Measuring Mentalizing across Clinical Contexts: Some Lessons Learned – Implications for Practice and Research

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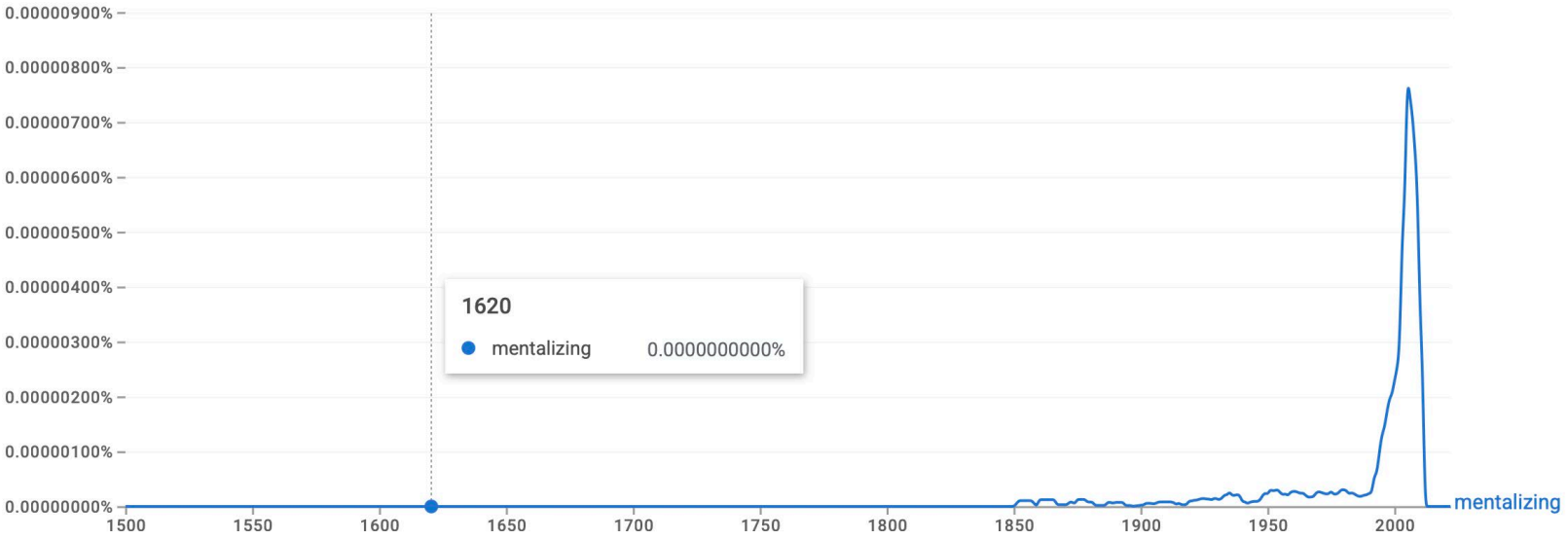
Structure of the talk

- **Mentalizing – Conceptual Aspects**
- Major Strands of Research Findings
- Critical Appraisal
- Some Clinical Implications

Acknowedgements:

Peter Fonagy & Anthony Bateman as the developers of MBT (also for some slides), also drawing on recent collaborative work with Monika Janczak, Leon Wendt and Hannah Hawksdale.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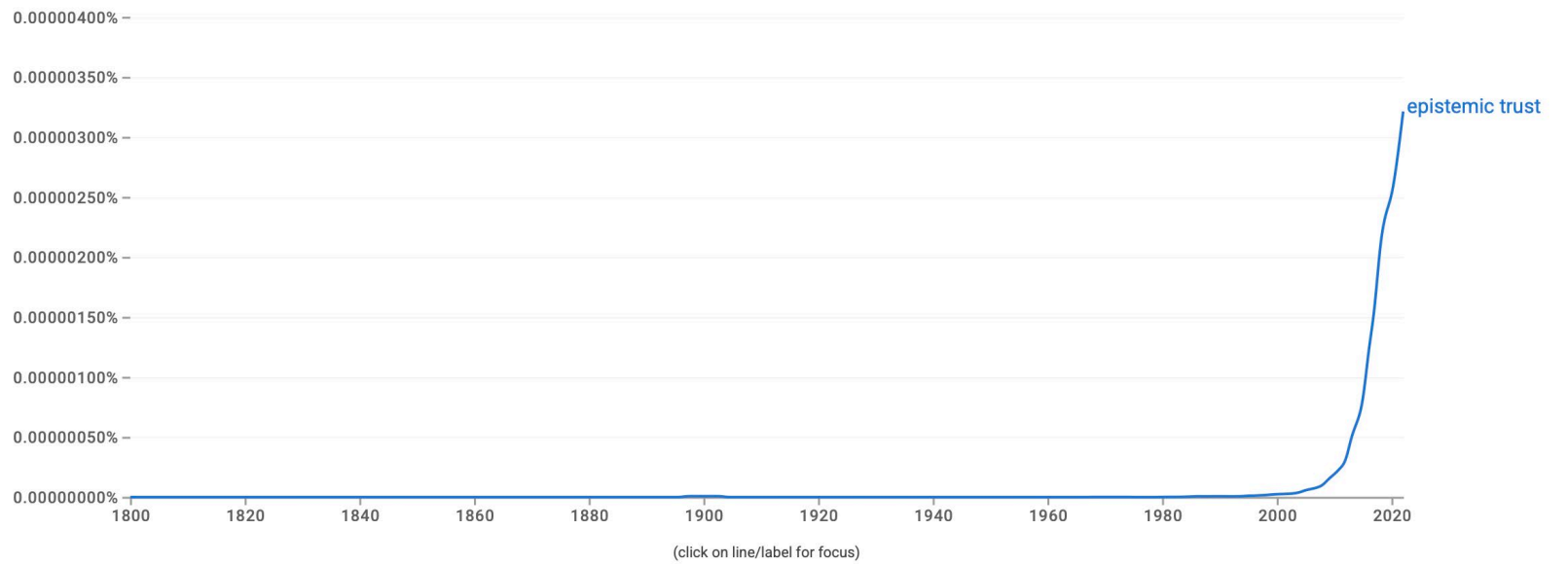
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epistemic trust
(click on line/label for focus)

A working definition of mentalizing

Mentalizing is a form of imaginative mental activity, namely, the perceiving and interpreting of human behaviour and experience in terms of *intentional* mental states (e.g. needs, desires, feelings, beliefs, goals, purposes, and reasons).

A hierarchical structure to psychic depth?

Observable Behaviour

Mentalisiing IWM

dynamic Ucs

Successful mentalizing of people and relationships

The person….

