Mentalizing, Mentalization Based Treatment and Borderline Personality Disorder

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NEA-BPD Call-in
What is mentalizing?

Mentalizing is a form of *imaginative* mental activity about *others* or *oneself*, namely, perceiving and interpreting *human* behaviour in terms of *intentional* mental states (e.g. needs, desires, feelings, beliefs, goals, purposes, and reasons).
1. The learner's imagined self narrative

2. The informer's image of the learner's self narrative

3. The learner's image of the informer's image of the learner's self narrative

4. The epistemic match

5. Opening of epistemic channel for knowledge transfer

The informer

The learner
Mentalization: The basics

- Attachment and mentalization are *loosely coupled* systems existing in a state of partial exclusivity.

- **Mentalization** has its *roots* in the sense of being understood by an *attachment* figure,
  - it can be more *challenging to maintain* mentalization *in the context of* an *attachment* relationship (e.g. the relationship with the therapist) (Gunderson, 1996).

- **BPD** associated with *hyperactive attachment systems* as a result of their *history* and/or *biological* predisposition

- **ASPD** associated with *deactivation or hypoactivation of attachment systems* as a result of their *history* and/or *biological* predisposition
Imbalance of mentalization generates problems
What does good mentalizing look like?

- Mentalizing on a spectrum from non-mentalizing in which non-mentalizing modes dominate to full mentalizing in which:
  - In relation to other peoples thoughts and feelings
    - Acknowledgement of opaqueness
    - Absence of paranoia
    - Contemplation and reflection
    - Perspective taking
    - Genuine interest
    - Openness to discovery
    - Forgiveness
    - Predictability
What does extremely poor mentalizing look like?

- Anti-reflective
  - hostility
  - active evasion
  - non-verbal reactions
- Failure of adequate elaboration
  - Lack of integration of topics
  - Lack of explanation – things just are
- Inappropriate
  - Complete non-sequiturs
  - Gross assumptions about the interviewer
  - Literal meaning of words – mentalizing means you are ‘mental’
Modes of Ineffective Mentalizing

- Psychic Equivalence
- Teleological understanding of the world
- Pretend Mode
  - Hypermentalizing – client understands motives of self and others with limited grounding in reality or in mental states. Tends to be overly complex.
“Dear Diary: So I texted Julie and I told her that just because I’m hanging out with Linda a lot it doesn’t mean I’m not her friend anymore and she said she knows that but she just feels weird because she thinks that Linda doesn’t like her and because she thinks Linda and I have more in common, so I told her to stop worrying about what Linda thinks and she said fine but I could tell she was upset so I talked to Linda about it and she said she does like Julie and was trying really hard to be nice to her and when I told Julie what Linda had said she said she felt bad because she had been saying a lot of mean things about Linda. Anyway, I had a day off so I decided to go to the aquarium...”
Attachments and the development of social understanding
How Attachment Links to Affect Regulation

The forming of an attachment bond
Inhibition of social understanding associated with maltreatment can lead to exposure to further abuse

DISTRESS/FEAR

Adverse emotional experience rooted in traumatic relationships

Intensification of attachment needs

Inhibition of mentalisation

Inaccurate judgements of affect,
Delayed development of mentalization understanding
Failure to understand how emotions relate to situations and behavior
Overview of the MBT model: Key Domains
Domains of MBT

Not-Knowing Stance
- Mentalizing Process
- Mentalizing Affective Narrative

Sessional Structure
- Non-Mentalizing Modes
- Relational Mentalizing
Topology: relationships between domains in therapist interventions

Mentalizing Process

Addressing Non-Mentalizing Modes

Safe in High Anxiety

Safe in Low Anxiety

Mentalizing the Affective Narrative

Relational Mentalizing
(1) Structure of Mentalization Based Treatment

Core Domain
Assessment → MBT-I → MBT
Therapist stance

Not knowing/inquisitive/Mentalizing stance
Therapist Stance

- **Not-Knowing**
  - Neither therapist nor patient experiences interactions other than impressionistically
  - Identify difference – ‘I can see how you get to that but when I think about it it occurs to me that he may have been pre-occupied with something rather than ignoring you’.
  - Acceptance of different perspectives
  - Active questioning – open questions, reflective questions - ‘what is it like’; ‘what would make a difference’, ‘how did you manage that?’
  - Eschew your need to understand – do not feel under obligation to understand the non-understandable.

