

## DIMENSIONS OF MENTALISATION: OUTLINING LEVELS OF PSYCHIC TRANSFORMATION

SERGE LECOURS AND MARC-ANDRÉ BOUCHARD, MONTREAL

*The authors of this paper use the term 'mentalisation' as a supra-ordinate concept that encompasses processes of representation, symbolisation and abstraction. Mentalisation is defined as a preconscious or ego function that transforms basic somatic sensations and motor patterns through a linking activity (Freud's notion of Bindung). This binding proceeds from initial associations of somatic/motoric substrata with mental representations, on to the multiplication and organisation of these representations, thus allowing the emergence of mental contents and structures of higher levels of complexity (symbolism and abstraction). Inspired by the contributions of Marty, Luquet and Bion, the authors propose a conceptual model of formal levels of mental elaboration. Mentalisation is defined as consisting of two theoretically separate and independent dimensions. Each presents levels of a hypothesised and gradually increasing mental elaboration. The first dimension considers different channels of drive-affect expression: somatic and motor activity, imagery and verbalisation. The second specifies five descriptive levels of affect tolerance and abstraction: disruptive impulsion (acting out), modulated impulsion (catharsis), externalisation, appropriation and abstract-reflexive meaning association. A clinical case illustrates how the two dimensions may influence listening and interpreting. Some metapsychological aspects of the process of mentalisation are discussed.*

### INTRODUCTION

Basic and familiar notions such as representation, symbolisation, secondary mental processes, alpha-function, working through, thinking, acting out etc. are often discussed separately, sometimes only loosely associated, or even seen as completely unrelated. In addition, these concepts have seemed to suffer from persistent confusion in part due to a profusion of at times incompatible and partial definitions. Drawing from various contributions (Bion, 1962b, 1963; Chasse-

guet-Smirgel, 1990; Green, 1975; Luquet, 1987; Marty, 1990, 1991; McDougall, 1985; Segal, 1957), we propose to explain these diverse phenomena as resulting from distinct forms of a generic class of endopsychic activity, called 'mentalisation', or lack thereof.

The process of mentalisation refers to a preconscious/ego<sup>1</sup> linking function, consisting of a connecting of bodily excitations with endopsychic representations. In one sense, mentalisation could be seen as the necessary mediator between the id and the ego, yet in another, it serves as a necessary crea-

---

This paper has been selected to appear for discussion on the IJPA's World Wide Web pages and Bulletin Board. For details see: <http://www.ijpa.org>

<sup>1</sup> Although we prefer to view the ego as the centre of psychic transformation, we do not wish to discard the first topography, especially as formulated by Marty

and Luquet. We think that both the topographical and structural viewpoints are valid, complementary angles for understanding mental functioning. We will use the expression preconscious/ego whenever we wish to locate the source of the mentalisation process and its activity.

tion of the psychic id. This requires a mental metabolism of bodily-somatic excitations, a *transformation* of excitations into psychically active drives and affects.<sup>2</sup> With the ongoing complexification of the representation networks, more highly elaborated mental contents and structures are produced. In our proposed model, various forms and levels of psychic elaboration will be delineated along two dimensions. It will first be suggested that four main modalities or channels of expression of drive-affect experiences are available: somatic and motor activity, imagery and verbalisation. Secondly, psychic elaboration will be seen to progress with an increasing capacity for tolerance, containment and then abstraction, along a continuum of modalities from acting out to creation of meaning that includes catharsis, externalisation and appropriation.

Although a growing interest in mental elaboration has been noted in the evolution of psychoanalytic thinking (Green, 1975), the implications of this shift in theoretical and clinical emphasis have not yet been fully drawn. We propose a descriptive model that attempts to conceive of many clinical phenomena in terms of achieved levels of mental elaboration. It is also our belief that this approach can help to explain acting out, enactment and related clinical events. The initial seminal Freudian view (1914a) that opposes acting out (repeating) to remembering seems incomplete. For one thing, as pointed out by Boesky (1982), Freud's topographical formulation implicitly confined acting out to motor activity. Further, it did not account for the fact that the return of the repressed sometimes takes one form (i.e. a transference actualisation), and at other times

another (i.e. a pictorial dream content). In agreement with authors who conceptualise acting out and other means of enacted repetition as the result of the intervention of unelaborated or poorly elaborated mental contents (Bion, 1962b; Busch, 1989, 1995; Frosch, 1995; Green, 1975; Mitrani, 1995), we understand acting out to stem from a temporary failure or chronic deficit in mental elaboration (a disruptive impulsion). Furthermore, in our view, acting out can manifest itself through one of several channels of expression in addition to the motor channel, be it a somatisation (somatic), a hallucinatory experience (imagery) or a series of subtle seductive remarks (verbal). Our model also defines steps in the gradual process of gaining awareness of drive-affect experiences. Thus, insight (or meaning association) is seen as the last stage of a progressive increase of affect tolerance and elaboration.

#### MENTALISATION AS PSYCHIC TRANSFORMATION

Conceptualisations of the numerous developmental tasks facing the new-born have stressed the necessity of the mental transformation of raw, concrete, 'unmentalised' experiences. Various notions have been introduced to delineate a mental process that must appear well before repression sets in: the alpha-function, growth and thinking (Bion, 1962a, b), symbol-formation (Segal, 1957), metabolisation and representation (Aulagnier, 1975; Lussier, 1989), mentalisation (Marty, 1990, 1991) and the work of mourning (Racamier, 1992). This implies that the symbolic and repressed unconscious

<sup>2</sup> The conceptual problems surrounding a psychoanalytic theory of drives and affect are numerous and complex, and a comprehensive discussion of these is outside the scope of this paper. Yet it is generally admitted that fundamental motivational experiences emerge very early on in the developing psyche, and that these require a continuous task of mental elaboration throughout life. This raises the iss-

ue of determining which of drives or affects are primary. We do not wish to take a position on this issue. Thus the expression 'drive-affect' will be used throughout the paper. The interested reader is referred to Basch (1976), Emde (1989), Green (1973, 1977), Kernberg (1992), Shapiro & Emde (1992) for a more thorough discussion.

is now seen, rather than as pre-formed and necessarily mentalised as it did perhaps initially appear, as requiring a fundamental psychic elaboration, a transformation of basic somatic, motoric or intersubjective excitations, before emerging and eventually being repressed in a state of comparatively high degree of mentalisation. In other words, complex but biologically organised behavioural, cognitive and affective patterns are now believed to undergo a qualitative transformation into mental contents within a human interpersonal and intersubjective matrix (Dunn, 1995), sometimes referred to in analysis as the 'analytic third' (Ogden, 1994), before they can exert any endopsychic role. We think mentalisation is a concept that is both generic and more precise in its description of this transformation process.

In their efforts to understand psychosomatic illness, which in their view seemed to reveal sometimes severe deficiencies in fantasy life and a thinking bound to the concrete, French psychoanalysts (Fain & David, 1963; Fain & Marty, 1964)<sup>3</sup> introduced the concept of mentalisation in the early sixties. It referred to the early activity of transforming the somatic drive-affect excitations into symbolised mental contents, and of maintaining these excitations in a symbolic form (Kreiser, 1992; Marty, 1990, 1991). However, this *restricted* position implies a binary view, meaning that experience is either mentalised or not. This classical notion of mentalisation seems unnecessarily limited, as all psychic contents can be situated on a continuum of increasing 'mental' quality, for example between the poles of somatisation and insight. For instance, anxiety can be actualised and experienced as a somatic lesion (an ulcer), as a bodily activation (increased heart rate), as a motor activity (walking to and fro) or as a dream imagery (a fallen tooth); it

may be owned and expressed as a felt emotion (the feeling of anxiety), then repressed and eventually, although obviously only partly if at all, worked through as an insightful construction (fear of competition with a father-figure: castration anxiety). Hence in contrast, an *expanded* view emphasises that mentalisation accounts for a continual, never-ending transformation of psychic contents through the multiplication and organisation of representations. This permits the emergence of mental contents and structures of increasingly higher levels of complexity, leading to symbolisation and abstraction. This latter view is advocated by Luquet (1981, 1987) in his work on creativity, language and thinking, and it is adopted here. Mentalisation may further be thought of as the 'immune system' of the psyche. It absorbs internal as well as external stresses, traumatic excesses and internal pressures by mentally processing their effects on the soma/body and by elaborating these further.

