

With You and Me in Mind: Mentalization and Transactional Analysis

Laurie Hawkes

Abstract

In their 2004 article, J. R. Allen, Bennett, and Kearns invited us to carry on their exploration of “thinking psychologically.” In this article, the author does so by offering further reflections about mentalization, a quality that psychotherapists seek to develop in most of their patients. The article explores meanings of this term, sums up current hypotheses about the way it develops, and draws parallels with some transactional analysis concepts. Material from the novel *The Stranger* by Albert Camus (1942/1988) is used to illustrate the impact of impaired mentalizing.

My interest in mentalization began nearly 30 years ago during my psychology studies. One day a fellow student, who was recovering from anorexia, confided, “My shrink says I don’t mentalize.” That threw me. I wondered, “Do I mentalize? If I didn’t, would I know it?” I was sure I knew how to worry and be tormented, and my companion would often say to me, “You think too much.” Was that mentalizing?

In psychotherapy, one of the frustrating and difficult things is dealing with a client who remains concrete, talking about acts and facts, narrating external events without resonating to them or having any real awareness of their impact on her or him. Sometimes, after an important moment in a session, one in which links have been made and significance is starting to emerge, it looks like we are really moving along. And then it all seems to fall apart when the client responds with the usual question, “OK, but what am I gonna do about that?” It is so disappointing! The movement I thought was occurring did not “take”; we were still stuck in concrete thinking.

The term *mentalization* was coined by French psychoanalysts, who developed the concept on the basis of their work in psychosomatics in the

1970s. According to Marty (1991), “Mentalization describes . . . the quantity and quality of representations in a given individual” (p. 11). This group of psychoanalysts noticed that many people with somatic illnesses showed a mental functioning that was impoverished in terms of representations and differed from that of neurotics. In recent years, the concept was taken up and enriched by a group of British psychoanalysts, particularly Peter Fonagy, who, with various coauthors, has explored the link between mentalization deficits and borderline disorders (J. G. Allen & Fonagy, 2006; Bateman & Fonagy, 2006; Fonagy, Gergely, Jurist, & Target, 2002). In this article, I have drawn from both sources.

Definitions and Descriptions

A short, evocative definition offered by J. G. Allen and Fonagy (2006) described mentalization as “attending to states of mind in oneself and others—[in short], holding mind in mind” (p. 3). In the foreword to the J. G. Allen and Fonagy book, Coates (2006) summarized their thinking as follows: “Mentalization can be defined as keeping one’s own state, desires, and goals in mind as one addresses one’s own experience; and keeping another’s state, desires, and goals in mind, as one interprets his or her behavior” (p. xv). Further, it involves “the capacity to be specifically aware of mental states as such and to use this awareness in regulating affect and negotiating interpersonal relations” (p. xvi).

In a small booklet summarizing the concept, Marty (1991) illustrated mentalization with this short narrative: “I look at the handkerchief I am holding, and it reminds me of the cousin who gave it to me, who is now dead. I think about his death and the way some colleagues looked after him through his illness, and I am grateful for their care. I go on to think of my family, to whom I have just paid a visit in another region

of France, and I feel a bit guilty that I didn't go see my cousin's widow. I didn't have the time. I will go next summer" (p. 12). Marty cites this as a good example of mentalization because "it shows a current perception prolonged in a representation, which links to various associations and inner reflections filled with affectivity, tying past to future in the context of my relations to other people" (p. 12).

Mentalizing is very close to what J. R. Allen, Bennett, and Kearns (2004) called "psychological mindedness" (p. 3): "the capacity to self-reflect, to conceptualize oneself and others as motivated by internal states, and to consider people's responses and behaviors as serving some understandable psychological function" (p. 3). It also means using one's thinking in a way that is alive, flexible, and connected with emotions. Thinking about self, others, and life can move freely; can build, take apart, symbolize, associate and make links; and can create plans, fantasies, and dreams—all of this in contact with affective experiences.

The mentalizing capacity involves meaning making, that is, doing something with an experience by metabolizing it in one's psyche (turning it into a representation). It is more or less present in different individuals, but it is not a set ability like driving or counting. It varies with circumstances and deteriorates or even disappears under severe stress, especially when emotions are running high or when an important attachment relationship is at stake. At such times, we may totally lose our ability to understand or even to notice other people's feelings. In short, we must constantly keep building and rebuilding this capacity as life unfolds or shakes us up.

