

MENTALIZING: THERE AND BACK AGAIN

Anthony Bateman

5th Nordic Mentalizing Conference

Aalborg 2022



DOES MBT WORK?

Cochrane review of psychotherapy for BPD

EFFECTIVENESS OF MBT FOR BPD: META-ANALYSIS



“DBT and MBT have the highest numbers of primary effectiveness trials.”

MBT is generally more effective than TAU at reducing:

self-harm

RR 0.62, 95% CI 0.49 to 0.80

3 trials

252 participants

suicidality

RR 0.10, 95% CI 0.04, 0.30

3 trials

218 participants

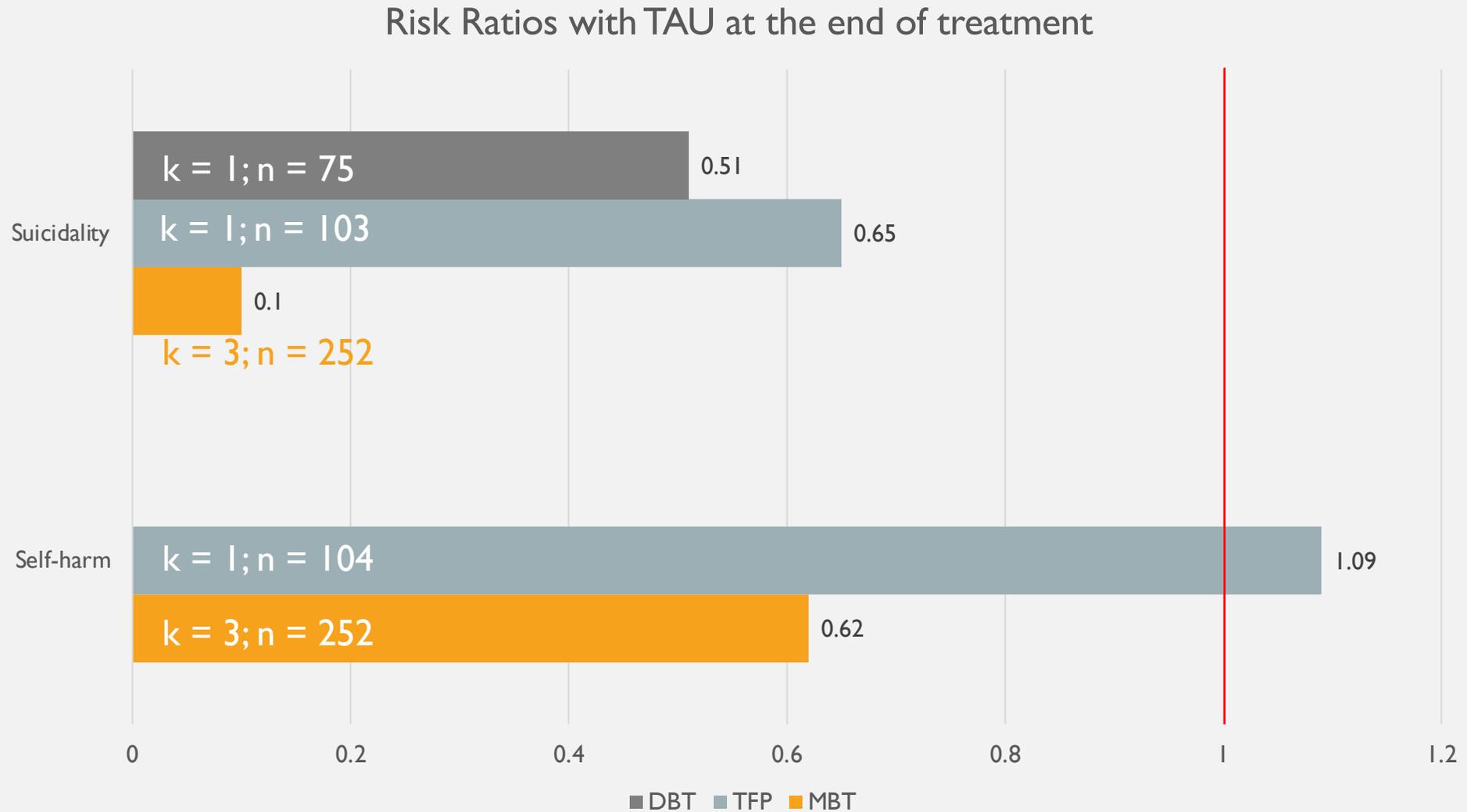
depression

SMD -0.58, 95% CI -1.22 to 0.05

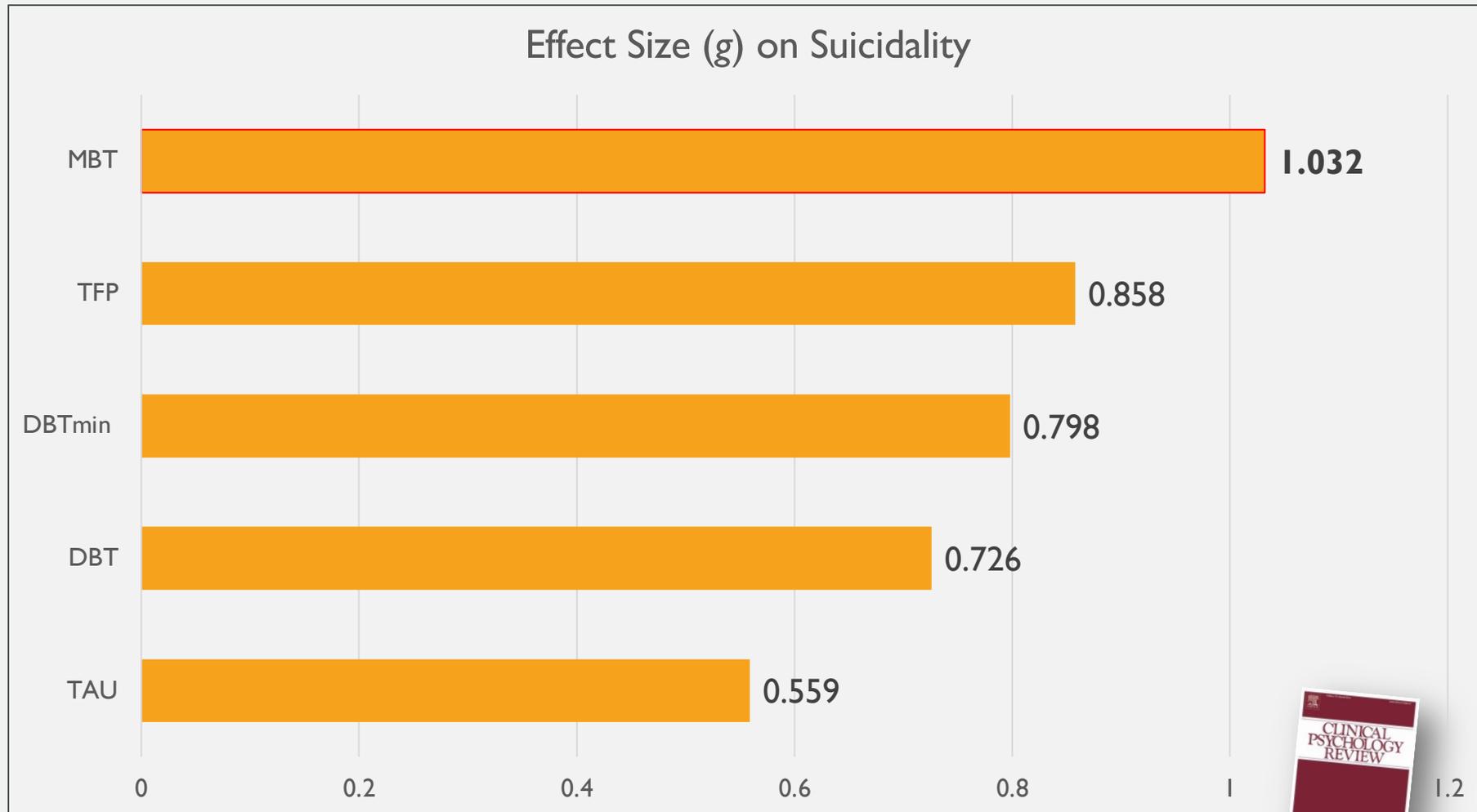
4 trials

333 participants

MBT, TFP AND DBT: META-ANALYTIC RESULTS



MBT, TFP AND DBT: META-ANALYTIC RESULTS



- MBT did **not** reduce BPD **symptom severity** at end of treatment **but did at 12m+ follow-up**
- MBT reduced **self-harm** at end of treatment, **and** at zero to six, six to 12 and 12m+ **follow-up**
- MBT reduced **suicide-related** outcomes at end of treatment **and** above 12 months **follow-up**
- MBT **improved psychosocial functioning** at end of treatment (fixed effects model only);
- MBT **reduced depression** at end of treatment **and** at six and 12 months **follow-up**
- MBT reduced **interpersonal problems** at end of treatment but **not** at **follow-up**
- MBT has **longest follow-up with control group** of any treatment for BPD – reduction in service use gains are maintained over 8 year follow-up but overall patients were **still under-functioning to some extent socially** .

Report Card: MBT

HISTORY

HISTORICAL ORIGINS

- Theory of Mind - the initial label used in the last Century, to refer to the capacity to explain people's behaviour on the basis of their mental states.
 - confounded the concept with an experimental design; using the noun risks reifying an activity or process (just as mentalization does!)
- Mentalizing, was independently proposed by Uta Frith (Autism) and Moran and Fonagy (Attachment and Psychoanalysis)
 - Cognitivist position – deficit from biological, probably genetic, vulnerabilities
 - Developmental position – mentalizing formed out of what were necessarily suppositions about the beliefs and emotions of their primary carers, their siblings and their own experiences in relation to these.

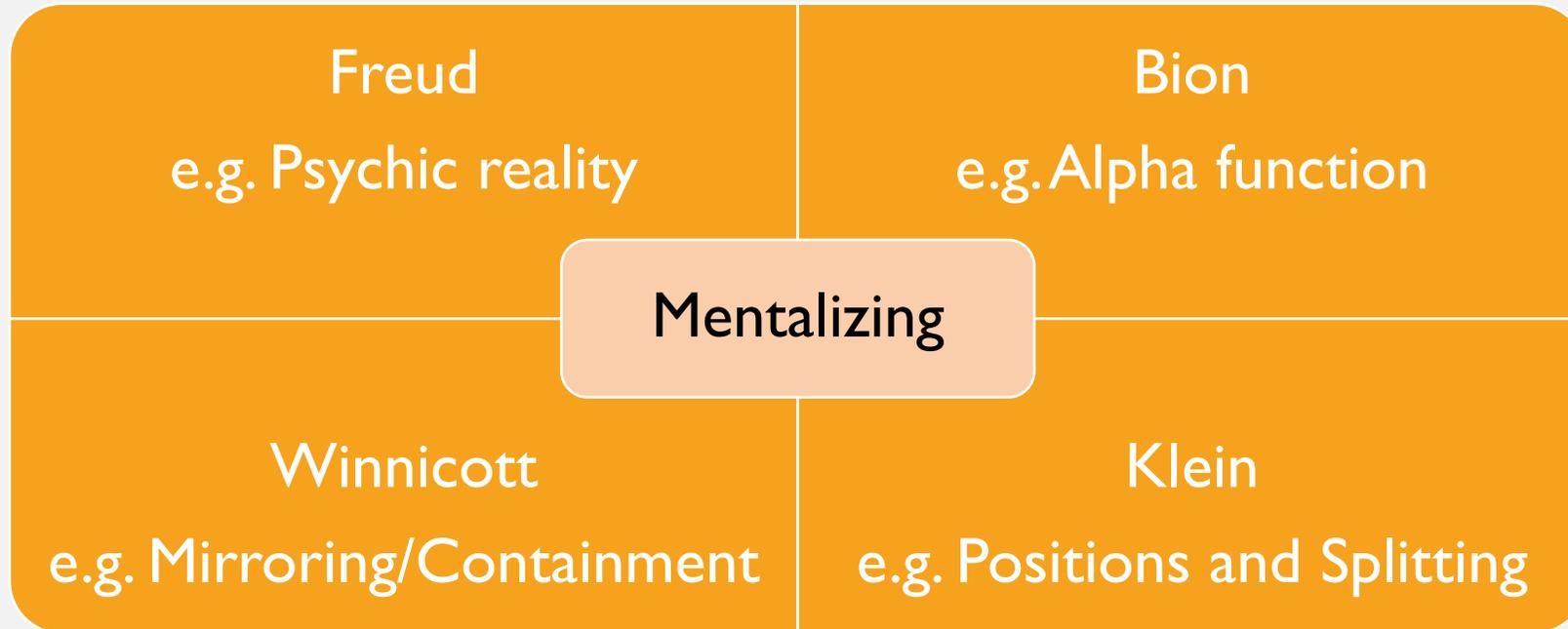
BREADTH OF MENTALIZING

- Mentalizing
 - Enables optimal decision making
 - Enabling learning from others whilst supporting competing with them, evaluating them and predicting their behaviour.

