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The Concept of Mind: A Developmental Analysis

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This chapter is devoted to a review of recent developments in the study of symbolic processes, particularly the development of the concept of mind. An essential component of the concept of mind is the capacity for self-reflexivity, the ability to make smooth transitions between subjective and objective perspectives on the self (Bach 1985, 1994). This reflexive self-awareness is central to the construction of self-representation. Self-reflexivity and self-representation emerge from, and in turn facilitate, the development of intersubjectivity. In this chapter, we review some recently developed procedures that assess systematically the capacities for reflexive self-awareness and intersubjectivity. These include the Adult Attachment Inventory (AAI; George et al. 1985), the Reflective Functioning (RF) Scale (Fonagy et al. 1991, Fonagy et al. 1998),[1] the Object Relations Inventory (ORI; Blatt et al. 1981, Blatt et al. 1979), and the Differentiation-Relatedness (D-R) Scale (Diamond et al. 1991, Diamond et al. 1990).

1. Fonagy and colleagues (1991) initially referred to this measure as the Reflective-Self Functioning Scale.

We demonstrate how these procedures enable us to understand the process of therapeutic change, as illustrated in the detailed analysis of changes in a patient's self- and significant-figure descriptions during the course of a long-term intensive inpatient treatment program for seriously disturbed, treatment-resistant adolescents and young adults.

SELF-REFLEXIVITY

Self-reflexivity, the ability to move easily back and forth between subjective and objective perspectives on the self, is a fundamental concept in psychology. As early as the late nineteenth century, and some years before Freud began to articulate a rigorous and systematic psychological theory, William James (1890) differentiated between self as subject (i.e., as knower and agent), which he termed the *I*, and self as object (i.e., as known and acted upon), which he termed the *me*. Although James's ideas were taken up by later psychological thinkers (e.g., Baldwin 1906, Cooley 1922, Mead 1934) and are foundational to modern discussions of issues of self-reflexivity in psychoanalysis (see, for example, Aron 1998, Auerbach 1993, Auerbach and Blatt 1996, 1997, Bach 1985, 1994, Fast 1998, Harter 1999, Modell 1993), this tension between subjective and objective forms of self-awareness was obscured in psychoanalytic discourse by Freud's (1914, 1923) use, as many commentators (e.g., Balint 1968, Hartmann 1950, Kernberg 1982, Laplanche and Pontalis 1967) have noted, of a single term, *das Ich*, to refer to both ego (i.e., the human subject) and self (i.e., the subject's self-conception). On the one hand, Freud's use of a single term to denote both ego and self reflected his dialectical conception of human selfhood—his positing of a tension, perhaps necessary and ineradicable, between the person as a subject (i.e., as a desiring but also potentially rational agent) and the person as an object of self-knowledge and narcissistic self-investment (cf. Lacan 1953, Laplanche 1970). On the other hand, because the term *das Ich* is officially translated into English as "the ego," the dialectical subtle-

ties of Freud's conceptualizations are often difficult to grasp without careful reading.

Thus, for example, in "On Narcissism," the following quotation becomes much clearer if "ego" is read as "self" or "self-representation": "A unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed" (Freud 1914, p. 77). Similar considerations also apply to this famous quotation: "The ego is first and foremost a bodily ego; it is not merely a surface entity but is in itself the projection of a surface" (Freud 1923, p. 26). Despite these difficulties with translation, it is clear that the tension between subjective and objective views of the self is central to a psychoanalytic understanding of human functioning. It is only with the developmental emergence of self-reflexivity, of the capacity for self-observation, in early childhood that psychic conflict (i.e., the tensions among the person who I am, the person I would like to be, the person I think I should be, and the person I fear I am or do not want to be) becomes possible at all.

REFLEXIVE SELF-AWARENESS IN NORMAL DEVELOPMENT

The process of self-representation requires reflexive self-awareness—the ability as a subject to reflect on oneself as an object. Thus, unlike object representations, which involve only what can one observe and infer about others, the self-representation has (at least) two sources (Auerbach 1993, Bach 1985, 1994, Blatt and Bers 1993, Broucek 1991, Damon and Hart 1988, Duval and Wicklund 1972, James 1890, Lewis and Brooks-Gunn 1979, Mann 1991, Mead 1934, Merleau-Ponty 1960, Modell 1993, Piaget 1924, 1926, Schafer 1968): (1) subjective self-awareness, or the experience of oneself as "a center of initiative and a recipient of impressions" (Kohut 1977, p. 99); and (2) objective self-awareness, or observations of oneself as an object among other objects, a self among other selves. Objective self-awareness includes an understanding that one is an object not only for oneself but also in the eyes of others. This division within the self, this capacity for re-

flexive self-awareness, first emerges between ages 18 and 24 months as, for example, an ability to recognize oneself in the mirror (Lewis and Brooks-Gunn 1979) or to comment on one's immediate actions and preferences through brief self-descriptive utterances (e.g., "climbing up," said while climbing on furniture) (Kagan 1981) and culminates in the abstract, systematic self-conceptions of adolescence and beyond (Damon and Hart 1988).

From a psychoanalytic perspective, however, the emergence of self-awareness in the second year of life is a mixed blessing. With the capacity for self-recognition, children also discover that they are objects in the eyes of others and, furthermore, that they are small and separate beings in a large world. The emergence of self-reflexivity between ages 18 and 24 months, then, is coincident with the rapprochement subphase (Mahler et al. 1975) and is accompanied by a potential upsurge in the child's experience of shame and embarrassment (Amsterdam and Levitt 1980, Broucek 1991, Kagan 1981), by a potential lowering of self-esteem that can be documented experimentally in adults' avoidant responses to the presence of a mirror or a camera (Duval and Wicklund 1972), although it should be added that under normal circumstances these dysphoric affects constitute a relatively minor part of a toddler's typical emotional experience.

SELF-REFLEXIVITY AND SYMBOLIC PLAY

Two-year-old children are faced, therefore, with a highly problematic psychological situation, but fortunately, the same symbolic capacity that led to the discovery of their separateness also enables them to cope with this difficulty. For it is in the next two or three years of life that children begin to develop a theory of mind (see Astington et al. 1988, Perner 1991, Wellman 1990)—that is, an understanding of how other people think, of the differences between beliefs and fantasies about the world on the one hand and realistic perceptions of the world on the other. In other words, coincident with the emergence of self-reflexivity in the second year of life is the emergence of

pretend play (Piaget 1945)—of transitional object usage (Winnicott, 1953, 1971)—and two-year-olds are adept at distinguishing between pretense (i.e., make-believe) and reality (Bretherton 1989, Harris and Kavanaugh 1993, Leslie 1987).

Transitional object usage, as Winnicott (1953, 1971) proposed, is the means by which a child negotiates the dilemma of becoming separate and autonomous while remaining attached to caregivers. Alternatively, per Piaget (1945), the capacity for pretend play gives children an increased sense of control in a world that they have only recently discovered is separate from them. But if children at age 2 are quite capable of distinguishing pretense from reality and of using this distinction to cope with emotional dilemmas in their lives, they have much difficulty, prior to age 4 or 5, in grasping the distinction between appearance and reality, between how things look and how they actually are (Flavell et al. 1986), as well as in understanding the difference between their beliefs about the world and how the world actually is (Perner et al. 1987, Wimmer and Perner 1983). Alternatively, therefore, preschool children have difficulty in recognizing that their beliefs about the world are dependent on their perceptions of it and may be incorrect if their perceptions are incorrect. They also have difficulty in understanding that their beliefs may differ from those of others and that it is possible for people to develop false beliefs, to have secrets, and to lie (Astington 1993, Meares 1993). In short, although children come to understand the separateness of their bodies sometime in the second year of life, they do not come to understand that their minds are distinct from those of others until sometime in the fifth or sixth year (Mayes and Cohen 1996). The discovery of the separateness of one's mind is a crucial step in the development of self-reflexivity because it is then that children learn that their beliefs about the world can differ from those of others. It is with the discovery of the mind's separateness, therefore, that transitional object usage comes to be integrated with realistic cognition (Fonagy and Target 1996, Target and Fonagy 1996), at least under normal circumstances. In other words, the discovery of the mind's separateness places limits on the illusions of omnipotence and fusion that constitute the core of transitional fantasy.

