

Mentaliseringslitteratur: Behandling

Effektstudier

- Ammaniti, M., Speranza, A. M., Tambelli, R., Muscetta, S., Loredana, L., Vismara, L. et al. (2006). [A prevention and promotion program in the field of mother-infant relationship](#). *Infant Mental Health Journal*, 27, 70-90.

Abstract

The purpose of the study was to analyze the efficacy of early home-visiting intervention in enhancing the quality of mother–infant interaction in psychosocial risk and depressive risk mother–infant dyads. Thirty depressive risk, 28 psychosocial risk, and 33 low-depressed and low-risk mothers were randomly distributed between the Home Visiting Program and control groups. Attachment (Adult Attachment Interview; Main & Goldwyn, 1997) and maternal representations during pregnancy (Interview of Maternal Representations During Pregnancy; Ammaniti, Candelori, Pola, & Tambelli, 1999) and after the birth of the infant (Interview of Maternal Representations After the Birth; Ammaniti et al., 1999) were evaluated as well as depressive symptoms (Center for Epidemiological Studies-Depression Scale; Radloff, 1977) during the first year. Ratings of sensitivity, interference, affective state of the mother, cooperation, and infant self-regulation during mother–infant interactions were assessed at 3, 6, and 12 months. Results showed the efficacy of the home-visiting program in improving sensitive maternal behaviors toward the child after 6 months of intervention.

- **[Fulltext via länk]** Bateman, A., & Fonagy, P. (1999). [Effectiveness of partial hospitalization in the treatment of borderline personality disorder: A randomized controlled trial](#). *American Journal of Psychiatry*, 156, 1563–1569.

Abstract

Objective: This study compared the effectiveness of psychoanalytically oriented partial hospitalization with standard psychiatric care for patients with borderline personality disorder. **Method:** Thirty-eight patients with borderline personality disorder, diagnosed according to standardized criteria, were allocated either to a partially hospitalized group or to a standard psychiatric care (control) group in a randomized controlled design. Treatment, which included individual and group psychoanalytic psychotherapy, was for a maximum of 18 months. Outcome measures included the frequency of suicide attempts and acts of selfharm, the number and duration of inpatient admissions, the use of psychotropic medication, and self-report measures of depression, anxiety, general symptom distress, interpersonal function, and social adjustment. Data analysis used repeated measures analysis of covariance and nonparametric tests of trend. **Results:** Patients who were partially hospitalized showed a statistically significant decrease on all measures in contrast to the control group, which showed limited change or deterioration over the same period. An improvement in depressive symptoms, a decrease in suicidal and self-mutilatory acts, reduced inpatient days, and better social and interpersonal function began at 6 months and continued until the end of treatment at 18 months. **Conclusions:** Psychoanalytically oriented partial hospitalization is superior to standard psychiatric care for patients with borderline personality disorder. Replication is needed with larger groups, but these results suggest that partial hospitalization may offer an alternative to inpatient treatment.

- **[Fulltext via länk]** Bateman, A., & Fonagy, P. (2001). [Treatment of borderline personality](#)

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[disorder with psychoanalytically oriented partial hospitalization: An 18-month follow-up.](#) *American Journal of Psychiatry*, 158, 36–42.

Abstract

OBJECTIVE: The aim of this study was to determine whether the substantial gains made by patients with borderline personality disorder following completion of a psychoanalytically oriented partial hospitalization program, in comparison to patients treated with standard psychiatric care, were maintained over an 18-month follow-up period. **METHOD:** Forty-four patients who participated in the original study were assessed every 3 months after completion of the treatment phase. Outcome measures included frequency of suicide attempts and acts of self-harm, number and duration of inpatient admissions, service utilization, and self-reported measures of depression, anxiety, general symptom distress, interpersonal functioning, and social adjustment. **RESULTS:** Patients who completed the partial hospitalization program not only maintained their substantial gains but also showed a statistically significant continued improvement on most measures in contrast to the patients treated with standard psychiatric care, who showed only limited change during the same period. **CONCLUSIONS:** The superiority of psychoanalytically oriented partial hospitalization over standard psychiatric treatment found in a previous randomized, controlled trial was maintained over an 18-month follow-up period. Continued improvement in social and interpersonal functioning suggests that longer-term changes were stimulated.

- **[Fulltext via länk]** Bateman, A., & Fonagy, P. (2003). [Health service utilization costs for borderline personality disorder patients treated with psychoanalytically oriented partial hospitalization versus general psychiatric care.](#) *American Journal of Psychiatry*, 160, 169–171.

Abstract

OBJECTIVE: The authors assessed health care costs associated with psychoanalytically oriented partial hospital treatment for borderline personality disorder compared with treatment as usual within general psychiatric services. **METHOD:** Health care utilization of all borderline personality disorder patients who participated in a previous trial of partial hospital treatment compared with treatment as usual was assessed by using information from case notes and service providers. Costs were compared for the 6 months before treatment, 18 months of treatment, and an 18-month follow-up period. **RESULTS:** There were no cost differences between the groups during pretreatment or treatment. Costs of partial hospital treatment were offset by less psychiatric inpatient care and reduced emergency room treatment. The trend for costs to decrease in the partial hospitalization group during the follow-up period was not apparent in the treatment-as-usual group. **CONCLUSIONS:** Specialist partial hospital treatment for borderline personality disorder is no more expensive than treatment as usual and shows considerable cost savings after treatment.

- **[Fulltext via länk]** Bateman, A., & Fonagy, P. (2008). [8-year follow-up of patients treated for borderline personality disorder: Mentalization-based treatment versus treatment as usual.](#) *American Journal of Psychiatry*, 165, 631–638.

Abstract

OBJECTIVE: This study evaluated the effect of mentalization-based treatment by partial hospitalization compared to treatment as usual for borderline personality disorder 8 years after entry into a randomized, controlled trial and 5 years after all mentalization-based treatment was complete. **METHOD:** Interviewing was by research psychologists

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blind to original group allocation and structured review of medical notes of 41 patients from the original trial. Multivariate analysis of variance, chi-square, univariate analysis of variance, and nonparametric Mann-Whitney statistics were used to contrast the two groups depending on the distribution of the data. **RESULTS:** Five years after discharge from mentalization-based treatment, the mentalization-based treatment by partial hospitalization group continued to show clinical and statistical superiority to treatment as usual on suicidality (23% versus 74%), diagnostic status (13% versus 87%), service use (2 years versus 3.5 years of psychiatric outpatient treatment), use of medication (0.02 versus 1.90 years taking three or more medications), global function above 60 (45% versus 10%), and vocational status (employed or in education 3.2 years versus 1.2 years). **CONCLUSIONS:** Patients with 18 months of mentalization-based treatment by partial hospitalization followed by 18 months of maintenance mentalizing group therapy remain better than those receiving treatment as usual, but their general social function remains impaired.

- Bateman, A., & Fonagy, P. (2009). [Randomized controlled trial of outpatient Mentalization-based treatment versus Structured clinical management for Borderline personality disorder](#). *American Journal of Psychiatry*.