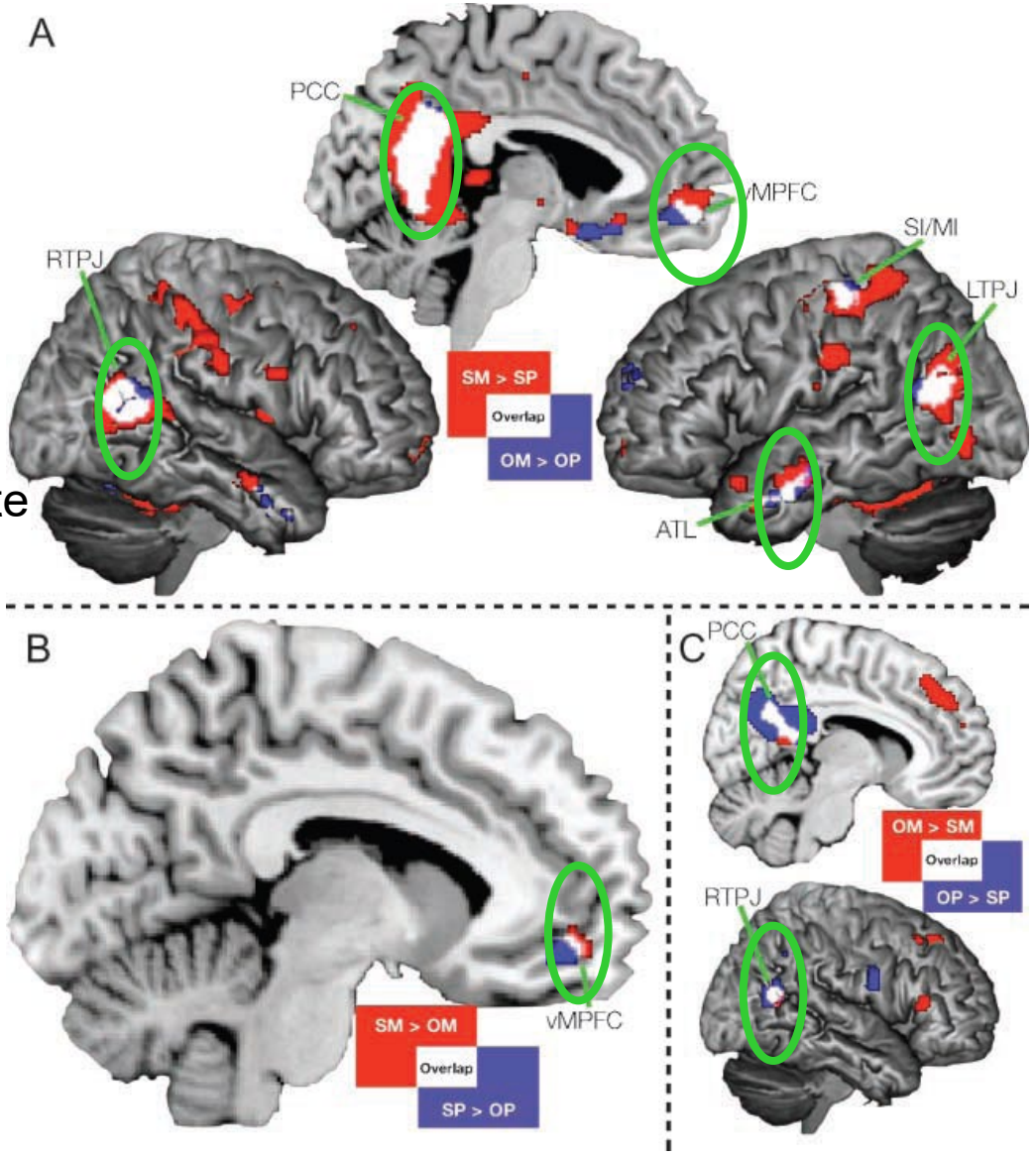
- Is relaxed and **flexible**, not 'stuck' in one point of view
- Can be **playful**, with humour that engages rather than hurting or distancing
- Can solve problems by **give-and-take** between own and others' perspectives
- Describes their **own experience**, rather than defining other people's experience or intentions
- Conveys '**ownership**' or agency of their **behaviour and experience** rather than a sense that it 'happens' to them
- Is **curious** about other people's perspectives, and expect to have their own views extended by others'

Shared neural circuits for mentalizing about the self and others (Lombardo et al., 2009; J. Cog. Neurosc.)

