

Mentalisieren und psychische Gesundheit

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Gliederung

- Einstieg
- Hintergrund: Schwerpunkte bisheriger Studien
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- Ausblick und offene Fragestellungen

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Reflective functioning: A review[☆]

Hannah Katznelson

Department of Psychology, University of Copenhagen, Øster Farimagsgade 2A, 1353 Copenhagen K, Denmark



HIGHLIGHTS

- The theoretical background and the development of the RF scale is outlined.
- Empirical studies of RF are reviewed.
- Directions for future research are discussed.

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ABSTRACT

Reflective functioning offers an empirically grounded framework for the assessment of mentalization. This article briefly outlines the theory of mentalization and the development of the Reflective Functioning (RF) scale (Fonagy, Target, Steele, & Steele, 1998). It then offers a review and discussion of empirical studies of parental RF regarding the role of RF in linking adult and child attachment and parental RF in the context of psychopathology. Furthermore, empirical studies on RF in relation to different psychiatric populations and to the role of RF in psychotherapy process and outcome are reviewed and discussed. Although research on RF is still relatively limited, evidence seems to support the relevance of RF as an empirical measure in the fields of attachment, psychopathology and psychotherapy research. However, the RF scale has certain limitations due to the extensiveness of the measure, which future research should take into account.

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Katznelson, 2014

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Katznelson, 2014



Cochrane Database of Systematic Reviews

Psychological therapies for people with borderline personality disorder (Review)

Storebø OJ, Stoffers-Winterling JM, Völlm BA, Kongerslev MT, Mattivi JT, Jørgensen MS, Faltinsen E, Todorovac A, Sales CP, Callesen HE, Lieb K, Simonsen E

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Psychological therapies for people with borderline personality disorder (Review)
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Results:

DBT and MBT have the highest numbers of primary trials, with DBT as subject of one-third of all included trials, followed by

den 1 MBT with seven RCTs.
sch-ps

Compared to TAU, DBT was more effective at reducing BPD severity (SMD -0.60 , 95% CI -1.05 to -0.14 ; 3 trials, 149 participants), self-harm (SMD -0.28 , 95% CI -0.48 to -0.07 ; 7 trials, 376 participants) and improving psychosocial functioning (SMD -0.36 , 95% CI -0.69 to -0.03 ; 6 trials, 225 participants). MBT appears to be more effective than TAU at reducing self-harm (RR 0.62, 95% CI 0.49 to 0.80; 3 trials, 252 participants), suicidality (RR 0.10, 95% CI 0.04, 0.30, 3 trials, 218 participants) and depression (SMD -0.58 , 95% CI -1.22 to 0.05, 4 trials, 333 participants).

Storebø et al., 2020



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Storebø et al., 2020

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Brief Report

Creating a Peaceful School Learning Environment: A Controlled Study of an Elementary School Intervention to Reduce Violence

Stuart W. Twemlow, M.D.
Peter Fonagy, Ph.D., F.B.A.
Frank C. Sacco, Ph.D.
Martin L. Gies, M.Ed.
Richard Evans, Ph.D.
Russell Ewbank

Objective: The impact of a manual-based antiviolence program on the learning climate in an elementary school over 4 years was compared with the outcome in a control school.

Method: The two schools were matched for demographic characteristics. The intervention in the experimental school was based on zero tolerance for bullying; the control school received only regular psychiatric consultation. Disciplinary and academic achievement data were collected in both schools.

Results: The experimental school showed significant reductions in discipline referrals and increases in scores on standardized academic achievement measures.

Conclusions: A low-cost antiviolence intervention that does not focus on individual pathology or interfere with the educational process may improve the learning environment in elementary schools.

(Am J Psychiatry 2001; 158:808-810)

There is an array of programs to prevent school violence, but few have been evaluated. Exceptions include a randomized study (1) validating the effect of the Second Step: A Violence Prevention Curriculum on elementary school children, in which persistent decreases in physical aggression were observed, and Olweus's naturalistic study of 42 schools in Norway (2), in which a decrease in violence due to pathological bullying, primarily in grades 4 through 7, was reported. Olweus's program has been adapted for North America, so far with limited success (3).

In this article, we report a pilot study of a social systems/psychodynamic antiviolence intervention in an elementary school focused on dealing with the complex dialectical relationships among victims of violent attack, their victimizers (the bullies), and the bystanders (observers). The essence of this approach is that victims, victimizers, and bystanders are targeted simultaneously, without ascribing pathology to any individual. All children participate, with the healthier children assisting the more disturbed children, thus potentially avoiding the possible stigmatization and cost of medical labeling and referral. In a previous publication (4), we postulated that "Schools can be stages for dramas involving the interplay of the villains (bullies) and the antagonists (victims) sustained by the audience of bystanders." Teachers and other school personnel (e.g., security staff, lunchroom aides, and even school secretaries) can assume any one of the roles in the triad of victim, bully, and bystander, and thus they must also be closely involved in the program.

The program consisted of four components: 1) zero tolerance for behavioral disturbances such as bullying, victimization, and standing by during violent acts, 2) a discipline plan for modeling appropriate behavior, 3) a physical education plan designed to teach self-regulation

skills, and 4) a mentoring program for adults and children to assist children in avoiding one of the three preceding roles. Component one worked by increasing cognitive skills and awareness of roles and by changing language usage. Component two was directed at viewing any behavioral disturbance as an interaction of all three roles in the triangle so that discipline focused on this process rather than attributing pathology to the bully. A time for reflection on the process was set aside each day. Component three taught self-regulation skills in physical education classes through martial arts, role playing, and story reading, with attention to anger management and encouraging adoption of one or more of these three roles during conflict. Component four emphasized adult and peer mentoring efforts focused on playground, lunchtime, and school corridor conflicts.

Method

Staff at both of the inner-city elementary schools in this study were concerned about high levels of disciplinary problems and serious fighting, occasionally necessitating police intervention. The experimental and control schools did not differ significantly on any demographic variable, each was located in a part of town characterized by lower socioeconomic levels, they both had new principals, and they had similar class sizes, ethnic breakdowns, family structures, percentages of students receiving general assistance, and percentages in special education programs. Written informed consent for participation in the program was obtained from the parents of all students in the school after the procedure had been fully explained; 95% of the student population received permission to participate.

Teacher in-service training for the intervention in the experimental school began in October 1994. The intervention was fully implemented over the next year, and it was actively supported over the next two academic years. In the 1997-1998 year, the program was running independently with minimal support from the

Twemlow et al., 2001



A cluster randomized controlled trial of child-focused psychiatric consultation and a school systems-focused intervention to reduce aggression

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¹University College London, UK; ²Merninger Department of Psychiatry, Baylor College of Medicine, USA; ³Clinical Child Psychology Program, University of Kansas, USA; ⁴Quantitative Psychology Program, University of Kansas, USA

Background: While school-based anti-bullying programs are widely used, there have been few controlled trials of effectiveness. This study compared the effect of manualized School Psychiatric Consultation (SPC), CAPSLE (a systems and mentalization focused whole school intervention), and treatment-as-usual (TAU) in reducing aggression and victimization among elementary school children. **Method:** Participants were 1,345 third to fifth graders in nine elementary schools in a medium-sized Midwestern city who took part in a cluster-level randomized controlled trial with stratified restricted allocation, to assess efficacy after two years of active intervention and effectiveness after one year of minimal input maintenance intervention. Outcome measures included peer and self-reports of bullying, bystanding, and mentalizing behavior and classroom behavioral observations of disruptive and off-task behavior. **Results:** CAPSLE moderated the developmental trend of increasing peer-reported victimization ($p < .01$), aggression ($p < .05$), self-reported aggression ($p < .05$) and aggressive bystanding ($p < .05$), compared to TAU schools. CAPSLE also moderated a decline in empathy and an increase in the percent of children victimized compared to SPC ($p < .01$) and TAU conditions ($p < .01$). Results for self-reported victimization, helpful bystanding, and beliefs in the legitimacy of aggression did not suggest significantly different changes among the study conditions over time. CAPSLE produced a significant decrease in off-task ($p < .001$) and disruptive classroom behaviors ($p < .01$), while behavioral change was not observed in SPC and TAU schools. Superiority with respect to TAU for victimization ($p < .05$), aggression ($p < .01$), and helpful ($p < .05$) and aggressive bystanding ($p < .01$) were maintained in the follow-up year. **Conclusions:** A teacher-implemented school-wide intervention that does not focus on disturbed children substantially reduced aggression and improved classroom behavior. **Keywords:** Childhood aggression, anti-bullying intervention, psychiatric consultation, mentalization, randomized controlled trial. **Abbreviations:** SPC: School Psychiatric Consultation; CAPSLE: Creating a Peaceful School Learning Environment.

Bullying has broad effects on children's mental health (Smith & Sharp, 1994), including early disruptive and aggressive behavior (Nansel, Overpeck, Hanie, Ruan, & Scheidt, 2003), school dropout, substance abuse (Kumpulainen & Rasanen, 2000), depressed mood, anxiety, and social withdrawal (Dill, Vernberg, Fonagy, Twemlow, & Gamm, 2004; Shafiq & Shafiq, 2003; Swearer, Grills, Haye, & Cary, 2004). It also undermines educational achievement (Greenberg et al., 2003) and disrupts children's abilities to develop social relationships (Masten & Coatsworth, 1998).

Meta-analyses of over 300 school-based violence intervention programs (Mytton, DiGiuseppe, Gough, Taylor, & Logan, 2002; Wilson, Gottfredson, & Najaka, 2001; Wilson, Lipsey, & Devzon, 2003) suggest that effective programs are research-based (ES = .24-.36), small high-risk sample, single group designs with highly trained teachers and reactive

measures such as therapy counseling, behavioral classroom management, and social competence enhancement. Programs directly targeting aggressive behavior are no more effective than those focusing on other aspects of social relationships. Though there have been more individual- than environmental-focused interventions (ratio of 4:1), both appear equally effective (Smith, Ananiadou, & Cowie, 2003).

Our study contrasts two school-wide interventions with a treatment-as-usual control group in a cluster-randomized longitudinal trial with one-year post-intervention follow-up. School Psychiatric Consultation (SPC) is a manualized protocol aimed at addressing mental health issues of children with disruptive behavioral problems, internalizing problems or poor academic performance. Thirty-five consultation outcome studies utilizing programs similar to SPC showed improvement in academic performance (Berkovitz, 2001) and positive changes for children (Pearson, Jennings, & Norcross, 2001).

Conflict of interest statement: No conflicts declared.

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Fonagy et al. 2009

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PRAXISBERICHTE

Mentalisierung in der Teamsupervision

Silja Kotte · Svenja Taubner

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Zusammenfassung Der vorliegende Beitrag fokussiert auf Mentalisierung im Rahmen von Teamsupervision. Zunächst wird genauer auf „Mentalisierungseinbrüche“ eingegangen, indem verschiedene „prämentalisierende Denk-Modi“ anhand des Beispiels einer Teamsupervision erläutert werden und erklärt wird, wann bzw. wodurch diese zustände kommen. Über das generelle Modell der stressabhängigen Mentalisierung hinaus wird auf Einflussfaktoren eingegangen, die im organisationalen Kontext mentalisierungsförderlich und -hinderlich wirken können. Anschließend wird verdeutlicht, **wie Mentalisierung in der (Team)Supervision genutzt werden kann und inwiefern sich Haltungen und Interventionen aus der Mentalisierungs-Basierten Therapie (MBT) in der Teamsupervision übersetzen lassen.**

Schlüsselwörter Teamsupervision · Mentalisierung · Prämentalisierende Modi

Mentalization in team supervision

Abstract The present article focuses on mentalization in the context of team supervision. First, we elaborate on mentalization “breakdown”. We describe the different prementalizing modes by referring to the example of a team supervision, and we explain when and how they are activated. Beyond the general, stress-related model of mentalization, we identify factors in the organizational context that may impact mentalization positively and negatively. Afterwards, we illustrate how mentalization

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Kotte & Taubner, 2016



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HAUPTBEITRÄGE

Die Bedeutung des Mentalisierungskonzepts für Coaching

Alina Goebel · Denise Hinn

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Zusammenfassung Für Führungskräfte ist es essentiell, in Interaktionen treten und Konflikte lösen zu können, um ein hohes Funktionsniveau innerhalb der organisationalen Strukturen zu erlangen bzw. aufrecht zu erhalten. Dafür müssen sie in der Lage sein, die intentionalen mentalen Zustände von sich selbst und ihren Interaktionspartnern zu verstehen und ihnen adäquate Bedeutungen zuzuschreiben, um angemessen darauf reagieren zu können. Diese Fähigkeit bezeichnet man als Mentalisieren. Mit Hilfe der Mentalisierungsbasierten Therapie (MBT) kann eine Verbesserung der Mentalisierungsfähigkeit erreicht werden. Am Fachgebiet für Theorie und Methodik der Beratung der Universität Kassel wurde daher exploriert, ob ein Mentalisierungs-basiertes Coaching in Anlehnung an die mentalisierungs-basierte Therapie hilfreich wäre.