SELF-REFLEXIVITY AND INTERSUBJECTIVITY

The capacity for reflexive self-awareness is a consequence of phylogenetic development; it is an ability that exists only in humans and, to some extent, in the great apes and the bottlenose dolphin, the only other animals in which mirror self-recognition has been found (Gallup 1977, Povinelli 1993, Povinelli and Prince 1998, Reiss and Marino 2001). But self-reflexivity is more than a consequence of higher cortical functioning. That apes raised as social isolates never develop the ability to recognize themselves in the mirror (Gallup 1977) tells us that the development of objective self-awareness requires a social milieu, certainly in the few infrahuman species that have this ability and, we can surely infer, in humans too.

The notion that self-reflexivity requires interaction with others is not a new one in psychology. Theorists like Cooley (1922) and Mead (1934) argued that one develops a self-concept from the reflected appraisals of others—from how others see one. These ideas were introduced into psychoanalytic discourse by Sullivan (1940). In developmental psychology, Piaget (1924) argued that objective self-awareness, the cognitive capacity upon which true self-knowledge depends, requires the overcoming of childhood egocentrism, the propensity to see the world from one's own perspective only. For Piaget, as for Cooley and for Mead, self-awareness depends on the ability to regard oneself as an object among other objects. In other words, contrary to the Cartesian tradition (Descartes 1637, 1641) that is predominant in Western thought, one develops a self-concept not via solitary introspection but by seeing oneself through others' eyes.

As important as these ideas are, however, they omit a psychological dimension that is central to a psychoanalytic understanding of the development of self-reflexivity. From a psychoanalytic perspective, a child's ability to understand the mind of another requires first being treated by others, specifically one's primary caregivers, as having a mind, will, and feelings of his or her own (see, e.g., Benjamin 1995, Stern 1985, Winnicott 1971). To understand the mind of another, one must first be regarded by that other as an independent subject oneself. This insight is also not new. Nearly 200 years ago, Hegel (1807) wrote, "Self-

consciousness [Hegel's term for independent subjectivity] exists in and for itself when, and by the fact that, it so exists for another; that is, it exists only in being acknowledged" (p. 111). A child becomes an independent subject, a subject who can regard herself as an object, only by being regarded as such by her caregiver. Thus, although the ultimate consolidation of intersubjectivity will require a capacity for language (Cavell 1993), preverbal children start to become independent subjects, as Winnicott (1971, cf. Stern 1985) argued, when they see their spontaneous gestures reflected in mother's eyes. The independent subjectivity of the child, in other words, requires and is therefore limited by the independent subjectivity of the parents. Alternatively, as empirical infancy research suggests, a mutually interactive sharing of affective states between caregiver and baby is essential to the process of psychological differentiation, especially insofar as the caregiver's responses, while contingent upon the infant's affective displays, are not exact replicas of them (Beebe et al. 1997, Gergely and Watson 1996, Stern 1985, Tronick 1989). The baby starts to develop as an independent subject because the caregiver establishes an emotional communion with the baby while at the same time standing just outside of that communion. From the baby's point of view, therefore, early relationships with parental figures involve a dialectic between gratifying involvements (i.e., communion) and experienced incompatibility (i.e., separation; see Behrends and Blatt 1985, Blatt and Behrends 1987), a dialectic that is central to psychological development.

These ideas are commonplace in psychoanalytic theorizing, thanks to the classic contributions of Fairbairn (1952), Sullivan (1953), Lichtenstein (1977), Winnicott (1971), and Kohut (1977) on the centrality of affect mirroring and other preverbal affective processes in the formation of the self. At this point, however, the modern intersubjectivity theory that derives from Hegel's (1807) foundational analysis of the master–slave dialectic (e.g., Aron 1996, 1998, Auerbach 1993, Auerbach and Blatt 2001, Benjamin 1995, Kirshner 1991, Ogden 1994; cf. Lacan 1977, Winnicott 1971) introduces a more profound, dialectical turn. According to this variant of intersubjectivity theory, children start becoming independent subjects when regarded as such by their caregivers, but they do not complete this

process until they can then recognize the independent subjectivity of their caregivers—more concretely, can recognize that their caregivers also have minds, wills, and feelings of their own, minds that are independent of their children. Only another independent subject can bestow the recognition that enables children to have minds of their own, and that recognition in turn becomes real only when the child recognizes the independence of the other's mind. In other words, this basic intersubjective situation, this mutual recognition by caregiver and infant of each other's independent subjectivity, is just as crucial as are phylogenetic processes to the child's development of reflexive self-awareness and of a theory of mind that enables a child to understand the beliefs and desires of others.

To put this argument in broader historical perspective, we are proposing a shift from a Cartesian theory of mind, in which the self stands transcendentally at the center of the universe, to a Hegelian perspective, in which self and other mutually constitute each other through dialogue (see, for example, Aron 1996, Auerbach 1993, Benjamin 1995, Orange et al. 1999). This shift has a certain parallel in the transition from Newtonian physics, in which the observer stands apart from the field of observation, to quantum physics, in which the observer is an essential part of the field (see Blatt 1999), although it must of course be acknowledged that Hegel's work predates quantum physics by a century and that his historicism and idealism are highly problematic. Nevertheless, Hegel's ideas have remained surprisingly modern and surprisingly relevant to psychoanalysis despite being 200 years old (see Marcuse 1941, 1955). In psychoanalysis, therefore, we have seen a progression from a focus on the development of an autonomous ego (e.g., Hartmann 1939) or of a unitary self (Kohut 1977) to a perspective in which a dialogue between self and other constitutes the basic unit of study (e.g., Aron 1996, Auerbach and Blatt 2001, Behrends and Blatt 1985, Benjamin 1995, Ogden 1994, Orange et al. 1999). It should be added that, although Freud's metapsychology is clearly derived from the world-views of Descartes and Newton, his clinical theory, with its focus on the self and the mind as loci of conflict, is most certainly consistent with the dialectical outlook that we are articulating.

INTERSUBJECTIVITY, ATTACHMENT, AND THEORY OF MIND

This intersubjective-dialectical model of psychological development is supported empirically by research documenting the link between attachment security and the development of a theory of mind. This connection was first noted by Main (1991), who, with her colleagues, developed the AAI (George et al. 1985), a semistructured interview measure of adult attachment status. The AAI inquires broadly about a person's relationship history, but it determines an individual's attachment status not by the content of his or her report but rather by that report's narrative coherence. Thus, a person who has had a traumatic past but who can describe his or her parents in a coherent, plausible fashion will be classified as securely attached, but an individual whose descriptions of his or her parents lack narrative coherence and plausibility will be placed in one of the insecure-attachment categories, preoccupied, dismissing, or disorganized, depending on the type and severity of the individual's deviations from coherent discourse. Main's (1991) argument is that insecure attachment on the AAI reflects failure in *metacognitive monitoring*, her term for awareness of one's own mental processes, with regard to one's attachment narratives. Insecurely attached adults fail to notice that their accounts of their childhood attachment experiences are incoherent or internally inconsistent, but securely attached adults, even those who have suffered developmental trauma, remain coherent in their descriptions of childhood.