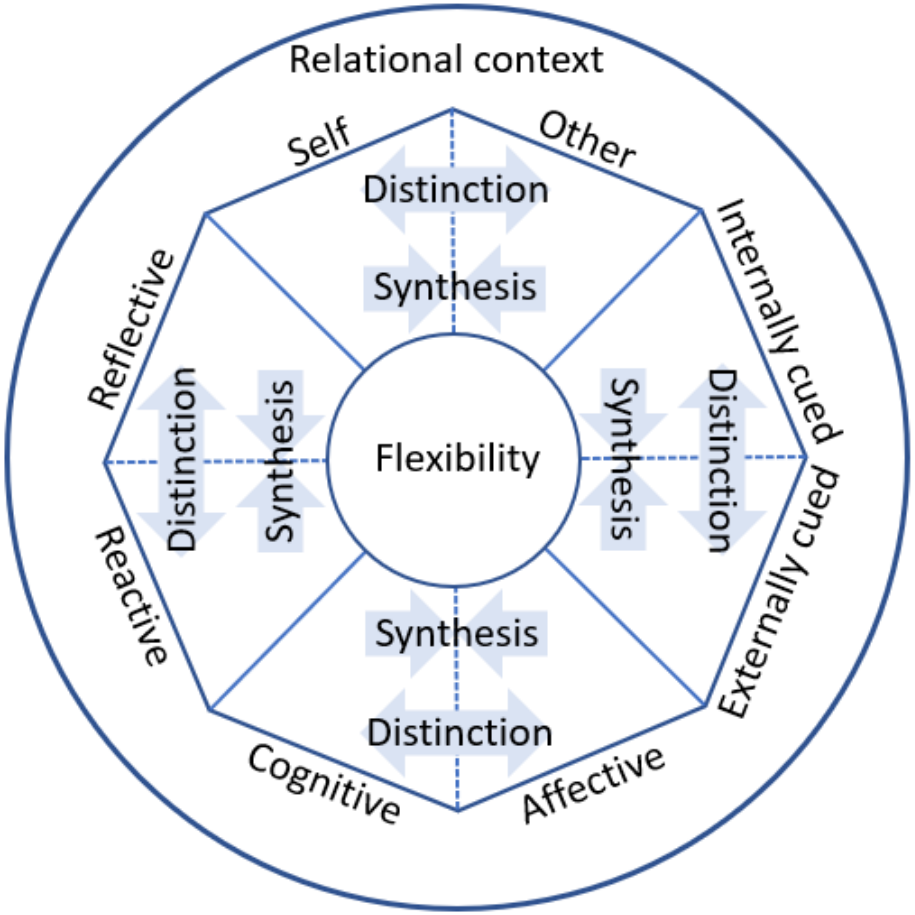
Self mental state

Other mental state

Overlapping for Self and Other

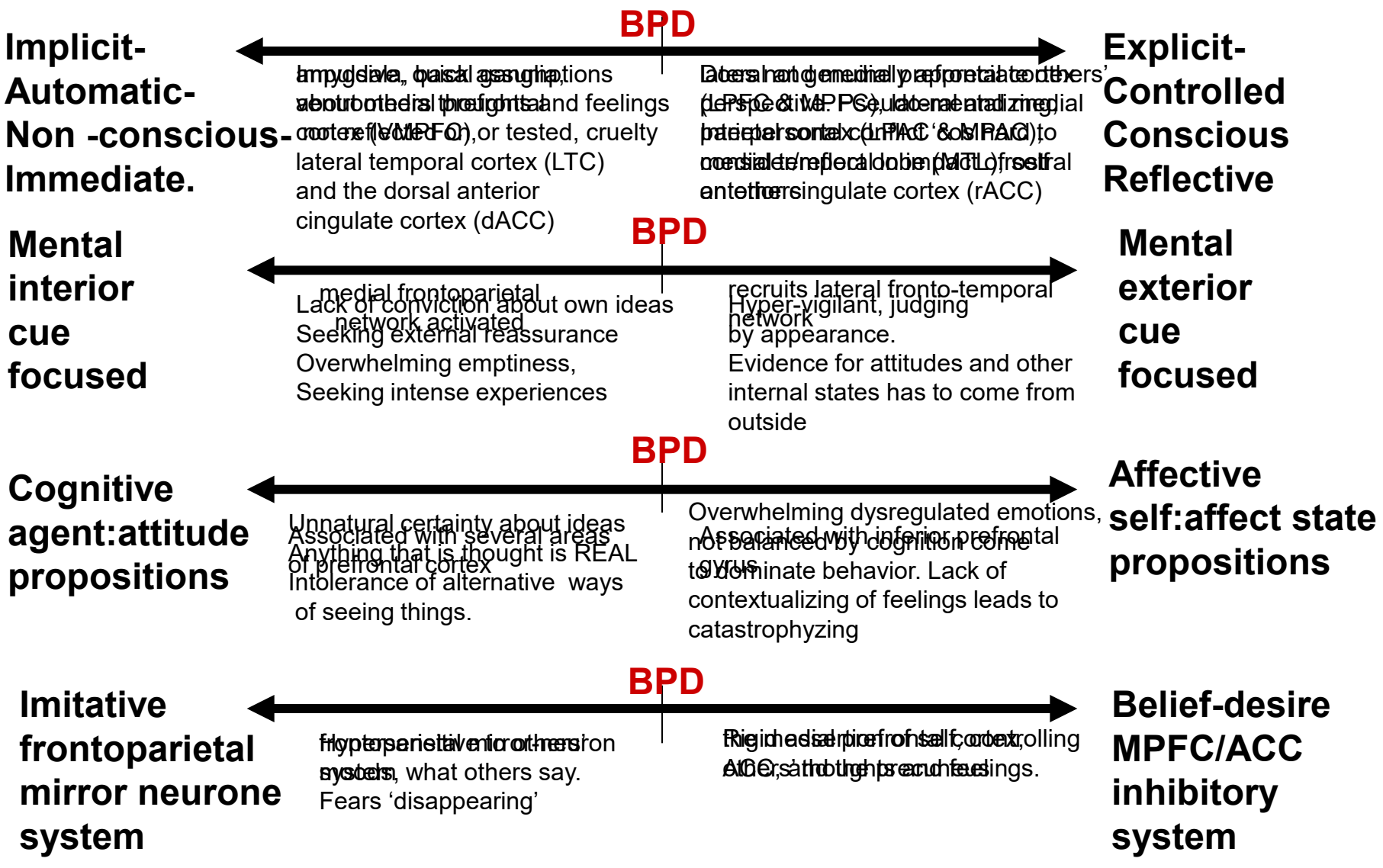


Multi-dimensionality of mentalizing

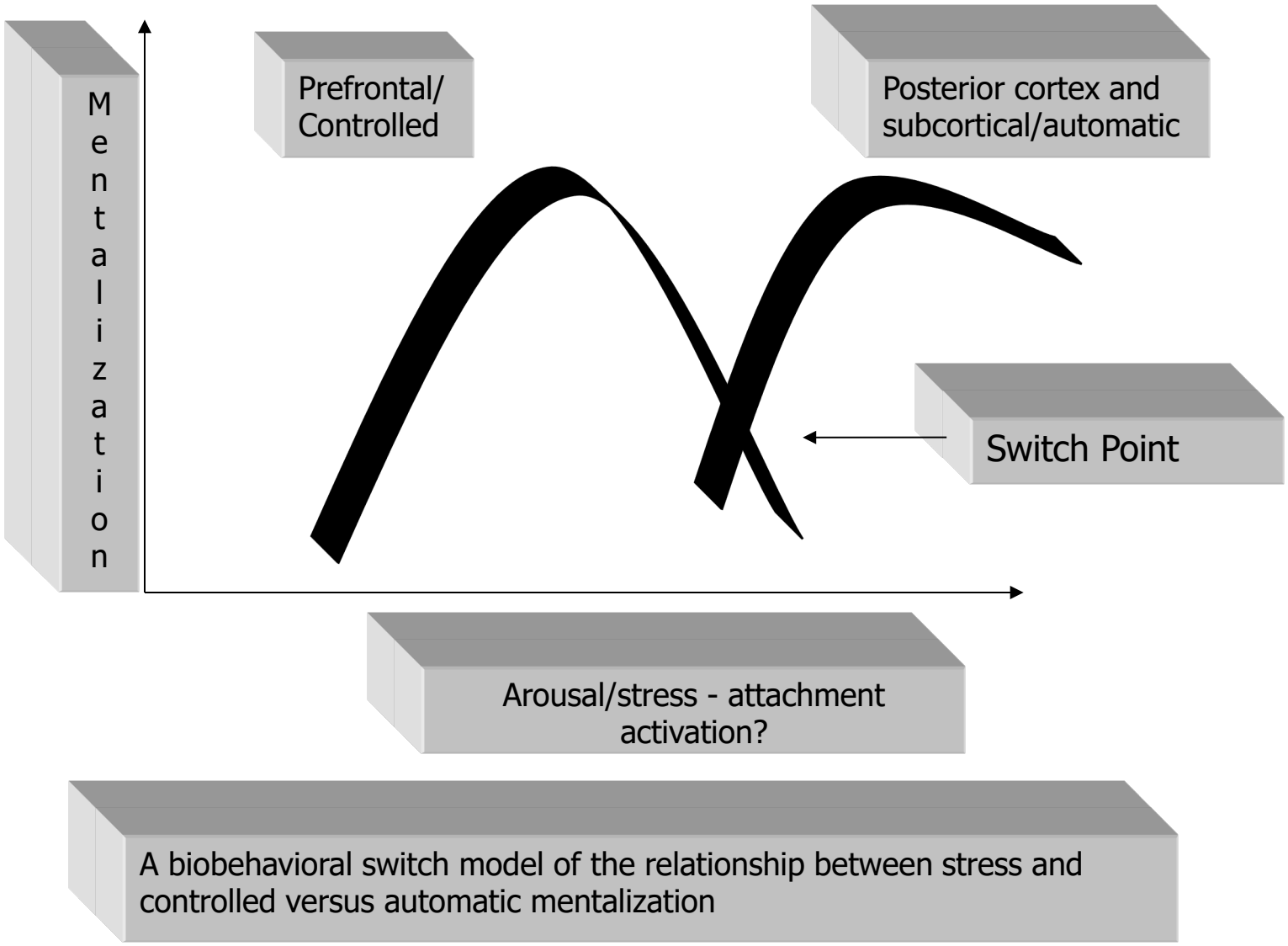


Imbalance of mentalization generates problems

Fonagy, P., & Luyten, P. (2009). *Development and Psychopathology, 21*, 1355-1381.

