



Mentalizing, Mentalization Based Treatment and Borderline Personality Disorder

Prof Anthony Bateman

University College London and
Copenhagen University

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).

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

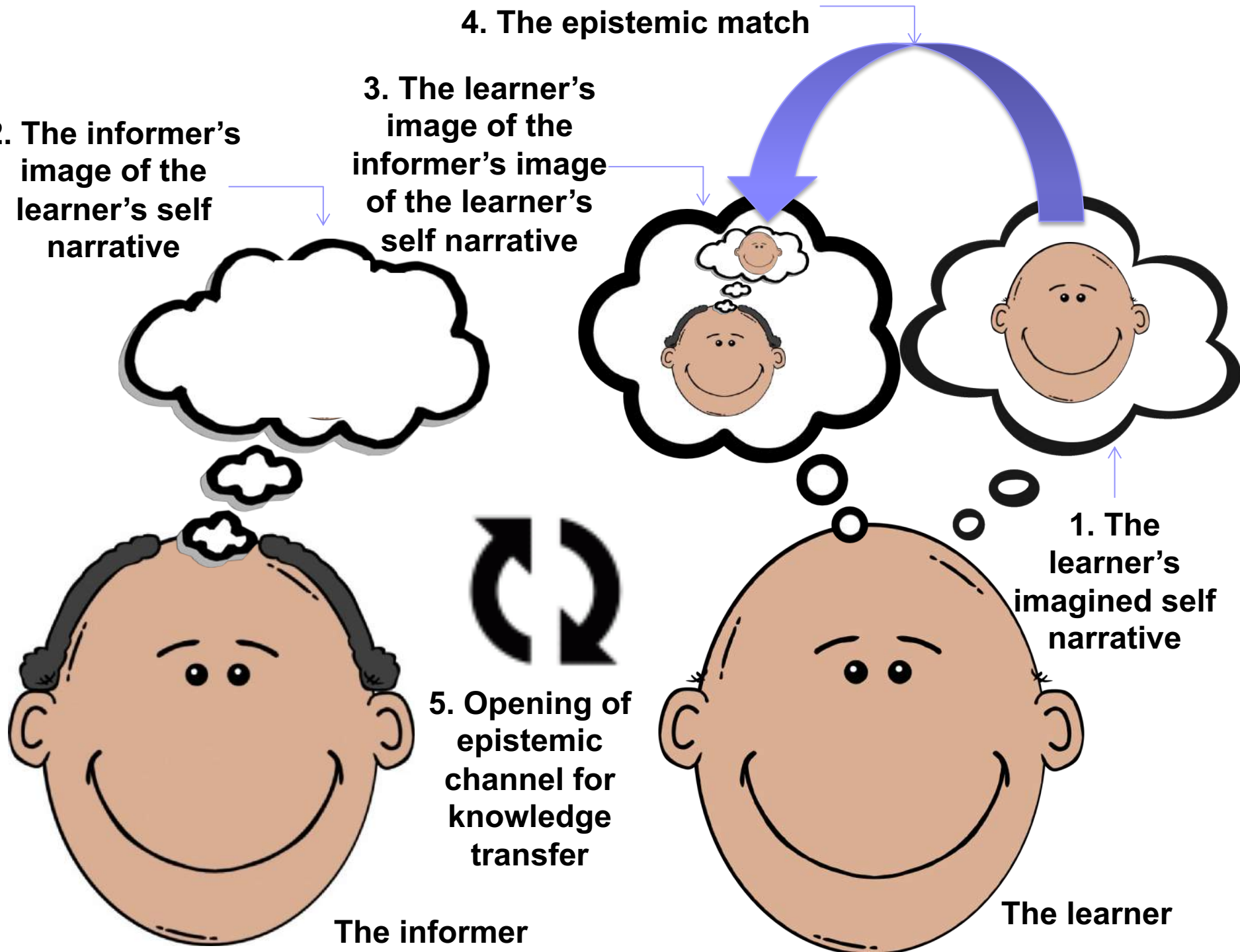
4. The epistemic match

1. The
learner's
imagined self
