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Mentalization: An Overview of the Concept

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Abstract

The phenomenon of mentalization is currently widely discussed from various perspectives and approaches. This article is a short review of the creation and understanding of the concept from the perspective of various practices and needs and as a human ability that develops in early childhood. Mentalization is directly related to the theory of mind, which includes child and human development, and attachment theory, which provides the patterns for this ability. A person's dimension within the spectrum of mentalization indicates a broader or more limited perception of reality, of what is happening to them, and of what influences others' intentions. In other words, it involves how a person reads their situation and interprets what brought them to the point where they are and what intentions and reasons they attribute to the other person in a relationship. The dimensions of mentalization show in detail how its development in an individual affects various areas of observation and experience and, consequently, the individual's perceived well-being. By analyzing attachment styles in the development of mentalization, researchers can identify the influence and quality of mentalization in people with different attachment styles, indicating different scopes of mentalization. Naturally, the greatest quality is attributed to the secure attachment style. Mentalization as a function of traits presents a perspective on how different mental systems can coexist with each other, while simultaneously activating many styles and a range of thinking. Mentalization that develops incorrectly leads to psychopathology and most studies refer to borderline disorders. Finally, the article addresses the therapeutic aspect of psychotherapy and its impact on mentalization: its development, plasticity, and biological functions. This short introduction to the issue of mentalization, although it only approaches the entire depth of the topic, is a kind of inspiration to look at many aspects of mentalization and to explore them in the dimensions of human functioning mentioned in the literature.

Keywords: mentalization, theory of mind, attachment style

1. Introduction

Mentalization is a multidimensional, multi-level, and interdisciplinary concept, created at the border between many sciences, including philosophy, cognitive science, psychology, and psychoanalysis. The concept of mentalization first appeared in the 1970s and is currently one of the fastest developing and active areas of research in psychology, psychotherapy, and especially psychodynamic psychology. Fonagy and his team (Luyten et al., 2009) have been working for a decade on developing his concept of mentalization, starting with the genesis of mentalization and its impact on borderline personality disorders. Thus, he has created a broad substantive and empirical image of this disorder, and work is underway on the impact of mentalization, which shows the possibility and effectiveness of combining science and theory. He is currently working on expanding its application to other personality disorders, depression, addictions, and psychoses (Bateman & Fonagy, 2010; Soderstrom & Skarderud, 2009; Safier, 2003).

Mentalization is the ability to understand one's own behavior and other people's reactions to the world around one, thanks to states of mind as a category of interpreting what is happening inside oneself and what motivates others to act (Bateman & Fonagy, 2010). This function develops in the first five years of life. It takes place in the relationship between a child and their caregiver, paralleling the adoption and consolidation of internal attachment models. A trusting attachment relationship, through teaching the child to create mental representations of themselves and of other people as a response to regularly occurring experiences with the first attachment figure, ensures the proper development of the ability to mentalize. As the literature on the subject says, reduced mentalization ability significantly predicts the development of various types of psychopathology at every stage of a person's life (Cierpiałkowska & Górska, 2016b).

Mentalization is a continuous process, associated with a personality trait that is visible in various aspects of a person's behavior and arising spontaneously. In other words, mentalizing relates to empathy, interpersonal relationships, and most emotional and social skills (Allen et al., 2014). Without the ability to mentalize, many difficulties in social situations can arise. Thanks to mentalization, one can easily adapt to rigid thinking, without that built-in skill. All that is left can be lack of competency to exit or enter a needed variety of role models, insensitivity, and all kinds of complications in relationships. Poor mentalization makes it difficult to deal with various challenges during the normative problems. As we follow, mentalization can play a major role in the etiopathogenesis of personality disorders and can be significant to the prognosis. Developing mentalization skills is important for psychosocial well-being, building psychotherapeutic competence, and the whole process (Fonagy & Luyten, 2010). Mentalization plays an important role in developing a spectrum of scenarios regarding significant others in relationships. This description can highlight dysfunctional family dynamics.

Improving the process of mentalization in the family is related to reducing the weight of aggression and violence (Fonagy, 2006).

What makes mentalization difficult is anxiety, a fixation on depressive images and thoughts, and intense emotional experiences. The individual switches to reacting, which is positioned by unconscious patterns of behavior that are evolutionarily older. The higher the level of stress and emotion, the higher the chance that implicit mentalizing will overshadow. If, on the other hand, the experience gives a chance to the rational nature and one can reflect on the significant situation, one can have an optimal, flexible experience (mentalization) for both one's mental processes and others' behaviors, emotions, and thoughts (Jańczak, 2010). Mentalization is a unique ability that involves recognizing one's own and others' mental and emotional states, values, attitudes, and opinions (Jańczak, 2018).

2. From Theory of Mind to Mentalization

In the literature on the subject, there is a distinction between the concepts of mentalizing and theory of mind (Białecka-Pikul, 2012). These concepts are sometimes used interchangeably, but researchers also note that they are not synonymous (Sharp & Venta, 2012). It is suggested that mentalizing is a concept usually used in a clinical context, while the construct of theory of mind is encountered more often in research on child and human development. Research on mentalization directly relates the concept to attachment theory (Fonagy & Allison, 2012). Secure attachment relationships provide an adaptive learning environment where children can learn and develop mentalizing skills by having their experiences reflected back to them by important attachment figures.

