

Activity: What would you think if in your home town you saw a man standing at the corner of an intersection studying a map, looking up and down the various streets with a questioning expression on his face? Make some notes.

Give some examples or situations when it is beneficial to mentalize.

Give some examples of situations when someone misunderstood you.

Give examples in which you have misunderstood others.

Homework: Practise using some mentalizing. Find a friend or someone in your family to interview about how they were earlier in the day. Try to ask questions in a curious, not-knowing and non-judgmental way, and try to bring out as many moods, thoughts and emotions as possible. Note how this makes you feel and also ask the other person how it makes them feel.

WHAT IS MENTALIZING?

*Introductory
Mentalization-Based
Treatment Group*

WHAT IS MENTALIZING?

Mentalizing is to do with how our mind works. It is the way our mind tells us *what* we are feeling and thinking, and *why* we are behaving as we are.

It is also how our mind tells us *what* someone else is feeling and thinking and *why* they are behaving as they are.

It is how we *experience* and *understand* our relationships with others.

In order to have good personal and social relationships with others, it is essential that we understand each other, and ourselves, reasonably accurately. What is going on in our mind to make us feel as we do? What is going on in the other person's mind to make them behave like that?

AUTOMATIC VS. CONTROLLED MENTALIZING

When we interact with others in a spontaneous and natural manner, mentalizing takes place *automatically*. We do not need to exert ourselves and do not even notice that we are mentalizing.

We simply respond to people, taking turns in conversation and in a joint task, by making reasonable assumptions about why people are saying what they are saying or behaving as they are. We feel understood.

It is only when people depart from an expected response that we are surprised.

We stop and wonder: 'What happened then?' Did he really understand what I meant? That's not what I meant. Let me try one more time'. Then we resort to *controlled* or *explicit* mentalizing. We ask a question – 'What made you say that?'

EXTERNAL VS. INTERNAL MENTALIZING

We mostly focus on the eyes and facial expression and tone of voice of others to give us clues about what is going on in their mind. This is an *external focus* or *focus on the outside*. From there we 'guess' their inside.

To check we are correct, we ask the person, 'Are you feeling [happy, sad, angry, frightened, excited, etc.]?'

Some people can be overly concerned about what others are thinking and feeling. This is called *hypermentalizing*. This happens when people become wary, distrustful or suspicious of other people, even people they do not know. For example, sensitive people, when they are on public transport or in the street, might start to think others are looking at them, noticing them in some way, are against them or even threatening them.

WHY IS MENTALIZING IMPORTANT?

Mentalizing helps us to.

- Have a more accurate understanding of what is taking place between people
- Understand ourselves, who we are, our preferences, our own values, etc
- Communicate well with our family and close friends
- Regulate our own feelings
- Regulate other people's feelings
- Avoid misunderstandings
- See the connection between emotions and actions more easily, which will help us to escape destructive patterns of thoughts and feelings.

WHY DO WE SO OFTEN MISUNDERSTAND EACH OTHER?

- *The mind is hidden* – we can never know what is going on in another person's mind unless they tell us. Sometimes we cannot even work out what is going on in our own mind
- We tend to guess what is going on in someone else's mind without checking it out
- We decide we know what they are thinking. For example, we think that others are thinking the same way as we do

- We make snap decisions: we ‘know’ what the other person is thinking even if they deny it
- We often assume that others understand us without us having to say what is going on for us ourselves
- Individuals have different experiences of the world, and we sometimes don’t like that
- A person who feels threatened holds back feelings and/or thoughts because he or she is afraid of something (such as being embarrassed or judged or humiliated) – this then affects their ability to understand what is going on in their own mind.

HOW DO WE KNOW WHEN WE ARE MENTALIZING?

We can never be 100% sure. But good mentalizing is characterized by a genuine curiosity about the other person’s experiences, thoughts and feelings. It is a ‘not-knowing’ and exploratory attitude.

When we are mentalizing, we allow our feelings to happen without trying to get rid of them; we can doubt ourselves and reflect on our thoughts and feelings; we are open to alternatives and can genuinely listen to others.

Group activity: It is Sarah's birthday. She is planning to celebrate with Mike, her boyfriend, and has invited him home for dinner. She has purchased wine to go with the food, and is looking forward to him coming after work. When Mike arrives, he does not have a gift with him, and he says to her "wow, what a dinner you have made, and on a Tuesday". During dinner Sarah is quiet and drinks most of the wine herself.

What happened? Why do you think Sarah behaves the way she does?

