

## INVITED ARTICLE

# Mentalizing individuals, families and systems: Towards a translational socioecological approach

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## Abstract

Mentalization-based treatment (MBT) is a spectrum of interventions that share a central focus on improving the capacity for mentalizing. Although MBT was originally developed as a treatment for individuals with borderline personality disorder, its scope and focus have been broadened to become a socioecological approach that stresses the role of broader sociocultural factors in determining the closely related capacities for mentalizing and epistemic trust. This special issue brings together some of the newest developments in MBT that illustrate this shift. These contributions also highlight several current limitations in mentalization-based approaches, providing important pointers for further research. In this editorial, we first outline the broadening scope of the mentalizing approach, and then provide a discussion of each of the contributions to this special issue in the context of the need for further research concerning some of the key assumptions of mentalization-based approaches and their implementation in clinical practice. We close this editorial with considerations concerning future research.

## KEYWORDS

attachment, mental health treatment, mentalizing, personality disorder, psychological treatments, reflective functioning

Correction added on 15 November 2024, after the first online issue publication: The article titled 'Mentalizing Individuals, Families, and Systems: Towards a Translational Socioecological Approach' has been added to this issue as the last article.

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## INTRODUCTION

Mentalization-based treatment (MBT) was developed over three decades ago (Fonagy, 1989, 1991) as a psychological treatment addressing impairments in mentalizing in individuals with borderline personality disorder (BPD) (Bateman et al., 2023). Mentalizing, or reflective functioning, refers to the human capacity to understand one's own and others' actions in terms of intentional mental states, such as feelings, desires, wishes, attitudes and goals. Research from evolutionary-based approaches, developmental psychopathology and social neuroscience suggests that mentalizing is a largely species-specific human capacity critical for functioning in our inherently interpersonal world (Luyten, Campbell, Allison, & Fonagy, 2020).

The term 'mentalizing' is increasingly used as an umbrella term encompassing related concepts such as empathy, mindfulness, theory of mind, psychological mindedness, alexithymia and insightfulness (Choi-Kain & Gunderson, 2008; Luyten, Malcorps, et al., 2019), each focusing on specific dimensions or sub-components of mentalizing. For instance, research on theory of mind and empathy largely focuses on mentalizing others, whereas mindfulness and alexithymia pertain to mentalizing mental states regarding the self. Mentalizing is best considered as a broad, multidimensional concept encompassing (a) mentalizing regarding self and others, (b) controlled versus automatic mentalizing, (c) mentalizing based on internal (e.g. thoughts, feelings) versus external (e.g. prosody, facial expressions) features of self and others, and (d) cognitive versus affective aspects of mentalizing (Fonagy & Luyten, 2009; Luyten, Malcorps, et al., 2019).

The capacity for mentalizing appears to be deeply wired in the human brain. This is demonstrated by findings that this capacity emerges as early as 8 months of age (Kovacs et al., 2010) and that relatively distinct neural circuits underlie each of the dimensions of mentalizing discussed above (Fehlbaum et al., 2022; Frith & Frith, 2021; Luyten & Fonagy, 2015).

Research has shown that most, if not all, forms of psychopathology are characterized by temporary or permanent imbalances in mentalizing (for recent reviews, see Chung et al., 2014; Johnson et al., 2022; Laurensen et al., 2018; Luyten, Campbell, Allison, & Fonagy, 2020; McLaren et al., 2022; Sloover et al., 2022). Studies have found distinct imbalances in mentalizing in individuals with BPD (Fonagy & Luyten, 2016), antisocial personality disorder (Bateman et al., 2019, 2023), narcissistic and avoidant personality disorders (Simonsen & Euler, 2019), depression and anxiety (Fischer-Kern & Tmej, 2019; Keefe et al., 2019; Li et al., 2015; Luyten & Fonagy, 2018; Nolte et al., 2011; Solomonov et al., 2020), eating disorders (Robinson et al., 2019), (complex) post-traumatic stress disorder (PTSD) (Rüfenacht et al., 2023; Stevens & Jovanovic, 2019), somatoform or functional somatic disorders (Luyten, De Meulemeester, & Fonagy, 2019), autism spectrum disorder (DeMayo et al., 2017; Lombardo et al., 2019), substance abuse disorder (Suchman et al., 2018), pathological gambling (Cosenza et al., 2019), attention-deficit/hyperactivity disorder (Perroud et al., 2017) and psychotic disorders (Debbané et al., 2016; Weijers et al., 2021).