Abstract

Objective: This randomized controlled trial tested the effectiveness of an 18-month mentalization-based treatment (MBT) approach in an outpatient context against a structured clinical management (SCM) outpatient approach for treatment of borderline personality disorder. **Method:** Patients (N=134) consecutively referred to a specialist personality disorder treatment center and meeting selection criteria were randomly allocated to MBT or SCM. Eleven mental health professionals equal in years of experience and training served as therapists. Independent evaluators blind to treatment allocation conducted assessments every 6 months. The primary outcome was the occurrence of crisis events, a composite of suicidal and severe self-injurious behaviors and hospitalization. Secondary outcomes included social and interpersonal functioning and self-reported symptoms. Outcome measures, assessed at 6-month intervals, were analyzed using mixed effects logistic regressions for binary data, Poisson regression models for count data, and mixed effects linear growth curve models for self-report variables. **Results:** Substantial improvements were observed in both conditions across all outcome variables. Patients randomly assigned to MBT showed a steeper decline of both self-reported and clinically significant problems, including suicide attempts and hospitalization. **Conclusions:** Structured treatments improve outcomes for individuals with borderline personality disorder. A focus on specific psychological processes brings additional benefits to structured clinical support. Mentalization-based treatment is relatively undemanding in terms of training so it may be useful for implementation into general mental health services. Further evaluations by independent research groups are now required.

Processtudier

- Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2008). [Effects of and attachment-based intervention on daily cortisol moderated by dopamine receptor D4: A randomized control trial on 1- to 3-year olds screened for externalizing behavior](#). *Development and Psychopathology*, 20, 805-820.

Abstract

The effect of the Video-Feedback Intervention to Promote Positive Parenting and

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Sensitive Discipline (VIPP-SD) on daily cortisol production was tested in a randomized controlled trial with 130 families with 1- to 3-year-old children screened for their relatively high levels of externalizing behavior. Six 1.5-hr intervention sessions focusing on maternal sensitivity and discipline were conducted with individual families at their homes. Children in the intervention group showed lower cortisol levels, with a moderating role of the dopamine receptor D4 (*DRD4*) VNTR exon III polymorphism. The VIPP-SD program proved to be effective in decreasing daily cortisol production in children *with* the *DRD4* 7-repeat allele, but not in children *without* the *DRD4* 7-repeat allele. Our findings indicate that children are differentially susceptible to intervention effects dependent on the presence of the 7-repeat *DRD4* allele.

- Fonagy, P., & Bateman, A. (2006). [Mechanisms of change in mentalization-based treatment of BPD](#). *Journal of Clinical Psychology*, 62, 411-430.

Abstract

There are very few less contentious issues than the role of attachment in psychotherapy. Concepts such as the therapeutic alliance speak directly to the importance of activating the attachment system, normally in relation to the therapist in individual therapy and in relation to other family members in family-based intervention, if therapeutic progress is to be made. In group therapy the attachment process may be activated by group membership. The past decade of neuroscientific research has helped us to understand some key processes that attachment entails at brain level. The article outlines this progress and links it to recent findings on the relationship between the neural systems underpinning attachment and other processes such as making of social judgments, theory of mind, and access to long-term memory. These findings allow intriguing speculations, which are currently undergoing empirical tests on the neural basis of individual differences in attachment as well as the nature of psychological disturbances associated with profound disturbances of the attachment system. In this article, we explore the crucial paradoxical brain state created by psychotherapy with powerful clinical implications for the maximization of therapeutic benefit from the talking cure.

Psykologisk behandling

Depression

- Vik, K., & Hafting, M. (2009). [The outside view as facilitator of self-reflection and vitality: A phenomenological approach](#). *Journal of Reproductive and Infant psychology*, 27, 287-298.

Abstract

Fifteen mothers displaying depressive symptoms six weeks after giving birth were recruited from a health centre and participated in a study using the *Marte Meo* intervention method. Subsequent findings were promising; the mothers' viewing their interaction with their babies seemed to be the key to facilitating self-reflection, a renewed sense of vitality and increased capacity for mentalisation. This viewing thus had an overall positive influence on increasing sensitive mother-child interaction and decreasing maternal depressive symptoms. A conceptual model is outlined.

Familjeterapi

- Fearon, P., Target, M., Sargent, J., Williams, L. L., McGregor, J, Bleiberg, E., & Fonagy, P. (2006). Short-term mentalization and relational therapy (SMART): An integrative family therapy for children and adolescents. I J. G. Allen & P. Fonagy (Eds.), [Handbook of Mentalization-based treatment](#). (s. 201-222). Hoboken: Wiley.

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- TiddlyManuals (2010). Mentalization-based treatments - Families (MBT-F). Hämtad 2010.10.05 från <http://mbft-manual.tiddlyspot.com/>

Föräldraträning

- Sadler, L. S., Slade, A., & Hayes, L. C. (2006). Minding the baby: A mentalization-based parenting program. I J. G. Allen & P. Fonagy (Eds.), [Handbook of Mentalization-based treatment](#). (s. 271-288). Hoboken: Wiley.
- Schechter, D. S., & Willheim, E. (2009). [When parenting becomes unthinkable: Intervening with traumatized parents and their toddlers](#). *Journal of the American Academy of Child and Adolescent Psychiatry*, 48, 249-253.

Abstract

A case of a single mother who sought psychiatric help for her tendency to be violent due to past trauma is described to illustrate a model of parent-child assessment and intervention. Practicing self-reflective functioning allows a psychiatrist that treats such cases to provide the external regulation and support for the parent to consider the minds of their children.

Missbruk

- **NY!** [\[Fulltext via länk\] Bromberg, S. R., Backman, T. L., Krow, J., & Frankel, K. A. \(2010\). The haven mother's house modified therapeutic community: Meeting the gap in infant mental health services for pregnant and parenting mothers with drug addiction. *Infant Mental Health Journal*, 31, 255-276.](#)

Abstract

The specialized needs of pregnant and parenting women in the treatment of drug addiction must not be underestimated. The impact of substance abuse on developmental outcomes for young infants and children supports the notion that attention to the parent-child relationship is a critical aspect of addiction treatment for this population. As such, the standard of care appears to be shifting from separating mothers and young children while the mother completes addiction treatment to women residing with their children while in treatment and receiving concurrent addiction treatment and parenting education. While parenting education is important, it may not provide the needed relationship intervention to address the myriad of issues often present for female recovering addicts and their children. This article describes the evolution and workings of a program for integrating infant mental health practice into a long-term residential treatment community for pregnant and parenting women with addiction. The principles and structure of the modified therapeutic community are described, as are the ways in which infant mental health practice have been effectively integrated and incorporated into the addiction treatment philosophy. A case example is provided, and clinical implications are discussed.