The ability to mentalize refers to the processes of social cognition, especially the perception and recognition of the feelings, intentions, and other cognitive or affective states of oneself and others (Frith & Frith, 2003). Mentalization is an individual's ability to understand how mental processes affect the individual and others, how they proceed, and how they influence behavior. This can help the person anticipate the feelings, intentions, and actions of others that influence their reactions. Theory of mind, as we can see in the literature, omits the relational and emotional thread of understanding other people's behavior in order to distinguish between these two concepts (theory of mind and mentalization) (Fonagy et al., 2003). In research on theory of mind, understanding the mental states of another person ignores any personal emotional involvement in their history. This also applies to the regulatory effects of emotions under the influence of understanding the intentions of the other person and their feelings or desires (Górska & Marszał, 2014). Based on the distinction made by Baron-Cohen et al. (2003) between theory of mind and empathy, Fonagy points to two mechanisms of interpersonal interpretation: towards cognitive functions and towards emotions and affect

(Fonagy & Ghinai, 2008). Kernberg (2012b) points to the negative effects of the ability to empathize with difficulties in mentalization – he distinguishes between cognitive mentalization (without emotions) and affective mentalization (immersed in emotions which, as he says, manifest themselves in the cognitive-affective dimension of the description of mentalization) (Fonagy, 2013).

3. Dimensions of Mentalization

The different fields of mentalization, such as capability for self-reflection and understanding, the skill of noticing, understanding, and interpreting one's feelings, thoughts, and needs behind the action for an exact behavior or attitude. Next would be empathy, understood as the ability to see a situation from someone else's point of view and to recognize the reasons for the other person's way of thinking, feelings, and actions without losing one's own perspective. Recognizing mental simplicity is another dimension of mentalization; human feelings and interpretation of reality are complex and contradictory. Another dimension is adaptability, the ability to be flexible and adjust to a wide range of social situations, which comes with the skills of recognizing, predicting, and interpreting the actions of other people.

Conflict regulation is the next of many dimensions. It is understood as the relationship between mentalizing and the ability to find the best solution in a conflict which is directly proportional, since a person with a higher spectrum of mentalizing is more likely to be open to understanding rather than emotionally overreacting without looking for a solution. In the process of building up one's strength and a healthy, secure attachment in childhood, mentalizing plays a major role and serves as a foundation for healthy relationships later in one's life (Slade, 2005).

From a clinical perspective, intrapsychic representations – i.e., mentalizing in an emotional relationship with another, and specifically the difficult experiences of a person associated with it – affect emotional disorders (Allen et al., 2014). The structural basis of mentalization processes is intrapsychic representations. Patterns of intrapsychic representations related to the perception and experience of oneself can affect one's emotional reactions. They are activated during mentalization and impact the course of the entire mentalization process (Cierpiałkowska & Górska, 2016b).

Object relations theory assumes that personality is a system of positive and negative elements representing the self in relation to an object, which evolves from a period of symbiosis, separation, and individuation, the integration of both positive and negative aspects of the self and the object, and the development of more mature defense mechanisms, such as repression, sublimation, and suppression (Kernberg, 2012a). The degree of personality organization represents different degrees of integration (poorly integrated personality organization indicates psychotic, primary defense mechanisms

are predominant; borderline personality organization is relatively integrated, with more mature defense mechanisms; and neurotic personality organization indicates mature, fully integrated defense mechanisms). The levels of personality organization are shaped similarly to the elements that constitute it, the so-called representations of the self in relation to the object, the perception of the constancy of the self and of the object, and the accompanying defense or coping mechanisms (Cierpiałkowska, 2014). The representations of a child's attachment in the relationship with their mother, family members, and peers in childhood and subsequent stages of life create a certain structure (a system of representations), where a secure attachment style may predominate, but this does not at all mean that there are no representations of a non-secure attachment style and vice versa.

4. Attachment Style and Mentalization

According to Cierpiałkowska, there is a difference between people with a dominant secure attachment style and those with an insecure attachment style: the proportion of secure and insecure representations in the representational system differ.

We discuss mentalization from distal and proximal perspectives. The former is developmental and includes the processes of creating increasingly mature forms of mentalization during a child's development, in a certain sequence, and are the so-called new quality (Bouchard et al., 2008). The perspective of a child or adult describes their current state or capacity for mentalization as a result of having gone through stages of development. Proximal mentalization refers to the state of "here and now." This perspective refers to the way in which a person copes with situations arousing the emotions, assuming that the processes and structures involved in mentalization will develop, regardless of whether it is optimal or pathological (Cierpiałkowska & Górska, 2016a). Mentalization is the process of creating current, moment-specific perceptions of mental states and of analyzing and understanding mental states and behaviors. Current mental states can be induced internally and/or externally, are the result of one's own feelings or thoughts, and can be triggered by external elements, or commentary or criticism from another person (Bateman & Fonagy, 2010). Sometimes, mentalization is based mainly on information from the environment; at other times, mainly information stored in the mind is processed. In everyday life, we most often use both perspectives simultaneously, for example, when mentalization takes place in emotionally charged relationships. Certain traits are assigned to someone when information from both sources is integrated (Achim et al., 2013). Mature mentalization refers to various sources of inference and to the search for a conclusion in at least several options, whereas in personality disorders the interpretation takes place with reference to only one interpretative option: the dominant one, resulting from activated, most often split, representations.

