Mentalization, Development of the Self, Attachment: Theoretical background and therapeutic applications

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LECTURE TITLES AND ABSTRACTS

**Jon Allen: Art and Science in Mentalizing**

This presentation provides an overview of mentalizing, articulating the multiple facets of the concept and its advantages over several related constructs. The presentation is based on three theses: first, that mentalizing is the core common factor among diverse psychosocial interventions in mental health; second, that the therapeutic activity of mentalizing in the service of promoting mentalizing is an art, not a science; and third, that research on the development of mentalizing and developmental psychopathology provides a uniquely strong scientific foundation for understanding and refining this artful psychotherapeutic process.

**Peter Fonagy: Mentalization and the mechanism of change in psychotherapy**

Mentalization based treatment is a specific technique which has been found to be helpful in the psychotherapy of borderline personality disorder. The originators of the technique claim no applicability beyond this condition. However the theoretical framework from which the technique originates may be helpful in understanding why other diverse psychotherapeutic techniques may be effective with a wide range of conditions. The paper will review recent findings in relation to the brain systems that subserve attachment and bonding as well as the systems that underpin the representation of mental states (mentalisation). The paper will advance a model of therapeutic change based on the complex relationship of mentalization and attachment. We argue on the basis of neuroscience data that the unique common feature of all psychotherapeutic situations is the paradoxical simultaneous demand for attachment and mentalization which constitutes an aspect of the therapeutic action of the talking cure.
**Anthony Bateman: Mentalizing techniques in the treatment of borderline personality disorder**

Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful on the basis of intentional mental states (e.g., desires, needs, feelings, beliefs, & reasons). The capacity develops during childhood within the context of an attachment relationship. It is suggested that the borderline patient shows a reduced capacity to mentalize and that this has resulted from disruption of the attachment relationship because of adverse interaction between biological and environmental factors.

We mentalize interactively and emotionally when with others. Each person has the other person’s mind in mind (as well as their own) leading to self-awareness and other awareness. We have to be able to continue to do this in the midst of emotional states but borderline personality disorder is characterised by a loss of capacity to mentalize when emotionally charged attachment relationships are stimulated. This leads to misinterpretations about the motives of others, difficulty in managing emotional states, and self-destructive behaviour as the individual seeks some stability and tries to re-gain some mentalizing capacity. Therapy has to help a patient develop and maintain mentalizing even when emotional states are aroused. Some therapeutic techniques will be described to aid this process and some principles discussed which guide the naïve therapist on when to give which intervention.

**Pasco Fearon: Short-Term Mentalizing and Relational Therapy (SMART): A new integrated therapy for children and families**

In this talk I will present an overview of a new approach to supporting children and families in distress that places mentalization at the heart of the therapeutic endeavour. In the presentation I will provide an overview of the theoretical basis of this intervention and the process by which the concept of mentalization has been translated into an integrated treatment for children and families. The presentation will outline the structure and key intervention techniques used in SMART and these will be supplemented by illustrative clinical examples. I hope to show that mentalization provides a powerful unifying framework for clinical interventions and techniques origination in a variety of different perspectives and provides a natural and helpful language with which to work with family attachment relationships.

**Efrain Bleiberg: Mentalization, Contingency Detection and Narcissistic Vulnerability: A Proposed Framework with Treatment Implications**

This presentation will discuss narcissistic regulation as developmentally rooted in the contingency - Detection mechanism and narcissistic vulnerability as based in the failure to evoke contingent responses in the context of attachments. Mentalization is proposed to serve the evolutionary function of "deciding" when, with whom and how much go go into an attachment mode or into a defensive, fight - or - flight mode. A pattern of maladaptive narcissistic regulation will be discussed characterized by hypervigilance to states of narcissistic vulnerability and a defensive inhibition of mentalization in response to such states. A therapeutic model emphasizing maintaining a mentalizing perspective in the face of narcissistic vulnerability will be discussed.
Jeremy Holmes: Mentalisation and the psychological immune system

The main argument of the paper is the mentalisation enables us to survive moments of failed relatedness. I start with a brief review of the intellectual and empirical origins of the mentalisation concept. I go on to describe in detail a psychoanalytic session with a Borderline Personality Disorder sufferer in which therapist and patient repeatedly misunderstand one another. Eventually, through mutual mentalisation, a link is re-established. I conclude by drawing parallels between the processes of poetics and psychoanalytic psychotherapy.

Elliot Jurist: Mentalization and Substance Abuse

It makes sense to presume that substance abuse and mentalization do not complement each other and typically stand in an inverse relation. Yet, it is easy to frame this point too generally and morallyistically, as if drugs must interfere with the capacity to mentalize. I argue that we ought to be more cautious: drugs do help some people mentalize, at least in the short run. More specifically, I shall introduce two clinical examples, one of which concerns a patient who used cocaine to work and to spend time in self-reflection; the other of which concerns a patient who drank as a way to allow himself to feel psychic pain (that he otherwise avoided). In this paper, I also consider Krystal's claim that substance abusers are "alexithymic," that is, have difficulty in knowing and regulating their feelings, Khantzian's "self-medicating hypothesis," and Flores' recent proposal that substance abuse is best conceived as an "attachment disorder."

Mary Target: Thin- and thick-skinned narcissism understood in analysis in terms of split experiences of psychic reality

This presentation will illustrate the developmental model of split experiences of psychic reality (described in a series of papers on Playing With Reality, Fonagy and Target, in the International Journal of Psychoanalysis and book with Gergely and Jurist on Affect Regulation). Clinical descriptions of thick- and thin-skinned narcissism will be framed in terms of a persisting dissociation between 'pretend' and 'psychic equivalence' modes, with one mode dominant. Intensive psychotherapy then aims to integrate the two modes into the mode of mentalization, in a process with the analyst which parallels the parent-child process but of course with more adult themes and the use of metaphor and more abstract or symbolic 'play'.