In response, an increasing number of psychosocial interventions focusing on this aspect of social cognition have been developed, collectively called MBT, for various types of psychopathology and behavioural problems in adults, and are increasingly being empirically evaluated (Bateman et al., 2023; Luyten, Campbell, Allison, & Fonagy, 2020). Similarly, a range of forms of MBT for children, young people and their caregivers have been empirically tested, including several preventive interventions (Byrne et al., 2020; Midgley et al., 2021). While the empirical evidence supporting the various forms of MBT is promising, there remains considerable room for improving their effectiveness.

Initial formulations of the mentalizing approach emphasized the crucial role of attachment experiences in developing the capacity for mentalizing in children and the related capacity for parental mentalizing or parental reflective functioning – the primary caregiver's capacity to reflect upon their own internal mental experiences as well as those of the child (Fonagy et al., 1991; Luyten et al., 2017; Slade et al., 2023). Although research has provided considerable evidence for these assumptions (Luyten, Campbell, Allison, & Fonagy, 2020), recent years have seen a notable shift towards a broader and more encompassing socioecological approach. This broadened approach includes the influence of other social contextual factors, such as family, peers and the sociocultural context, on the development of mentalizing and the closely associated capacities for epistemic trust (the capacity to trust others as a source

of knowledge about the world) and salutogenesis (the capacity to benefit from positive influences in one's environment) (Fonagy et al., 2017a, 2017b; Luyten, Campbell, Allison, & Fonagy, 2020; Luyten, Campbell, & Fonagy, 2020).

This shift has led to significant broadening in mentalization-based interventions increasingly concerned with the individual's social network as well as their attachment relationships (Bateman et al., 2023). Despite these changes, MBT remains focused on improving individuals' capacity to recognize and reflect on mental states as they are experienced moment by moment, in the here-and-now of the session. To facilitate this process, the MBT therapist adopts a not-knowing, inquisitive stance, fundamentally entailing that the therapist does not 'know' what is going on in the patient's mind but is curious to learn from the patient in developing, together with the patient, a model of the patient's mind.

Based on the socioecological view outlined above, we now envision therapeutic change as the result of three intertwined communication systems, leading to a greater emphasis on fostering the capacity for the generation of positive health (salutogenesis) and resilience in patients. *Communication system 1* involves lowering epistemic vigilance by conveying a specific model of mind to the patient, which the patient recognizes as relevant to the self. This recognition restores feelings of agency, leading to a lessening of natural suspiciousness about new knowledge (epistemic vigilance) and creating the potential for social learning and change, termed *communication system 2*.

In both communication systems 1 and 2, mutual mentalizing may play an important role, as it helps restore the patient's sense of control over the process, reduces mistrust of new information (epistemic mistrust) and opens the patient to the core human capacity of social learning (Tomasello, 2019). Improved mentalizing, although not the only channel through which epistemic trust and the capacity for salutogenesis may increase, is particularly powerful in ending the cognitive inflexibility, often paired with social isolation, typically associated with mental disorders. Re-evaluation of the value of new knowledge in a therapeutic context also enables changes in *communication system 3*, which involves re-engaging with the social world. The focus in communication system 3 is on enabling the patient to 'use' their social world in a different way, which may also involve interventions encouraging change at the level of the social environment when needed or appropriate.

There is an emerging body of research supporting this broader socioecological approach to psychopathology (Campbell et al., 2021; Fonagy et al., 2022; Kampling et al., 2022; Li et al., 2023; Locati et al., 2023; Masland et al., 2020), and its translation into prevention and intervention efforts (Bateman et al., 2023; Byrne, 2020). However, in many respects, this body of research is still in its infancy. This special issue contains several key developments related to the clinical application of these new views on the role of mentalizing within a broader socioecological approach. Consistent with these new views, we have organized this special issue around three key areas in the mentalizing approach to normal and disrupted development: (a) the development of mentalizing from a broader socioecological perspective, (b) the role of mentalizing and epistemic trust in explaining vulnerability to psychopathology and (c) the role of mentalizing in an approach that considers the broader socioecological context in which interventions take place.

## THE DEVELOPMENT OF MENTALIZING IN CONTEXT

The paper by McBeth and colleagues on perinatal health exemplifies the need to move beyond a narrow focus on attachment relationships with primary caregivers in our attempts to foster the development of mentalizing in caregivers. Consistent with the broad socioecological approach outlined above, McBeth and colleagues argue for the importance of creating a mentalizing climate that supports the development of social collaboration and openness to learning in the next generation. This climate should extend beyond caregivers to the entire socioecological system that supports them.