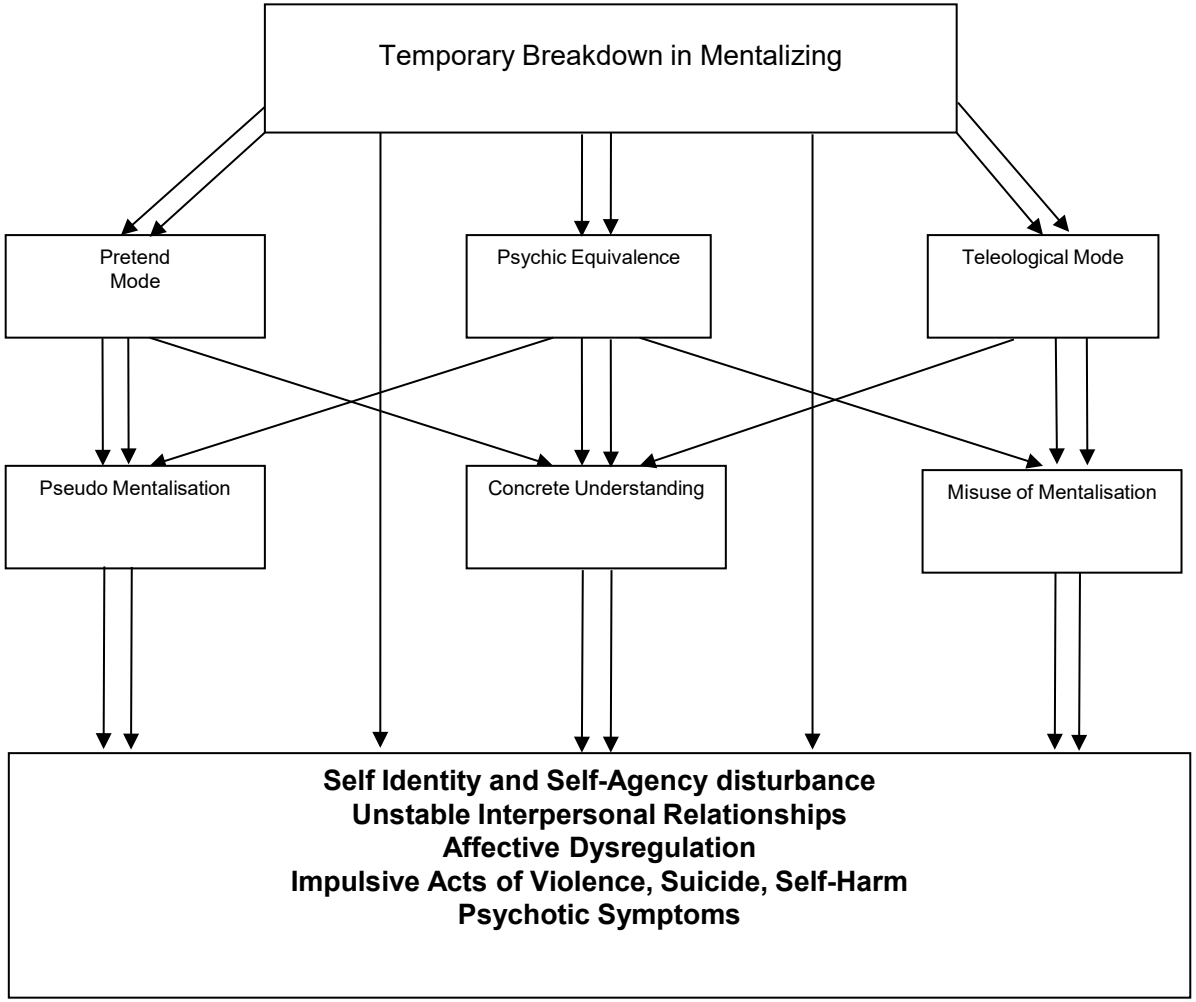


Biobehavioural Switch Model



(Fonagy & Luyten, 2009; Nolte et al., 2013)

temporary loss of mentalizing



Prementalizing Modes of Subjectivity

- Psychic equivalence:
  - Mind-world **isomorphism**; **mental** reality **=** outer **reality**; internal has power of external
  - **Intolerance** of alternative perspectives ➔concrete understanding
  - Reflects domination of **self:affect state** thinking with **limited internal focus**
- Pretend mode:
  - Ideas form no bridge between inner and outer reality; **mental** world **decoupled** from external reality
  - "**dissociation**" of thought, **hyper-mentalizing** or **pseudo-mentalizing**
  - Reflects explicit mentalizing being dominated by **implicit**, **inadequate internal** focus, **poor belief-desire reasoning** and vulnerabilty to **fusion with others**
- Teleological stance:
  - A focus on understanding actions in terms of their **physical** as opposed to mental **constraints**
  - Cannot accept anything other than a modification in the realm of the **physical** as a true index of the intentions of the other.
  - Extreme **exterior focus**, momentary **loss of controlled** mentalizing
  - **Misuse** of mentalization for teleological ends (harming others) becomes possible because of lack of **implicit as well as explicit** mentalizing

Structure of the talk

- Mentalizing – Conceptual Aspects
- **Major Strands of Research Findings**
- Critical Appraisal
- Some Clinical Implications

Recent Reviews and Meta-Analyses

Area	Review	Main conclusion
Parental mentalizing and attachment	Zeegers et al., 2017	Parental mentalization was moderately associated with attachment security and parental sensitivity; mentalization and sensitivity jointly explained 12% o attachment variance.
Anxiety and internalising symptoms	Chevalier et al., 2023	Small overall association between anxiety/internalising difficulties and poore mentalizing; substantial variation by measure and sample.
Parenting interventions	Lo et al., 2022	Parenting programmes can improve parental reflective functioning, although effects vary across populations and intervention formats.
Dyadic parent–infant interventions	Barlow et al., 2021	Some improvement in parental reflective functioning, but heterogeneous interventions and methodological limitations reduce confidence.
MBT for BPD	Vogt & Norman, 2019	MBT was associated with reductions in BPD symptoms and common comorbid symptoms, but the evidence base had limitations.
MBT evidence-base review	Malda-Castillo et al., 2019	MBT was promising, particularly for BPD, although more independent and methodologically rigorous studies were needed.
Psychotherapy and mentalizing process	Lüdemann et al., 2021	Mentalizing was related to therapy process and outcome, but evidence concerning prediction, moderation and mediation was inconsistent.
Mentalizing as treatment mechanism	Luyten et al., 2024	Mentalizing may mediate or moderate therapeutic change, but stronger longitudinal and experimental research is required.
MBT and self-harm	Gross et al., 2024	Large pre–post improvements, but limited evidence that MBT is superior to credible control treatments.

Key Findings: Mentalizing and psychotherapy research

predicts treatment outcome;

improves during treatment;

mediates therapeutic change;

moderates which patients benefit;

contributes to alliance and interpersonal improvement.

Pre-treatment mentalizing as a predictor

Key Findings:
Mentalizing as a mediator of change

1. Treatment changes mentalizing;
2. Change in mentalizing occurs before symptom change;
3. Mentalizing change statistically accounts for later outcome;
4. The effect is not better explained by alliance, reduced distress or other processes.

Key Findings: In-session mentalizing

- Process studies suggest that productive therapy often involves movement between emotional activation and reflective exploration.

- Helpful therapist behaviour may include:
  - slowing down when certainty escalates;
  - asking how a conclusion was reached;
  - Empathically validating
  - exploring multiple perspectives;
  - acknowledging misunderstanding;
  - differentiating feeling, intention and action;
  - Paying attention to understanding rupture and repair cycles
  - focusing on what is happening in the therapeutic relationship;
  - maintaining curiosity rather than acting as an expert on the patient's mind.