The concept of mental states by Bouchard, Lecourse, and colleagues (Bouchard et al., 2008) also sheds light on the process of mentalization. The phenomenon of transformation into mental states refers to the representation of internal states, forms of emotional experiences (impulses that demand quick discharge), and more mature forms; these are called secondary representations.

At the same time, the process of mental states is joined by an element of modulation, reworking the representation. The aim here is to modulate the level of awareness of threatening mental elements; therefore, regulatory processes are often defensive towards what is represented (Bouchard & Lecours, 2008). A pathological lack of integrated emotion representations can stem from extremely intense emotions following a trauma or from avoiding emotional situations, for example, when a caregiver becomes aware that they may be the source of violence. This describes the combination of subsymbolic and symbolic disconnected experiences of the person (Bucci, 2011).

5. Mentalization and Mental Disorders

The knowledge and proper understanding of mentalization theory plays a major role in the biopsychosocial model, along with an understanding of mental disorders. As the literature shows, the differences in the ability to mentalize correlate with higher or lower incidence of certain mental disorders in a variety of different populations and groups (Sharp et al., 2009). Incorrectly developed mentalization in early childhood can be experienced as a trauma, abuse, or failure of the child. The early experiences are connected to the development of particular mental disorders later in life. From the growth of dysfunctional attachment styles, lack of mentalization and psychosocial tendency to certain mental disorders (borderline personality disorder). Researchers suggest that neurobiological factors – for example, structural and functional characteristics of the brain – are related to difficulties with mentalizing. Without this ability, the person may develop difficulties with social relationships, isolation, and conflicts, as well as mental disorders. Today, some studies highlight the relationship between diagnoses of schizophrenia, personality disorders, or eating disorders, for example, and their prediction and result understood as building mentalization skills.

Relationship between mentalization and the forecast of mental disorders, person capacity to mentalize can improve the understanding with the psychiatrist and psychotherapist, upgrade adherence and compliance and create the therapy process more effectively. Understanding one's own feelings and way of thinking is linked with better results of treatment. Mentalization boosts interpersonal contacts, which positively influence one's life. This is related to the stretching and support of the social system, the processing to the readaptation and resocialization. A limited ability to mentalize is associated with more frequent breakdowns and the appearance of some mental disorders (Choi-Kain & Gunderson, 2008).

6. Mentalization as a Function of Traits

According to Cierpiałkowska, is a basic property representing the integration of the personality organization of a given person that they have managed to achieve. In people with a lower level of personality organization and integration of internal representations, this basic property is initially weaker than in people with a higher level of personality organization. The discussed feature of a person with a given level of personality organization and structure of attachment representation is subject to various disturbances from stress and stimuli, activating representations that are important for a given person. As can be seen, for many different reasons mentalization is susceptible to disorganization; the ability is sometimes lost under certain conditions. It should be noted that sudden jumps from the state of mentalizing and reasoning about others based on external, non-mental premises are characteristic of borderline personality disorder (Fonagy & Bateman, 2014).

Contact between a person and the object of attachment stimulates internal operational models, from the perspective of images of the child–caregiver relationship that exist in them; thus, the person's ability to perceive the mental states of another as independent of their own feelings may be limited to some extent (Allen et al., 2008).

Mentalization difficulties are related to the threshold of arousal, which characterizes and distinguishes individual attachment styles. Threatening stimuli of the lowest intensity most quickly weaken the mentalization of people with an ambivalent-anxious attachment style. Mild stress will not weaken the ability to mentalize in people with an avoidant attachment style. Differences in people with a trusting attachment style will be visible only when the threat increases significantly (Fonagy & Bateman, 2014). Research and clinical observations indicate that the dynamics of mentalization depend on the analyzed content. Various situational factors, stimuli, and related interactions with intrapsychic properties can lead to disruptions and obstacles in the mentalization process. When we look at the dynamics of mentalization from the perspective of the internal organization of mentalization distinctions, we see that the intrapsychic world is heterogeneous, which means that different mental systems coexist, and that there are many modes with different levels of complexity (Fonagy & Bateman, 2014), styles, and ways of thinking. The organization of mentalization modes is similar to Klein's description (2007) of the schizoid-paranoid and depressive positions, where developmentally earlier systems of fears, defense mechanisms, and object relations are still potentially active.