narrative

5. Opening of
epistemic
channel for
knowledge
transfer

The informer

The learner

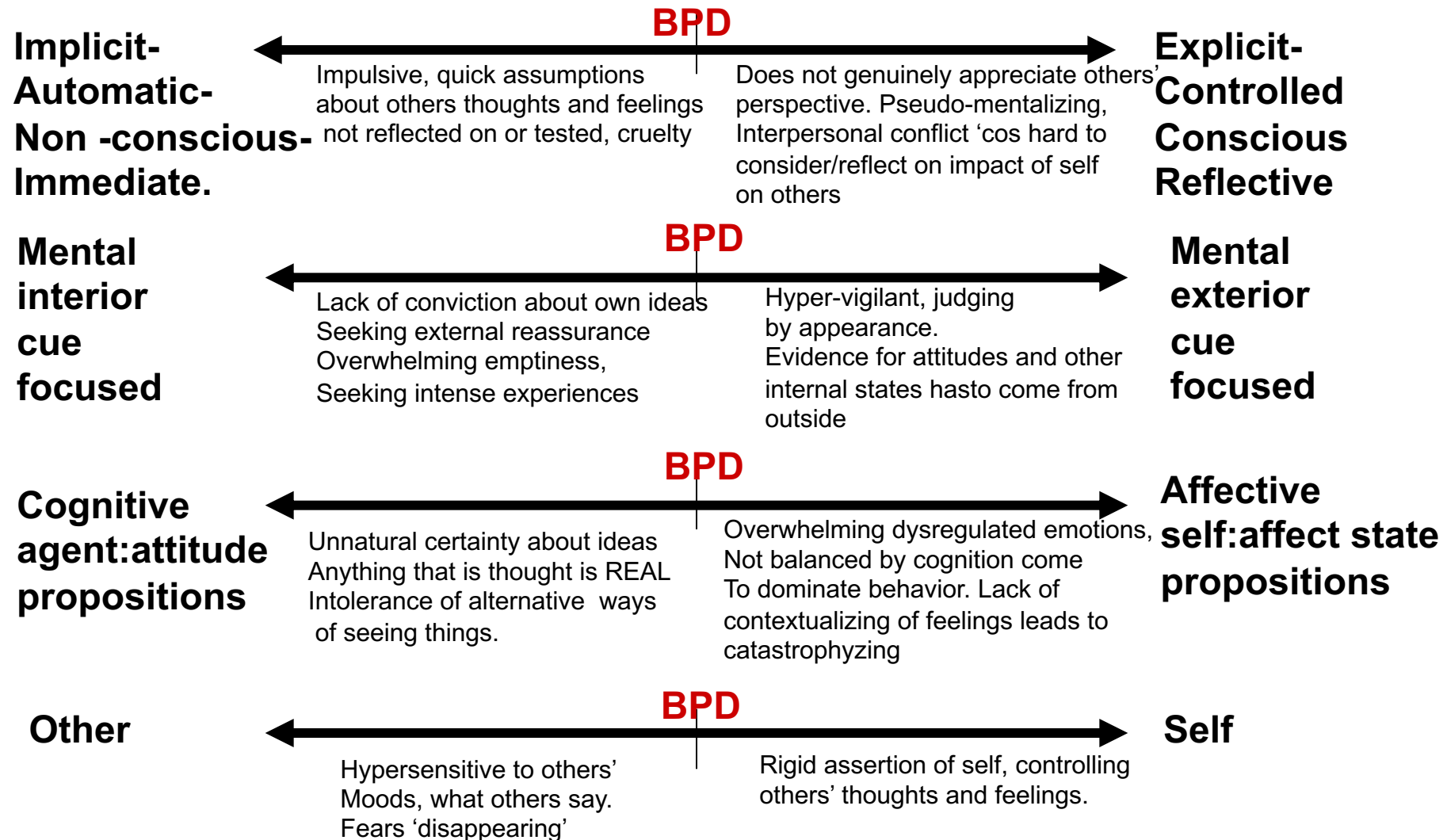


Mentalization: The basics

- 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

Fonagy, P., & Luyten, P. (2009). *Development and Psychopathology*, *21*, 1355-1381.



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?

