Mentalization Theory (MT)--Outline

Key texts for the following material are Fonagy, Gergely, Jurist, and Target (2002), *Affect Regulation, Mentalization, and the Development of the Self* (ARMDS); and Fonagy (2001), *Attachment Theory and Psychoanalysis* (ATP), and Cucchi, A. (2020), Borderline personality disorders: From the developmental theory of the "self" and mentalizing to "systems." *Journal of Psychological Therapies*, *5*, 168-188. Rather than scan or xerox pages from these materials, I will bring them to class and read a few excerpts to illustrate some of the ideas below.

Part One: MT's Revision of Attachment Theory (AT)

MT re-writes the significance of attachment bonding. For AT attachment processes:

1) Serve to protect the vulnerable young
2) Generate patterns of interpersonal relationship that are evident in secure, dismissing, preoccupied, and unresolved/disorganized categories of attachment

For MT, these attachment processes also serve the development of the more fundamental capacity to make sense of oneself and others in terms of beliefs, feelings, desires, and intentions, to read who I am and who you are, what I do and what you do, in terms of my mind and yours. Early childhood experiences enable the developing baby (and then child) to have a more complex emotional and mental life, one that develops in tandem with a more nuanced understanding of others.

The key idea here is that we don't just *have* minds—the mind that we have is made through our capacity to reflect upon my mind and yours, the capacity to mentalize.

Cucchi (2020) notes that mentalization can be implicit or explicit. Implicit mentalization is evident in conversational turn-taking, and in the adjustment of gesture and tone of voice to respond appropriately to another. It also happens when someone pre-consciously notices or adjusts to another person's mental state, like a parent responding to a child's distress, or when someone notices their friend's happy excitement. Explicitly mentalizing happens when something unexpected or unusual happens in social interaction (someone reacts with fear to a casual remark) or when one is puzzled by one's own reaction to a situation. Cucchi also speaks of mentalization in terms that call to mind Donnel Stern's view of curiosity as the antithesis of dissociation: "Mentalizing can be informally described as endorsing and maintaining a curious and reflective attitude about mental states, their opaque nature, and their relationship to actions" (p. 174).

MT also links AT back to ideas in psychoanalysis that we've already encountered in previous readings. Waddell and Corbett described how parent and baby (or analyst and

patient) make sense together of the baby's (patient's) affective life in a playful yet serious way. Making sense together helps to make experience more real, more grounded, and, when the experience is painful, more bearable.

Three key ideas of MT:

1) The capacity to mentalize, to notice, attend to, and reflect upon the feelings thoughts, and desires of myself and of others, is the most important outcome of attachment.
2) Early childhood experiences set the quality or depth of processing of relationships.
3) The evolutionary function of early relationships is to equip the child with the mentalizing skills necessary to function effectively in a stressful social world.

Quote from ARMDS, pp. 130-131 (Quotes referenced here will be read aloud in class.)

Part Two: Development of Mentalization and Affect Regulation

Mentalization is the capacity to reflect upon my own and others' minds. This may sound like a purely cognitive process, but it is deeply connected with affective life. In particular, Fonagy and colleagues stress the interconnections between mentalization and affect regulation, the capacity to modulate affective states. Some degree of affect regulation is necessary in order to mentalize, and mentalizing helps with the regulation of affect. If I am unable to regulate my affective life I will be vulnerable to being flooded by affect in ways that are overwhelming and confusing. In this situation, the experience of my mind is of being buffeted about by feelings that I don't understand or have any control over. Rather than having emotions, emotions have me.

The baby's ability to regulate affect goes hand in hand with the development of a preliminary, non-verbal understanding of affects as responses to certain events, internal or external, that take shape through how their wishes and intentions are being responded to. That is, the baby's affective life is initially largely amorphous and non-specific beyond having a positive or negative hedonic tone. For example, what is initially lived as an incomprehensible wave of screaming and thrashing about in distress will take form over time as the frustration of hunger when not being fed.