7. Mentalization in Psychopathology

In psychopathology, primitive forms are dominant over reflective ones, whereas in a healthy individual it is the other way around, which additionally blocks the activation of primitive forms. Fonagy (Fonagy & Bateman, 2014) states that prementalization modes are based on concreteness (teleological) and are not subject to reality testing and or the imposition of a representational function of internal states (pretend mode or psychic equivalence) (Stawicka, 2008). In Bouchard et al.'s concept (2008) of mental states, primitive defense mechanisms used against mental representations predominate (Górska & Marszał, 2014), while according to Luquet (Bouchard et al., 2008), the size of primary mental representations, the degree of metaprimary thoughts, and the degree of metaconscious or intuitive thoughts fulfill this function. All of the above, as it results from the literature, concern the states partial or missing representations of affective experience.

Mature mentalization is the result of the integration of personality organization and various conditions, including the level of stress. The integration of mental structures means optimal stability and sufficient coherence of their contents, as well as contradictory partial representations that generate ambivalent qualities – to be embedded in the psyche – coexisting with the others in a kind of "concordance of opposites." At the level of individual representations, it is possible to create a certain conflict, while meta-rules allow these conflicting qualities to coexist, which can neutralize each other, resulting in a weakening of the extremes (Kernberg, 2012a). Integration, as indicated in the literature, combines opposing qualities and levels of represented experience within a representation: sensory-motor representation can be combined with symbolic or verbal representation, building a common representation of emotional experience (Bucci, 2002). The effect of this may be sensory experiences that we can take as a manifestation of fear and that can then become a starting point for recognizing our own experiences in relation to another person.

As Cierpiałkowska (Cierpiałkowska & Górska, 2016) states, the degree of integration of internal representations is defined as relative, because even in a highly integrated structure, we see atoms of the representation system that are sometimes dissociated or split off. Therefore, highly and less organized structures are mutually different in terms of the proportion of integrated and non-integrated particles. In a situation of stress or high emotional arousal, non-integrated parts may also be activated in people demonstrating a higher level of personality organization, which will manifest itself as a periodic disruption through a weakening of the ability to mentalize, where despite the ability for reflective mentalization, a given individual mentalizes worse than their general potential. In personality structures with a lower level of organization, due to the low level of integration and the predominant insecure attachment style, there is a more clearly generalized deficit or a generally visible reduction in the ability to mentalize.

Fonagy (2010) refers to the alien self found in narcissistic personality disorder, seeing it in relation to the false self-construct described by Winnicot (as cited in Fonagy, 2006). Internalized and collected in the alien self are elements that are terrifying to the person, as well as some concerning their sense of value and referring to idealization, and others that may be a split structure due to a caregiver's improper reflection of the child's emotions. A split structure occurs in the personality structure in any form as a result of temporary exclusions in the reflection of parents; the empty space in the mind of non-traumatized people is then filled with self-narrative thanks to mentalization (Fonagy, 2006). When there are traumatic experiences and repeated neglect in mirroring, the discrepancy between the mirrored content and experience becomes large, which makes it impossible to fill this gap, while the means of achieving apparent integrity is the externalization of the persecutory parts. In Fonagy's description of the alien self, the part that has been dissociated is deprived of its "internal relationality;" it remains a representation of the emotional state of the caregiver recognized as part of the self. As it turns out, the aforementioned representation does not contain an understanding of the relationship between the object and the self, or vice versa. The thread of internal relationality discussed above is a point of conflict between Kernberg's theory and Fonagy's theory.

8. Referring to Attachment Theory

The concept of intrapsychic structure splitting, which refers to the cut-off between internal operational models, was published by Howell (2005). As Bowlby (1988) points out, operational models sometimes remain in conflict, potentially interacting with each other in a defensive manner, while in a case of extremely problematic attachment, even several separate internal operational models are created. Intrapsychically, a selected complex of operational models may be available to consciousness, one containing representations of an idealized attachment object and a rejected "bad" child, while another set of internal operational models contains disappointing elements of the parent, which the child has been influenced by but has simultaneously erased from their consciousness. This dissociation between internal operational models resulting from traumatic experiences provokes dissociative experiences characteristic of disorganized attachment (Howell, 2005).

The tendency to see another person in many different roles and situations, questioning the permanent assignment of one role to them, and the ability to seek a different perspective while involved in a relationship are examples of selected possible phenomenological descriptions of proper and flexible mentalization about the other person. It should be emphasized, however, that this is already an advanced ability and although it is achieved more or less during a person's development, it is also often lost in moments of regression,

appearing in the form of subjective and distorted reasoning. A developmental and key point in current mechanisms of mentalization is the ability to decenter, conceptualized differently in different theories but collectively described as the ability to transcend one's own subjectivity and perspective.

The development of mentalization is therefore seen in terms of a transition, from a lack of mentalization towards recognizing the internal states and emotional states of others based on the subjective world of the person recognizing, to a more effective recognition of someone's mind, combined with self-distance and going beyond one's own projection. An important point of mentalization in the sense of inferring another person's state of mind is hypermentalization, understood as a form of mentalization based on early forms of projection (Sharp et al., 2011). It is related to the basic issue of mentalization in the interpersonal sense, the accuracy and contextual justification of inferences about the intrapsychic world of others. Assigning another person intentions, emotions, or a way of thinking, recognizing that they have their own internal world, is already a developmental achievement, but its accuracy is not guaranteed. Excessive mentalization, unprotected by reality testing in situations where relational scenarios resulting from internal representations dominate the realistic recognition of the other person's intentions, may prove to be pathological as a mentalization deficit. Hypermentalization is a pathological form of mentalization. Although it refers to others' having intentions, it is at the same time projective abuse: it is a contextually incorrect attribution to another of intentions that belong to the intrapsychic world of the one who hypermentalizes someone.