Schlüsselwörter Mentalisierung · Mentalisierungs-basierte Therapie (MBT) · Mentalisierungs-basiertes Coaching

The importance of the mentalization concept for coaching

Abstract For executives it is essential to interact and resolve conflicts in order to gain or maintain a high level of functioning within the organizational structures. Therefore they must be able to understand the intentional mental states of themselves and their interaction partners to ascribe an adequate meaning that allow to react and respond in an appropriate way. This ability is called mentalization. With the help of mentalization-based therapy (MBT) the improvement of mentalization can be accomplished. For this reason the department of Theory and Methodology

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Goebel & Hin, 2016

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Development and Preliminary Evaluation of Family Minds: A Mentalization-based Psychoeducation Program for Foster Parents

Tina Adkins¹ · Patrick Luyten^{2,3} · Peter Fonagy³

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Abstract

Mentalization-based interventions show promise in improving mental health outcomes for children and parents through increasing a family's reflective functioning, or ability to mentalize. Mentalizing involves the ability to understand behavior in relation to mental states, such as thoughts and feelings, and typically develops within the context of secure attachment relationships. One area not given much consideration when training foster parents is their capacity to mentalize. This study evaluated Family Minds, a newly developed psychoeducational intervention for foster parents, designed to increase their ability to mentalize. The current paper reports on the development and preliminary empirical evaluation of Family Minds in a quasi-experimental study where 102 foster parents received either Family Minds or a typical foster parenting class, which served as a control group. Results indicate that parents who received Family Minds significantly increased their levels of reflective functioning as assessed with the Parental Reflective Functioning Questionnaire and a new Five-Minute Speech Sample procedure coded using the Reflective Functioning Scale, and revealed a tendency to show decreased levels of parenting stress on the Parenting Stress Index, while the control group showed no such improvements. These findings support the hypothesis that a short-term psychoeducational intervention may improve foster parents' ability to mentalize themselves and their children. These skills are very beneficial for foster parents, as they frequently deal with children who come into their home with challenging behaviors, attachment issues, and negative internal working models of relationships. This type of intervention has the potential to lower placement breakdowns and improve the mental health of foster children.

Keywords Mentalization · Reflective functioning · Foster parents · Psychoeducation · Child welfare

Introduction

In the United States, approximately 437,000 children reside in substitute care because they were removed from their home due to abuse or neglect (U.S. Department of Health and Human Services 2016). Maltreatment has deleterious

effects on the mind and body and puts a child at lifetime risk for both physical and mental health problems (Amow 2004). Foster children are under tremendous physical and emotional stress and need the support of foster parents to recover from trauma. A number of research studies have identified the need for more intensive foster parent training to help improve foster parents' ability to handle foster children's difficult behaviors and emotions (Chamberlain et al. 2006; James 2004). Unfortunately, evidenced-based training is rarely used to address these issues (Blakey et al. 2012). Furthermore, the effectiveness of many foster parent training curricula is presently unknown and current research has not provided any evidence that the most common foster parent training programs actually change parenting behavior or improve foster parents' success at parenting (Puddy and Jackson 2003).

Although foster children often suffer from a range of emotional and behavioral issues, it appears that foster parents seldom receive the training or support needed to deal with the psychological needs of foster children (Timmer

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Adkins et al., 2018

Regular Article

Family Minds: A randomized controlled trial of a group intervention to improve foster parents' reflective functioning

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Abstract

Family Minds is a brief group psychoeducational parenting intervention designed to increase the reflective functioning (RF) and mentalization skills of foster parents. RF is important for foster parents who have to build relationships with children whose adverse experiences increase their risk for psychosocial challenges. A randomized controlled trial (RCT) for Family Minds was conducted in Texas with 89 foster parents. The main aims of this study were to examine whether the intervention could significantly increase the RF/mentalization skills of the foster parents and decrease their parenting stress. After 6 weeks, compared with the control group, intervention foster parents improved their RF via a lowering of pre-mentalizing and also significantly decreased parenting stress related to parent-child dysfunctional interactions. Other measures of RF and parenting stress showed no significant differences between groups. Foster child behavior was not significantly different between groups, although data at 6 months showed a possible lowering of internalizing symptoms for children of intervention parents. This RCT provides some encouraging evidence that Family Minds may increase RF in foster parents, improve parental sensitivity and their ability to emotionally regulate, decrease parenting stress related to challenging interactions with their foster children, and possibly decrease children's internalizing behavior.

Keywords: reflective functioning, mentalization, parenting intervention, foster parents, parenting stress

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Introduction

Promoting positive relationships between foster parents and foster children is key to supporting the wellbeing of foster children and their optimal developmental outcomes (Smyke & Breidenstine, 2019). In the United States, nearly half a million children were reported to be in foster care due to abuse and neglect (U.S. Department of Health & Human Services, 2018). Compared to children not involved in the child welfare system, children in foster care experience higher levels of adversities, such as parental separation or divorce, the death or imprisonment of a parent, parental abuse, exposure to violence, and a family member with mental illness and substance misuse (Turney & Wildeman, 2017). Such adverse childhood experiences can produce detrimental physical, psychological, and behavioral problems in children throughout their lives (Child Welfare Information Gateway, 2019; Gilbert et al., 2015). Supportive foster parents can help children cope with the effects of their adverse experiences by building a positive relationship with their foster child

(Smyke & Breidenstine, 2019). Foster parents' efforts to create meaningful relationships with their children can offer a positive lifelong influence and mitigate the impact of adverse childhood experiences (McPherson, Gatwiri, Tucci, Mitchell, & Macnamara, 2018). Given the number of children in foster care, the development of evidence-based parenting programs that support foster parents and empirical evaluations of such programs are of paramount importance (Dozier, Albus, Fisher, & Sepulveda, 2002). The current study reports the results of a randomized controlled trial (RCT) for a new psychoeducational parenting program designed for foster parents, Family Minds.

Foster parents have voiced their need and willingness to gain necessary parenting skills to address the emotional and behavioral problems of foster children (Spiefogel, Leathers, Christian, & McMeel, 2011), yet few foster parents receive evidence-based training and support (Pasztor, Hollinger, Inkelas, & Halfon, 2006). Typical foster parent training covers issues such as behavior management, crisis prevention, and sibling issues. However, a more therapeutic form of parenting is often needed to support the children's developmental recovery after traumatic experiences (Milot, St-Laurent, & Éthier, 2015; Ottaway & Schwyn, 2017), requiring caregivers to adopt a profoundly nurturing style that features self-awareness and mentalizing, or the ability to keep their foster child's mental state in mind (Luyten, Campbell, Allison, & Fonagy, 2020). The ability to mentalize allows caregivers to engage in reflective functioning (RF), which supports caregivers'

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Mentalisieren und Fremdenfeindlichkeit – eine Pilotstudie

Zur Gesellschaftskritik durch die moderne Psychoanalyse

Felix Brauner · Carina Goos · Johannes Merz · Lisa Theisges

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Zusammenfassung Mit ihrer Ausrichtung auf Evidenzbasierung und Intersubjektivität hat die Gegenwartspsychoanalyse wichtige Entwicklungsschritte vollzogen. Allerdings ging dabei weitestgehend ihr gesellschaftskritisches Potenzial verloren. Spätestens die rapide Zunahme von Nationalismus und Fremdenfeindlichkeit im gesellschaftlichen Diskurs verdeutlicht die Notwendigkeit einer Rückbesinnung auf dieses Potenzial. In dieser Hinsicht wurde an der Universität Kassel an einer heterogenen Stichprobe ($n = 140$) eine studentische Pilotstudie durchgeführt, die Fremdenfeindlichkeit mittels Rückgriff auf die psychoanalytische Mentalisierungstheorie untersucht. Sozialpsychologische Studien zum Einfluss von Empathie und Bindung lassen eine Reduzierung von Fremdenfeindlichkeit durch Mentalisierungsfähigkeiten vermuten. Damit einhergehend zeigte sich in der Pilotstudie ein negativer Zusammenhang zwischen Mentalisierungsinteresse und Fremdenfeindlichkeit mit starkem Effekt ($r = -0,32$, $p < 0,001$). In einem multiplen, linearen Regressionsmodell sagte Mentalisierungsinteresse (bzw. dessen Fehlen) signifikant Fremdenfeindlichkeit vorher, auch über die Effekte von autoritärem Nationalismus und gruppenbezogener relativer Deprivation hinaus ($b = -0,196$, $t = -3,18$, $p = 0,002$). Ausgehend von diesen Ergebnissen werden abschließend mögliche Implikationen für zukünftige Forschungsprojekte und für die Prävention von Fremdenfeindlichkeit durch ein besseres Verständnis mittels psychoanalytischer Konzepte diskutiert.

Mentalizing and xenophobia—a pilot study

Towards social criticism through modern psychoanalysis

Abstract Through their focus on evidence-based research and intersubjective theories current psychoanalytical approaches took important developmental steps; how-

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Brauner et al., 2018

Mentalisieren und Fremdenfeindlichkeit – eine Pilotstudie

Tab. 2 Multiple lineare Regression

Prädiktor-/Kontrollvariablen	Kriteriumsvariable: Fremdenfeindlichkeit		
	Beta	T	Sig.
Autoritärer Nationalismus	0,396*	7,78	0,000
GRD	0,179*	2,74	0,007
Mentalisierungsinteresse	-0,196*	-3,18	0,002
Geschlecht	-0,140	-1,06	0,29
Bildung	-0,063	-1,16	0,25

GRD gruppenbezogene relative Deprivation
* $p < 0,01$ (Bonferroni-Korrektur)

Eins

Klinisch Mentalis Bedeutu Ausweit Ausweite



ORIGINALARBEIT

„Und trotzdem ist das Kind noch nicht in den Brunnen gefallen.“

Eine entwicklungspsychologische Argumentation zur Relevanz des Mentalisierungskonzepts in der Frühförderung

Nicola-Hans Schwarzer, Stephan Gingelmaier

Zusammenfassung: Anhand einer theoretischen Argumentation verweist der vorliegende Aufsatz auf die protektive Funktion der Mentalisierungsfähigkeit und betont aufbauend hierauf die Passung von frühfördernden Angeboten und einer gezielten Förderung der Mentalisierungsfähigkeit, die insbesondere bei Kindern aus erschwerten Lebenslagen eine kompensierende Wirkung entfalten können. Hierbei erweist sich die Beziehung zwischen Kind und frühfördernder Fachkraft als bedeutsamer Faktor einer gezielten Förderung, da die Mentalisierungsfähigkeit interaktionell in affektiven Kommunikationsprozessen innerhalb sensibler Beziehungen erworben wird.

Schlüsselwörter: Mentalisieren, psychosoziale Entwicklung, Frühförderung, psychische Gesundheit, Beziehung

“And yet the child has not fallen into the well yet” – A developmental psychological argumentation on the relevance of the mentalization concept in early intervention

Summary: Based on a theoretical argumentation, the following essay refers to the protective function of the ability to mentalize and, based on this, emphasizes the fit of early-childhood intervention and a targeted promotion of the ability to mentalize, which can have a compensatory effect, especially on children from difficult life situations. In this regard, the relationship between client and specialist proves to be the most significant aspect of a targeted promotion, because the ability to mentalize is interactively acquired in affective communication processes within sensitive relationships.

Keywords: Mentalizing, psycho-social development, early childhood intervention, mental health, relationship

Mentalisieren als protektive Ressource

Bereits vor etwa 25 Jahren verwiesen Fonagy und Kollegen (1994) erstmalig auf die mögliche protektive Funktion der Mentalisierungsfähigkeit. Im Rahmen der Londoner Mutter-Kind-Studie (Fonagy et al. 1991) gelangten diese zur Einsicht, dass die sichere Bindungsklassifikation von Kindern im 18. Le-

bensmonat maßgeblich durch die pränatal erfasste Fähigkeit der Eltern vorhergesagt werden konnte, eigene Bindungserfahrungen auf Grundlage mentaler Zustände angemessen zu reflektieren – eben jene Fähigkeit, die im vorgestellten Editorial als Mentalisieren beschrieben wurde. Die sichere Bindungsklassifikation wiederum, so Fonagy und Kollegen (1994) weiter, ist mit psychischer Widerstandsfähigkeit und der erhöhten Wahrscheinlichkeit assoziiert, sich auch unter aversiven Um-

Schwarzer & Gingelmaier, 2018

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Nicola-Hans Schwarzer



Stephan Gingelmaier

Mentalisierungsförderung als Bildungsziel im Förderschwerpunkt Emotionale und soziale Entwicklung. Theorie, Empirie und Praxis.

Zusammenfassung

Der folgende Beitrag beschreibt das Mentalisierungskonzept in seinen Grundzügen und diskutiert unter Verweis auf empirische Befunde die Frage, ob eine Förderung der Mentalisierungsfähigkeit ein potentielles Bildungsziel für den Unterricht darstellt. Im Weiteren wird hierfür der Fokus auf den sonderpädagogischen Förderschwerpunkt Emotionale und soziale Entwicklung gelegt. Aufbauend darauf wird ein konkretes Unterrichtsprojekt skizziert, das auf Grundlage von Portraitfotografien die Förderung von Mentalisierungsfähigkeiten bei Schülerinnen und Schülern anstrebt. Zur Überprüfung interventionsinduzierter Entwicklungen wird abschließend die geplante empirische Untersuchung beschrieben.

Wird den Empfehlungen zum Förderschwerpunkt Emotionale und soziale Entwicklung (Kultusministerkonferenz, 2000) gefolgt, wird deutlich, dass die schulische Arbeit im Förderschwerpunkt eine Reihe spezifischer Bildungsziele fokussiert, die Unterschiede zu Bildungsplänen der Allgemeinen Schulen und auch zu anderen sonderpädagogischen Förderschwerpunkten zu erkennen geben. Ziel ist nicht nur der Erwerb primär schulischer Kompetenzen, wie sie beispielsweise in großen Schulleistungsstudien erfasst werden, sondern auch eine fokussierte und spezifische Weiterentwicklung der Fähigkeiten zu emotionalem Erleben und sozialem Handeln durch Erziehung, Bildung und Hilfen zur Alltagsbewältigung. Diese wiederum gestatten die Stärkung innerpsychischer Strukturen und emotional-sozialer Kompetenzen, was sich positiv auf den Aufbau von Lern- und Leistungsmotivation, auf die Ausdifferenzierung selbstregulativer Fähigkeiten, auf die Fähigkeit zur Selbstreflexion, das Erleben von Selbstwirksamkeit und auf den Erwerb angemessener sozialer Verhaltensweisen auswirkt. Schülerinnen und Schüler im Förderschwerpunkt Emotionale und soziale Entwicklung zeigen – um den argumentativen Bogen zu spannen – verstärkt Verhaltensweisen, die in vielen Fällen auf hoch belastete innerpsychische Strukturen und deprivierte emotional-soziale Kompetenzen zurückführbar sind. Deren Förderung stellt neben der Vermittlung klassischer Schulinhalte eines der zentralen Bildungsziele im Förderschwerpunkt Emotionale und soziale Entwicklung dar. Hierbei erweist sich die Anwendung des Mentalisierungskonzepts als vielversprechend.