Fonagy et al. (2002) tied mentalizing to three other psychological functions, which also begin to develop mainly through early relationships. All of these reinforce one another to make up a sense of self, of identity, that is alive and robust.

1. *Affect Regulation*. This is the capacity to manage affects, modulate them, tone them down when they are too intense, understand them, and express them appropriately. All of this is described as *mentalized affectivity*. This enables us to contain emotions without repressing or controlling them. When we try to control our

emotions, we tend to become rigid in defending against them. Mentalizing and containing help us to regulate our feelings and to live with uncertainty and other aspects of life that cannot be fit into categories.

2. *Intersubjectivity*. This is the capacity to genuinely conceive of the world seen from another's point of view. It involves building a representation of self as an object among other objects, or rather, a person among other persons, versus remaining the center of the world. Others can be understood as having their own universe rather than being satellites of our self, as if we were the sun in the solar system. Intersubjectivity enables us to imagine their feelings, desires, and needs (without, however, believing we can read their minds, which would be projecting a part of the self—a failure of intersubjectivity).

3. *Agency*. This involves a certain awareness of the self in the world, of having a power of action that is both real and limited. We can act to obtain something, to mobilize ourselves, to attain goals rather than remain passively waiting.

These three domains are enriched by mentalization and, in turn, enrich it in a feedback loop: Regulating emotions helps us to think about them; interaction in mutual empathy helps us to reflect on relations, on the self-in-relation, and on the other's states; and knowing what actions are possible helps us give meaning to them.

How Does Mentalization Develop?

Already in the 1970s, Marty (1976) wondered about the environmental versus the genetic factors that facilitated the development of mentalization, hypothesizing "unequal distribution of the instinctual vital potential" (p. 180). It is usually accepted that constitutional factors and environmental influence are in interaction. Along with our gifts at birth, two main aspects of our life experiences enable us to regulate our emotions and to mentalize (Allen et al., 2004; Fonagy, 2001; Fonagy et al., 2002; Schore, 1994).

1. *Mentalizing Parents*. Children have a hard time linking action to deeper significance when parents function in a nonmentalizing mode, merely labeling behaviors and dictating the proper ones. Children then tend to merely obey

or disobey, in other words, act rather than sense and reflect. An enormously facilitating factor for the child in learning to think psychologically is for the mother and/or father to do so. Such parents offer an emotionally literate family culture. For instance, we can imagine a young boy coming home in tears after a fight at school. Perhaps his father would scold him: “Stop being a sissy and win next time!” In contrast, a mentalizing parent might have questioned him about the fight, what he felt, what he did and why, and the other kid’s actions and probable experience.

One consequence of this kind of parenting is that the child will start out with a mainly positive self-image, and the Child ego state will retain the emotional traces of such attitudes. Fonagy et al. (2002) explained that “what is most important for the development of mentalizing self-organization is the exploration of the mental state of the sensitive caregiver, which enables the child to find in the caregiver’s mind . . . an image of himself as motivated by beliefs, feelings, and intentions” (p. 55). Further, “the caregiver ascribes a mental state to the child . . . treating the child as a mental agent” (p. 54). This requires the “caregiver’s capacity to observe the moment-to-moment changes in the child’s mental state” (p. 54). Children who have been understood in this way will tend to be interested in their own experiences and their significance. The self under construction will be felt as OK.

Another aspect is the type of Parent ego state that will develop thanks to parents who have the child’s mind in mind. The child can develop the reflexive function that will enable her or him to build a theory of mind: attributing significance to his or her own and others’ actions, linking actions to feelings, desires, hopes, play, and so on. Bion (1962), using reverie in a way that is very close to mentalizing, said that a mother who is incapable of reverie not only does not help her child develop that function but cannot act as a container for the baby’s unbearable affects via projective identification (as described by Ogden, 1982/1992, and Hargaden & Sills, 2002, among others). The baby then is not helped with her or his affects and continues experiencing them as unbearable; thus, affect

regulation will be poor. We could say she or he does not internalize a containing Parent ego state and therefore continues to need outside support, that is, people on whom she or he can project difficult experiences (as in the explosions or acting out of borderline individuals).

