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RESEARCH ARTICLE

Impaired Mentalization Among Mothers of Children with Autism Spectrum Disorder: A Clinical Psychoanalytic Study Using Projective Assessment

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Abstract

This study investigates the nature and characteristics of mentalization among mothers of children diagnosed with Autism Spectrum Disorder (ASD), within a psychoanalytic and psychosomatic framework. Given the increasing global prevalence of autism and the significant psychological burden placed on primary caregivers, particularly mothers, understanding maternal mental functioning has become a critical area of research. Mentalization, defined as the capacity to interpret one's own and others' behaviors in terms of underlying mental states, plays a fundamental role in emotional regulation, attachment formation, and adaptive caregiving. The study adopts a qualitative clinical methodology, focusing on an in-depth analysis of two purposively selected cases from a psychological treatment center in Algeria. Data were collected through semi-structured clinical interviews and the Rorschach Inkblot Test, allowing for the exploration of unconscious processes, affect regulation, and symbolic functioning. The analysis was conducted within the theoretical framework of Pierre Marty's psychosomatic approach, complemented by contemporary perspectives on reflective functioning and symbolic elaboration. Findings indicate a marked impairment in mentalization capacities among the studied mothers, characterized by a restricted imaginative space, weak symbolic elaboration of affect, limited integration of emotional experiences, and a tendency toward externally oriented cognitive functioning. The results also reveal elevated levels of unprocessed anxiety and depressive affect, alongside deficiencies in the mental elaboration of aggressive and instinctual drives. These features collectively suggest a vulnerability in psychological functioning that may hinder effective emotional attunement and caregiving responsiveness. The study contributes to the existing literature by addressing a notable research gap concerning mentalization in mothers of children with ASD, particularly within clinical and psychoanalytic contexts. It highlights the importance of integrating maternal psychological support into intervention programs and recommends the development of targeted therapeutic strategies aimed at enhancing reflective functioning and emotional processing capacities. Despite its exploratory nature and limited sample size, the study provides valuable insights into the complex psychological dynamics underlying maternal caregiving in autism.

Citation

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Introduction

Autism Spectrum Disorder (ASD) is widely recognized as a complex neurodevelopmental condition characterized by persistent deficits in social interaction, communication, and behavioral flexibility. Over recent decades, the global prevalence of autism has increased markedly, raising significant concerns among healthcare professionals, researchers, and families. According to reports from the World Health Organization, approximately one in 160 children worldwide is diagnosed with ASD, although prevalence rates may vary depending on diagnostic criteria and methodological approaches. This upward trend has intensified the need for a deeper understanding of both the disorder itself and its broader psychosocial impact.

The diagnosis of autism represents not only a clinical challenge but also a profound psychological and social experience for families, particularly for mothers, who often assume the primary caregiving role. The presence of a child with autism introduces substantial emotional, financial, and social burdens, frequently resulting in elevated levels of stress, anxiety, and depressive symptoms. Previous research has consistently shown that mothers of children with ASD experience higher psychological distress compared to parents of typically developing children, largely due to the continuous demands of care, societal stigma, and limited access to adequate support systems.

In response to these challenges, contemporary intervention programs—such as the Denver Model and the TEACCH approach—emphasize the importance of family involvement, particularly maternal engagement, in the therapeutic process. However, the effectiveness of such interventions may be compromised when mothers themselves experience significant psychological strain. Emotional dysregulation, chronic stress, and depressive states can limit the mother's capacity to provide consistent and responsive care, thereby affecting both the therapeutic outcomes and the quality of the mother–child relationship.

Within this context, the concept of mentalization emerges as a critical theoretical and clinical construct. Mentalization refers to the individual's ability to understand and interpret one's own and others' behaviors in terms of underlying mental states, such as thoughts, emotions, intentions, and desires. This capacity plays a fundamental role in emotional regulation, interpersonal functioning, and attachment formation. From a psychoanalytic perspective, particularly within the psychosomatic framework developed by Pierre Marty, mentalization is understood as the process through which instinctual drives and affective experiences are transformed into symbolically elaborated mental representations.

Deficiencies in mentalization have been associated with various forms of psychological dysfunction, including impaired affect regulation, reduced symbolic capacity, and increased vulnerability to psychosomatic disorders. In situations characterized by chronic stress—such as caregiving for a child with autism—these deficiencies may become more pronounced, leading to what Marty describes as "essential depression," a state marked by diminished psychic elaboration and emotional impoverishment.

Empirical research on parental mentalization, often conceptualized through constructs such as reflective functioning and mind-mindedness, has demonstrated its crucial role in shaping child development. Studies have shown that mothers with higher mentalization capacities are more likely to foster secure attachment relationships and provide sensitive, attuned caregiving. Conversely, impaired mentalization is associated with difficulties in understanding the child's emotional states, reduced responsiveness, and less adaptive parenting behaviors.