Influenced by Main's ideas and by research on the development of a theory of mind in children, Fonagy and colleagues (1991, 1998) constructed an RF rating scale (see Table 3.1) that can be applied to AAI transcripts to assess the extent to which an individual has developed a theory of mind—an understanding of mental states, both one's own and those of others. Their scale ranges on an 11-point continuum from negative reflective functioning (scale point –1) through absent but not repudiated reflective functioning (scale point 1), questionable or low reflective functioning (scale point 3), definite or ordinary reflective functioning (scale point 5), marked reflective functioning (scale point 7), and, finally, full or exceptional reflective functioning (scale point 9). At the bottom of the scale,

individuals either actively resist thinking about mental states underlying a person's behavior or else think about these mental states in an unintegrated, bizarre, or inappropriate way. At the top of the continuum, individuals display an organized, consistent, complex, often surprising understanding of the motivations guiding their own actions and those of others.

Fonagy and colleagues (1996) found that the AAI narratives of psychiatric inpatients are significantly lower in Reflective Functioning than are those of nonpsychiatric controls. Among psychiatric inpatients, RF was slightly better than questionable or low (M = 3.7) while among controls it was consistent with at least ordinary Reflective Functioning (M = 5.2). Among psychiatric inpatients, Fonagy and colleagues (1996) found that the AAI narratives of borderline personalities are significantly lower in Reflective Functioning than are the narratives of patients without borderline disturbance. For borderline patients, RF was just short of questionable or low (M = 2.7) and therefore indicated a highly limited ability to reflect on mental states. Similarly, in a different research tradition, qualitative analyses of the self-descriptions of borderline adolescent and young adult patients indicate that the ability of such persons to coordinate subjective and objective perspectives on the self is easily disrupted by intense affect early in long-term inpatient treatment but is much more stable at discharge from the hospital (Auerbach and Blatt 1996, 1997).

Still more important for our intersubjective theory of mental development, however, is research demonstrating that attachment security and reflective functioning in parents are linked to attachment security and symbolization in children. In a meta-analytic review of 18 studies involving 854 parent–child dyads, van IJzendoorn (1995) found that parental attachment status, as measured on the AAI, can predict infant attachment status, as measured in Ainsworth's strange situation paradigm (Ainsworth et al. 1978), with a classification accuracy of 75 percent. In other words, parental representations of attachment relationships with their parents predict the attachment behavior of their children.

As for how parents' attachment representations influence infant attachment status, it has been found that children of parents high in

Table 3.1. Reflective Functioning

Level/Scale Point	*Description*
–1 Negative Reflective Functioning	Responses that are distinctively anti-reflective, hostile, bizarre, or inappropriate in the context of the interview.
1 Absent Reflective Function	Responses either totally or almost totally lacking in reflective functioning, with little evidence that the person thinks about mental states. Accounts are barren, lacking in detail pertaining to mental states, or are egocentric and self-serving.
3 Questionable Reflective Function	Responses contain some evidence of consideration of mental states, but most references are not made explicit. The person's understanding of mental states is either banal and clichéd or diffuse and unintegrated.
5 Ordinary Reflective Functioning	The subject displays an ordinary capacity to make sense of experience in terms of thoughts and feelings and has a consistent model of mental states that requires little or no inference from the rater. The subject's model is limited and does not include understanding of conflict or ambivalence.
7 Marked Reflective Functioning	Responses contain numerous instances of full reflective functioning suggestive of a stable psychological model of the mind. Much detail about thoughts and feelings is present, and implications of mental states are explicitly spelled out. The subject is usually able to maintain a developmental (interactional) perspective and to arrive at original reintegrations of states of mind
9 Exceptional Reflective Functioning	Responses show exceptional sophistication. They are commonly surprising in their insights, are quite complex or elaborate, and consistently manifest causal reasoning with regard to mental states. The subject displays a consistent reflective stance across all contexts.

Note: Adapted from *Reflective-Functioning Manual, Version 5, For Application to Adult Attachment Interviews* (pp. 54–59), by P. Fonagy, M. Target, H. Steele, and M. Steele, 1998. Unpublished research manual, Sub-Department of Clinical Health Psychology, University College, London.

Reflective Functioning are three or four times more likely to be securely attached than are children of parents low in Reflective Functioning (Fonagy et al. 1991), and the relationship of high parental Reflective Functioning to infant attachment security is even stronger among mothers living in deprived circumstances (Fonagy et al. 1994). Mothers of securely attached children are more actively involved in their children's symbolic play than are mothers of insecurely attached children, and securely attached children are more responsive in their symbolic play to the contributions of others than are insecurely attached children (Meins and Russell 1997, Slade 1987). In addition, securely attached children acquire an understanding of false beliefs—that is, that beliefs about the world can be mistaken—earlier than do children who are insecurely attached (Fonagy et al. 1997) and therefore have a greater facility to reflect on their thoughts than do their insecurely attached peers. Furthermore, according to pilot data reported by Main (1991), securely attached children have a better understanding that thinking is private than do children with insecure attachments, especially those who are resistantly attached. Main notes that many resistantly attached children believe that their parents can read their minds.

In short, this research evidence supports the proposition that attachment, self-reflexivity, symbolization, and intersubjectivity are related developments. It is, in other words, by virtue of being regarded by their parents as having minds and feelings of their own that securely attached children develop the symbolic functioning necessary to reflect on their own minds and the minds of others.

SELF-REFLEXIVITY, EVOCATIVE CONSTANCY, AND DIFFERENTIATION-RELATEDNESS

The contributions of Main (1991) and Fonagy (1996, Fonagy et al. 1991, 1994, 1995) to the understanding of the role of relational processes in the development of self-reflexivity are paralleled by the efforts of Blatt, Diamond, and their colleagues (e.g., Blatt et al. 1998, Blatt, Stayner et al. 1996, Diamond et al. 1990, 1991) to extend the

traditional psychoanalytic notion of evocative object constancy to include a capacity for intersubjectivity. Traditionally regarded as related to the Piagetian capacity for object permanence (Piaget 1937), object constancy has been conceptualized in the psychoanalytic literature as the ability to evoke a positive image of a significant other, or to maintain an integrated representation of that other, when the person in question is absent, unavailable, or frustrating (Blatt and Shichman 1983, Fraiberg 1969, Mahler et al. 1975). The development of stable object relations was thought to depend on the consolidation of object constancy, and borderline personality disturbances were thought to reflect an impairment of this psychological capacity (see Adler 1985, Blatt 1995, Blatt and Auerbach 1988, Blatt and Shichman 1983, Masterson 1981, Rinsley 1982, 1989). This model formed the theoretical basis of the Conceptual Level (CL) Scale (see Table 3.2) developed by Blatt and colleagues (Blatt 1974, Blatt et al. 1979, 1981, 1988) to rate descriptions of parents and other emotionally significant figures. According to this scale, representation of objects progresses from sensorimotor-preoperational through concrete-perceptual, external-iconic, internal-iconic, and, finally, conceptual levels of development. At the sensorimotor-preoperational level, objects are described in terms of gratification and frustration, and at the conceptual level, objects are characterized as psychologically complex, differentiated, and autonomous beings. Poor object constancy on this scale is therefore reflected in significant-figure descriptions dominated by sensorimotor-preoperational and concrete-perceptual modes of representation. That is, persons who describe significant figures in their lives primarily in terms of whether these figures provide gratification or frustration (sensorimotor-preoperational representation) or of how those figures look (concrete-perceptual representation) are unlikely to be able to evoke consolidated positive images of significant objects, let alone maintain positive ties to them, under conditions of stress or conflict.