2. *Secure Attachment*. Fonagy (2001) considered secure attachment a prerequisite for developing mentalization and building a solid sense of self. “A sense of safety must be associated with experiencing the inner world. . . . Distress must be met with a combination of external feedback (e.g., the mother’s face and tone), which ‘explains’ to the infant what it is feeling . . . and a simultaneous communication of having coped with the distress” (p. 97). So, the mother mirrors back to the baby an affect that is both close to what the baby is feeling, or at least understandable to the mother (resonance, attunement), and different (it is bearable for her, she is not afraid of bearing the feelings). This “dyadic regulatory system” (Fonagy et al., 2002, p. 37) requires an attachment sufficiently strong for both participants to be able to go through emotional variations.

Thus is intersubjectivity born. The mother mirrors the infant’s affect but “marks” it—shows that her display is not for real (Fonagy et al., 2002)—then gradually increases her difference, thereby enabling the child to conceive that mother is there with a mind separate from his or her own. If the mother-baby difference comes too soon, or is too intense, the child feels misunderstood, alone, and will probably learn to overregulate (to suppress his or her emotions). If the mother does not show her difference, merging persists, and the child remains in need of another person to regulate emotions.

A Lack of Mentalization

Chronic undermentalizing causes problems in thinking and dealing with emotions, often resulting in borderline states, addictive disorders, and “operational life” (Marty, 1980, p. 93). Distinguishing between thinking and feeling states is artificial because most of the time, people have problems in both, although one or the other area may be more severely affected. They are separated here for the sake of studying what happens.

Emotions. The person has a hard time managing his or her emotional states; she or he cannot contain, tolerate, or make sense of them.

Emotional outbursts: Because of the lack of affect regulation, the person is overwhelmed by emotions that tend to explode. Without an internal mechanism to moderate them, emotions often run too high or too strong. Then, not having internalized a containing figure, the person forever needs an external other either to receive the outbursts or to provide containment. The Child ego state remains dependent on the other person's Adult and Parent ego states (what we call *symbiosis*; see Schiff et al., 1975). This makes the physical presence of the other necessary, even when one does not wish to communicate with him or her. The other is a sort of life-size transitional object that must, therefore, be controlled. Any threat or attempt on the other person's part to distance or separate triggers unbearable anxiety, which leads to a more or less violent crisis aimed at keeping the other near.

Emotional void: This resembles what Steiner (2003) called *numbness* on his emotional literacy scale (p. 28). Similar suppression of emotions can be found in schizoid disorders and in a less clearly determined group of people with alexithymia (McDougall, 1989; Nemiah, 1978; Sifneos 1973, 1996), which is literally an absence of vocabulary for moods. There is a lack of representations and words for recognizing, expressing, describing, naming, and/or differentiating affects and attributing meaning to them.

To illustrate some of these dynamics, I offer some examples from the novel *The Stranger* by Albert Camus (1942/1988). The main character, Meursault, describes drily what happens inside him when he sees Marie, the young woman who has recently entered his life:

That evening Marie came by to see me and asked me if I wanted to marry her. I said it didn't make any difference to me and that we could if she wanted to. Then she wanted to know if I loved her. I answered the same way I had the last time, that it didn't mean anything but that I probably didn't love her. "So why marry me, then?" she said. I explained to her that it didn't really matter and that if she wanted to, we could get married. Besides, she was the one who

was doing the asking and all I was saying was yes. Then she pointed out that marriage was a serious thing. I said, "No." She stopped talking for a minute and looked at me without saying anything. Then she spoke. She just wanted to know if I would have accepted the same proposal from another woman, with whom I was involved in the same way. I said, "Sure." (pp. 41-42)

Raised in an almost wordless environment, Camus could well have grown up like his Meursault character had it not been for his school teacher, Louis Germain, a real *resiliency tutor*, as Cyrulnik (2004) called such people. They are often outside the family and offer support for an endangered young person to develop. Camus thanked his old teacher with great emotion as he received the 1957 Nobel Prize in Literature and described his help in his very autobiographical, unfinished last novel (Camus, 1994). Perhaps that is why he could so aptly, so frightfully aptly, describe Meursault's inner void and affective silence. The short sentences of the novel send hollow echoes to our minds, reflecting a devitalized, disconnected psyche. Young Meursault does experience bodily states but seems never to attach any emotional significance to them, be it in terms of love, loss, pain, or anger. For example, when young Marie tells her "fiancé" she would like to see Paris, "I told her that I'd lived there once and she asked me what it was like. I said, 'It's dirty. Lots of pigeons and dark courtyards. Everybody's pale'" (p. 42).