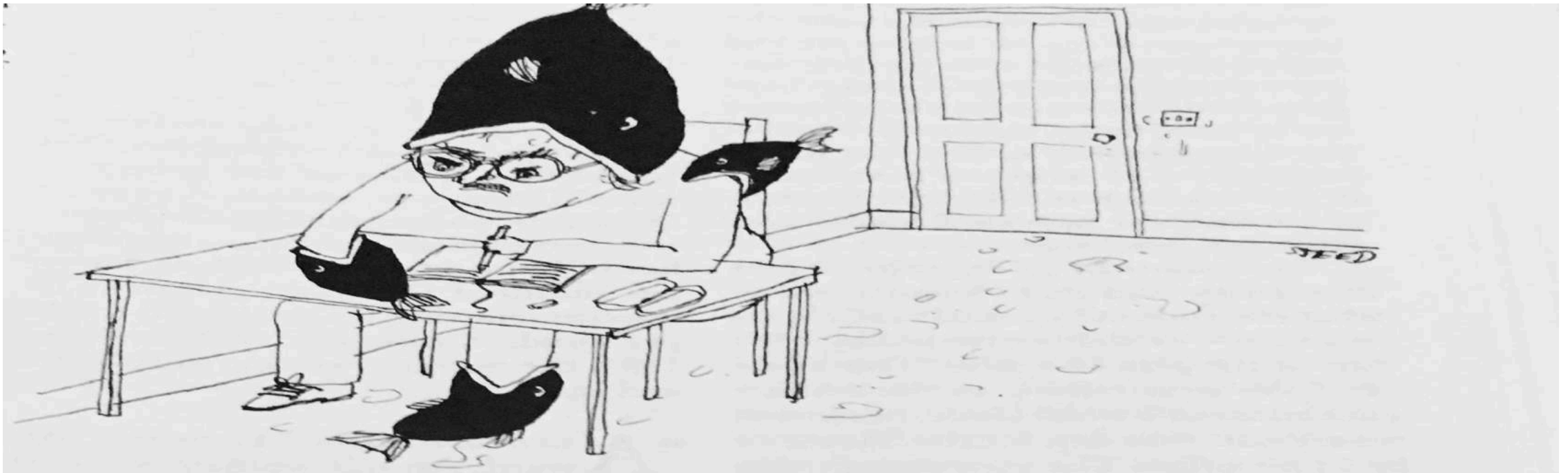
- Anti-reflective
 - hostility
 - active evasion
 - non-verbal reactions
- Failure of adequate elaboration
 - Lack of integration of topics
 - Lack of explanation – things just are
- Inappropriate
 - Complete non-sequiturs
 - Gross assumptions about the interviewer
 - Literal meaning of words – mentalizing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



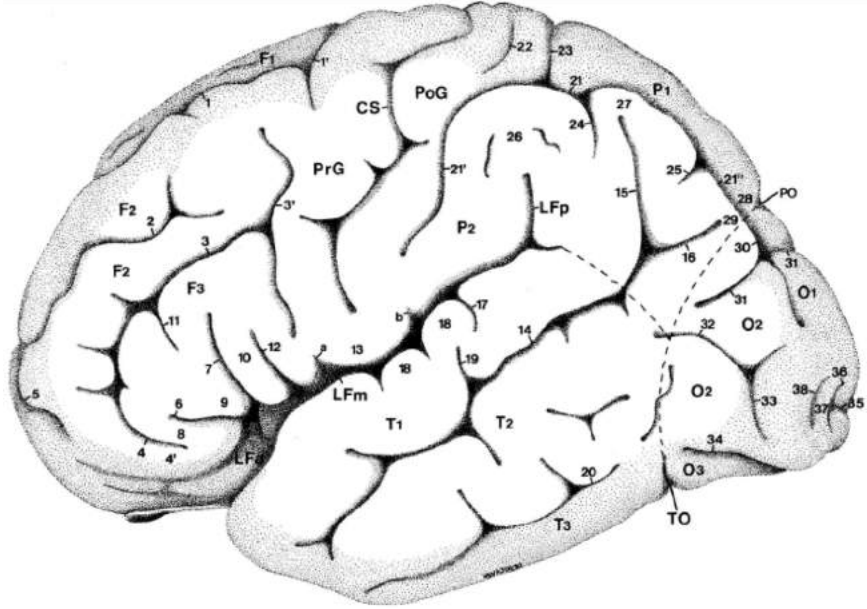
Modes of Ineffective Mentalizing

- 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.