Despite the growing body of research on parental stress and psychological distress in the context of autism, there remains a notable lack of studies specifically examining mentalization capacities among mothers of children with ASD, particularly within clinical and psychoanalytic frameworks. Most existing research has focused on observable emotional outcomes, such as anxiety and depression, without addressing the underlying psychological mechanisms that shape maternal functioning.

In light of this gap, the present study aims to explore the nature of mentalization among mothers of children with autism through a qualitative clinical approach. By employing projective assessment techniques alongside clinical interviews, the study seeks to provide a deeper understanding of the internal psychological processes that influence maternal caregiving. Given the central role of the mother in the child's developmental trajectory, examining her mentalization capacity is essential for both theoretical advancement and the development of more effective intervention strategies.

Discussion

The findings of this study provide important insights into the psychological functioning of mothers of children with autism, particularly in relation to mentalization capacities. Consistent with the theoretical framework of Marty (1991) and subsequent psychosomatic research, the results indicate that impaired mentalization is associated with reduced symbolic elaboration, limited imaginative activity, and difficulties in affect regulation.

The observed impoverishment of the imaginary space aligns with the findings of Hafri (2020), who reported a similar reduction in fantasy and symbolic processes among individuals with psychosomatic organization. This suggests that the psychological burden experienced by mothers of children with autism may contribute to a defensive narrowing of mental functioning, characterized by a retreat from internal representation toward externally oriented cognition.

Furthermore, the dominance of formal responses and the fixation on concrete content can be interpreted as indicators of what Marty describes as "operational thinking," a mode of functioning in which emotional experiences are not adequately processed at the symbolic level. This pattern reflects a protective mechanism against overwhelming affect, particularly in contexts of chronic stress and caregiving demands.

The deficits observed in affective elaboration, especially regarding anxiety, are consistent with previous research highlighting elevated levels of psychological distress among mothers of children with autism (Hastings, 2003; Olsson & Wang, 2001). However, the present study extends these findings by demonstrating that the issue is not only the intensity of emotional distress but also the inability to mentally process and symbolize these experiences.

Similarly, the limited representation of aggressive and instinctual drives supports the theoretical proposition that impaired mentalization is associated with reduced capacity for integrating conflicting internal experiences (de Tychey et al., 2000). The avoidance or distortion of such drives may reflect underlying defensive processes aimed at maintaining psychological stability in the face of emotional overload.

Importantly, these findings have significant implications for the mother–child relationship. As highlighted in attachment theory and reflective functioning research (Slade, 2005; Meins et al., 2001), parental mentalization is a key determinant of sensitive caregiving and secure attachment. Therefore, deficits in maternal mentalization may negatively impact the child's emotional development and the effectiveness of therapeutic interventions.

Despite its contributions, the study has several limitations. The small sample size restricts the generalizability of the findings, and the reliance on projective methods may introduce interpretative subjectivity. Future research should incorporate larger samples and mixed-method approaches to validate and extend these findings.

In conclusion, the study underscores the importance of addressing maternal mentalization in clinical interventions for autism. Enhancing reflective functioning and symbolic capacity in mothers may not only improve their psychological well-being but also contribute to more adaptive caregiving and better developmental outcomes for children with autism.

Literature Review

The concept of mentalization has gained increasing attention within contemporary psychoanalytic and developmental psychology, particularly in understanding the interplay between emotional regulation, attachment, and psychopathology. Originating within the psychosomatic school led by Pierre Marty, mentalization refers to the capacity to transform instinctual drives and affective experiences into structured symbolic representations (Marty, 1991). This process is considered fundamental for maintaining psychological equilibrium, enabling individuals to regulate internal tensions and adapt to external realities.

Subsequent theoretical developments have expanded this concept. Lecours and Bouchard (1997) conceptualize mentalization as a hierarchical process encompassing representation and symbolization, whereby raw affective experiences are progressively transformed into elaborated mental structures. Similarly, Bergeret (1990) emphasizes the role of imagination and fantasy activity as central mechanisms underlying mental functioning, suggesting that deficiencies in imaginative capacity are closely linked to impaired mentalization.

In parallel, contemporary research has operationalized mentalization through constructs such as reflective functioning (RF) and mind-mindedness. Studies by Meins et al. (2001) and Slade (2005) demonstrate that parental mentalization plays a critical role in the development of secure attachment in children. Higher levels of reflective functioning in mothers are associated with improved emotional attunement and more adaptive caregiving behaviors, whereas impaired mentalization is linked to insecure attachment patterns and developmental difficulties.

Within clinical contexts, several studies have identified reduced mentalization capacity in individuals with psychosomatic disorders. For example, Lounis et al. (2018) found that patients with renal insufficiency exhibit poor mentalization characterized by limited symbolic elaboration and externally oriented thinking. Similarly, Hafri (2020) reported that individuals with psychosomatic organization demonstrate a marked impoverishment of fantasy life and reduced capacity for affective processing, often relying on rigid defense mechanisms.