Activity: Think through your own experiences. What is a typical reaction pattern for you when you become emotional?

Activity: Think through your own experiences and make some notes about what a typical reaction pattern is for you when you become emotional.

Homework: Make a note of a situation during the week in which you have noticed that your ability to mentalize was undermined.

WHAT DOES IT MEAN TO HAVE PROBLEMS WITH MENTALIZING?

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WHAT ARE TYPICAL SIGNS OF POOR MENTALIZING?

There are some 'giveaways' that indicate when someone's mentalizing is poor. For instance:

- Feeling *certain* about other people's motives, without considering any possible alternatives
- Thinking in black and white terms
- Not acknowledging feelings in oneself or others (low empathy)
- Overlooking the fact that people influence each other
- Not being curious about what is in someone's mind
- Emphasizing external factors instead of considering personal states – for example, that it was raining, or that one had a headache – or describing a particular situation as being 'just how it was', without being able to give any more explanation
- Using a lot of generalizations, absolute statements and/or oversimplifying. For example, 'All men are...'; 'Obviously this is because...'; 'She is just...'

WHAT ARE THE CONSEQUENCES OF POOR MENTALIZING?

- Poor mentalizing of our own thoughts and emotions means that we do not have a good understanding of our own reasons for acting the way we do. Instead, things seem to 'just happen'
- Our sense of who we are can become unstable. We may second-guess ourselves, feel insecure or need constant confirmation and reassurance from others
- We misunderstand each other frequently. This can have negative consequences: for example, others may feel overlooked, not heard or wrongly interpreted and become upset about this; or we feel that others do not understand or care about us
- We may react in a very emotional way based on misunderstandings – for example, we may become afraid, angry,

disappointed, etc

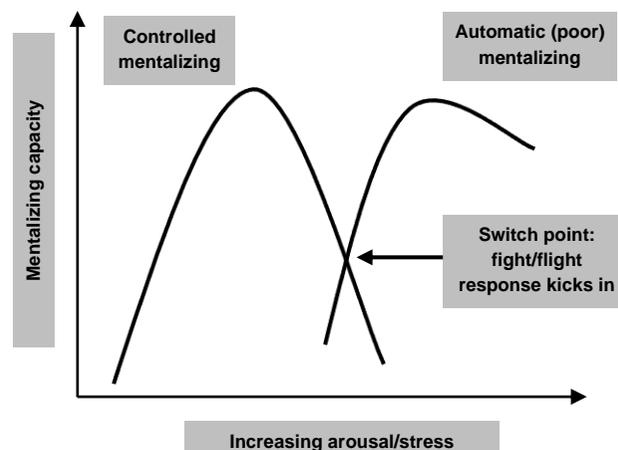
- We can be taken over by emotions or act without thinking (that is, we allow the surrounding circumstances or our own impulses to govern our actions)

FROM MENTALIZING TO SURVIVAL ('FIGHT OR FLIGHT')

Points to note from this diagram:

- Feelings are activated faster and more strongly in some people than others
- The fight/flight response can kick in at different times for different people, depending on the individual's personal threshold (the 'switch point')
- The time it takes to return to a normal state after intense emotional activation varies among people.

These are important points for treatment: emotional intensity can be controlled, the threshold can be raised, and the time it takes before one gets back to one's normal state can be reduced.



Group activity: Say what emotions you commonly feel (the group leader will write them on a chart).

Group activity: Discuss the emotions listed in relation to yourselves and your individual differences.

Does everyone in the group feel these emotions?

Does each person experience them with equal frequency and intensity?

Homework: What emotions have been the most prominent for you in the past week?

Or have your emotions been diffuse – that is, more of a physical unease rather than being obvious?

WHY DO WE HAVE EMOTIONS AND WHAT ARE THE BASIC TYPES?

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WHAT ARE BASIC EMOTIONS?

Basic emotions are emotions that exist in all mammals. Basic emotions are 'wired' in the same area in the brain, trigger the same physical reactions, and each of them is linked to a set pattern of reactions.

The **seven basic emotions** are:

- Interest and curiosity
- Fear
- Anger
- Sexual lust
- Separation anxiety/sadness
- Love/caring
- Play/joy.

Social emotions, such as shame and loyalty, exist in humans and some primates.

WHY ARE BASIC EMOTIONS IMPORTANT FOR US?

Basic emotions are related to evolution – they have been shown to be important for survival and reproduction. They represent an innate and automatic preparedness to react in particular ways.