Hypermentalizing

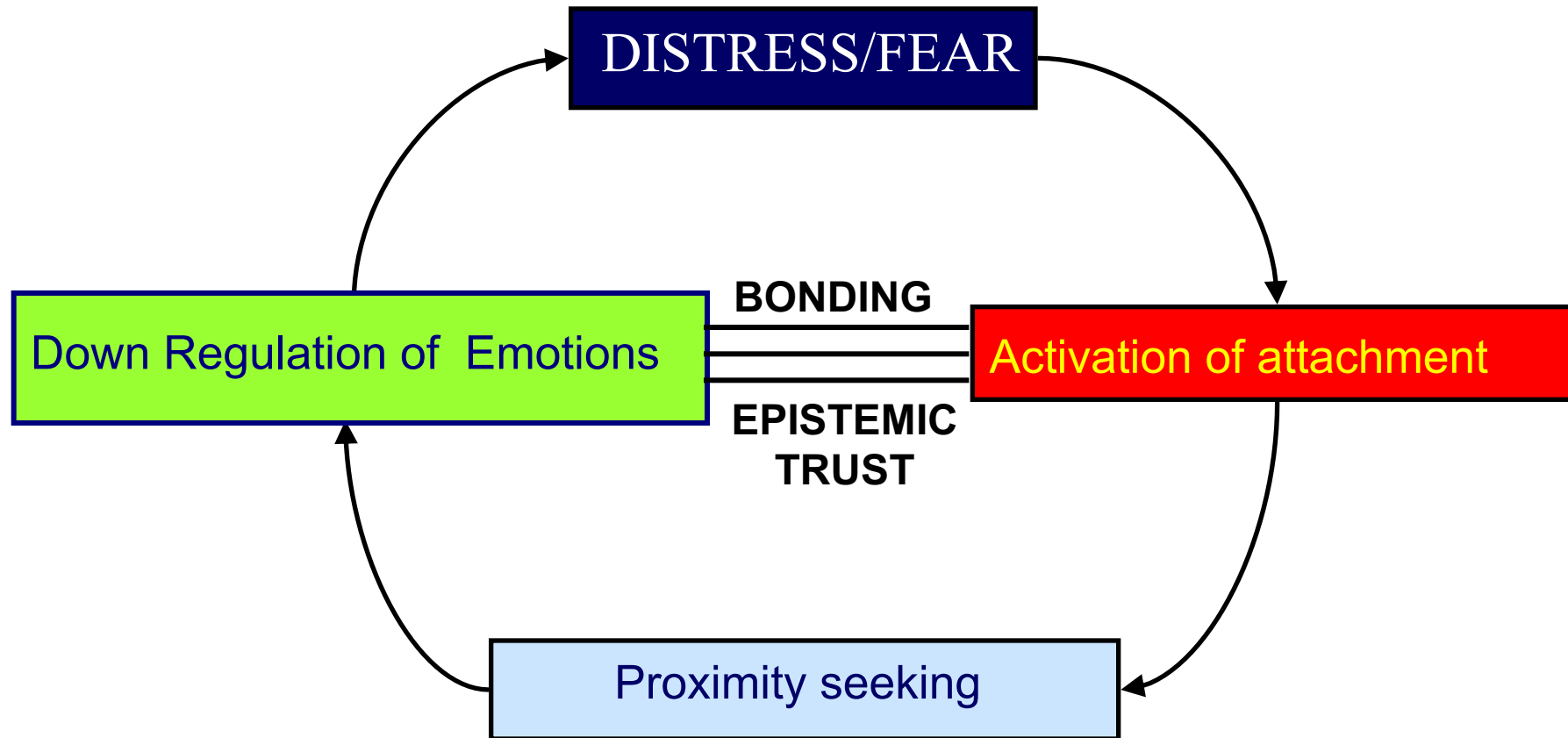


"Dear Diary: So I texted Julie and I told her that just because I'm hanging out with Linda a lot it doesn't mean I'm not her friend anymore and she said she knows that but she just feels weird because she thinks that Linda doesn't like her and because she thinks Linda and I have more in common, so I 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..."



