she insisted that I was betraying our avowed purpose of helping her enjoy life, because I must be reminding her that she had to put me first even after she had been able to “give herself” this special trip. She accused me of overlooking her conscientiousness and concern for our work together. I agreed that my billing her might seem one-sided. But as I acknowledged that it was a way of conducting business that worked better for me than any of the alternatives, I maintained that it was nonetheless not a matter of denigrating her commitment to treatment. This, however, only served to intensify her anger, and she became more harsh and one-sided in her criticism of me.

I tried different responses, including trying to explain myself further and trying to confront, gently I thought, Ms. J’s difficulty seeing that I might
have my own requirements without this reflecting my attitude about her. At times, although I sympathized with Harriet’s sense of being mistreated, I tried adding that the force of her reaction might have sources in her own history and psychology. I had been hearing about her ongoing sense of grievance with several friends, and I suggested that there might be a pattern here from which we might learn.

But this too only served to amplify Ms. J’s anxiety and hostility, along with a rather rigid and quite belligerent side of her. In retrospect, I see that these attacks left me feeling quite pressured, annoyed, and guilty, and I became rather flatfooted. In addition, my efforts to help her see that her reactions might reflect her own past experience overlooked how difficult it was for her to see realities other than those driven by her strong emotions. Despite my having written on the dangers of premature interpretation (Seligman, 1999b, 2000), I was overly persistent in taking this tack. Not surprisingly, this hardened and intensified her feeling that I was pursuing my own agenda, as she felt that I was keeping her talking about her bad experience with me when she wanted to “move on.” I was calling attention to myself and insisting on running the show rather than helping her feel better.

In this atmosphere, my interpretations served as a form of reflexive self-protection for me in the face of some persistent bewilderment and irritation. I became grumpier and more negative than I usually am with patients: It felt like Harriet was boxing me in, keeping me from being the kind of analyst I want to be. I felt misdescribed and misrecognized, not so much because I felt criticized but because I couldn’t find myself in the rather nasty account that she was offering—try as I might. I was thus left with the common dilemma of either complying with projections that felt wrong or contesting them in a way that left me an outsider and leaving someone whom I had hoped to help stranded instead with her own helplessness and desperate anger. Indeed, Harriet felt much the same way.

**Technical Implications of Conceptualizations About Failures of Mentalization, Trauma, and Projection**

There are many perspectives that we can bring to bear on this situation: This is the kind of projective identification and mutual enactment that is so common, especially with patients whom we end up calling sadomasochistic, borderline, and narcissistic. The analyst is caught between identifying with one or another side of the controlled–controlling, abuser–abused dyad that is so constitutive of the patient’s object relations. It seems clear to me, again
in retrospect, that Harriet was evoking in me her own sense of being pushed around, minimized, railed at, and dismissed that resembled her own traumatic experiences, present and past. I now believe that I was re-enacting these relational patterns to a greater extent than I realized at that time.

Before going on to describe some of the subsequent evolution of the case, I want to restate and elaborate four particular points that it illustrates, which are illuminated by taking up the emerging thinking on mentalization along with more established strands in the analytic lore and literature: the compulsion to project; the emergence of transference as a state of mind without reflective functioning; the dangers of premature interpretation; and the pressure, and perhaps requirement, that the analyst engage in repetitive enactments in the transference–countertransference, which most often re-evoke some of the patient’s traumatic experiences (if not the analyst’s). Having just discussed this last matter, I will briefly elaborate on the other three.

The prominence of projection and the lack of a theory of other minds. Overall, Harriet could not allow that I had needs and requirements of my own, insisting on the peremptory reality of her idea that I was punitive and considered her unworthy. As far as the part of her mind that mattered, I simply was someone who was judging and punishing her. There was no other possible reality. Although Ms. J could be quite an intelligent and thoughtful person, her stance here was quite closed and impervious to new information. She could not “play with reality” and was instead stranded in a state of concrete, psychic equivalence, both embattled and alone (Fonagy and Target, 1996).