We do not need to learn these emotions or reaction patterns because they are determined by nature (although we can still distance ourselves from them, for example, by focusing our mind or by distraction).

They supply us with automatic responses that have been important for human survival throughout evolution, over the course of millions of years.

THE MAIN PURPOSE OF THE SEVEN BASIC EMOTIONS

- *Interest and curiosity, or exploratory behaviour*, motivates us to find out useful information about our surroundings (for example, where is there food and water or a safe place to hide). We need to be curious to learn things about life and each other.
- *Fear* makes us ask ourselves questions such as: 'Is what I am facing dangerous?', 'Can it injure or kill me?', 'Is this person a rival who is stronger than I am?', 'Is he/she an enemy?'. In a situation where the fear becomes intense enough and the enemy or rival seems stronger than us, it prompts our decision to run away or 'give in' to the other person. Fear can also prompt us to freeze or 'play dead' if the threat is overwhelming and our life is at risk.
- *Anger*. If we find that someone or something is standing in our way, we may show anger and see if he/she submits. If the person resists, the intensity of our anger will increase and possibly even lead us to attack them.

- *Sexual lust* encourages reproduction – and therefore the continuation of our genes in our children.
- *Separation anxiety* and *sadness* function as an appeal for others to take care of us. They signal to potential caregivers that we are in danger or in need of protection, or that we have become isolated from our group/family, or that we have lost someone close whom we depend on.
- *Love/caring* motivates us to care for our children, family, partner and friends.
- *Play/joy* stimulates us to interact with others so that we remain a 'pack animal' rather than becoming a hermit. It increases our skills of interacting with others, introduces limits to our own excitement, and enables us as children to develop ways dealing with anger through 'rough-and-tumble' play.

AWARENESS OF EMOTIONS

Because of our upbringing and socialization, we can be distanced from our natural, emotional reactions. Emotions can be suppressed. We can therefore be emotionally triggered, but at the same time be unaware of what exactly we are feeling. For example, we can feel heart palpitations or bodily unease without knowing why.

Group exercise: The group leader will guide you through an exercise of turning your attention inwards.

Group activity: Role play about emotional regulation through others. One person acts being emotionally upset (the group leader will give guidance on this). Another person is then tasked with the following:

1. To find out what feelings the person has
2. To find out why he/she feels this way
3. To try to console the person.

After the role play, discuss the participants' experiences.

Group activity: Suggest names for the painful, uncomfortable or unpleasant emotional states that you get stuck in.

What kinds of things have you done to try to get out of these kinds of emotional states?

Homework: Make a note of at least one occasion during the past week when you managed to effectively regulate an upsetting emotional state.

HOW DO WE REGISTER AND REGULATE EMOTIONS?

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HOW DO WE REGISTER EMOTIONS IN OTHERS?

There are two main ways in which we register emotions in others:

By interpreting others' facial expressions and body language – this happens across all cultures and, to some extent, in other animal species as well as humans.

Through identification – for example, when we see another person feeling sad, we can become sad ourselves. This is part of the basis of *empathy*. (We have specific brain cells called 'mirror neurons' that enable us to feel and experience what someone else is feeling and experiencing).

HOW DO WE REGISTER EMOTIONS IN OURSELVES?

People differ in how they register their own emotions. Some people find it easier than others.

We register our emotions by turning our attention inwards – noticing our bodily reactions, thoughts and feelings.

Examples of this in common language include 'a lump in my throat', 'weak at the knees', 'pressure behind the eyes', 'hair standing on end', and so on.

Emotional awareness can be improved with practice, simply by being more aware and 'being more present in one's own body'.

Group exercise: The group leader will guide you through an exercise of turning your attention inwards.

Different experiences and emotions can emerge in this exercise. Some people find that their physical experiences block their awareness of their feelings. Others may become anxious or even paranoid about losing control – this is similar to *fear*, one of the basic emotions.

EMOTIONAL REGULATION THROUGH OTHERS

We can also allow others to help us regulate our emotions. In fact, we often try to do this, such as when we comfort another person who is upset or allow ourselves to be consoled by others.

For this to be effective, we need to be willing to let another person comfort us.

On the other hand, the way in which this person tries to console us – their behaviour and what they say – is also important.

Group activity: Role-play about emotional regulation through others. One person acts being emotionally upset, and another person has to console them (see details overleaf). Discuss your experiences afterwards.

IMPAIRED EMOTIONAL REGULATION

This is when we are stuck in a painful, problematic, uncomfortable and often unclear emotional state. People in this state can resort to dramatic ways (such as getting high or self-harming) to escape it.