The capacity to mentalize, to make sense of affects in terms of my desires and feelings and the way the world is responding to them (or not), makes it possible to better regulate emotions. Consider emotions stirred up around feeding. The baby starts to notice what is helpful in getting fed—and what is not helpful. Baby A notices that when they start to whimper and cry, mom picks them up and feeds them. A learns that mom is generally responsive to her distress—mom is attentive, keeps Baby A in mind, and

Baby A learns that the expression of distress effectively leads to the satisfaction of their hunger, so the discomfort of hunger does not lead to an escalating panic, rage, or despair as it would if mom were consistently unresponsive. Baby B's mom is slow to respond to their crying, but persistent crying usually pays off. B learns that mom is responsive, but she has to badger mom. Baby C's mom feeds him on her schedule whether C cries or not, so C stops crying and waits, perhaps developing a tendency to be passive and lacking initiative. C learns that mom doesn't see him or respond to him and feels helpless to engage her, even if C is not totally neglected. Baby D has a mother who, on one occasion or another does all of the things the mothers of Babies A, B, and C do, and baby D learns that this business of engaging mom is complicated. Maybe Baby D develops a range of tricks to engage mom, or maybe Baby D is just confused, or a little of both. (All of this is complicated by the baby's experience with the specific ways that dad and others respond to her.)

In each case, the child shapes their own affective life as they develop a picture of the mental dispositions and intentions of their caregiver. This is early mentalizing, which does not just enhance affect regulation but is the rudimentary beginning of discovering the shades of meaning of different affect states. This reflective capacity changes the way that affect is regulated. It is no longer simply a matter of giving vent to or inhibiting affect but of how to express or restrain it in particular contexts with particular people. Whining gets a generally positive response from mom. With dad there may be an irritable reprimand or a response of sincere concern, depending upon how tense or "tight" dad is (the child not yet knowing whether this tension is anger, fatigue, or something else). Over time, through these interpersonal experiences, and through the child's entrance into language and culture, they learn complex ways of reflecting upon, giving expression to, and developing their affective life.

[A brief aside on affective complexity: The end result of this process through the course of the life span, when things go well, is a complex emotional life that takes us beyond the primal emotions that Panksepp and Solms write about (SEEKING, RAGE, FEAR, LUST, CARE, PANIC, and PLAY). These emotions (or drives, as Solms calls them in the context of his revision of psychoanalytic theory) are evolutionarily ancient, shared with many animals, and can be elicited by deep brain electrical stimulation of subcortical brain regions. It is through the development of the capacity for mentalization in the context of interpersonal experience that a wider range of emotional experience and expression arises for humans. Consider, for example, love, hate, shame, guilt, righteous indignation, regret, a sheepish feeling of inadequacy, contempt, joy, wonder, awe, adoring adoration. Or consider the complex language we have to denote different shades of low mood: dejection, depression, despair, mopishness, gloom, broken hearted, melancholy, sadness, the blues, despondency, brooding, sulking, pining, etc.

These nuances of affective life are not locatable in a brain region, and we apply them to our fellow animals with hesitation, if at all. Such complexity of emotional life is the product of the interweaving of what is bodily felt, my personal history, and my sense of where I am in my life with respect to what matters to me, a sense of what matters that is deeply influenced by language and culture.]

Return to the development of mentalization: How is mentalization fostered in the child? Through the affect mirroring of the parent (here MT joins forces with Winnicott and Bion). Caregiver affective mirroring organizes the child's emotional experience. In order for caregiver mirroring to help the child to make sense of their affective life, the mirroring can't be presented as an expression of how the caregiver is feeling. The baby needs to see the parent's mirroring as mirroring, as a response to and reflection of what the baby is feeling, not an expression of what the parent is feeling. MT refers to this feature of parental mirroring as its being "marked."

For example, a parent responds to a crying, scared baby by making a sad face with an exaggerated frown and says in a sympathetic voice, "Oh, you poor thing." Or, a parent responds to the baby who is angrily thrashing about and screaming in protest by making a disgruntled face, and says in a calm but firm voice, "Oh, you sure are mad aren't you! I get it. But it's going to take me a minute to warm up some more milk—it'll be ok; it's coming." These responses say (or show, for the nuances of what is said are lost on the baby) that "I see you, I have a basic sense of what you're feeling (sad and scared in one case, angry in the other). How you're feeling matters to me, but I am not feeling the same way you are."