Transference and the absence of reflective functioning. In the grip of unmentalized, powerful affects of fear, longing, and danger, Harriet couldn’t make use of everyday mental procedures for correcting “misperceptions.” Under such conditions, patients take their subjective experience as if it were entirely “real,” the whole story, without reflective thinking: No matter what information the patient may have about the analyst’s reliability, honesty, concern, and so on, the compelling reality of the subjective experience overrides anything else that the patient might “know.” So no matter what Harriet knew about my good intentions—even when she felt, as she did, that I was a caring person—she couldn’t think of me as having anything but cruel motives when it came to the fee, and this dominated her experience. The theory of other minds no longer applied. This transference was thus characterized by an impairment of reflective func-
tioning, of mentalization, of the reality sense. By thinking of the absence of objectivity as an aspect of a psychic state, rather than as a capacity for accuracy, we can better differentiate transference as a metacognitive variant from its other conditions—transference as distortion, as desire, as developmental possibility, and so on.

For Harriet, only one affectively charged internal representation system—only one “emotional reality”—could exist at any given moment, and the other had to be projected with great force and certainty. Although apparently a thoughtful and responsible person, she lacked a true theory of mind in those areas where strong, self-related affects were involved. It was either her or “them.” With Harriet, this was a ubiquitous pattern: She could regale me with stories about friends who were mistreating her, denouncing them while professing to be helpless to make any changes. She couldn’t bear to be aware of her dependence on these friends, both as people whose companionship she badly needed and as necessary objects for the projection of her own persecutory objects, without whom she would have to face her own needs and fears of being humiliated and out of control. This pattern was repeated in the transference.

Premature interpretation, “narcissistic resistances,” and the breakdown of metacognition: The dilemmas of interaction amidst nonreflective projective identifications. This all well illustrates certain pained and angry reactions to apparently accurate interventions, which we often think of as “resistance.” People lacking reflective functioning cannot conceptualize any alternative explanation of their subjective (if actually reified) realities. Further, any suggestion that there might be alternatives may well be experienced as abandonment, because it disrupts the implicit assumption that everyone sees the world in the same way. Even “correct” and tactful interpretations in such situations can lead to heightened, self-protectively aggressive reactions despite their apparent accuracy. The resistance is to the otherness of the analyst as much as to the content of the interpretation.

In addition, the confrontation that is implicit in many analytic interpretations may also be taken as an accusation that the patient is “crazy,” or at least has defective judgment about what is real. In this way, as in others, the emerging sense of threat both amplifies and is amplified by internal, persecutory objects, and a vicious cycle can ensue. Projective identifications and other maneuvers often externalize the persecutory phantasies, which may in turn be further amplified by the responsive, if potentially destructive, actions of the analyst. In addition, further anxieties about the ex-
posure of underlying states of disintegration or loss of reality are also mobil-
ized.

Overall, under such psychic conditions, trusting oneself or anyone else is
difficult, because there isn’t a sense of things persisting beyond the moment,
and there is no reliable sense that psychic reality is only that, which makes
bad feelings especially problematic. Under the meta-assumption that fanta-
sies and feelings are as real as other people, painful experiences cannot be
conceived as something just in the mind; they are hyperreal and cannot be
contained as subjective experience. (Indeed, this category does not exist.)
Thus, as so many analysts have noted, they have to be relocated outward, and
splitting and projection are necessary to preserve psychic equilibrium in the
face of overwhelming affects and phantasies. Such projections may well fur-
ther reinforce paranoid states, as the external world appears to be highly dan-
gerous. At the same time, as she is left with her dependent feelings, the pa-
tient may experience herself as especially vulnerable to the power of the
analyst, because she badly needs his help. The patient also needs the relation-
ship with the analyst to provide an object for the projected psychic dangers,
such as abandonment, betrayal, and attack, all of which present themselves
in Harriet’s case. Thus, a vicious cycle may well ensue in which the attach-
ment intensifies the sense of fear and danger, which intensifies the dependent
feelings, and so on. With patients who have been traumatized, especially
those with disorganized attachments, there is already a predisposition to link
attachment and insoluble fear (Hesse and Main, 2000). Overall, the emerg-
ing constellation is likely to constitute a threat of the repetition of the trauma.
This was the case for Harriet.