BUT ALSO brings into its remit

- Human imagination untethered in reality
- Contextual dependency of mind
- Biased assumptions
- Distortions of understanding from irrelevant information, including inaccurate beliefs, slanted values and frank prejudices motivated by the identity and group status of individuals interacting

MENTALIZING AND PSYCHOANALYSIS



Benjamin et al Intersubjectivity: Capacity for mutual recognition can be conceived as a separate trajectory from the internationalization of object relations

Ogden - Analyst's subjective experience, the subjective experience of the patient and the intersubjectively-generated experience of the analytic pair. Creation of a third.

PSYCHOANALYSIS - ATTACHMENT DISCOMFORT

- Mental reality is created through interpersonal interaction
- The capacity to understand action in terms of mental state terms depends on the quality of relationships in childhood, and later.
- The aim of therapy is not deepening specific understandings (content), but rather *the capacity for understanding*, almost regardless of the specific unconscious conflicts which may bring a patient into treatment.
- In other words
 - *‘Medium is the message’* rather than *‘Meaning of the message’*
 - *Processing ability over Content understanding*

CBT: The value of understanding the relationship between my thoughts and feelings and my behaviour.

SYSTEMIC: 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

LANGUAGE

PSYCHOANALYSIS: Understanding the nature of unconscious process dynamics of here-and-now in the therapeutic relationship.

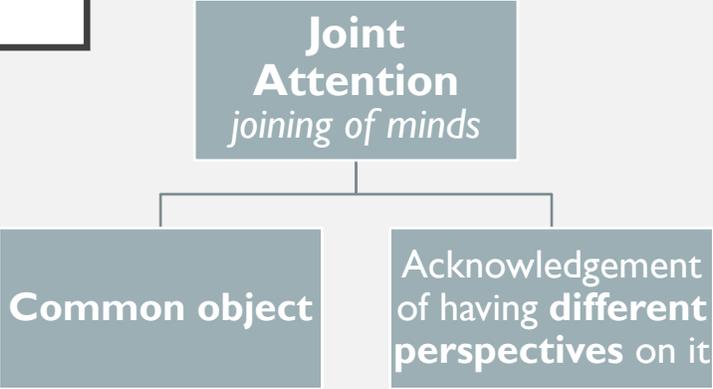
SOCIAL INTERACTIONAL: The value of understanding the impact of context upon mental states - Poverty and deprivation, Coercive culture. Learning

*WHAT IS MENTALIZING THEN AND
NOW?*

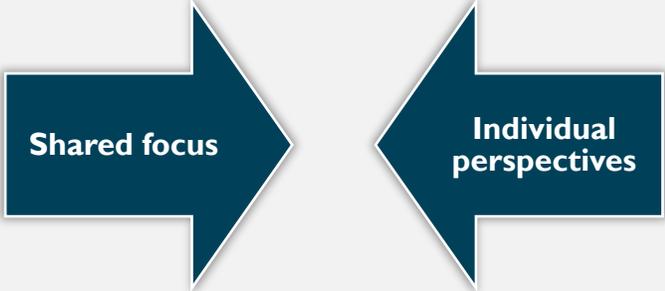
ORIGIN OF MENTALIZING



Appreciate their difference



Dual Level Structure



- Three elements brought together in joint intentionality:**
- The individual's subjectivity
 - The perceived subjectivity of the other person
 - The actual physical reality that is being referenced

ORIGIN OF MENTALIZING

Sharing emotions

- present from **early** in **infancy**

Joint intentionality

- present **from** about **9-months**
- minds align in their focus

Collective intentionality

- from the **fourth year**
- sharing goes **beyond the dyadic**
- capacity to **align with a group**
 - particularly of **peers**
- become **embedded in culture**

Not a
melding of
minds



Preserved
individuality
in sharing



Joint
intentionality
depends on
recognition of the
caregiver as an
intentional
agent



POLARITIES OF MENTALIZING

Mentalizing

Self-Other

Cognitive-
Affective

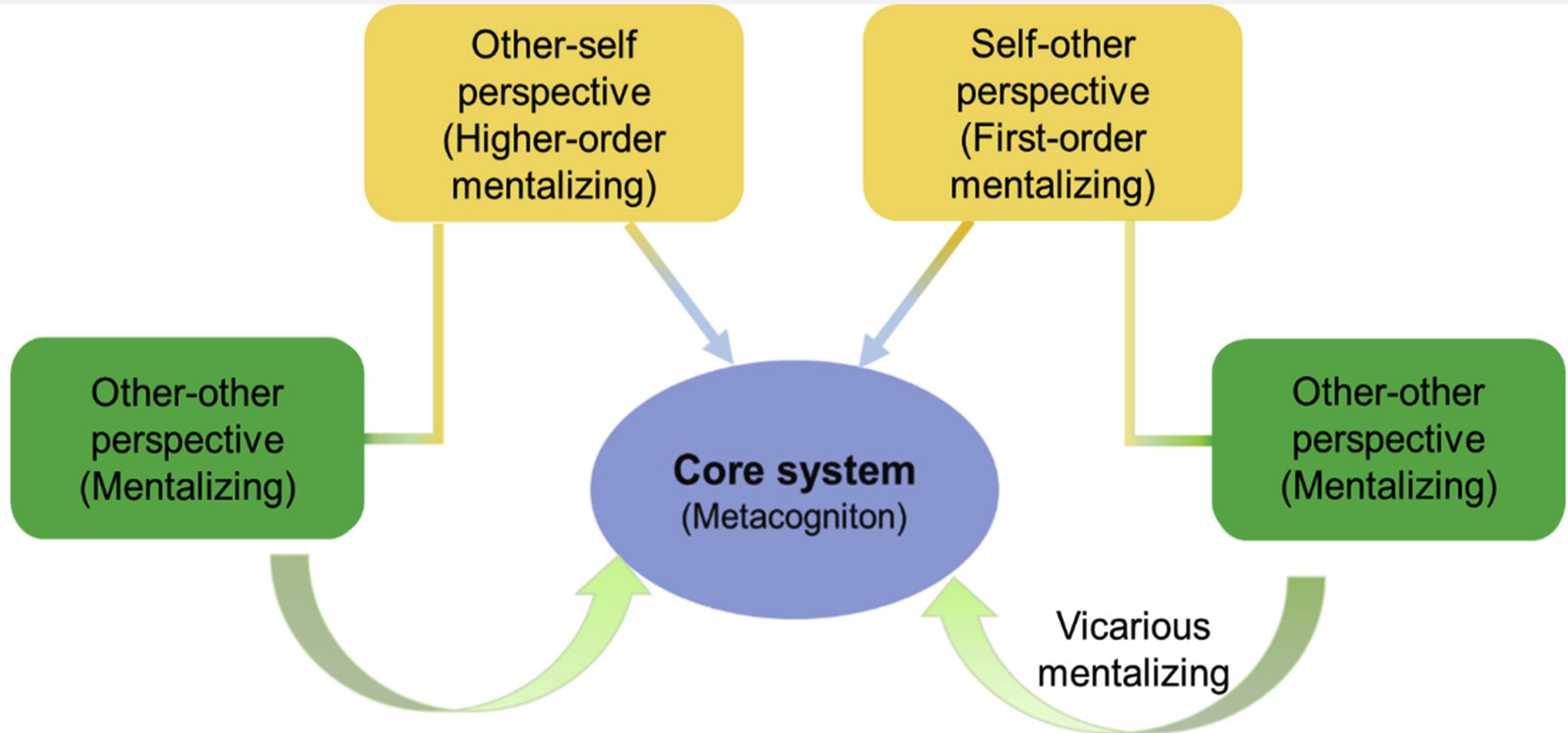
Automatic-
Controlled

External-
Internal

Non-Mentalizing Modes

Psychic Equivalence Teleological Mode Pretend Mode

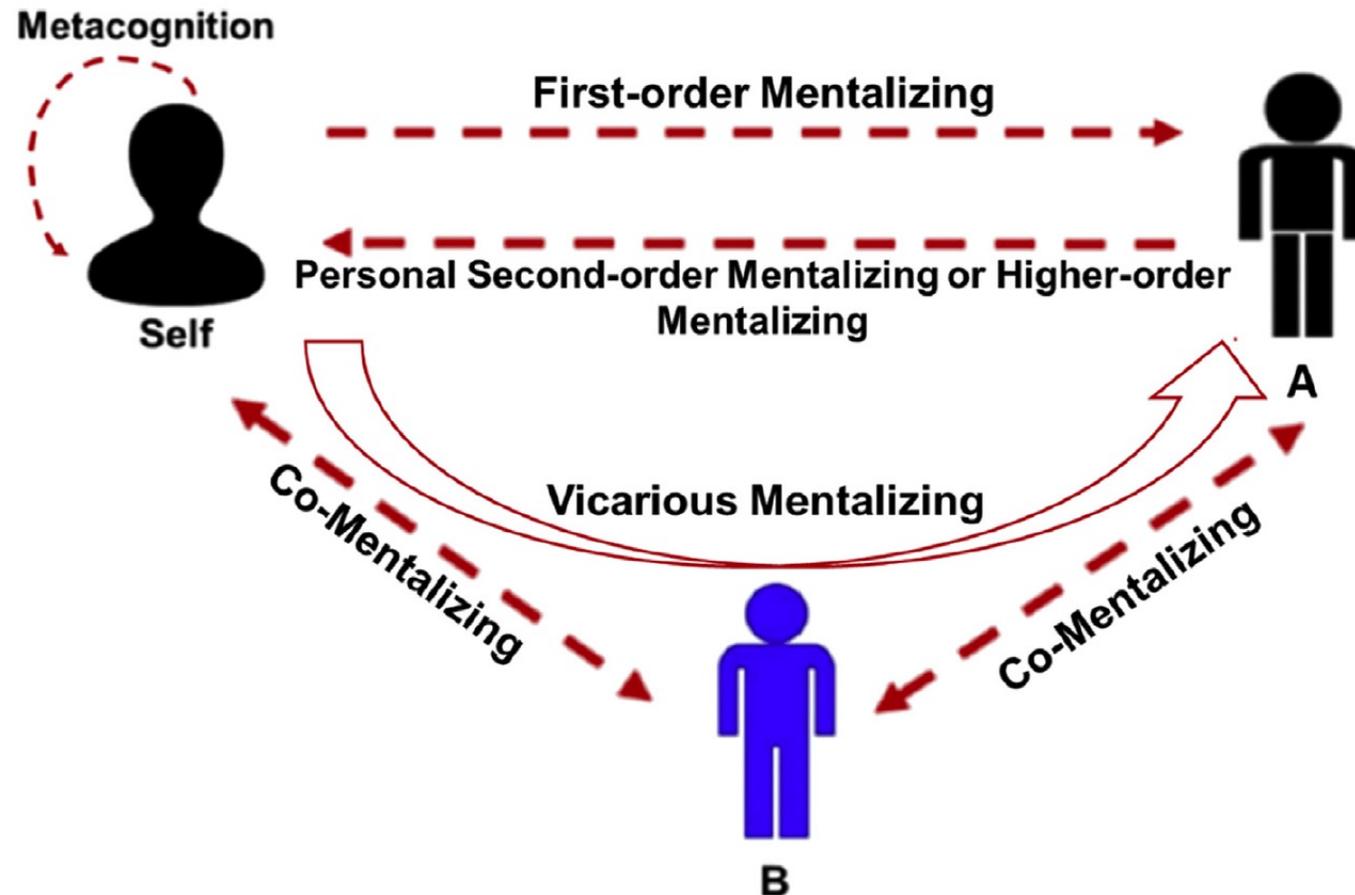
INTERPERSONAL MENTALIZING



($C\text{-mt} \geq C\text{-mi}$) Direct  Indirect ($C\text{-mt} < C\text{-mi}$)

MENTALIZING DURING SOCIAL INTERACTION

WU, LIU, HAGAN AND MOBBS (2020) *CORTEX*, 126



THE WE MODE

THE FIRST PERSON PLURAL PERSPECTIVE

- May be organized around **cognitive and neural structures**
 - **intrinsic** to our individual make-up
 - product of a **distinct developmental and evolutionary** history

The “I” becomes part of a unit → “we”

The unit is the object of experience evaluated principally from the perspective of the likely **success of collaborative activities**

Not a ‘contrast’ between the **individual** and the **social**

but the **embedding of social cognition in the social environment** makes it inseparably linked to its function and dysfunctions

Relational Mentalizing

Shared **thinking and feeling** within a **social system**, a dyad, a family or other social group.