The processes of representation, symbolisation and mentalisation are sometimes used synonymously in the psychoanalytic literature. It seems preferable to define each process according to its specific function. Representation is the process of elaborating and using the stable mental image of a thing in place of the thing itself (Sandler & Rosenblatt, 1962). In other words, the creating of representations links basic experiences with images and words; it is the elementary component of and crucial first step towards mental elaboration. Symbolisation can be considered a superordinate function that links the already formed mental representations that constitute its basic material (Perron, 1989). Symbolisation eventually leads to an abstract mental use of representations in replacement of and in opposition to a concrete dealing with immediate experience. As symbolisation

<sup>3</sup> As their work is not available in English, their seminal contributions, as well as those of Luquet, are unfortunately virtually ignored within the psychoanalytic traditions mostly influenced by the Eng-

lish language psychoanalytic publications. It is our hope that the present discussion of mentalisation will do justice to their very important work.

links representations, it becomes the second essential ingredient of mentalisation (Marty, 1991). In sum, we propose to explain mentalisation as referring to a general class of mental operations, including representation and symbolisation, which specifically lead to a *transformation* and elaboration of drive-affect experiences into increasingly organised mental phenomena and structures.

#### THE EMERGING NOTION OF MENTALISATION

This approach to mentalisation differs from the way in which it is sometimes discussed in the literature. Yet our wish is to introduce our specific orientation in its appropriate context. A brief systematic review of the current approaches to the problem of mentalisation and related topics is now in order. The following presentations are necessarily incomplete and selective. Emphasis has been put on aspects of the examined contributions that are relevant to our proposed construct of mental elaboration and mentalisation. Thus, a full account of the theories of Marty & Luquet, which also relate to topics not connected with mentalisation, could not have been attempted here. Also, other views on mentalisation, substantially at variance with the one we presented, could unfortunately not be covered. For instance, Fonagy (1991) has proposed that the term be used to describe an individual's capacity to form a theory of mind. The ability to reflect on or to take into account another's mental states in understanding and predicting behaviour is certainly a crucial characteristic of the developing levels of symbolic mental operations. In our view, however, it is a result of the basic mentalisation process we are examining.

Contemporary views on mentalisation derive from Freud's initial concepts of binding (*Bindung*), or linking, and of psychical working out (*psychische Verarbeitung*). Laplanche & Pontalis (1973) view this process of psychical binding and working out as consisting

of two related aspects: 'first, the transformation of physical quantity into psychical quality; and secondly, the setting up of associative pathways (for which a transformation of this kind is a prerequisite)' (p. 366). Both these concepts point to the mastery of a quantity of drive energy, by means of intrapsychic work (*Arbeit*). In Freud's thinking, such binding and intrapsychic work limit the free flow of excitations and simultaneously create relatively stable forms of interconnected representations. He used the notion of secondary processes in the binding of free-flowing energy further to account for the emergence of thinking and adaptation to external reality (Freud, 1911). He also posited that this binding process was at the heart of the psychical working out (transformation) of the dammed-up libido in hysteria, in actual neuroses, and more generally in the neuroses and psychoses (Freud, 1914b).

Without ever making use of the concept of mentalisation *per se*, Bion (1962a, b) has described a similar process, the alpha-function, which consists of a transformation or metabolisation of intolerable internal events, experienced as concrete things-in-themselves (beta-elements), into tolerable, 'thinkable' experiences (alpha-elements). The alpha-function is firstly the mother's responsibility, whereby the infant introjects the mother's linking activity (reverie) and the metabolised beta-elements. Bion also delineated levels of mental elaboration, presented on a continuum of an increasing degree of abstraction: beta-elements, alpha-elements, dream thoughts or myths, pre-conceptions, conceptions, concepts, deductive scientific systems and calculus (Bion, 1963).

#### *Two perspectives on mentalisation: the work of Marty and Luquet*

Marty (1990, 1991) carefully considers the quantitative as well as the qualitative aspects of the links that develop between drive-affect excitations and mental representations. In his view, effective mentalisation results from and

is reflected by three formal characteristics of the preconscious system: (a) 'thickness', a protective mental buffer formed from the successive layers of representations produced in the process of normal psychic development; this prevents the 'progressive disorganisation' (Marty, 1968), that can be observed in cases of severe somatisation, which may result from 'unmentalised' trauma; (b) 'fluidity' of the bonds between the representations to ensure freedom in the use of associations; and (c) 'constancy', whereby the associative functioning must show some permanence and stability.

Marty (1990) has developed a classification of different levels of mental organisation based on levels of mentalisation: (a) the *behaviour neuroses* (*névroses de comportement*), demonstrate a lifestyle centred around action (*pensée opératoire*; Marty & de M'Uzan, 1963; see Taylor, 1987) where representations and affects seem non-existent; (b) to a lesser degree, the *poorly mentalised neuroses* (*névroses mal mentalisées*) also show limited and superficial representations that lack affective and symbolic investment; (c) the *neuroses of uncertain mentalisation* (*névroses à mentalisation incertaine*) concern subjects whose capacities for endopsychic representation are unstable, varying considerably from one moment to another; (d) the *well mentalised neuroses* (*névroses bien mentalisées*) present capacities for generating continuous, deep and symbolised representations, which are also rich in affect, well rooted in the subject's past, but not yet possessing an organised system of higher-level 'mental' defences (repression and related defences); (e) finally, the *mental neuroses* (*névroses mentales*), which correspond to the classical neuroses discussed *in extenso* in the psychoanalytic literature. These show a stable, rich and affectively laden, complex organisation of representations within an organised system of higher-level defences.

Concurrently with Marty and his collaborators, Luquet (1981, 1987, 1988) contributed to the description, definition and

development of the concept of mentalisation, as related to the workings of the preconscious system or ego. For Luquet, levels of mentalisation are intrinsically associated with the notion of *forms of thinking*, each related to the maturation of the psychic apparatus. He postulates that, in the course of development, each of these forms of thinking will successively dominate the individual's mental functioning, each giving way to the next, more mature and adapted form, best suited to the external reality. Any inner experience has to be transformed into the next, higher-level mode of functioning (thinking) in order to attain that new level. However, although relegated by secondary processes and language to the backdrop of the mental stage, the prior forms of thinking will continue to contribute to reliable psychic functioning.

Luquet (1987) defines four levels of mentalisation, closely related to the three topographical systems. *Primary mentalisation* (*mentalisation primaire*) in a sense creates the unconscious/id, the psychic aspect of the drive. Through the intervention of primary processes, it involves the elaboration of thing-representations, formed by the linking of basic sensory experiences with early highly affect-charged images. This results in basic 'symbols', characterised by the maintenance of an equivalence between the thing and its representation. They give elemental shape to unconscious fantasies, and correspond to the description offered by Segal (1957) of symbolic equations. Also labelled primary action fantasies, they are conceived as basic action-representations (*représentations d'action*; see Perron-Borelli, 1985), scenarios of drive-motivated actions directed towards the object (e.g. the actual movement of feeding on the breast).

Luquet next distinguishes two types of preconscious thought processes that actually correspond to two topographical sub-systems. *Secondary symbolic mentalisation*, or meta-primary mentalisation (*mentalisation méta-primaire*), creates secondary symbols, which by the very multiplication of associations are

no longer reified, but now appear instead as full of meaning, simultaneously demonstrating a reduced affective-somatic investment. Primary processes (displacement, condensation, symbolisation) determine the 'logic' of the established connections; this ensures fluidity and creativity in the associations. This form of thinking is still closely connected to sensory data and to primary unconscious fantasies, which it is able to represent, as seen for instance in dreams, art and play. *Intuitive metaconscious thought* (*pensée intuitive métaconsciente*), the second type of preconscious thought, is mainly characterised by a greater influence of secondary processes and by increasing associations to words and language. It may be seen at work in creative 'incubation' phases, and consists of the rapid free flow of associations that often precede access to consciousness and the articulation of experience. It is at the root of intuitive opinions, judgements, choices and interests etc. Metaconscious thought is the form of thinking 'behind' verbal thinking.

Finally, the level of *verbal thought* (*pensée verbale*) is the more fully mentalised activity and it consists of conscious verbalised thinking. The inner experience has been further transformed according to the laws of discourse and syntax. Conscious thought is linear, ordered, logical; it is appropriate for social communication since it can be understood by everyone sharing the same language. Here secondary thought processes reign with full authority. Verbal thought is acquired through the mother's language. According to Luquet, although verbal thought is the more mentalised, that is, the less affect-charged and the farthest from bodily processes, it has to remain associated with metaprimary and metaconscious thoughts in order to participate in the maintenance of a *living language* (*langue vivante*). By contrast, a language exclusively dominated by verbal thought and disconnected from metaprimary

fantasies is a wooden, intellectualised and impoverished language.

To summarise the discussion so far, mentalisation, in its widest sense, refers to two basic ideas. Firstly, it is a *process of transformation*. Mentalisation is a preconscious/ego activity that transforms, maintains and further elaborates basic somatic or motor drive-affect experiences into psychic contents. This transformation is achieved through a linking activity that establishes representations and symbols in order to permit the individual to free him/herself from the concrete and absolute nature of the primary motivational (drive-affect) pressures. Secondly, mentalisation refers to a theoretical hierarchy of *levels of psychic elaboration* that differ qualitatively.

