

Mentalization in Families



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What is mentalization?



- Making sense of the action of ourselves and others in relation to mental states (thoughts, feelings, desires, beliefs)
- To see ourselves from the outside and others from the inside
- Understanding misunderstanding
- Having mind in mind
- Introspection for subjective self-construction – know yourself as others know you but also know your subjective self (your experience)

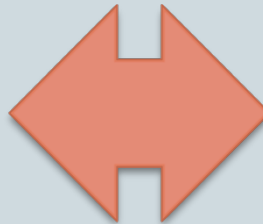
Benefits of Mentalizing

- Connection through shared understanding.
- A “meeting of minds”. 
- Leads to better interpersonal functioning, and therefore, better chance at getting objectives met in life & relationships.
- Being misunderstood is aversive, it can lead to painful emotions.
- Many BPD difficulties can result from the temporary loss of mentalizing.

Attachment and Mentalization



**SECURE
ATTACHMENT**

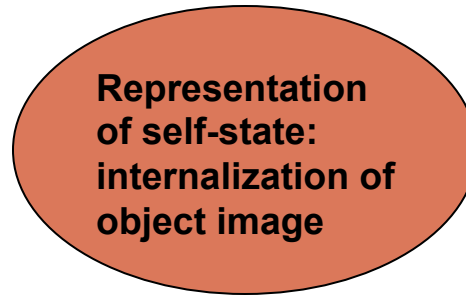


MENTALIZATION

Developmental Model



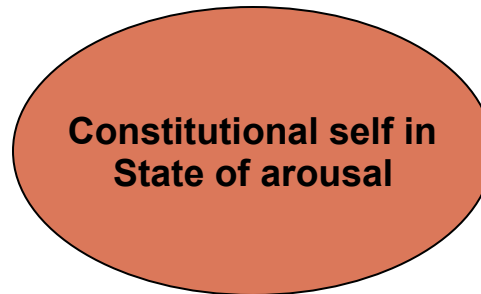
**Psychological Self:
2nd Order
Representations**



Symbolic binding of
internal state

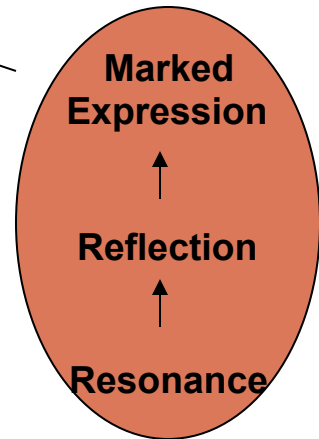


**Physical Self: Primary
Representations**



Mirroring Display

Expression of
metabolized
affect



signal

Non-verbal
expression

Mentalizing Instabilities in BPD

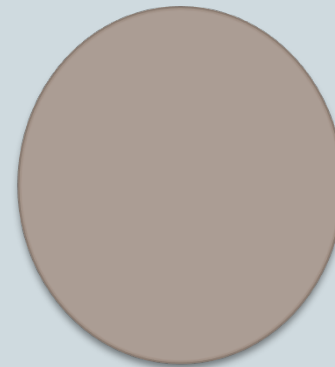
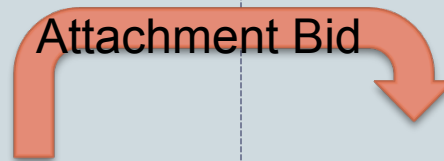
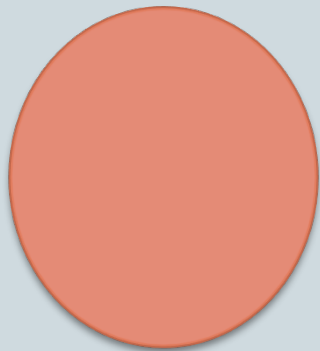


- BPD is defined as a problem of instability of mentalizing
 - Individuals with BPD are often better at mentalizing than others at times, and under specific conditions, mentalizing fails
 - ✦ Hyperactivated attachment (high distress, activating but ineffective attachment bids)
 - ✦ High affective intensity
 - When individuals with BPD are symptomatic, this is associated with controlled, flexible mentalizing going “off-line”
 - Rigid, automatic prementalistic states arise
 - Controlling and coercive interactions hyperactivate attachment further undermining mentalizing

Attachment Functioning in BPD

Self

Other



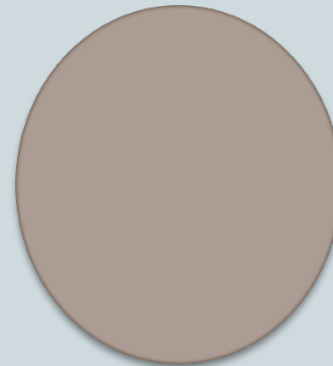
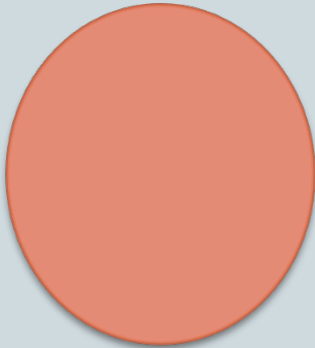
Clingy, angry, passive,
oscillatory.
Confused, dissociated,
conflicted, controlling.