Associated with **intentional states** that are **assumed** by individuals in the system **to be joint or shared** by everyone

THE 'WE-MODE' IN SOCIAL COGNITION (GALLOTTI & FRITH, 2013)

- Human **sociality** is explained by the **unique capacity to share the mental states** of others.
 - when people are **poised to interact**, they achieve interpersonal awareness through a '**meeting**' of minds
- Intentional states that are **assumed** by individuals in the system **to be joint** or shared by everyone.
 - Tuomela (2005) has named this category ***jointly seeing to it (jstit)***.
- **Feeling of we-ness** → social **collaboration**
 - being part of a set of **thoughts and feelings** that are **beyond one's own**
 - minds shared by cognizing in an **irreducibly collective mode of cognition** called the **we-mode**.

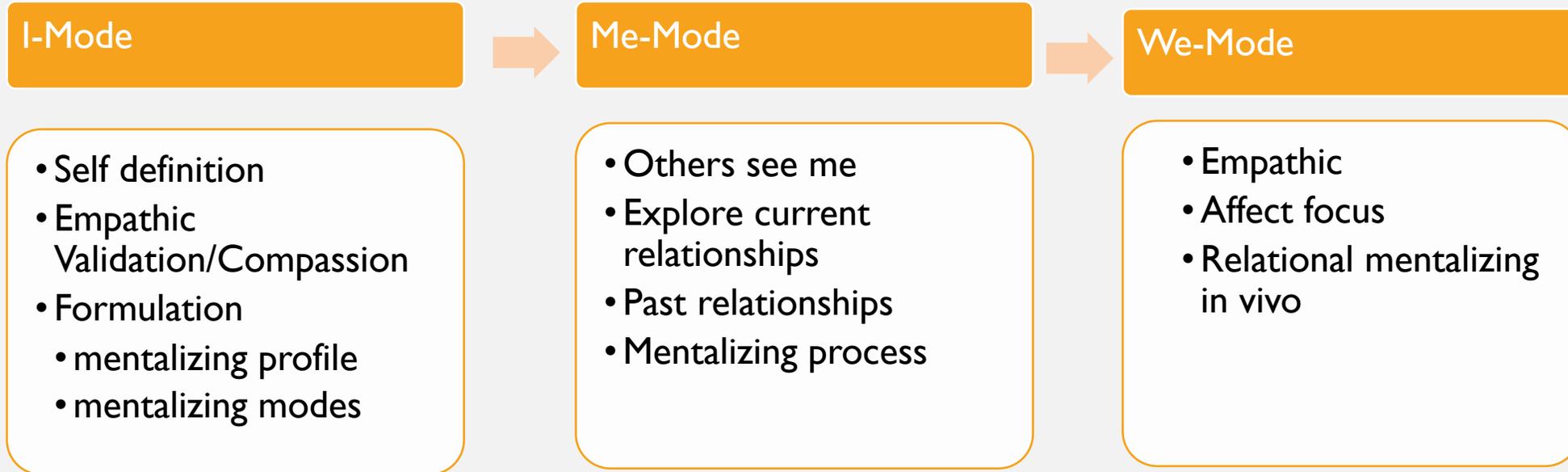
TAKE HOME MESSAGE FOR MBT

- Personality disorder (BPD and others) are disorders showing:
 - Persistent psychological distress with inability to use the social world to calibrate themselves and their experiences
 - Failure to generate we-mode function
 - Over-reliance or ineffective use of I-mode or Me-mode function



Loneliness and Alone/Social Isolation

STRUCTURE OF TREATMENT



MENTALIZING AND ATTACHMENT

NUMEROUS STUDIES LINK SOCIAL ADVERSITY TO MH OUTCOMES VIA MENTALIZING

Attachment

Emotion regulation/disorganized attachment is impaired by limitations to mentalizing which is further impaired by emotion dysregulation