Key Findings: psychopathology and adversity

M partially explains the attachment transmission gap

M and psychopathology are closely linked

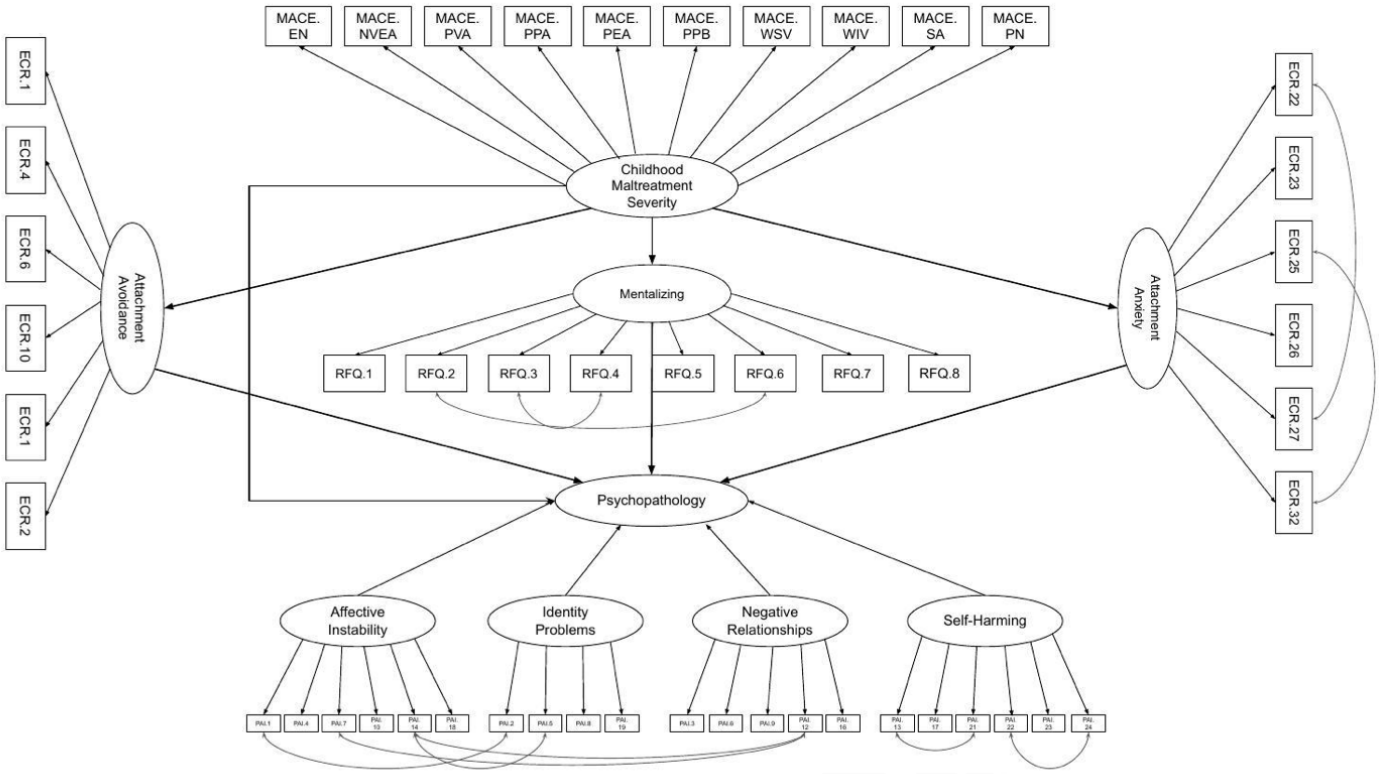
Parental M predicts child outcomes

M as mediator between adversity and outcomes

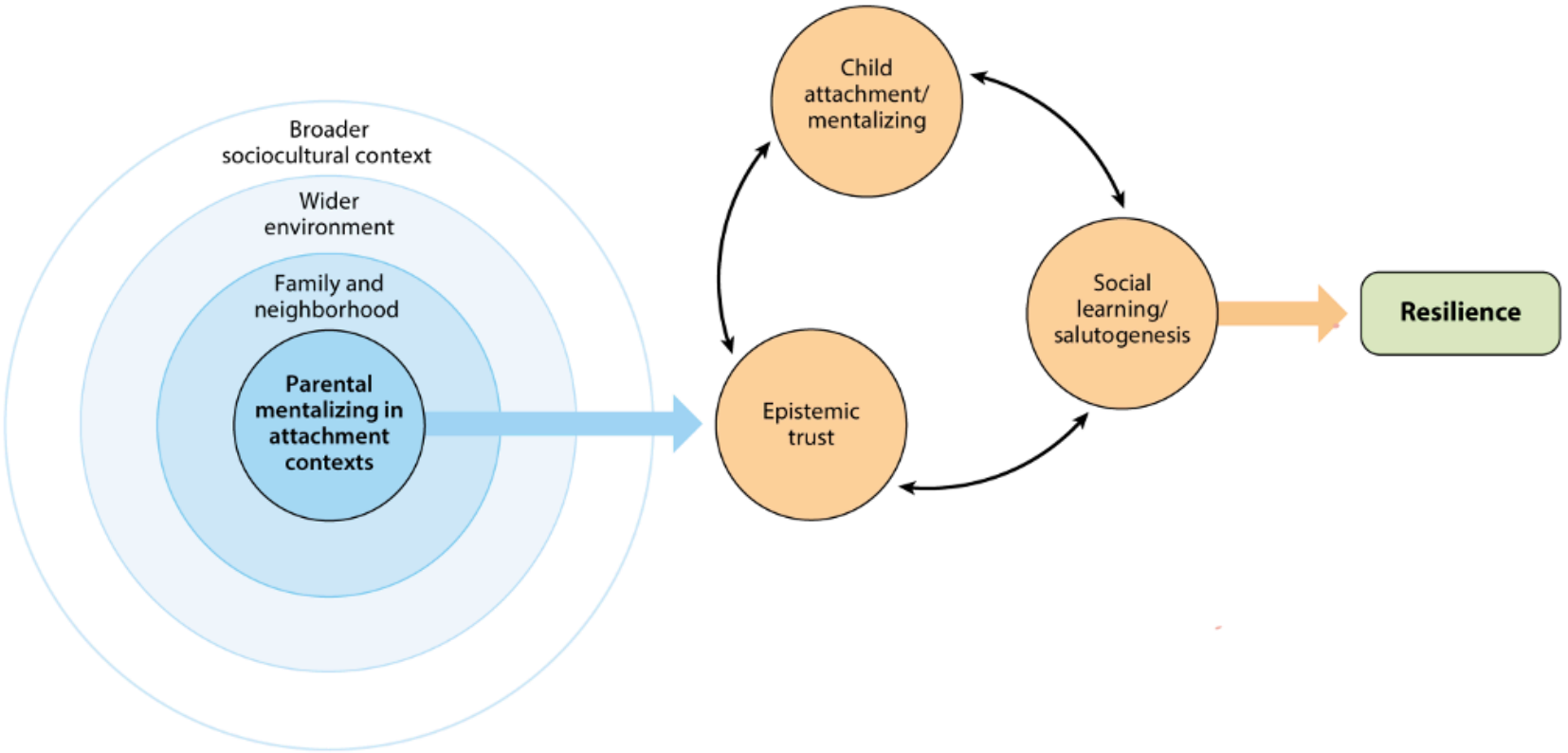
M and epistemic stance/disruption

M and trauma

Example of mediating role of M



Conceptual framework



Luyten P, et al. 2020.
Annu. Rev. Clin. Psychol. 16:297–325

Structure of the talk

- Mentalizing – Conceptual aspects
- Major strands of research findings
- **Critical Appraisal**
- Clinical Implications

Overlap with Other Constructs

- **Is Mentalization Distinct?**
- Mentalization overlaps with:
  - Theory of Mind
  - Empathy
  - Metacognition
  - Reflective Functioning
  - Emotional Intelligence
  - Perspective-taking