It eventually became apparent to Blatt and colleagues, however, that the Conceptual Level Scale was too static, insofar as it rated descriptions of persons but not of relationships, and also insofar as it failed to capture certain intersubjective dimensions of object representation.

Table 3.2. Conceptual Level of Descriptions of Self and Other

Level/Scale Point	*Description*
Sensorimotor-Preoperational (Scale Point 1)	Persons are described primarily in terms of the gratification or frustration they provide. Others do not exist as entities separate and independent of their direct effect on the individual's pleasure or pain.
Concrete-Perceptual (Scale Point 3)	Persons are described primarily in concrete, literal terms, usually on the basis of physical attributes and features. Emphasis is placed on external physical characteristics and appearance.
Iconic (Scale Point 5)	External iconic level: Persons are described primarily in terms of manifest activities or functions.
(Scale Point 7)	Internal iconic level: Persons are described primarily in terms of their thoughts, feelings, and values, rather than their physical characteristics or activities. The description primarily involves psychological dimensions.
Conceptual (Scale Point 9)	Using a range of levels, the description integrates external appearances and activities (behavior) with internal dimensions (feelings, thoughts, and values). Apparent contradictions are resolved in an integrated, complex, coherent synthesis.

These intersubjective dimensions include the subtleties of how one comes to understand and describe the psychological uniqueness of significant figures in one's life, and they also refer to the notion that object constancy involves the ability to evoke the feeling that the other remains lovingly disposed toward the self, even under conditions of stress, conflict, or absence. Influenced, therefore, by Stern's (1985) account of the development of intersubjectivity, as well as by Mahlerian

(Mahler et al. 1975) separation-individuation theory and Blatt's (1974, Blatt and Blass 1990, 1996, Blatt and Shichman 1983) work on the interplay of relational and self-definitional developmental lines in normal and pathological functioning, Diamond and colleagues (1990, 1991) constructed the Differentiation-Relatedness Scale, with the following ten levels: a lack of basic differentiation between self and others (Levels 1 and 2); the use of mirroring (Level 3); self–other idealization or denigration (Level 4); and an oscillation between polarized negative and positive attributes (Level 5) as maneuvers to consolidate and stabilize representations; an emergent differentiated, constant, and integrated representation of self and other, with increasing tolerance for ambiguity (Levels 6 and 7); representations of self and other as empathically interrelated (Level 8); representations of self and other in reciprocal and mutually facilitating interactions (Level 9); and reflectively constructed, integrated representations of self and others in reciprocal and mutual relationships (Level 10). In general, higher ratings of differentiation-relatedness in descriptions of self and other are based on increased differentiation of the self-representation, increased articulation and stabilization of interpersonal schemas, and an increased appreciation of mutual and empathically attuned relatedness between the self and significant figures.

This scale, summarized in more detail Table 3.3, is based on the assumption that development moves toward (1) a consolidated, integrated, and individuated sense of self-definition and (2) empathically attuned mutual relatedness with significant others. Differentiation and relatedness, in this model, are interactive dimensions that unfold throughout development. The dialectical interaction between these two developmental dimensions facilitates the emergence and consolidation of increasingly mature levels of both self-organization and intersubjectively attuned empathic relatedness. The scale assumes that, with psychological development, representations of self and other become increasingly differentiated and integrated and begin to reflect an increased appreciation of mutual relatedness. In other words, the capacity for intersubjectivity is a central construct measured by the Differentiation-Relatedness Scale. Whereas the highest point of the Con-

Table 3.3. Differentiation-Relatedness of Self and Object Representations

Level/Scale Point	*Description*
1. Self/other boundary compromise	Basic sense of physical cohesion or integrity of representations is lacking or is breached.
2. Self/other boundary confusion	Self and other are represented as physically intact and separate, but feelings and thoughts are amorphous, undifferentiated, or confused. Description may consist of a single global impressionistic quality or a flood of details with a sense of confusion and vagueness.
3. Self/other mirroring	Characteristics of self and other, such as physical appearance or body qualities, shape or size, are virtually identical.
4. Self/other idealization or denigration	Attempts to consolidate representations are based on unitary, unmodulated idealization or denigration, with extreme, exaggerated, one-sided descriptions.
5. Semi-differentiated, tenuous consolidation of representations through splitting (polarization) and/or by an emphasis on concrete part properties	Marked oscillation between dramatically opposite qualities or an emphasis on manifest external features.
6. Emergent, ambivalent constancy (cohesion) of self and an emergent sense of relatedness	Consolidation of disparate aspects of self and other emerges in a somewhat hesitant, equivocal, or ambivalent integration. A list of appropriate conventional characteristics, but they lack a sense of uniqueness. Tentative movement toward a more individuated and cohesive sense of self and other.
7. Consolidated, constant (stable) self and other in unilateral relationships	Thoughts, feelings, needs, and fantasies are differentiated and modulated. Increasing tolerance for and integration of disparate aspects. Distinguishing qualities and characteristics. Sympathetic understanding of others.

Table 3.3. (*continued*)

Level/Scale Point	*Description*
8. Cohesive, individuated, empathically related self and others	Cohesive, nuanced, and related sense of self and others. A definite sense of identity, an interest in interpersonal relationships, and a capacity to understand the perspective of others.
9. Reciprocally related, integrated unfolding self and others.	Cohesive sense of self and others in reciprocal relationships that transform both the self and the other in complex, continually unfolding ways.
10. Creative, integrated constructions of self and others in empathic, reciprocally attuned relationships	Integrated reciprocal relations with an appreciation that one contributes to the construction of meaning in complex interpersonal relationships.

ceptual Level Scale reflected an appreciation of a significant other's psychological complexity, the highest point of the Differentiation-Relatedness Scale reflects an understanding that another's psychological complexity emerges and exists only within complex interpersonal relationships. Alternatively, the capacity for intersubjectivity—that is, the recognition that a person's independent subjectivity and the relationships in which that person participates are inextricably intertwined—is, in this model, the highest level of psychological development.

The ten levels of differentiation-relatedness were established on the basis of clinical and developmental findings and reflect what are generally regarded as clinically significant distinctions in the transition from grossly pathological to intact and even healthy object relations. The scale points are thus best regarded as discrete categories, not points on a continuum. In other words, the underlying logic of this measure is ordinal and not interval or nominal. The various levels of this scale, therefore, may not be equidistant from each other, and the specific number of scale points is to some extent arbitrary. That is, new levels of differentiation-relatedness can be added in light of new clinical observations, theoretical formulations, and research

findings. Nevertheless, a clear implication of this scale is that higher differentiation-relatedness ratings reflect a greater degree of psychological health. In theory, differentiation-relatedness Levels 8, 9, and 10 are indicative of mental health, and differentiation-relatedness Level 7 (consolidation of object constancy) is regarded as a prerequisite for normal psychological and interpersonal functioning.