adversity

distress

Impaired
mentalizing
capacity

```
graph TD; Attachment[Attachment]; Adversity[adversity]; Distress[distress]; IMC((Impaired mentalizing capacity)); Adversity --> IMC; Distress --> IMC; Attachment --- IMC;
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“The premises of attachment theory are based on the childcare model of the Western middle class, i.e. families with high levels of formal education, late first parenthood, few children in the family, and nuclear, two-generation households.”

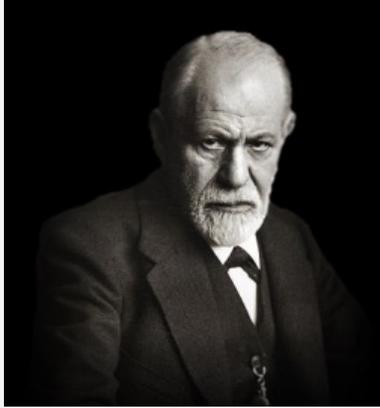
“However, the Western middle class represents only about 5% of the world’s population”

Professor Heidi Keller, 2018



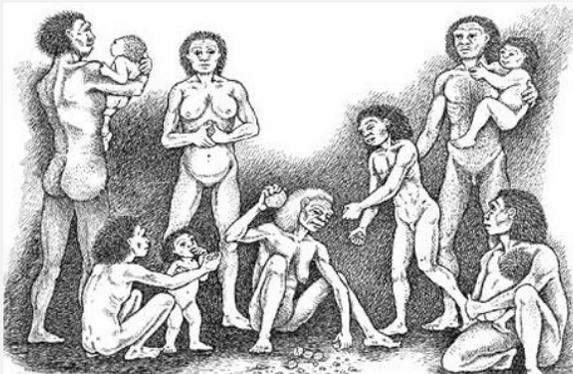
Criticisms of attachment theory

From **psychoanalysis**:



“mechanistic”
“reductionistic”
“no real metapsychology”
“broad classifications that lose the subtlety and detail of the original material”

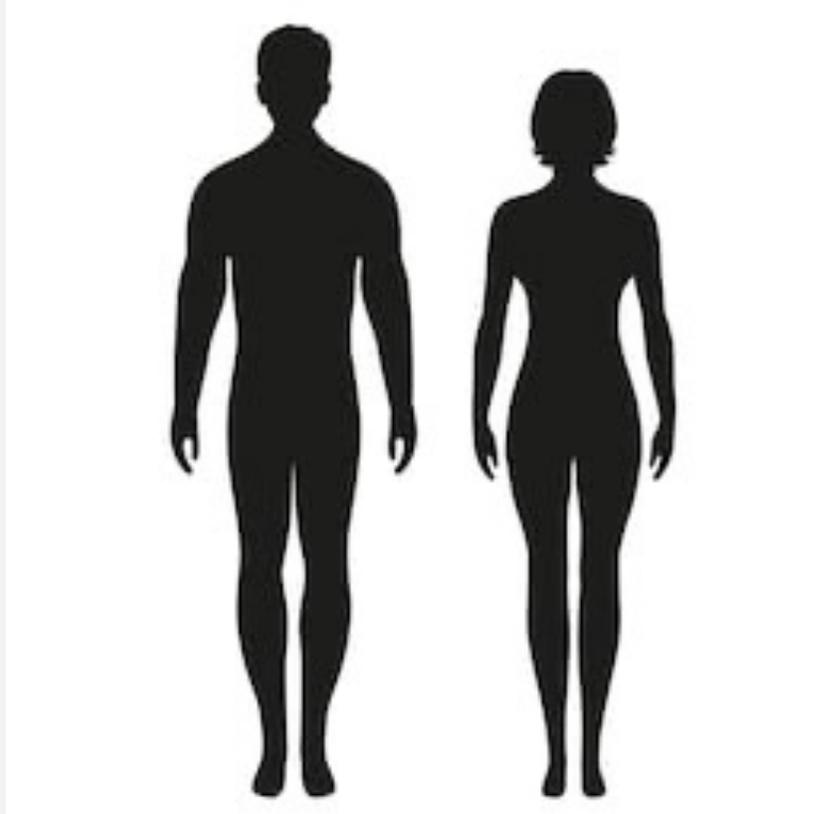
From **anthropology**:



“culturally blind”
“socially oblivious”
“misses different family configurations, e.g., alloparenting”
“empirically based on **WEIRD** people”

WEIRD: Western, Educated, Industrialised, Rich & Democratic

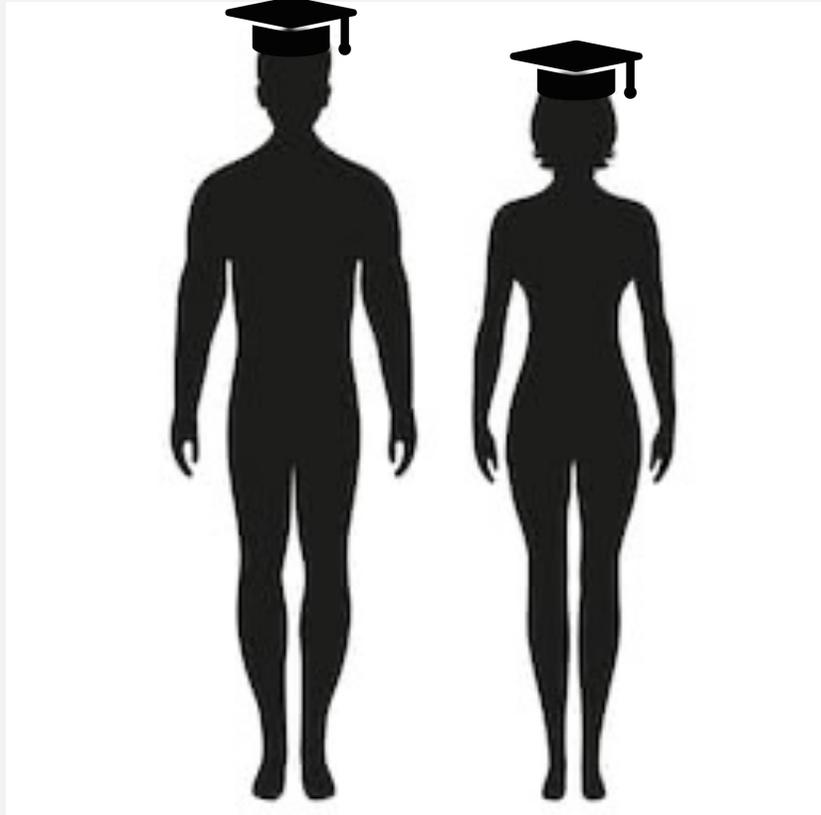
WEIRD data



Who is our
knowledge based
on?

WEIRD data

*Henrich et al
2010, BBS



A randomly selected American undergraduate is **more than 4,000 times more likely** to be a research participant than is a randomly selected person from outside of the West

The cultural specificity of **sensitive responsiveness**



- **Face-to-face** interaction
- **Infant's** point of **view** is paramount
- **Verbal** and vocal exchange (**'Serve & Return'**)
- Learns primarily **about self** as an independent **agent**
- Only learns **secondarily** about **others**

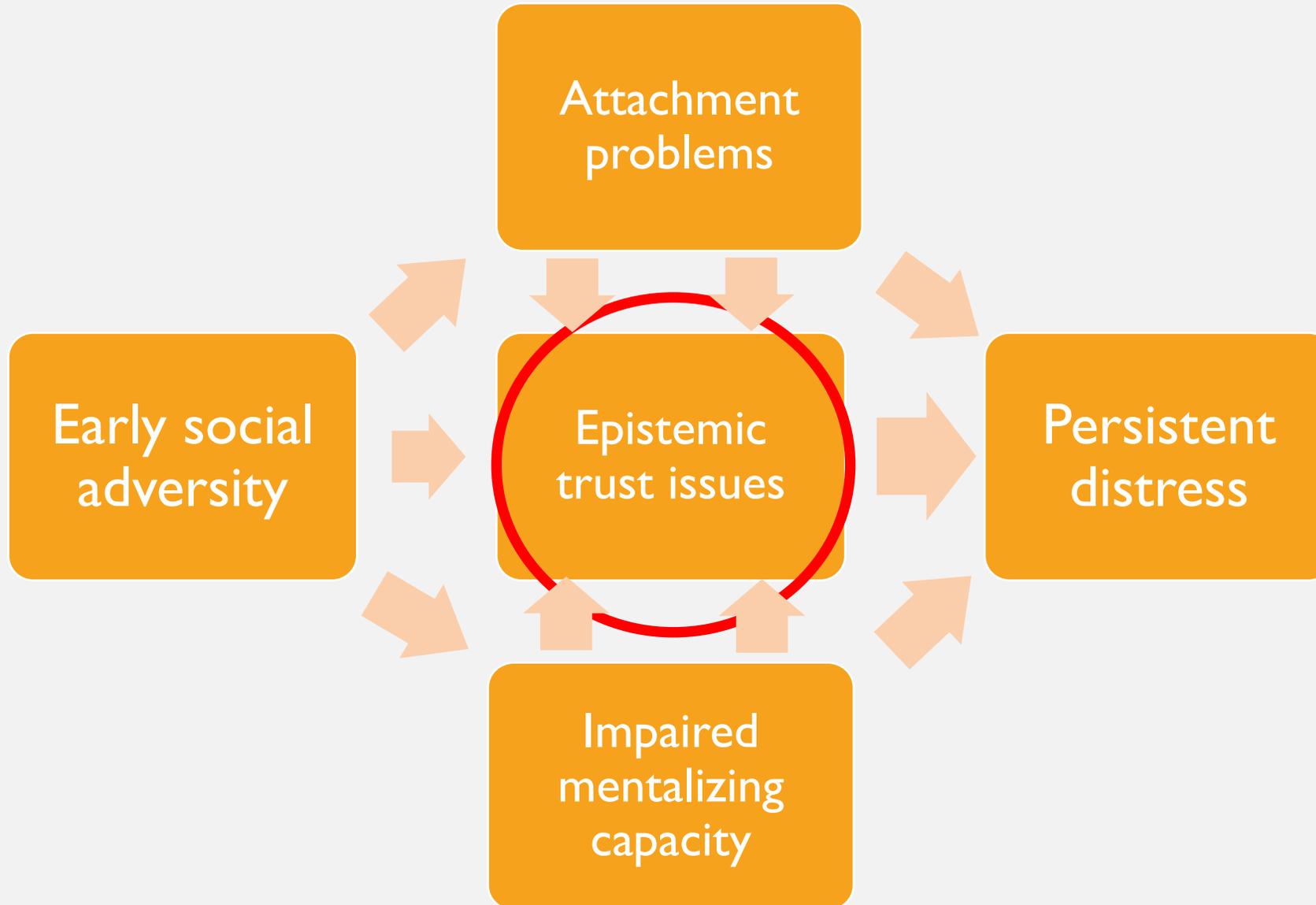
Caregiving **beyond** the WEIRD world



- **Proximal** caregiving
- Infant **facing outward**, seeing the world as others see it
- Supported to take the **perspective of others**
- Caregiver **instructs**, guides and directs the infant '**apprentice**'
- Only learns **secondarily about self**

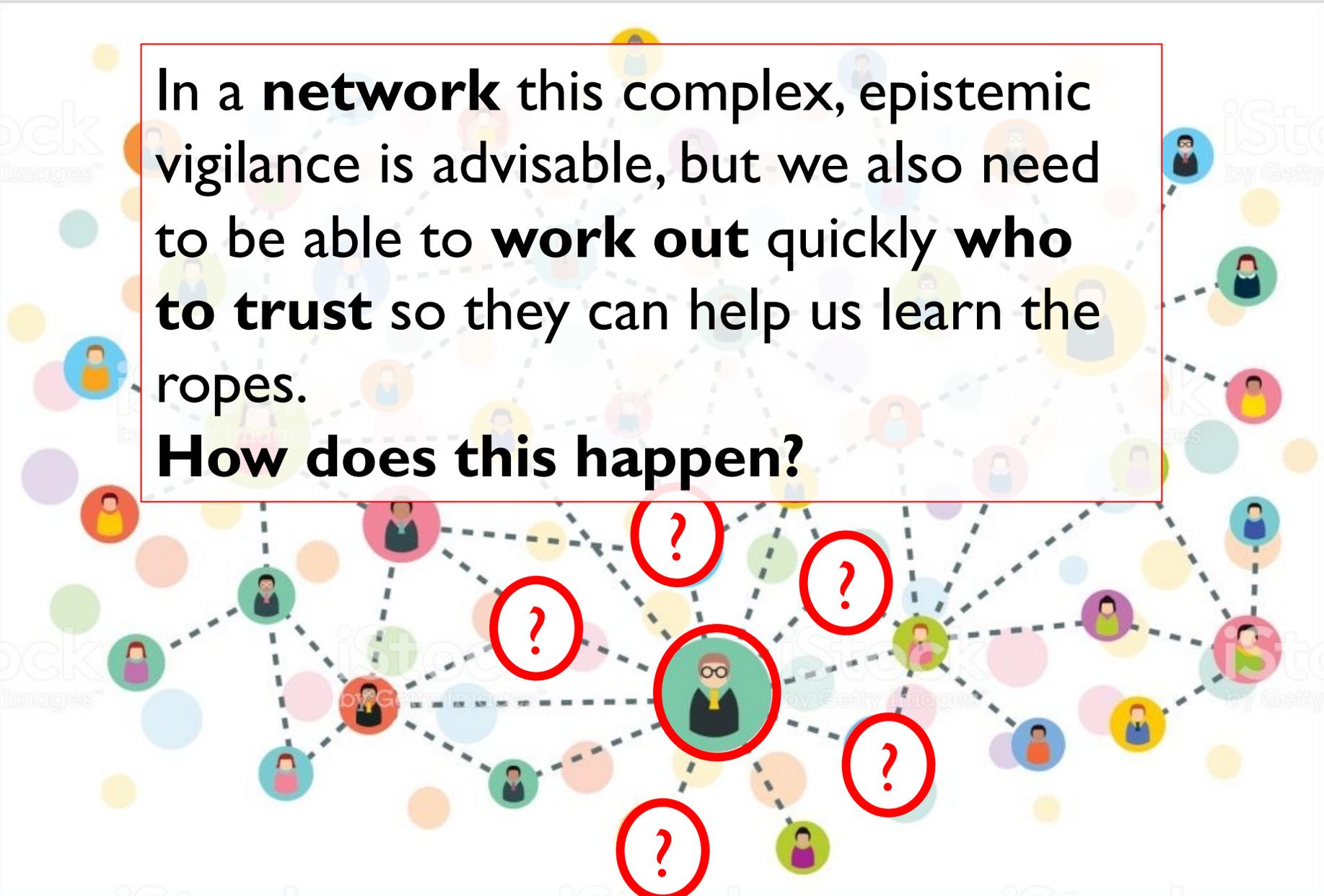
MODEL DEVELOPMENT

EXPANDING THE MODEL SO THAT IT TAKES ACCOUNT OF SOCIAL CONTEXT