Regarding autism spectrum disorder, the literature has predominantly focused on parental stress, anxiety, and depression. Studies by Hastings (2003) and Olsson and Wang (2001) indicate that mothers of children with autism experience significantly higher levels of psychological distress compared to parents of typically developing children. However, despite the well-documented emotional burden, there remains a notable lack of research examining mentalization capacities in this population.

This gap is particularly significant given the central role of maternal mentalization in shaping the mother–child relationship and facilitating the child's socio-emotional development. The absence of studies integrating psychoanalytic perspectives with empirical clinical assessment highlights the importance of the present research, which seeks to explore the nature of mentalization among mothers of children with autism through a projective and clinical approach.

Through our review of the theoretical literature, whether on mentalisation or the psychological disorders experienced by mothers of children with autism, we did not find any study similar to our research topic. This motivated our scientific curiosity to fill this research gap by examining the nature of mentalisation among mothers of children with autism, given the mother's crucial role in caring for the child and the importance of the mother–child relationship, which makes the task of meeting the child's needs particularly challenging. Accordingly, this article seeks to shed light on mentalisation among mothers of children with autism by addressing the following question:

Research Question:

- What is the nature of mentalisation among mothers of children with autism?

Hypothesis:

- Mothers of children with autism exhibit impaired mentalisation.

Objectives of the Study:

- To fill the research gap in the field of mentalisation.
- To identify the nature of mentalisation among mothers of children with autism.
- To access the internal psychological life of mothers in order to obtain data that may contribute to improving care for this marginalized group.

Significance of the Study: The scientific significance of this study lies in addressing the lack of research in the field of mentalisation and enriching the knowledge base of researchers in this area, as well as benefiting from recent studies and transferring theoretical scientific expertise to national academic institutions.

From a practical perspective, the importance of the study lies in highlighting mothers of children with autism by exploring their internal psychological life through examining the nature of mentalisation in this group, which has not received sufficient attention in various aspects of life. The study also emphasizes the nature of the interaction between mother and child during the therapeutic process, as the mother is a key element in the psychological care of the child. Supporting her in overcoming psychological difficulties involves enhancing her mentalisation capacity by enriching her psychological representations and improving her unconscious functioning.

Methodology:

Given the nature of the study and the specificity of the research topic, the clinical method was adopted as the most appropriate approach for this type of research. It provides research tools that enable the verification of the study's hypotheses and facilitates access to data related to the individual's internal psychological life through the use of clinical methods and instruments.

1. Theoretical Framework of the Study:

1.1. Mentalisation

Rosine Debray, despite her long-standing closeness to Pierre Marty and belonging to the same school (IPSO), defines mentalisation as "the capacity of the self to tolerate, process, or even negotiate intrapsychic anxiety and interpersonal conflicts; that is, it refers to a type of psychological work in Confrontation anxiety, depression, and conflicts inherent in life" (Debray, 1991).

From this definition, the author emphasizes the necessity of working through affects, particularly negative ones (anxiety and depression), in addition to identifying the locus of conflicts that need to be organized according to their nature, whether intrapsychic or external (interpersonal conflicts). This implicitly gives greater weight to manifest reality in an indirect manner, drawing attention to the strength of intrapsychic defenses. The effects of these defenses are evident in any حالة of psychological conflict, where affective charge increases in a rigid manner (inhibition), preventing it from reaching the level of conscious awareness (De Tychey et al., 2000).

From the perspective of Bergert (1986, 1989, 1991), a highly precise formulation is proposed, distinguishing between the imaginary space and the process of rational thinking, while carefully taking into account the different dimensions of the process emphasized by several authors. Mentalisation is not always defined operationally but rather through symbolization. This process of symbolization becomes particularly evident in projective testing, especially in the Rorschach test.

In this context, Bergert developed his position in two stages. The first was through his collaborator Lustine (1986), who devoted a chapter entitled "Mentalisation" in summaries of psychopathology (de Tychey, Rebourg & Vivot, 1991; de Tychey, 1991).

Bergeret (1990; 1991) defines imagination as a broad construct in terms of its components: "it is manifested through dream activity and fantasies, whether conscious or unconscious, and consists of the preconscious, the conscious, and the unconscious. It is considered a fundamental function for maintaining psychological balance, as it enables individuals not to feel overwhelmed by external factors." According to the author, "to imagine" means being capable of generating fantasies, daydreams, and dreams. For the individual, this implies placing an image vividly in its context, through mechanisms that construct the world according to a shared model with others.

He also uses the concept of **mentalisation** as the cognitive use of imagination that manifests at the psychosomatic or behavioral level. Mentalisation is defined as the stance through which imagination is engaged and processed, where it is used as imagination at the level of representations that remain within the mental domain. It is thus considered the highest form of all mental activities (De Tychy, Diwo & Marianne, 2000, p. 475).