9. Mentalization and Psychotherapy

"Mentalizing may be a precondition to increase openness to new social experiences" (Markowitz et al., 2019). Contemporary psychoanalytic concepts explain the process of transition from projectivity to mentalization "from a distance" by taking into account concepts drawn from the areas of object relations and intersubjectivity. Object relations refer to the differentiation of the self from the object and another object from the other person. In both approaches, they refer to the separation phase: individuation and its consequences for the development of mentalization in relation to the states of others. On the other hand, the intersubjective theory undertakes a reinterpretation, trying to establish the dependencies of the object relations theory with the relational theory of mind. Proponents of the object relations theory, including Mahler et al. (1975) and Kernberg (1996), see the process of transition from projectivity to reality testing and assigning importance to the process of differentiating the representation of the self from the representation of the object. This process of differentiation begins in the first stage of the separation-individuation phase and extends through the differentiation stage

in order to reach the ability to individuate through repeated experiences of differentiation and refusion while maintaining dependence. Before the separation stage of the symbiosis phase, a self-object dyad is formed, which Mahler calls a symbiotic orbit, one with a common boundary. After the formation of symbiosis, one moves on to the phase of the differentiation process; in the self, one observes the emergence of desires that differ from those of the object. This is the beginning of the path of internal separation forrepresentations.

Mature differentiation helps reduce the tension between the sense of one's own subjectivity and connection with others. Differentiation provides a sense of connection, contact with others, and – thanks to the sense of enmeshment and fusion – it allows for autonomy and independence, without a sense of isolation and alienation (Lapsley & Stey, 2010). The differentiation process creates the foundations for autonomy while maintaining connections, which has major consequences in the area of self–object representation – this in turn affects mentalization. The state of mind resulting from separation-individuation allows one to see objects as independent, with individual desires, and also to maintain subtle reality testing in social aspects (Caligor & Clarkin, 2013), i.e., correcting one's own projections by taking into account the perspective of others.

Many experimental and clinical studies have reported connections between personality disorders and specific mentalization disorders. Borderline personality disorder, or as Kernberg (1996) calls it, borderline personality organization disorder, stands in the foreground of these studies. In the context of treating such disorders, mentalization-based therapy has proven to be effective. It is treated as a separate therapeutic modality, as well as a specific therapeutic attitude used in therapeutic approaches (Fonagy et al., 2010). It is currently assumed that various therapeutic modalities, especially psychodynamic and cognitive, must take into account the degree of mentalization capacity, especially in patients with personality disorders. It is recognized that difficulties regulating emotions and relationships with others, especially in personality disorders, stem from an inability to mentalize in various social situations. Assuming that difficulties in mentalization come from internal operational models of attachment, we must assume that the general direction of treatment is to stimulate the patient's attachment and motivate them to engage in therapy while working together on their mentalization skills. Arousing the patient's curiosity to see how their own and others' mental states proceed, motivating them to take action, and explaining people's behavior are probably some of the most important tasks of Fonagy's therapy (2010).

As we follow the literature on the subject, we come to the realization that mentalization is a multilevel process based on many factors which can be organized into three main categories: biological aspects entailing the brain structures, the medial prefrontal cortex, and the temporoparietal lobe. Many different methods are applied to show the mechanisms of those approaches, such as functional magnetic resonance imaging,

which presents particular neuronal activity as a key role on the way to mentalization (McAdams, 2018). There is also a hypothesis that the neurotransmitters in this process are oxytocin, serotonin, and dopamine (Slade, 2005). The different penetrance of multiple genes with various levels of expression are responsible for mentalization as a continuum in a specific order.

The level of parental mentalization forms secure attachments in primal relationships and the child's future ability to create deep, meaningful connections with other people (Bretherton, 2011). The promising way for young children who are experiencing a normative crisis, and afterwards through different situational and personal problems, is also connected to their level of mentalization (Fonagy et al., 2002).

Different cultures attach various meanings to the act of mentalizing and conditioning, or stop its development (Luyten et al., 2009). The mechanism by which childhood emotional trauma correlates with a high risk of psychopathology in adulthood is not yet fully understood. Several authors point out that poor mentalizing skills lead to a transdiagnostic risk for psychopathology (Fonagy & Campbell, 2016).

The ability to understand and recognize one's mental interpretation of the world is related to the social realization of the person. This operation is related to better coping with specific difficult situations and can change for better relationships. The variety of situations at work and school can influence one's communication style with other people later in life. The understanding and management of one's emotions and behavior refers to the integrated and adaptive handling of the individual's present abilities in a spectrum of context, with the person's more successful adaptation, which we can call psychological flexibility (Bateman & Fonagy, 2016). Mentalization is the main aspect of human personality. It is associated with more successfully dealing with biopsychosocial difficulties during adolescence and later in life. We can connect that with better emotional regulation. The overall authentic image, including experiences, thoughts, behavior, etc., build the convection with others, empathize, take responsibility in creating one's life, and fully express personal creative potential in social functioning.