#### LEVELS OF MENTAL ELABORATION: A BI-DIMENSIONAL MODEL

The following model of levels of mental elaboration attempts an original reading of some of the previously discussed theoretical contributions on mentalisation and related phenomena, drawing mostly on the contributions of Marty, Luquet and Bion. Levels of mentalisation of drive-affect experiences are defined along two theoretically separate and independent dimensions. Both dimensions present levels of a hypothesised, gradually increasing, mental elaboration. The first identifies four modalities or channels of expression: somatic and motor activity, imagery and verbalisation. The second specifies five descriptive levels of affect tolerance<sup>4</sup> or containment and abstraction: disruptive impulsion, modulated impulsion, externalisation, appropriation of affective experience and abstract-reflexive meaning association. Here, along with the growing complexity of the network of representations, we postulate a simultaneous decrease in affect intensity

<sup>4</sup> A view concordant with the noted link between mentalisation and the capacity to *tolerate* depression, intrapsychic anxiety, interpersonal and intrapsychic conflicts (Debray, 1991).

and an enrichment in meaning, which results in an increase in affect-tolerance. These channels and levels of tolerance attempt to identify the form taken by a drive-affect experience when it is expressed; this form is related to the level of mentalisation it has achieved. Consequently, this model is more concerned with the way in which the experience is transformed and with the shape of its expression than with its content, which is usually more readily taken into consideration in clinical practice.

The view of an elaborative development for the imagery and verbalisation channels concurs with Noy's theoretical formulations of the development of primary and secondary processes (Noy, 1969, 1979). The evolution of the channels shows similarities with Krystal's (1974, 1975) perspective on affect development (from somatisation to verbalisation of affects). The model also shares common elements with Piaget's (1959) observations and conceptualisation of the child's intellectual development from sensori-motor activity to formal verbal thought (see Sandler, 1975; see also Lane & Schwartz, 1987, for a definition of levels of emotional awareness). However, the proposed model is *not* designed to be applied as a developmental schema; its levels are *not* intended as descriptions of stages in the normal development of psychic elaboration. Our present formulation attempts instead to account for observed levels of mentalisation in the consulting adults. Of course, one may consider a pathological state in the adult as a regression to a prior level of development, as Busch (1989) suggested with his psychoanalytic/Piagetian understanding of the compulsion to repeat through action. In that sense, however, correlations between a developmental approach to psychic elaboration and its observed manifestations in the adult are to be reasonably expected.

Following Marty and Luquet, four channels of expression have been identified. Each may reflect a mental state of high or low containment as defined by the second dimen-

sion. In the *somatic* mode, the affect is expressed viscerally through various internal physiological sensations, functional disturbances and somatic lesions. *Motor* expression involves behaviour and action, in which the voluntary muscular body is the privileged channel. Both positive and negative manifestations (i.e. absence of action, silences etc.) are included. Through *imagery*, thing-representations and primary processes dominate; the mental contents take the form of images, expressed in dreams, fantasies, eventually metaphors, or any other figurative mental material. *Verbal* expression essentially involves word-representations shaped by secondary processes; the affect manifests itself by means of 'objective' labels or through common, social, well-defined language.

Simultaneously, for each of these expressive channels, at least five different degrees or levels of containment need to be considered. At the first level of mental elaboration, characterised by *disruptive impulsion*, drive-affect experiences are neither tolerated nor contained; rather, one finds an uncontrolled direct expression. Thus, due to a 'short-circuit' in mental elaboration (Green, 1975), the overflow of excitation is discharged. As a rule, the affect is not owned, and the listener usually feels a strong emotional impact. Primitive forms of projective identifications are typical of this level of drive-affect intolerance. This implies an attempt to communicate, but not currently in the service of the ego. In our view, beta-elements (Bion, 1962a), primary symbols (Luquet, 1987), emotions organised at a pre-conceptual (Frosch, 1995) or pre-operational level (Busch, 1995) are here put into action without prior elaboration by an alpha-function or preconscious/ego activity. This is the archetypal idea of acting out in the widest sense, of a direct discharge and non-reflexive evacuation. At this level of disruptive impulsion the meaning or content of the drive-affect impulse may be unconscious (repressed), or it may *not* have undergone any of the primary mentalisation that is usually a prerequisite for repression.

*Sub-layers of disruptive impulsion.* Thus defined, disruptive impulsion covers a large spectrum of clinical phenomena that would need detailed specification, but that can only briefly be dealt with here. In our model, the level of disruptive impulsion is construed as consisting of sub-layers of increasingly mentalised contents. *Unmentalised, unrepresented:* at the bottom layer reside the truly unmentalised sensory experiences (Mitrani, 1993, 1995) as well as the de-mentalised libidinal excitations (through a progressive disorganisation: Marty, 1968) for which no mental representation is available. These poorly elaborated experiences are expressed exclusively through what may be termed 'the return of the unmentalised', often in a chaotic form, via the somatic or motor channels. Somatisations, crude violent behaviour and self-mutilation that force defantasised conflicts into the interpersonal arena (Racamier, 1992), and in general direct manifestations of the death instinct (Marty, 1976) or of 'pure destructive violence' (*violence fondamentale*: Bergeret, 1984; Dejours, 1986), illustrate this level of the least mentalised disruptive impulsion.

*Represented, unsymbolised:* the next layer up contains basic drive-affect experiences to which a first mental representation is attached but which are still not symbolised (Dejours, 1986). That is, the representation is treated as a concrete thing-in-itself (Bion, 1962a) and not as a true symbol. Delirium and hallucinations as well as primitive violent acting out may illustrate the emergence of these primary forms of mentalisation. Aulagnier (1975) has conceptualised these primitive representations as pictograms, which are felt as self-generated pleasure-unpleasure experiences. *Symbolised, repressed:* the familiar repressed unconscious, where the derivatives are first complexly represented, symbolised and organised, before being repressed and cut off from their direct conscious verbal and figurative representations, constitute the next layer. At this level of comparatively more complex mental elaboration, a disruptive

impulsion actualises the 'return of the repressed'. It takes the form of a conversion symptom, or of any acting out in the Freudian sense (1914a), that is, imbued with meaning. *Highly symbolised, repressed:* parapraxes, which contain implicit highly symbolised meaning, and higher forms of conversion define the final sub-level of disruptive impulsion. It may be noted that from the second sub-layer (represented, unsymbolised) onwards, image and word-representations are used. But due to their lack of organisation, because they are scant or ineffective, the emergence of a truly robust and reliable preconscious/ego level of functioning is not permitted.

Common examples of the level of disruptive impulsion include a patient's somatic complaints, such as the sudden development of a headache or nausea during a session. It may appear through motor expression, such as getting oneself into a physical fight, self-mutilation, high-speed driving. In addition to hallucinations and obsessive images, the imagery channel may yield intense, crude, graphic descriptions of often morbid, sometimes sexual scenes involving the body or parts of the body (as illustrated by Peter Greenaway's film *The Cook, the Thief, his Wife and her Lover*). For instance, a female borderline patient complained in her session that her bikini was becoming too small for her, giving a detailed account of how her breasts and bottom could hardly be contained by her swimsuit, inducing the analyst to imagine her half-naked and stimulating sexual arousal in him. Verbal acting out may be seen in uncontrolled or inappropriate shouting and insulting, or in a patient unconsciously seducing the analyst by repetitive flattery, or again in a patient's monotonous litany of complaints or factual description of events that can have a sedative effect on the analyst by paralysing her or his mental activity (McDougall, 1980).

Contrary to the uncontrolled expression typical of the previous level, *modulated impulsion* implies a more elaborate containment



and transformation. As the subject is not overflowed with affect, the discharge process is modulated. The expression is not explosive, is relatively more adaptive, and may be in the service of the ego. Yet the affect is still evacuated out of the subject's psyche. The content has been subjected to some mental transformation or binding by the preconscious, but it is not reflected upon at the present moment, which is what qualifies this level as impulsive. Thus, for Luquet (1987), this level of elaboration would be characteristic of a preconscious content (metaprimary or metaconscious) reaching direct access to action, bypassing further verbal elaboration. This somewhat enlarged view of impulsion as modulated differs from the definition of disruptive impulsion, which is characterised by a sudden, unstoppable urge to 'do' something (i.e. a direct discharge process). By contrast, modulated impulsion is the domain of cathartic release, spontaneous action and of adaptive gratification.