Innen- und Außenwelt

Die Differenzierung zwischen emotional-sozialem Erleben eines Kindes einerseits und dem oftmals als problematisch eingestuftem Verhalten andererseits findet sich in einer von Erle und Hoanzl (2002) beschriebenen Trennung wieder, die sie als Innen- und Außenwelt bezeichnen. Als Außenwelt beschreiben die Autoren den äußeren Raum, der das Kind umgibt und zu dem auch das beobachtbare und durch Dritte bewertbare Verhalten zu zählen ist. Als Innenwelt hingegen ist das innerpsychische Erleben des Kindes gemeint. Auch wenn sich die Innenwelt einer derart konkreten Operationalisierbarkeit entzieht, könne, so die Autoren weiter, das in der Außenwelt beobachtbare Verhalten Rückschlüsse auf die Innenwelt des Kindes zulassen, denn an „Ihr wird wahrgenommen, was seinen Ursprung im inneren Erleben hat“ (ebd., S. 7f.).

Schwarzer & Gingelmaier, 2019

Zur mentalisierenden Haltung bei sonderpädagogischen Lehrkräften im Förderschwerpunkt Emotionale und Soziale Entwicklung

Erste empirische Befunde

Nicola Hans Schwarzer, Stephan Gingelmaier
Pädagogische Hochschule Ludwigsburg

Zusammenfassung: Die Bereitschaft, Verhaltensweisen auf Basis mentaler Zustände wahrzunehmen, wird als wichtiger Aspekt der sonderpädagogischen Tätigkeit im Förderschwerpunkt Emotionale und Soziale Entwicklung (FSP ESENT) beschrieben. Erst ein mentalisierendes Verständnis, so die Annahme, erlaubt es, den herausfordernden Verhaltensweisen von Kindern und Jugendlichen mit emotional-sozialem Förderbedarf einen Sinn abzugewinnen und aufbauend darauf pädagogische Handlungen abzustimmen. Folgerichtig ist zu fragen, ob sich die ausgeprägte Bereitschaft, Verhalten auf Basis mentaler Zustände wahrzunehmen, auch empirisch abbildet. Die vorliegende Studie vergleicht die Ausprägung der mentalisierenden Haltung von im Förderschwerpunkt ESENT tätigen Lehrkräften, von Grundschullehrkräften sowie von Studierenden beider Studiengänge (N = 453). Es zeigt sich, dass zwischen den Teilstichproben Unterschiede zugunsten der sonderpädagogischen Profession bestehen: Die höchste Ausprägung der mentalisierenden Haltung liegt für Studierende im Studiengang „Lehramt Sonderpädagogik“ vor, gefolgt von sonderpädagogischen Lehrkräften im Förderschwerpunkt. Implikationen für die Ausbildung sonderpädagogischer Lehrkräfte sowie für die sonderpädagogische Praxis werden diskutiert.

Schlüsselbegriffe: Mentalisieren, mentalisierende Haltung, Emotionale und Soziale Entwicklung

Mentalizing Stance In Teachers Working with Psychosocially Burdened Children. First Evidence

Summary: The mentalizing stance of professionals working with psychosocially burdened children and adolescents can be conceptualized as a central aspect of special educational professionalism. It is assumed that only a mentalizing understanding allows to make sense to the challenging behaviour of children and adolescents with emotional and social support needs and to adjust pedagogical activities. Consequently, it is necessary to ask whether the pronounced willingness to perceive behaviour on the basis of mental states is also reflected empirically. Based on 453 subjects, this study compares the mentalizing stance of teachers in special needs education, elementary school teachers and students in both study programs "Teaching Special Needs" and "Teaching Primary School". The data indicate that there are significant differences between the sub-samples: The highest level of mentalizing attitudes can be found among students in the study program "teaching special needs", followed by teachers working in the field of special needs education. The lowest average, on the other hand, is found in elementary school teachers. Implications of the results are discussed.

Keywords: Mentalizing, mentalizing stance, special need education, emotional and social development

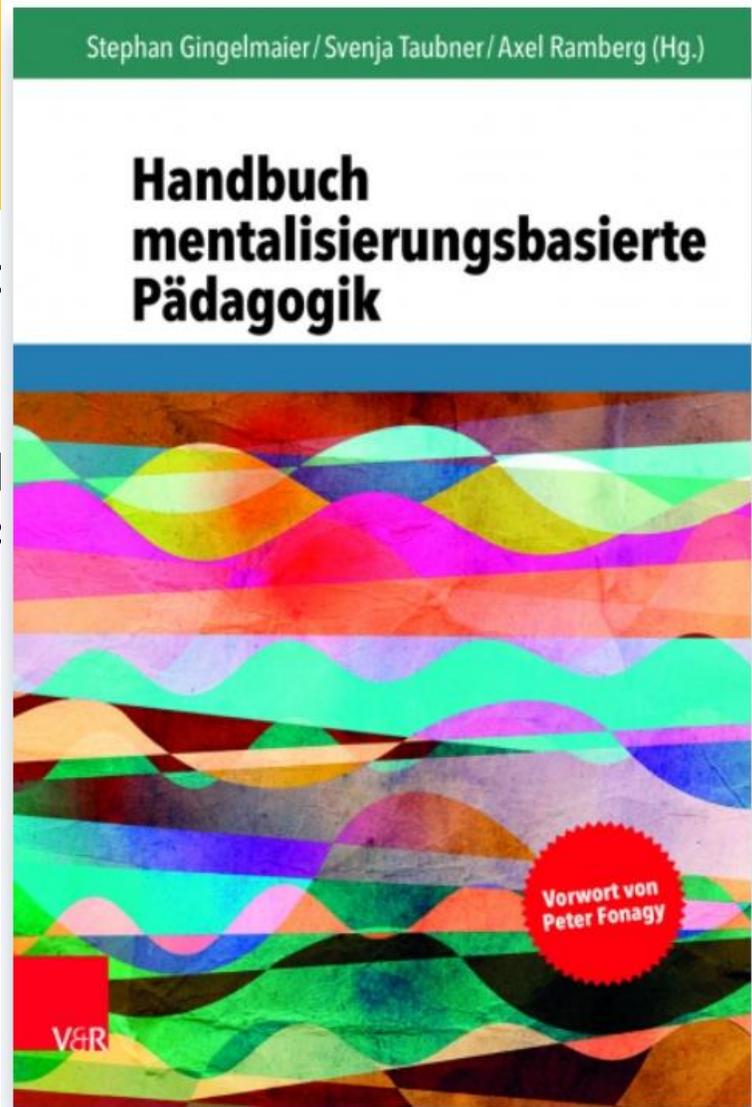
Tab. 1 Mittelwerte und Standardabweichungen der mentalisierenden Haltung (ACS) in den vier Gruppen sowie Ergebnisse der Varianz- und Kovarianzanalytischen Mittelwertvergleiche

Skala		Gruppe				ANOVA Varianzanalyse		ANCOVA Mit Kovariaten	
		L_So N = 82	Stu_So N = 211	L_Gs N = 63	Stu_Gs N = 97	F	η^2	F	η^2
ACS	M SD	142,66 25,22	146,00 21,63	129,77 28,88	136,95 21,73	9,11**	.057	9,12**	.058

Anmerkungen: ACS = Attributional Complexity Scale; L_So = Lehrkräfte im Förderschwerpunkt Emotionale und soziale Entwicklung; L_Gs = Grundschullehrkräfte; Stu_So = Studierende im Studiengang „Lehramt Sonderpädagogik“; Stu_Gs = Studierende im Studiengang „Grundschullehramt“. Als Kovariaten wurden Alter, Geschlecht (dummy-kodiert: 1 = weiblich; 2 = männlich) und das Vorliegen einer psychiatrischen Diagnose (dummy-kodiert: 0 = nein; 1 = ja) berücksichtigt. * $p \leq .05$, ** $p \leq .01$.



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Klinische Relevanz: Dem sich seit den 1990er-Jahren stetig weiterentwickelnde Mentalisierungskonzept wird in klinisch-psychotherapeutischen Settings eine zusehende Bedeutung zugeschrieben

Ausweitung: Damit einhergehend zeichnet sich seit einigen Jahren der Versuch einer Ausweitung des primär klinischen Konzepts in nicht-klinische Wirkungsbereiche ab

Erweiterte Bedeutung im Kontext psychischer Gesundheit: Ausweitung in nicht-klinische Zusammenhänge mit der Frage verknüpft, inwieweit Mentalisieren grundsätzlich mit psychischer Gesundheit verknüpft ist

Einstieg

Ziel des heutigen Vortrags:

Zusammenführung aktueller Befunde in ein übergeordnetes Modell, das die gesundheitsrelevante Funktion effektiver Mentalisierungsprozesse abzubilden versucht.

Gliederung

- Einstieg
- Hintergrund: Schwerpunkte bisheriger Studien
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- Ausblick und offene Fragestellungen

Gliederung

- Einstieg
- **Hintergrund: Schwerpunkte bisheriger Studien**
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- Ausblick und offene Fragestellungen

Hintergrund: Schwerpunkte bisheriger Studien

Schwerpunkte bisheriger empirischer Arbeiten: Badoud und Kollegen (2015) benennen drei übergeordnete Schwerpunkte empirischer Untersuchungen, die explizit auf die Mentalisierungsfähigkeit fokussieren und anschaulich die konzeptionelle Entwicklung des Konzeptes nachzeichnen.

Entwicklungspsychologische
Komponente

Psychopathologische
Komponente

Klinisch-therapeutische
Komponente

Hintergrund: Schwerpunkte bisheriger Studien

Schwerpunkte bisheriger empirischer Arbeiten: Badoud und Kollegen (2015) benennen drei übergeordnete Schwerpunkte empirischer Untersuchungen, die explizit auf die Mentalisierungsfähigkeit fokussieren und anschaulich die konzeptionelle Entwicklung des Konzeptes nachzeichnen.



Entwicklungspsychologische
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The Capacity for Understanding Mental States: The Reflective Self in Parent and Child and Its Significance for Security of Attachment

PETER FONAGY
The Anna Freud Centre
and University College London

MIRIAM STEELE
The Anna Freud Centre

HOWARD STEELE
University College London

GEORGE S. MORAN
The Anna Freud Centre

ANNA C. HIGGITT
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ABSTRACT: Epidemiologists and psychoanalysts have been equally concerned about the intergenerational concordance of disturbed patterns of attachment. Mary Main's introduction of the Adult Attachment Interview (AAI) has provided the field with an empirical tool for examining the concordance of parental and infant attachment patterns. In the context of a prospective study of the influence of parental patterns of attachment assessed before the birth of the first child upon the child's pattern of attachment to that parent at 1 year and at 18 months, the Anna Freud Centre—University College London Parent-Child Project reported a significant level of concordance between parental security and the infant's security with that parent. In the context of this study, a new measure, aiming to assess the parent's capacity for understanding mental states, was developed and is reported on in this paper. The rating of Reflective-Self Function, based upon AAI transcripts, correlated significantly with infant security classification based on Strange Situation assessments. The philosophical background and clinical importance of the measure are discussed.

RÉSUMÉ: Les épidémiologues et les psychanalystes sont tout aussi bien concernés et intéressés par la concordance intergénérationnelle de patrons d'attachement perturbés. L'introduction qu'a faite Mary Main de l'Interview d'Attachement Adulte a fourni un outil empirique pour l'examen de la concordance des

This report is part of the Anna Freud Centre—University College London Parent-Child Project. We are grateful for the support we have received from the Nuffield Foundation (P. Fonagy), the Social Science Research Council of Canada (M. Steele), and the Commonwealth Fellowship Fund (H. Steele). We would also like to acknowledge the help and advice of Professor M. Main, Professor A. J. Solnit, and Mrs. N. Model at various stages of this project. This paper was a plenary address by the first author to the Regional Conference of the World Association of Infant Psychiatry and Allied Disciplines (WAIPAD), November, 1990.

Schwerpunkte bisheriger Studien

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Table 4
Correlation of Parents' Reflective-Self Function Ratings and Infant Behavior in the Strange Situation (M = Mother; F = Father)

	Ratings of infant behavior				Overall security classification
	Proximity seeking	Contact maintenance	Resistance	Avoidance	
M	.255 (<i>p</i> < 0.006)	.300 (<i>p</i> < 0.002)	.020 (n.s.)	-.375 (<i>p</i> < 0.001)	.508 (<i>p</i> < 0.001)
F	.140 (n.s.)	.167 (n.s.)	-.124 (n.s.)	-.235 (<i>p</i> < 0.02)	.36 (<i>p</i> < 0.001)

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„Reflective-self functioning was also related strongly to observer ratings of the infant's behavior in the Strange Situation. In particular, infants of mothers with high ratings on this scale showed less avoidant behavior and more contact maintenance.“

Maternal reflective functioning, attachment, and the transmission gap: A preliminary study

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¹The City University of New York, Yale Child Study Center, ²Wright Institute, Los Angeles, and ³The City University of New York, USA

Abstract

The notion that maternal reflective functioning, namely the mother's capacity to hold her baby and his mental states in mind, plays a vital role in the intergenerational transmission of attachment is investigated (Fonagy, Gergely, Jurist, & Target, 2002; Fonagy et al., 1995; Slade, this volume). A parent's capacity to understand the nature and function of her own as well as her child's mental states, thus allowing her to create both a physical and psychological experience of comfort and safety for her child, is proposed. In this study of 40 mothers and their babies, maternal reflective functioning is measured using the Parent Development Interview (PDI; Aber, Slade, Berger, Bresgi, & Kaplan, 1985), and scored for reflective functioning using an addendum to Fonagy, Target, Steele, & Steele's (1998) reflective functioning scoring manual (Slade, Bernbach, Grienenberger, Levy, & Locker, 2004). The relations between maternal reflective functioning and both adult (measured in pregnancy) and infant attachment (measured at 14 months) are examined. **The findings indicate that relations between adult attachment and parental reflective functioning are significant, as are relations between parental reflective functioning and infant attachment. A preliminary mediation analysis suggests that parental reflective functioning plays a crucial role in the intergenerational transmission of attachment.**

Keywords: Maternal reflective functioning, attachment, transmission gap, intergenerational transmission

Introduction

In a report published 20 years ago, Mary Main and her colleagues (Main, Kaplan, & Cassidy, 1985) documented strong links between a mother's "state of mind in relation to attachment", and the quality of her own child's attachment to her at 1 year. Numerous investigators have replicated these findings in the intervening years, confirming time and again that a mother's capacity to regulate and organize her own thoughts and feelings about relationships with her primary caregivers is linked to her capacity to regulate, organize, and sensitively respond to needs for comfort, proximity, and safety in her child (see Carlson & Sroufe, 1995; Main, 1995, 2000; van IJzendoorn, 1995 for reviews).