How do we acquire the
capacity for epistemic trust?
Where do attachment and
mentalization fit in?

The background of the slide features a network diagram. It consists of numerous small, colorful circular icons representing people, connected by a web of dashed grey lines. The icons are scattered across the slide, with a higher concentration in the lower half. In the center of the network, there is a larger, more prominent icon of a man with glasses and a suit, also enclosed in a red circle. Surrounding this central figure are several other red circles, each containing a white question mark. These question marks are placed at various points within the network, suggesting a focus on identifying trustworthy individuals in a complex system. The overall theme is about navigating a complex network to find reliable information or help.

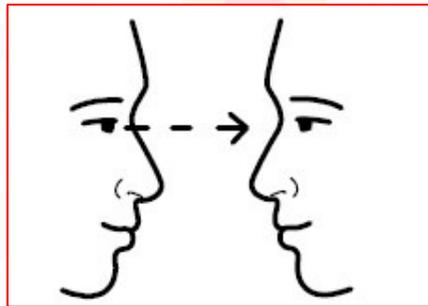
In a **network** this complex, epistemic vigilance is advisable, but we also need to be able to **work out** quickly **who to trust** so they can help us learn the ropes.

How does this happen?

The mechanism in babies: Ostensive cues



e.g. **turn-taking** contingent reactivity



e.g. **eye contact**

Ostensive cues convey to us that we are **noticed** **as a self** and **recognized as an agent** and this opens us to learning

Experimental illustration of ostensive cues

Gergely, Egyed et al. (2013)

Subjects : 4 groups of 18-month-olds
Stimuli: Two unfamiliar objects



1: BASELINE – CONTROL GROUP

No object-directed attitude demonstration

Simple Object
Request by
Experimenter A



Subjects: n= 20 Age: 18-month-olds

OSTENSIVE COMMUNICATIVE DEMONSTRATION

Requester: **OTHER** person (Condition I)

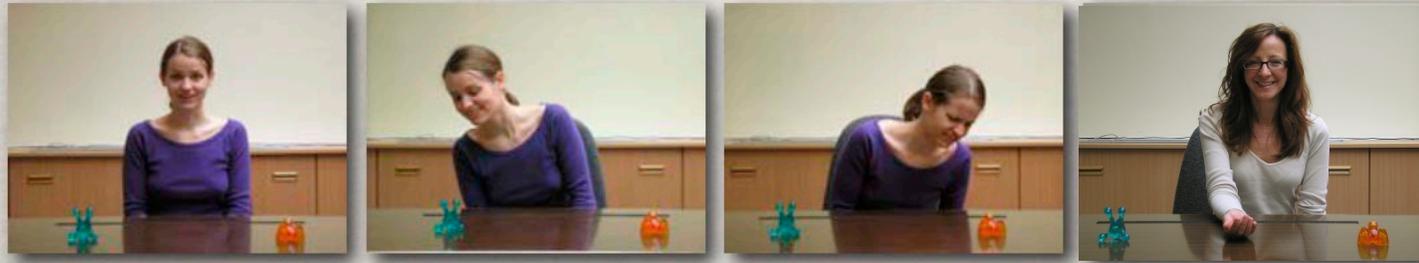


LEARNING FROM ATTITUDE EXPRESSIONS

18-month-olds

Ostensive Expression - Generalization

Percent
Giving
Positive
Object



71



NON-OSTENSIVE (NON-COMMUNICATIVE) DEMONSTRATION

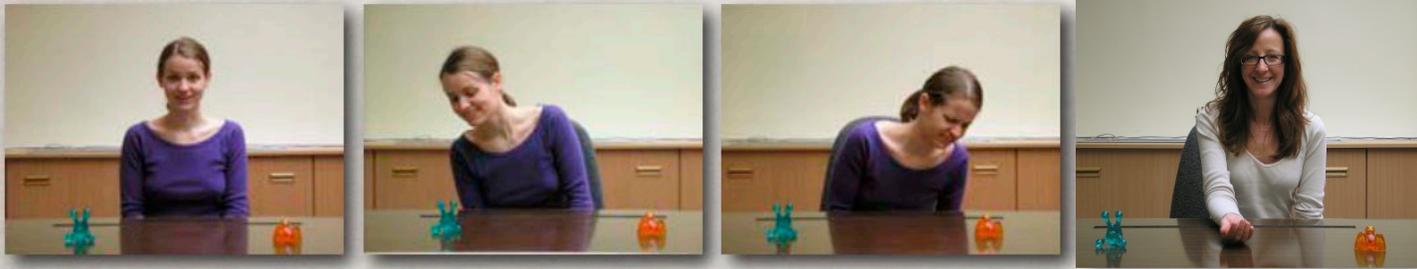
Requester: **OTHER** person (Condition 2)



LEARNING FROM ATTITUDE EXPRESSIONS

18-month-olds

Ostensive Expression - Generalization



Percent
Giving
Positive
Object



71

Non-Ostensive Expression - No Generalization



40

CONDITION 4: NON-OSTENSIVE (NON-COMMUNICATIVE)