A typical somatic modulated impulsion involves the observation of a physiological activation pattern, whereby the content of the experience is accessible, although it is not reflected upon. For instance, a patient might report bodily manifestations during an intense anxiety attack. A spell of crying at the beginning of a mourning reaction, where sadness is felt but not yet reflected upon, illustrates an intense but regulated motoric catharsis. A modulated impulsion through imagery is usually found in metaphors contained in many swear words, jokes etc. Another example is imagining hitting someone when angry or fomenting an avengeful scenario. Modulated verbalised impulsion may take the form of an insult, an expressed reproach or criticism, perhaps an enthusiastic exclamation (e.g. 'how beautiful is the colour of your room').

In sum, at this modulated level, the experience has two qualities: (a) it is being expressed and not reflected upon; (b) however, from the metapsychological point of view, it is presumed to have been at least minimally

transformed by the preconscious/ego. This latter criterion is distinct from the usual understanding of the descriptive unconscious as the preconscious psychic quality (Freud, 1938): that which is not currently conscious but which could become so. The notion here endorsed is of one more foundational work of the preconscious that performs a prior and necessary transformation and mental elaboration of the psychic energy into endopsychic representations, whether these are unconscious or not at any given moment. Thus in this view, any modulated expression is presumed to be based on relatively high levels of (metaprimary and/or metaconscious) mentalisation, performed by the preconscious system; by contrast, with disruptive impulsion, these elevated levels of mentalisation should typically not have been reached.

With further mental elaboration, an affect begins to be tolerated and contained; it becomes less intense and may undergo some reflective activity, but not long enough, however, for it to be fully appropriated as one's own psychic experience. This characterises the next level up, that of *externalisation*. The previous two levels of impulsion led to a discharge and evacuation of affect through action defences and minimal mental manoeuvres. But now the patient may talk about a wish or an affect state, which indicates a prior transformation into psychic content through an increasing reliance on word-representations; at the same time, this affective content is expelled through mental mechanisms (e.g. projection). Projections (of a mature type; see Kernberg, 1987), generalisations and attribution of cause to external events (the return of the projected), are typical means by which patients externalise drive-affect experiences. Since it is only partially contained, the affective experience appears as not belonging to the subject's own personal involvement. This level of mental elaboration necessitates the mixed intervention of primary and secondary processes (displacement, abstraction and causality) and in our opinion belong to Luquet's (1987)

level of metaconscious transformation, a stage preliminary to verbal thought. We see it as an intermediate step between impulsive (disruptive and modulated) discharge and appropriation, a kind of reverse trial identification where the subject attributes her or his experience to others before acknowledging it as her or his own.

A typical externalisation in the somatic mode might involve a patient generalising his bodily activation so as to make it a normal and expected occurrence. For instance, when one of us suggested to a newly unemployed male patient, who usually denied his powerlessness and dependency needs, that he seemed to be feeling anxious about having to rely on his wife, the patient reacted by saying that his situation was stressful and that anybody would be as nervous as he was under the same circumstances. He also justified his being more impatient and contentious in a similar fashion, illustrating the externalisation and generalisation of his powerless rage expressed through motor modality. The next example demonstrates the projection of a repressed drive-derivative expressed through the imagery channel as a fantasy. A recently retired very obsessional and masochistic male patient was becoming too concerned about the relationship his wife had developed with her male bridge partner, as he was sure they were having an affair. With further analysis, it became clear that his wife was the recipient of his intense sado-masochistic homosexual longings, which she actualised in his fantasies. A typical and common illustration of a verbal externalisation is given by an elderly female patient who, frustrated by the fact that her daughter did not live up to her expectations, felt angry whenever her daughter did not behave according to her wishes. As she believed that her daughter did it on purpose, the patient's anger was externalised and attributed to her daughter's 'provocations'.

The level of *appropriation* demonstrates that the subject now fully tolerates the affect and drive derivative, which is felt as internal,

private and subjective. The experience is owned by the subject, as reflected by the use of the 'I' pronoun. The analysand readily recognises the existence of her or his own mental processes. Some significant degree of self-observation is available. An appropriated experience is communicated through what Luquet calls verbal thought (1987); it may also be categorised as a conception on Bion's grid (1963).

The somatic and motor experiences are described in an abstract way, with a definite distance from raw sensations or actions, which now have a clearly 'mental' quality. For instance, an anxious patient described his highly differentiated physiological activation sensations by telling his analyst that he was feeling stressed, that he was nervous; an angry patient summarised his manifest attitude and behaviour by saying that he was impatient, that he was aggressive. At this level of appropriation, the use of imagery or verbalisation refers to the description of an experience that is felt to be private and subjective. A female patient, who was subject to eating binges, expressed her growingly accepted and appropriated feelings of anger in an analytic session by using both visual imagery and verbal labels: 'I was fuming but I didn't explode ... I saw things I did or said but I didn't whip myself as much ...'; 'I usually don't feel my anger like this. I was in touch with myself being irritated, and it was not unbearable.'

Finally, the abstracting-reflexive stage results in complex *meaning associations*. As the subject is able to make sense of what is being encountered and produces a meta-discourse about it, the mental experience gains depth and meaning. This is quite distinct from a defensive intellectualisation, in so far as the affect-laden experience is the main object of expression. This would correspond to the structure of insight, where the experience is clearly reflected upon, in a way that is quite filled with affect, certainly not turned into an abstraction in an effort to evade the affective-emotional experience. However, the meaning associations implied here are not

quite synonymous with insight, since the element of surprise or novelty is not a necessary component. This level of mental elaboration requires the use of verbal representations and secondary processes that achieve a higher level of complexity than with the appropriation level. Its productions may be categorised as concepts or even as deductive scientific systems, as Bion (1963) proposed, through his axis of the genetic development of thoughts. The following illustrate very simple and common moments of such formal expressions: 'I think now I developed a headache the other day after I left here ... um, because I was angry with you'; 'I know that whenever I feel this tired-exhausted feeling, I have left something aside, that I am angry but cannot somehow feel it.'

The proposed framework is not intended to serve as a normative model for mental change. We are not suggesting that patients should seek to maintain verbal expression and meaning association as an ideal or preferable form of mental elaboration. We simply state that these are the most mentalised means of drive-affect expression. Further, as is common observation, the greater part of transference manifestations first emerge through disruptive and modulated impulsion. Such 'poorly' mentalised events are thus welcome occurrences in analysis and their gradual transformation leads both analysand and analyst to encounter increasingly complex experiences that progressively lose their urgency of expression. Moreover, we think a healthy mental functioning usually achieves a balance between some spontaneous drive gratification (modulated impulsion) and more internalised means of affect expression (appropriation).

#### CLINICAL ILLUSTRATION

Mentalisation is a slow and progressive process, perhaps the venture of a lifetime. Further, to illustrate the multiple transformations of a single transference theme dur-

ing a successful analysis would require a detailed longitudinal study of a case. We hope that the limited clinical segments presented next will nevertheless serve to illustrate the relevance of the two proposed dimensions for sensitively monitoring changes in levels and modalities of mentalisation within the flow of the analytic process.

Mr C, a man in his thirties, who only recently had begun to practise as a lawyer, came to analysis with one of the authors (MAB) at the insistence of his girlfriend, herself a mental health professional in her second year of analysis with a colleague. Although most aspects of their relationship were satisfactory, and there were plans for marriage, she felt he was keeping himself so emotionally distant and unavailable that it was becoming quite painful for her to continue loving him. He felt her views were exaggerated but admitted to the fact that he was indeed able to become 'cold as ice'. It was also clear from his initial report of their involvement that her anxiety did contribute to the problem as she became controlling and intrusive during moments when she felt overwhelmed and desperately attempted to use her knowledge of the profession to 'make him understand his unconscious'. The confusion of wishes concerning the decision to undertake analysis as being part of the situation of the couple was underlined, which he acknowledged. A sense of sensitive phallic-narcissistic pride in his recent professional progression after a period of a few years of 'searching for himself' was apparent, also reflected through his comments about his idealised perceptions of the analyst's own 'reputation and status'. Underneath this level of concerns, one could also feel he was struggling with an authentic but vaguely perceived inner impression of isolation, emptiness and depression, which the analyst believed could eventually be addressed analytically. A much admired and highly competitive older brother was intensely invested during latency and adolescence. The patient felt this competitive

attitude on his brother's part as being at least a sign of interest. Unfortunately this brother had died in a car accident some years ago, a loss he did not mourn. After a short period of reflection, he took the decision to start analysis, four times a week.

The initial months were characterised by a sense of genuine effort, accompanied by strong pressures for 'producing good sessions', which he meant as a challenge for both participants. For instance, when he reported a dream in which *he was successfully but strenuously struggling to master the task of keeping an oversized bicycle going*, I suggested that this might in part be an image of his sense of the sessions with me. This brought some relief as well as further associations to his older brother (also seen as the analyst, and as a father figure). There was also an exhilarated sense of happiness and pride when he said: 'You see, this is all I ask ... I am happy as a child. I bring a dream and your comment makes plenty of sense and I already feel different. You see, I need you to be strong'. Various aspects of this initial transference reaction were addressed in time, and beyond his obvious pleasure at 'finding what he was searching for, and needing me to be strong' (whatever that meant in terms of pregenital and oedipal wishes and identifications), the defensive quality of his constant need for triumphant sessions was addressed. Further, his need to control me in order to maintain an idealised image of him as also containing a projection of the patient's 'strong and performing self' was pointed out.