With different psychotherapy techniques, the psychotherapist's skill to mentalize is allied with the effect of therapeutic outcomes: the development of the ability to better recognize oneself in terms of another person's thoughts, emotions, and needs, to understand and name them, and to create sufficient boundaries to encourage them. This process is helpful in resolving the internal conflict between clients/patients and therapists (Bateman & Fonagy, 2016). Exercising mentalization skills helps conversations between the client/patient and the therapist become more effective and, subsequently, to move beyond therapy into the social reality of the person's life. In this way, they can address their thoughts and feelings toward others more precisely and comprehensively. The experience of different psychological traumas throughout a person's life can lead to difficulties in mentalization, which influences an individual's ability to overcome

the difficult times of what has happened before and can cost the defragmentation of the self. For this reason, restoring the client's/patient's power to mentalize significantly aids in crisis resolution and brings about positive psychological participation. The skill to mentalize can improve to more adequately recognize and interpret reference and reactions in psychotherapy (Allen et al., 2008). The process of mentalization helps to a large extent in figuring out other people's motivation and the aims behind their behavior, which is important to initiate changes in the client/patient. Taking responsibility for one's own life leads to better coping and adjusting to new ways of reacting (Morin, 2006). "While there is still much research needed to empirically understand and define the role of mentalization in the psychotherapy process, the results of this systematic review have at least one implication for practice: the patient's mentalizing capacity matters, and the psychotherapeutic treatment should (also) be adapted to this" (Lüdemann et al., 2021).

10. Conclusion

"As much as mentalizing can promote mental health and rewarding interactions, its instability can equally result in vulnerability for mental illness and social isolation" (Choi-Kain, 2022). The conclusion which follows from the information presented above could be summarized as the development of mentalization in an individual, family system, and the personal society being able to bring about some positive outcomes, such as developing the ability to observe, to communicate one's state of mind, emotions, and needs to another, and to create healthy boundaries; the skills to satisfy others, respect oneself and others' rules and boundaries; the ability to relate to others' knowledge, distinction, and separation without creating a fear of separation, compulsion, or presumption; and taking obligations for ourselves and others whom we enter into relationships with. Moreover, the holistic understanding of clients/patients and their psychological distress, building psychotherapeutic competence while empathically conducting psychotherapy, throughout the whole psychotherapeutic process, can lead to successful growth from psychotherapy and a post-therapy positive effect.

The construct of mentalization has developed into a complex concept over years of theoretical and practical research and analysis. On the other hand, there is a focus on people's external, physical, and observable characteristics or reactions. Internal states are sometimes considered to be internalization of the outside environment (Fonagy et al., 2007). The division into external and internal characteristics refers to mentalization being applied to the self and others. Mentalization directed at the self or an object is defined as a dimension, the basis of which is seen as the neuroanatomical and developmental basis of both processes. As shown by research (Fonagy & Luyten, 2009), the same regions of the brain are responsible for identifying emotions

and thoughts about oneself and others. In some personality disorders, an incorrect distinction between self and object or irregularities in the degree to which one's identity is integrated are observed. The literature indicates two independent neuroanatomical systems, by which one differentiates oneself from others (Fonagy & Luyten, 2009). In the course of evolution, an automatic, hidden mechanism has developed, which helps one to understand another person more easily.

References

Achim, A. M., Guitton, M., Jackson, P. L., Boutin, A., & Monetta, L. (2013). On what ground do we mentalize? Characteristics of current tasks and sources of information that contribute to mentalizing judgments. *Psychological Assessment*, *25*(1), 117–126.

Allen, J. G., Fonagy, P., & Bateman, A. (2008). *Mentalizing in clinical practice* (1st ed.). American Psychiatric Publishing.

Allen, J. G., Fonagy, P., & Bateman, A. W. (2014). *Mentalizowanie w praktyce klinicznej*.

Baron-Cohen, S., Richler, J., Bisarya, D., Gurunathan, N., & Wheelwright, S. (2003). The systemizing quotient: An investigation of adults with Asperger syndrome of high-functioning autism, and normal sex differences. *Philosophical Transactions of the Royal Society Series B: Biological Sciences*, *358*, 361–374.

Bateman, A., & Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World Psychiatry*, *9*(1), 11–5.

Bateman, A., & Fonagy, P. (2016). *Mentalization-Based treatment for personality disorders: A practical guide*. Oxford.

Białecka-Pikul, M. (2012). *Narodziny i rozwój refleksji nad myśleniem*.

Bouchard, M. A., & Lecours, S. (2008). Contemporary approaches to mentalization in the light of Freud's project. In F. N. Busch (Ed.), *Mentalization: Theoretical considerations, research findings, and clinical implications* (pp. 103–129). The Analytic Press.