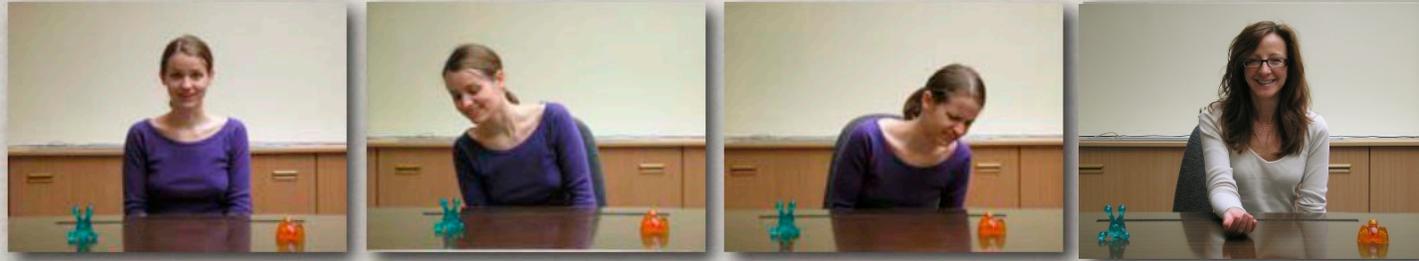
Demonstration Requester: **SAME** person



LEARNING FROM ATTITUDE EXPRESSIONS

18-month-olds

Ostensive Expression - Generalization

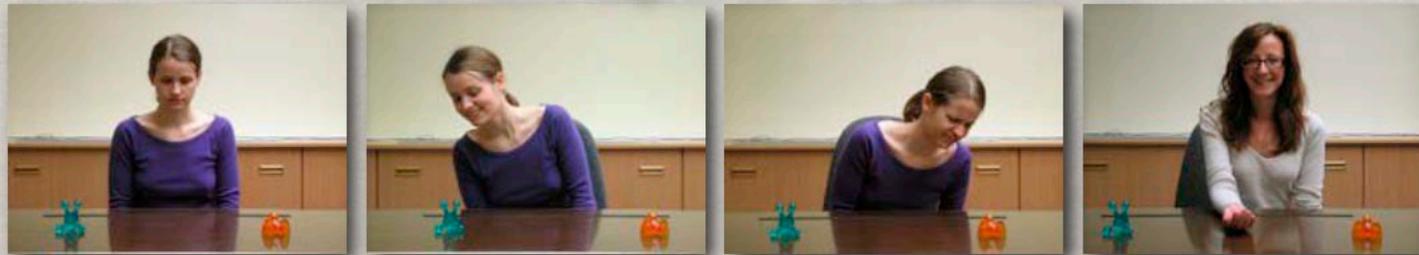


Percent
Giving
Positive
Object



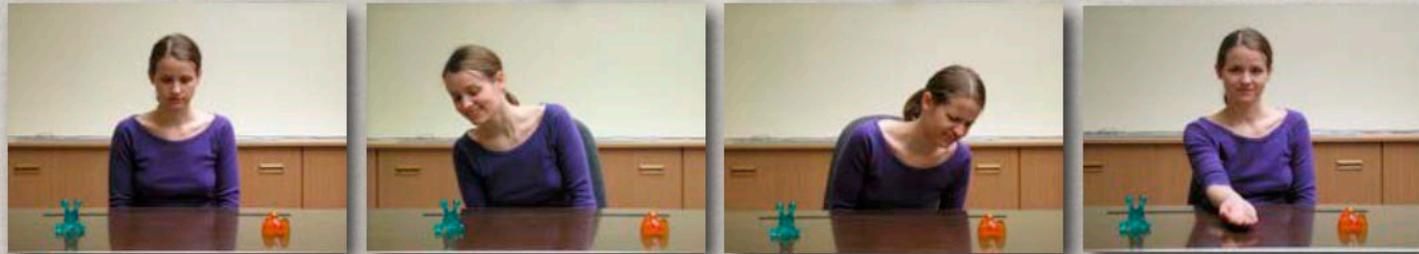
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Non-Ostensive Expression - No Generalization

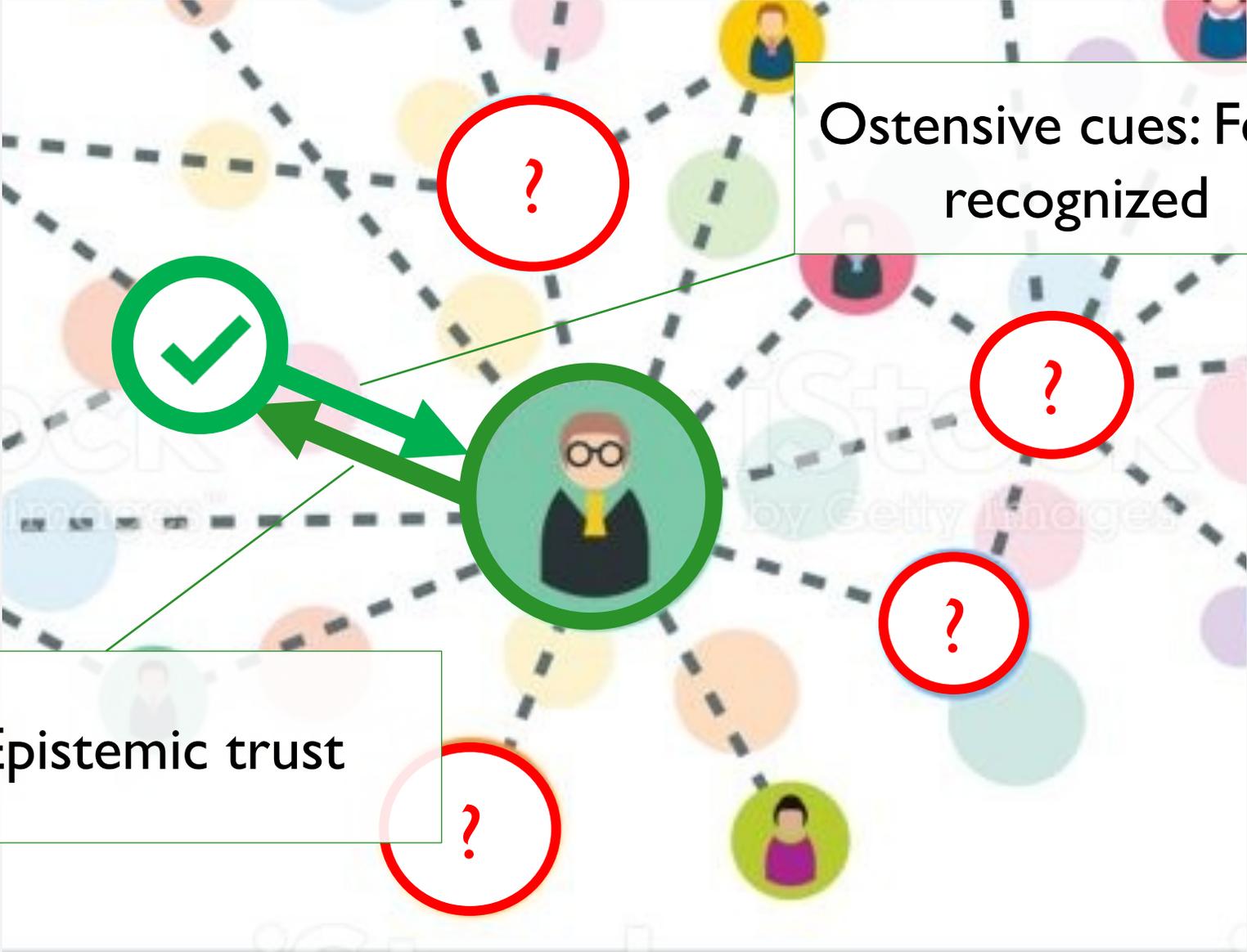


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Non-Ostensive Expression - Person-Specific Attribution



77



Ostensive cues: Feels recognized

Epistemic trust

OSTENSIVE CUES

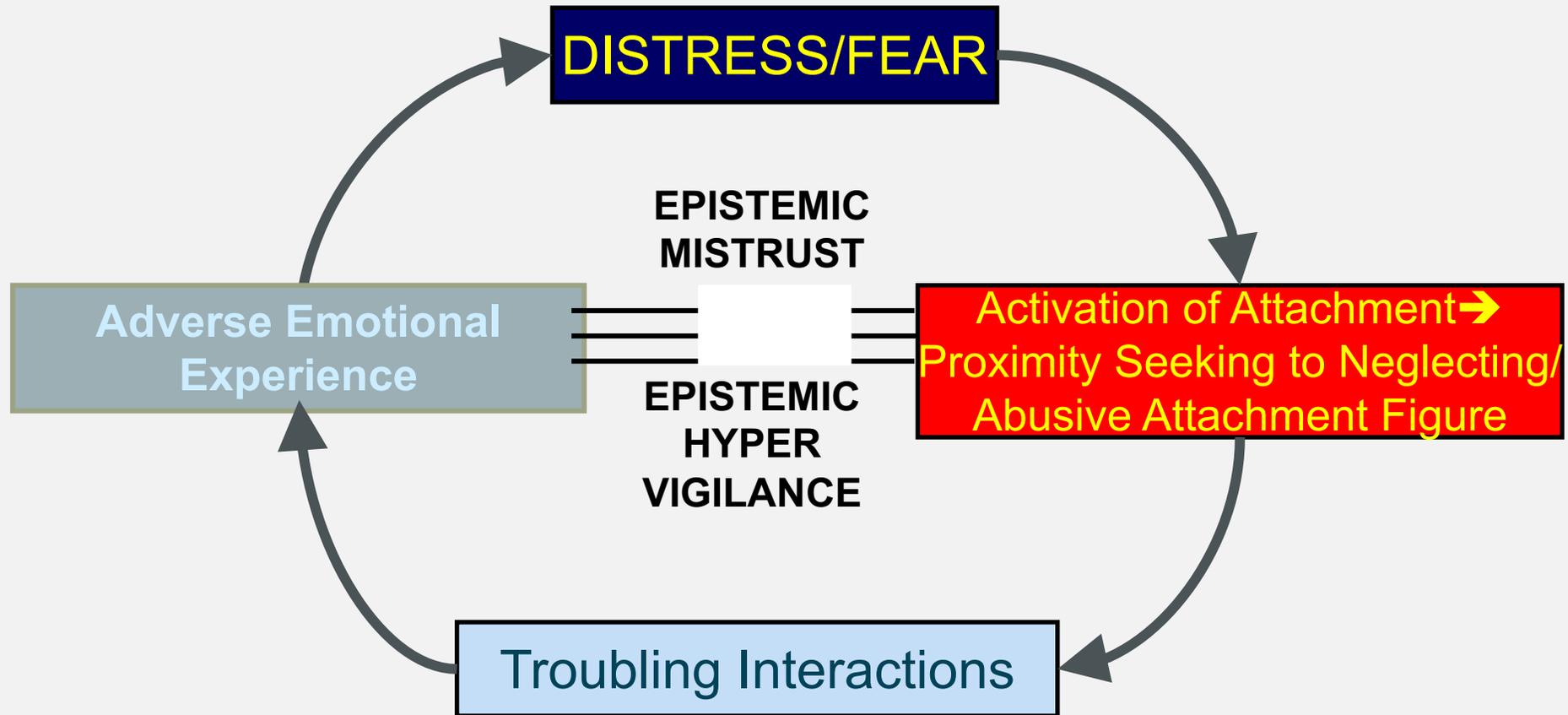


•The addressee feels that the subsequent communication

- Contains information specifically **relevant** to them
- Should be **remembered**
 - Knowledge **relevant** generally to **future social situations** involving the self with others
 - About an **object**
 - About the **other's views** and attitudes **about the object**
 - About the **beliefs** communicated by the **other about the self**
- Generalizable** and relevant across situations
- Procedural** and **semantic** memory, not uniquely or primarily **episodic memory**

*The nature of trauma is isolation
from ones social group
and
persistent epistemic mistrust*

WHAT MAKES TRAUMA COMPLEX: HOW ATTACHMENT LINKS TO TRAUMA



The vulnerability to trauma: **'hyper-activation'** of the attachment system → **enhanced need for social connections**

MENTALIZATION BASED DEFINITION OF TRAUMA

- Adversity becomes traumatic when it is compounded by a sense that **one's mind is alone**
- Normally an accessible **other mind** provides the **social referencing** that enables us to frame a frightening and otherwise overwhelming experience.



NOT THE EVENT; THE EXPERIENCE OF THE EVENT

Shame following adversity prevents the self-healing that comes with the feeling of belonging

TRAUMA



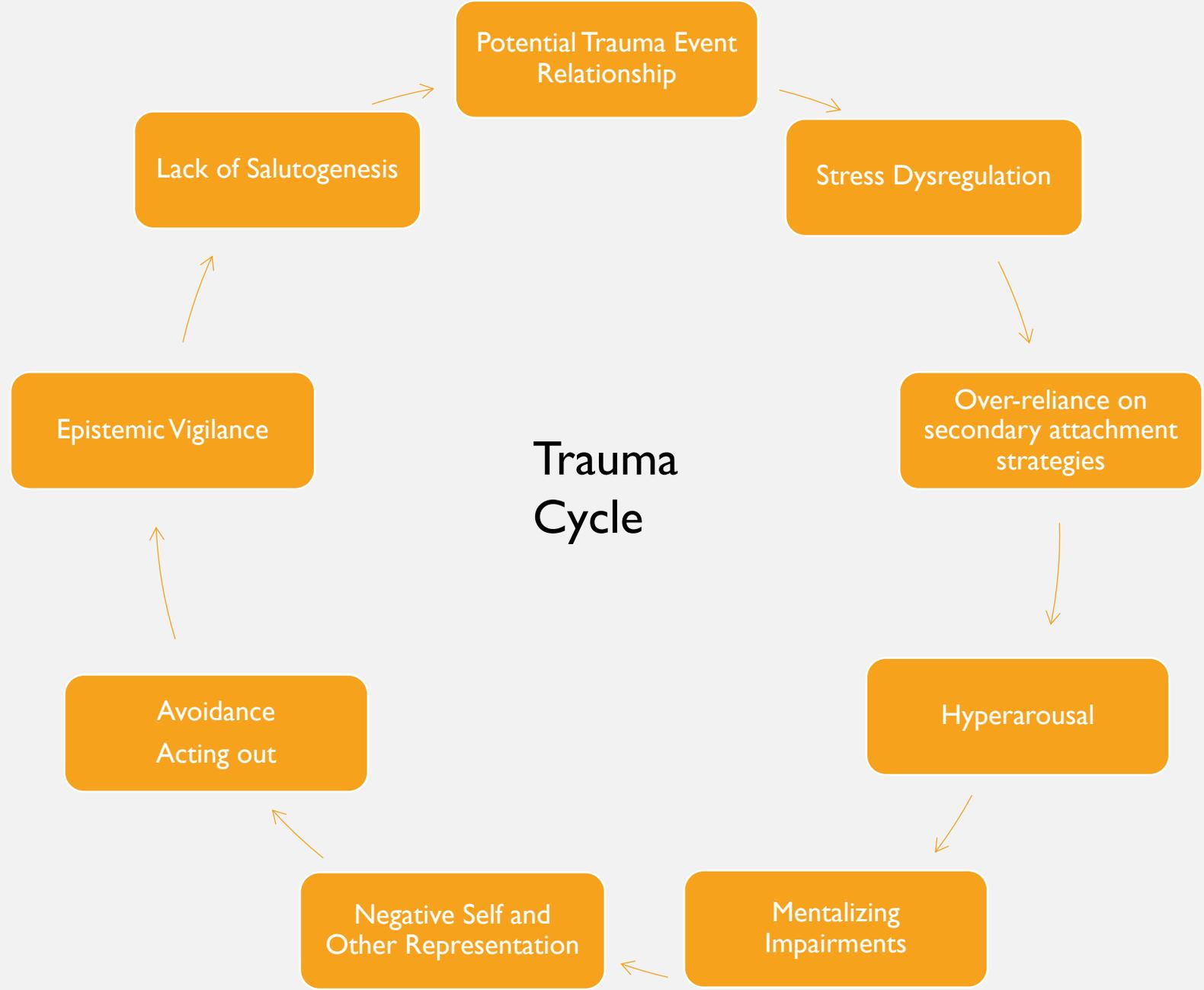
THE 'PROCESS' OF TRAUMA

Resilient response to trauma

Adversity → Momentary loss of mentalizing
→ Social connection → Mentalizing
→ Recovery

Unsupported response to trauma

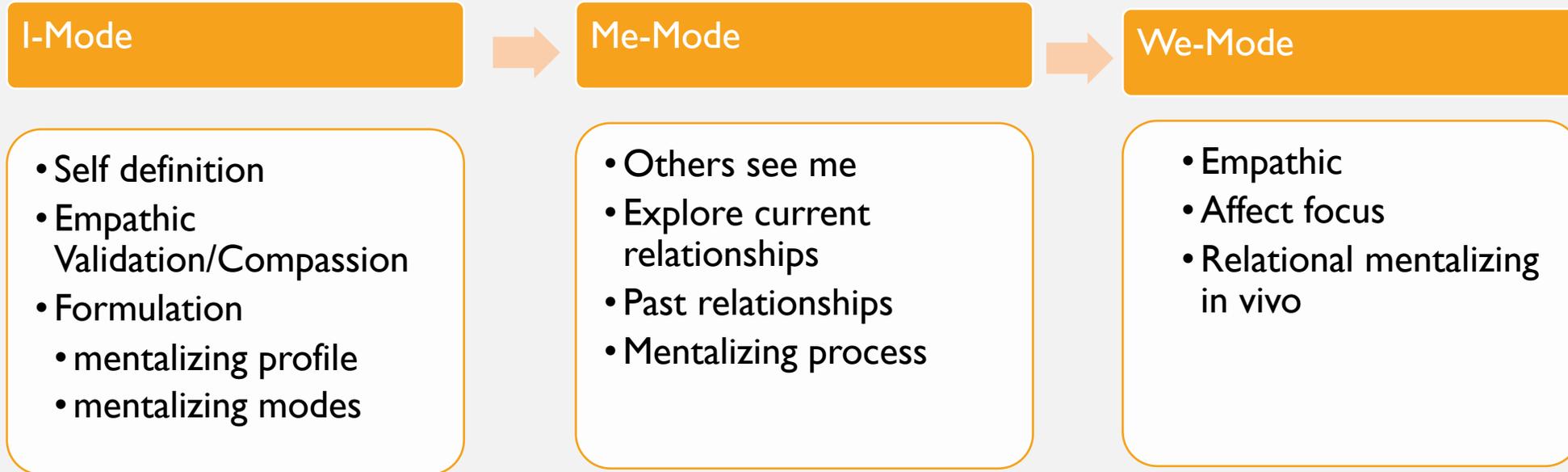
Adversity → Loss of mentalizing → Social
isolation → Shame experience (in Psy Eq)
→ Social withdrawal → Failure to recover