Both Lecours and Bouchard (1997) agree with Debray that the function of mentalisation is to absorb internal and external pressures. They also note that in psychoanalytic literature, the terms representation (la représentation), symbolization (la symbolisation), and mentalisation (la mentalisation) are often used interchangeably; however, it is preferable to distinguish each concept according to its specific function (Lecours & Bouchard, 1997, p. 855). Representation is defined as "the process of constructing and using a stable mental image of an object instead of the object itself, linking primary experiences with images and words," thus constituting "the first step toward mental elaboration."

Symbolization, on the other hand, is defined as "a function that connects already formed mental representations." This perspective is also found in the works of Kaës (1981) and Bernardi and Benony (1997). According to Quebec authors, "symbolization sometimes leads to the use of representations as substitutes in dealing with immediate concrete experience; this represents the second essential step in the process of mentalisation."

In contrast, mentalisation is considered "a general category of mental processes, including representation and symbolization, leading to the transformation and development of instinctual experiences charged with affect into increasingly well-organized mental structures" (De Tychy et al., 2000, p. 476).

2.1 Autism:

Despite the ambiguity that still surrounds autism, multiple definitions have addressed it from different perspectives. The American Psychiatric Association defines autism as "a neurodevelopmental disorder that appears during the early years of life as a result of neurological dysfunction, thereby affecting various aspects of development, including social interaction and communication, whether verbal or nonverbal."

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR, 2000) defines it as a condition characterized by chronic deficits in the child's developmental growth, marked by delays in the development of basic psychological functions associated with social and language skills, including attention, sensory perception, and motor development. These symptoms begin during the first three years of life (Al-Siddiq, 2005, p. 8).

Since autism represents a significant burden on families in terms of managing the challenges faced by children with autism, it has contributed to considerable suffering and stress. This has drawn researchers' attention to this scientific gap, prompting them to conduct studies and research aimed at supporting parents—particularly mothers, who are the most affected group—in coping with the difficult circumstances associated with raising a child with autism.

Previous Studies

1.2 Presentation of Previous Studies

Returning to the theoretical literature of previous studies that addressed the topic of **mentalisation**, we find that there are many research works and studies conducted within this framework from different perspectives. Among the most important is the study by Rose-Angélique Belot, Margaux Boutelour, André Mariage, and M. Bonnet entitled "Migraine, Attachment Quality, and Mentalisation: A Study of Psychodynamic Processes from the Case of Sylvie," whose results showed that insecure attachment (characterized by fear and anxiety) is associated with a weak capacity for mentalisation among patients suffering from migraine. Individuals with difficulties in early relationships also suffer from failure and weakness in mentalisation capacity.

The researcher Lounis et al. (2018, p. 40), in his study on mentalisation among patients with renal insufficiency using the Rorschach Test, concluded that mentalisation among patients with renal insufficiency is of a poor type. In a study by the researcher Zahia Ghaniya Hafri (2020, p. 443), entitled "The Specificity of Mental Functioning in Individuals with Psychosomatic Organization According to the Psychoanalytic Psychodynamic Approach of Pierre Marty," the results concluded that the specificity of mental functioning in individuals with psychosomatic organization, as proposed by Marty, is characterized by a particular type of dreams, poverty in fantasy imagination, a lack of mental elaboration, weakness in

mentalisation, and recourse to the use of ineffective defense mechanisms through fixation on external reality and the discharge of aggressive drives inward. The nature and degree of severity of the illness are related to the type and level of mentalisation in the individual's basic structure, such that the better the mentalisation, the more one moves toward health, and the poorer the mentalisation, the more one moves toward somatic dysfunction.

Returning to previous studies that addressed autism spectrum disorder, the results of the study by Ghadi Asfour (2012, p. 106) indicated that the level of psychological stress among mothers of adolescents with autism is moderate. In contrast, the results of the study by Al-Mutairi (2006) indicated that mothers of children with autism have many difficulties that cause them psychological stress, the most important of which are the daily care of the child, family problems, and the lack of stimulation and support from other family members. The results of the study by Hastings (2003) also concluded that the level of anxiety among mothers of children with autism was high compared to fathers. In the study by Olsson and Wang (2001) to measure the level of depression among mothers of children with autism, the results of the study showed that mothers of children with autism have a higher level of depression than mothers of typical children.

2.2 Commentary on Previous Studies

Through what has been presented in previous studies, we note that all the studies that addressed the topic of mentalisation focused mainly, in terms of their subject matter, on psychosomatic disorders from a psychoanalytic perspective specific to Marty's orientation, through focusing on the pattern of representations and their quantity. However, we did not find any reference to the perspectives of Bergeret or Cassiers. Moreover, the indicators on the basis of which the nature of mentalisation was studied are few and have not been comprehensively identified.