- **NY!** Pajulo, M., Suchman, N., Kalland, M., & Mayes, L. (2006). [Enhancing the effectiveness of residential treatment for substance abusing pregnant and parenting women: Focus on maternal reflective functioning and mother-child relationship. *Infant Mental Health Journal*, 27, 429-527.](#)

Abstract

Substance abuse during early motherhood has become a significant problem and has led to accelerated efforts to develop specific treatment facilities for these mothers and children. Despite the often intensive treatment efforts in residential settings, there is

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surprisingly little evidence of their efficacy for enhancing the quality of caregiving. The situation of these mother-child pairs is exceptionally complex and multilevel, and has to be taken into account in the content and structuring of treatment. Intensive work in the “here and now” focusing on the mother-child relationship from pregnancy onwards in an effort to enhance maternal reflective capacity and mindedness is considered a key element for better treatment prognosis, in terms of both abstinence and quality of parenting. Pioneering work with such a focus is described in this article.

- Soderstrom, K., & Skarderud, F. (2009). [Mentalization-based treatment in families with parental abuse disorder: Theoretical framework](#). *Nordic Psychology*, 61, 47-65.

Abstract

The primary aim of this article is to give a theoretical and empirical background for clinical interventions in family-oriented treatment for substance use disorders. The article refers to an ongoing research project, which is based on the concepts of mentalization and parental reflective functioning. Theory of mentalization and attachment theory is explored as explanatory tools of both addictive problem and risk/resilience factors in offspring. Mentalization is defined as the competence to envision mental states in self and others and to understand behaviour in terms of mental states. Substance use is discussed as clinical expressions of impaired mentalizing skills and disorders of state- and affect regulation. Parental reflective function particularly refers to parents' competences to interpret the mind of their own infant or child. Parental reflective functioning, as 'minding the baby', promotes sensitive care, which again serves to protect the infant and the immature brain from potentially dangerous stress and physiological arousal. Substance use often makes the parent 'absent-minded' and thus imposes a risk of impaired interactions between caregivers and the extra vulnerable substance exposed child. Without a lifeline to the caregivers' mind, the development of self regulation and social competences is endangered. High-risk families need substantial support to break the burden of intergenerational transmission of internal representations of caregiving experiences, and to promote good enough care for the infant. The mentalization-based treatment programs (MBT) briefly outlined here, propose a long-term multidisciplinary treatment and follow-up.

- **NY!** Suchman, N. E., DeCoste, C., Leigh, D., & Borelli, J. (2010). [Reflective functioning in mothers with drug use disorders: Implications for dyadic interactions with infants and toddlers](#). *Attachment & Human Development*, 12, 567–585.

Abstract

In this study, we examined maternal reflective functioning as a bi-dimensional construct in a sample of 47 mothers with drug use disorders caring for infants and toddlers. We first tested a two-factor solution with scale items from the *Parent Development Interview* and confirmed the presence of two related but distinct dimensions: self-mentalization and child-mentalization. We then tested predictions that (a) self-mentalization would be associated with overall quality of maternal caregiving and that (b) child-mentalization would be associated with (i) maternal contingent behavior and (ii) child communication. Results partially supported hypotheses (a) and (bii). Unexpectedly, self-mentalization alone was associated with maternal contingent behavior. Findings suggest that self-mentalization may be a critical first step in improving mother-child relations involving mothers with drug use disorders. Implications for theory and practice are discussed.

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- Bateman, A. W., & Fonagy, P. (2003). [The development of an attachment-based treatment program for borderline personality disorder](#). *Bulletin of the Menninger Clinic*, 67, 187-212.

Abstract

The treatment of borderline personality disorder (BPD) remains controversial. The authors have developed an evidence-based treatment program rooted in attachment theory that integrates research on constitutional factors with environmental influences. BPD is conceived of as a disorder in the self-structure brought about through environmentally induced distortion of psychological functioning, which decouples key mental processes necessary for interpersonal and social function. The primary mental function involved is mentalization, which is enfeebled by an absence of contingent and marked mirroring during development. Treatment strategies target mentalization in order to foster the development of stable internal representations, to aid the formation of a coherent sense of self, and to enable the borderline patient to form more secure relationships in which motivations of self and other are better understood. Destabilization of the self leads to emotional volatility, so treatment also needs to focus on identification and appropriate expression of affect. This article describes some of the techniques used to enhance mentalization within the context of group and individual psychotherapy. Targeting of current symptomatology and behavior is insufficient. Therapists need to retain their own ability to mentalize, maintain mental closeness, focus on current mental states, and avoid excessive use of conflict interpretation and metaphor while paying careful attention to the use of transference and countertransference.

- Bateman, A. W., & Fonagy, P. (2008). [Comorbid antisocial and borderline personality disorders: Mentalization-based treatment](#). *Journal of Clinical Psychology*, 64, 181-194.

Abstract

Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful based on intentional mental states (e.g., desires, needs, feelings, beliefs, and reasons). This process is disrupted in individuals with comorbid antisocial (ASPD) and borderline personality disorder (BPD), who tend to misinterpret others' motives. Antisocial characteristics stabilize mentalizing by rigidifying relationships within prementalistic ways of functioning. However, loss of flexibility makes the person vulnerable to sudden collapse when the schematic representation is challenged. This exposes feelings of humiliation, which can only be avoided by violence and control of the other person. The common path to violence is via a momentary inhibition of the capacity for mentalization. In this article, the authors outline their current understanding of mentalizing and its relation to antisocial characteristics and violence. This is illustrated by a clinical account of mentalization-based treatment adapted for antisocial personality disorder. Treatment combines group and individual therapy. The focus is on helping patients maintain mentalizing about their own mental states when their personal integrity is challenged. A patient with ASPD does not have mental pain associated with another's state of mind; thus, to generate conflict in ASPD by thinking about the victim will typically be ineffective in inducing behavior change.

- **[Fulltext via länk]** Bateman, A. W., & Fonagy, P. (2010). [Mentalization based treatment for borderline personality disorder](#). *World Psychiatry*, 9, 11-15.

Abstract

Mentalizing is the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes. It is a

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profoundly social construct in the sense that we are attentive to the mental states of those we are with, physically or psychologically. Given the generality of this definition, most mental disorders will inevitably involve some difficulties with mentalization, but it is the application of the concept to the treatment of borderline personality disorder (BPD), a common psychiatric condition with important implications for public health, that has received the most attention. Patients with BPD show reduced capacities to mentalize, which leads to problems with emotional regulation and difficulties in managing impulsivity, especially in the context of interpersonal interactions. Mentalization based treatment (MBT) is a time-limited treatment which structures interventions that promote the further development of mentalizing. It has been tested in research trials and found to be an effective treatment for BPD when delivered by mental health professionals given limited additional training and with moderate levels of supervision. This supports the general utility of MBT in the treatment of BPD within generic mental health services.

- Bateman, A., Ryle, A., Fonagy, P., & Kerr, I. B. (2007). [Psychotherapy for borderline personality disorder: Mentalization-based therapy and cognitive analytic therapy compared](#). *International Review of Psychiatry*, 19, 51-62.