The mechanism underlying the intergenerational transmission of attachment remains elusive however (van IJzendoorn, 1995). How is a mother's state of mind in relation to attachment transmitted from mother to child? Researchers had for many years assumed that maternal behavior served as the primary mechanism of transmission. It was widely believed

Table IV. Parental reflective functioning and infant attachment: Two-way comparison.

	<i>n</i>	Mean	<i>SD</i>	<i>F</i> ratio	Effect Size
Secure	22	5.64	1.36		
Insecure	18	4.39	1.50		
Total	40	5.08	1.54	7.567**	.81

**p* < .05.

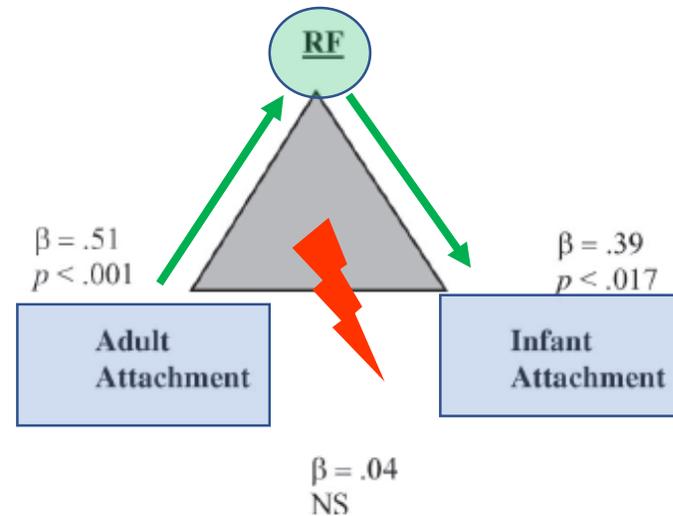
***p* < .01.

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Figure 1. Test of mediational model (LISREL analysis).

Higher maternal reflective functioning is associated with toddlers' adaptive emotion regulation

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ABSTRACT

Parental reflective functioning (RF), the ability to consider the child's behavior as a function of mental states (cognitions, emotions), is theorized to promote emotion regulation in children via its positive impact on parenting sensitivity. Using a sample of mothers and toddlers ($N = 151$ dyads; 41% Latinx; 54% girls; $M_{\text{Age}} = 21$ months; $SD_{\text{Age}} = 2.5$ months), we measured mothers' self-reported RF (high RF = low certainty/high interest–curiosity/low prementalizing), toddlers' distress during a standardized challenging behavioral task (toy removal), and three methods of children's coping with distress. Then, we tested whether RF moderated the association between children's observed distress and coping during the task (mother-directed adaptive coping, task-directed adaptive coping, maladaptive aggression) as an index of emotion regulation. Although RF was not associated with toddlers' distress, indices of RF moderated the associations between distress and coping. As maternal RF increased, the positive association between toddler distress and mother-oriented behavior increased, whereas the association between toddler distress and child aggression decreased. Findings were present only for certainty of mental states, whereas no effects were present for prementalizing or interest/curiosity. We discuss these findings in terms of their contributions to theory regarding parent–child relationships, maternal RF, and child emotion regulation.

KEYWORDS

emotion regulation, mentalizing, parental reflective functioning, toddlers

1 | INTRODUCTION

Parental reflective functioning (RF) has emerged within the infant mental health literature as a key target of intervention (e.g., Slade, 2005; Suchman et al., 2017) given the centrality of its role in parenting and children's socioemotional adjustment. Despite this, several gaps in our understanding regarding RF remain. This study tests whether maternal RF predicts better child emotion regulation. For the purposes of this investigation, we operationalize chil-

dren's expressed emotional distress in response to a frustration task as a sign of their emotion reactivity, their behavioral reactions to the task as a sign of their coping, and the ways in which these two factors (distress and coping) combine to be an index of their emotion regulation. Specifically, we explore whether mothers who show greater RF have toddlers who are more likely to show adaptive emotion regulation. Confirmation of this hypothesis would lend support to the idea that RF may help children learn adaptive means of regulating negative emotional states.

TABLE 7 Step 3 of the hierarchical linear regression interaction indicating children's distress intensity \times parental reflective functioning predicting children's aggression

Variable	<i>b</i>	95% CI [lower CI, upper CI]	<i>SE</i>	<i>t</i> (117)
Constant	−0.03	[−0.68, 0.61]	0.33	−0.10
Income	0.00	[−0.02, 0.03]	0.01	0.36
Mother age	0.00	[−0.01, 0.01]	0.00	0.12
Child age	0.01	[−0.01, 0.02]	0.01	0.92
Child sex	−0.01	[−0.07, 0.06]	0.03	−0.23
Ethnicity	−0.05	[−0.12, 0.02]	0.04	−1.50
Effortful control	0.02	[−0.03, 0.08]	0.03	0.80
RF-CMS	−0.02	[−0.05, 0.02]	0.02	−0.90
RF-IC	−0.03	[−0.08, 0.03]	0.03	−0.87
RF-PM	0.07	[0.00, 0.14]	0.04	2.05*
Distress intensity	−0.38	[−0.81, 0.04]	0.22	−1.78
RF-CMS \times Distress	0.05	[0.01, 0.08]	0.02	2.65**
RF-IC \times Distress	0.04	[−0.02, 0.10]	0.03	1.43
RF-PM \times Distress	−0.01	[−0.08, 0.06]	0.04	−0.25

Note. The table indicates the findings from the third step in the hierarchical linear regression that includes the interactions. PRF-PM and child distress intensity at step 2 was significantly associated with aggression, but only PRF-PM remained significant in step 3. The interaction between distress intensity and certainty of mental states was significant in predicting aggression. $N = 131$. b = unstandardized regression coefficient with 95% bootstrapped confidence intervals; SE = standard error; t = t -score; * $p < .05$; ** $p < .01$; *** $p < .001$; CMS = certainty in mental states: low scores signify high RF; IC = interest and curiosity: high scores signify high RF; PM = prementalizing: low scores signify high RF.

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n-Kind Studie (Fonagy und Kollegen, 1991)

repräsentiert auch gegenwärtig einen nach wie vor
B. Borelli et al., 2020).

„Although RF was not associated with toddlers' distress, indices of RF moderated the associations between toddler distress and coping. As maternal RF increased, the positive association between toddler distress and mother-oriented behavior increased, whereas the association between toddler distress and child aggression decreased.“

Hintergrund: Schwerpunkte bisheriger Studien

Entwicklungspsychologische Komponente: Fokussierung auf frühe intersubjektive Kommunikationsprozesse sowie die hierbei auf Basis mentalisierender Zuschreibungen erfolgende sensitive Abstimmung auf Äußerungen des Kindes. Dies wiederum wird in der Folge als eine zentrale Voraussetzung für die psychosoziale menschliche Entwicklung konzeptualisiert (z.B. Fonagy & Target, 1997; Fonagy et al., 2002)

Zentrale Facette: Jene Komponente repräsentiert auch gegenwärtig einen nach wie vor zentralen Bestandteil des Konzepts (z.B. Luyten et al., 2017; Borelli et al., 2020).

Ursprung: Befunde der Londoner Eltern-Kind Studie (Fonagy und Kollegen, 1991);
Replikation: z.B. Slade et al., 2005

Zusammenfassend: Erfahrung des Mentalisiert-werdens als Baustein der kindlichen psychosozialen Entwicklung

Hintergrund: Schwerpunkte bisheriger Studien

Schwerpunkte bisheriger empirischer Arbeiten: Badoud und Kollegen (2015) benennen drei übergeordnete Schwerpunkte empirischer Untersuchungen, die explizit auf die Mentalisierungsfähigkeit fokussieren und anschaulich die konzeptionelle Entwicklung des Konzeptes nachzeichnen.

Entwicklungspsychologische
Komponente

Psychopathologische
Komponente

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Psychopathologie Konzeptionen

- Mentalisierung
Bezugsperson
- begünstigt die
- beeinträchtigt
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erkennen, mo



The Relation of Attachment Status, Psychiatric Classification, and Response to Psychotherapy

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Miriam Steele and Howard Steele
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Roger Kennedy and Gretta Mattoon
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Mary Target and Andrew Gerber
University College London

The relation of patterns of attachment and psychiatric status was studied in 82 nonpsychotic inpatients and 85 case-matched controls using the Adult Attachment Interview (AAI). AAI transcripts rated (masked to case vs. control status and treatment) were classified using M. Main and R. Goldwyn's (1991) system. Psychiatric patients, diagnosed with the Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev.) I and II structured interviews, were more likely to be classified as preoccupied and unresolved with respect to loss or abuse. On Axis I, anxiety was associated with unresolved status, and AAI scales were able to discriminate depression and eating disorder. On Axis II, borderline personality disorder (BPD) was linked to experience of severe trauma and lack of resolution with respect to it. BPD patients were also rated significantly lower on a scale measuring awareness of mental states. Preliminary outcome results suggest that individuals rated as dismissing on the AAI are more likely to show improvements in psychotherapy.

It is a core assumption of psychoanalytic models and practice that parents respond to their children's behavior and characteristics with expectations that are based on past experiences with their own primary caregiving figures (Fraiberg, Adelson, & Shapiro, 1975; Freud, 1940). J. Bowlby's ideas, as embodied in attachment theory, were a conduit between psychoanalytic ideas and developmental psychology, using concepts from other disciplines (e.g., ethology, control systems theory, cognitive science; Bowlby, 1973, 1988).

Most of Bowlby's ideas were derived from observations of clinical populations, yet until recently there has been surprisingly little work that has applied research methods based on attachment theory to clinical groups and their treatment (Holmes, 1993). These studies were made possible by Main and her colleagues' work on a structured assessment instrument, the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985; Main & Goldwyn, 1991), which provided an indication

of the functioning of internal working models. The interview is designed to elicit the individual's account of his or her childhood attachment and separation experiences, together with his or her evaluations of the effects of those experiences on present functioning. In the Main and Goldwyn system, there are three major classification categories: free-autonomous ([F] coherent valuing of attachments); dismissive ([Ds] idealizing, derogatory, and cut off from attachment experiences); and preoccupied ([E] passive, angry, and entangled by past relationships).

Dozier (1990) found greater security associated with symptoms of affective rather than thought disorders in a sample of 40 young adults. Security was also associated with more compliance with treatment, less rejection of treatment providers, and greater self-disclosure. Dozier, Stevenson, Lee, and Velligan (1991) demonstrated that psychiatric patients who were rated insecure, using the Q-sort method (Kobak, 1989), were more likely to have family members who were overinvolving in terms of an expressed emotion measure. They also found that preoccupied individuals reported more symptoms and premorbid competence was associated with secure attachment strategies. The Q-sort method of scoring the AAI, however, has not yet been thoroughly validated.

Patrick, Hobson, Castle, Howard, and Maughan (1994) administered the AAI and the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) to 12 dysthymic and 12 borderline patients, matched for age, educational achievement, and socioeconomic status. They found that the borderline group re-

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Table 3
Means (and Standard Deviations) for Adult Attachment Interview (AAI) Scale Scores and Diagnostic Group