If the parent's response is not marked, if the parent were to respond by feeling the same feeling the child is feeling, this would not help the child to regulate their emotions. If the parent burst into tears in response to the child's sad, scared crying, this would likely intensify the baby's distress through an emotional contagion. Further, the baby would come to sense that their emotions don't belong to them, that they spill out into the world, and the difference between me and you is lost. This equation of the internal and external world is referred to as "psychic equivalence" in MT. Mentalization helps to move the baby beyond psychic equivalence.

There are of course other problems that can occur besides a parent's failure to mark their mirroring. One is to consistently misread the baby's affective state. For example, a baby is startled in response to a sudden loud noise and bursts into tears. but the parent says, "Oh, you must be hungry" and gives the baby a bottle. Another problem occurs when the parent consistently denies an affect or rebukes the baby for expressing it. A baby is angry at an interrupted feed and the parent responds by putting the baby in their crib and walking away. The message is, anger is not allowed.

It's important to keep in mind that the examples I am giving above are single instances. It's the overall experience that matters. Also, these examples are presented outside of any larger context. Further, even with a response that seems to properly mirror an affect, and is appropriately marked, parents can do this in many different ways. On one occasion a parent may respond to the baby's distress but with a hint of exasperation. On another with a holding that's very tight and that inflects their responding with an effort to control the baby's distress. A third responds with a soothing humming. All may have a fundamentally benign effect.

A complex set of issues may be present for the parent and be subtly expressed in their response, perhaps in ways that go unnoticed by the baby, but that if repeated over time may have some impact. A parent picks up the baby scared by a sudden loud noise and doesn't coo or hum but chatters on, saying: "There's no reason to be scared. Daddy's here and after supper we're going to the park and swing. I know how much you like to swing." Said in a soothing voice, this may help to calm the child. But the father goes on. "My God, you can sit in that swing for hours, and then you'll probably cry when I take you out of the swing cause it's time to go home." As daddy's saying this he's anticipating being annoyed, or maybe embarrassed as he remembers getting what he thought was a disapproving look from another parent last week when the baby was crying. And then he feels foolish and guilty for being annoyed about an imagined situation that hasn't happened, and he leans in to kiss his baby to reaffirm his love, to himself and to his baby. This example of parental response is too subtle to have a much impact from a single instance of it. But this father's character may, over time, come to influence the way the child feels about turning to their father for comfort, or whether and when it is ok to do so.

Appropriate, marked mirroring helps the baby to understand that while their emotions are powerful and real, they are not all powerful or all of reality—in fact, they can be played with in ways that help to regulate and mentalize them. Such playing happens in what MT calls "pretend mode." Pretend enables the child to play with feelings, and understand that they can be detached from reality. Playing allows the child to experiment with affects and interpersonal positions. In order for it to feel like play, and to feel safe, the parent playing along has to help maintain its character as play, that it is not real. Quote p. 282 of ARMDS.

If someone can only pretend, then affects are not connected to the real world. They are only "as if." Playing with feelings helps the child to get a little distance from feelings, and to see that they can be molded and put to use in the play scenario. But the child needs to be able to take what is learned there and bring it back to their affective engagement with real people and situations in their life.

Mentalization at this stage can be seen as the integration of psychic equivalence and pretend, an integration that transforms both. Through the play of pretend I realize the variability and malleability of emotions and perspective. What is happening is not simply what it seems to be as in psychic equivalence. The fact that mom snapped at me doesn't necessarily mean that she hates me—I can't equate a single action with the truth of who she is or how she feels about me (assuming this is a non-abusive mother—we'll look at that possibility below). But I also know that this isn't just play. Mom is upset, but I'm not sure what that's about yet—I can hold in abeyance my conclusion and, if I'm an older child, wonder or even ask about why she's mad. And hopefully mom can tell me something that helps me make sense of it, perhaps even before I ask.