Pitfalls and Progress with Ms. J

With all this in mind, I can now say that I was initially overly attentive to
the content of Harriet’s projections rather than attending to the danger of
her considering alternative views of reality. She was under such psychic du-
ress that these interpretive comments would intensify the fear that her
sense of reality was being undermined by a punitive but needed caretaker,
from whom she could not extricate herself. This dynamic often stalls ther-
apeutic progress with patients with serious characterological problems who
have not developed the capacity of reflecting on their own internal reality
as anything other than the whole world.

In such situations, the self-protective, self-punitive, and fearful sources
of the disruptive, rageful, and withdrawing responses should not be ne-
glected: Life without metacognition is psychically risky. Often, understanding how the patient’s reactions do make sense from her perspective can be helpful, along with acknowledgments that each of us has a different point of view, each of which may have merits. This can have the effect of introducing the possibility that there are two minds in the room, if only at a rather concrete and halting level. Also, shifts into and out of affect regulation, mentalization, and reflective functioning should be carefully tracked by the therapist and noted for the patient when helpful.

Along these lines, it helped Harriet when I communicated my growing understanding that my interpretations about the “content” of the transference were challenging her fragile sense of the authority of her own thinking. I might say, for example, that I could understand how she might feel that I was telling her that my view of things was better than hers and that would leave her with the impossible choice of having to accept something that felt wrong to her or having to give up on a therapy that meant a lot to her. Interpretation-like comments will be helpful, if at all, when the patient begins to shift from concretization to mentalization. Therapists will be well advised to track the moment-to-moment ebbs and flows of such shifts.

In situations like these, Pine’s (1985) maxim about striking when the iron is cold is a useful one. (When the iron is hot, that is, when the transference is more fully engaged and the affects are intense and saturated, the analyst’s interpretive formulations remain useful, but primarily for his or her undisclosed thinking. Because the countertransference in these situations is often very pressured and challenging, these thoughts may provide a regulatory antidote to our own feelings of helplessness, frustration, rage, loneliness, and guilt, if they are not abused in a self-serving way.)

Still, despite the slight gains that arose from my shift in timing interpretations, they were not going to untie the knot here. I came to feel, reluctantly, that I would have to make what felt to me to be a concession to protect the prospect of an ongoing therapeutic alliance. I proposed that at this point that I would not charge for cancellations with sufficient prior notice and that we might revisit this matter in the future if it seemed timely. The sense of concession was neither about my authority nor about my pocketbook but because I felt that I was acting in response to pressure to comply with the projection that I had done something greedy that had to be redressed rather than having come to feel that this was the right thing to do. I have come to realize, sometimes regrettably, that these matters may well have to be worked out in actions, rather than reflection, at these stages of such cases; this may in fact be inevitable and also may be useful at times.
As all of this proceeded, things softened somewhat. Although still aggrieved, Harriet began to recall how ignored she had felt as a child. Harriet’s mother married her father after his first wife died, leaving him to care for their 3-year-old son. Although the courtship was romantic, things changed dramatically after the marriage. By the time Harriet was born, her mother was bereft of her earlier pleasures, and the romance gave way to depression in the drab workaday. The brother was always getting into trouble and then persecuting Harriet, but her pleas for help were ignored. Her own wishes and talents were not acknowledged, and she was rarely allowed to feel that her own perceptions and feelings mattered. When she came home with a good report card, for example, her brother would tease her in front of friends and family, sneering that “she liked school.” No one protected her. Whatever emerging pride remained was squashed, and she became a meek, self-effacing “good girl,” without a voice of her own, retreating into numb compliance.