Abstract

Mentalization Based Therapy (MBT) and Cognitive Analytic Therapy (CAT) are among a small number of psychotherapy approaches offering specific methods for the treatment of Borderline Personality Disorder (BPD). They share a number of features, notably both seek to integrate ideas and methods from psychoanalysis and cognitive psychology, pay attention to early attachment experiences and see harsh and inconsistent care, in combination with biological vulnerability, as playing an important part in the genesis of BPD offer treatment based on a developmental understanding of BPD, taking account of recent developments in observational research seek to provide therapy appropriate for use in the public service. These similarities, however, conceal a number of differences in underlying assumptions and emphases and are linked with contrasting therapeutic techniques. In this paper we present a discussion of key features of our models of normal and pathological development and a consideration of the conceptual underpinnings and of how far they are compatible with what is reliably known in the general field of psychology and how far it offers a model accessible to patients and clinician. Where our views diverge significantly, the reader will have some of the evidence on which to make a personal choice.

- **[Fulltext via länk]** Choi-Kain, L. W., & Gunderson, J. G. (2008). [Mentalization: Ontogeny, assessment and application in the treatment of borderline personality disorder](#). *American Journal of Psychiatry*, 165, 1127-1135.

Abstract

This article aims to review the development of the concept of mentalization, its applications in the understanding and treatment of borderline personality disorder, and the issue of its assessment. While conceptually derivative of theory of mind, Fonagy's concept of mentalization concerns more affectively and interpersonally complex understandings of oneself and others, reflecting abilities that enable an individual not only to navigate the social world effectively but also to develop an enriched, stable sense of self. The components of mentalization can be organized around self-/other-oriented, implicit/explicit, and cognitive/affective dimensions. Concepts of mindfulness, psychological mindedness, empathy, and affect consciousness are shown to partially overlap with mentalization within these three dimensions. Mentalization is assessed by

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the measure of reflective function, a scale to be used adjunctively on semistructured narrative interviews such as the Adult Attachment Interview. Its validity has not been fully tested, and its usage has been hampered by the time and expense it requires. Although the concept of mentalization is a useful heuristic that enables clinicians to adopt a coherent treatment approach, it may be too broad and multifaceted to be operationalized as a marker for specific forms of psychopathology such as borderline personality disorder. Research elucidating the relationship between reflective function, overlapping concepts, and features of borderline psychopathology is needed.

- Eizirik, M., & Fonagy, P. (2009). [Mentalization-based treatment for patients with borderline personality disorder: An overview](#). *Revista Brasileira de Psiquiatria*, 31, 72-75.

Abstract

OBJECTIVE: To describe the concept of mentalization, and its application in understanding the development of psychopathology in patients with borderline personality disorder; to give an account of the main features of mentalization-based treatment; to summarise the evidence supporting its effectiveness. **DISCUSSION:** Mentalization is a predominantly preconscious mental activity that enables the individual to understand him/herself and others in terms of subjective states and mental processes. Psychological trauma in childhood is associated with deficits in mentalization and with the development of borderline personality disorder. Mentalization-based treatment is a psychodynamically-oriented manualized psychotherapy for borderline personality disorder that aims to develop a therapeutic process in which the patient's capacity for mentalization becomes the focus of treatment. Randomized controlled trials have demonstrated the effectiveness of this treatment for patients with borderline personality disorder. **CONCLUSIONS:** The development of a psychodynamically-oriented therapeutic intervention that specifically targets the deficits involved in the psychopathology of borderline personality disorder is a crucial step in increasing the effectiveness of treatment. Mental health professionals should be adequately prepared to deliver effective interventions to their patients, such as mentalization-based treatment.

- **[Fulltext via länk]** Fonagy, P., & Bateman, A. W. (2007). [Mentalizing and borderline personality disorder](#). *Journal of Mental Health*, 16, 83-101.

Abstract

Background: Mentalization-based treatment is a model of psychodynamic therapy rooted in attachment theory that aims to enhance the individual's capacity to represent thoughts, feelings, wishes, beliefs and desires in themselves and in others in the context of attachment relationships. Mentalization-based treatment is a model of psychodynamic therapy rooted in attachment theory that aims to enhance the individual's capacity to represent thoughts, feelings, wishes, beliefs and desires in themselves and in others in the context of attachment relationships. Aims: To describe the normal development of mentalization as well as anomalies in mentalization that can arise and can ultimately lead to the development of personality disorder. To describe the normal development of mentalization as well as anomalies in mentalization that can arise and can ultimately lead to the development of personality disorder. Method: Description of the basic principles of mentalization-based treatment as well as the rationale for use of these techniques. Description of the basic principles of mentalization-based treatment as well as the rationale for use of these techniques. Results: Summaries of randomized controlled trial and a description of an ongoing RCT for the outpatient treatment of BPD. Summaries of randomized controlled trial and a description of an ongoing RCT for the

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outpatient treatment of BPD. Conclusion: MBT is a generic psychotherapeutic treatment which shares many features with other psychotherapeutic approaches but is unique in focusing on enhancing the patient's capacity to think about and regulate mental states. MBT is a generic psychotherapeutic treatment which shares many features with other psychotherapeutic approaches but is unique in focusing on enhancing the patient's capacity to think about and regulate mental states.

- **[Fulltext via länk]** Gabbard, G. O., & Horowitz, M. J. (2009). [Insight, transference interpretation, and therapeutic change in the dynamic psychotherapy of borderline personality disorder](#). *The American Journal of Psychiatry*, 166, 517-521.

Abstract (utdrag ur)

"Ms. A," a 23-year-old single female with borderline personality disorder, came to her therapist's office and reported an embarrassing episode in which she had shouted at a clerk in a retail store because he would not accept her credit card as payment for the merchandise she wished to buy. She noted that everyone was staring at her when she shouted, and she felt that she had made a spectacle of herself. She said she would not have shouted except that the clerk was rude and curt with her.

- Schmeck, K. (2008). [Personality disorders in adolescence: Conceptual issues and treatment approaches](#) [Originalspråk tyska]. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 57, 625-640.

Abstract

Objective of this paper is to search for answers for the question if it is justified to use the diagnosis of personality disorder already in adolescence. Recent research data confirm that the stability of basic personality traits is only gradually lower in adolescence compared to adulthood. Using the diagnostic criteria of adults there is not much of a difference concerning prevalence rate and stability in adolescence and adulthood. Meta-analyses reveal that patients with personality disorders can successfully be treated with specialized treatment programs so that personality disorders should not be viewed as life-course persistent. It is argued that an early assessment with standardized procedures can help to identify adolescents with personality disorders so that specialized treatment approaches can be started. In adulthood there is empirical evidence for the use of Dialectical-Behavior Therapy DBT, Transference Focused Psychotherapy TFP, Mentalization-based Therapy MBT and Schema-focused Psychotherapy SFT for the use in patients with personality disorders. These treatment approaches have to be adapted to the special situation of adolescents so that their use can help to prevent these early developing disorders to become chronic.

- Zanarini, M. C. (2009). [Psychotherapy of borderline personality disorder](#). *Acta Psychiatrica Scandinavica*, 120, 373-377.