AAI scale	M (and SD) for diagnostic group					
	Grouping		Axis I diagnoses (not mutually exclusive)			
	Psychiatric (n = 82)	Control (n = 85)	Depression (n = 72)	Anxiety (n = 44)	Substance abuse (n = 37)	Eating disorder (n = 14)
Probable Experience						
Loving parents	2.7 (1.5)	5.5 (1.8)***	2.7 (1.6)	2.4 (1.5)	2.5 (1.6)	2.3 (1.6)
Rejecting parents	5.9 (2.2)	3.0 (1.5)***	5.8 (2.1)	6.3 (2.1)	5.9 (2.1)	5.5 (2.2)
Neglecting parents	5.9 (2.0)	3.6 (1.7)***	6.0 (2.0)	6.2 (2.0)	6.3 (2.0)	6.4 (2.0)
Role reversal	2.7 (1.6)	1.9 (1.2)***	2.8 (1.6)	2.8 (1.6)	2.7 (1.6)	3.1 (1.6)
Pressure to achieve	2.5 (1.9)	2.6 (1.3)	2.5 (1.9)	2.5 (1.9)	2.3 (1.9)	3.1 (1.9)
Overprotection	1.6 (1.2)	1.6 (0.9)	1.6 (1.2)	1.7 (1.2)	1.5 (1.2)	1.2 (1.3)
State of Mind						
Idealization of parents	2.6 (1.7)	3.0 (1.1)*	2.3 (1.6)**	2.6 (1.7)	2.6 (1.8)	4.1 (1.6)***
Derogation of parents	2.1 (1.3)	2.0 (1.0)*	2.1 (1.3)	2.0 (1.3)	2.2 (1.3)	1.9 (1.3)
Involving anger with parents	4.1 (1.8)	2.2 (1.3)***	4.3 (1.7)**	3.9 (1.8)	3.9 (1.9)	3.4 (1.9)
Poor recall	4.1 (1.8)	3.6 (1.3)	4.0 (1.8)	3.6 (1.8)*	4.2 (1.9)	4.4 (1.9)
Coherence of mind and transcript	4.1 (1.6)	5.5 (1.4)***	4.2 (1.6)	4.1 (1.6)	3.9 (1.6)	4.1 (1.6)
Passivity of thought	3.0 (1.9)	2.1 (1.1)***	3.0 (1.9)	3.2 (1.9)	3.0 (1.9)	2.9 (1.9)
Fear of loss of child	1.6 (1.2)	1.3 (0.6)*	1.7 (1.2)	1.7 (1.2)	1.6 (1.2)	1.5 (1.2)
Reflective self	3.7 (1.8)	5.2 (1.5)***	3.8 (1.7)	3.5 (1.8)	3.4 (1.8)	2.8 (1.7)*
			Axis II diagnoses (mutually exclusive)			
AAI scale	No Axis II (n = 23)	BPD (DSM) (n = 36)	Antisocial-paranoid (n = 22)		Other (n = 38)	
Probable Experience						
Loving parents	3.0 (1.5)	2.2 (1.5)**	2.7 (1.6)	5.3 (2.1)	2.8 (1.6)	
Rejecting parents	6.0 (2.1)	6.2 (2.1)	5.7 (2.0)	5.7 (2.0)	5.4 (2.1)	
Neglecting parents	5.7 (2.0)	6.6 (2.0)*	5.7 (2.0)	5.7 (2.0)	5.9 (2.0)	
Role reversal	2.8 (1.5)	3.1 (1.6)	2.0 (1.5)*	2.0 (1.5)*	2.4 (1.5)	
Pressure to achieve	2.7 (1.9)	2.2 (2.0)	2.5 (1.9)	2.5 (1.9)	2.6 (1.9)	
Overprotection	1.2 (1.2)	1.6 (1.3)	1.9 (1.2)	1.9 (1.2)	2.0 (1.2)**	
State of Mind						
Idealization of parents	2.7 (1.7)	2.8 (1.7)	2.1 (1.7)	2.0 (1.3)	2.5 (1.7)	
Derogation of parents	2.1 (1.3)	2.1 (1.3)	2.0 (1.3)	2.0 (1.3)	2.2 (1.3)	
Involving anger with parents	4.2 (1.8)	4.0 (1.9)	4.2 (1.9)	4.2 (1.9)	3.9 (1.8)	
Poor recall	4.0 (1.9)	4.3 (1.9)	4.1 (1.9)	4.1 (1.9)	3.7 (1.8)	
Coherence of mind and transcript	4.2 (1.6)	3.8 (1.6)	4.4 (1.6)	4.4 (1.6)	4.0 (1.6)	
Passivity of thought	3.0 (1.9)	3.5 (1.9)	2.9 (1.9)	2.9 (1.9)	2.9 (1.9)	
Fear of loss of child	1.7 (1.2)	1.5 (1.2)	1.7 (1.2)	1.7 (1.2)	1.8 (1.2)	
Reflective self	4.3 (1.7)*	2.7 (1.6)***	3.9 (1.8)	3.9 (1.8)	3.3 (1.7)	

Note. Standard deviations are in parentheses. Asterisks indicate statistically significant differences between control and psychiatric groups (column 2) and between groups diagnosed with a disorder compared with all those in the psychiatric group not diagnosed with that disorder (columns 3-6). Means for Axis I diagnoses are adjusted, controlling for age and Global Assessment of Functioning score at admission. *DSM* = *Diagnostic and Statistical Manual of Mental Disorders*.

* $p < .05$. ** $p < .01$. *** $p < .001$.



Theory of mind disturbances in borderline personality disorder: A meta-analysis

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ABSTRACT

Impairments of theory of mind (ToM) are widely accepted underlying factors of disturbed relatedness in borderline personality disorder (BPD). The aim of this meta-analysis was to assess the weighted mean effect sizes of ToM performances in BPD compared to healthy controls (HC), and to investigate the effect of demographic variables and comorbidities on the variability of effect sizes across the studies. Seventeen studies involving 585 BPD patients and 501 HC were selected after literature search. Effect sizes for overall ToM, mental state decoding and reasoning, cognitive and affective ToM, and for task types were calculated. BPD patients significantly underperformed HC in overall ToM, mental state reasoning, and cognitive ToM, but had no deficits in mental state decoding. Affective ToM performance was largely task dependent in BPD. Comorbid anxiety disorders had a positive moderating effect on overall and affective ToM in BPD. Our results support the notion that BPD patients' have specific ToM impairments. Further research is necessary to evaluate the role of confounding factors, especially those of clinical comorbidities, neurocognitive functions, and adverse childhood life events. Complex ToM tasks with high contextual demands seem to be the most appropriate tests to assess ToM in patients with BPD.

1. Introduction

Borderline personality disorder (BPD) is a phenomenologically heterogeneous disorder characterized by affective, cognitive, behavioral, and interpersonal (i.e. disturbed relatedness) symptom areas

(APA, 2013). It is widely accepted that BPD patients' unstable relational style is of central importance (Gunderson, 2007), and other symptoms, such as impulsivity, self-harm, anger or emotional instability are consequences of, or triggered by the social, interpersonal context (Hepp et al., 2017; Brodsky et al., 2006; Kehrner and Linehan, 1996). Clinical

Abbreviations: ATT, advanced ToM test; BPD, borderline personality disorder; CAMS, cartoon-based assessment of mentalizing skills; EAT, expression attribution test; FER, facial emotional recognition; FBPSST, false-belief picture sequencing task; FPT, four pass task; HC, healthy controls; JAT, joke appreciation task; MA, meta-analysis; MASC, movie for the assessment of social cognition; MDD, major depressive disorder; MDE, major depressive episode; MET, multifaceted empathy test; MSAT, mental state attribution tasks; NTT, non-verbal ToM tasks; RMET, reading the mind in the eyes test; TASIT, the awareness of social inference test; ToM, theory of mind

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Punkte bisheriger Studien

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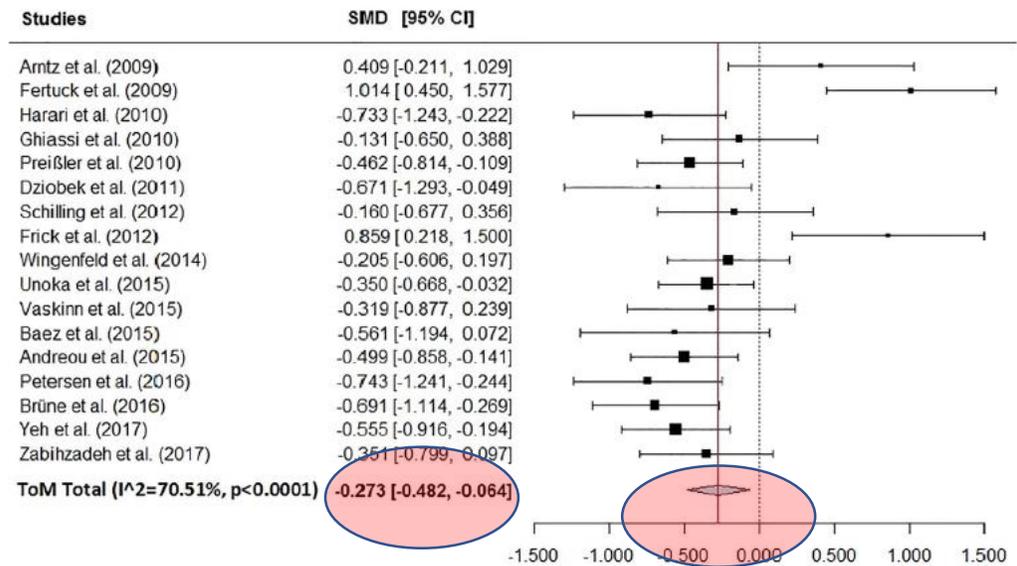


Fig. 2. Forest plot for meta-analysis of overall ToM (theory of mind) in BPD (borderline personality disorder). Negative effect size indicates poorer performance of the BPD group.

**OFFENDERS WITH ANTISOCIAL
 PERSONALITY DISORDER DISPLAY
 MORE IMPAIRMENTS IN MENTALIZING**

John Newbury-Helps, DClinPsych, Janet Feigenbaum, PhD,
 and Peter Fonagy, PhD

This study was designed to test the hypothesis that individuals with antisocial, particularly violent, histories of offending behavior have specific problems in social cognition, notably in relation to accurately envisioning mental states. Eighty-three male offenders on community license, 65% of whom met the threshold for antisocial personality disorder (ASPD), completed a battery of computerized mentalizing tests requiring perspective taking (Perspectives Taking Test), mental state recognition from facial expression (Reading the Mind in the Eyes Test), and identification of mental states in the context of social interaction (Movie for the Assessment of Social Cognition). The results were compared with a partially matched sample of 42 nonoffending controls. The offender group showed impaired mentalizing on all of the tasks when compared with the control group for this study when controlling for demographic and clinical variables, and the offending group performed poorly in comparisons with participants in published studies, suggesting that limited capacity to mentalize may be part of the picture presented by individuals with histories of offending behavior. Offenders with ASPD demonstrated greater difficulty with mentalizing than non-ASPD offenders. Mentalization subscales were able to predict offender status and those with ASPD, indicating that specific impairments in perspective taking, social cognition, and social sensitivity, as well as tendencies toward hypomentalizing and nonmentalizing, are more marked in individuals who meet criteria for a diagnosis of ASPD. Awareness of these deficits may be helpful to professionals working with offenders, and specifically addressing these deficits may be a productive aspect of therapy for this "hard to reach" clinical group.

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TABLE 3. Mean (SE) Performance Scores of the Offender Groups and the Controls on the Three Mentalization Tasks

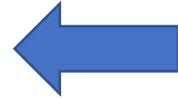
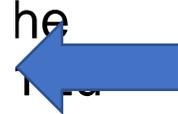
Mentalization Task	Subscale	Offenders	Offenders ASPD	Offenders Non-ASPD	Control
		(n = 83)	(n = 54)	(n = 29)	(n = 42) ^d
		Mean (SE)	Mean (SE)	Mean (SE)	Mean (SE)
Perspectives (Errors, %)	Director Control	8.3 (1.3)	10.1 (1.6)	6.1 (2.2)	9.3 (1.9)
	Director Experimental	76.9 (2.4) ^b	79.7 (2.7)	72.0 (4.8)	66.2 (4.6)
	No-Director Control	8.6 (1.9)	10.8 (2.7)	4.7 (2.0)	8.7 (2.3)
	No-Director Experimental	29.7 (3.4)	32.11 (4.5)	25.4 (5.0)	41.9 (6.5)
MASC (Correct, %)	Perspective-taking Error rate	69.5 (2.6) ^b	68.2 (2.3) ^a	71.7 (4.3) ^a	57.1 (3.8)
	Correct MZ answers	62.4 (1.4) ^b	61.3 (1.8) ^b	64.3 (2.3)	69.0 (2.0)
	NonMZ answers	70.1 (2.2) ^b	69.8 (2.8)	70.8 (3.6)	66.1 (3.1)
	Ratio of MZ to total correct	47.7 (0.9) ^a	47.1 (1.2) ^a	48.5 (1.6)	51.9 (1.3)
	Feelings	60.8 (1.5) ^c	59.6 (2.0) ^b	62.7 (2.5)	68.8 (2.2)
	Intentions	63.6 (1.9)	62.9 (2.4)	64.8 (3.0)	69.2 (2.6)
	Thinking	64.3 (2.2)	62.7 (2.9)	67.0 (3.7)	70.7 (3.2)
	Excessive MZ	15.5 (0.9)	15.3 (1.1)	15.9 (1.4)	15.3 (1.2)
	Less MZ	14.5 (0.8)	14.7 (1.0) ^b	14.2 (1.3) ^a	9.9 (1.1)
	No MZ	7.5 (0.6)	8.7 (0.7) ^a	5.6 (1.0)	5.8 (0.9)
RMET (Correct, scale)	Correct answers	22.0 (0.59) ^b	21.3 (0.7) ^c	23.1 (1.0) ^a	25.7 (0.8)
	Gender of eyes	34.4 (0.3)	34.7 (0.4)	34.0 (0.5)	34.7 (0.6)

Note. MASC = Movie for the Assessment of Social Cognition; MZ = Mentalizing; RMET = Reading the Mind in the Eyes Test. Covariates in model: Education Years; WTAR, PAI Borderline, Mental Health Severity. ^acontrast: significantly different from nonoffender, $p < .05$; ^bcontrast: significantly different from nonoffender, $p < .01$; ^ccontrast: significantly different from nonoffender, $p < .001$; ^dTwo members of the study control group ($n = 42$) did not complete the Perspectives task, and two others did not complete the RMET.

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Hintergrund: Schwerpunkte bisheriger Studien

Psychopathologische Komponente: fokussiert auf klinische Populationen und psychopathologische Fehlentwicklungen

Konzeptionelle Grundlage:

Empirie: Konsistent mit diesen Annahmen zeigen sich im Rahmen empirischer Vergleiche Unterschiede zwischen gesunden Kontrollen und Probanden mit psychischen Störungen zu Ungunsten psychisch Erkrankter ab.

Zusammenfassend: Die Datenlage weist darauf hin, dass Beeinträchtigungen der Mentalisierungsfähigkeit ein Merkmal psychischer Erkrankungen darstellen könnte und demnach relevant im Kontext psychischer Gesundheit sein könnte.

Hintergrund: Schwerpunkte bisheriger Studien

Schwerpunkte bisheriger empirischer Arbeiten: Badoud und Kollegen (2015) benennen drei übergeordnete Schwerpunkte empirischer Untersuchungen, die explizit auf die Mentalisierungsfähigkeit fokussieren und anschaulich die konzeptionelle Entwicklung des Konzeptes nachzeichnen.