A very vivid, even gory, memory emerged poignantly. One day, Harriet came home to see her beloved cat dying on the street after having been hit by a car. The horrific image of his still-breathing body remains fixed in her mind. Still, even as she stood watching, she was discouraged from saying anything. Subsequently, she was never given an opportunity to grieve or even talk about what had happened, including her inchoate suspicion that her brother had coaxed the cat into the street. We gradually appreciated how Ms. J had felt completely, even brutally, discounted in the past, as in the transference. This led to halting insight about how she felt that she had to dramatize her suffering as the only way to justify her wishes and perceptions, because she otherwise believed that neither her own thinking nor her anger could be justified. We also, slowly, thought about how her harsh self-criticism, her criticism of others, and her feelings of deprivation worked together. High-volume complaint and hard-edged grievance were the only form in which she could imagine being heard.

Here, Harriet was beginning to become more aware of her own motives, including those implicated in her compensatory and defensive character style. This synergized with the historical reconstruction. Coming to see one’s experiences as having a history, with patterns and continuities over time, is a step in the development of a personal sense of subjectivity. Reflecting on one’s own mind as other than “objective” reality is a central feature of feeling like a separate person with a mind of her own (see, e.g., Stern, 1985; Britton, 1992; Caper, 1997; Coates, 1998; Seligman, 1999a, 1999b, 2000; Fonagy, 2000; Slade, 2000; Fonagy et al., 2002).
The following detail, apparently minor, shows the emergence of the capacities that are crucial to mentalization (as well as to the Kleinian “depressive position”)—the sense that mental phenomena are not the same as external realities, the recognition that facts may indeed be more compelling than projections, and the like: Ms. J had called to accept an invitation to a party for an old friend who had recently become ill. She asked the friend to call back. When the call was not returned promptly, Ms. J felt miffed, imagining that her friend was being vindictive because he felt snubbed by her prior to the illness, even though she knew that he was preoccupied by his condition. She then said, “I believe this, and I don’t believe this.” Harriet’s declaration of self-reflective doubt about a projection (supported by powerful emotion) that she had been treating as a fact illustrates the emergence of capacity for mentalization, or in the contemporary Kleinian terms of Britton (1999), an ability to distinguish between beliefs and facts.

**Metaphor, Communication, and Metacognition**

Let me now return to the further flow of the case so as to illustrate another aspect of this emergence of Ms. J’s sense of subjectivity and inter-subjectivity, this time in a transitional process supported by the fortuitous emergence of a metaphor that helped us look at her uses of suffering.

Harriet came into one session holding a biography of Joan of Arc. When I noticed it, she told me how she had immediately grabbed it in the bookstore, because she had chosen Joan as her confirmation saint as a teenager, aware that it was unconventional, although without an explicit sense of the resonance of her own suffering to her heroine’s. She was quite affected by this now. At the time, however, no one in her family had displayed the slightest interest in her originality or self-expression. She now tearfully recounted how crushingly disappointed she felt.

I was intrigued by this all, seeing how the story of Saint Joan captured the important themes of redemptive and heroic suffering that were so important for Harriet, along with the fate of a pure and misunderstood woman who was betrayed by a powerful man, here the King of France, who first supported her and then abandoned her (just as, she felt, I had). As we began to talk about how suffering was a key part of her identity, I also let her know that I believed that her choice of Joan must have expressed her own sense of decency and creativity. I felt this quite spontaneously, and it was touching to both of us for me to say it.
This helped us talk about her experience in a way that, for better or for worse, circumvented some of the onus that Harriet associated with the usual analytic attention but very much had the feeling that she was speaking from inside herself, in her own voice. In addition, Harriet’s projection of her self-representation into the Saint Joan story gave me a way to communicate my respect for her struggle and my appreciation of her suffering in a displaced and affirmative way that touched her longings but neither overwhelmed her nor exacerbated her predisposition to feel patronized. This was all at some distance from the cycle of idealization and disillusionment that had prevailed in the transference. In addition, my attention to the positive affects was useful here. Analysts are sometimes unnecessarily constrained and neglect the progressive possibilities in appreciating positive affects associated with key internal representations of self and other. Contrary to what some have taken for granted, this does not have to preclude attention to the threatening and overwhelming negative ones.