His dream shows that his initial, less regressed transference struggles could be expressed meaningfully through symbolic figurative representation and usefully interpreted (becoming an appropriated imagery). The pleasure derived from the analyst's interpreting the dream, however, was an enacted transference fantasy expressed in verbal form (a verbal disruptive impulsion). In other words, the satisfaction with the analyst's work was a verbal expression that was also unconsciously 'doing' something within

the transference, both seducing and controlling towards the analyst, and being used to raise the pressure on him and replay some of his rivalry with his brother. These initial transference manifestations reflect somewhat elaborate and mentalised conflicts, with strong phallic-narcissistic and oedipal connotations, mostly expressed through the imagery and verbal channels and covering multiple levels of tolerance, including only minimal amounts of acting out.

A few months later, as his regression increased, he gradually began to miss his sessions systematically and without notice. This trend increased and eventually built up to an average of slightly more than 50 per cent of our scheduled meetings. At one point he did not show up for consecutive sessions over a period of almost three weeks. Sometimes he would come in very late, and certainly past the time I was expecting him, but as I remained in my office we would proceed with whatever time was left, sometimes if only for a few minutes. This transformation into action was of a different kind, as it was felt as much stronger, repetitively rigid, and involving the actual physical act of not being present. In other words the channel here was predominantly motoric. Further, the initial symbolic meanings seemed to escape both of us. Of course, these developments were in part interpreted as a variation on the theme of his relationship with his well-meaning but anxious and intrusive girlfriend, placed in a parental role, while he remained in the role of a distant, unavailable child. He would see this, and he could only vaguely relate this object relation to memories of his relationship with his mother. What was closer to his immediate concern, however, was his strong reluctance to show up, which surprised him and did not make sense to him. He felt somewhat ashamed and self-conscious, but he did not seem at first to be able to empathise with either my possible feelings or those of his girlfriend. Nevertheless, during these difficult times, it was apparent that he also genuinely attempted to free associate. He maintained

his wish to continue with his analysis and he complied with other aspects of the frame and analytic setting. He paid for the missed sessions, although always with a systematic delay of several weeks.

So here it seemed that the verbal and imagery channels, although still available, were only participating minimally in the expression of the more important conflicts, which were chiefly communicated in action through the motor channel (his not showing up or cancelling), and the level of tolerance was mostly of a disruptive impulsion type (acting out) that threatened the pursuit of the analysis.

Indeed, over time, this situation developed to a point where it was becoming extremely difficult to maintain my sense of engagement. A very unpleasant feeling state developed within me as I found myself frequently in a state of 'suspended animation'. This I felt very concretely as a fatigue, with images of time spent as if in a limbo made of opaque grey fog, forgotten, awaiting an incorporeal, totally unpredictable spirit. But strangely, hopes of future progress were never lost. On the one hand I felt hopeful as some profitable analytic work was occasionally being done whenever he showed up, yet on the other hand, and most of the time, I also felt that whatever I understood and offered through my careful and sensitive interpretations was being totally devalued as useless. Thus, I was also made to feel I was on the verge of floundering lamentably. A similar pattern was also repeated with the patient's current girlfriend, who first tried to control his coming to the sessions, but who would at this point threaten to put an end to the relationship and plans for marriage, as she could no longer put up with his coldness, distance and unavailability.

It is proposed that our interpretations affect our patients by way of the various representations they give rise to, first in ourselves and eventually in them. Conversely, the way in which a patient influences our mental processes must be connected with the representations of all kinds that are induced in

ourselves, as shown above. This is how, generally speaking, various levels of psychic transformations are communicated from one mind to another. The situation with Mr C reminded me of Segal's (1991, p. 66) understanding of a patient, called M, who entertained the unconscious conviction that 'he had the power to implant in the other the need for M'. His making himself unavailable seemed to express in action a fantasy in which Mr C was projecting in part his cast-aside and devalued self, abandoned in oblivion, while he identified with a highly valued, omnipotent, longed-for but distant, insensitive maternal object. In some of my interpretations I was able to use the symbolic power of the images of being in limbo that had come to me, which he could use in turn and that facilitated the expression and elaboration of his painful feelings of non-existence, resulting from hopelessly expecting the return of an insensitive and unavailable other.

I think I gradually understood and systematically interpreted these transference-countertransference developments in object-relations terminology; more precisely, as a narcissistic resistance in the form of a projective identification, a defence against a terrifying fear of dependency on a cold, distant and thus persecutory object (Kernberg, 1975; Ogden, 1982; Rosenfeld, 1964). However, from the mental elaboration perspective discussed here, this interpretive activity within the transference attempted, I believe, to establish links between affects and representations. In time, a reduction in the intensity of the projective trends and related splitting facilitated the emergence of a more integrated ego that in turn was able to proceed to further mental elaboration with the consequent toning down of inner drive-affect pressures. Although the material presented does not allow firm conclusions in terms of genetic reconstructions, it can be assumed that many of the underlying affects (hopelessness and despair, rage) were left in a relatively poorly elaborated state, partly maintained by splitting and primitive projection. In reciprocal

fashion, however, it is proposed that these painful experiences were expelled and transformed into a form of projective identification defence precisely because the intensity of the attendant affects was overwhelming and they could not be elaborated further and contained within his developing ego and, save perhaps for his brother, given also the lack of an appropriate object.

Following this period when his depressive feeling states were being worked through, towards the middle of his second year of analysis, he was able to attend a much higher proportion of the sessions, although he still needed not to show up frequently. His persecutory fears surfaced more directly, through his expectation for example that I would both angrily and anxiously 'pierce through his carapace' with my interpretations, much as his girlfriend still attempted to do on occasion. This led eventually to his being able to feel his rage towards me, his girlfriend, his seductive yet intrusive, and also overtalkative and insensitive mother. This rage was first felt as a bizarre, scattered experience, but the patient's imagery and verbal modes seemed to serve as an entry and helped approach the underlying schizoid defences, which showed how sensitive and withdrawn he had been and still was. Then appeared the image of a small submarine, an echo of the Beatles' song *Yellow Submarine*, to which he had referred. The following highly imagistic forms integrating sophisticated self-observation emerged.

After ten minutes of silence, he says: 'It is quite complicated. I am studying my mutism. It's a defence. I have the impression that it really doesn't take a strong pressure to get it going. For me to talk, it really takes ideal conditions ... And it isn't only that I don't talk, like when G [girlfriend] asks me a question, or comments on something. I look for answers and it seems like I send a probe very far down inside of me. I sense that there is in me a lot of material to extricate. I must reflect much more than other people. For me to speak here ... [30 sec.] is not so easy. I

must try to respond to what the others expect from me ... you. It makes things more complicated than is necessary to move through a series of defences ... My mutism, it is not only that I withdraw and that I refuse, I try to be the echo, and I must go through a complete system. [Pause.]

A: Your telling me about yourself, and my probing you, which sometimes feels like with your girlfriend G, sounds, as we were saying before, and feels like my attempting to pierce through your carapace. But now you are talking about a probe that functions inside of you, as if you were inside the probe, but also you wish that I understand that you are trying to be the echo, trying to feel things through inside yourself.

P: It is through coming here that I have discovered that. Not to have anything to say, or when I say that I do not want to speak. Those are words for defence. G keeps repeating that I am passive-aggressive. Maybe but I get the impression that I am not passive. And my feelings are piled up behind all of these defences. I would never have been a writer or song writer. These people have the power to describe their emotions and feelings ... In the waiting room I was reading something about fatigue. Several things struck me. I am aware that a lot of my feelings turn into fatigue, it is some kind of somatisation. That's when I got the image of a probe, like a submarine, undertaking a long journey, and it is a long long way before getting some echo ... Of course when people talk to me about politics, or economics, the arts, it isn't long before I respond. But with G, we talk about personal matters, that are way deep inside. That is why she doesn't understand ... Maybe if these conversations were not so frequent, it seems so natural for G to have these conversations. She and my sister keep talking about deep matters whenever they meet. But they don't see each other every single day. But with G I must follow a rhythm, I see her every day.