Bouchard, M. A., Target, M., Lecours, S., Fonagy, P., Tremblay, L. M., & Schachter, A. (2008). Mentalization in adult attachment narratives: Reflective functioning, mental states, and affect elaboration compared. *Psychoanal. Psychol*, *25*(1), 47–66.

Bowlby, J. (1988). *Secure base. Clinical applications of attachment theory*.

Bretherton, I., Ridgeway, D., & Cassidy, J. (2011). Assessing internal working models of the attachment relationship: An attachment story completion task for 3-year-olds. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 273–310).

Bucci, W. (2002). The referential process, consciousness, and the sense of self. *Psychoanalytic Inquiry*, no. 22, 766–793.

Bucci, W. (2011). The role of subjectivity and intersubjectivity in the reconstruction of dissociated schemas: Converging perspectives from psychoanalysis, cognitive science and affective neuroscience. *Psychoanalytic Psychology*, *28*(2), 247–266.

Caligor, E., & Clarkin, J. (2013). Model osobowości i patologii osobowości oparty na teorii relacji z obiektem. In J. F. Clarkin, P. Fonagy, & G. O. Gabbard (Eds.), *Psychoterapia psychodynamiczna zaburzeń osobowości* (pp. 23–61).

Campbell, C. (2016). Attachment theory and mentalization. In A. Elliott & J. Prager (Eds.), *The Routledge handbook of psychoanalysis in the social sciences and humanities* (pp. 115–131).

Choi-Kain, L. W. (2022). The expanding scope of mentalization-based treatments. *Am J Psychother*, no. 75, 2–3.

Choi-Kain, L., & Gunderson, J. (2008). Mentalization: Ontogeny, assessment, and application in the treatment of borderline personality disorder. *American Journal of Psychiatry*, *165*(9), 1127–1135.

Cierpiałkowska, L. (2014). Zaburzenie osobowości w teorii relacji z obiektem. In L. Cierpiałkowska & E. Soroko (Eds.), *Zaburzenia osobowości. Problemy diagnozy klinicznej* (pp. 58–74).

Cierpiałkowska, L., & Górska, D. (2016a). *Mentalizacja jako stan i jako cecha – perspektywa strukturalno-procesualna*. In *Mentalizacja z perspektywy rozwojowej i klinicznej* (pp. 13–41).

Cierpiałkowska L., & Górska, D. J. (2016b). *Mentalizacja z perspektywy rozwojowej i klinicznej*.

Clarkin, J. F., & Lenzenweger, M. F. (Eds.). *Major theories of personality disorders*.

Dimopoulou, T., Tarazi F. I., & Tsapakis, E. M. (2017). Clinical and therapeutic role of mentalization in schizophrenia: A review. *CNS Spectrums*, *22*(6), 450–462.

Fonagy, P. (2006). The mentalization focused approach to social development. In J. G. Allen & P. Fonagy, *Handbook of mentalization-based treatment* (pp. 53–99).

Fonagy, P. (2010). Attachment, trauma, and psychoanalysis: Where psychoanalysis meets neuroscience. In P. Fonagy & E. Allison (2012), *What is mentalization? The concept and its foundations in developmental research* In N. Midgley, I. Vrouva, (Eds.), *Minding the child: Mentalization-based interventions with children, young people and their families* (pp. 11–34).

Fonagy, P., & Bateman, A. (2014). *Mentalizowanie w praktyce klinicznej*.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*.

Fonagy, P., Gergely, G., & Target, M. (2007). The parent-infant dyad and the construction of the subjective self. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *48*(3–4), 288–328.

Fonagy, P., & Ghinai, R. (2008). *A self-report measure of mentalizing: Development and preliminary test of the reliability and validity of the Reflective Function Questionnaire (RFQ)*.

Fonagy, P., & Luyten, P. (2009). A developmental, mentalization-based approach to the understanding and treatment of borderline personality disorder. *Development and Psychopathology*, *21*(4), 1355–1381.

Fonagy, P., Luyten, P., Bateman, A. W., Gergely, G., Strathearn, L., Target, M., & Allison, E. (2010). Attachment and personality pathology. In J. Clarkin, P. Fonagy, & G. Gabbard (Eds.), *Psychodynamic psychotherapy for personality disorders: A clinical handbook* (pp. 37–88).

Fonagy, P., Luyten, P., Bateman, A., Gergely, G., Strathearn, L., Target, M., & Allison, E. (2013). Przywiązanie a patologia osobowości. In J. F. Clarkin, P. Fonagy, & G. O. Gabbard (Eds.), *Psychoterapia psychodynamiczna zaburzeń osobowości* (pp. 61–119).

Fonagy, P., Target, M., Gergely, G., Allen, J. G., & Bateman, A. W. (2003). The developmental roots in early attachment relationships: A theory and some evidence. *Psychoanalytic Inquiry*, no. 23, 412–459.

Frith, U., & Frith, C. D. (2003). Development and neurophysiology of mentalizing. *Philosophical Transactions of the Royal Society of London, "Biological Sciences", Series B*, *358*(1431), 459–473.

Gergely, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*.

Ghinai, R. (2008). *A self-report measure of mentalizing: Development and preliminary test of the reliability and validity of the Reflective Function Questionnaire (RFQ)*.