There is another quite important and more personal element that I must now add. I had a special interest in Saint Joan, spurred by two extraordinary films, one by Robert Bresson (1962) and one by Carl Theodor Dreyer (1928). I didn’t mention this in the first session when Harriet brought the book, but she may well have seen the gleam in my eye or heard the enthusiasm in my voice. After a session or two and some mulling it over, I told her about the silent Dreyer film, which is quite extraordinary. Some time later, Harriet watched it. It includes an utterly stunning performance by Antonin Artaud as a rock-hard, imperious judge and a protracted scene of Joan burning at the stake, in which her ecstatic agony is remarkably conveyed by the facial expression of the great French actress Arletty. Harriet and I talked about this scene, sharing our awe of it, especially of the suffering that was embodied. The aestheticization of this extraordinary pain, excruciating, masochistic, and noble, served to help Ms. J approach and regulate her own such affects and fantasies. Thinking about these images together offered the possibility of a containment of something primitive that might well have been the most suitable way to approach it at this point. The narratives and metaphors functioned something like language might in another case. (See Ferro, 2002, for a contemporary Bionian elaboration of this kind of analytic activity and, of course, Winnicott’s, 1951, 1971, conceptions of the transformational potentials of play and the transitional space.) We did in fact talk about such themes, as for example how Joan was compelled to choose to suffer, that were quite immediate and personal for Harriet in a way that would not have been possible without the background of the Saint’s story.
Thus the Joan of Arc metaphor served both to evoke and organize Ms. J’s inner life, providing a position from which she could take a self-observing perspective that was otherwise precluded in the more psychically threatening arena of direct interpretation. The metaphor played a transitional function, a kind of “me-not me” language, that allowed for a dialogue of subjectivity without Ms. J having to be fully explicit that she was talking about herself to me. As she was able to do this, she could take further steps toward reflective collaboration in the analytic process.

Overall, two dynamic change processes were proceeding simultaneously: the explicit process of reflecting together on the patient’s psychology, and the implicit process of building a sense of her subjectivity amidst the intersubjective world in which one person has an interest in the other’s mind. At the same time that direct themes were mediated in the content of the Saint Joan story, there was an ongoing process of emergent inter-subjectivity proceeding in our shared interest. The use of the metaphor provided the opportunity for us to talk about a Harriet-like character as a third person, in a transitional space that supported symbolization and self-reflection (Winnicott, 1951; Ogden, 1994; Benjamin, 2004). It was a bit like playing with a child or sharing enthusiasm about some object on the street with a younger baby. (Everyday examples abound, as when a toddler and his father stop on the street and the child tentatively pets a dog and the father says, “Nice doggie!” while looking at the boy, who fully understands that his dad is talking about the animal.)

Such shared enthusiasm about a third object is part of the normal process of infant’s coming to experience her own subjectivity. Trevarthen (1980) called this process “secondary intersubjectivity,” in which the developing sense of having one’s own mind in a field of others is supported when two people share attention to a third object: The infant knows that the father is seeing the same dog but from a different vantage point. Harriet and I were quite involved in such a dialogue, in which her mind was a focus of our attention but in which my own subjectivity was marked by my interest, in a generally affirmative atmosphere globally defined by my overall attentiveness in the analytic effort. In the presence of my own distinct but linking interest, my own recognition of Ms. J’s experience underlined the novel experience of being understood from someone else’s perspective while staying involved with that other person.

It may be that it was an exceptionally fortuitous convergence that led Ms. J’s interest in Saint Joan to converge with my own, but I do believe that many analyses progress through similar creative processes that may not be so obvious but are nonetheless variations on such formats for transitions to
an emergent intersubjectivity, often proceeding implicitly and in the background. I would add that I could not have offered this account while I was talking with Harriet about Joan of Arc, and I sometimes wondered if I were just passing the time.