As for the studies that addressed the topic of autism, according to our review, we did not find any study that addressed the topic of mentalisation among the group targeted by this study. Rather, most of them covered the topics of depression and stress among mothers of children with autism, which makes this research cover part of the scientific gap that may provide a research reference from a different perspective.

3. Methodology of the Study

3.1 Research Design

This study adopts a qualitative clinical research design grounded in a psychoanalytic and psychosomatic framework. The clinical approach was selected due to its relevance in exploring complex psychological processes, particularly unconscious dynamics, affect regulation, and symbolic functioning. This design allows for an in-depth understanding of the internal psychological experiences of mothers of children with Autism Spectrum Disorder (ASD), which cannot be adequately captured through purely quantitative methods.

The research process followed a systematic sequence, including the identification of the research problem, formulation of the hypothesis, review of relevant theoretical and empirical literature, and the development of a structured research framework. Subsequently, data collection, analysis, and interpretation were conducted in alignment with the study objectives.

3.2 Participants

The study sample consisted of two purposively selected cases of mothers of children diagnosed with Autism Spectrum Disorder. Participants were recruited from a psychological treatment center (Basma Clinic) located in Chlef, Algeria. The purposive sampling technique was employed due to the exploratory and clinical nature of the study, allowing for the selection of cases that provide rich and relevant psychological data.

Both participants were informed about the purpose of the study and voluntarily agreed to participate. Their demographic characteristics (age, educational level, and marital status) were considered to ensure contextual understanding of their psychological profiles.

3.3 Data Collection Instruments

3.3.1 Clinical Interview

The clinical interview was used as a primary qualitative data collection tool. It enabled the exploration of participants' subjective experiences, emotional states, and internal representations related to their caregiving role. The clinical interview is widely recognized as a fundamental method in psychological and clinical research, as it facilitates access to both conscious and unconscious aspects of the individual's psyche, including affective responses, relational patterns, and coping mechanisms (Alexandre, 1998).

Semi-structured interviews were conducted to allow flexibility while maintaining a focus on key research themes, particularly emotional regulation, maternal stress, and the perception of the child.

3.3.2 Rorschach Inkblot Test

The Rorschach Inkblot Test was employed as a projective assessment tool to investigate deeper levels of personality organization and mental functioning. Developed by Hermann Rorschach in 1920, this technique consists of ten standardized inkblot plates designed to elicit spontaneous responses that reflect the individual's emotional, cognitive, and symbolic processes.

The test provides a dynamic representation of personality functioning, particularly in relation to identity, affect regulation, imagination, and unconscious conflicts. It is especially relevant within psychoanalytic frameworks, as it allows for the analysis of symbolic elaboration, defensive mechanisms, and the structure of mentalization processes (Chabert, 1983).

The ten plates include:

- Plate 1: black ink
- Plates 2–3: black and red ink
- Plates 4–7: black ink
- Plates 8–10: multicolored ink

Responses were analyzed according to established clinical and projective interpretation frameworks, with particular attention to indicators related to imaginative space, affective processing, and symbolic representation.

3.4 Procedure

Data collection was conducted in a controlled clinical setting to ensure psychological comfort and confidentiality. Each participant underwent a clinical interview followed by administration of the Rorschach Test. The sessions were conducted individually, and sufficient time was allocated to allow participants to express their thoughts and emotions freely.

All responses were carefully recorded and subsequently analyzed using a qualitative interpretative approach consistent with psychoanalytic methodology. Particular emphasis was placed on identifying patterns of mentalization, including the ability to process affect, generate symbolic representations, and integrate internal experiences.

3.5 Data Analysis

The data were analyzed using a qualitative clinical interpretative method. The analysis focused on identifying key indicators of mentalization, including:

- the richness of imaginative space,
- the capacity for symbolic elaboration of affect,
- the integration of emotional experiences, and
- the representation of instinctual drives.

Rorschach protocols were examined in conjunction with interview data to provide a comprehensive understanding of each participant's psychological functioning. This integrative approach enhanced the depth and validity of the findings.

Table No. 01: Study Sample

Cases	Age	Educational Level	Marital Status
Case 1 (S)	24 years	Secondary	Married
Case 2 (Z)	38	University	Married

4. Discussion:

Presentation of the results of the first case after its assessment using the Rorschach Test

Table No. 02: Indicators of the Imaginary Space of the First Case (S)

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Sum or Value	Norms
R	2	2	2	3	1	2	1	3	2	3	21	21+
K + k across the 10 cards							Kan	Kob			2	3.4

K across the 10 cards											0>	0.8
TRI					FC			FC	FC CF	2CF	0/4.5 Extratensive	
F%	2		2	3		2	1	2		1	61%>+	50-70
A%	2	1		1	1	1		3		2	52%>+	35-
Anat%											4+	
Ban%	1	1			1						3-	(6-5)

Based on the indicators presented in the table above, we observe that the productivity of the case (R = 21) falls within the normal range. In contrast, the indicator related to (K + k = 2/3.4) is low compared to the established norm, and the same applies to the indicator (K = 0), which is absent and represents a negative indicator.