A more insidious version, in psychotherapy, is found in people who appear to have good psychological self-knowledge and use a lot of pseudomentalizing descriptions, as in Berne's (1964) games "Greenhouse" and "Psychiatry." They may serve up plenty of psychological or emotional vocabulary, but we still get a sense of something fabricated and lifeless. Despite their use of often strong affective terms, we remain unmoved.

Thinking. Individuals with a poor ability to mentalize appear, in some areas and circumstances, to be unable to think or be reasoned with. Either their tempestuous emotions keep them from thinking or they express only closed, set ideas.

Loss of thinking: In the absence of emotional regulation, one can be swept away in a maelstrom of feelings, cutting off access to Adult ego state evaluation of the current situation. This is typical of borderline personalities when in crisis, but anyone can lose the capacity to be reflective when one of his or her “buttons” is pushed. We might blow up in anger, blaming and shouting quite out of proportion to whatever triggered the reaction. We might sink into despair, grief, or terror. This is often equivalent to what we in transactional analysis call *rubberbanding*, that is, being pulled unexpectedly back to old times (Kupfer & Haimowitz, 1971; see also Erskine, 1974).

Rigid thinking: “That’s just the way it is” could be the motto for this posture. Many generalizing sentences are similar noughts, sorts of automatic reactions coming from either a Parent or a Parent-contaminated Adult ego state. Caricatures of military life, parenting, or certain office managers provide good examples, with such orders as “Don’t think, just do it!” or “Do as I say, not as I do.” The strong tone, the words commanding one simply to obey mindlessly and not to use one’s own reflection, can be terribly effective in shutting down thinking.

Less spectacular than the shouting of borderline personalities, this kind of closed mind, which aims to control for self-reassurance, is no less difficult to deal with. Such individuals seek systems, tidy up and categorize others, ideas, items in the home or office—everything has a given place that must not change or merge with anything else, lest the Order of Things be disrupted. They will unconsciously close off any form of dialogue so as to keep exchanges predictable. Elaboration is a threat rather than a richness to them. One risk for a theory such as transactional analysis, with our many neat diagrams and grids, is to encourage such dementalizing compartmentalization. People might say, for instance, “You’re playing a game!” or “Stop being passive!” They are comforted by naming a phenomenon, but the thinking stops there.

Operational thinking (“pensée opératoire,” Marty, 1980, pp. 93-101): This robot-like way of functioning was described by the French school of psychosomatics (Debray, 1983; Marty,

1980) as emotions flattened before they can reach thinking. There seems to be some freedom to think, but it is detached from the affective charge of situations. Difficulties are seen as due to external, material circumstances rather than to any psychological factors. Even losses or traumatic events are described without much affect. If asked to describe themselves, these individuals will do so in an impersonal, general way, perhaps in abstract, medical, or intellectualizing terms. With these logical, pragmatic, impassive subjects, there is little or no fantasy life; dreams are rare or absent, usually very realistic, and elicit no associations. In psychotherapy, the relationship is “delibidinized” (as translated from the French “délibidinisée” by McDougall, 1995, p. 123), banal, rational, and reasonable.

Returning to *The Stranger* (Camus, 1942/1988), we consider once again Meursault. After an initial fight on the beach between his two friends and two Arab men, Meursault’s neighbor Raymond has had his face and arm slashed. Meursault recounts, “He left with Masson and I stayed to explain to the women what had happened. Madame Masson was crying and Marie was very pale. I didn’t like having to explain to them, so I just shut up, smoked a cigarette, and looked at the sea” (p. 54). Meursault feels no empathy for the two upset women nor is he aware of any psychological need of his own. To get away from the heat and all this bothersome emotion, he goes back to the beach and the cool spring where the Arab men are resting. Meursault is aware only of his bodily sensations, unrelated to any mental content. “The sun was starting to burn my cheeks, and I could feel drops of sweat gathering in my eyebrows. The sun was the same as it had been the day I’d buried Maman, and like then, my forehead especially was hurting me, all the veins in it throbbing under the skin” (pp. 58-59). The association with his mother’s funeral fails to awaken any conscious affect in Meursault. The sensate world alone predominates.