mentalizing → Ego destructive chronic shame
→ Persistent re-experiencing the traumatic
event.



Trauma Cycle

TRANSLATION OF MODEL
DEVELOPMENT TO CLINICAL
PRACTICE

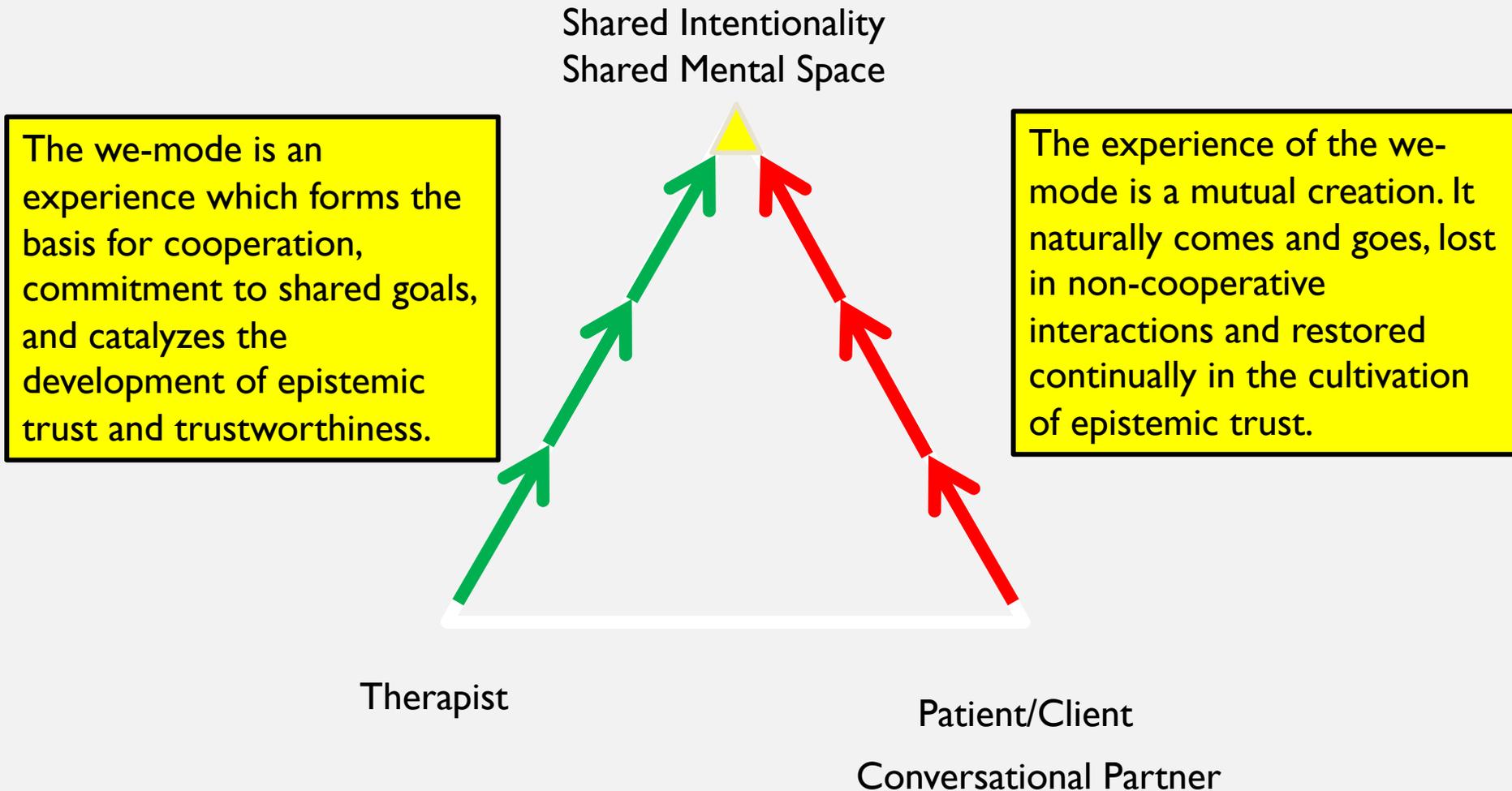
STRUCTURE OF TREATMENT



THE MENTALIZING STANCE

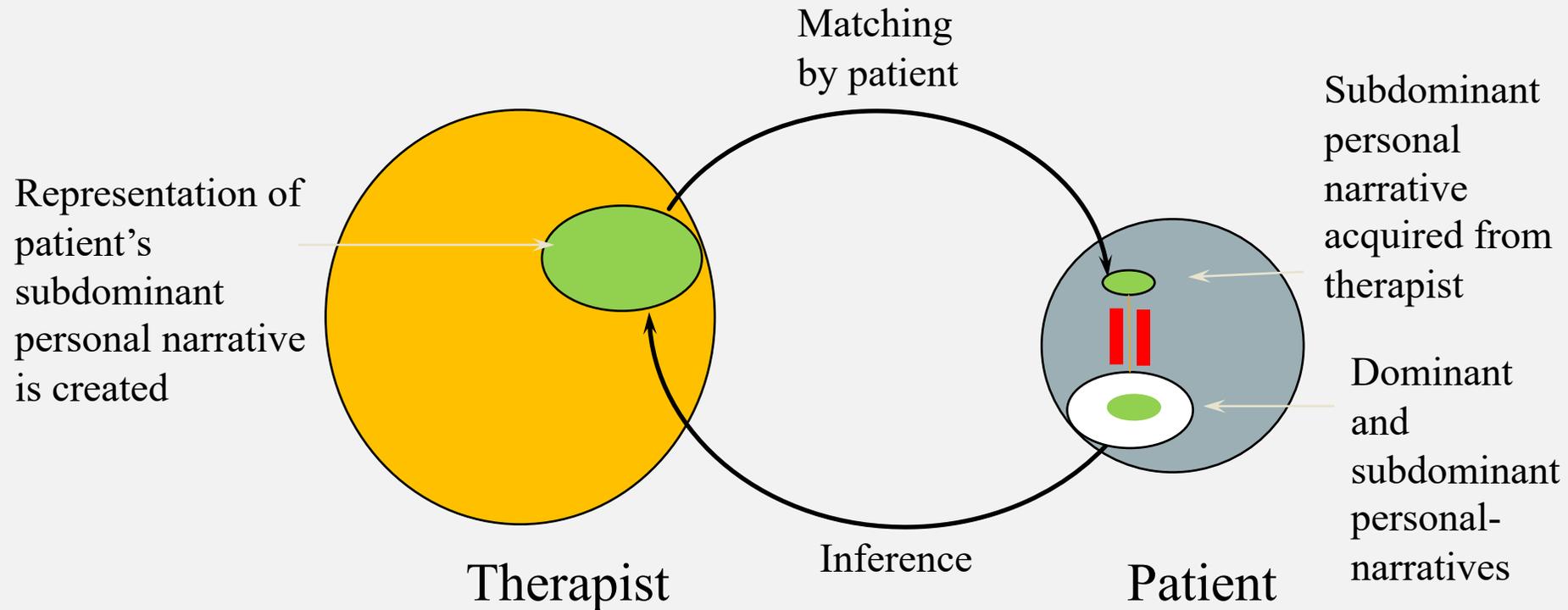
- Being **Inquisitive**
- Focusing the client's/family/group members' attention on **current** situation
- Demonstrating **humility** – 'not knowing' stance
- Accepting one's own **misunderstanding**
- Repeatedly **re-focusing** on and clarifying specific interactions and communications
- **Elaborating mental states** of interactions
- Stimulating **alternative perspectives**
- **Intervening** when encountering non-mentalizing and moving to mentalizing

ACHIEVING THE THERAPEUTIC WE-MODE



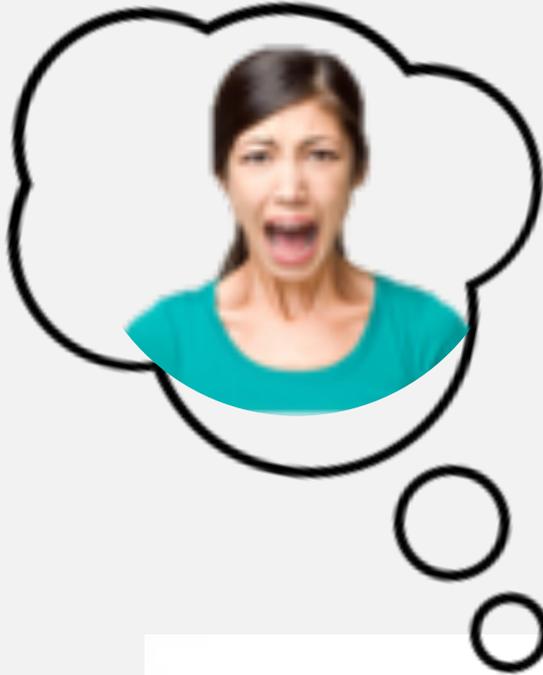
ENGENDERING EPISTEMIC THERAPEUTIC TRUST

The patient “discovers” their mind in the therapist and if it matches the personal narrative of the moment than epistemic trust is established

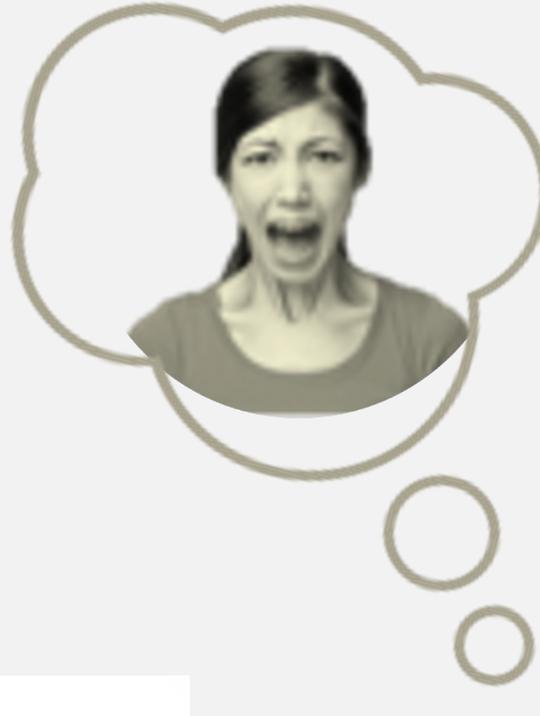


- 1. The therapist creates a representation of the patient's self experience*
- 2. The patient acquires this representation and matches to self-experience*
- 3. If the match is good, trust in communication ensures influence*
- 4. The conversational partners are in We-Mode (shared intentionality)*

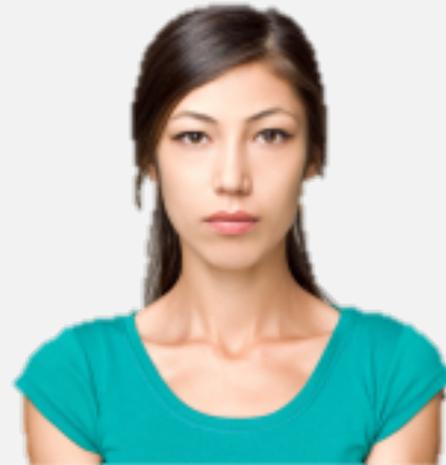
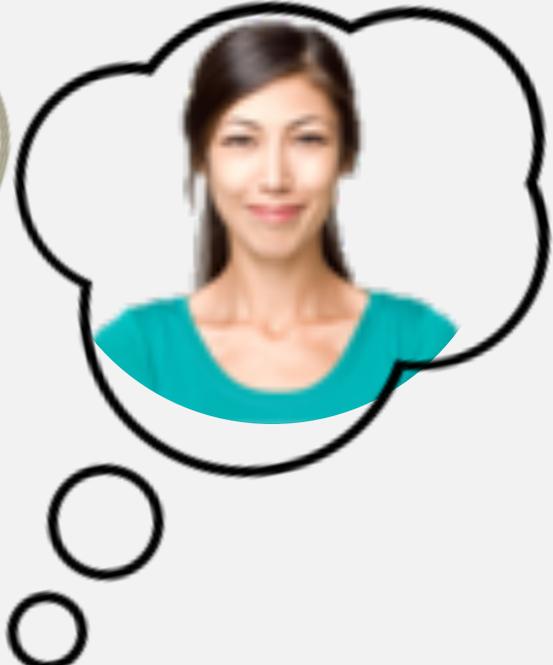
**Therapist
recognizes
subdominant
personal narrative**



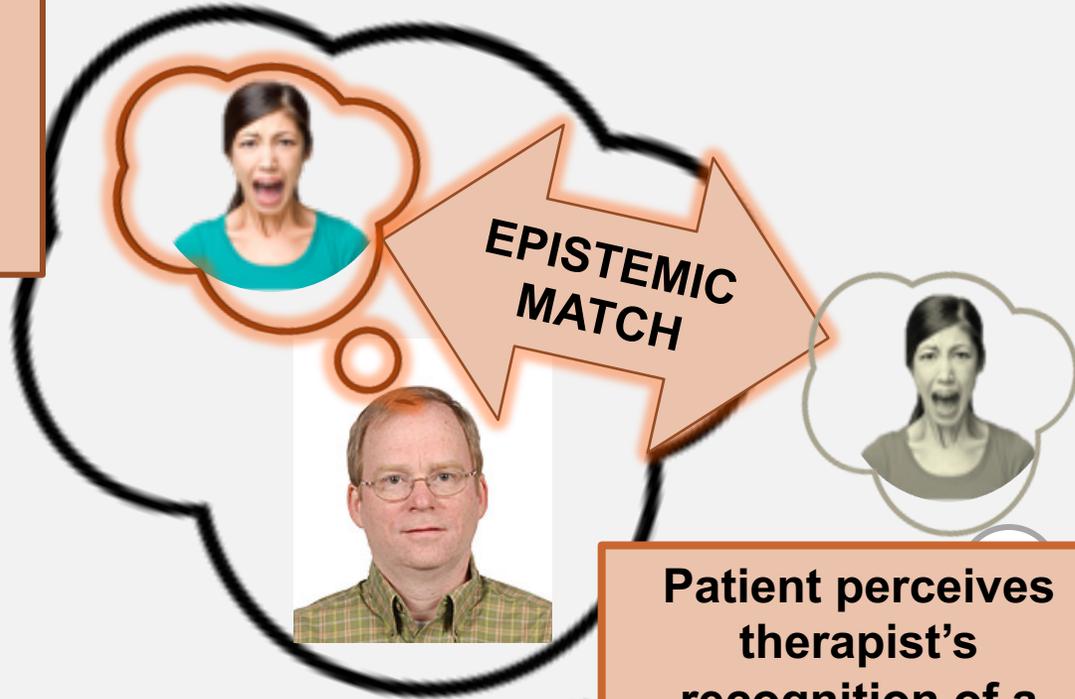
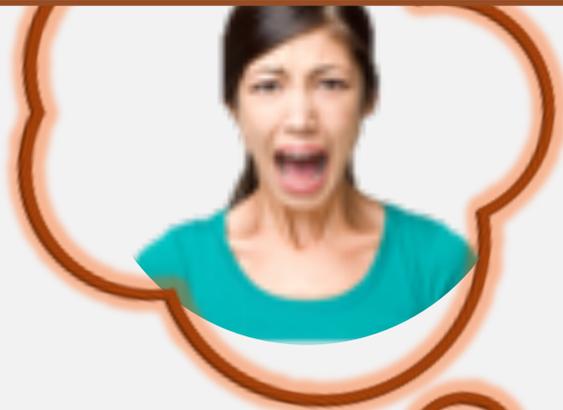
**Subdominant
personal
narrative**



**Dominant
personal
narrative**



The person recognized
also recognizes the
recognizer as
recognizing.



Patient perceives
therapist's
recognition of a
subdominant
personal narrative

In recognizing
the
recognizer's
recognition we
find something
in it we have
not
recognized in
ourselves.



Opening of epistemic
channel for knowledge
transfer



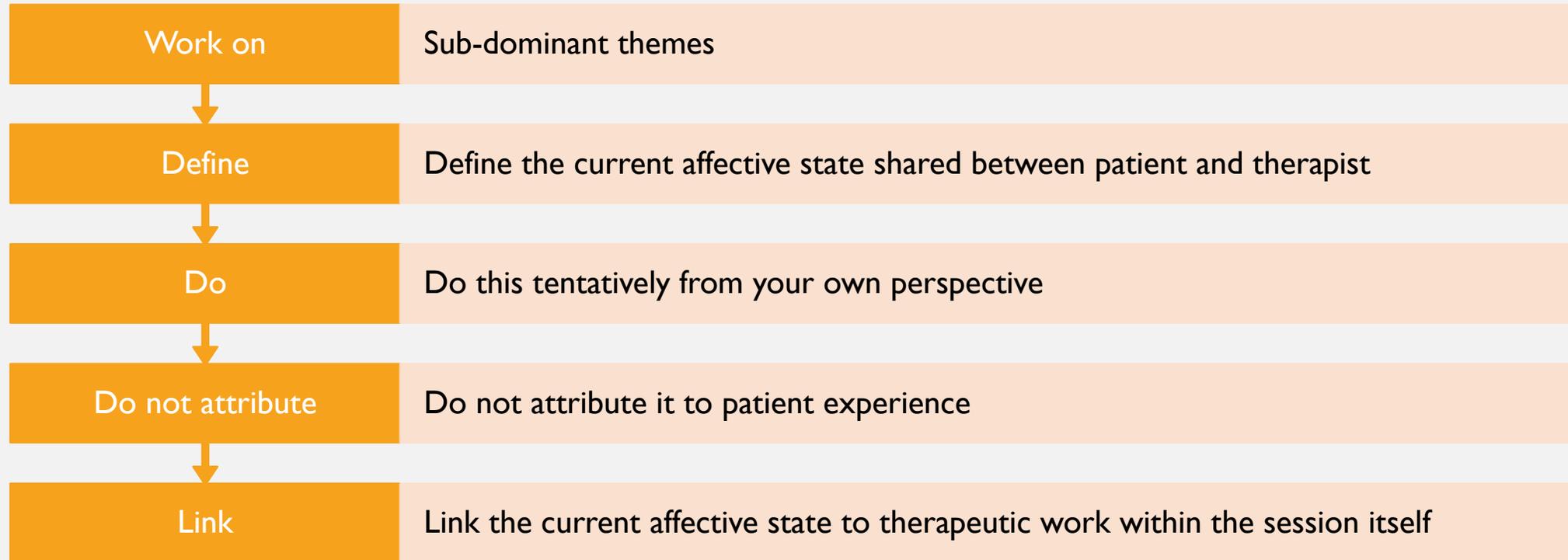
*The nature of affect focus within
affect trajectory
leading to relational mentalizing*

ELEPHANT IN THE ROOM

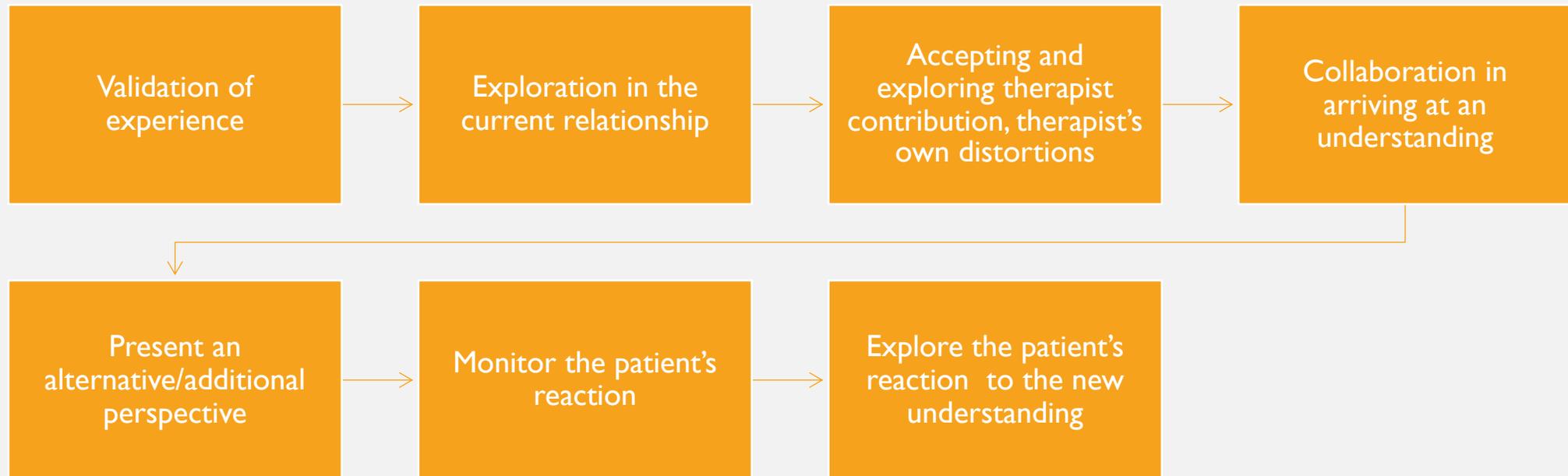


"I'm right there in the room, and no one even acknowledges me."