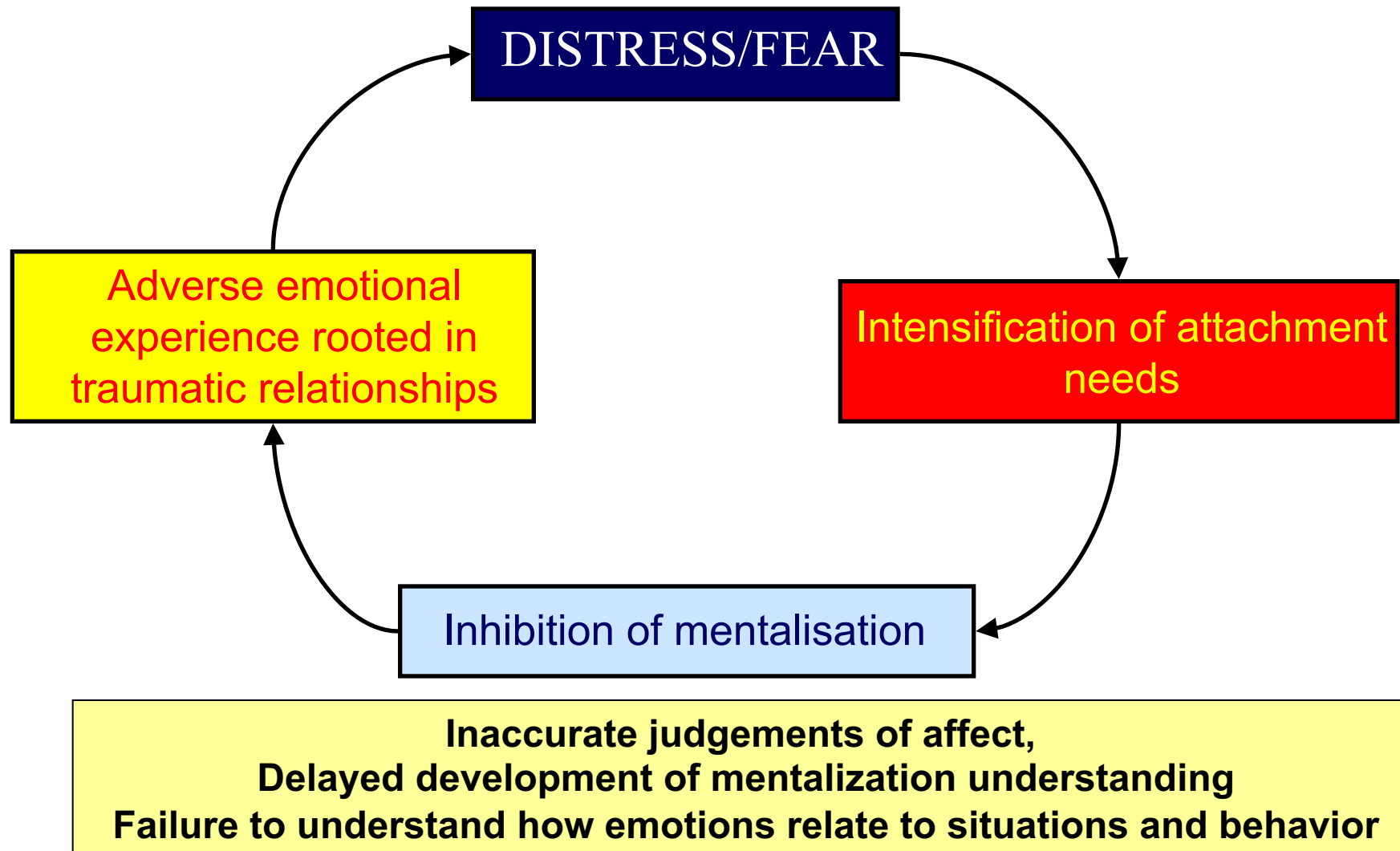
*Attachments and
the development
of social
understanding*