The integration of psychic equivalence and pretend through mentalization ideally leads to recognizing important facts that influence how I engage with others:

1) Things may not be what they appear to be.
2) Another person may perceive external reality differently than I do.
3) Beliefs may be held with different degrees of certainty.
4) I have felt differently in the past about something than I do now.
5) I'm the same person even though my beliefs and feelings change.
6) What people do is an expression of how they see the world and how they feel about it.
7) There is a difference between inner and outer truth (in the example above: just because mom snapped at me doesn't mean she wants to do me harm).
8) Now you and I can communicate better because we can bear in mind each other's differing points of view.

This indicates how mentalizing helps in emotional development when things go well. What about when things go poorly?

Part Three: Abuse, Trauma, and the Impact on Mentalization

(The assigned paper by Fonagy and Target covers many of these ideas.)

One of the effects of abuse is a strange combination of increased interpersonal sensitivity (because people are potentially dangerous) combined with a difficulty really thinking about other people, and oneself, in a nuanced way.

The failure to move beyond psychic equivalence is often seen in the severe personality disorders that are one outcome of abuse. Because it is difficult to think about someone's intentions in terms of what they think or feel, actions are directly read as the truth about someone's intentions, with no room for interpretation or alternative perspectives. A patient says to their therapist: "You're late for session so clearly you are tired of me and

are going to refer me to someone else." Or: "You didn't smile when I brought you this present, so clearly you think it's a shitty gift and I couldn't possibly have anything of value to offer you." Or: "You looked puzzled when I said that so you must think I'm crazy."

Longer example, ATP, p. 179

MT offers its own take on various features of borderline personality disorder: (a) because mentalization allows one to play with reality it acts as a buffer to emotional reactivity and irritability—hence, difficulties with mentalization contribute to the impulsivity seen in severe personality disorder; (b) splitting is a function of the fact that the abusive parent can also be benevolent at times—to manage the contradiction the child splits, seeing the parent as having two minds, one hostile, one benign; (c) for me to experience being with another person that person has to be someone who keeps me in mind—this has been lacking in the borderline's life, hence the feeling of emptiness, which in this model is a feeling of profound disconnection; (d) the mother does not mentalize the baby, and what the baby encounters in the mother's mind is not the mother's image of the infant's self states, but the mother's own states of mind, which may be hostile, rejecting, etc.—this is internalized by the baby as a bad object that is threatening to the baby and has to be projected onto others.

Part IV: Mentalization and Psychotherapy

Given the role that problems of mentalization play in the development of more severe psychopathology it is not surprising that psychotherapy is seen as an attempt to develop or restore mentalizing capacity. From ARMDS (p. 14): "Psychotherapy with individuals whose early experiences have led to compromised mentalizing capacity should be focused on helping them to build this interpersonal interpretive capacity. One way of conceptualizing the entire psychotherapeutic enterprise may be as an activity that is specifically focused on the rehabilitation of this function."

For MT the heart of any therapy that is designed to treat borderline personality disorder (including Linehan's DBT or Kernberg's Transference Focused Therapy) consists of three elements that they share with a mentalization approach. These therapies all: "(a) aim to establish an attachment with the patient, (b) aim to use this to create an interpersonal context where understanding of mental states becomes a focus, and (c) attempt (mostly implicitly) to recreate a situation where the self is recognized as intentional and real by the therapist and this recognition is clearly perceived by the patient." (ARMDS, p. 368).

This sounds straightforward enough, but there are often serious difficulties getting to the condition described in (c). Because of a lack of experience with someone truly

interested in their mind, people with more severe personality disorders are wary, attuned to threats, and primed to perceive the therapist in a negative light. As a result, at the very moment that you are trying to reflect to someone what you see of their experience, you are being seen as having the characteristics of others who have been disinterested or hostile (their internalized bad object). What is not helpful in this case is to reason with them about how they have a distorted perception of you. At such moments, this is deadly serious for the patient—you are the problem. They are unable to play, pretend, or look at things from different perspectives. It's important for the therapist to understand that at this moment the therapist is playing the role of the bad object, but for the patient it's not a role, it's reality. The therapist can realize that there are alternative perspectives but at this point the patient cannot consider them. The therapist holds in mind the alternatives while inquiring about the patient's perspective. Quote from the Fonagy interview.