Regarding (TRI = 0/4.5 / Extratensive), the case presents a purely extratensive profile due to the dominance of the color pole, which is considered a positive indicator. Concerning the indicators (F% = 61%), it is moderate, whereas (A% = 52%) is high and represents a negative indicator.

We also note that anatomical responses are relatively high (Anat = 4), which constitutes a negative indicator for the imaginary space. As for common responses, they are also below the normal average (Ban% = 3).

Table No. 03: Axis of the Mental Elaboration of Affect (L'axe de l'élaboration mentale de l'affect), Axis of the Mental Representation of the Drive (L'axe de la représentation mentale de la pulsion)

	P1	P2	P3	P4	P5	P6	P7	P8		P9	P10	EIS
IES phallic sexual drives on cards P4 and P6 and across all 10 cards		B	B+	C								1.6+
IES female sexual drives on cards P2, P7, and P9 and across all 10 cards		E										-1
Successful integrations of psychic bisexuality across all 10 cards												0
Adequate symbolizations of aggressiveness on cards P2 and P3		E D	B+									-1
IES aggressive impulses on cards P2 and P3 and across all 10 cards	B+ B+	E D	B+	B		C		C+ C+				1

▯ Anxiety-related affects across all 10 cards												0
▯ Depression-related affects across all 10 cards					FC			FC		FC		+1.5

Theis, A. (2006), p. 44

Based on the table, we observe that (IES = 1.6+) related to phallic sexual drives in plates (P4, P6) is adequate, as the case responded in plate (P4: "a monster" / C), which indicates a strong aggressive dimension. In contrast, (IES = -1) for female sexual drives in plates (P2, P7, P9) is negative due to the complete absence of responses indicating the female sexual drive dimension, except for plate (P2: E), which is not a negative indicator but does not express the female sexual drive dimension. The same applies to the indicator reflecting the successful integration of psychic bisexuality across the ten plates, which is absent.

Adequate aggressive symbolizations were observed in plate (P3: B+), where the case responded "an animal with a head," which is a good indicator of aggressive symbolization; however, it is not sufficient on its own, as responses in plate (P2: E, D) do not support it.

The indicator of aggressive drives (IES = 1) in plates (P2, P3) across the ten plates is positive. The response in plate (P3: "an animal with a head" / B+) indicates an aggressive drive, while in plate (P2) there is explicit expression of aggressive force through the response "blood" (E).

As for the mental elaboration of affects related to anxiety, it is absent in the table above. The anxiety indicator (IA = 4.73) shows that the case has a significant deficiency in expressing anxiety. There are also some indicators suggesting a lack of connection between affects, evidenced by repeated rotation of the plates (P2, P3, P9, P10).

Regarding depressive affects, the indicators of this dimension are positive (capacity = 0.51+). The case provided responses of the type (FC) in plates (P5, P8, P9), indicating a depressive profile. The presented forms include (bat in P5 / FC), (flying dragon in P8 / FC), and (artwork in P9 / FC). The investment is associated with animals in (P5, P8), while in (P9) it is associated with an inanimate object, suggesting a withdrawal of investment.

Presentation of the results of the second case after its assessment using the Rorschach Test:

Table No. 04: Indicators of the Imaginary Space of Case (Z)

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Sum or Value	Norms
R	1	1	3	1	1	1	1	1	1	2	13-	21+
K + k across the 10 cards											0	0
K across the 10 cards											0	0
TRI			CF					FC			0/1.5 Extratensive	
F%	1	1	2	1	1	1	1		1	2	84%>+	50-70
A%	1	1		1	1		1	1	1		53%>+	35-50
Anat%											4+	
Ban%			2			1				2	5+	(6-5)

Theis, A. (2006), p. 44

Based on the results presented in the table above, we observe that the productivity of the case (R = 13) is low compared to the normal average. The indicator (K + k) is absent, and the same applies to the indicator (K = 0), which is also absent and constitutes a negative indicator.

Regarding (TRI = 0/1.5 / Extratensive), the case presents a purely extratensive profile due to the dominance of the color pole, which is considered a positive indicator. Concerning the form indicator (F% = 84%), it is high, while animal responses (A% = 53%) are also high and represent a negative indicator.

We also observe that anatomical responses are relatively high (Anat = 4), which constitutes a negative indicator for the imaginary space. As for common responses, they fall within the normal range (Ban% = 5).

