Mentalization
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What is mentalizing?

Mentalizing is a form of imaginative mental activity about others and oneself, namely perceiving and interpreting human behaviour in terms of intentional mental states (e.g., needs, desired, feelings, beliefs, goals, purposes, and reasons).

Bateman & Fonagy, 2012
What is going on..?
Mentalization theory

- Integrates essential features of human existence and well-being
- Being ultimately socially and interpersonally rooted
  - How we understand ourselves and others is determined by our past interpersonal relationships
  - Is central to psychological well-being
  - And capability of interpersonal relations
Dysfunctional mentalizing leads to disorders of self-experience, which is central in all forms of psychopathologies.
CBT: The value of understanding the relationship between my thoughts and feelings and my behaviour.

SYSTEMIC: The value of understanding the relationship between the thoughts and feelings of family members and their behaviours, and the impact of these on each other.

COMMON

MENTALIZING as an Integrative framework

LANGUANGE

PSYCHODYNAMIC: The value of Understanding the nature of resistance to therapy, and the dynamics of here-and-now in the therapeutic relationship.

SOCIAL ECOLOGICAL: The value of understanding the impact of context upon mental states; deprivation, hunger, fear, etc...
In advocating mentalization-based treatment we claim no innovation. On the contrary, mentalization-based treatment is the least novel therapeutic approach imaginable: it addresses the bedrock human capacity to apprehend mind as such. **Holding mind in mind** is as ancient as human relatedness and self-awareness.


**MBT is a technique NOT a new theology!**
Mentalization based interventions

- Based on mentalization principles
- Main aim is to enhance the very capacity of mentalize (as opposed to social support, reducing symptoms etc.)
- Developed over the past 10--15 years
- Original focus of BPD
- Various parenting programs
**Essential feature in human relationships**

(Frank E. McFall, 2001) Reading the Mind in the Eyes Test

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<th>Friendly</th>
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Markers of mentalization

- Curiosity
- Awareness of the impact of affects
- Perspective taking
- Capacity to trust
- Narrative continuity
Features of good mentalizing

1. Is curious about own and other people’s perspectives
2. Being flexible – not stuck in one point of view
3. Can be playful - using humour to engage
4. Can solve problems using give and take between different people’s views
5. Can differentiate one’s own experience from that of others
6. Conveys ’ownership’ of own behaviour
7. Uses ’grounded’ imagination
Dimensions

• Mentalization with regard to self and others
  • Presence of egocentrism
  • Liability of emotional contagion
• Cognitive vs affective mentalization
  • Thinking about feeling and feeling about thinking
Mentalizing is a developmental construct

- Acquisition of this capacity depends on the quality of attachment relationships
- Especially the quality of early affect mirroring
- Disruptions of early attachment and later trauma have the potential to disrupt the capacity of mentalizing
The development of the ‘mentalizing self’

The ‘social biofeedback model’ (Gergely and Watson):
That the capacity to mentalize emerges through interaction with the caregiver

If the parent is:
• Able to **reflect on infant’s intentions** accurately
• Does **not overwhelm** the infant

Then this:
• Assists in developing **affect regulation**
• Helps develop child’s sense of a mind and of a **reflective self**
Transmission Model

- Parental internal working models
- Parenting behaviors
- Child-parent attachment

Developmental studies

- Mind-mindedness has been linked to
  - Theory of Mind in 31 mo - 5 year old children and attachment
  - Prospective relationship from 6 mo to 48
  - Social symbolic play (desire talk) at 3 years
  - Executive functioning at 3 years

Meins, Fernyhough, Russell, & Clark-Carter, 1998; Meins et al., 2002; Osario et al, 2012; Bernier et al., 2012)
WHEN MENTALIZATION GOES WRONG..
Traumatic attachment history associated with affect dysregulation crucial in inhibiting mentalization in the face of stress

- **Arousal/stress inhibits controlled** (‘reflective’) mentalization
- This leads to **automatic mentalizing** dominated by reflexive (unreflective) assumptions regarding self and others under stress, which may not be obvious in low stress conditions
- **Reemergence** of non-mentalizing modes

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The relationship between stress, trauma history and capacity to mentalise (from Luyten et al., 2009)
Midgley & Troupp, 2013
Significance

- LOW mentalization leads to interpersonal difficulties
  - Errors in interpreting others intentions behind overt behavior
    - Child’s needs? Inability to give comfort? Or structure?
  - Difficulties in handling ones own feelings – inability to cope with stress
**Why work with mentalization...?**

*In adults,* there is accumulating evidence that mentalization based therapies work with

- BPD
- Antisocial personality disorder (Bateman & Fonagy, 2012)

*In parents,* appropriate parental reflective functioning (A. Slade) predicts attachment security, adaptive social skills and increased sense of self-efficacy

- Minding the Baby
- Adaptation for substance-abusing mothers in residential treatment (Suchman et al., 2012)
- Families First / Finnish national Program
- BABY Magic / Pregnant Depressed Moms

*With families* (MBFT) developed at the Anna Freud Institute / London
Common features in mentalizing interventions

Simple interventions
Affect focused
Focused on patients minds
Relate to current event or activity – mental reality
Use of therapist’s mind as a model – seek to mentalize the current relationship
Identify non-mentalizing and recover from it
References

• Thank you!

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