A: You talk about rhythm, and everyday meetings, it is also what happens here, where

ence, both seducing the analyst, and assure on him and with his brother. manifestations related and mentalised narcissistic and mostly expressed through verbal channels. els of tolerance, i counts of acting o nths later, as his gradually began to atically and without ed and eventually ightly more than d meetings. At on for consecutive s most three weeks. in very late, and as expecting him y office we would e was left, someti s. This transform different kind, as r, repetitively rigid physical act of n words the chan y motoric. Furth nings seemed to e e, these developn ed as a variation ship with his well intrusive girlfriend while he remaine unavailable child. ould only vaguely o memories of his er. What was clo rn, however, was how up, which s ake sense to him. and self-conscious t to be able to en sible feelings or vertheless, during t pparent that he a free associate. He

you are expected to have conversations with me about deep matters virtually everyday of the week.

*P:* [Pause, one minute] Yes and it makes me think that, occasionally, often even, I will talk and feel out of breath, tired here.

*A:* This submarine, somehow, it would seem contains some vital part of you, encapsulated and defended, yet struggling in some inner sea or space, moving from the defences as you call them, to the deeper, more sensitive and vulnerable aspects of yourself.

*P:* [Short pause.] I ... [starts to cry, and eventually his tone changes to an intense self-expression.] I think about my brother ... Somehow I feel myself inside the submarine, at the commands.

I believe the various imagistic possibilities that were used here served as a mode of metaphorical expression of something that was kept highly secret up until then. This time also, contrary to the representation of being in limbo, which originated from my own inner associations, the probe/submarine image was his self-representation. I spontaneously chose to use and expand this in my attempts to contribute to further elaboration and linking. Simplifying greatly, I may add that this probe/submarine period served in turn as a stepping stone for another phase in which the pain of losing his brother was felt as a loss of parts of himself. He could now tolerate this because he was able, both consciously and, I believe, unconsciously, to sense he was regaining ground on his inner self, as a result of many concurrent processes, one being the mental elaboration that I have tried to illustrate, another being the capacity to identify with the analyst and the analytic process.

The case illustration tried to demonstrate the presence of some regressions and progressions in mentalisation, in the channels used (from motor to imagery and verbalisation) as well as in the levels of containment/tolerance (from disruptive impulsion to meaning association). It seemed that for Mr C, the imagery channel was the typical me-

diator of mental elaboration between the motor and verbal modes. This would seem true at least for the specific drive-affect experiences reported. Some conflicts seemed more mentalised, closer to consciousness, and served as a needed protection from much more primitive and less mentalised anxieties and objects. For instance, those involving the pressures for performance, the anxious rivalry and brother transference as a father figure, with the associated phallic-narcissistic and oedipal strivings, were spontaneously expressed in mostly symbolic and relatively highly mentalised form, with only limited amounts of acting out. Yet when the more archaic oral-dependent issues surfaced, acting out seemed the only possible means of expression of the underlying and poorly mentalised affects (the desperate loneliness, the anxiety of feeling dependent on an unavailable insensitive object, the rage etc.). Fortunately, in part through the possibilities offered by some imagistic thinking (the limbo state, the probe/submarine), and from interventions pointing to appropriated drive-affect states and meaning association, some further containment and transformation through linking was possible at that point within the interchange of representations embedded within the analytic process.

A full discussion of the clinical implications of the mentalisation concept for the analyst's interpretive work will not be attempted here, as it would take us beyond the scope of this presentation. Yet it is hoped that our description of two dimensions of mentalisation, in essence a focusing on the differential aspects of the formal qualities of expression, may serve to facilitate the identification and monitoring throughout analysis of conflictual drive-affect conflicts. Our framework may also help determine the appropriate level of 'abstraction' of an interpretation and help guide in the judgement of its appropriateness. Reformulating Killingmo's (1989) distinction between 'conflict transference' and 'deficit transference' in terms of levels of mental elaboration, we

agree with him that an analyst should not intervene 'on a level too high for the current structural ability of the patient' (p. 72). For instance, when interpreting the patient's acting out, it seemed to have been more profitable to propose material offering a metaphorical substitute for motor action with material from the imagery channel (the limbo fantasy) before proceeding at the level of secondary process- like verbal labels, which was eventually done, when interpreting the projective identification as a typical mode of relation.

Also, although it is not possible to demonstrate this fully from the proposed clinical vignette, the analyst addressed a wide range of levels of tolerance in his interventions throughout the sessions, not restricting himself to constructing meaning with abstract formulations of hidden conflicts. For instance, in the verbal interactions presented, the analyst was also trying to convey a recognition of some of the patient's drive-affect states and self-representations as appropriated subjective experiences. Again, in agreement with formulations by Killingmo (1989), apart from using interventions aiming at *revealing* meaning (meaning association), the analyst also attempted to *establish* meaning through affirmative interventions reflecting and validating the patient's experience of himself (by underscoring appropriated subjective states). This latter kind of intervention may be seen as a necessary intermediary for permitting such meagrely mentalised phenomena as acting out to reach levels of meaning association.

#### CONCLUSION

The standard psychoanalytic situation attempts to set in motion particular forms of communication through verbally expressed means in order to reveal the workings of a highly mentalised but repressed unconscious. In our terminology, this necessitates higher levels of mentalisation, preferably confined to the imagery and verbal modes. Yet in line

with Freud's views on repetition and working through (1914a), it is hypothesised that through the activation of the transference neurosis, some reversible regression will occur. Indeed, without such a regression, analysis would not be anything other than a mere exercise in intellectualisation. This regression is topographical, dynamic, genetic and structural. For their conceptualisation of mentalisation, Marty and Luquet have considered matters mostly from the angle of the vicissitudes of the topographical preconscious, presented in a significantly expanded way as a mental elaboration process. A consideration of the relation with the other viewpoints now seems in order.

Firstly, considering the relation to the genetic-dynamic viewpoints, some conflict emerges in the transference as a result of regression, which implies a reactivation of less mentalised affective material. As we have tried to illustrate, some level of working through is presumably achieved in the successful analytic change process, which in our view necessarily implies the intervention of some specific mentalisation activity (Kaës, 1981). Thus, the desired evolution in the levels and forms of mental elaboration during analysis seem to imply a prior necessary activation and working through of dynamically more regressed and often less mentalised drive-affect material.

Turning to the implications of the mentalisation approach in relation to the structural viewpoint, one may ask if the preceding scenario is equally applicable to neurotic, borderline or other less mentalised patients? Stated differently, are the neurotic patient's conflicts evolving within a well-formed tripartite structure, different in nature from the conflicts (and related defences) of the borderline patient dealing with split-off object relations? We know that both groups of patients use acting out. That is, they both inevitably bear and express poorly elaborated drive-affect contents, which are expressed as what we have termed disruptive impulsions. However, clinical observation indicates that



borderline patients are more frequently subject to such emergences than neurotic patients. Such quantitative differences are currently understood as resulting in part from a splitting of the ego, a severe and chronic pathology and ego defect (Kernberg, 1984). In our view, it is crucial to see that there is also a closely associated frail capacity to mentalise that makes these patients prone to affective 'spillings'. In other words, speaking metaphorically, the ego of the borderline personality organisation patient should in general be more 'porous' than the neurotic personality organisation patient. This further raises the issue of the causal determination between such defensive activity as splitting, projective identification or denial and deficits in mentalisation capacities. On the one hand, it seems obvious that poorly mentalised conflicts, filled with pure destructiveness, are typically the more painful and intolerable ones, and are most likely to be defended against, evacuated, split off, projected and acted out etc. On the other hand, conflicts that are dealt with by the most primitive defences become in turn more inaccessible to the ego's mentalising capacities.

On a qualitative basis, given the more intense, urgent and primitive nature of the borderline patient's acted-out conflicted contents, we assume that their enactments generally stem from less mentalised layers as compared to neurotic patients. Obviously, a neurotic patient may have access to the deeper layers of less mentalised material (the psychotic part of her or his personality; Bion, 1957), or may suffer from somatisations. Conversely, a borderline patient may attain high levels of mental elaboration, at least in some areas. Clinical observation confirms that each patient displays certain specific emotional 'dark zones' that are less mentalised and others that are more mentally elaborated, partly independently of their character organisation. Mentalisation is obviously only one facet contributing to the complex characterological/structural differentiations, which need to include a broad range of mental pro-

cesses. Indeed, forms of mentalisation interact with other aspects of mental conflict: the defensive operations can be characterised as involving varying degrees and forms of mental elaboration; similarly with the level of development and organisation of the drives, the maturity of object relations or the nature of the superego conflicts. The pathology of narcissism often leads to displays of primitive, less mentalised idealisations etc.