Abstract

Objective: Psychotherapy is considered the primary treatment for borderline personality disorder (BPD). Currently, there are four comprehensive psychosocial treatments for BPD. Two of these treatments are considered psychodynamic in nature: mentalization-based treatment and transference-focused psychotherapy. The other two are considered to be cognitive-behavioral in nature: dialectical behavioral therapy and schema-focused therapy. Method: A review of the relevant literature was conducted. Results: Each of these lengthy and complex psychotherapies significantly reduces the severity of

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borderline psychopathology or at least some aspects of it, particularly physically self-destructive acts. Conclusion: Comprehensive, long-term psychotherapy can be a useful form of treatment for those with BPD. However, less intensive and less costly forms of treatment need to be developed.

Posttraumatiskt stressyndrom

- Stein, H., & Allen, J. G. (2007). [Mentalizing as a framework for integrating therapeutic exposure and relationship repair in the treatment of a patient with complex posttraumatic psychopathology.](#) *Bulletin of the Menninger Clinic*, 71, 273-290.

Abstract

The concept of mentalizing—attending to mental states in oneself and others—provides an integrative conceptual framework to characterize the psychotherapeutic treatment of a patient with a history of attachment trauma and a comorbid schizoaffective disorder. The authors construe mentalizing failures in childhood attachment relationships as integral to the trauma and the promotion of mentalizing in the psychotherapy relationship as the cornerstone of healing. They employ mentalizing to conceptualize both the exposure-based interventions and the equally essential interruption of a problematic pattern of reenactment that continually fueled the patient's posttraumatic symptoms.

Psykosomatik

- **NY!** Griffies, W. S. (2010). [Believing in the Patient's Capacity to Know His Mind: A Psychoanalytic Case Study of Fibromyalgia.](#) *Psychoanalytic Inquiry*, 30, 390-404.

Abstract

Fibromyalgia is currently viewed as a disorder of pain and stress processing in the central nervous system. Various stressors in combination with constitutional and genetic factors can trigger the syndrome, and the way the brain processes stress has been linked to early relationship experiences. The author discusses the relationship between fibromyalgia and attachment dynamics in the context of a clinical analysis, and draws inferences about the intrapsychic origins of functional brain abnormalities seen in neuroimaging studies. The patient had core deficits in his capacity to mentalize and self-soothe, and catastrophized somatic sensory information. Because his capacity for self-reflective mentalization was so limited, interpretation of underlying conflict-ridden affect at first did little good. The analyst's most productive intervention was a consistent meta-communication of belief in the patient's capacity to know his own mind.

- **NY!** Leithner-Dziubas, K., Blüml, V., Naderer, A., Tmej, A., & Fischer-Kern, M. (2010). [Mentalization and bonding in chronic pelvic pain patients: A pilot study](#) [Originalspråk tyska]. *Zeitschrift für Psychosomatische Medizin und Psychotherapie*, 56, 179-190.

Abstract

OBJECTIVES: The study assesses mentalization (reflective functioning, RF), parental bonding, psychiatric comorbidity, and experiences of violence in chronic pelvic pain patients (CPP). **METHODS:** Twenty-two CPP patients were investigated using SCID I and II as well as the German version of the parental bonding instrument (FEB). Experiences of violence were assessed by semistructured interviews. Adult attachment interviews (AAI) were rated according to the Reflective Functioning Scale (RF Scale). **RESULTS:** CPP patients showed a lower capacity of mentalization (RF=2.3) compared to that of healthy individuals (RF approximately 5). Maternal bonding was rated as affectionless control (36.4 %) and as neglectful parenting (31.8 %). 54 % of the women

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reported experiences of violence. Axis I comorbidity was prevalent in 54.5 %, and axis II comorbidity was prevalent in 36.4 %. CONCLUSIONS: Further psychoanalytic-psychosomatic research should focus on the low capacity of mentalization, adverse parenting, and experiences of violence in chronic pelvic pain patients.

- Spaans, J. A., Veselka, L., Luyten, P., & Bühring, M. E. F. (2009). [Bodily aspects of mentalization: A therapeutic focus in the treatment of patients with severe medically unexplained symptoms](#) [Originalspråk nederländska]. *Dutch Journal of Psychiatry*, 51, 239-248.

Abstract

background Our knowledge about medically unexplained symptoms (mus) is increasing, but translating this knowledge into more effective treatment, particularly if symptoms are severe, continues to be problematical. **aim** To clarify the physical aspect of mentalisation (body-mentalisation) and to outline a theoretical perspective of body-mentalisation, starting from theories such as the attachment theory and the mentalisation theory, and to describe the diagnostic and therapeutic value of this approach. **methods** Clinical experience with body-mentalisation led to a systematic literature search (via PsycInfo and Medline). **results** Body-mentalisation is the ability to detect the signals of our own and of other, to respond to them and perceive the links with underlying mental states. Poor body-mentalisation occurs frequently in patients with severe mus and can be treated successfully by means of intensive residential or day-therapy programmes. **conclusion** Body-mentalisation may turn out to be a useful concept in connection with the treatment of persons with severe mus. More research is needed to test the diagnostic validity and therapeutic relevance of this concept.

Sexuell dysfunktion

- Fonagy, P. (2008). [A genuinely developmental theory of sexual enjoyment and its implications for psychoanalytic technique](#). *Journal of the American Psychoanalytic Association*, 56, 11-36.

Abstract

A small computer-assisted word frequency analysis, indicating the extent of explicit concern with sexuality in the psychoanalytic literature, has revealed an apparent decline of psychoanalytic interest in psychosexuality. The apparent decline may be related to the limitations of drive theory and object relations approaches in offering persuasive and comprehensive accounts of the psychosexual. A new model of human sexual experience is proposed, rooted in an integration of French psychoanalytic ideas with recent developmental observational research, that once again places sexuality at the center of psychoanalytic clinical inquiry. Because emotion regulation arises out of the mirroring of affect by a primary caregiver and sexual feelings are unique in that they are systematically ignored and left unmirrored by caregivers, sexual feelings remain fundamentally dysregulated in all of us. Adult sexual experience serves as a way of coming to organize the psychosexual. The model accounts for some aspects of the phenomenology of sexual arousal and suggests ways of understanding pathological distortions of sexual behavior. The nature of the psychosexual is explored in the analytic treatment of an adolescent boy.

Schizofreni och psykoser

- Brent, B. (2009). [Mentalization-based psychodynamic psychotherapy for psychosis](#). *Journal of Clinical Psychology*.

Abstract

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This article discusses and illustrates the use of mentalization-based psychodynamic psychotherapy for disturbances of awareness of the self and others in patients with psychotic-spectrum disorders. The literature on impairments of mental processes involved in self-awareness and awareness of others occurring in psychotic illnesses and the relationship between childhood trauma and the emergence of psychotic symptoms is reviewed. A case illustrates how mentalization-based treatment can facilitate treatment engagement and be used to manage enactments in the psychotherapy with a patient with a psychotic disorder. Mentalization-based psychotherapy may offer a useful adjunct to antipsychotic medication and psychosocial evidence-based treatments in the care of individuals in the early phase of psychotic disorders.