The Differentiation-Relatedness Scale was used systematically for the first time in a study of changes in significant-figure descriptions in severely disturbed adolescent and young adult inpatients involved in long-term, psychoanalytically oriented treatment. These significant-figure descriptions were obtained through a relatively unstructured interview procedure, the ORI, in which patients were asked, shortly after admission to the hospital and at six-month intervals thereafter, to describe mother, father, a significant other, therapist, and self (see Auerbach and Blatt 1996, 1997, Blatt et al. 1996, 1998, Diamond et al. 1990). Blatt and colleagues (1996), using partial correlations to analyze statistically the clinical changes resulting after at least one year of treatment, found that changes in Differentiation-Relatedness assessed from significant-figure descriptions were positively correlated with changes in level of psychosocial functioning, as independently measured on the Global Assessment Scale (GAS; Endicott, Spitzer, Fleiss, and Cohen 1976), rated from detailed case reports.[2] These

2. A unidimensional scale derived from from Luborsky (1962, Luborsky and Bachrach 1974), the GAS assesses functioning and severity of psychopathology. It has frequent, well-specified scale points for each of ten intervals, ranging from a high score of 91 to 100 for "no symptoms, superior functioning in a wide range of activities, life problems never seem to get out of hand, (person) is sought by others because of his warmth and integrity," through a score of 51 to 60 at midrange for "moderate symptoms or generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood, and pathological self-doubt, euphoric mood and pressure of speech, moderately severe antisocial behavior," to a low score of 1 to 10 for "needs constant supervision for several days to prevent hurting self or others (e.g., requires an intensive care unit with special observation by staff), makes no attempt to maintain minimal personal hygiene, or serious suicidal act with clear intent and expectation of death" (Endicott et al. 1976). A slightly revised version of the GAS is included in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (American Psychiatric Association 1994) as the Global Assessment of Functioning (GAF).

positive correlations between change in level of object relations and change in level of clinical functioning were found in descriptions of mother, father, therapist, and self. Therapeutic gain was thus clearly associated with significant increases in the level of Differentiation-Relatedness of descriptions of self and significant others. Furthermore, Blatt and colleagues (1998) found that, over the course of treatment, this sample of seriously disturbed, treatment-resistant patients as a whole showed an increase in mean Differentiation-Relatedness from a predominance of polarization and splitting (D-R Level 5) to an emergent object constancy (D-R Level 6). In addition, those patients who showed the greatest clinical improvement, as determined by a median split of the distribution of differences between admission GAS and GAS after one year of treatment, initially described their therapists in a manner that was already approaching the emergence of object constancy, while those who were to show less improvement started at the level of polarization and splitting in describing their therapists. At discharge, those patients with greater therapeutic change had a consolidation of object constancy (D-R Level 7) in their therapist descriptions, whereas patients with less improvement had just achieved the emergence of object constancy (D-R Level 6)—that is, an emergent ability to tolerate and to begin to integrate contradictory aspects of significant figures—in their therapist descriptions.

Thus, the Differentiation-Relatedness Scale and the Reflective Functioning Scale are complementary efforts at assessing the relationship between intersubjectivity and psychological individuation. Whereas the Reflective Functioning Scale derives in large measure from research literature on attachment and the child's development of a concept of mind and was meant to be used with the AAI, the Differentiation-Relatedness Scale has its origins in the work of psychoanalytic developmental theorists like Mahler and Stern, in theoretical work by Blatt and colleagues (e.g., Blatt and Blass 1990, Blatt and Shichman 1983) on the dialectic of relatedness and self-definition in personality development and psychopathology, and in the tradition of research on the assessment of object representations (see Blatt and Lerner 1983); this measure was initially applied to descriptions of significant figures collected through the ORI. But despite these dif-

ferences in origin, both approaches share an underlying theoretical assumption that intersubjectivity or, more broadly, interpersonal relatedness is a precondition for the development of an independent self, and both measures further hold that the development of an independent self requires first the development of a capacity to appreciate the psychological uniqueness of significant others—that is, a cognitive capacity for intersubjectivity. Thus, in both models, intersubjectivity as an interpersonal situation (i.e., a mutual recognition between independent subjects) and intersubjectivity as a psychological capacity (i.e., the ability to understand the thoughts, wishes, and feelings of another) are deeply interwined notions. Both models, then, are consistent with the growing emphasis in psychoanalysis on relational conceptualizations of the self and the mind (e.g., Aron 1996, Behrends and Blatt 1985, Benjamin 1995, Blatt and Blass 1996, Mitchell 1988). To demonstrate how these two models complement each other, we apply both of these scales to a case example, that of Patient C., who was a participant in the previously described study assessing changes in the long-term intensive inpatient treatment of seriously disturbed, treatment-resistant patients.

CASE EXAMPLE

At admission to our long-term psychoanalytically oriented hospital, C.,[3] a 15-year-old single white girl had been given diagnoses, in accordance with the *Diagnostic and Statistical Manual of Mental Disor-*

3. This case has previously been discussed by Blatt and Auerbach (2001), Blatt and colleagues (1998), and Diamond and colleagues (1990). It should be noted that the D-R scores to be presented are the same as those reported by Blatt and Auerbach and that these scores are by and large lower than those reported by Diamond and colleagues and Blatt and colleagues. The reason for this discrepancy is that the Differentiation-Relatedness Scale Manual (Diamond et al. 1991) has been revised for greater precision of scoring. The D-R scores presented in this paper and also reported by Blatt and Auerbach are consistent with current scoring procedures. Reflective Functioning in this paper was scored by Kenneth Levy, who had been obtaining RF training from Mary Target at the time that this paper was written and who noted that RF is usually scored on longer, more extensive interview materials than the ORI.

ders, 3rd edition (American Psychiatric Association 1980), of conduct disorder, undersocialized, nonaggressive; identity disorder; mixed substance abuse, episodic (alcohol, sedative-hypnotics, marijuana, amphetamines, and phencyclidine); and mixed personality features (dependent, antisocial, narcissistic, and histrionic). As this list of diagnoses suggests, she was considered to be functioning at a borderline level of personality organization. During her two-year, nine-month hospitalization, C. participated in multifaceted inpatient treatment that included psychoanalytically oriented individual and group psychotherapy, each three times weekly; milieu therapy, including a privileges-level system based on behavioral contingencies; involvement in community responsibilities and triweekly community meetings; weekly individual family and multifamily therapy; occupational and recreational therapy; attendance at an accredited special school run by hospital staff and specially trained teachers; and psychopharmacological evaluation and treatment.

C.'s admission GAS score was 34, and her GAS score at discharge was 47. C.'s self- and object descriptions at admission and discharge are presented in Table 3.4, and her Differentiation-Relatedness and Reflective Functioning scores for these descriptions are presented in Table 3.5. Also presented in Table 3.4 are C.'s self- and object descriptions after two years of treatment. This additional set of representations is included because, as the report of her clinical team indicated, C. became depressed at discharge as the prospect of separation from the hospital approached. Her clinical functioning in the hospital showed some regression as a result, and her verbal productivity in describing herself and significant figures also declined. The inclusion of her self- and significant-figure descriptions from two years into treatment, nine months prior to discharge, thus permits us to provide a better illustration of the changes in C.'s representational world than do her discharge self- and object descriptions alone. To focus the discussion, we have omitted C.'s significant-other descriptions and associated scorings. Thus, only mother, father, self, and therapist descriptions are presented here.