It was this burning, which I couldn’t stand anymore, that made me move forward. I knew that it was stupid, that I wouldn’t get the sun off me by stepping forward. But I took a step, one step, forward. And this

time, without getting up, the Arab drew his knife and held it up to me in the sun. The light shot off the steel and it was like a long flashing blade cutting at my forehead. At the same instant the sweat in my eyebrows dripped down over my eyelids all at once and covered them with a warm, thick film. . . . My whole being tensed and I squeezed my hand around the revolver. The trigger gave; I felt the smooth underside of the butt; and there, in that noise, sharp and deafening at the same time, is where it all started. I shook off the sweat and sun. I knew that I had shattered the harmony of the day, the exceptional silence of a beach where I'd been happy. Then I fired four more times at the motionless body where the bullets lodged without leaving a trace. And it was like knocking four quick times on the door of unhappiness. (p. 59)

No emotion, no anger. Meursault murders the Arab man without thought, under pressure from the sensations of heat and burning. He has no awareness of the other as a person (no intersubjectivity), emotions are annihilated and nonexistent, thinking is reduced to a detached observation of events. This lack of feeling is what will get Meursault sentenced to death. The jury members see him as devoid of remorse, a soulless being to them.

Most people who suffer from alexithymia, fortunately, do not live such drama! But the protective value of emotions and intersubjectivity is demonstrated by Camus. If crimes of passion are terrible, crimes of dispassion are much more appalling to most of us.

Although schizoid subjects do not necessarily have this “operational” way of living, their lack of emotion, at least of shown emotion, can give them and others a similar sense of absurdity, of nothing mattering. But they usually do experience internal suffering and aspire to be able to feel and show affect. This makes their lives more painful but opens up possibilities in psychotherapy.

Associated Clinical States.

Addictive behaviors: When emotions are difficult to manage, “something” is needed to help. We may become addicted to the presence of another who will regulate for us as we externalize

our emotions on them (by acting out or through projective identification). Or, we may become addicted to a substance or behavior, which offers the additional advantage of not requiring dependency on a person (people are notoriously hard to control, despite our best efforts!) and is, instead, accessible at will. There is often an evolution from dependency on other people to depending on a substance. After multiple disappointments with the person-object, an illusion of autonomy is achieved on discovering an alternative. The addiction (1) allows one to calm down affective states, (2) makes it possible to avoid even normal dependency on people because one needs/wants very little relating once an addiction has developed, (3) and, at first, a sort of giddy omnipotence—to need no one, to be totally over needing (m)other!

With wonderful simplicity, McDougall (1995) described her own experience as she strove to stop smoking:

I discovered that I reached for a cigarette whenever I had to accomplish a disagreeable task, whenever I was happy or excited, whenever I was sad or anxious, after dinner, before breakfast. In fact, I realized that I created a smoke screen over most of my affective states, thus neutralizing or dispersing a vital part of my internal world. (p. 185)

Borderline level disorders: Emotional outbursts, impulsive acting out, and addictions, for many of us, will evoke a borderline diagnosis. In fact, Bateman and Fonagy (2006) saw a lack of mentalization as the main cause for borderline disorders, which they treat by fostering the development of mentalization as the main focus. Psychotherapy aims to help patients manage their own feelings, think about them, elaborate on the reasons for the feelings, and consider the possibilities of influencing their own states.

The *Psychodynamic Diagnostic Manual* (PDM Task Force, 2006) analyzes a person's current state based on three dimensions: *S* for symptoms, *P* for personality patterns and disorders, and *M* for mental functioning. The latter axis examines several capacities pertaining to an individual's ability to mentalize. In terms of personality, the P axis offers 14 types or patterns

and a severity scale for the level of personality organization (this is reminiscent of the matrix presented by Divac-Jovanovic & Radojkovic, 1987). At the neurotic-to-healthy end of the continuum (p. 27), people are usually able to mentalize, except at times of major stress. In the borderline range (p. 28), mentalization is easily lost, with many situations involving relational stress triggering such a loss.