Entwicklungspsychologische
Komponente

Psychopathologische
Komponente

Klinisch-therapeutische
Komponente

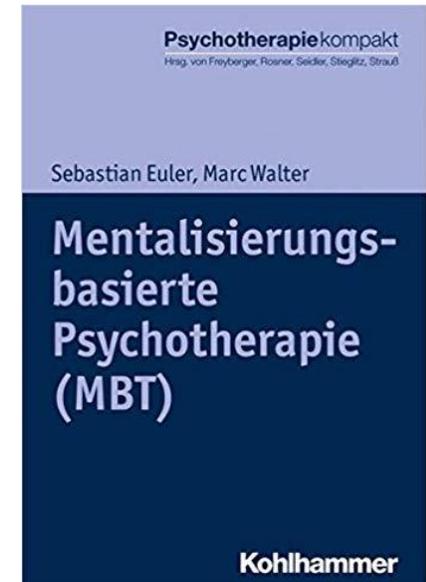
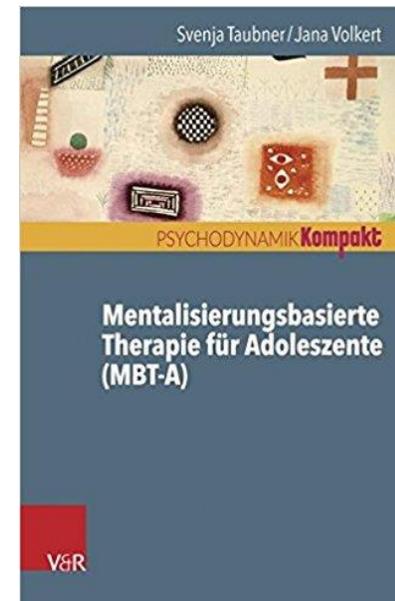
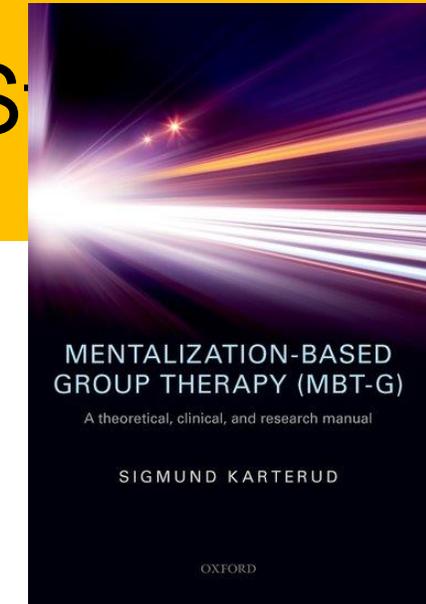
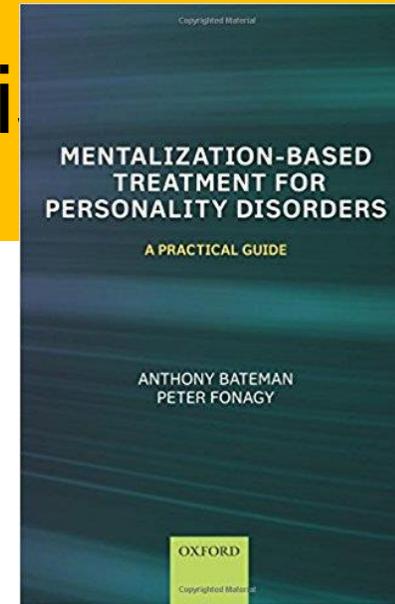
Hintergrund: Schwerpunkte bei

Klinisch-therapeutische Komponente:

fokussierte auf die Wirksamkeit einer gezielten Förderung defizitärer Mentalisierungsfähigkeiten durch mentalisierungsbasierte therapeutische Interventionen und Verfahren

Mentalisierungsbasierte Therapie (MBT):

- ursprüngliche MBT richtete sich an erwachsene Patienten mit Persönlichkeitsstörung (Bateman & Fonagy, 2004)
- Mittlerweile liegen differenzierte Überlegungen und Adaptionen für spezifische Zielgruppen und Störungsbilder vor



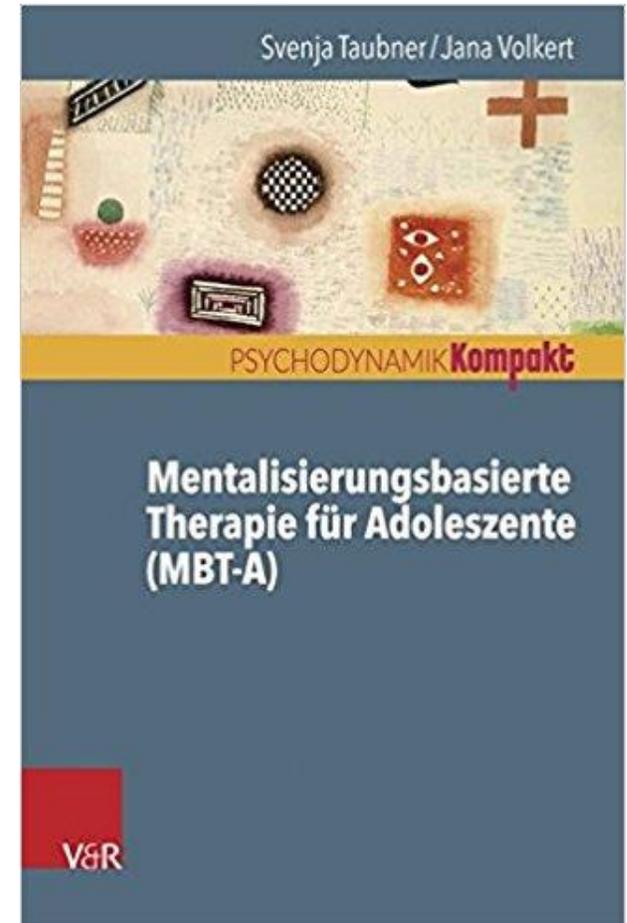
Hintergrund: Schwerpunkte bisheriger Studien

Klinisch-therapeutische Komponente: fokussierte auf die Wirksamkeit einer gezielten Förderung defizitärer Mentalisierungsfähigkeiten durch mentalisierungsbasierte therapeutische Interventionen und Verfahren

Mentalisierungsbasierte Therapie (MBT):

Inhalte der MBT: Gemein ist all diesen Konzeptionen die intendierte Förderung beeinträchtigter Mentalisierungsfähigkeiten sowie die Reduktion des psychischen Leidens, indem ...

- (1.) auf die Wahrnehmung des eigenen innerpsychischen Erlebens gefördert wird
- (2.) auf die Etablierung reifer Selbstrepräsentationen fokussiert wird.
- (3.) die Förderung der Wahrnehmung von Gedanken und Gefühlen anderer Menschen angestoßen wird
- (4.) an allgemeinen Werten und Haltungen des Patienten gearbeitet wird (Taubner & Volkert, 2017).



Change in Attachment Patterns and Reflective Function in a Randomized Control Trial of Transference-Focused Psychotherapy for Borderline Personality Disorder

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Michal Weber
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Changes in attachment organization and reflective function (RF) were assessed as putative mechanisms of change in 1 of 3 year-long psychotherapy treatments for patients with borderline personality disorder (BPD). Ninety patients reliably diagnosed with BPD were randomized to transference-focused psychotherapy (TFP), dialectical behavior therapy, or a modified psychodynamic supportive psychotherapy. Attachment organization was assessed with the Adult Attachment Interview and the RF coding scale. After 12 months of treatment, participants showed a significant increase in the number classified secure with respect to attachment state of mind for TFP but not for the other 2 treatments. Significant changes in narrative coherence and RF were found as a function of treatment, with TFP showing increases in both constructs during treatment. No changes in resolution of loss or trauma were observed across treatments. Findings suggest that 1 year of intensive TFP can increase patients' narrative coherence and RF. Future research should establish the relationship between these 2 constructs and relevant psychopathology, identify treatment components responsible for effecting these changes, and examine the long-term outcome of these changes.

Keywords: attachment, reflective function, borderline personality disorder, randomized controlled trial

Attachment theory and research have proven to be a powerful paradigm for studying development, personality, interpersonal relationships and psychopathology. In recent years, clinical writing about attachment theory has come full circle, back to Bowlby's original interests in clinical intervention, by noting the potential contributions that attachment theory can make to psychotherapy (Blatt & Levy, 2003; Diamond et al., 1999; Eagle, 2003, in press; Farber, Lippert, & Nevas, 1995; Holmes, 1995, 1996; Levy & Blatt, 1999; Slade, 1999). There has also been a burgeoning research literature addressing the clinical implications of attach-

ment theory for psychotherapy (Cryanowski et al., 2002; Dozier, 1990; Dozier, Cue, & Barnett, 1994; Fonagy et al., 1996; Mallinckrodt, Ganit, & Coble, 1995; Meyer, Pilkonis, Proietti, Heape, & Egan, 2001; Tyrrell, Dozier, Teague, & Fallo, 1999).

Recently, psychopathology researchers and theorists have begun to understand fundamental aspects of borderline personality disorder (BPD), such as unstable, intense interpersonal relationships, feelings of emptiness, bursts of rage, chronic fears of abandonment and intolerance for aloneness, and lack of a stable sense of self as stemming from impairments in the underlying attachment organi-

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Erpunkte bisheriger Studien

Ergebnisse: fokussierte auf die Wirksamkeit einer gezielten Intervention zur Verbesserung der Bindungsfähigkeiten durch mentalisierungsbasierte therapeutische

Table 5

Change in RF, Coherence, and Lack of Resolution of Loss and Trauma From Time 1 to Time 2

Measure	TFP (N = 22)				DBT (N = 15)				SPT (N = 23)			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
RF	2.86	1.16	4.11	1.38	3.31	0.95	3.38	1.15	2.80	0.80	2.86	1.28
Coherence	2.93	1.34	4.02	1.69	3.00	1.64	3.25	1.41	3.25	1.33	3.16	1.20
Resolution of Loss	2.39	2.62	1.80	2.11	2.63	2.80	2.78	3.02	1.52	1.98	1.68	2.08
Resolution of Trauma	2.09	2.22	1.41	1.48	2.44	2.54	2.06	1.96	1.61	2.29	1.23	2.10

Note. TFP = transference-focused psychotherapy; DBT = dialectical behavior therapy; SPT = supportive psychotherapy; RF = reflective function.

Mentalizing as a Mechanism of Change in the Treatment of Patients With Borderline Personality Disorder: A Parallel Process Growth Modeling Approach

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Although a number of effective psychotherapeutic treatments have been developed for borderline personality disorder (BPD), little is known about the mechanisms of change explaining the effects of these treatments. There is increasing evidence that impairments in mentalizing or reflective functioning—the capacity to reflect on the internal mental states of the self and others—are a central feature of BPD. To date, no study has directly investigated the core assumption of the mentalization-based approach to BPD, that changes in this capacity are associated with treatment outcome in BPD patients. This study is the first to directly investigate this assumption in a sample of 175 patients with BPD who received long-term hospitalization-based psychodynamic treatment. Using a parallel process growth modeling approach, this study investigated whether (a) treatment was related to changes in mentalizing capacity as measured with the Reflective Functioning Questionnaire; (b) these changes could be explained by pretreatment levels of mentalizing and/or symptomatic distress; and (c) changes in mentalizing capacity over time were associated with symptomatic improvement. Mentalizing and symptomatic distress were assessed at admission, 12 and 24 weeks into treatment, and at discharge. Results showed that treatment was associated with significant decreases in mentalizing impairments (i.e., uncertainty about mental states) and symptomatic distress. Pretreatment levels of mentalizing and symptomatic distress did not predict these changes. However, improvements in mentalizing were strongly associated with the rate of decrease in symptomatic distress over time ($r = .89$). These findings suggest that increases in mentalizing may indeed in part explain therapeutic change in the treatment of BPD, but more research is needed to further substantiate these conclusions.

Keywords: borderline personality disorder, mentalizing, psychodynamic psychotherapy, parallel process growth model

Supplemental materials: <http://dx.doi.org/10.1037/per0000256.sup>

Borderline personality disorder (BPD) is described in *DSM-5* (American Psychiatric Association, 2013) as a pervasive pattern of instability in interpersonal relationships, self-image, and affect,

and marked impulsivity. The disorder is often comorbid with other mental illnesses and is related to high levels of self-harm and suicidality, resulting in large direct and indirect personal and economic costs (Black, Blum, Pfohl, & Hale, 2004; Grant et al., 2008; Soeteman, Hakkaert-van Roijen, Verheul, & Busschbach, 2008).

The mentalizing approach to BPD pathology has attracted increasing attention in the past two decades. *Mentalizing* or *reflective functioning* is a form of social cognition that refers to the capacity to reflect on internal mental states (e.g., feelings, wishes, attitudes, and goals) of the self and others (Choi-Kain & Gunderson, 2008; Fonagy & Bateman, 2008; Fonagy & Luyten, 2009). Studies investigating mentalizing in BPD have found a paradoxical combination of hypersensitivity to emotional states of others based on their external features (e.g., facial expression) and gross impairments in the capacity to reflect on internal mental states of both self and others (Fonagy & Luyten, 2009; Sharp & Vanwoerden, 2015).

The mentalization-based approach to BPD provides a theoretically comprehensive framework for understanding BPD and has

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Dr. Luyten was involved in the development, training, and dissemination of MBT.