C.'s D-R scores at admission suggest that her psychological organization at that time was dominated by polarization and splitting,

Table 3.4. Patient C.: Self- and Object Representation at Admission, 2 Years, and Discharge

Admission	
MOTHER:	Looks or personality? 5'7", 135 pounds, brown hair, blue eyes. She's usually pretty cool but can be a bitch. Her voice is whiny, very piercing.
FATHER:	A dick. 6'2", heavy, short black hair. Real nasty, a real tyrant. Beady black eyes.
	Inquiry: (Why do you suppose he's like that?) Cause he's an asshole. Sucks dick for a living.
SELF:	Can be tough. Give no more than I expect to get. Get hurt a lot really easily, but I cover it up with a really tough front.
	Inquiry: (Why do you suppose you do that?) I don't know. Just like to help people.
THERAPIST:	Really nice, quiet, calm, pretty cool. Listens to what you say.
2 Years	
MOTHER:	She's—the way she is or the way she looks? (However you want.) Okay. She's kind of neurotic—she tries hard with her kids and her husband. She's basically a very nice person, and I'd say she's wise from experience, from all she's been through. She doesn't like to hurt people, but I think she can be hurt easily. She's organized, and she's very practical, but she's got phobias. She gets helped with [sic], though, and she verges on being very depressed sometimes.
	Inquiry: (Neurotic?) She can get pretty compulsive and stuff, like work—she'll work longer than she has to. Or like cleaning—she'll clean everything up. (Wise from experience?) After all the bullshit with me when I was running away and doing drugs and after my father was having trouble with drinking. She knows what's going on now; she's smart about people and things.
FATHER:	My father has a tough side to him which he uses as a front a lot. He's very sensitive, and I think he feels bad about himself 'cause he's had problems with drinking in the past. He's hard on himself, and he's got a very quick temper, but he's generous, and in his own way, he does care about his family. And he's really smart.

Table 3.4 (*continued*)

2 Years	
SELF:	I'm down on myself a lot. I think I'm fat and ugly, but I know I'm smart and I have potential to really make something out of myself if I put effort into myself and find out what I really want to do. I'm insecure of what other people think about me, and I can be shy.
THERAPIST:	She's straight out. She's trustworthy, and she's easy to talk to, and she's not stupid, and I can't fool her with anything. She's not the kind of person you could lie to and have her believe it. She's calm, and she doesn't get angry usually, but she also doesn't take anybody's shit.
	Inquiry: (Straight out?) She'll tell you what she feels—when she's gotta say something, she won't put it into other words; she'll tell you how she means it.
Discharge (2 years, 9 months)	
MOTHER:	Honest, basic, scared, natural, kind. Nurturing when she can be.
	Inquiry: (Basic?) Simple. (Scared?) Phobic. (Kind?) Nurturing.
	[Pt. C. had a flat affect but was thoughtful in choosing words.]
FATHER:	Depressed, personalizes things, angry. Reasonable at times.
	Inquiry: (Personalizes?) When someone is cold to him, he takes it personally.
SELF:	Goofy at times. Cold and appearing aloof. Smart. Personalizes things with people too much. Impulsive. Sometimes nice. [Refused inquiry.]
THERAPIST:	Calm, patient, extremely smart, caring. Easy to talk with. [Refused inquiry.]

Note: Examiner's questions appear in parentheses. Examiner's editorial comments appear in brackets.

Table 3.5 Differentiation-Relatedness and Reflective Functioning of Patient C. at Admission, 2 Years, and Discharge

	Differentiation-Relatedness		
	Admission	*2 Years*	*Discharge*
Mother	5	7	7
Father	4	6	6
Self	7	7	7
Therapist	6	7	6
	Reflective Functioning		
	Admission	*2 Years*	*Discharge*
Mother	2	6.5	3
Father	−1	7	5
Self	3	7	5
Therapist	1	7	1

although with some movement toward evocative constancy ($M = 5.5$). In particular, the Differentiation-Relatedness scores for her parent descriptions were indicative of polarization and splitting (D-R levels 4 and 5) whereas the Differentiation-Relatedness scores for her self and therapist descriptions showed that C. was beginning to be able to represent some of her significant objects in a constant manner (D-R levels 6 and 7). At discharge, after two years and nine months of treatment, representations of all her significant figures, as well as of herself, either approached or were at the level of evocative object constancy (D-R levels 6 and 7). These higher Differentiation-Relatedness scores ($M = 6.5$) indicated an increased capacity to tolerate and integrate affectively disparate elements in both herself and significant objects. Just nine months earlier, when she was at her best clinical functioning, her Differentiation-Relatedness was just marginally higher ($M = 6.75$) than it would end up being at discharge. Alternatively, C.'s Reflective Functioning at admission ($M = 1.75$) was midway between absent RF and questionable RF. Variability was considerable, with

scores ranging from a low of negative RF for the father description to questionable RF for the self description. This pattern duplicated the finding at admission that C. had her lowest D-R score with her father description and her highest D-R score for her description of the self. After two years of treatment, C.'s RF scores (M = 6.875) approached the attainment of marked Reflective Functioning, but as C. approached discharge from the hospital, her scores regressed to a level just above low or questionable RF (M = 3.5).

Qualitative analyses of her statements meanwhile reveal that C.'s admission descriptions of her parents emphasized physical descriptors and polarized, negatively charged psychological features. In describing her mother, C. made a beginning attempt to integrate a depiction of her mother as supportive with a view of her as hostile and intrusive, but eventually the negative characterizations of her mother came to dominate the representation. Indeed, C.'s initial question, "Looks *or* personality?" (emphasis added), suggests that polarized, binary thinking was central to the manner in which she thought about significant others. A focus on concrete physical details helped C. to contain for a while her highly ambivalent feelings about her mother, but ultimately her concerns with her mother's intrusiveness overwhelmed this young woman's defenses.

In her admission description of her father, C. gave no indication of ambivalent feelings. Only anger and rage were present, as C. alternated between, on the one hand, concrete physical descriptors that once again served temporarily to mute and delay expression of her deeper concerns and, on the other, a hostility that was expressed through expletives involving primitive drive contents. C.'s regression from phallic to anal and, finally, oral themes suggest that she was unable to modulate her anger over what she regarded as her father's intrusive domination. These primitive drive themes also suggested the possibility that C. regarded her relationship with her father as inappropriately sexualized or perhaps that C. relied defensively on sexualized anger to ward off deeper concerns with nurturance and dependence. Nevertheless, for neither of her parents was there much indication that C. was able to think about their mental states, and in

the case of the father description, there was an active repudiation of reflective functioning.

In marked contrast, however, to her depictions of her parents as intrusive and domineering were C.'s more nuanced and balanced descriptions of herself and her therapist. At admission, C.'s representations of these figures were consistent with the emergence of object constancy. In acknowledging the manner in which she deployed a tough facade to cover up her sensitivity and vulnerability, this young woman demonstrated a beginning capacity to overcome polarization and splitting or, alternatively, to integrate subjective and objective perspectives on the self—to recognize her own complexities. Her description of her therapist suggested that C. had finally found someone whom she could regard, unlike her parents, as supportive, empathic, calming, and nonintrusive. To be sure, C. had not yet begun to wrestle with the negative aspects of the therapeutic relationship, but neither was she unrealistically idealizing her therapist. Thus, these higher-level representations of self and therapist at admission (D-R levels 6 and 7) suggested C.'s potential for substantial therapeutic gain. But although C.'s view of her therapist was much more benign than her understandings of her parents, it was still lacking in reflection on her therapist's mental states (RF level 1). Only with her self description did she evidence a capacity for at least questionable or low Reflective Functioning (RF level 3).