- **Monitor you own misunderstandings**
  - Model honesty and courage via acknowledgement of your own misunderstanding
    - Current
    - Future
  - Suggest that errors offer opportunities to re-visit to learn more about contexts, experiences, and feelings
(3) Mentalizing Process

Major Component Domain
Contrary moves / basic mentalizing (diachrony) / elaboration of narrative / empathic validation
## Theory to Practice: Contrary Moves

<table>
<thead>
<tr>
<th>Patient/Therapist</th>
<th>Therapist/Patient</th>
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<tbody>
<tr>
<td>External focus</td>
<td>Internal focus</td>
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<tr>
<td>Self- reflection</td>
<td>Other reflection</td>
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<td>Emotional distance</td>
<td>Emotional closeness</td>
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<tr>
<td>Cognitive</td>
<td>Affective</td>
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<td>Explicit</td>
<td>Implicit</td>
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<tr>
<td>Certainty</td>
<td>Doubt</td>
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(4) Addressing Non-Mentalizing Modes

Major Component Domain
Use and Misuse of Mentalizing / Psychic Equivalence / Teleology / Pretend Mode
# Modes of non-mentalizing

| Clinical form | Certainty/suspension of doubt  
|               | Absolute  
|               | Reality defined by self-experience  
|               | Finality – It just is.  
|               | Internal = external  
| Therapist experience | Puzzled  
|                    | Wish to refute  
|                    | Statement appears logical but obviously over-generalised  
|                    | Not sure what to say  
|                    | Angry or fed up and hopeless  
| Intervention | Empathic Validation with subjective experience  
|              | Curious – how did you reach that conclusion  
|              | Presentation of clinician puzzlement (marked)  
|              | Linked topic (diversion) to trigger mentalizing then return to psychic equivalent area  
| Iatrogenic | Argue with patient  
|            | Excessive focus on content  
|            | Cognitive challenge  

**PSYCHIC EQUIVALENCE**
(5) Mentalizing the Affective Narrative

Major Component Domain

Affect trajectory / Affect Clarification – Elaboration – Exploration – Focus
Mentalizing Process – affect trajectory

- Narrative of event
- Experience at time
- Reflection on events
- Alternative perspective
- Experience talking about it in therapy
- Current feeling about events
Elephant in the room

“I’m right there in the room, and no one even acknowledges me.”
(5) Relational Mentalizing

Major Component Domain

Challenge / Relational Mentalizing / Transference markers / Intervention Algorithm for self-harm / Mentalizing Functional Analysis
Components of mentalizing the therapeutic relationship

- Validation of experience
- Exploration in the current relationship
- Accepting and exploring enactment (therapist contribution, therapist’s own distortions)
- Collaboration in arriving at an understanding
- Present an alternative/additional perspective
- Monitor the patient’s reaction
- Explore the patient’s reaction to the new understanding
Counter-relational mentalizing
Components of mentalizing the counter-relationship

- Anticipation of response/reaction of patient
- Mark your statement
- Do not attribute what you experience to the patient
- Keep in mind your aim
  - Re-instate your own mentalizing
  - Identify important emotional interaction that affects therapy relationship
  - Emphasise that minds influence minds
Research Adaptations

ASPD

Narcissistic PD

Eating Disorders

Families with significant other with BPD

Self-harming Adolescents

Substance Abuse Disorder

Families and Children

Mothers and Babies
Thank you for mentalizing!

For further information
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Slides available at:
http://www.ucl.ac.uk/psychoanalysis/people/bateman