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(MBT)

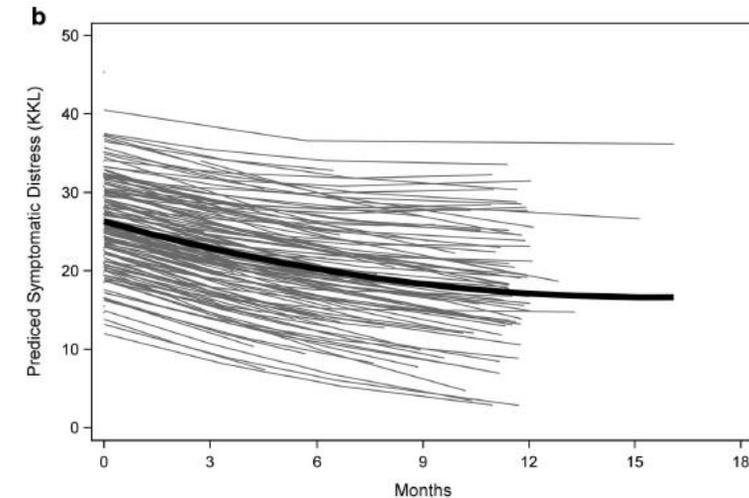
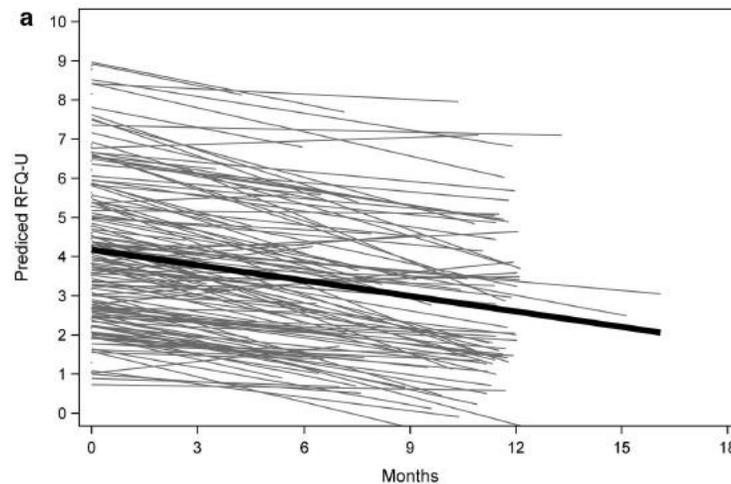
Table 3

Regression Coefficients for the Fixed Effects in a Multivariate Multilevel Model for Change: Uncertainty About Mental States and Symptomatic Distress

Fixed effects	Regression coefficients (SE)	
	RFQ-U	Symptomatic distress (KKL)
Overall intercept	4.18 (.20)***	26.28 (.65)***
Past months (linear)	-.13 (.03)***	-1.25 (.20)***
(Past months) ² (quadratic)	NA	.04 (.02)*

Note. RFQ-U = Reflective Functioning Questionnaire—Uncertainty subscale; KKL = Korte Klachten Lijst; NA = Not applicable.

* $p < .05$. *** $p < .001$.



Hintergrund: Schwerpunkte bisheriger Studien

Klinisch-therapeutische Komponente: fokussierte auf die Wirksamkeit einer gezielten Förderung defizitärer Mentalisierungsfähigkeiten durch mentalisierungsbasierte therapeutische Interventionen und Verfahren

Mentalisierungsbasierte Therapie (MBT)

Inhalte der MBT

Empirische Evidenz

Zusammenfassend: Psychotherapeutische Maßnahmen, die auf eine Förderung der Mentalisierungsfähigkeit bei klinischen Populationen abzielen, scheinen zu einer Wiederherstellung psychischer Gesundheit beizutragen.

Gliederung

- Einstieg
- Hintergrund: Schwerpunkte bisheriger Studien
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- Ausblick und offene Fragestellungen

Gliederung

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- Empirisches Evidenz
- Ausblick und offene Fragestellungen



Mentalisieren als vermittelnder Veränderungsmechanismus

Ausweitung: in jüngerer Vergangenheit wird verstärkt auf die potentiell gesundheitserhaltende Funktion mentalisierender Verstehensprozesse fokussiert

Innerpsychischer Verarbeitungsmechanismus: die Mentalisierungsfähigkeit wird in diesem Zuge als Vermittler beschrieben, der an der innerpsychischen Verarbeitung aversiver Stimuli beteiligt ist (z.B. Stein, 2013; Taubner, 2015)

- Effektives Mentalisieren könnte vor stressinduzierenden Ereignissen schützen, indem trotz belastender Erfahrungen und damit einhergehendem Arousals kohärentes Selbsterleben möglich ist.
- In der Folge bleiben Handlungsfähigkeit sowie die Überzeugung in die eigene Selbstwirksamkeit vergleichsweise lange erhalten.

Mentalisieren als vermittelnder Veränderungsmechanismus

Verortung: konzeptionelle Überlegungen zur vermittelnden Funktion mentalisierender Verstehensprozesse finden sich bei Fonagy und Kollegen (2017)

Grundlage: Resilienz-Modell von Kalisch und Kollegen (2015); Diese weisen in ihrer »positive appraisal style theory of resilience« (PASTOR) der subjektiven Bewertung potentiell aversiver Erfahrungen eine zentrale Rolle im Hinblick auf Umgang und Bewältigung eben dieser Erfahrungen zu.

Modus: Die mentale Vergegenwärtigung external verorteter, potentiell aversiver Stimuli führe

- (1.) zu einer subjektiven, situations- und kontextspezifischen Bewertung des Reizes
- determiniert (2.) die emotionale Reaktion des Individuums
- moduliert (3.) die Art der induzierten Motivation (z.B. aversiv, ängstigend, angenehm)
- beeinflusst (4.) die resultierende Verhaltensreaktion, die adaptiv bzw. maladaptiv ausfallen kann (Kalisch et al., 2015)

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A conceptual framework for the neurobiological study of resilience

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Abstract: The well-replicated observation that many people maintain mental health despite exposure to severe psychological or physical adversity has ignited interest in the mechanisms that protect against stress-related mental illness. Focusing on resilience rather than pathophysiology in many ways represents a paradigm shift in clinical-psychological and psychiatric research that has great potential for the development of new prevention and treatment strategies. More recently, research into resilience also arrived in the neurobiological community, posing novel questions about ecological validity and translatability. Drawing on concepts and findings from transdiagnostic psychiatry, emotion research, and behavioral and cognitive neuroscience, we propose a unified theoretical framework for the neuroscientific study of general resilience mechanisms. The framework is applicable to both animal and human research and supports the design and interpretation of translational studies. The theory emphasizes the causal role of stimulus appraisal (evaluation) processes in the generation of emotional responses, including responses to potential stressors. On this basis, it posits that a positive (non-negative) appraisal style is the key mechanism that protects against the detrimental effects of stress and mediates the effects of other known resilience factors. Appraisal style is shaped by three classes of cognitive processes—positive situation classification, reappraisal, and interference inhibition—that can be investigated at the neural level. Prospects for the future development of resilience research are discussed.

Keywords: adaptation; allostatic; appraisal; aversion; coping; emotion; emotion regulation; interference; inhibition; mental health; motivation; PASTOR; prevention; reappraisal; recovery; resilience; stress; stressor; trauma

Recent data from epidemiological surveys in Europe show that approximately 30% of the population suffer from a mental disorder, such as anxiety, depression, chronic pain, or addiction, that can at least to some extent be traced back to the influence of exogenous or endogenous stressors such as traumatizing events, challenging life circumstances, or physical illness. Stress-related disorders in the broadest sense, meanwhile, contribute more to the total all-cause morbidity burden than does cardiovascular disease (Wittchen et al. 2011). The direct and indirect economic costs incurred by these conditions in Europe are

estimated to be around €300 billion per year (Olesen et al. 2012). These figures are higher than in other regions of the world, yet not atypical for Western industrialized societies (Wittchen et al. 2011). The high incidence of stress-related disorders is puzzling given the historically unprecedented levels of physical health, wealth, and security these societies have achieved—and the accompanying massive reductions in threats to survival and bodily integrity. It is, therefore, fair to say that the promotion of mental health is probably one of the greatest challenges developed countries currently face, and that there is an urgent need to

Mentalisieren als vermittelnder Veränderungsmechanismus

Verortung: konzeptionelle Überlegungen zur vermittelnden Funktion mentalisierender Verstehensprozesse finden sich bei Fonagy und Kollegen (2017)

Grundlage: »positive appraisal style theory of resilience« (PASTOR) (Kalisch et al., 2015)

Modus

Appraisal style: Art der Bewertung ist ausschlaggebend:

- die positive Bewertung potentiell aversiver Stimuli sei adaptiv und resilienzförderlich.
- Die überwiegend negative Bewertung hingegen führe zu einem dauerhaften mentalen Negativerleben (»negative emotional state«), was die Wahrscheinlichkeit dysfunktionaler Verhaltensreaktionen erhöht und damit eine der Kernkomponenten psychopathologischer Entwicklungsverläufe repräsentiert

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Mentalisieren als vermittelnder Veränderungsmechanismus

Konzeptionelles Scharnier: die mentale Vergegenwärtigung aversiver Reize samt deren Bewertung erfordert eine *klare Selbstwahrnehmung* hinsichtlich des Stressors, die evozierten emotionalen Zustände und die behavioralen Reaktionen (Fonagy et al., 2017)

Keyfacet: Mentalisieren gestattet eine klare Selbstwahrnehmung im Kontext jener innerpsychischen Repräsentations- und Bewertungsprozesse

Beeinträchtigt Mentalisieren: Im Gegenzug misslingt es bei defizitärer Mentalisierungsfähigkeit,

- innerpsychischen Prozesse wahrnehmen zu können sowie zielführend und adaptiv zu orchestrieren.
- verhindert eine grundlegend positive Bewertung des Stimulus
- manifestiert sich im Verlust flexibler Verhaltensadaption
- beeinträchtigt damit das psychische Wohlbefinden Betroffener und deren Gesundheit sukzessiv.



Mentalisieren als vermittelnder Veränderungsmechanismus

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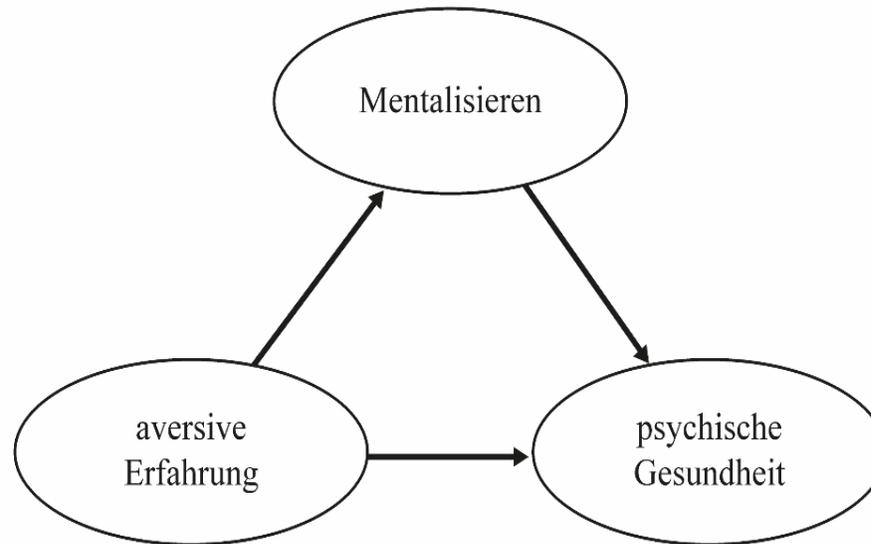
Beeinträchtigtes Mentalisieren: Im Gegenzug misslingt bei beeinträchtigtem Mentalisieren die Wahrnehmung des eigenen psychischen Erlebens



Mentalisieren als vermittelnder Veränderungsmechanismus

Fazit:

- Mentalisieren könnte den Einfluss aversiver Erfahrungen auf psychisches Gesundheitserleben zumindest anteilig vermitteln
- einen kompensatorischen, gesundheitsfördernden Einfluss verüben



Gliederung

- Einstieg
- Hintergrund: Schwerpunkte bisheriger Studien
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- Ausblick und offene Fragestellungen

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Attachment comes of age: adolescents' narrative coherence and reflective functioning predict well-being in emerging adulthood

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ABSTRACT

This study investigated the effects of adolescents' attachment security and reflective functioning (RF) (assessed by the adult attachment interview [AAI]) in the prediction of well-being in adulthood. Adolescents ($N = 79$; $M = 14.6$ years old; $SD = 3.5$ years) completed the AAI at Time 1 (T1), which was subsequently coded for inferred attachment experiences, narrative coherence, and RF by three non-overlapping teams of raters. Participants completed the Psychological General Well-being Index at T1 and 8 years later (Time 2, T2). Analyses showed that (a) both adolescent narrative coherence and RF were significant predictors of almost all indices of well-being at T2 in adulthood; (b) both narrative coherence and RF indirectly linked inferred loving parental care and T2 well-being; (c) when included in the same model, RF was a significant indirect effect linking inferred loving parental care and T2 well-being. These findings contribute to theory in suggesting that both RF and narrative coherence are predictive of subsequent psychological well-being and operate as links between inferred parental care and subsequent adjustment. Possible mechanisms underlying these findings are discussed.

ARTICLE HISTORY

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KEYWORDS

Attachment; narrative coherence; reflective functioning; adolescence; psychological adjustment

Adolescence is a developmental phase marked by psychological, physical, emotional, cognitive, and social transitions (Yurgelun-Todd, 2007). Understanding the processes that unfold during this unique developmental phase may provide crucial insight into adult health and psychological functioning (Copeland, Angold, Shanahan, & Costello, 2014; Hoyt, Chase-Lansdale, McDade, & Adam, 2012; Rohde, Lewinsohn, Klein, Seeley, & Gau, 2013). Key developmental competencies, such as attachment security and mentalization, may play an integral role in the development of the person during this developmental stage. The current investigation considers the influential role that coherence of transcript in the adult attachment interview (AAI) (George, Kaplan, & Main, 1985), as well as reflective functioning (RF), as shown by young adolescents, can have on psychological well-being 8 years later. The findings emerging from this work are thus

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Table 3. Narrative coherence and RF as prospective predictors of adolescents' psychological wellness.