Our emphasis on mental elaboration, inspired by an expanded version of the topographical viewpoint, should not be taken to imply that we disregard the structural perspective on the mind in conflict. On the contrary, we think that structural considerations are always crucially relevant in understanding clinical phenomena. But instead of opposing the topographical and structural viewpoints, we believe it is possible to think in terms of complex reciprocal influences between the development of higher forms of mentalisation and the maturation of the psychic structures. As Marty notes: 'A suitable functioning of the topographical model is necessary for the progressive formation of the structural model ... the topographical model is thus mainly considered, from a certain perspective, as an aspect of the functioning of the structural model ...' (1976, p. 91, our translation). From this we understand, for instance, that the superego (in the classical Freudian sense) and tripartite structure can only be established if the pre-conscious function itself is adequately developed. Further, it is interesting to relate these considerations to previous descriptions by Jacobson (1964) and Kernberg (1984) of the development of the superego function: from a primitive, concrete, often projected and personified superego in the (poorly mentalised) psychotic or borderline organisations to a more integrated and abstract superego in the (relatively well mentalised) neurotic organisations. The formal quality of abstraction is presumably the result of a mentalisation process occurring for the most part within the ego, which may facilitate among other func-

tions, a higher level of integration of the superego elements. To illustrate, one may contrast the higher moral values of an obsessional patient who can represent his guilt experiences in relatively verbal-abstract form as a conflict of values with the situation of a female borderline patient who bought an apartment for herself, thus taking the risk of showing she can separate from a mother figure (analyst), and finds herself 'hearing a voice' telling her: 'now you will be sick'. She then becomes completely terrorised and bed-stricken for two days, but finally comes to the analytic sessions and, with time, is gradually able to explore and own the sources of this voice as an inner persecutory object.

The proposed model seeks to further our understanding of the preconscious/ego linking functions through a reliance on the description of forms and complexities of mental elaboration. Contemporary experience with borderline and other difficult patients is not adequately rendered by the sole use of the structural model. For instance, mentalisation deficits or failures are not satisfactorily explained by intersystemic conflicts. As for intrasystemic conflicts, the use of primitive defences for instance is not synonymous with low levels of mentalisation, although the two are closely related phenomena that may undergo gradual transformation as the treatment proceeds. The evolving experience of one male borderline patient may serve to illustrate, in an extremely condensed way, the poorly elaborated form his primitive projections and splitting took until further integration became possible. First appeared concrete, very painful and brief experiences of a 'burning sensation' with virtually no other images or associated impressions, which systematically triggered his reverting to a prostitute for comfort and gratification of intense oral cravings, followed by a suicidal period. This came along with perceptions of the analytic experience in the transference as impersonal, catastrophic and doomed, without further specification. Then followed

a less intense and more reflexive stance whereby the patient was able to expand from the 'burning' bodily sensations to a more imagistic/metaphorical sense, which eventually involved a more detailed scenario of resolving the problem of exploring a volcano and still surviving. Such elaborations came with an increasing capacity to talk about drastic shifts from one ideal image of the analyst as a generous, benevolent father figure to at last admitting to the paranoid trend of facing a voracious mother figure who was dedicated to siphoning him completely of both his money and his emotions. This, as he came to realise, he was precisely experiencing with the prostitutes. Although less intense and less frequent, two years after the beginning of treatment, the patient still felt powerless to react otherwise. Eventually however, gaining still more reflexive distance, some crucial images of a protective fence and of weeping willows near a river emerged and were used. These were understood as an emerging integration and reducing of the splitting, a gradual change into what Klein called the depressive position. Although there were still moments of reverting to splitting, this new capacity to tolerate and integrate the loss and build a sense of a stable, protected inner space (the fence) allowed further elaboration, integration and deepening of his self and object-representations.

As stated earlier, intersystemic conflicts are co-determined by the result of well mentalised drive-affect experiences and highly elaborate psychic structures. Taking a psychogenetic view, in the beginnings of life, conflicts and sufferings are dealt with by the infant and child in an intrapersonal/interpersonal matrix. Bion for instance understood how excessively painful experiences remain concretely felt (beta-elements) and are evacuated through massive projective identification if they are not transformed by the mother's alpha-function. Insufficiently mentalised substrata (i.e. primitive affects related to basic representations, notably of self and

object) tend to retain their concrete and interpersonally oriented quality. They are acted out in the interpersonal field and are at the root of patient-analyst enactments and other interpsychic or intersubjective phenomena. By contrast, conflicts and drive-affect experiences that have been successfully mentalised are better tolerated, they can be owned and their comparatively more symbolised and abstract features present an 'as if' quality. This facilitates their being organised and further transformed into intrapsychic conflict. Thus, mentalisation contributes in a significant manner to the internalisation of conflicts into intrapsychic structures, to the modulation and to the reduction of the compulsion to repeat into action.

#### TRANSLATIONS OF SUMMARY

Les auteurs utilisent le terme de *mentalisation* pour désigner un concept qui recouvre les processus de représentation, de symbolisation et d'abstraction. La mentalisation est ici définie comme une fonction du préconscient ou du moi qui, au moyen d'une activité de liaison (la notion freudienne de *Bindung*), transforme les sensations somatiques de base et les patrons de motricité. Cette liaison s'élabore depuis les associations entre les premières représentations mentales et les substrats somatiques et moteurs, en passant par la multiplication et la différenciation des représentations, permettant ainsi l'émergence de contenus et de structures mentales de niveau complexe supérieur (symbolisme et abstraction). Reprenant les contributions de Marty, Luquet et Bion, les auteurs proposent un modèle descriptif des niveaux formels de l'élaboration mentale. Deux dimensions indépendantes et distinctes de la mentalisation sont définies. Chacune présente des niveaux hypothétiques de plus grande élaboration mentale. La première dimension considère les différents canaux de l'expression pulsionnelle-affective: activité somatique et motrice, imagerie et verbalisation. La seconde distingue cinq niveaux de tolérance affective et d'abstraction: l'impulsion disruptive (*mise en acte*), l'impulsion modulée (catharsis), l'extériorisation, l'appropriation et la création de liens de signification notamment par association abstraite-réflexive. La présentation d'un cas clinique illustre la manière dont les deux dimensions opèrent et peuvent influencer le travail d'écoute et d'interprétation. Une discussion des aspects métapsychologiques de la mentalisation suit.

Der Autor dieses Artikels gebraucht den Begriff *Mentalisierung* als ein übergeordnetes Konzept, das die Prozesse der Repräsentation, der Symbolisierung und der Abstraktion umfassen. Mentalisierung wird als eine vorbewußte Ichfunktion definiert, die basale körperliche Empfindungen und motorische Muster durch eine verbindende Aktivität (Freuds Begriff der *Bindung*) umwandelt. Diese Bindung schreitet von anfänglichen Assoziationen somatischer und motorischer Substrate mit seelischen Repräsentanzen weiter zu der Vervielfachung und Organisation dieser Repräsentanzen. Dadurch ermöglicht sie das Entstehen seelischer Inhalte und Strukturen von höherem Komplexitätsgrad (Symbolisierung und Abstraktion). Angeregt durch die Beiträge von Marty, Luquet und Bion, schlagen die Autoren eine begriffliches Modell von formalen Ebenen der seelischen Elaborierung vor. Mentalisierung besteht nach dieser Definition aus zwei theoretisch getrennten und unabhängigen Dimensionen. Jede besteht aus Ebenen einer hypothetischen, allmählich zunehmenden seelischen Elaborierung. Die erste Dimension geht um die verschiedenen Kanäle des Trieb-Affekt-Ausdrucks: somatische und motorische Aktivität, Vorstellung und Verbalisierung. Die zweite Dimension unterscheidet fünf deskriptive Ebenen der Affekttoleranz und Abstraktion: störender Impuls (Agieren), modulierter Impuls (Katharsis), Externalisierung, Aneignung und abstrakt-reflexive Bedeutungs-Assoziation. Ein klinisches Beispiel illustriert, wie die zwei Dimensionen das Zuhören und Deuten beeinflussen. Einige metapsychologische Aspekte des Prozesses der Mentalisierung werden diskutiert.

Los autores de este artículo emplean el término 'mentalización' como un concepto de orden superior que acompaña a los procesos de representación, simbolización y abstracción. Se define la mentalización como un pre-consciente o función yoica que transforma las sensaciones somáticas básicas y los modelos motrices, a través de una actividad de creación de lazos. (Noción freudiana de *Bindung*). Esta unión procede de asociaciones iniciales de sustratos somático-motrices con representaciones mentales, lo que da lugar a la multiplicación y organización de dichas representaciones, permitiendo así la emergencia de contenidos mentales y de estructuras de mayor complejidad (simbolismo y abstracción). Basados en las contribuciones de Marty, Luquet y Bion, los autores proponen un modelo conceptual de niveles formales de elaboración mental. La primera dimensión tiene en cuenta canales diferentes de expresión pulsión-afecto: actividad somática y motriz, imagería y verbalización. La segunda detalla cinco niveles descriptivos de tolerancia a los afectos y de abstracción: impulsividad desorganizadora (*acting out*), impulsividad modulada (catarsis), externalización, apropiación y asociación de significado abstracto-reflexivo. Un caso clínico ilustra de qué modo pueden influir las dos dimensiones sobre la escucha y la interpretación. Se reflexiona sobre algunos aspectos metapsicológicos del proceso de mentalización.