One particularly interesting personality type, in terms of mentalization, is the psychopathic personality disorder. For these subjects, the deficit is mainly in the affective realm; their thinking is usually quite good and sharply intuitive, just devoid of genuine intersubjectivity. Despite a strong capacity to imagine the other's reactions and motivations, there is no awareness of this other being an actual person. For example, in Camus' (1942/1988) story, Meursault displays mainly this personality type, although he lacks the interest in power, the charm, and ability to read others' emotional states. His affective void is such that even to save his own life, he is unable to motivate himself to display any emotion or feign remorse.

Whatever our type or level of personality, all of us are liable occasionally to run into difficulties that are "too much" because they touch on a sensitive spot or because too much stress has accumulated in too short a time. Call it regression, rubberbanding, discounting (Mellor & Schiff, 1975), or dissociation, we all sometimes cut ourselves off from our own feelings and cannot elaborate on or articulate them, at least for a time.

Psychosomatic problems: The psychosomatic field is the area in which French psychoanalysts most developed the concept of mentalization. Since it has been well explored (Debray, 1983; Marty, 1976, 1980, 1991; McDougall, 1989, 1995, to name but a few), I will merely note here that conflicts and difficulties, when they are not managed psychologically, can cause what Marty termed *disorganization* or *somatic decompensation*. What cannot be expressed and dealt with in the mind is liable to affect the body directly. This does not mean, conversely, that all serious somatic breakdowns are due to a person's inability to mentalize; there are many other factors at play. And as for

personal capacities, McDougall (1995), with her customary blunt honesty, reminded us that "we are all likely to somatize when internal or external circumstances overflow the containment provided by our usual defenses against mental pain" (p. 154).

In Transactional Analysis Terms

No single transactional analysis concept fully captures the capacity to mentalize. But several can help us grasp aspects of it.

Ego States. The capacity to mentalize deeply and richly involves all three ego states.

The Adult ego state: In his book on ego states, Grégoire (2007) described the Adult system as offering a "panoramic" position that takes in our own experience and the other person's with all the links and differences between them (p. 49). The Adult's ability to step back and assume a metastance, taking into account backgrounds, history, relativity, and other points of view than one's own, makes it an invaluable asset for mentalizing. According to J. R. Allen et al. (2004), impulse control, which requires affect regulation and mentalization, is an Adult function mainly tied to prefrontal lobe functioning.

Under certain circumstances, in Adult, we may stop mentalizing and narrow our focus to virtually exclude our affects. For example, a surgeon who is about to cut into another human being's body usually chooses not to give much consideration to the psychological significance of his or her action. Such unemotional thinking will usually help in making rational decisions. Likewise, in an emergency, we are geared toward the necessary actions and mostly act, with little mindfulness.

The Child ego state: The affective coloring of representations is enriched by the Child ego state (or, as stated by J. R. Allen et al., 2004, p. 3, "more mature Child ego state networks"). To have a mental life with lively associations, there needs to be varied memories charged with bearable affect in various layers of the Child ego state.

Where there is massive trauma, entire sectors of the Child ego state are excluded, causing loss of mentalization when those experiences are touched on in later life (rubberbands). If the family has not "held" or contained the child,

taught her or him to tolerate and name feelings, regressions to the Child ego state give rise to dissociative episodes of loss of thinking, loss of feeling, or some combination thereof.

The Parent ego state: A containing internal Parent ego state is necessary in order to deal with certain states and lend them meaning. In similar, though psychoanalytic, terms, McDougall (1995) wrote, "The lack of . . . a stable introjective constellation disenables the individual from playing a self-sustained caretaking role toward him- or herself in times of stress" (pp. 183-184).

For this ego state as well, it is a certain quality of the Parent, an aspect of its functioning, that is favorable to mentalization, while other aspects of the Parent are unhelpful. A judgmental, rigid, or cruel Parent tends to cause a breakdown in mentalization in oneself or in the person addressed.

Discounting. Discounting is one of the most obvious transactional analysis concepts linked to mentalization. J. R. Allen et al. (2004) saw permission not to discount as one important aspect of the permission to think. As explained by Mellor and Schiff (1975), "The person who discounts believes or acts as though some aspect of the self, other people, or reality is less significant than it actually is" (p. 295). People can thus minimize or inflate aspects of the self, others, or the situation. And we can tie this process to the areas in which we have considered mentalization or lack of it: emotions and thinking.

Regarding emotions: With an impaired ability to mentalize, a person will distort the meaning of a situation or misinterpret the significance of a feeling state. For example, in a state of intense stress, a person is likely to burst out in a rage and attack a loved one rather than express an emotion clearly related to the situation.