After two years of treatment, C.'s descriptions of herself and her significant figures (parents and therapist) demonstrated a consolidation of object constancy and a movement toward the formation of a stable identity and mutual interpersonal relationships (D-R levels 6 and 7). By this point in treatment, C. had been transferred to a new therapist and had been working with her for approximately a year.

Although the opening utterance of her mother description ("She's—the way she is or the way she looks?") revealed her continuing propensity for cognition dominated by polarization and splitting, C. quickly advanced to a mode of thought in which she attempted in her statements to integrate some of the apparent contradictions in her parents' personalities. Gone at this point were angry depictions of her parents as predominantly domineering and intrusive, and in place of

those angry descriptions were complex appreciations of their psychological struggles. In her emphasis on her parents' toughness, C. was still concerned about their attempts to control her, but now she was able to understand such behavior as motivated by a combination of psychological vulnerabilities and helpful intentions. This ability is reflected in an increase in scores indicative of marked RF in her parent descriptions.

In her self-description at two years, C. continued to display a capacity to recognize and integrate disparate aspects of herself into a cohesive representation. Less concerned at this point than she was two years previously with the maintenance of a tough facade, even as she now began to reflect on the toughness of the significant people around her (i.e., her parents and her therapist), C. spoke candidly of the tension between her psychological strengths and her many vulnerabilities. In speaking of her shyness and her appearance, she also revealed her continuing difficulty in integrating an objective perspective on the self, that is, how she thought she appeared in the eyes of others, with a subjective sense of who she was. Her D-R score for the self description was thus consistent with the consolidation of evocative constancy, and her RF score indicated the presence of marked Reflective Functioning. In describing her therapist, C. returned to the theme of toughness, but she integrated a somewhat veiled anger that she could not manipulate her therapist with a sense of her therapist's trustworthiness and emotional availability. Most surprising, given that C. knew much more about herself and her parents than about her therapist, was that she described her therapist at a level consistent with marked RF, as reflected, for example, in an ORI inquiry statement so clearly indicative of intersubjectivity and of the capacity to understand shared meanings, "She'll tell you what she feels. When she's gotta say something, she won't put it into other words; she'll tell you how she means it."

At discharge, with a decline in her verbal productivity, most likely the result of becoming depressed as she contemplated the prospect of leaving the hospital, C. displayed a decline in Reflective Functioning, down to the level of questionable RF. On the other hand, she maintained her capacity for evocative constancy, as manifested in the

stability of her D-R scores, with the only changes being a one-point decline in the Differentiation-Relatedness of her therapist description. Thus, C.'s significant-figure descriptions continued to demonstrate her consolidation of evocative constancy and her movement toward the formation of a stable identity and reciprocal interpersonal relationships, but at the same time, C. had difficulty in maintaining her ability to reflect on mental states.

In particular, C.'s mother was no longer "a bitch" but instead a frightened woman who, despite her anxiety, still tried to be nurturing. Her father was no longer "a real tyrant" but instead a depressed, angry, and hypersensitive man who, despite his psychological limitations, was capable of being reasonable with his daughter. But despite her appreciation of the complexities of her parents' conduct, an appreciation reflected in her maintaining D-R scores consistent with the consolidation of evocative constancy, C. was having renewed difficulty, in her depressed state, in thinking about the mental states underlying her parents' behavior, as indicated in declines in her RF scores for her parent descriptions nine months earlier. Nevertheless, she did not regress in her Reflective Functioning to the levels recorded at admission. Thus, her mother description was still consistent with questionable RF, and her father description was consistent with ordinary RF.

In her self-description C. elaborated the many contradictions she felt about herself—for example, hypersensitivity versus aloofness, goofiness versus coldness—and demonstrated a greater integration of these various facets. In therapy, in the difficult, often shame-filled task of reconciling her subjective feelings with her objective self-perceptions, she was much less puzzled by her contradictions than she had been at admission and now regarded them as accepted parts of herself. Furthermore, she also seemed to recognize that, in her hypersensitivity, she was more like her father than she had previously known. Thus, even with her depression, she continued to display object constancy in describing herself, but in her depression, she had difficulty in thinking about mental states, as her refusal of inquiry and her decline to ordinary RF indicate. Finally, by discharge, C. had moved from regarding her therapist as a listener who provided empathic support, per C.'s

admission therapist description, to viewing her as a truly caring figure. C.'s acknowledgment of her therapist's intelligence and patience, while perhaps indicative of her (C.'s) continuing propensity for self-criticism, meanwhile suggested that she (C.) was expressing gratitude for her therapist's help in her emotional struggles over the past two and a half years. Interestingly, although C.'s D-R score indicated her continuing ability to maintain a complex representation of her therapist, her RF score declined to absent Reflective Functioning, as if C., in her sadness over losing her therapist, were now too distressed to think about her therapist's mental states.

Thus, at discharge, C.'s representations had reached the more mature levels of the Differentiation-Relatedness Scale, in which there is a constancy of representation of self and others. She had achieved the realization that significant loving relationships can survive anger and conflict at a level of evocative (object) constancy. Additionally, her Reflective Functioning scores after two years of treatment indicated that she had begun to develop an ability to think about mental states, both her own and those of significant figures. On the other hand, the reduced verbal productivity in C.'s discharge descriptions and her decline at this point to the level of low or questionable RF suggest, in our view, that the emotional pressures of termination—most likely the depressive feelings and apprehensions associated with the loss of her therapist and the hospital—produced a degree of regression (we hope temporary) in this patient's ability to maintain complex, nuanced representations of the mental states of self and significant others. Thus, clinical observations of increased depression in this young woman at the time of discharge, associated with earlier depressive issues of loss and of guilt over aggression, paralleled the reduced verbal productivity with which she articulated increasingly sophisticated descriptions of significant figures. Her decline to absent RF in describing her therapist suggests that C. found the loss of her therapist and of the hospital especially painful. Despite her depression, however, C. was still capable of remaining at the level of evocative constancy (D-R levels 6 and 7) and did not return to a reliance on polarization and splitting (D-R levels 4 and 5).

DISCUSSION

Intersubjectivity is an increasingly prominent concept within psychoanalysis, and with the emergence of this concept has come the development of two complementary object-relations rating scales that are influenced by it: the Reflective Functioning Scale of Fonagy and associates and the Differentiation-Relatedness Scale of Diamond, Blatt, and their associates. These scales facilitate the development of psychoanalytic research by providing methods for assessing systematically an individual's capacity to represent the intersubjective world. A comparison of the two measures indicates that both of them are indeed inspired by the notion that the presence of others is required for the creation of the self, a notion that is the conceptual core of intersubjectivity theory. Nevertheless, there are clear differences between these two scales with regard to the aspects of intersubjectivity that they are measuring. One particularly important difference is that the RF Scale focuses on the cognitive aspects of intersubjectivity—that is, the ability to understand mental states, an ability that Fonagy and colleagues have termed *mentalization*—and the D-R Scale focuses on intersubjectivity's affective and relational aspects. That is, most of the points of the D-R scale pertain to how a person represents interpersonal relationships and his or her role in them. This is true even at the low end of the scale, where the main concept measured is the disruption of self–other boundaries. On the other hand, the D-R Scale lacks the sophistication and specificity in describing mental states that is the greatest strength of the RF measure.