## REFERENCES

- AULAGNIER, P. (1975). *La violence de l'interprétation*. Paris: Presses Univ. France.
- BASCH, M. F. (1976). The concept of affect: a re-examination. *J. Amer. Psychoanal. Assn.*, 24: 759-777.
- BERGERET, J. (1984). *La violence fondamentale*. Paris: Dunod.
- BION, W. R. (1957). Differentiation of the psychotic from the non-psychotic personalities. *Int. J. Psychoanal.*, 38: 266-275.
- (1962a). A theory of thinking. *Int. J. Psychoanal.*, 43: 306-310.
- (1962b). *Learning from Experience*. London: Heinemann.
- (1963). *Elements of Psycho-Analysis*. London: Heinemann.
- BOESKY, D. (1982). Acting out: A reconsideration of the concept. *Int. J. Psychoanal.*, 63: 39-55.
- BUSCH, F. (1989). The compulsion to repeat in action: A developmental perspective. *Int. J. Psychoanal.*, 70: 535-544.
- (1995). Do actions speak louder than words? A query into an enigma in analytic theory and technique. *J. Amer. Psychoanal. Assn.*, 43: 61-82.
- CHASSEGUET-SMIRGEL, J. (1990). On acting out. *Int. J. Psychoanal.*, 71: 77-86.
- DEBRAY, R. (1991). Réflexions actuelles sur le développement psychique des bébés et le point de vue psychosomatique. *Rev. Franç. Psychosom.*, 1: 41-57.
- DEJOURS, C. (1986). *Le corps entre biologie et psychanalyse*. Paris: Payot.
- DUNN, J. (1995). Intersubjectivity in psychoanalysis: A critical review. *Int. J. Psychoanal.*, 76: 723-738.
- EMDE, R. N. (1989). Toward a psychoanalytic theory of affect: I. The organizational model and its propositions. In *The Course of Life, Vol. 1: Infancy*, ed. S. I. Greenspan & G. H. Pollock. Madison, CT: Int. Univ. Press, pp. 165-191.
- FAIN, M. & DAVID, C. (1963). Aspects fonctionnels de la vie onirique. *Rev. Franç. Psychanal.*, 27: 241-343.
- & MARTY, P. (1964). Perspective psychosomatique sur la fonction des fantasmes. *Rev. Franç. Psychanal.*, 28: 609-622.
- FONAGY, P. (1991). Thinking about thinking: some clinical and theoretical considerations in the treatment of a borderline patient. *Int. J. Psychoanal.*, 72: 639-656.
- FREUD, S. (1911). Formulations on the two principles of mental functioning. *S.E.* 12.
- (1914a). Remembering, repeating, and working-through. *S.E.* 12.
- (1914b). On narcissism: an introduction. *S.E.* 14.
- (1938). *An Outline of Psychoanalysis*. *S.E.* 23.
- FROSCH, A. (1995). The preconceptual organization of emotion. *J. Amer. Psychoanal. Assn.*, 43: 423-447.
- GREEN, A. (1973). *Le Discours Vivant*. Paris: Presses Univ. France.
- (1975). The analyst, symbolization, and absence in the analytic setting. *Int. J. Psychoanal.*, 56: 1-22.
- (1977). Conceptions of affect. *Int. J. Psychoanal.*, 58: 129-156.
- JACOBSON, E. (1964). *The Self and the Object World*. New York: Int. Univ. Press.
- KAËS, R. (1981). Éléments pour une psychanalyse des mentalités. *Bulln. Psychol.*, 34: 451-463.
- KERNBERG, O. F. (1975). *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson.
- (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, NJ: Yale Univ. Press.
- (1987). Projection and projective identification: developmental and clinical aspects. *J. Amer. Psychoanal. Assn.*, 35: 795-819.
- (1992). *Aggression in Personality Disorders and Perversions*. New Haven, NJ: Yale Univ. Press.
- KILLINGMO, B. (1989). Conflict and deficit: Implications for technique. *Int. J. Psychoanal.*, 70: 65-79.
- KREISLER, L. (1992). *La psychosomatique de l'enfant*. Paris: Presses Univ. France.
- KRYSTAL, H. (1974). The genetic development of affect and affect regression. *Ann. Psychoanal.*, 2: 98-126.
- (1975). Affect tolerance. *Am. Psychoanal.*, 3: 179-219.
- LANE, R. D. & SCHWARTZ, G. E. (1987). Levels of emotional awareness: a cognitive-developmen-

- tal theory and its application to psychopathology. *Amer. J. Psychiat.*, 144: 133-143.
- LAPLANCHE, J. & PONTALIS, J. B. (1973). *The Language of Psychoanalysis*. New York: Norton.
- LUQUET, P. (1981). Le changement dans la mentalisation. *Rev. Franç. Psychanal.*, 45: 1023-1028.
- (1987). Penser—parler: un apport psychanalytique à la théorie du langage. In *La Parole Troublée*, ed. R. Christie et al. Paris: Presses Univ. France, pp. 161-300.
- (1988). Langage, pensée et structure psychique. *Rev. Franç. Psychanal.*, 52: 267-302.
- LUSSIER, A. (1989). Review of *La violence de l'interprétation*, by Piera Aulagnier. *J. Amer. Psychoanal. Assn.*, 37: 842-847.
- MARTY, P. (1968). A major process of somatization: The progressive disorganization. *Int. J. Psychoanal.*, 49: 246-249.
- (1976). *Les mouvements individuels de vie et de mort*. Paris: Payot.
- (1990). *La psychosomatique de l'adulte*. Paris: Presses Univ. France.
- (1991). *Mentalisation et Psychosomatique*. Paris: Laboratoire Delagrangé.
- & DE M'UZAN, M. (1963). La 'pensée opératoire'. *Rev. Franç. Psychanal.*, suppl. 27: 1345-1356.
- MCDUGALL, J. (1980). *Plea for a Measure of Abnormality*. New York: Int. Univ. Press.
- (1985). *Theaters of the Mind*. New York: Basic Books.
- MITRANI, J. L. (1993). 'Unmentalized' experience in the etiology and treatment of psychosomatic asthma. *Contemp. Psychoanal.*, 29: 314-342.
- (1995). Towards an understanding of unmentalized experience. *Psychoanal. Q.*, 64: 68-112.
- NOY, P. (1969). A revision of the psychoanalytic theory of the primary process. *Int. J. Psychoanal.*, 50: 155-178.
- (1979). The psychoanalytic theory of cognitive development. *Psychoanal. Study Child*, 34: 169-216.
- OGDEN, T. H. (1982). *Projective Identification and Psychotherapeutic Technique*. New York: Aronson.
- (1994). The analytic third: working with intersubjective clinical facts. *Int. J. Psychoanal.*, 75: 3-19.
- PERRON, R. (1989). Représentations, symbolisations? *Rev. Franç. Psychanal.*, 53: 1653-1659.
- PERRON-BORELLI, M. (1985). Le fantasme: une représentation d'action. *Rev. Franç. Psychanal.*, 49: 903-913.
- PIAGET, J. (1959). *La formation du symbole chez l'enfant*. Neuchâtel: Delachaux et Niestlé.
- RACAMIER, P. C. (1992). *Le génie des origines. Psychoanalyse et psychose*. Paris: Payot.
- ROSENFELD, H. (1964). On the psychopathology of narcissism: a clinical approach. *Int. J. Psychoanal.*, 45: 332-337.
- SANDLER, A. M. (1975). Comments on the significance of Piaget's work for psychoanalysis. *Int. Rev. Psychoanal.*, 2: 365-377.
- SANDLER, J. & ROSENBLATT, R. (1962). The concept of the representational world. *Psychoanal. Study Child*, 17: 128-145.
- SEGAL, H. (1957). Notes on symbol formation. *Int. J. Psychoanal.*, 38: 391-397.
- (1991). *Dream, Phantasy and Art*. London and New York: Tavistock/Routledge.
- SHAPIRO, T. & EMDE, R. N. (EDS.) (1992). *Affect: Psychoanalytic Perspectives*. Madison, CT: Int. Univ. Press.
- TAYLOR, G. J. (1987). *Psychosomatic Medicine and Contemporary Psychoanalysis*. Madison, CT: Int. Univ. Press.

Serge Lecours and Marc-André Bouchard Copyright © Institute of Psycho-Analysis, London, 1997  
Dr Bouchard

42 rue Courcellette  
Outremont  
Quebec  
Canada

(Initial version received 29/6/95)  
(Revised version received 25/2/97)