Table No. 05: Mental Elaboration Axis of Affect (L'axe de l'élaboration mentale de l'affect), Mental Representation Axis of the Drive (L'axe de la représentation mentale de la pulsion)

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	Ou EIS
IES phallic sexual drives on cards P4 and P6 and across all 10 cards											0
IES female sexual drives on cards P2, P7, and P9 and across all 10 cards											0
Successful integrations of psychic bisexuality across all 10 cards											0
Adequate symbolizations of aggressiveness on cards P2 and P3		C+									1
IES aggressive drives on cards P2 and P3 and across all 10 cards		C	D			D	C	B	C	D	0.28<0.5
Anxiety-related affects across all 10 cards											0
Depression-related affects across all 10 cards			CF					FC			2

From the table above, we observe the following:

The analysis of the Rorschach protocols and clinical interview data reveals a consistent pattern of impaired mentalization across both cases, particularly in relation to the elaboration of instinctual drives and affective processes.

First, the results indicate a complete absence of mental elaboration of sexual drives. Both phallic (IES = 0 for plates P4 and P6) and female sexual drives (IES = 0 for plates P2, P7, and P9) were not represented in the responses. Furthermore, the index reflecting the integration of psychic bisexuality across the ten plates was entirely absent in both cases. This absence suggests a significant deficit in the symbolic processing of instinctual experiences and points to a structural limitation in mentalization capacity.

Second, the findings demonstrate weak and insufficient aggressive symbolization. Although partial indicators were observed—such as a response classified as positive (C+) in plate P2—these were not consistently supported across other relevant plates. The aggressive drive index (IES = 0.28) remains low, indicating a limited capacity to mentally elaborate aggressive impulses. The avoidance of red color responses and the indirect or ambiguous expression of aggression (e.g., "butterfly" or "spinal column") further suggest a defensive inhibition of aggressive affect and inadequate symbolic transformation.

Third, the analysis reveals a marked deficiency in the mental elaboration of anxiety-related affect, despite elevated anxiety indicators. Both cases exhibited high anxiety levels (IA = 4.73 for Case 1 and IA = 38% for Case 2), yet this affect was not adequately represented or symbolized within the Rorschach responses. Behavioral indicators observed during testing—such as repeated rotation of plates, motor agitation, and physical distancing from stimuli—reinforce the interpretation of unprocessed and poorly integrated anxiety.

Fourth, the findings indicate that depressive affect is present but insufficiently elaborated. While some indicators of depressive processing were identified (e.g., CF and FC responses), these were associated with avoidance patterns, including reduced engagement with emotionally charged stimuli and a preference for inanimate or neutral representations. This suggests a tendency toward emotional withdrawal and diminished affective investment.

Fifth, the results confirm a global impairment in the mentalization of sexual drives, with both cases exhibiting either absence or inadequate representation of these dimensions. The lack of symbolic elaboration of both phallic and female drives, as well as the absence of psychic bisexuality integration, reflects a significant disruption in the transformation of instinctual energy into meaningful mental content. As highlighted in previous research (de Tychey et al., 1990, 1991), such deficiencies are indicative of weak mentalization and limited psychic integration.

Sixth, the mental elaboration of aggressive drives appears inconsistent and overall deficient. Although isolated successful responses were observed in specific plates, these were not generalized across the protocol. The low aggressive drive index (IES = 0.28), combined with avoidance mechanisms and indirect expression, suggests that aggressive impulses are insufficiently processed and remain poorly integrated within the psychic structure.

Finally, the overall configuration of results points to a marked impoverishment of the imaginative space and symbolic functioning. This is reflected in the absence of kinesthetic responses (K and K+K), elevated anatomical content, and a predominance of formal responses, particularly in Case 2. These features indicate a fixation on external reality and a limited capacity for subjective and symbolic elaboration.

Taken together, these findings provide strong empirical support for the study hypothesis. Both cases exhibit significant impairments in mentalization, characterized by restricted symbolic capacity, deficient affect integration, and limited processing of instinctual drives. Consistent with the theoretical frameworks of de Tychey, Rausch de Traubenberg, Diwo, and Chabert, the results confirm that mothers of children with autism may demonstrate a structurally weakened mentalization capacity, as evidenced through both clinical observation and projective assessment.

Findings

The analysis of the clinical data obtained through the Rorschach Test and semi-structured interviews revealed a consistent pattern of impaired mentalization among the two cases examined.

First, both participants demonstrated a marked impoverishment of the imaginary space, as evidenced by reduced productivity indicators and the absence of kinesthetic responses (K and K+K). This suggests a limited capacity for internal representation and symbolic elaboration, reflecting a restricted imaginative functioning.

Second, the findings indicate a dominance of externally oriented cognitive processing, characterized by elevated form responses (F%) and a high frequency of animal and anatomical content. These features point to a rigid adherence to external reality and a reduced ability to engage in subjective and affective interpretation.