Those who feel nothing are also discounting the impact of events, their significance, and sometimes their very existence. Continuing with our literary illustration, the day after his mother is buried, Meursault has spent a rather boring Sunday, quite in the ordinary. "It occurred to me that anyway one more Sunday was over, that Maman was buried now, that I was going back to work, and that, really, nothing had changed" (p. 24). His mother's death is not

seen as mattering at all, it is a "thing" of life, devoid of affective charge.

Regarding thinking: Rigid thinking discounts at least the possible options by selecting only one. But in operational thinking, there is also a discount regarding the existence of a problem and the significance of the situation (T_2 in the discount table, as described by Mellor & Schiff, 1975, p. 301). This mechanistic view of humanity is a constant discount.

Furthermore, people with a "behavior neurosis" (Debray, 1983, pp. 24-26) tend, under stress, to move to action as a way of relieving their inner discomfort. In the discount table, this is expressed in a desire to go straight to options, even though the significance of the problem is not yet known. The unconscious aim is to avoid perceiving the depth of the problem, to short-circuit experience. Hence, we hear that frequent "What do we do now?" question, which can be so frustrating in psychotherapy sessions.

Emotions. Steiner's (2003, p. 28) emotional awareness scale shows increasing levels of emotional literacy, ranging theoretically from 0 to 100% (extremes that are seldom experienced). Without mentalization and affect regulation, problems are liable to appear at various levels.

With borderline-type explosions, rather than knowing what one feels, with what nuances, and why, one falls back on a racket feeling that is repetitive and out of proportion with the current situation. The person is usually able to put words to what he or she feels (at least afterward) but is not able to explain how intense the experience was or why.

Deficits on the scale can go as low as numbness, sometimes without any awareness of feeling anything. In *The Stranger* (Camus, 1942/1988), the first lawyer assigned to Meursault tries to understand him during the investigation phase. He wants to know whether Meursault felt any sadness when his mother was buried.

I answered that I had pretty much lost the habit of analyzing myself and that it was hard for me to tell him what he wanted to know. I probably did love Maman, but that didn't mean anything. At one time or another all normal people have wished their loved ones were dead. . . . I explained to him, however, that my nature was such

that my physical needs often got in the way of my feelings. The day I buried Maman, I was very tired and sleepy, so much so that I wasn't really aware of what was going on. (p. 65)

This would be assessed as "physical sensations" on Steiner's scale. There is no differentiation of affects or awareness of causality.

Psychological Games. In a game, we unconsciously rush into drama rather than sit with our discomfort. This is, again, the kind of externalization characteristic of borderline states. But anyone might act out in this way, more or less frequently and intensely, depending on his or her ability to mentalize. At such times, we put our inner conflicts or difficult experience outside because we are temporarily unable to deal with them inside.

Before the game climaxes, as one assumes one of the drama triangle positions (Karpman, 1968), she or he is in an automatic mode, interpreting the situation in a stereotyped way that precludes mentalization. That is why it seems quite useless to confront a game from a Parent attitude by telling the person to stop the behavior. Such an intervention may lead to apparent change through overadaptation (or it may cause rebellion), but the chances of it helping the person recover mentalization are extremely slim.

Similarly, Žvelc (2010) saw games as inevitable in psychotherapy and as relational enactments that are an important vehicle for change via the transference/countertransference relationship. Shared mentalization about the sequence rather than social control of the game behavior lends it meaning. This will foster understanding of its defensive function (Woods, 2002) and expand the client's relational possibilities.

Script. In the more than 40 years since Eric Berne started to develop the concept of *script*, many definitions and views of it have been elaborated. Two main positions stand out for me. The first is script as providing a positive, creative structure for our identity (see J. R. Allen, 2010; English, 2010; *life plan* in Cornell, 1988; *coherent self-narrative* in Stuthridge, 2010). The other is script as a rigid set of limitations (Berne, 1972; Erskine, 2010).

