

JG Allen & P Fonagy (Eds.), *Handbook of Mentalization-Based Treatment*. Chichester, UK: John Wiley & Sons

Preface

In advocating mentalization-based treatment we claim no innovation. On the contrary, mentalization-based treatment is the least novel therapeutic approach imaginable: it addresses the bedrock human capacity to apprehend mind as such. Holding mind in mind is as ancient as human relatedness and self-awareness. Nonetheless, fostering the capacity to mentalize might be our most profound therapeutic endeavor: cultivating a fully functioning mind is a high aspiration indeed.

Might we claim that *all* psychotherapy is mentalization-based treatment? Hardly. This would be akin to the claim that all therapy that influences behavior is behavior therapy, that all therapy that influences thinking is cognitive therapy, or that all therapy that influences intrapsychic conflict is psychodynamic psychotherapy. All therapy requires mentalizing on the part of the patient and the therapist; mentalization-based *treatment* entails explicit attention to mentalizing in the therapeutic process; and mentalization-based *therapy* structures attention to mentalizing through specific therapist training and treatment manuals. This volume aims to interest clinicians of diverse theoretical orientations in mentalization-based treatment and to acquaint them with mentalization-based therapy.

The concept of mentalization emerged in the psychoanalytic literature in the late 1960s but diversified in the early 1990s when Simon Baron-Cohen, Chris Frith, and others applied it to neurobiologically based deficits in autism and schizophrenia and, concomitantly, Peter Fonagy and his colleagues applied it to developmental psychopathology in the context of attachment relationships gone awry. This volume reviews work in the latter tradition, wherein mentalizing is construed as a dynamic skill, the performance of which is compromised, for example, in the context of intense affects associated with conflicts in attachment relationships.

Following the principle that psychotherapeutic interventions be tailored directly to psychopathological processes, mentalization-based therapy was first developed and researched in the treatment of individuals with borderline personality disorder, a condition that often develops in conjunction with trauma in attachment relationships. More recently, befitting its developmental origins, mentalization-based therapy is being applied to families and mother-infant dyads. Currently, we are expanding the realm of mentalization-based treatment, exemplified by programs at The Menninger Clinic, which specializes in time-limited inpatient treatment for patients with heterogeneous treatment-resistant psychopathology. We are promoting a cohesive conceptual framework throughout the clinical services by employing attachment theory and the concept of mentalizing. In the process, we are educating staff members, patients, and their family members about mentalizing such that the word is becoming part of everyday parlance. But this aspiration for conceptual cohesiveness faces the challenge of integrating mentalizing with what is perforce an eclectic treatment program that includes psychopharmacology, a therapeutic milieu, individual and group psychotherapy, as well as cognitive-behavior therapy and dialectical behavior therapy, all implemented by a multi-professional team with the patient at the center. Thus this volume evolved from the authors' collective experience in employing the concept of mentalizing to assist in understanding diverse forms of psychopathology as well as our experience in conducting a range of mentalization-based interventions and our ever-expanding experience in educating mental health professionals and consumers alike.

While mentalizing is a basic human capacity that we generally take for granted, the concept is surprisingly hard to pin down. Thus, in the first section of the book, “Conceptual and Clinical Foundations,” Jon Allen’s chapter launches the volume by explicating the concept and its distinctiveness from related terms. Jeremy Holmes continues this clarification in a chapter articulating the place of mentalizing in psychoanalytic theory where it remains rooted.

In launching the next section, “Developmental Psychopathology,” Peter Fonagy’s chapter establishes the scientific foundation for mentalization-based treatment. Fonagy enconces an integrative neurobiological theory of mentalizing in an evolutionary framework as a prelude to reviewing research on the development of mentalizing in the attachment context and in social relationships more generally. Carla Sharp’s chapter follows naturally, reviewing contemporary research to show how childhood psychopathology can be understood through the lens of mentalizing deficits, in the course of which she delineates different forms of mentalizing impairments. Glen Gabbard’s chapter concludes this section by explaining how neurobiological research enhances our understanding of mentalizing deficits in the development and treatment of borderline personality disorder.

The next section, “Incorporating Mentalizing in Established Treatments,” illustrates how explicit attention to mentalizing can be integrated into different therapeutic approaches. Richard Munich shows how a focus on mentalizing can be incorporated into psychodynamic psychotherapy, poignantly illustrated by a particularly challenging interaction with a treatment-resistant patient. Thröstur Björgvinsson and John Hart systematically address a common question: how does mentalization relate to cognitive therapy? Continuing in this vein, Lisa Lewis’s chapter forges links between mentalizing and dialectical behavior therapy skills training as enhanced by interventions from positive psychology.

The next section, “Mentalization-Based Therapy,” presents a range of applications wherein mentalizing is a relatively exclusive focus of treatment. The section fittingly begins with the developmental roots of mentalization-based therapy, Anthony Bateman and Peter Fonagy’s evidence-based treatment program for persons with borderline personality disorder. The section continues with the next developmental step, Short-Term Mentalization and Relational Therapy (SMART), an integrative approach to family therapy for children and adolescents. Pasco Fearon and colleagues’ chapter summarizing the treatment approach is followed by Laura Williams and colleagues’ discussion of the challenges in training therapists to conduct mentalization-based therapy. Next, Efrain Bleiberg’s chapter conveys the benefits of employing mentalizing as a conceptual framework for a specialized inpatient program for Professionals in Crisis. The section concludes with Toby Haslam-Hopwood and colleagues’ chapter describing their psychoeducational program designed to foster a therapeutic alliance in mentalization-based treatment by explaining the concept to patients and their family members—an endeavor that is having the unanticipated benefit of clarifying the concept for the authors.

The concluding section, “Prevention,” illustrates the broader social implications of problems in mentalizing. Lois Sadler and colleagues summarize their pioneering work in helping mothers engage in mentalizing interactions with their at-risk infants to provide a foundation in attachment that will initiate a more positive developmental trajectory. Stuart Twemlow and Peter Fonagy describe a school-based program that effectively decreased bullying by enhancing mentalizing at a social-system level. The volume concludes with Helen Stein’s chapter employing a research-based case study to illustrate the whole point of mentalization-based treatment: promoting resilience.

We are in the fortunate position to present these clinical applications of mentalization-based treatment by virtue of more than a decade-long international collaboration of colleagues in the Child and Family Program, the brain child of Efrain Bleiberg which Peter Fonagy and Jon Allen were privileged to lead in its formative years when The Menninger Clinic remained in Topeka, Kansas. Now, in the context of The Clinic's relocation to Houston, Texas, the Child and Family Program is flourishing in the context of a consortium of extraordinarily supportive and intellectually stimulating institutions: the Anna Freud Centre, University College London, the Yale Child Study Center, the Menninger Department of Psychiatry and Behavioral Sciences at the Baylor College of Medicine, and The Menninger Clinic. This work would not have been possible without the administrative support of these institutions and innumerable collaborators whom the contributors to this volume are proud to represent.

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