Górska, D., & Marszał, M. (2014). Mentalization and theory of mind in borderline personality organization: Exploring the differences between affective and cognitive aspects of social cognition in emotional pathology. *Psychiatria Polska*, *48*(3), 503–513.

Howell, E. F. (2005). *The dissociative mind*.

Jańczak, M. O. (2010). *Mentalizacja jako konstrukt wielowymiarowy w wyjaśnianiu mechanizmu powstawania i przejawiania się zaburzeń osobowości* [Conference Paper].

Jańczak, M. O. (2018). *Mentalizacja w praktyce klinicznej - perspektywa psychodynamiczna,"* Psychoterapia".

Kernberg, O. F. (1996). A psychoanalytic theory of personality disorders. In J. F. Clarkin & M. F. Lenzenweger (Eds.), *Major theories of personality disorders* (pp. 106–140).

Kernberg, O. F. (2004). Borderline personality disorder and borderline personality organization: Psychopathology and psychotherapy. In J. J. Magnavita (Ed.), *Handbook of personality disorders: Theory and practice* (pp. 92–119).

Kernberg, O. F. (2012a). Identity: Recent findings and clinical implications. In O. F. Kernberg (Ed.), *The inseparable nature of love and aggression: Clinical and theoretical perspectives* (pp. 3–30).

Kernberg, O. F. (2012b). Mentalization, mindfulness, insight, empathy, and interpretation. In O. F. Kernberg (Ed.), *The inseparable nature of love and aggression: Clinical and theoretical perspectives* (pp. 57–79).

Klein, M. (2007). Uwagi na temat niektórych mechanizmów schizoidalnych. In M. Klein, *Zawiść i wdzięczność* (pp. 1–25).

Lapsley, D. K., & Stey, P. (2010). *Separation-Individuation*. In I. Weiner & E. Craighead (Eds.), *Corsini's encyclopedia of psychology*.

Lecours, S. (2008). Contemporary approaches to mentalization in the light of Freud's project. In F. N. Busch (Ed.), *Mentalization: Theoretical considerations, Research findings, and clinical implications* (pp. 103–129).

Leuzinger-Bohleber, M., Canestri, J., & Target, M. (Eds.). *Early development and its disturbances: Clinical, conceptual, and empirical research on ADHD and other psychopathologies and its epistemological reflections* (pp. 53–75).

Lüdemann, J., Rabung, S., & Andreas, S. (2021). Systematic review on mentalization as key factor in psychotherapy. *International Journal of Environmental Research and Public Health*, 12–13.

Luyten, P., Fonagy, P., Lowyck, B., & Vermote, R. (2011). Assessment of mentalization. In A.W. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (pp. 43–65). American Psychiatric Publishing.

Luyten, P., Fonagy, P., Mayes, L., & Van Houdenhove, B. (2009). Mentalization as a multidimensional concept. *Development and Psychopathology*, 21, 1355–1381.

Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*.

Markowitz, J. C., Milrod, B., Luyten, P., & Holmqvist, R. (2019). Mentalizing in interpersonal psychotherapy. *Am J Psychoter*, *72*(4), 95–100.

McAdams, D. P. (2018). Narrative identity: What is it? what does it do? how do you measure it? *Sage Journals*, *37*(3).

Morin, A. (2006, June). Levels of consciousness and self-awareness: A comparison and integration of various neurocognitive views. *Consciousness and Cognition.*

Safier, E. (2003). Seven ways that the concept of attachment, mentalization and theory of mind transform family treatment. *Bulletin of the Meninger Clinic*, *67*(2), 260–270.

Sharp, C., Pane, H., Ha, C., Venta, A., Patel, A. B., Sturek, J., & Fonagy, P. (2011). Theory of mind and emotion regulation difficulties in adolescents with borderline traits. *Journal of the American Academy of Child and Adolescent Psychiatry*, *50*(6), 563–573.

Sharp, C., & Venta, A. (2012). Mentalizing problems in children and adolescents. In N. Midgley & I. Vrouva (Eds.), *Minding the child* (pp. 35–53).

Sharp, C., Williams, L. L., Ha, C., Baumgardner, J., Michonski, J., Seals, R., Patel, A. B., Bleiberg, E., & Fonagy, P. (2009). The development of a mentalization-based outcomes and research protocol for an adolescent inpatient unit. *Bull Menninger Clin*, *73*(4), 311–38.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment and Human Development*, *7*(3), 269–281.

Soderstrom, K., & Skarderud, F. (2009). Mentalization-based treatment in families with parental substance use disorder: Theoretical framework. *Nordic Psychology*, *61*(3), 47–65.

Stawicka, M. (2008). *Autodestruktywność dziecięca w świetle teorii przywiązania*.

Target, M., Gergely, G., Allen, J. G., & Bateman, A. W. (2003). The developmental roots in early attachment relationships: a theory and some evidence. *Psychoanalytic Inquiry*, *23*, 412–459.

Venta, A. (2012). Mentalizing problems in children and adolescents, In N. Midgley & I. Vrouva (Eds.), *Minding the child* (pp. 35–53).