Ätstörningar

- **[Fulltext via länk]** Skårderud, F. (2007c). [Eating one's words, part III: Mentalisation-based psychotherapy for anorexia nervosa – An outline for a treatment and training manual](#). *European Eating Disorders Review*, 15, 323-339.

Abstract

This paper presents a new outline for psychotherapy with persons with anorexia nervosa. 'Model on mentalisation' is the intellectual and empirical framework for this contribution. Mentalisation is defined as the ability to understand feelings, cognitions, intentions and meaning in oneself and in others. The capacity to understand oneself and others is a key determinant of self-organisation and affect regulation, and is acquired in early attachment relationships. Impaired mentalisation is documented and described as a central psychopathological feature in anorexia nervosa. Psychotherapeutic enterprise with individuals with compromised mentalising capacity should be an activity that is specifically focused on the rehabilitation of this function, with special emphasis on how the body is representing mental states. The paper describes psychotherapeutic goals, stances and techniques. It is intended that this outline will be further developed into manuals as a basis for therapy, training and research.

- Skårderud, F. (2009). [Bruch revisited and revised](#). *European Eating Disorders Review*, 17, 83-88.

Abstract

The aim of this text is to remind the clinical and scientific field of eating disorders of the seminal figure Hilde Bruch. Her work is highly original, but is it sinking into the mists of oblivion? The contemporary overemphasis on cognitive behavioural therapy may indicate that. Hilde Bruch's contribution was a descriptive and theoretical model defining anorexia nervosa and severe eating disorders as self-disorders, with emphasis on developmental deficits in the organisation of the psychological self. A limited focus on cognitions may undermine both the awareness of central aspects of the psychopathology of eating disorders, as well as the relevance of sensitively regulating the psychotherapeutic stance.

Övrigt

- Beitman, B., & Soth, A. (2006). [Activation of self-observation: A core process among the psychotherapies](#). *Journal of Psychotherapy Integration*, 16, 383-397.

Abstract

Activation of self-observation is proposed as a core psychotherapy process. Self-observation entails an active scan of one's inner landscape (intentions, expectations, feelings, cognitions, and behaviors), the ability to introspect on one's own thoughts, and the realization of the relation of self to one's social and cultural environment. This process

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is collaboratively employed by psychotherapist and client within all psychotherapy orientations to help clients learn about their own functioning, change maladaptive responses, and generate new responses for the future. This article addresses (a) defining and distinguishing features of self-observation, (b) self-observation within the psychotherapeutic encounter, (c) ways in which psychotherapists accelerate this process, and (d) the implications of self-observation as a core psychotherapeutic process.

- Bolm, T. (2009). [Mentalization-based treatment \(MBT\) as group psychotherapy](#) [Originalspråk tyska]. *PTT: Personlighetsstörningen Theorie und Therapie*, 13, 94-103.
- Davidsen, A. S. (2008). [How does the general practitioner understand the patient? A qualitative study about psychological interventions in general practice](#). *Psychology and Psychotherapy: Theory, Research and Practice*.

Abstract

Objectives: General practitioners (GPs) treat more than 90% of common mental disorders. However, the content of their interventions remains undefined. The present study aimed to explore GPs' processes of understanding the patients with emotional problems. Design: The study was qualitative using semi-structured interviews with 14 general practitioners sampled purposively. Observation was done in the surgeries of four of the GPs. Methods: Analysis of the interviews was made by Interpretative Phenomenological Analysis (IPA). Observation notes were analysed from a hermeneutic-phenomenological perspective, inspired by IPA. Results: GPs had very different approaches to patients with emotional problems. Physical symptoms were the usual reason for consulting the GP. Understanding patients' perception of the meaning of their bodily symptoms in their complex life-situation was considered important by some of the participants. Arriving at this understanding often occurred through the narrative delivered in different narrative styles mirroring the patients' mental state. Awareness of relational factors and self-awareness and self-reflexivity on the part of the GP influenced this process. Other participants did not enter this process of understanding patients' emotional problems. Conclusions: The concept of mentalization could be used to describe GPs' processes of understanding their patients when making psychosocial interventions and could form an important ingredient in a general practice theory in this field. Only some participants had a mentalizing approach. The study calls attention to the advantage of training this capacity for promoting professional treatment of patients and a professional dialogue across sector borders.

- Davies, J. E. (2009). [Considering "self-ful" desire](#). *Psychoanalytic Psychology*, 26, 310-321.

Abstract

Excessive anxiety about being selfish can, paradoxically, lead to an unconsciously motivated lack of concern about the impact of one's desires on others. That which is repudiated by the patient as "not me" may become enacted between the patient and analyst, and then become subject to formulation and exploration. Two cases are presented in which excessive worry over selfishness creates unconsciously motivated self-centered behavior, and resulting relationship difficulties and transference-countertransference enactments. The author suggests that extreme anxiety over selfishness may be partially engendered by a lack of intersubjective recognition of desires in early life. The notable lack of language in English that embraces the positive aspects of self-interest is also discussed.

- **NY!** Day, A. (2010). [Coaching at relational depth: A case study](#). *Journal of Management Development*, 29, 864-876.

Abstract

Purpose: This paper aims to describe how organisation coaches can work at relational depth with their clients by exploring the unconscious relational dynamics of the coaching relationship and their links to unconscious dynamics in the client's organisation. Design/methodology/approach: The paper draws on relational psychoanalytic theory of the individual and system psychodynamic theories of organisations to argue that unconscious dynamics that emerge between the coach and client can be understood as: a complex unconscious interaction between how the client and coach organise their relationships; a repetition of how the client participates in unconscious organisation dynamics; and shaping the coach's subjective experience in the work, including their emotional and embodied responses to the client. These propositions are explored through an in-depth qualitative case study of the author's work with a client. Findings: The case illustrates how unconscious organisation dynamics shaped the client's experience of his role, evoking in him feelings of powerlessness and anger. The coach initially identified with these feelings because of his own relational past. As a result, the relationship became stuck in a repetitive dynamic which could be understood as an expression of the stuck dynamics in the organisation around the unconscious management of anxieties within its management structures. A shift in the coaching relationship was brought about through the coach's disclosure of his own experience and naming of feelings and emotions that were previously implicit and out of awareness in the coaching relationship. The subsequent exploration of the dynamics of the coaching relationship helped the client to understand at a deeper level his struggle in the organisation and to take up a different position in the organisation dynamics. The case study highlights how the dynamics of the coaching relationship can be understood as a repetition of unconscious processes by the client in the organisation. Practical implications: The paper highlights how coaches can understand and work with unconscious dynamics in the coaching relationship. This requires coaches not only to be self-aware, but also to possess the emotional maturity and confidence to work with difficult emotional material. Originality/value: The paper demonstrates how psychoanalytic theory of individuals and organisations can be integrated into a relational approach to coaching which facilitates the exploration of the client's experience of their work in an organisation context.

- **NY!** Duquette, P. (2010). [Reality Matters: Attachment, the Real Relationship, and Change in Psychotherapy](#). *American Journal of Psychotherapy*, 64, 127-151.