CURRENT AFFECTIVE INTERPERSONAL EXPERIENCE = AFFECT FOCUS = SUB-DOMINANT THEME



COMPONENTS OF MENTALIZING THE THERAPEUTIC RELATIONSHIP



STEPS TO
MENTALIZE
THE
COUNTER-
RELATIONSHIP
JOINTLY

Anticipate

Anticipate response/reaction of patient and verbalise – ‘I realise that this might sound critical but I do not mean it to be. I want to try to clarify something...’

Mark

Mark your statement – ownership and presentation of experience as arising in your mind

Deliver

Say what you have to say. Do not attribute what you experience to the patient

Monitor

Keep in mind your aim - Re-instate your own mentalizing; Identify important emotional interaction that affects therapy relationship; Emphasise that minds influence minds

Group Principles

GROUP PROCESSES - ESSENTIAL

- Agree code of conduct (money; meeting outside)
- Values – generate at least four including Respect/Disrespect (we-mode)
- Emphasise a focus on self
 - Develop an awareness of internal states – subjective experience of affective self (i-mode)
- Consider ‘others’ subjective experience
 - Structure expression of understanding of others affective experience
 - Build up a capacity of what someone else feels
- Identify hierarchical aspects of relationships
 - Current and past relationships
 - Relationships in group – operationalise group discussion (me as I am seen – me-mode personalised)
 - Vicarious/Collective mentalizing

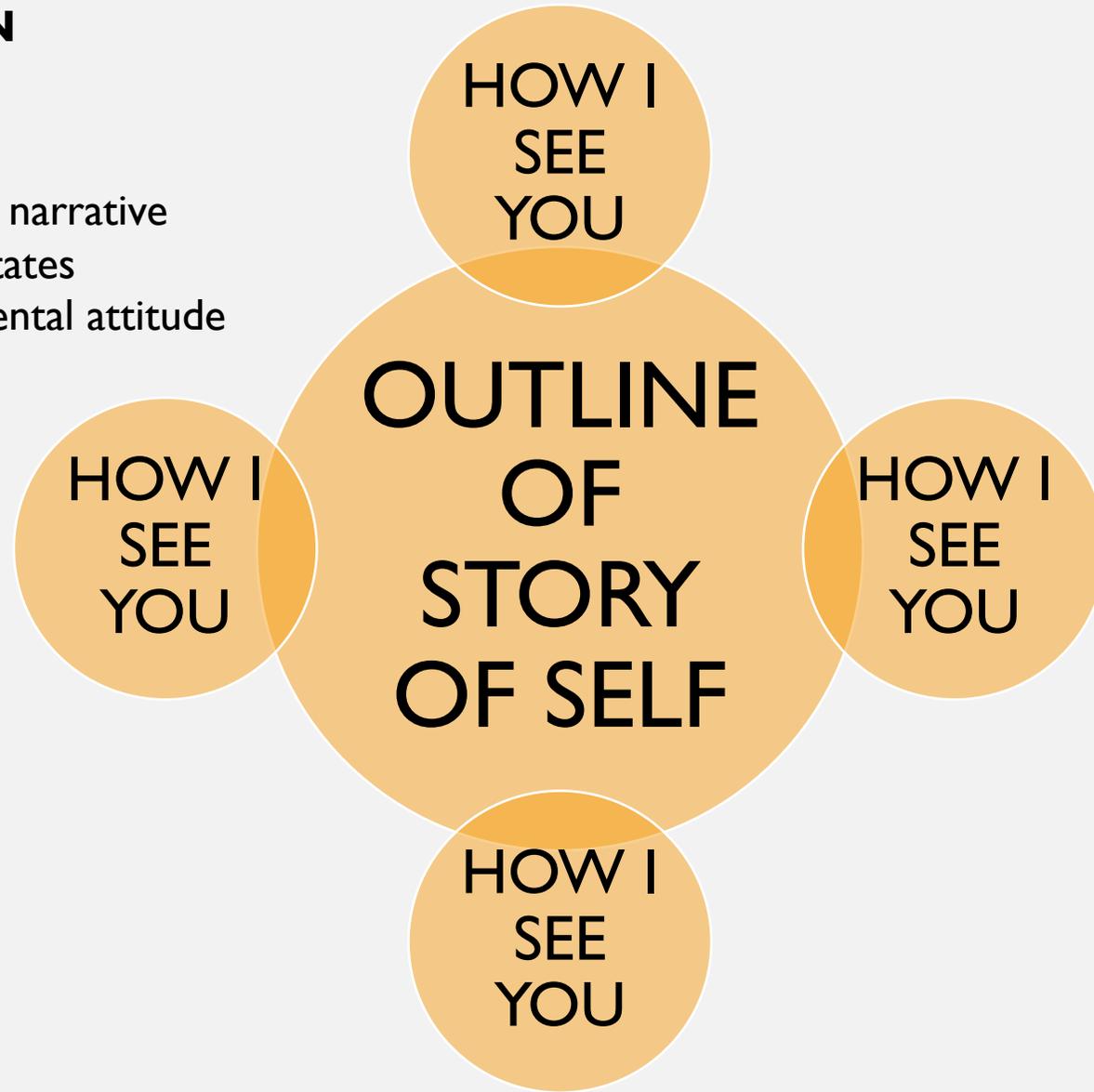
VALUES CHECK

- Freedom in thinking
- Justice and equality
- Acceptance and Tolerance
- Respect and Disrespect
- Independence and self-determination
- Enjoyment
- Achievement and success
- Power and influence
- Wealth
- Social status
- Safety and health
- Tradition
- Willingness to adapt
- Legal compliance
- Care and nurturing
- Reliability and loyalty

GROUP INTERVENTION

Group instructed to:

- Help client explore narrative
- Ask about feeling states
- Take a non-judgemental attitude
- Avoid 'shoulds'



Participants pair together to discuss how they relate to each other.
Explain it to the group.



*We have been there and are back
again. But it now looks different
and the journey continues*

THANKS FOR ALL YOUR WORK
OVER MANY YEARS ON
MENTALIZING AND MBT

Slides available from
anthony.bateman@ucl.ac.uk