Redfern and colleagues similarly emphasize the need to support mentalizing in carers in a more systemic manner. Their paper focuses on foster carers, a crucial group supporting children with a past marred by significant ruptures in their relationships with primary attachment figures. Interestingly, Redfern and colleagues report on the development of an adapted remote-delivery model of the

Reflective Fostering Programme, a brief psychosocial intervention for foster carers, during the early phase of the COVID-19 pandemic. The results from their sophisticated qualitative study, including detailed feedback from participants, provide an invaluable practical guide for future researchers and clinicians considering online or blended mentalization-based interventions. Additionally, Redfern and colleagues demonstrate that it is possible to effectively deliver mentalization-based interventions online, opening up significant opportunities for future implementation and scalability. Consistent with the emphasis on fostering agency and autonomy in communication system 1 outlined above, their findings stress the need to adapt the mode of delivery of interventions to the needs and preferences of those we aim to support, rather than the other way around.

## MENTALIZING, EPISTEMIC TRUST AND VULNERABILITY TO PSYCHOPATHOLOGY: FILLING IN THE GAPS

The next two papers in this special issue address the role of mentalizing in the broader psychosocial functioning of individuals. Several recent clinical trials have reported that MBT is associated with substantial and clinically relevant improvements in interpersonal functioning, quality of life and engagement in purposeful activities, and significant decreases in the use of professional support services and social care interventions at long-term follow-up (Bateman et al., 2021; Smits, Feenstra, et al., 2022).

The study by Volkert and colleagues, involving 53 women with and without BPD, contextualizes these findings. They found that BPD symptom severity, sexual abuse, and social and socioeconomic factors were the most important variables in predicting psychosocial functioning in their participants, whereas reflective functioning, as assessed through transcribed Adult Attachment Interviews (George et al., 1985), was less predictive. Hence, the broader context in which individuals grow up, particularly adversity and socioeconomic deprivation, appears to be a crucial determinant of individual functioning. Mentalizing may play an essential role in moderating these factors (Borelli et al., 2019; Duval et al., 2019) and thus may be a critical target for intervention in these individuals (Rüfenacht et al., 2023; Smits, Luyten, et al., 2022). However, beyond mentalizing, we need to recognize the significant impact of early deprivation, including socioeconomic disparities, on later developmental outcomes (Fonagy & Luyten, 2021).

Remeus and colleagues' study on predictors of dropout in MBT for BPD focuses on another crucial aspect of mentalizing-based approaches. A central assumption of MBT is the need to tailor treatment to the individual. It is essential to consider factors associated with less optimal outcomes in MBT, particularly dropout. In a sophisticated study using data from a multisite randomized controlled trial comparing two types of MBT, Remeus and colleagues report dropout rates slightly above 10% in both treatment conditions. Moreover, attachment dimensions did not predict dropout. Along with findings that neither a history of early trauma (Smits, Luyten, et al., 2022) nor levels of impairments in mentalizing (Smits et al., 2024) predict outcomes in MBT for individuals with BPD, Remeus and colleagues' findings suggest that MBT appears to be capable of addressing individual differences among those with BPD. Yet, more research is needed, particularly given the paucity of research in this area. In this context, it may be worthwhile to consider the potential impact of broader socioecological factors, such as income inequalities, as these may be associated with dropout and treatment outcomes (Clark, 2018; Lopes et al., 2023). Trust of new knowledge from another person depends on a sense of 'oneness' with the communicator, but that sense of synchrony is likely to be contextualized by social determinants, such as the experience of social position.

The paper by Bateman and colleagues continues this topic, reporting findings from the development of a group-based mentalization-based programme for 72 individuals with BPD and complex trauma ( $n=43$  patients with co-occurring PTSD symptoms and  $n=29$  without). They found that patients with BPD and PTSD exhibited greater severity of BPD and dissociative symptoms, reported a greater sense of personal worthlessness and had lower levels of well-being compared with patients with BPD alone. Importantly, mentalizing impairments partially mediated the relationship between BPD severity and complex PTSD, as well as between dissociative symptoms and complex PTSD. These findings

underscore the need for a greater focus on trauma and associated mentalizing impairments in individuals with complex trauma and complex PTSD (Rüfenacht et al., 2023). They also point to individual differences in the extent to which trauma is internalized into the self-structure (the alien part of the self), which may be a critical determinant of self-hatred and self-destructive actions in complex PTSD (Fonagy & Luyten, 2018).