Abstract

Early attachment relationships and their inherent emotional regulation formatively effect psychoneurobiologic development. Implicitly learned relational interactions begin within the context of such relationships, and as habitual responses to strong emotions, such as fear, ultimately define character. The psychotherapeutic attachment relationship can positively affect change in developmental processes compromised in earlier relationships, influencing character change. The early attachment relationship is evaluated for features that become relevant as the therapeutic attachment relationship and real relationship—the realistic and genuine elements of the therapeutic relationship, affect psychoneurobiologic change in the patient. This paper asserts that the real relationship deepens therapeutic attachment relationships, improves emotional regulation processes, and stimulates further development of processes such as mentalization. Current research studies are considered regarding areas of the brain potentially affected

in psychotherapeutic processes.

- **[Fulltext via länk]** Fonagy, P., Twemlow, S. T., Vernberg, E. M., Nelson, J. M., Dill, E. J., Little, T. D., & Sargent, J. A. (2009). [A cluster randomized controlled trial of child-focused psychiatric consultation and a school systems-focused intervention to reduce aggression](#). *The Journal of Child Psychology and Psychiatry*, 50, 607-616.

Abstract

Background: While school-based anti-bullying programs are widely used, there have been few controlled trials of effectiveness. This study compared the effect of manualized School Psychiatric Consultation (SPC), CAPSLE (a systems and mentalization focused whole school intervention), and treatment-as-usual (TAU) in reducing aggression and victimization among elementary school children. Method: Participants were 1,345 third to fifth graders in nine elementary schools in a medium-sized Midwestern city who took part in a cluster-level randomized controlled trial with stratified restricted allocation, to assess efficacy after two years of active intervention and effectiveness after one year of minimal input maintenance intervention. Outcome measures included peer and self-reports of bullying, bystanding, and mentalizing behavior and classroom behavioral observations of disruptive and off-task behavior. Results: CAPSLE moderated the developmental trend of increasing peerreported victimization ($p < .01$), aggression ($p < .05$), self-reported aggression ($p < .05$) and aggressive bystanding ($p < .05$), compared to TAU schools. CAPSLE also moderated a decline in empathy and an increase in the percent of children victimized compared to SPC ($p < .01$) and TAU conditions ($p < .01$). Results for self-reported victimization, helpful bystanding, and beliefs in the legitimacy of aggression did not suggest significantly different changes among the study conditions over time. CAPSLE produced a significant decrease in off-task ($p < .001$) and disruptive classroom behaviors ($p < .01$), while behavioral change was not observed in SPC and TAU schools. Superiority with respect to TAU for victimization ($p < .05$), aggression ($p < .01$), and helpful ($p < .05$) and aggressive bystanding ($p < .01$) were maintained in the follow-up year. Conclusions: A teacher-implemented school-wide intervention that does not focus on disturbed children substantially reduced aggression and improved classroom behavior. While school-based anti-bullying programs are widely used, there have been few controlled trials of effectiveness.

- Grandy, M. A., & Tuber, S. (2009). [Entry into imaginary space: Metaphors of transition and variations in the affective quality of potential space in children's literature](#). *Psychoanalytic Psychology*, 26, 274-289.

Abstract

In this article the authors use the imaginal worlds of three children's stories to explore variations in the affective quality of potential space. Lewis Carroll's *Alice in Wonderland*, C. S. Lewis' *The Lion, the Witch, and the Wardrobe*, and Norton Juster's *The Phantom Tollbooth*, each contain a metaphor of transition in which the protagonist moves from the real space of the narrative into the imaginary space where the action takes place—the protagonists are altered and alter their own worlds. The authors will use these metaphors as analogues to differing qualities of imaginary space, including the collapse of meaning in schizoid states, the play of meaning in mentalization and the adventurousness of negotiating separation. These metaphors of transitioning into imaginary space may be used to think about disruptions in development as they manifest in clinical process.

- Hartmann, H. P. (2009). [Psychoanalytic self psychology and its conceptual development in light](#)

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[of developmental psychology, attachment theory, and neuroscience](#). *Annals of the New York Academy of Sciences*, 1159, 86-105.

Abstract

The chapter starts with a historical overview of the subject of narcissism in psychoanalysis. Some sociophilosophical definitions of *narcissism* are explained and the connection to self psychology is described. It is especially referred to Honneth's *Struggle for Recognition*, which is related to the need for selfobject experiences. An outline of different concepts concerning narcissism, especially in the European psychoanalytic tradition, follows and leads to a clearer understanding of Kohut's conception of the self and its selfobjects. Because self psychology can often be understood as applied developmental psychology, useful links to attachment research are described and the move to the level of representation by mentalization is clarified. Further development of self psychology in the direction of intersubjectivity helps to supply connections to systems theory. Recently developed theories of empathy with reference to neurobiological findings provide a dynamic perspective of the activation of empathy. Thus, empathy seems to be better understood as a sort of contagion on which cognitive cortical processes are superimposed. Finally, the therapeutic process in psychoanalytic self psychology is portrayed. This process implies a disruption and repair process by which transmuting internalization can take place. More current theories of self psychology view this process in its essence intersubjectively as a co-construction between patient and analyst. The paper concludes with some hints for a paradigm shift in the direction of a more holistic understanding of the self.

- Jonsson, P. V. (2009). [Complex trauma, impact on development and possible solutions on an adolescent intensive care unit](#). *Clinical Child Psychology and Psychiatry*, 14, 437-454.

Abstract

In order for us to begin to understand the effect of abusive experiences in childhood on young people's personality development and symptomatology, we have to draw upon a number of theories. The most important of these relate to attachment, mentalization, dissociation, trauma, and how abusive experiences affect the development of the individual and their developing brain. In this article I will share with you my attempts to understand the young people that come to stay on our intensive care unit and consider how these theories inform our understanding of them and the treatment approach that we try to provide.

- **NY!** Liotti, G., & Gilbert, P. (2010). [Mentalizing, motivation, and social mentalities: Theoretical considerations and implications for psychotherapy](#). *Psychology and Psychotherapy: Theory, Research and Practice*. Tidig elektronisk publicering.

Abstract

Background Mentalization has recently been identified as a major process in the origins, maintenance, and recovery from various mental disorders. Aims Questions arise however, as to the degree to which deficits in mentalization can be trait or state-like: whether they manifest themselves across all types of human interaction, or are they relationship dependent, such that different types of relationship (e.g., affiliative vs. competitive) can facilitate or compromise mentalizing? Findings This paper suggests that mentalization has a complex evolutionary history, has various subtypes and functions, is highly regulated by the experience of threat or safeness within relationships, and can operate differently in different types of social relationship. Implications Awareness of this

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enables therapists to pay particular attention to the social roles and types of relationships in which mentalization occurs, its specific focus and functions for specific types of relationships. Therapists can be mindful of the kind of specific events in social roles that activate threat and loss of mentalizing (e.g., abandonment threats, feeling controlled by 'the other', status loss, non-reciprocation).

- Livney, D. (2008). [Keeping mind in mind: Reflection and mentalization in the service-learning classroom](#). *Psychoanalysis, Culture & Society*, 13, 205-214.