A second important difference between the two measures is that the RF Scale focuses primarily on levels of evocative constancy, whereas the D-R Scale also assesses both more primitive levels of functioning, such as the disruption of self–other boundaries, and more advanced levels, in which a person comes to understand that his or her selfhood is defined by interactions with another. In other words, the RF Scale and the concept of reflective functioning generally have greatly advanced our understanding of evocative constancy. Evoca-

tive constancy is not just the ability to represent positive aspects of another in the other's absence or even to maintain an integrated view of a significant other when the relationship with that person is stressed; it is also the ability to think about the mental states underlying a significant other's behavior and to maintain a coherent, integrated view of them. Thus, as C.'s discharge descriptions indicate, it is possible to have D-R scores indicative of the consolidation of object constancy while at the same time manifesting a regression, on the RF Scale, in one's understanding of significant figures' mental states. The paradox of C.'s having high D-R scores and low RF scores at discharge is resolved if we understand that, per classical notions of object constancy, C. can maintain positive understandings of her relationships with significant figures, even if these persons are not always gratifying, but that C. has trouble coping with a more advanced aspect of object constancy, the constancy of another's mental states, while she is undergoing a clinical depression produced by significant losses. The discrepancy between C.'s RF and D-R scores at discharge highlights an aspect of evocative constancy that is particularly important in intersubjectivity theory—constancy in one's understanding of how the other views one.

In contrast, the D-R Scale, because its lowest points pertain to disturbances in self–other boundaries, makes possible the measurement of psychotic disturbances in intersubjectivity. This feature of the D-R Scale was not particularly important in the case presented here, but it would be important if we were assessing capacity for intersubjectivity in a schizophrenic patient, for whom the prospect of acknowledging others' minds is often terrifying (see Auerbach and Blatt 1996, 1997). The D-R Scale also makes it possible to assess higher levels of functioning, in which a person understands not just the complexity of the other's mental states, as measured by the higher levels of the RF Scale, but also the ways in which the person's own selfhood is constituted by relationships with others. Again, these higher levels of the D-R Scale were not relevant in the case of C. but might prove useful in the assessment of healthier patients and of normal individuals.

THERAPEUTIC ASPECTS OF INTERSUBJECTIVITY

All human interaction is intersubjective—in Aron's (1996) phrase, a meeting of minds—and it is by virtue of this intersubjectivity that psychoanalytic treatment has a therapeutic effect. That is, patients come to treatment with inadequate or problematic understandings of their own minds, as well as of the minds of significant others, understandings that they then use in trying to comprehend their actions and those of a new object, the therapist or analyst. Meanwhile, analysts, by recognizing aspects of their patients' independent subjectivity that were insufficiently or inadequately acknowledged in childhood, make it possible for individuals to heal from childhood wounds and to construct new understandings, not only of the analyst's mind but also of their own minds and the minds of significant others. These new understandings in turn permit patients to establish more satisfactory relationships in their lives. In other words, psychoanalysis involves a movement back and forth between how the analyst understands the mind of the patient, along with his or her own mind in relation to the patient, and how the patient understands his or her own mind and the mind of the analyst. In this respect, it is like all other human relationships. But analysis differs from all of those other human relationships insofar as the analyst, by recognizing the mind of the patient in a new way, enables the patient to recognize the mind of the analyst, and eventually those of persons other than the analyst, in new ways as well. It is through these new understandings of the minds of others that patients arrive at new understandings of their own minds too.

This process of mutual recognition takes place through the transference–countertransference matrix, a matrix that all psychoanalytic schools regard as central to the analytic process. It is through the transference–countertransference matrix that pathological modes of relating (i.e., the master–slave relationship, if we may return to Hegel's terminology) are evoked, enacted, and worked through, and indeed the transference–countertransference relationship can sometimes feel as if it is the kind of life-and-death struggle described by Hegel (1807) in his account of the dialectic between lord and bondsman. What

makes it possible for pathological modes of relating to be transcended is that the analyst, presumably not needing to engage in relationships of domination with the patient, can create a potential space, to use Winnicott's (1971) phrase, in which the patient can play with the analyst's subjectivity—that is, with the analyst's mind—and can come to discover that the analyst sees him or her in new ways, in ways that both recognize and transcend conflict and regressive potential. It is in this spirit that we here briefly discuss *adaptive projective identification*, a phenomenon that we discovered in our research on patients' descriptions of self and significant figures (e.g., Auerbach and Blatt 2001, Blatt et al. 1996) and that we believe is a way in which patients play with—in a word, construct—the minds of their therapists.

Whereas classical conceptualizations of transference usually regard it as a displacement or projection of conflictual aspects of a patient's psyche onto the therapist or analyst, we have found patients also often identify in their therapists not only conflictual but also positive or adaptive aspects of themselves, aspects of themselves that they do not yet feel they can claim as their own. Attributing these positive aspects of themselves to their therapists, patients can then reappropriate these adaptive capacities by identifying with them. We believe that this phenomenon, *adaptive projective identification*, is most likely to occur in patients who have been traumatized or narcissistically injured and who therefore have learned to be frightened of their strengths, although it is certainly possible that higher functioning patients may exhibit such behavior as well.

In the case of C., this phenomenon manifests itself in her use of the dimension *toughness versus vulnerability* to describe not only herself but also, at various times, her parents and, especially, her therapist. Although she does not actually use the word "toughness" in describing her therapist, this quality is clearly the main theme of her two-year therapist description, and it is a quality that C. had attributed to herself, albeit in a poorly integrated way, in her self-description at admission. In her therapist description at two years, C. is using her therapist as an identificatory object so that she herself can find a way to be both tough and vulnerable at the same time. She unconsciously uses the therapist as a figure onto which to project positive aspects of

herself so that she can then reappropriate these positive aspects of herself in a developmentally more advanced and integrated way.

ADAPTIVE PROJECTIVE IDENTIFICATION AND INTERSUBJECTIVITY

It is important, finally, to consider adaptive projective identification in terms of its theoretical relationship to intersubjectivity. As we have recently discussed (Auerbach and Blatt 2001), adaptive projective identification enables one to become more fully oneself by virtue of involvement in a relationship with a benevolent and caring other. It is this relationship that enables the patient to find in the other that which he or she wishes but is afraid to make more fully his own. The presence of a caring, benevolent other—for example, a therapist but also, in more normal developmental circumstances, a parent, a teacher, or a friend—is essential for this process to occur. Furthermore, it is likely that the aspects of the self that become involved in adaptive projective identification are themselves initially formed through the early relational matrix—that is, through the early identifications one makes with parental figures—and are therefore also intersubjective, once again in the sense of requiring an other if they are to be constituted at all. Alternatively, in human development, self-definition and relatedness are dialectically interconnected through the interplay of gratifying involvement and experienced incompatibility (Behrends and Blatt 1985, Blatt and Behrends 1987, Blatt and Blass 1990, 1996).

Thus, C. was able to use her therapists' relatively benign, caring, and nonintrusive presence to work out her own concerns with toughness and vulnerability and to make both of these aspects of herself more fully her own. It is likely that C. acquired this particular set of concerns as a means of coping with parents who (her father especially) were highly intrusive in order to cover over their own vulnerabilities. Thus, C. would have acquired her concern with toughness and vulnerability partly in reaction to her parents but also partly in identification with them. When her therapists made themselves available

to her in a caring, nonintrusive way, C. was then able to use adaptive projective identification to begin to consolidate an identity in which she could be both vulnerable and tough and not regard these alternative modes of being as contradictory. This clinical movement is seen in her increased reflective functioning and differentiation-relatedness from admission to discharge, even when these functions were influenced by her depression at discharge. The changes in these functions over the course of treatment support the basic contention of intersubjectivity theory, perhaps stated best by Martin Buber (1923, p. 80): "Man becomes an I through a Thou" [translation altered].

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SYMBOLIZATION AND DESYMBOLIZATION

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