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





Overview of the MBT model: Key Domains

Domains of MBT

Not-Knowing Stance

Mentalizing
Process

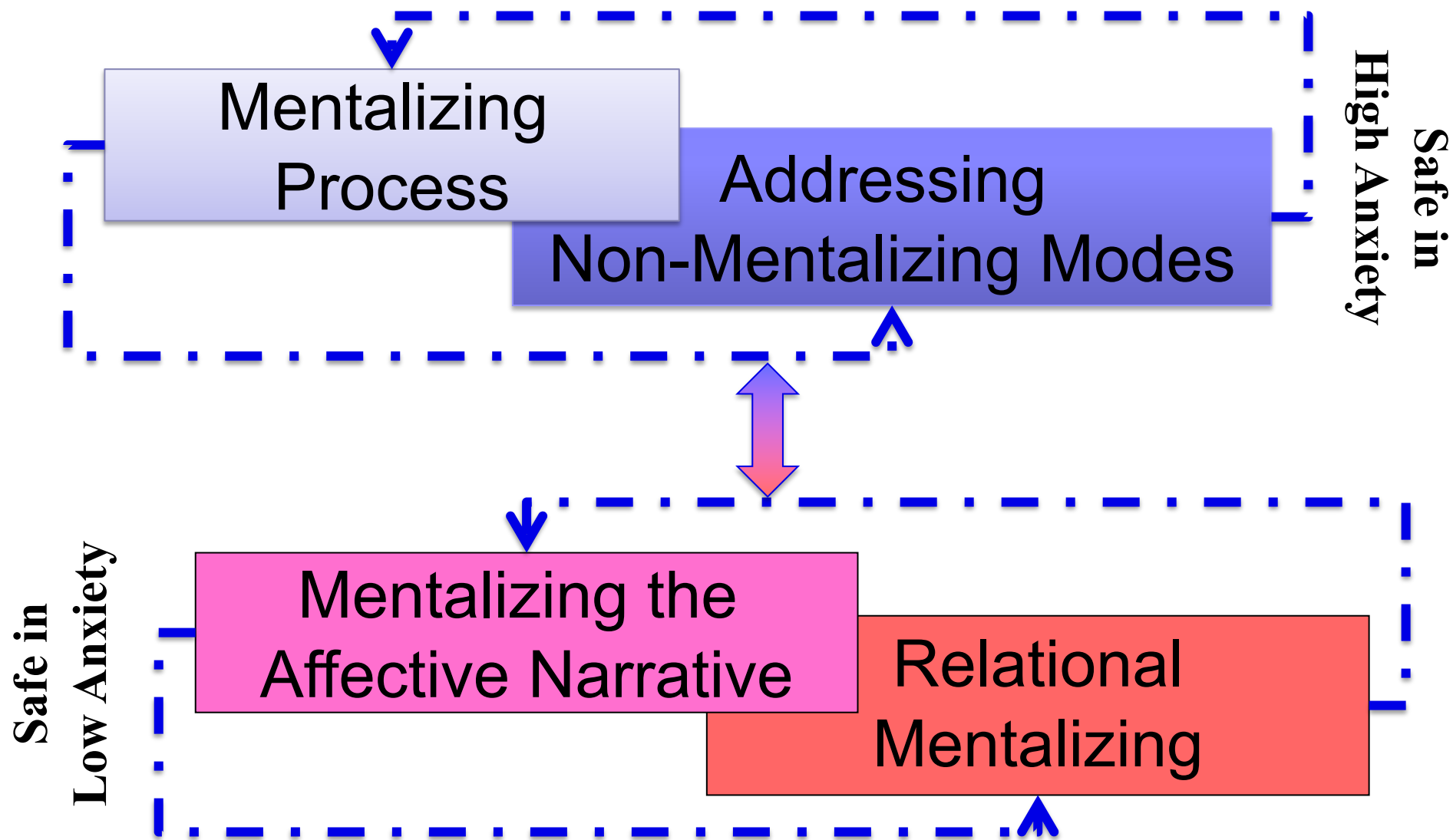
Mentalizing
Affective
Narrative

Sessional Structure

Non-
Mentalizing
Modes

Relational
Mentalizing

Topology: relationships between domains in therapist interventions





(1) Structure of Mentalization Based Treatment

Core Domain



Assessment



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graph TD; A[Assessment] --> B[MBT-I]; B --> C[MBT];
```

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

Patient/Therapist	Therapist/Patient
External focus	Internal focus
Self- reflection	Other reflection