Abstract

Service-learning is the integration of community service into a classroom curriculum. Facilitator-led "reflection" encourages students to examine their experiences. This article describes dissertation research in which the researcher/facilitator in a high school service-learning reflection class utilizes mentalization theory in reflection sessions to help students become more aware of their own mental states, and to reflect on the mental states of others.

- Seligman, S. (2007). [Mentalization and metaphor, acknowledgement and grief: Forms of transformation in the reflexive space](#). *Psychoanalytic Dialogues*, 17, 321-344.

Abstract

This paper illustrates the clinical application of current theorizing about mentalization and reflective functioning and shows how it can synergize with established analytic concepts. The paper presents a single case, that of a middle-aged woman patient with a moderate but significant history of trauma and presenting with narcissistic/borderline and masochistic dynamics. Unlike some applications of the new concepts, however, this paper does not focus the case presentation around them but instead shows how a number of processes contribute to the development of mentalization. These include corrective engagement in enacted repetitions of the patient's past mistreatment, the development of a central metaphor that allows for proto-reflection and playing with painful affects, and a mourning process precipitated by the death of a family member to whom she is ambivalently attached. In the course of the presentation, then, a variety of psychoanalytic concepts are applied, such that the paper works as a synthesis of mentalization theory with them. Specifically, transference-countertransference dynamics are tracked, projective identifications and containment processes are described, interactions and interpretations lead to progressive change, and fantasies, conflicts, and internal object relations are observed and analyzed. Such direct and detailed clinical application of the concept also makes it more vivid, lucid, and experience near.

- Sharp, C., Williams, L. L., Ha, C., Baumgardner, J., Michonski, J., Seals, R., et al. (2009). [The development of a mentalization-based outcomes and research protocol for an adolescent inpatient unit](#). *Bulletin of the Menninger Clinic*, 73, 311-338.

Abstract

The authors describe the development of a theory-driven assessment and research protocol at the Adolescent Treatment Program of The Menninger Clinic. First, the theoretical framework behind a mentalization-based model for assessment and treatment is described. Next, the process whereby measures were selected to operationalize key components of the mentalization-based model is discussed, including a brief discussion of each measure and assessment procedure. The next section describes the clinical and research use of the data collected. Here, the authors describe how outcomes

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assessment information is integrated into the clinical decision-making process, and they outline the research questions they aim to answer through the assessment protocol. The authors conclude with a section on the challenges, pitfalls, and future directions of the project.

- Steele, K. (2009). [Reflections on integration, mentalization, and institutional realization](#). *Journal of Trauma & Dissociation*, 10, 1-8.
- Twemlow, S. T., Fonagy, P. & Sacco, F. C. (2002). [Feeling safe in school](#). *Smith College Studies in Social Work*, 72, 303-326.

Abstract (Utdrag ur texten)

As Aldous Huxley observed, and psychoanalysts have known for a long time, if it was merely a matter of knowing what to do for most human problems, a majority of mental health workers would be out of business rather quickly. The real question is why we don't do it. Driven by the search for the quick fix, our culture has an insatiable appetite for programs that promise such "a fix," and there are plenty of them. Such programs often deceive people into thinking the task of psychological change is easy; just follow the formula. The equivalent in schools are simple curriculum add-ons that imply that it's just a matter of teaching nonviolent attitudes. The *Smith College Studies in Social Work*, in March 2001, published a set of papers that addressed directly the matter of safety in schools. The dilemma is highlighted in the title of the editorial, "building fortresses" or instead "opening the doors to the community." Many school programs are structured as a curriculum add-on or a set of prescriptions reinforcing security. Dealing with the underlying resistances to making antiviolence programs work, has not received much attention in the literature.

- Twemlow, S. T., Fonagy, P. & Sacco, F. C. (2005). [A developmental approach to mentalizing communities: I. A model for social change](#). *Bulletin of the Menninger Clinic*, 69, 265-281.

Abstract

A developmental model is proposed applying attachment theory to complex social systems to promote social change. The idea of mentalizing communities is outlined with a proposal for three projects testing the model: ways to reduce bullying and create a peaceful climate in schools, projects to promote compassion in cities by a focus of end-of-life care, and a mentalization-based intervention into parenting style of borderline and substance abusing parents.

- Twemlow, S. T., & Fonagy, P. (2006). Transforming violent social systems into non-violent mentalizing systems: An experiment in schools. I J. G. Allen & P. Fonagy (Eds.), [Handbook of Mentalization-based treatment](#). (s. 289-306). Hoboken: Wiley.
- Twemlow, S. T., Fonagy, P. & Sacco, F. C. (2008). [A developmental approach to mentalizing communities: II. The peaceful schools experiment](#). *Bulletin of the Menninger Clinic*, 69, 282-304.

Abstract

The concept of mentalizing—attending to mental states in oneself and others—provides an integrative conceptual framework to characterize the psychotherapeutic treatment of a patient with a history of attachment trauma and a comorbid schizoaffective disorder. The authors construe mentalizing failures in childhood attachment relationships as integral to the trauma and the promotion of mentalizing in the psychotherapy relationship as the

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cornerstone of healing. They employ mentalizing to conceptualize both the exposure-based interventions and the equally essential interruption of a problematic pattern of reenactment that continually fueled the patient's posttraumatic symptoms.

- Twemlow, S.T., Sacco, F.C., & Fonagy, P. (2008). [Embodying the mind: Movement as a container for destructive aggression](#). *American Journal of Psychotherapy*, 62, 1-33.

Abstract

Violent, nonmentalizing individuals who act out aggression do not usually respond to verbal therapeutic approaches alone. We suggest the movement in physically oriented therapies, such as yoga and martial arts, combined with psychodynamic psychotherapy are critical in reaching these individuals. We also suggest embodiment as a direct link to the kinesthetic core of easily disturbed attachment experiences. This process embodying the mind requires a safe, containing context found in the therapist. Clinical vignettes show how this might be done in both individual and social contexts. These vignettes also show a way to think about such a combination of techniques and theories.

- Verheugt-Pleiter, A., & Deben-Mager, M. (2006). [Transference-focused psychotherapy and mentalization-based treatment: Brother and sister?](#) *Psychoanalytic Psychotherapy*, 20, 297-315.

Abstract

Transference-focused psychotherapy and mentalization-based treatment are new psychoanalytic treatment forms for borderline patients. How do these forms of treatment differ and how are they alike? What interventions do they yield in clinical practice? In the past few years two methods of psychoanalytic treatment for borderline patients have been developed: transference-focused therapy and mentalization-based treatment. This paper explores the similarities and differences between them, with a special focus on how the different theories lead to different interventions in clinical practice. TFP takes the central problem to be the disorder in object relations, while MBT focuses on the self as agent. Further differences concern notions of the role of aggression, the presence of mental representations and the position of the therapist. Interventions formulated by therapists of both frames of reference in response to some therapy fragments differed substantially. Both theories share a desire to develop a psychoanalytical technique suitable for borderline patients, and both stress the central importance of the handling of the transference and of working in the here-and-now, as well as the necessity for effect research.