Question: Can you name some of these emotional states that you get stuck in? What kinds of things have you done to try to get out of these emotional states?

These emotional states contain *unmentalized feelings*. While they are in such a state, people can do very irrational and destructive things.

It is essential to talk about these experiences in therapy. It is also important to try to reduce the time spent in such states, and therapy can help with this.

What characterizes the family culture you grew up in with respect to mentalizing?

Make a note of your own examples of attachment conflicts.

Make a note of something you find difficult to talk about in a close relationship and what the reason(s) for this may be.

Homework: Make a note of something that has been difficult to talk about in a close relationship in the past week.

ATTACHMENT AND MENTALIZATION

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Growing up in a *mentalizing culture* promotes secure *attachment*. In turn, this helps a person's mentalizing abilities to develop and be maintained.

WHAT IS A MENTALIZING CULTURE?

A mentalizing culture is a culture within a family or a group where the family/group members frequently have discussions about people and why they behave the way they do.

A mentalizing culture is necessary to manage any significant events that affect anyone in a family. Discussion about experiences need to be done with a reasonable degree of open-mindedness, minimal certainty and without triggering any oppressive family taboos.

Question: What is the culture within your own family like in terms of mentalizing (talking about people's thoughts and feelings)?

The MBT outpatient treatment programme strives towards creating a mentalizing culture. In the groups and individual sessions, for example, we make constant efforts to find out about our own minds and the minds of other people, and how they

influence each other. We will talk more about this in later sessions.

ATTACHMENT AND MENTALIZING

Attachment relationships are important. For young children, close attachments with caregivers (such as parents) are very important. These relationships help the child to become aware of his or her own emotional states, to be able to put names to these states, to find out the reasons for them, and to use his or her understanding of emotions to be able to relate to others.

If a child's relationship to his or her attachment person(s) is poor, he or she may not be able to use the attachment person to learn how to understand feelings and the relationships between people. This will have negative consequences for the child's mentalizing abilities as he or she grows up and becomes an adult.

This means that the person is very much left alone with their emotions. They will also find it difficult to think around the attachment relationship itself, because the person does not have a reliable reference point.

However, this can become easier over time if the person has supportive and caring other relationships as they grow up, for example, with a grandparent or teacher.

ATTACHMENT CONFLICT

Attachment conflict means that a person hides or exaggerates signals about their own emotional state because they fear or are insecure about what will happen if they try to get close to the attachment person.

Attachment conflict means that an impulse to get closer to someone is inhibited by something else (such as fear of being punished by the other person, or sometimes a wish to punish that person).

Activity: Make a note of examples of your own attachment conflicts.

VIOLENCE AND ABUSE

It is particularly difficult to think about the primary attachment relationship if this relationship involves violence and sexual abuse. How can someone begin to understand why a person who should be treating them with care and love (such as a parent) is behaving in a way that ignores or actively harms their wellbeing?

Attachment conflicts inhibit a child's mentalizing abilities right from the start, and leave behind emotional scars and confusion.

They undermine the child's ability to deal with attachment conflicts later in adult life.

What makes you *you*?

What are your positive personality traits and talents?

Are there any problematic aspects in your personality? Note these down.

Homework: Make a note of the *personality traits* (the thoughts, feelings and behaviours) that have been most troublesome for you in the past week.

WHAT IS PERSONALITY DISORDER?

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WHAT IS PERSONALITY DISORDER?

Everyone develops particular ways of thinking, feeling and relating to other people when they are growing up. These ways of thinking and being develop from childhood, through our teenage years and into adulthood. This is an individual's *personality* and can be thought of as 'what makes me *me*'.

Some ways of thinking, feeling and relating to other people can be problematic. For example, they may affect our image of ourselves or our self-esteem, or they might affect our ways of thinking about the people around us. This, in turn, can cause problems in schooling, work, and with our friends and family.

If a person has a certain number of problematic aspects ('*traits*') to his or her personality, they may have a diagnosis of *Personality Disorder*.

A personality disorder does not affect the entire personality. A person can have good and positive personality traits and talents, as well as those that are problematic.

Activity: Write down 'what makes me *me*'. What are your positive personality traits? Do you have any problematic personality traits?

CAN PERSONALITY DISORDER BE CHANGED?

Just as people's personality can change over time, personality disorders are not necessarily permanent either.

As people get older, they sometimes become more relaxed, less intense and able to deal with difficult situations in a better way. However, problems can pop up again during times of stress (such as the loss of a close relationship, or a period of ill-health).