- **Implications**
  - Difficult to establish discriminant validity
  - Unclear whether mentalization is a unique construct or an umbrella term integrating existing concepts

Conceptual Ambiguity

- **Limitation: Defining Mentalization**
  - No universally accepted definition
- Multiple dimensions:
  - Cognitive vs affective
  - Self vs other
  - Implicit vs explicit
- Researchers operationalise the construct differently
- Reduces construct validity and consistency across studies

Reliably Measuring Mentalizing

- **Major Methodological Challenge**
  - No single measure captures the entire construct.
- **Reflective Functioning Scale**
- ✔ Gold-standard interview measure
- Limitations:
  - Time intensive
  - Requires trained coders
  - Subjective interpretation
  - Difficult to use in large samples
- **Self-report questionnaires**
- Limitations:
  - Require self-awareness
  - Vulnerable to social desirability bias
  - Poor mentalizers may inaccurately rate themselves

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

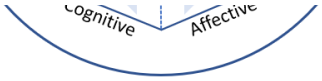
Measurement of mentalizing: A systematic review and development of a construct validity framework

Hannah Hawksdale [a,*], Beichen Meng [a], Janet Feigenbaum [a], Peter Fonagy [a], Tobias Nolte [a,b]

[a] Research Department of Clinical, Educational and Health Psychology, University College London, UK
[b] Anna Freud, London, UK

Highlights

- This review identified 57 text-based measures of mentalizing for the general adult population.
- All measures were found to utilise differing constructs of mentalizing.
- Each measure uniquely operationalized relational context and dimensions of mentalizing.



measures of mentalizing can be compared on the basis of dimensions operationalised and relational context, increasing utility in measure selection. Divergent construct validity highlights a need for careful selection of appropriate measures on the basis of mentalizing components of interest. Increased clarity of construct validity could be used to illuminate conflicting findings in the mentalizing literature and to advance the development of new assessment instruments.

Critical appraisal – construct validity conundrum

Broadly aspect focused measures	Relational context	Construct framework ratings: Self	Other	Distinction	Synthesis	Internally cued	Externally cued	Distinction	Synthesis	Cognitive	Affective	Distinction	Synthesis	Reactive	Reflective	Distinction	Synthesis	Uncertainty
Modes of Mentalization Scale [CRQ]	C-S-S/hO	Y	Y	Y	Y	Y	Y	N	N	P	Y	N	N	Y	Y	N	N	Y
The Mentalizing Emotions Questionnaire [SRQ]	S-S/hO	Y	Y	P	P	P	P	N	N	P	Y	N	N	P	Y	N	N	Y
Observable Social Cognition: A Rating Scale [IRQ]	I-S-kO	P	Y	N	N	Y	Y	N	N	P	Y	N	N	Y	Y	Y	N	Y
The Brief Version of the Mentalization Scale [SRQ]	S-S/hO/cO	Y	Y	N	N	Y	P	N	N	Y	Y	N	P	Y	P	N	N	Y
Mentalizing Values Scale [SRQ]	S-S/hO/cO	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	P	P	N	N	N
Mentalization Questionnaire (15) [SRQ]	S-S/hO	Y	P	N	N	Y	Y	N	N	P	Y	N	N	Y	P	N	N	Y
Certainty About Mental States Questionnaire [SRQ]	S-S/hO	Y	Y	N	N	P	Y	P	N	Y	Y	N	N	P	N	N	N	Y
Mentalization Questionnaire (6) [SRQ]	S-S/hO	Y	P	N	N	Y	Y	N	N	P	Y	N	N	Y	N	N	N	Y
Grille de l'élaboration verbale de l'affect [TRS]	R-S-S/O (d)	Y	Y	N	N	N	Y	N	N	N	Y	N	N	Y	Y	N	N	N
Metacognition Brief Rating Scale [IRQ]	I-S-S/hO/kO	Y	Y	Y	N	N	N	N	N	Y	Y	P	P	P	Y	N	N	Y
Interpersonal Reactivity Index —Perspective Taking subscale [SRQ]	S-S/hO/fO	Y	Y	N	N	Y	N	N	N	P	Y	N	N	P	P	N	N	Y
Mental States Measure [TRS]	R-S-S/O (d)	Y	P	N	P	P	N	N	N	P	Y	N	N	Y	Y	N	N	N
Mind-Reading Belief Scale [SRQ]	S-S/hO	P	Y	N	N	N	Y	N	N	Y	Y	N	N	Y	N	N	N	P
Theory of Mind Assessment Scale [SSI]	R-S-S/hO/kO	Y	Y	Y	Y	N	N	N	N	Y	Y	P	Y	N	Y	N	N	N
Beliefs about Emotions Scale [SRQ]	S-S/hO	Y	Y	N	Y	P	N	N	N	Y	Y	N	N	P	N	N	N	N
Narrative of Emotions Task [SI]	R-S-S/kO/iO	Y	Y	N	N	P	P	N	N	P	Y	N	N	N	P	N	N	N
Mental State Discourse analysis [TRS]	R-S-hO/iO	N	Y	N	N	N	Y	N	N	Y	Y	N	N	N	P	N	N	N
Social Cognition and Object Relations Scale [TRS]	R-S-S/hO (d)	Y	Y	Y	Y	N	N	N	N	Y	Y	N	P	N	N	N	N	P
Mind Reading Motivation Scale [SRQ]	S-S/hO	P	Y	P	N	N	Y	N	N	Y	N	N	N	P	N	N	N	P
Awareness of Independent Learning Inventory* [SRQ]	S-S/hO	Y	Y	P	N	P	N	N	N	Y	P	N	N	P	P	N	N	Y
The Moral Metacognition Scale* [SRQ]	S-S	Y	N	P	N	P	P	N	N	Y	N	N	N	N	Y	N	N	P
Kentucky Inventory of Mindfulness† [SRQ]	S-S	Y	N	N	N	P	P	N	N	Y	Y	N	N	P	N	N	N	N
Toronto Structured Interview for Alexithymia [SI]	S-S/hO	Y	P	N	N	N	N	N	N	P	Y	N	N	N	Y	N	N	Y
Toronto Alexithymia Questionnaire [SRQ]	S-S	Y	N	N	N	Y	P	P	N	N	Y	N	N	N	P	N	N	N
Metacognitions Questionnaire 30 [SRQ]	S-S	Y	N	N	N	N	N	N	N	Y	P	N	N	P	Y	N	N	P

Y=Measured, P=Partially measured, N=Not measured. *These measures capture aspects of mentalizing in a specific context. †Describe and Act With Awareness subscales. [CRQ] Clinician report questionnaire, [SRQ] self report questionnaire, [IRQ] informant report questionnaire, [TRS] text rating system, [SSI] semi-structured interview, [SI] structured interview.

Relational context shorthand: - = mentalizing, / = or, R = Rater, I = informant, C = Clinician, S = Self/participant, O = other (h = hypothetical & unspecified, k = known, f = friend, i = interviewer, c = close), (d) = dependent of type of text rated using measure.

A further conundrum: What does optimal mentalizing look like?

Self-Insight Interpretation

Optimal-Medium-Certainty Interpretation

Measuring Mentalization

Asymmetry Interpretation

- A third interpretation conceptualises self-certainty and other-certainty asymmetrically. According to this account, the two domains partly reflect qualitatively distinct underlying processes and therefore differ in their implications for adaptive functioning.

