



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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MENTALIZING, PROMOTION OF

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Definition: Attending to intentional mental states in oneself and others and interpreting behavior accordingly.

Elements: Mentalizing interventions promote an enquiring, open-minded understanding by the patient and therapist of one's own and others' mental states. These include past, present and anticipated mental states ranging from ordinary thoughts and feelings to abnormal hallucinations and dissociations, and from intuited emotional resonances to explicitly spoken material. Mentalizing procedures can concern just one current feeling or a broad autobiographical narrative.

Related procedures: *Transference interpretation; countertransference, use of; Socratic questioning; mindfulness meditation; cognitive restructuring; metacognitive monitoring; promoting reflection, psychological mindedness, observing ego, empathy.*

Application: In individual, group, and family therapy based on any theoretical orientation.

1st Use? Fonagy (1991)

References:

1. Allen JG, Fonagy P, Bateman AW (2008) *Mentalizing in Clinical Practice*. Washington, DC: American Psychiatric Publishing.
2. Bateman AW, Fonagy P (2006) *Mentalization-Based Treatment for Borderline Personality Disorder: A Practical Guide*. New York: Oxford University Press.
3. Fonagy P (1991) Thinking about thinking: Some clinical and theoretical considerations in the treatment of a borderline patient. *Internat J Psychoanalysis*, 76, 39-44
4. Fonagy P, Gergely G, Jurist E, Target M (2002) *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press.

Case Illustration 1

Karen recounted an incident hours before her psychotherapy session. Her husband had left a phone message that he'd decided to stay away on his trip for a few more days, without any explanation. She reacted with "instant fury", slamming her fist onto marble tiles on the kitchen wall, with results visible on her swollen hand. The therapist asked "*Looking back, what do you make of that now?*" Karen answered "What else was I going to do?", as if unthinkingly injuring herself were an utterly natural response to feeling angry or frustrated. The therapist remained puzzled and asked Karen if she could help him understand the link: "*What is the connection between feeling furious and smashing your fist?*" Karen again answered "It's what you do!" The therapist persisted: "*It's what you do, but to me it's a bit of a puzzle*". The therapist asked if she ever refrained from hurting herself when she was furious; astoundingly, she

replied she couldn't remember a time when she'd refrained. The therapist asked how much time elapsed between her feeling of fury and smashing herself. Karen reflected for a moment and replied, "A second or two." The therapist exclaimed "*Good! That gives you some time to think — to push the pause button*". He pointed out it might be useful for her to cultivate some experience of refraining from action when she felt furious. Further exploration suggested that Karen felt an immediate and intolerable loss of the excitement of looking forward to seeing her husband. Smashing her fist cleared her mind. Subsequent discussion addressed self-injury as an expression of her anger that exacerbated her marital conflict, creating a vicious circle of feeling rejected and angry, injuring herself, and evoking more rejection.

Case Illustration 2

Jake reported a "weird" dream in which he was holding a gun to his head in a therapy session and, in the dream, felt a tremendous sense of power as he saw the look of panic on the therapist's face. The therapist asked what made the dream seem "weird." Jake replied that the last thing he would want to do is frighten his therapist and, besides, "It doesn't seem to faze you when I talk about wanting to kill myself". The therapist challenged him: "*How do you know it doesn't faze me?*" In a non-sequitur, Jake responded, "My parents never seemed to care about all the crazy self-destructive stuff I was doing." The therapist reiterated: "*What makes you think I'm not fazed — how do you know?*" Jake replied he assumed that the therapist really didn't "give a damn" about him once he'd left the office. Persisting, the therapist responded emphatically, "*How do you know?*" Finally, Jake reflected for a moment and said, "I don't, for sure." The therapist then replied that he didn't think Jake's dream was "weird" at all; rather it wasn't that far from the truth. The therapist explained that although not feeling panicky he'd worried more than usual that Jake was becoming more suicidal and may have noticed the therapist's anxiety, and it was good that Jake had talked about the dream. Jake said the therapist had seemed a bit tense in the previous session when Jake was talking about dropping out of school as everything was so pointless and futile. The therapist confirmed that hearing the words "pointless and futile" had troubled him. Jake responded, "But I didn't want to worry you." The therapist replied "*Why not? Might there be something to gain in having me worry?*" This led to productive discussion of Jake's belief "out of sight out of mind" and that keeping the therapist on edge might be the best way to ensure that he wouldn't take Jake for granted and would remain invested in helping him.