Moreover, although emerging research findings suggest that impairments in epistemic trust are associated with psychological problems across the internalizing (De Coninck et al., 2021; Kampling et al., 2022; Locati et al., 2023), externalizing (Malcorps et al., 2024) and thought disorder (Salaminios et al., 2024) spectra, and also play a role in explaining treatment outcomes in psychological interventions (Byrne et al., 2019; Li et al., 2022; Thomas & Jenkins, 2019) beyond mentalizing, much more research is needed to understand the determinants of epistemic trust as we conceptualize and intervene in mental disorders.

## INTERVENTION RESEARCH: FROM BENCH TO BEDSIDE AND TO THE COMMUNITY

One of the major future challenges is to investigate similarities and differences between mentalization-based approaches and other treatment approaches. The paper by Hasson-Ohayon and colleagues represents a significant step forward in this respect. These authors report findings from a randomized delayed trial of Metacognitive Reflection and Insight Therapy (MERIT) in 54 adults diagnosed with schizophrenia. MERIT shares several features with MBT, including an emphasis on restoring agency in individuals with psychotic disorders. However, it also differs from MBT as it is rooted in metacognitive approaches, which place a greater emphasis on addressing distorted cognition, which is secondary to the recovery of mentalizing in MBT (Hasson-Ohayon & Lysaker, 2021). Findings showed improvements in the capacity to use reflective knowledge to cope with psychological challenges and improved symptomatology. Together with findings from a recent trial of MBT for psychosis (Weijers et al., 2021) and a growing evidence base demonstrating the role of impairments in mentalizing in individuals with psychosis (Salaminios et al., 2024), these findings underscore the potential value of a mentalizing focus in individuals at the most severe end of the spectrum of psychological problems.

However, particularly for individuals with severe disorders, a more systemic approach may be needed. In this regard, Fuggle and colleagues present the first comprehensive review of research on Adaptive Mentalization-Based Integrative Treatment (AMBIT). AMBIT is a pioneering approach with a broader focus on the role of the social environment in explaining both vulnerability and resilience. Briefly, AMBIT is a highly flexible whole-systems approach that aims to enhance the effectiveness and coordination of care for people often described as 'hard to reach' or 'difficult to treat'. Research in this area is notably challenging, yet an ever-growing body of studies has been published in the meantime. Fuggle and colleagues' review provides preliminary evidence for the effectiveness of the AMBIT approach, showing a generally positive impact of AMBIT-informed teams with moderate-to-large effect sizes on reducing symptoms and improving functionality. This review is ground-breaking in that it suggests that AMBIT is a promising approach for people presenting with highly complex problems through enhancing the mentalizing of the often extensive clinical network surrounding such individuals. Fuggle et al.'s contribution lays the foundation for future trials investigating the (cost-)effectiveness and implementation of AMBIT in routine clinical care.

## CONCLUSIONS AND FUTURE DIRECTIONS FOR MBT

The papers in this special issue suggest several key areas for future research and development in MBT. These include the need for well-validated measures of mentalizing and related constructs that consider



the multidimensional nature of mentalizing and the role of contextual factors that may influence this capacity. Moreover, given the increasing evidence for the neural basis of mentalizing, a better understanding of the neural systems involved in mentalizing is needed, particularly in the context of real-time interactions. Furthermore, large-scale longitudinal studies are needed to better document the development of mentalizing and epistemic trust in relation to both vulnerability and resilience. These studies might be particularly useful in clarifying the role of mentalizing and epistemic trust in navigating important developmental challenges. Finally, better-powered clinical trials concerning the effectiveness of the spectrum of MBT interventions are needed, with a focus on demonstrating mechanisms of change in these interventions.

MBT is not a new school of psychotherapy. Rather, it is an invitation to adopt transdiagnostic and transmodal approaches in therapy, which are likely already embedded in various psychological therapies. Achieving shared understanding with clients and winning their trust are long-standing aims for psychotherapists. However, the promotion and systematization of these priorities for treating a range of mental disorders may add value in developing more effective therapies for psychopathologies. Given the significant need for improved treatments, this approach could be a crucial step forward.

## AUTHOR CONTRIBUTIONS

**Patrick Luyten:** Conceptualization; writing – review and editing; writing – original draft. **Saskia Malcorps:** Conceptualization; writing – review and editing. **Anthony Bateman:** Conceptualization; writing – review and editing; supervision. **Peter Fonagy:** Conceptualization; writing – review and editing; supervision.

## CONFLICT OF INTEREST STATEMENT

PL, AB, and PF have been involved in the development, evaluation and dissemination of mentalization-based treatments. SM has no conflicts to declare.

## DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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