Attachment Functioning in BPD

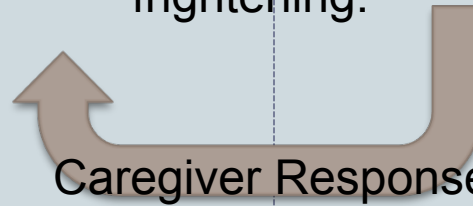


Self

Other

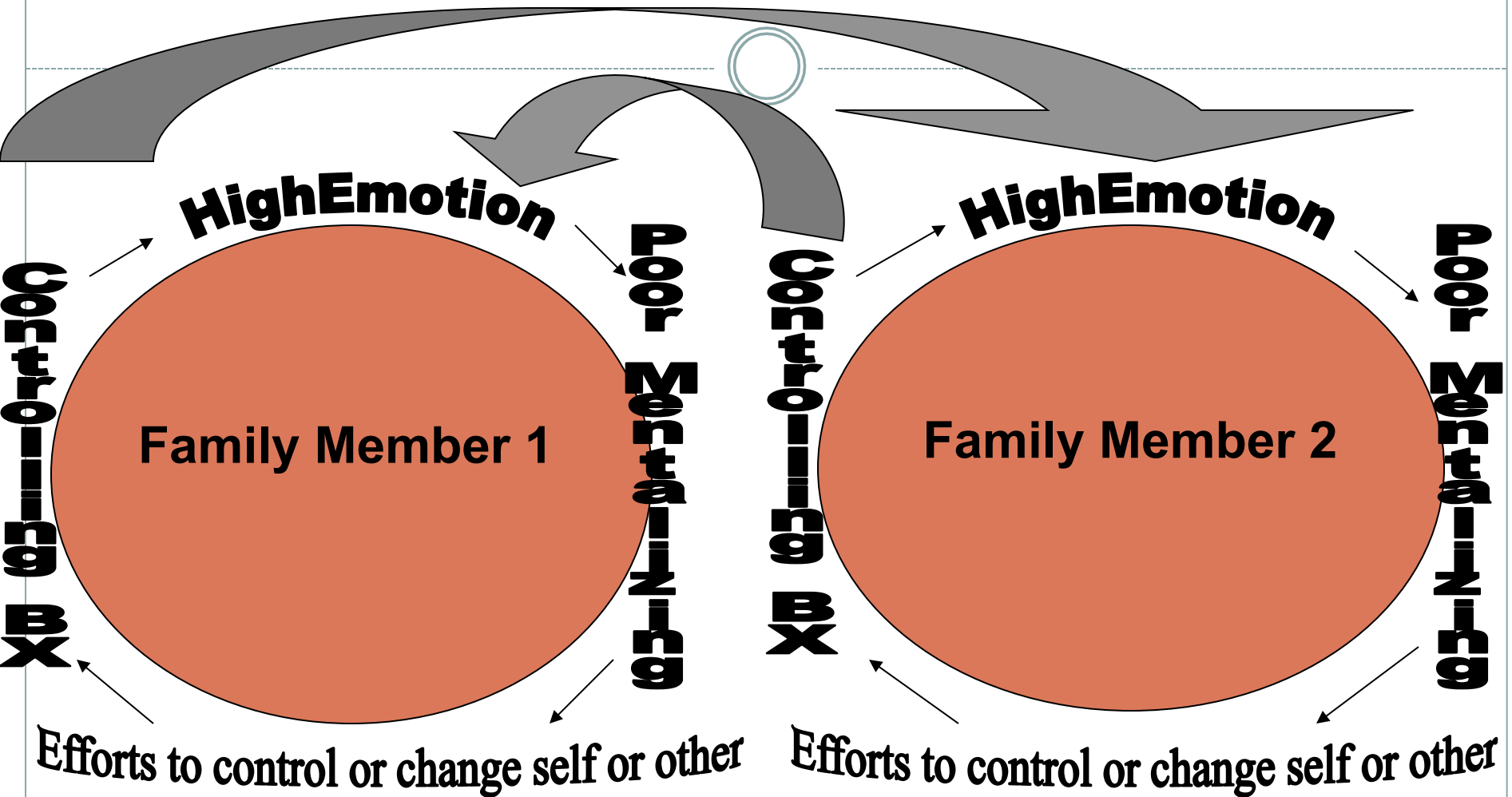


Involving, overprotective,
inconsistent.
Hostile, helpless, fearful,
frightening.