Emotional distance	Emotional closeness
Cognitive	Affective
Explicit	Implicit
Certainty	Doubt



(4) Addressing Non-Mentalizing Modes

Major Component Domain

Use and Misuse of Mentalizing / Psychic
Equivalence / Teleology / Pretend Mode

Modes of non-mentalizing

PSYCHIC EQUIVALENCE	
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

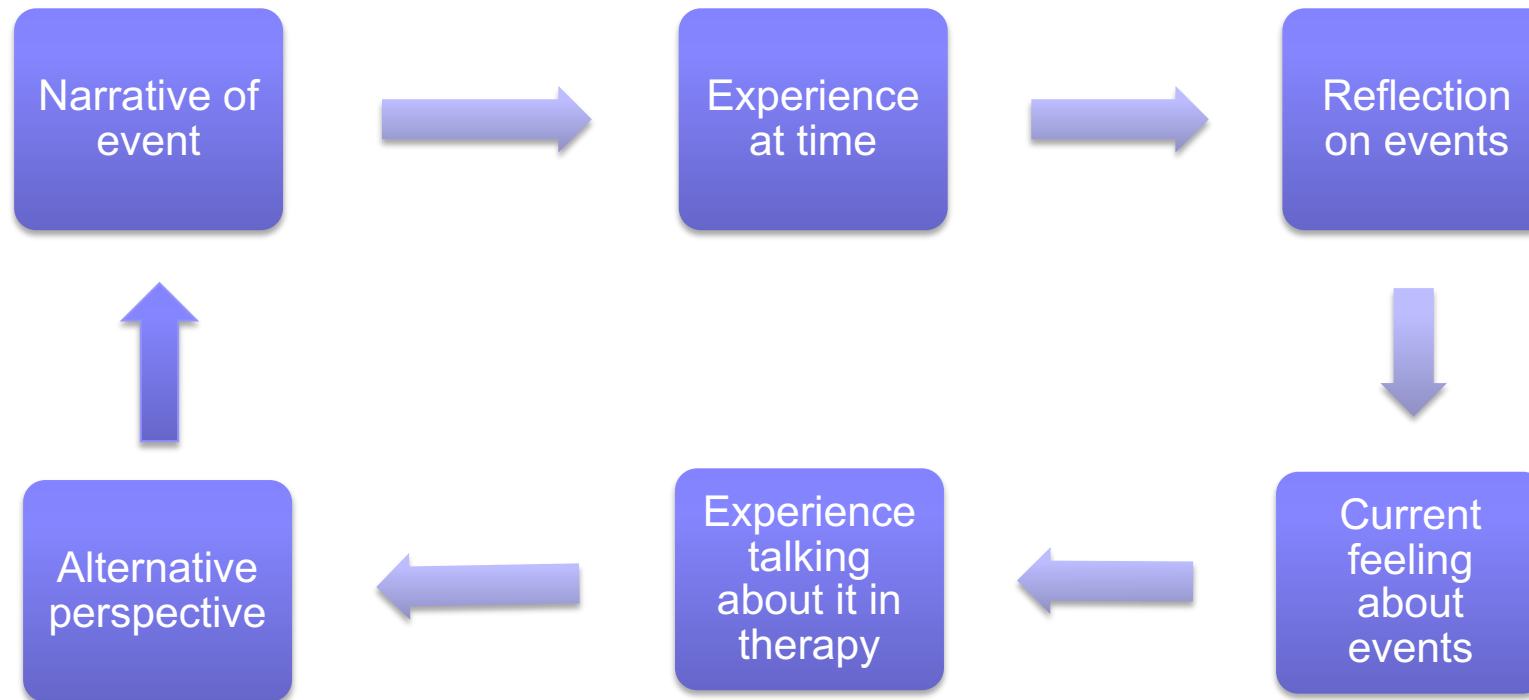


(5) Mentalizing the Affective Narrative

Major Component Domain

Affect trajectory / Affect Clarification – Elaboration
– Exploration – Focus

Mentalizing Process – affect trajectory



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
anthony.bateman@ucl.ac.uk

Slides available at:
<http://www.ucl.ac.uk/psychoanalysis/people/bateman>