Thinking About Reality: Looking at Others With a Shared Perspective

As this evolved, Ms. J was continuing to talk about her interpersonal entanglements. She continued to offer stories of how particular “so-called friends” were mistreating and exploiting her. I was often able to elaborate and appreciate her viewpoint, but she was nonetheless disappointed when I wasn’t enthusiastic about her sense of grievance. In listening to her, I found myself in the familiar bind, sympathetic to her distress but rendered unable to offer my perspective on how she was exacerbating, if not causing, her difficult position. I was aware that she would sometimes respond with demanding and angrily anticipating rejections of even the smallest requests that her own wishes be accommodated rather than making those wishes known.

Eventually, we could find some common ground by talking together about her friends’ psychologies. I would notice how her friend Sarah, for example, called only when she needed something, and Ms. J felt acknowledged and a bit relieved. Over time, I might add that Sarah seemed to be a very nervous person who couldn’t think of other people because she was so preoccupied with her own needs. In addition to the direct value of these ideas, this lending of my mind helped Harriet because she could become more dependent on me in actuality and also helped to build a constructive, idealized sense of our evolving relationship. It also engaged us further in the emergent intersubjective format of thinking together about a third person, one with which Harriet had very little experience. There was a softer and more collaborative quality to this talk, as it hovered on the edge of aggressive criticism and empathic understanding, with projection now more contained and less compelled.

In this atmosphere and mode of relating, there were new opportunities to think about how Harriet’s behavior was evoking others’ reactions. As we were joined in critiquing her friends and colleagues (fairly, I hope), we could talk with greater freedom about Ms. J’s own role—a process that expanded her sense of agency as it developed some insight. She also got to practice a kind of observation of others’ minds, which provided some alternative to her more solipsistic, paranoid reversal of her own persecutory
Grief, Differentiation, Integration

As Ms. J became freer to think about her friends’ and colleagues’ foibles along with her own, she also became more able to assert herself efficiently—both in pursuing some long-deferred pleasures and in taking more direct and explicit positions with others. She eventually got a more appealing job that allowed more personal freedom and where her own skills gave her more leverage to negotiate a better deal for herself. She took longer and more imaginative vacations and started some new friendships in which her wishes were respected. She celebrated her newfound agency quite enthusiastically; at times, she would self-reflectively take the risk of alienating others with whom she had been friendly. This meant, in practice, that she went too far sometimes, and when she asked me, I let her know that I did indeed think this. She now could tolerate criticism without feeling compelled to attack the critic. In this climate, it became more possible to link this exaggerated assertiveness to her anxieties, to her sense that she could not find a response to her own wishes anyway, because she never had. This insight built a synergy with her increasing success at negotiating interpersonal and professional situations.

Although there were many such situations, this was most poignant and powerful in her evolving relationship with her brother. Excluding some
other developments, I now describe this in some detail, making some observations about the linkage of grief, internalization, personal integration, and the development of mentalization. Although Harriet had long felt hurt and angry with her brother, she had kept in touch, visiting whenever she returned to their home city, where he still lived. When he became ill with a potentially life-threatening illness, she offered advice based on expertise that she had acquired when a friend had a similar condition. Although her brother and his family signaled that they had a different approach, she persisted, and he eventually stopped returning her phone calls and e-mails, as did his children, to whom she had been close. She was informed that his illness was not immediately fatal, but she was otherwise cut off from the rest of those who represented her last blood ties to her original family.

She was quite hurt and angry, so much so that she never considered that she might have taken some liberties or that she might have done better to take her brother’s obstreperous character, of which she was well aware, into account in approaching this matter. But as time went on, she did wonder that her own pride had gotten in her way. Some time later, she learned that her brother’s condition had worsened, and she called him to say that she would be in their area and that she hoped that she could visit.