Here, I consider script as combining many positive self-constructing traits, without which

we would be lost (Allen, 2010; English, 2010), and a number of inhibiting self-definitions or an "incoherent self-narrative" (Stuthridge, 2010, p. 84), which psychotherapy aims to change. One way of combining both aspects, the strengths and the limitations, is to look at how much permission a person has in various areas of life (Hawkes, 2007). In terms of mentalization, several permission areas are particularly relevant:

- Permission to think (with the different aspects described by J. R. Allen et al., 2004)
- Permission to know (about what happens in the family, what things mean, to know about family secrets, Jaoui, 1980; permission "to know what is going on at psychosocial levels," J. R. Allen, 2011, p. 65)
- Permission to grow up (to acquire agency and intersubjectivity, leaving behind childhood helplessness as well as omnipotence)
- Permission to be a child (which we have if mother or parents take charge of our unbearable affect when we are babies)
- Permission to feel, even while thinking (or to think while feeling)

In general, whenever a painful event throws us back into the repetitive constrictions of a limiting script belief (as shown in the racket system, Erskine & Zalcman, 1979)—for example, "Just as I thought, you really can't count on anybody in life"—we are no longer mentalizing. When mentalizing, we do not inhibit our ideas about self, life, others, and our relations with them. While keeping our script as a frame of reference, which helps us to deal efficiently with situations, we can consider what to do with our emotion (with whom to share it, spending time alone to have space to digest it first, etc.) and to reflect on what just happened, how, and why. Mentalizing then can be seen as a way of keeping our script alive and healthy, a script that structures our identity rather than cages us in.

Conclusion

After all their research, J. G. Allen and Fona-gy (2006) humbly stated that "while mentalizing is a basic human capacity that we generally take for granted, the concept is surprisingly hard to pin down" (p. xx). They do not offer a clear-cut definition of mentalization, which seems fitting, because it ought not to be pinned

down and simplified. It is not a “thing,” a fixed theoretical object, but a shimmering, multi-colored capacity that would die if set in stone.

With our transactional analysis parallels—all three ego states active, not discounting, allowing our emotions, making sense of our games—it would be tempting to say, “the more mentalizing, the better.” But in their early work, the French psychosomatics specialists saw the end of the continuum, extreme mentalization, as a psychotic state, with a mind that never rests. Even neurotics, if quite ill, can be invaded by incessant, relentless mind work. It is better to aim for a “sufficient” level, “good-enough” mentalization (just as Winnicott, 1965/1990, pp. 54-55, recommended “good-enough mothering”). That gives our minds the capacity to be in movement, linking, associating thoughts, memories, and affects about important people in our lives and the relationships that have helped make us human.

Let us remember that in this domain, as in others, there is no such thing as the ideal state. Our aim is not to create a perfectly balanced being capable of reacting under all circumstances with just the right kind of mentalization, someone who would never need medication or alcohol to deal with a hard moment, who would never take out their emotional overflow on others—no psychological games, ever! Rather, it is better for everyone to be able to cope in their best possible way, with their own resources and others’ help, and the occasional little artificial boost when needed. In the words of McDougall (1995),

we might well remind ourselves that we all tend to indulge in addictive behavior when events overthrow our usual means of dealing with stressful situations to the point that we are unable to contain and think about them constructively. At such moments we are liable to eat, smoke, or drink more than usual, take pharmacological drugs, engage in fleeting adventures, and so on, in order to escape briefly from the painful affective situation. (p. 185)

Mentalizing is, to me, like an *art de vivre* (art of living) that we cultivate throughout our whole existence, never reaching a final destination and never losing interest in this ever-evolving

ability. It helps us to deal with the unexpected as well as enliven the repetitive and to remain invested in our life and relationships.

Laurie Hawkes, M.S., is a clinical psychologist, a Teaching Transactional Analyst (psychotherapy), and a Certified Transactional Analyst trainer. She works in private practice as a psychotherapist in Paris, France, and teaches in the Ecole d'Analyse Transactionnelle de Paris-Ile de France, champ psychothérapie (Paris school of TA in psychotherapy). She can be reached at 89 rue de l'Ourcq, bâtiment C2, 75019 Paris, France; e-mail: hlaurie@noos.fr. The author wishes to thank those generous anglophones who helped with her “Frenglish”: Jo Stuthridge, Steff Oates, Lise Small, and Robin Fryer (in chronological order). Translated and republished with the permission of the author and the Editions d'Analyse Transactionnelle (France). First published in the journal Actualités en Analyse Transactionnelle, N°134, April 2010, pp. 24-41, with the title “Une pensée qui contient : A.T. et mentalisation” (Copyright Ed. d'AT).

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