Personality disorder can improve quicker through treatment, for example, with mentalization-based treatment (MBT).

TYPES OF PERSONALITY DISORDER

Personality disorders are currently classified into 10 types, grouped into three clusters:

Cluster A: (Paranoid, Schizoid and Schizotypal personality disorders)

Cluster B: (Antisocial, Borderline, Histrionic, and Narcissistic personality disorders)

Cluster C: (Avoidant, Dependent, and Obsessive–Compulsive personality disorders).

People can have traits from more than one type, or cluster, of personality disorder.

BORDERLINE PERSONALITY DISORDER

Patients in the MBT programme are often found to have Borderline personality disorder (BPD). The traits of BPD are:-

- Having difficulties with being alone and strong feelings associated with being abandoned
- A pattern of unstable and intense interpersonal relationships, which fluctuate between extremes of great bliss and total misery
- Identity problems – such as fluctuating self-esteem, an unstable self-image, or constant changes in life goals
- Having disturbed or unstable self-image or sense of self
- Being impulsive in ways that are self-damaging (e.g. doing risky things on the spur of the moment)
- Repeated self-harm or suicidal behaviour (to deal with painful or difficult feelings)
- Feelings of inner emptiness and meaninglessness
- Constant mood swings, within a few hours or a day or a few days. Intense anger that is difficult to control
- Reacting with suspiciousness or a feeling of being outside of oneself when stressed.

Do you recognize any of them in yourself?

Do you think you would find it hard to bring in recent events from your own life to therapy sessions? If so, what will make it difficult for you?

What about focusing on other group members' problems and events in the group?

Why might it be hard for you to have a mentalizing (curious and not-knowing) attitude in therapy?

Homework: Did you have any problems during your last group meeting talking about a relevant event from your own life?

ABOUT MENTALIZATION- BASED TREATMENT (MBT)

Introductory

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WHAT ARE THE AIMS OF MBT?

MBT aims to improve a person's ability to mentalize in close relationships.

Having improved mentalizing ability means:

- Experiencing a more stable sense of who you feel you are
- Being less likely to let emotions get the better of you
- When emotions do get the better of you, you are able to regain your composure more quickly

This should mean that you become stronger emotionally, engage in harmful behaviours less, are less likely to get into interpersonal conflicts, and are better able to deal with any conflicts that do arise.

HOW DOES MBT HELP YOU IMPROVE YOUR MENTALIZING?

To be good at something, you need to practise it. In the MBT programme, participants have the opportunity to practise mentalizing skills together with the therapist and other group members.

HOW IS MBT STRUCTURED?

The MBT programme consists of:

1. Mentalization-based problem formulation
2. Crisis plans
3. Psychoeducational group therapy: 12 weekly sessions, each 1.5 hours long

4. Individual therapy: once a week for around 18 months
5. Group therapy: weekly sessions of 1.5 hours for around 18 months
6. Possible addition of art therapy
7. Appointment(s) with psychiatrist for relevant prescriptions if needed
8. Collaboration with other agencies on work-related support

WHAT DOES THE THERAPIST DO IN MBT?

MBT therapists may provide advice directly, but they mainly try to think and reflect *with* you about problems to help you gradually develop your own solutions. This means taking on a curious and 'not-knowing' attitude about yourself and others – other patients in the group and people in your everyday life – particularly about experiences, thoughts and feelings.

WHAT DOES THE PATIENT DO IN MBT?

To make good use of treatment, patients are encouraged to:

- Talk about events from their own lives, especially recent events that have been stressful
- Try to understand more about these events, using a curious, open and 'not-knowing' attitude

- Allow other group members to take part in this process by exploring their own problems and others people's problems in the same way
- Work with the therapist and the other group members in exactly the same way, to understand events that happen within the group
- Try to develop a constructive relationship with the group members and the therapist

As part of the programme, patients are encouraged *not* to have contact between each other outside of the therapy sessions. If they do so, they should try to talk about these contacts in the therapy sessions.

WHAT ELSE DO I NEED TO KNOW?

The individual and group therapists meet regularly and discuss how therapy is going.

The group therapist does not usually mention in the group anything he or she has discussed with patients in individual sessions. You, the patient, get to choose what you want to talk about, and when.

However, sometimes the group therapist can address specific serious topics directly, even if the patient does not want to talk about them. For instance, these may relate to violence or threats, serious breaches of the treatment contract, or suicide attempts.