Caregiver Response

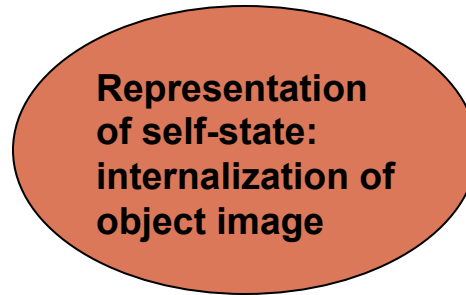
Cycles of Non-Mentalizing Interactions



Developmental Model



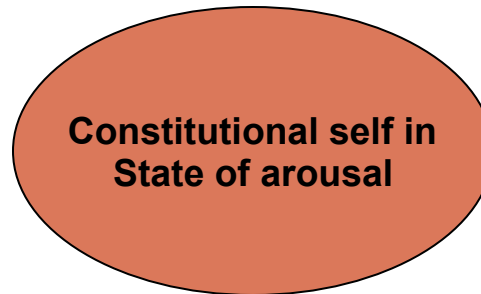
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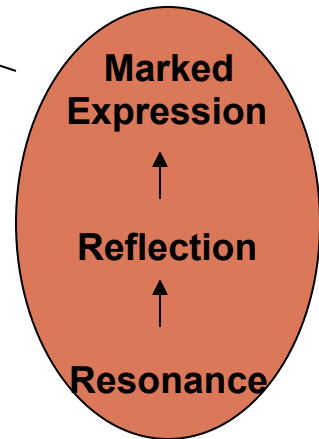


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MBT in Families



- **Short Term Mentalization and Relational Therapy (SMART) (Fearon, Target, Sargent et al., 2006)**
 - Short term treatments found to be effective in children/adolescents
 - Goal to promote longer term resilience in families in the context of social and psychological problems
 - Coping rather than problem solving through attachment in the family relationship
- **Mentalization Based Family Treatment (MBFT) (Aisen, Fonagy et al, 2011)**
 - Increase empathic understanding between parents and children through mentalizing

SMART



- **Psychoeducation**

- Assumption that family problems develop from difficulties in mentalizing=> this leads to the goal that family members work on observing and discussing the connection between thinking, feeling, and behavior
- Understanding mental states are opaque
- Encouraging curiosity in mental states
- Arousal/stress interferes with mentalizing
 - ✦ Understanding ability to mentalize may simply be limited at times
- Interplay between mentalizing, stress, behavior, and relational tendencies in the family

SMART



- In the sessions, therapist identifies moments of better and worse mentalizing, and aims to push family members to mentalize actively when prone to fall into unsatisfying and ineffective attachment patterns
- Games=> e.g. trading places

Mentalization Based Family Treatment (MBFT)



- **Objectives**

- Consider the contributions of each family member to problems of symptomatic family member
- Promote awareness of both mental states in self and other
- Use mentalizing to strengthen self-regulation
- To help families shift out of coercive, controlling nonmentalizing cycles using mentalizing to promote trust and secure attachment
- Promote parental sense of competence in helping children mentalize
- Practice mentalizing in communication and decision making

MBFT



- Psychoeducation about what successful mentalizing looks like
 - Relaxed and flexible, rather than stuck
 - Playful, humorous but not in a hurtful or distancing way
 - Give and take/interactive quality in problem solving, respecting different perspectives
 - Describes own experience rather than focusing on defining others' intentions or experience
 - Conveys ownership of his or her behavior rather than a sense it is "happening to" him or her
 - Curious about and responsive to others' perspectives, adapting own perspectives in interactions

MBFT Five Step Intervention



1. Observing interaction: “I notice that...”
 - When you start raising your voice, she stops listening
 - In your family, everyone talks at the same time
2. Checking for consensus: “Is that the way you see it? Is that an issue for you?”
3. Mentalizing the moment: “What do you think Ann is feeling now?”
4. Generalizing: “Dad feels this, mom feels that- do you recognize this as something that happens at home?”
5. Reviewing: “So what happened?”

Mentalizing Stance



- Not-Knowing, but Curious, “Columbo” style
- No single truth to be arrived at
- Empathizing
- Marking- 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 because he hates you’ .

Mentalizing Questions



- Therapist continually questions his and patient's internal mental state:
- What is happening now?
- Why is the patient saying this now?
- Why is the patient behaving like this?
- Why am I feeling as I do now?
- What has happened recently in the therapy that may justify the current state?

More mentalizing questions



- Using questioning comments to promote exploration
- What do you make of what has happened?
- Why do you think that he said that?
- Perhaps you felt that I was judging/
misunderstanding you?
- Why do you think that he behaved towards
you as he did?

Pearls about Using MTZ in Families



- Core assumption: emotional and behavioral problems are relational in nature
- Reflection and consideration of mental states are central to healthy relationships
- Families and individuals vary in their capacity for mentalization for a variety of reasons (e.g. early history, biology, stress)
- Problems with mentalizing fuel distressing family interactions that further undermine mentalizing
- Problematic nonmentalizing interactions in families undermine family coping and resilience

Resources



- Bateman & Fonagy's Mentalization-based Treatment for Borderline Personality Disorder (2006)
- Allen, Fonagy, Handbook of Mentalization-Based Treatment (2006)
- Bateman & Fonagy's Handbook of Mentalizing in Mental Health Practice (2011)

Professional Intensive Training



- **Mentalization Based Treatment Intensive Training**
January 2013: email Abredice@partners.org