Surprisingly, he called back quite promptly and tenderly thanked her for calling. Stunning Harriet, he told her how much he had missed her, despite how much pain there had been between them. He added that he always thought that she would call and apologize and that he didn’t realize how strong she was. They were both really stubborn, he said, and he guessed “it ran in the family.” Harriet was equally forthcoming and did travel to see him. Mr. J continued to soften as he contemplated death, and in later talks he told Harriet that he was remembering some of the cruel things that he had done to her and that he regretted it. This extraordinary turn of events was quite moving, providing acknowledgment, reparation, and an even further amplified sense that interpersonal relationships might work out with some justice and reconciliation.

As Mr. J became more ill, things became even more poignant. Memory and gratitude mingled with grief, anger, and regret, both about the current loss and the ways that the past limited who Harriet could become and who she had been. She made a number of unexpected links between the present and the past, including wondering, in an emotionally convincing way, that she had sought in her roguish and cruel husband an echo of her brother, from whom she always fruitlessly sought protection. Over time, the tone of her talk about her brother and his family was marked with an appropriately subdued satisfaction, as the mutual recognition and reconciliation pro-
ceeded, but always mingled with a resignation and melancholy about what was not to be—a complexity of emotion hardly ever seen in Harriet. (See Mitchell, 2000, and Dent, in preparation, for an exploration of analysts who have neglected sibling relationships.)

There were parallel developments in the transference. Ms. J, for example, without my prompting, told me that she had come to see that my way of handling the fee policy didn’t mean that I didn’t care about her. She still felt that I hurt her and that I had showed her my worst side, but also that I had since changed. Mostly she was angry and sad that it couldn’t have been different, that there was so much time wasted. She added that her own way of seeing herself as exploited made it impossible for her to see that maybe that it was my own way of handling things rather than something that had to do with her; speculating about my mental life, she thought that maybe this was a sensitive area for me. Although I suppose I could say that this account doesn’t fully capture her own projections and the like, I’m not sure whether this isn’t as accurate a description as any other, and it does, in any case, show the development of a two-person sense of how things were unfolding, marked by disappointment and even grief, rather than the ever-present and closed system of persecution.

Some months later, Harriet’s brother died. After the funeral, Harriet told me about how things had gone, noting how she was approaching things in a new way. She started the session saying that she had “borrowed a page from” my book; she finally understood about how to use silence. At a family dinner after the funeral, her niece brought her one of her brother’s shirts, which she had requested as a memento. But the young woman brought it into the restaurant right before the dinner, which put Harriet in the position of having to carry it around, rather than waiting until afterward. She found this thoughtless and was offended. She responded, however, by not saying anything, noting that she would have, in the past, complained and gotten nasty, which, she said, would have just made her hate herself for the rest of the week. After a moment, her niece offered an apologetic response and took the shirt back to her car, where Harriet picked it up after the dinner.

This moment, minor as it was, reflected an important change in Harriet’s psychology, including fairly sophisticated self-reflection and new capacities to regulate and think about feelings (Schore, 1994; Jurist, 2005). The “borrowing a page” from the analyst’s book marks a shift from projective identification to the more constructive introjective identification, in which the attributes of the other can be used to enhance the self rather than overridden in the compulsion to protect the self from its own destructive demons.
Later in the session, Harriet described her sister-in-law’s growing depression. The widow was complaining that no one was respecting her own Judaism on this awful occasion. However, although her father had been Jewish, she had no religious training and had adopted Harriet’s brother’s Christianity practice. After the funeral, the family just went home and put on the ball game and sat around watching, without even talking about her dead brother. “If they’re such big Jews,” Harriet said, “why not sit shiva?”

After a while, I wondered aloud whether Harriet might consider her own admonitions, that she was putting other people down but not thinking about her own loss; maybe she was still in shock, or it was hard to be on her own with all of this. She mostly got mad at me and told me more about how I didn’t understand how problematic her sister-in-law was.