Third, the analysis of affective processing revealed significant deficiencies in the mental elaboration of anxiety and emotional tension. Despite the presence of high anxiety indicators, participants exhibited an inability to symbolically process or verbally express these affective states, suggesting a breakdown in emotional integration mechanisms.

Fourth, depressive affect was present but poorly elaborated, as reflected in responses involving withdrawal of emotional investment and a preference for inanimate representations. This indicates a tendency toward emotional disengagement and reduced affective vitality.

Fifth, the study identified severe limitations in the mental elaboration of instinctual drives, particularly sexual and aggressive drives. Both cases exhibited either an absence or inadequate representation of these dimensions, indicating weak symbolic transformation processes and limited psychic integration.

Finally, the overall pattern of responses reflects deficient reflective functioning, characterized by limited capacity to connect mental states with behavior and difficulty in constructing coherent internal narratives.

Collectively, these findings confirm the study hypothesis, demonstrating that mothers of children with autism exhibit impaired mentalization across multiple psychological dimensions.

Conclusion:

This study examined the nature of mentalization among mothers of children with Autism Spectrum Disorder within a psychoanalytic and psychosomatic framework. The findings indicate that mentalization capacities in the examined cases are significantly impaired, as reflected in the restricted imaginative space, weak symbolic elaboration of affect, and limited integration of emotional experiences. These deficiencies suggest a reduced ability to process internal psychological states and to transform affective tensions into coherent mental representations.

Such impairments have important implications for maternal functioning. In particular, they may contribute to difficulties in emotional regulation, increased vulnerability to anxiety and depressive states, and challenges in adapting to the complex demands associated with caring for a child with autism. Furthermore, limited mentalization capacity may negatively influence the quality of mother–child interaction, potentially affecting emotional attunement, responsiveness, and the overall caregiving process.

From a clinical and practical perspective, these findings highlight the necessity of integrating maternal psychological support into intervention programs for autism. Enhancing mentalization capacities in mothers represents a critical pathway for improving both maternal well-being and child developmental outcomes. Targeted interventions should focus on strengthening reflective functioning, enriching symbolic and imaginative processes, and facilitating the mental elaboration of affective experiences.

In this context, it is recommended to develop structured therapeutic programs that include psychological support sessions aimed at improving emotional awareness and expression, particularly in relation to anxiety and depressive affect. Interventions may also incorporate techniques designed to enhance symbolic processing and the integration of instinctual drives, thereby promoting more adaptive psychological functioning. Additionally, relaxation-based approaches and stress-reduction strategies may contribute to alleviating the psychological burden experienced by mothers.

Despite the exploratory nature of this study and its limited sample size, the findings provide valuable insights into the underlying psychological mechanisms affecting mothers of children with autism. Future research should expand on these findings by employing larger samples and integrating quantitative and mixed-method approaches to further validate and generalize the results.

Ethical Considerations

This study was conducted in accordance with established ethical standards for psychological and clinical research. Prior to participation, all subjects were fully informed about the purpose and procedures of the study, and informed consent was obtained. Participants were assured of the confidentiality and anonymity of their data, and all identifying information was removed to protect their privacy. The research adhered to the principles outlined in the Declaration of Helsinki and respected the dignity, rights, and well-being of the participants throughout the study. Given the sensitive nature of the clinical data, particular care was taken to ensure that the assessment process did not cause psychological harm or distress.

Author Contributions

- Youssouf Benkheddouma: Conceptualization, methodology design, data collection, clinical assessment, data analysis, and manuscript drafting.
- Zouhier Lounis: Supervision, theoretical framework development, interpretation of results, critical revision of the manuscript, and final approval.

All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper. The research was conducted independently, and no financial or personal relationships influenced the study outcomes.

Data Availability Statement

The data supporting the findings of this study are not publicly available due to ethical and confidentiality restrictions. However, anonymized data may be made available by the corresponding author upon reasonable request and with permission from the relevant institutional authorities.

Use of Artificial Intelligence

The authors declare that no artificial intelligence tools were used in the data collection or analysis processes. AI-assisted tools were used solely for language editing and improvement of academic expression, without influencing the scientific content of the study.

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Informed Consent Statement

Written informed consent was obtained from all participants involved in the study prior to data collection. Participants were informed of their right to withdraw from the study at any time without any negative consequences.

Research Limitations

This study has several limitations that should be acknowledged. The small sample size (two cases) limits the generalizability of the findings. Additionally, the use of projective methods such as the Rorschach Test may introduce subjective interpretation. Future research should include larger samples and employ mixed-method approaches to enhance the validity and reliability of the results.

Practical Implications

The findings of this study highlight the importance of integrating psychological support programs targeting maternal mentalization within autism intervention frameworks. Enhancing reflective functioning and emotional processing capacities in mothers may improve caregiving quality and contribute to better developmental outcomes for children with Autism Spectrum Disorder.

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