Research Design Limitations

- **Ecological Validity**
- Laboratory tasks often:
  - Use hypothetical scenarios
  - Measure mentalization in low-stress situations
  - May not reflect emotionally charged real-life interactions
- **Correlational Evidence**
  - Most studies are correlational.
  - Therefore:
  - Cannot establish causality
  - Direction of effects remains uncertain
  - Third variables (e.g., trauma) may explain associations
- **Longitudinal Research**
  - Growing but still relatively limited
  - More developmental evidence is needed

Sample and Cultural Limitations

- **Sample Issues**
- Many studies use:
  - Small clinical samples
  - Predominantly Borderline Personality Disorder populations
  - Specialist treatment settings
- Consequences:
  - Reduced statistical power
  - Limited generalisability

- **Cultural Issues**
- Research is largely conducted in:
  - Europe
  - North America
- Potential concerns:
  - Cultural differences in emotional expression
  - Different understandings of mental states
  - Limited cross-cultural validation

Summary: Some research desiderata

- More longitudinal research designs
- Clarify conceptual boundaries
- More precision in operationalisation
- Development of co-constructed measures
- EMA/EMI studies to account for state-aspects of mentalizing (in ecologically valid contexts), e.g. when under interpersonal stress etc.
- Increase cultural diversity
- Identify mechanisms of therapeutic change

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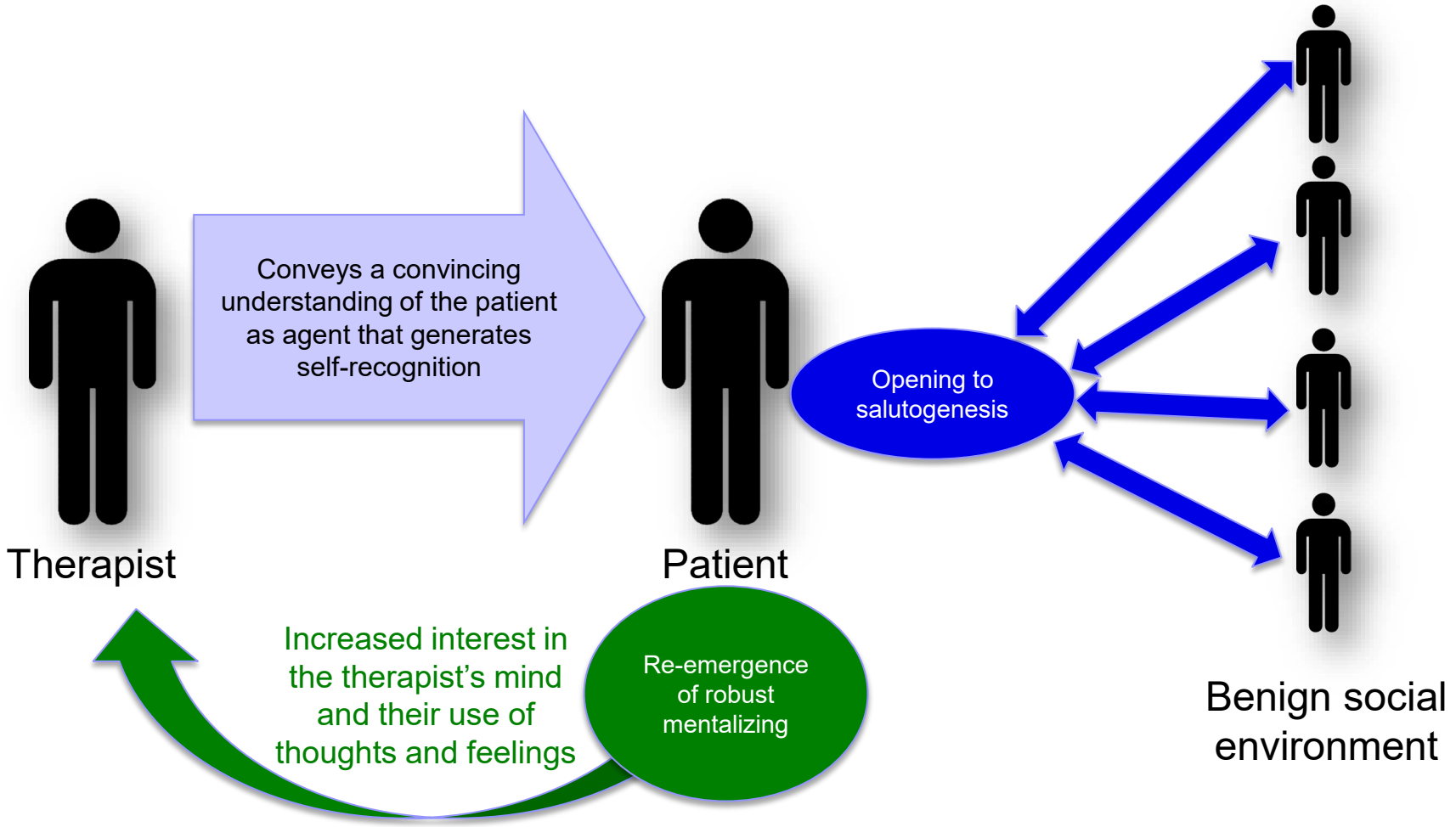
Three stages of a cumulative process that makes psychotherapy effective

Communication System 1
Content

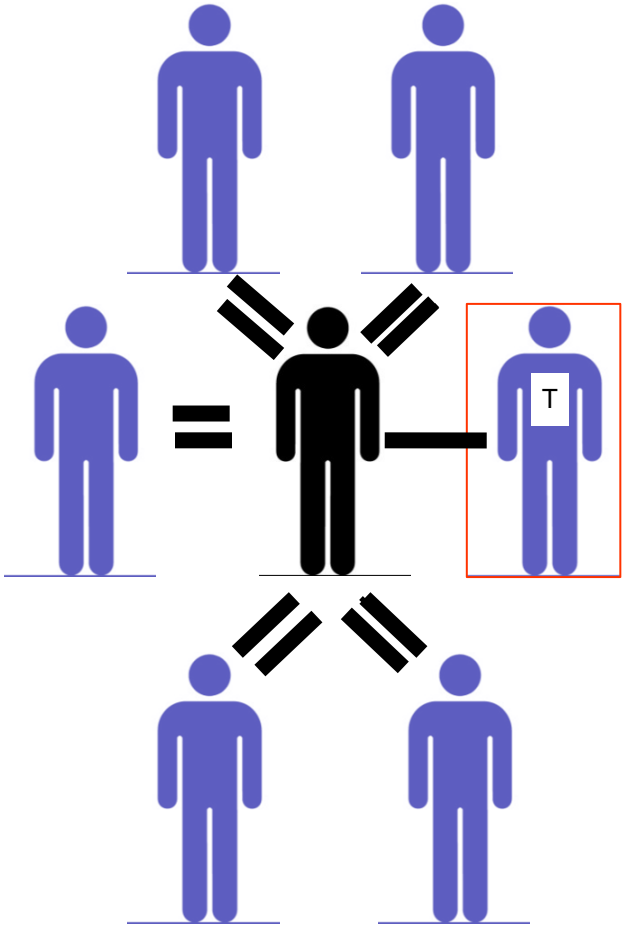
Communication System 2
Epistemic trust in psychotherapy

Communication System 3
Generalisation of epistemic trust



Fonagy & Allison, 2017)