But after the session, she left a message with a very different tone:

I know that I was busy fighting with you today. What I said did matter to me, but the thing is I wanted to thank you at the end for bringing me to a much better place, which was talking about what I didn’t get, which was uhhhm… like you said, to sit shiva with, wouldn’t it have been nice if that had happened, and I could have done that for my brother with my family. It brings me to a better place inside of myself. And perhaps now that you’ve articulated that for me, it’s something that I can do for myself at least, a little better than I’ve been doing it. … So thank you, that’s a very big gift … [At this point, Harriet paused with a friendly, sardonic, and somewhat anxious chuckle.] … I won’t fight with you in my mind for at least a few hours (emphasis added).

The general tone of this message is one of grief, affection, and self-reflection. In particular, the jocular, ironic reference to fighting with me “in her own mind” is the clearest indicator of Ms. J’s developing orientation to her own thinking as distinct from the actuality of the external world, which permeates this passage. It announces her knowledge that her getting mad is a mental matter rather than something that belongs in the “objective” sphere of actuality: She has a theory of her own mind in interplay with the world outside. This occurs along with the recognition of the defensive purpose of her annoyed rejection of my interpretation and the subsequent sense of being a needy, sad, and mournful person. These are all correlated aspects of the development of subjectivity, of which mentalization is a crucial aspect.
Conclusion

The primary purpose of this paper has been to illuminate and elaborate the concept of mentalization and suggest some links to other analytic clinical–developmental theories. I hope that the material presented so far has accomplished that. With regard to the ongoing analytic treatment of patients with character pathology such as Ms. J’s, two intertwined points may be added in conclusion. First, the development of mentalization is itself a substantial achievement in such treatments; second, it is a precursor for the effectiveness of many of the more established modes of psychoanalytic therapeutic action, notably those dependent on insight.

Mentalization is a precursor of insight: When a patient cannot distinguish psychic reality from actuality in a meaningful way, the usual interpretations of the internal roots of thoughts and behavior are unlikely to be effective, as they rest on the assumption that it will be meaningful to contrast the inflexible internal world of motivations, fantasies, defenses, and anxieties with the variety of the external environment. Once this capacity is in place, such interventions are more likely to make a difference. Although there may be some controversy among analysts about whether interpretation-based insight is a necessary aspect of successful analysis, it thus seems clear that mentalization is a necessary condition for such therapeutic action to occur.

Subsequent developments in this case illustrate this. As Ms. J began to develop a sense of her own mind, she was now in a position to talk more freely and with a sense of agency about her own motivations. For example, she came to an explicit understanding of what had been an unconscious preference to suffer rather than to risk actual disappointment or the guilt that might come with the angry impulse to protest when she could not be certain that either her wishes or her hatred could be justified. Similarly, she became more directly aware of her conflicted identification with her dead mother’s emotional distress and desolation as an active, personal motivation of her own, all with feeling and a progressive sense that her unconscious hopes for a better, more caring relationship with her mother could, in fact and of course, never be realized. With trepidation, she began to consider that she might, after all, make herself available to a relationship with a man, even if it meant that she would have to recall the disaster with her husband and risk disappointment and rejection. Even as more analytic work remained to be done, Ms. J was now able to identify, and identify with, her own subjective motivations to a greater extent than had been previously possible. Along with this, her own sense of both internal and external
worlds had become both more spacious and secure for her, and she could, overall, think and act more clearly.

Overall, Ms. J seemed sadder but wiser, but also happier and more flexible. She was capable of optimism, gratitude, and even humor amidst grief. She still struggled to keep herself from succumbing to the influence of others, or to feeling abandoned and aggrieved, and then, ultimately, quite bad about herself. But this was less peremptory, and her emotional and behavioral repertoire had expanded and become more flexible and efficient.

Grief marks a space between oneself and one’s objects. As Freud (1917) declared, mourning is the antidote to a state of absorption in another with whom one has an unsatisfactory relationship, where the other haunts the inside of the self, hated but needed, persecutory but invisible, blocking access to the actual world. Mentalization—having one’s own mind—is both a source and an outcome of the often painful, but potentially exhilarating, process of becoming available to other people, to one’s own history and interior life, to one’s voice and one’s actual body, and consequently of life’s opportunities and pitfalls.

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