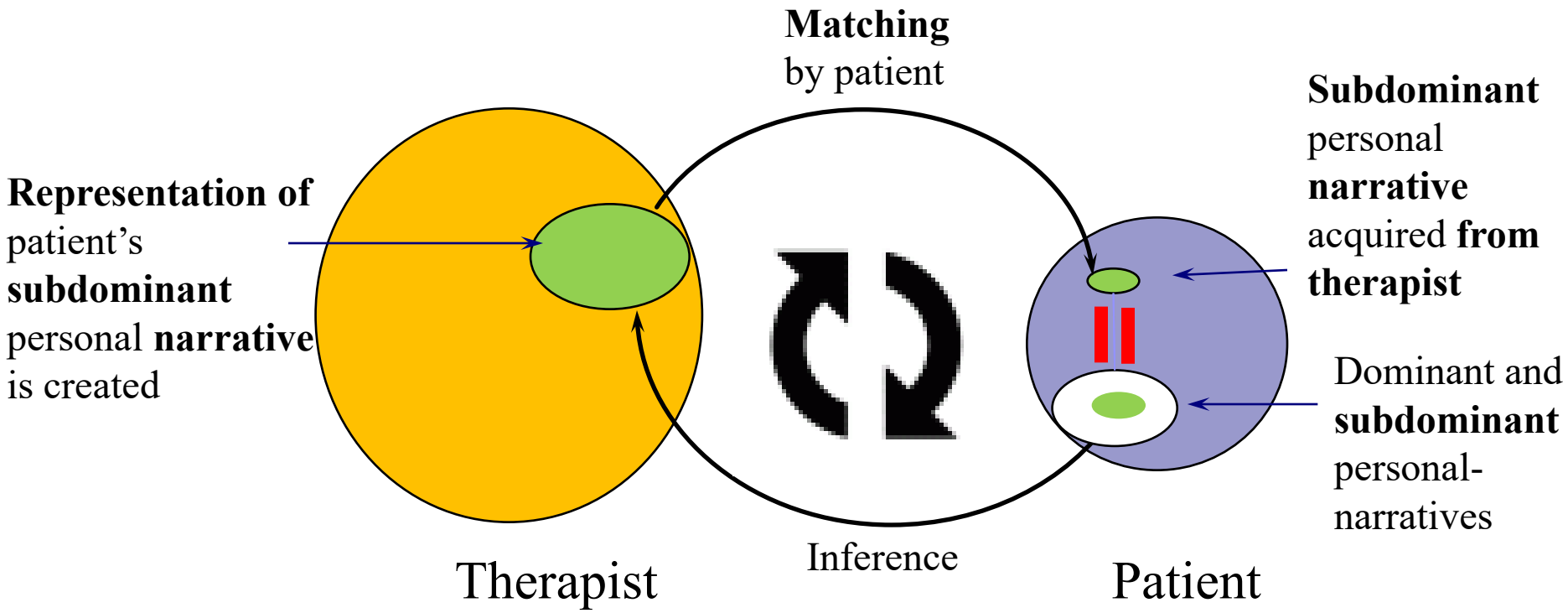
Epistemic trust model of therapy



The benefit of any therapy is from the **reconnection** of the traumatized individual **to the social context**. The therapist is the trigger of **reactivating epistemic trust**

Engendering Epistemic Therapeutic Trust

The patient "discovers" their mind in the therapist and if it matches the personal narrative of the moment then epistemic trust is established

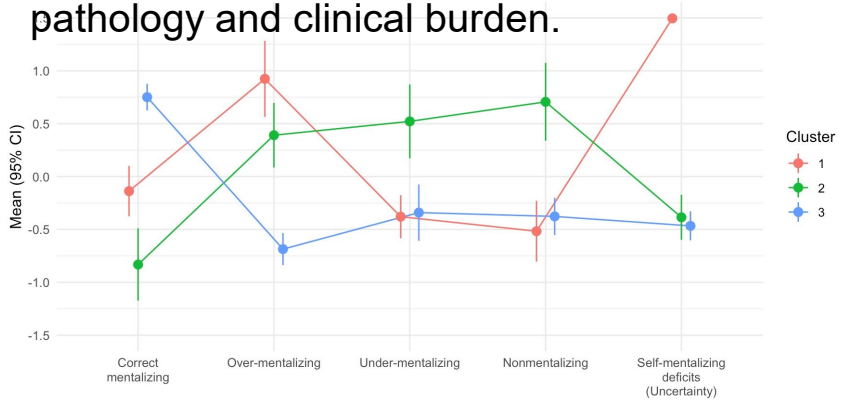


1. ***The therapist creates a representation of the patient's self experience***
2. ***The patient acquires this representation and matches to self-experience***
3. ***If the match is good, trust in communication ensures influence***

From global „deficits” to mentalizing profiles

Jańczak, Górska, Nolte, 2026 (JPD)

- We identified three mentalizing profiles:
  - **(1)** low self / hypermentalizing others,
  - **(2)** ineffective other-mentalizing,
  - **(3)** effective mentalizing.
- Low self-mentalizing & hypermentalizing others was linked to the highest personality pathology and clinical burden.



Journal of Personality Disorders, 40(3), 236–260, 2026

Low Self-Mentalizing and Hypermentalizing Others as Core Features of Personality Pathology: A Person-Centered Analysis

Monika Olga Jańczak, PhD, Dominika Górska, PhD, and Tobias Nolte, MD

Background: Mentalizing is a multifaceted construct central to personality pathology, and a person-centered approach may clarify how imbalances between self- and other-mentalizing relate to its expression and severity. Methods: Ninety-nine adults from clinical and community samples completed diagnostic interviews and validated measures of mentalizing, personality functioning, and maladaptive traits. Cluster analysis was applied to indices of self- and other-mentalizing. Results: Three profiles emerged: (1) low self-mentalizing with hypermentalizing of others, (2) relatively preserved self-mentalizing with ineffective other-mentalizing, and (3) broadly effective mentalizing. Cluster 1 showed the highest severity of personality pathology and greater clinical burden reflected in higher rates of psychiatric hospitalization and treatment referral. Cluster 3 showed the lowest levels of pathology and clinical burden. No cluster differences were found in sociodemographic indicators. Conclusions: Distinct mentalizing profiles are differentially associated with personality pathology and clinical burden, highlighting the central role of impairments in self-mentalizing and hypermentalizing of others.

Mentalizing profiles and the progression of therapeutic work

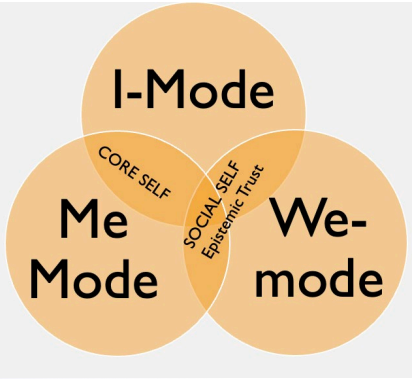
Clinical hypotheses for TFP

Globally Impaired Mentalization — Frame, safety & basic trust

Hypomentalization — Building emotional vocabulary

Hypermentalization — Affect regulation & slowing down of over-interpretation/interpersonal reactivity

Balanced Mentalization — Relational patterns & interpersonal "blind spots"



Stage 0	Stage 1	Stage 2	Stage 3	Stage 4
Safety & Stabilization	**Affect Awareness**	**Exploring Mental States**	**Moderating Mentalizing**	**Confrontation & Interpretation**
predictability, containment	naming emotions, tolerating affect	self & other, epistemic openness	reducing distortion	transference, insight, defense work

Thank you!

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