	Narrative coherence as predictor T2 global well-being				RF as predictor T2 global well-being			
	B^a	b^b	SE	95% CI	β	b	SE	95% CI
Step 1 R^2	0.01	1.06			0.01	1.06		
Constant		65.50**	20.08	[25.52, 105.48]		65.50**	20.08	[25.52, 105.48]
T1 well-being	0.12	0.25	0.24	[-0.23, 0.73]	0.12	0.25	0.24	[-0.23, 0.73]
Step 2 $\Delta R^2/\Delta F$	0.12**	10.18**			0.21***	19.28***		
Constant		42.77*	20.27	[2.39, 83.14]		38.17*	19.09	[0.14, 76.20]
T1 well-being	0.22	0.22	0.23	[-0.23, 0.68]	0.17	0.35	0.22	[-0.08, 0.79]
Narrative coherence	0.34**	4.54	1.42	[1.71, 7.37]				
RF					0.45***	5.93**	1.35	[3.24, 8.63]

Note: T2: Time 2 (second assessment); RF-demand: score on demand questions of the Reflective Functioning Scale; RF-Permit: score on permit questions of the Reflective Functioning Scale; anxiety: anxiety subscale score of the PGWBI; depression: depression subscale score of the PGWBI; positivity: positivity subscale score of the PGWBI; self-control: self-control subscale score of the PGWBI; vitality: vitality subscale score of the PGWBI; T2 health: health status subscale score of the PGWBI. PGWBI: Psychological General Well-Being Index.

^aAt each step, R^2 (Step 1) and ΔR^2 (Step 2) presented, respectively.

^bAt each step, F (Step 1) and ΔF (Step 2) presented, respectively.



School-Aged Children With Higher Reflective Functioning Exhibit Lower Cardiovascular Reactivity

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Despite extensive theorizing regarding the regulatory role of reflective functioning (RF), few studies have explored the links between RF and physiological indices of emotion regulation, and none have examined these associations in children. Further, while scholars contend that RF promotes resilience via enhanced ability to process emotional experiences, including those occurring in attachment relationships, this argument has seldom been tested empirically in children. In the current study, we explore the association between RF and physiological measures of emotion reactivity and regulation, as well as the interaction of RF and attachment insecurity. We test these associations by examining children's ($N = 76$; 8–12 years old) cardiovascular responses [respiratory sinus arrhythmia (RSA)] to a standardized paradigm designed to evoke reactions regarding the experience and expression of attachment-related needs. Children also completed a semi-structured attachment interview, which was later coded for children's attachment insecurity (operationalized as attachment dismissal and preoccupation) and RF. Our findings were largely consistent with theory and our hypotheses, suggesting that higher RF is associated with lesser cardiovascular reactivity (higher levels of RSA) during the stressor task and better recovery following the task. These links were especially strong for children with greater attachment preoccupation but did not vary as a function of children's levels of attachment dismissal. These findings contribute to developmental theory in suggesting that RF is closely linked to physiological emotion regulation in children.

Keywords: reflective functioning, mentalization, children, respiratory sinus arrhythmia, attachment

INTRODUCTION

Emotion serves an important role in orienting us to attend to internal or external stimuli (1, 2). Regulation of emotions, which involves conscious and unconscious processes (3, 4), is a key developmental milestone and transdiagnostic protective factor against psychopathology (5–7). Emotion is a multifaceted construct comprised of experiential, behavioral, and physiological components, with each factor revealing unique information (3). Measuring these different components has the potential to give insight into those unique streams of information. Physiological measures of emotion can be particularly useful in measuring autonomic arousal, a metric that is less

TABLE 4 | Hierarchical regressions examining associations between children's RF, RSA-stressor and RSA-recovery.

Step	Dependent variable: RSA-stressor				Dependent variable: RSA-recovery			
	<i>b</i>	<i>SE</i>	β	CI	<i>b</i>	<i>SE</i>	β	CI
Step 1 R^2	0.38***				0.34***			
Constant	5.22***	0.73		[3.76, 6.67]	5.62***	0.76		[4.10, 7.13]
Age	-0.15*	0.06	-0.24	[-0.27, -0.02]	-0.15*	0.06	-0.25	[-0.28, -0.02]
Gender	0.13	0.18	0.07	[-0.23, 0.50]	0.04	0.19	0.02	[-0.34, 0.42]
RSA-Baseline	0.41***	0.07	0.56	[0.27, 0.54]	0.38***	0.07	0.52	[0.24, 0.52]
Step 2 ΔR^2	0.05*				0.09**			
RF	0.28*	0.11	0.26	[0.06, 0.51]	0.37**	0.11	0.34	[0.14, 0.60]

RF, Reflective functioning. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

RF was associated with higher RSA during the stressor and recovery period, supporting our hypotheses and suggesting that RF is associated with lower reactivity and better regulation. (Borelli et al., 2018b, 8)

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Reflective function as a mediator between childhood adversity, personality disorder and symptom distress[†]

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ABSTRACT

A growing body of literature has indicated the central role of childhood adversity for the development in later life of personality disorder (PD) and psychiatric distress. In this investigation, we examine the role of reflective function (RF) as a mediator between childhood adversity, subsequent development of PD and psychiatric morbidity. We tested the hypothesis that adversity leads to decreased RF, which in turn is associated with PD, and both increase the likelihood of psychiatric distress. The study sample consisted of 234 individuals, drawn from a clinical PD group (n = 112) and one demographically matched non-psychiatric group (n = 122) using a shared battery of measures, which included the Structured Clinical Interview for DSM-IV, the Symptom Checklist-90-R and the Adult Attachment Interview, which was used to assess RF levels. The results indicated that childhood adversity predicted low level of RF, which in turn was associated with PD onset later in life. A combination of different early adverse experiences had a significantly greater impact on lowering RF scores than experiencing either neglect or abuse alone. Mediation analyses confirmed that RF was a significant mediator between adversity and PD diagnoses and between adversity and psychiatric distress. Copyright © 2013 John Wiley & Sons, Ltd.

Introduction

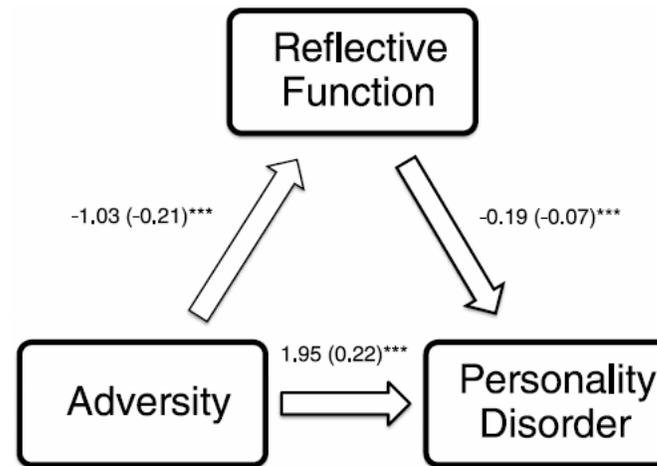
Both non-twin family studies (Gunderson et al., 2011; Walter et al., 2009; White, Gunderson, Zanarini, & Hudson, 2003) and a number of twin studies (Bomovalova, Hicks, Iacono, & McGue, 2009; Distel, Hottenga, Trull, & Boomsma, 2008; Kendler et al., 2008; Torgersen et al., 2008) have indicated that hereditary factors are present in determining personality disorder (PD). However, a large body of literature has consistently indicated a

key role for environmental experiences in the aetiology of PD. The combination of genetic factors and early adversity in the aetiology of BPD may suggest a diathesis–stress model, implying an interaction between a child's genetic vulnerability and adverse experiences in the family environment (Crowell et al., 2005; Fonagy, 2000; Gunderson & Lyons-Ruth, 2008; Paris, 2005; Steele & Siever, 2010; Zanarini & Frankenburg, 2007).

Several retrospective (Battle et al., 2004; Zanarini, 2000) and prospective studies have confirmed that childhood adversity is highly predictive of later onset of PD. The New York longitudinal study found that BPD was associated with low levels of parental affection and nurturing,

[†]A shorter version of this paper was presented at the British and Irish Group for the Study of Personality Disorders XIV Annual Conference, Belfast, 20–22 February 2013.

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Figure 2: Mediation analysis between adversity, personality disorder diagnoses and reflective function

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Multidirectional Pathways between Attachment, Mentalizing, and Posttraumatic Stress Symptomatology in the Context of Childhood Trauma

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Keywords

Attachment · Childhood trauma · Dissociation · Mentalizing · Posttraumatic stress disorder

Abstract

Introduction: Exposure to traumatic stressful events in childhood is an important risk factor for the development of post-traumatic symptomatology. From a mentalization-based developmental perspective, childhood adversity can affect attachment in children and may result in insecure attachment and impaired mentalizing abilities, which increase the lifetime risk for psychopathology. The present cross-sectional study examined the potential mediating role of attachment insecurity and impaired mentalizing on the relationship between childhood trauma and posttraumatic symptomatology. **Method:** Adults who had experienced childhood neglect and abuse ($n = 295$, 184 patients with personality disorder and 111 community controls) completed self-report measures of posttraumatic stress disorder (PTSD) symptoms, dissociative experiences, adult attachment insecurity, and

mentalizing. **Results:** Structural equation modelling results revealed that attachment insecurity together with lower mentalizing mediated the link between childhood trauma and PTSD symptoms, and lower mentalizing mediated the link between childhood trauma and dissociative experiences. **Conclusion:** The findings show that attachment insecurity and lower mentalizing play significant mediating roles in the reporting of posttraumatic symptomatology among survivors of childhood abuse and neglect, with treatment implications for mentalization-based therapy as beneficial for individuals with a history of childhood trauma.

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Introduction

Posttraumatic stress disorder (PTSD) is a debilitating psychological disorder that develops following traumatic life experiences, especially those occurring in childhood. From a mentalization-based developmental perspective, childhood adversity may cause insecure attachment and

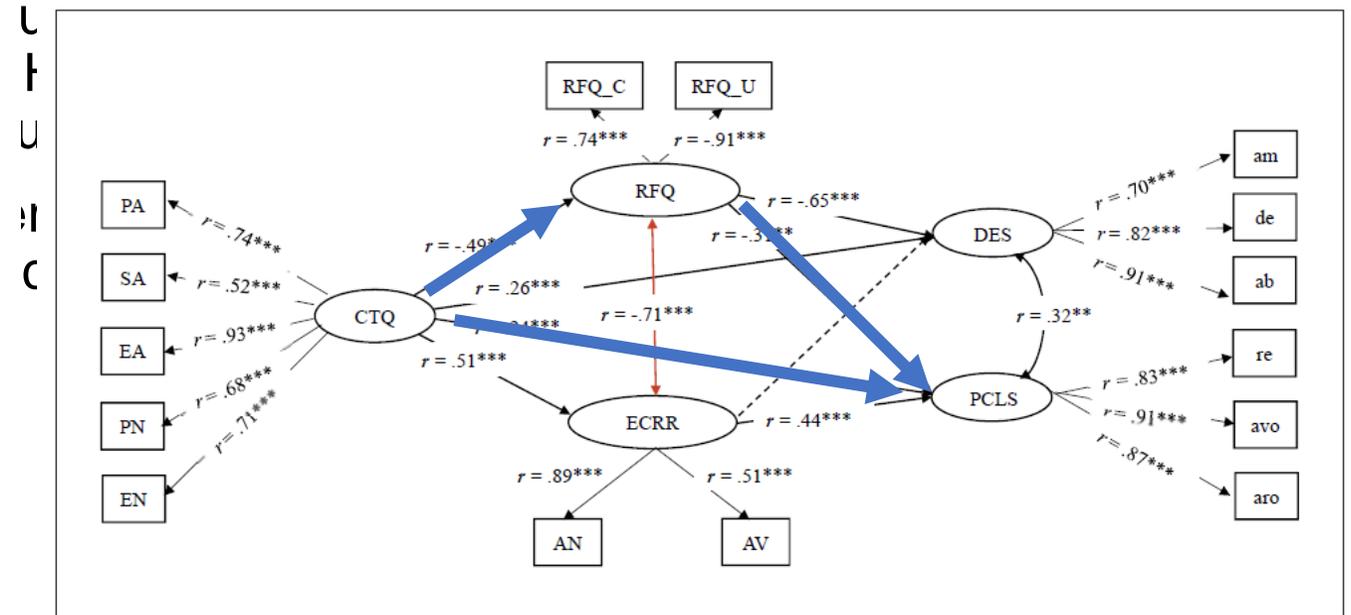


Fig. 2. The final model with attachment insecurity and lower mentalizing as mediators. $** p < 0.01$; $*** p < 0.001$.

Mentalization Mediates the Relationship between Early Maltreatment and Potential for Violence in Adolescence

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Key Words

Mentalization · Attachment · Reflective functioning · Adolescence · Maltreatment · Violence · Conduct disorder

Abstract

Aim: The present study investigates the role of attachment representation and mentalization as possibly protective factors in the relationship between early maltreatment and potential for violence in adolescence. **Methods:** For the current study, 161 adolescents, aged 14–21 years, were recruited from high schools and youth psychiatry. Early maltreatment was assessed by the Childhood Experiences of Care and Abuse Questionnaire, attachment was assessed using the Adult Attachment Projective Picture System, and mentalization was coded with the Reflective Functioning Scale from Adult Attachment Interviews. Potential for violence was operationalized using the Reactive-Proactive Aggression Questionnaire, and the presence of conduct disorder was assessed by the Structured Clinical Interview. Using structural equation modeling, reflective functioning and attachment were tested as mediators on the direct effect of early maltreatment on potential for violence. **Results:** There was a direct effect of early maltreatment on potential for violence. Furthermore, this direct effect was partially mediated by re-

flexive functioning but not by attachment representations.

Discussion: The results contribute to the idea that mentalization serves as a protective factor that may suspend the pathway from early maltreatment to violence in adolescence. Because of the transformation of attachment patterns into generalized cognitive models of attachment, attachment in adolescence may have a less pronounced effect on violence in this specific developmental phase. Future studies should test for further group differences in community and clinical groups, which was not possible in the present study due to the limited sample size.

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Introduction

Childhood maltreatment is known to be predictive of adolescent and adult psychopathology [1–5]. Specifically, childhood maltreatment is associated with the development of conduct disorder (CD) [2, 5] and a heightened potential for aggressive behavior [6–8]. Research has identified variables with a strong protective effect on this relationship that were mostly genetic [7, 9] or socioeconomic [10, 11] in nature. As these cannot be addressed by therapeutic interventions, there is a need to elaborate on

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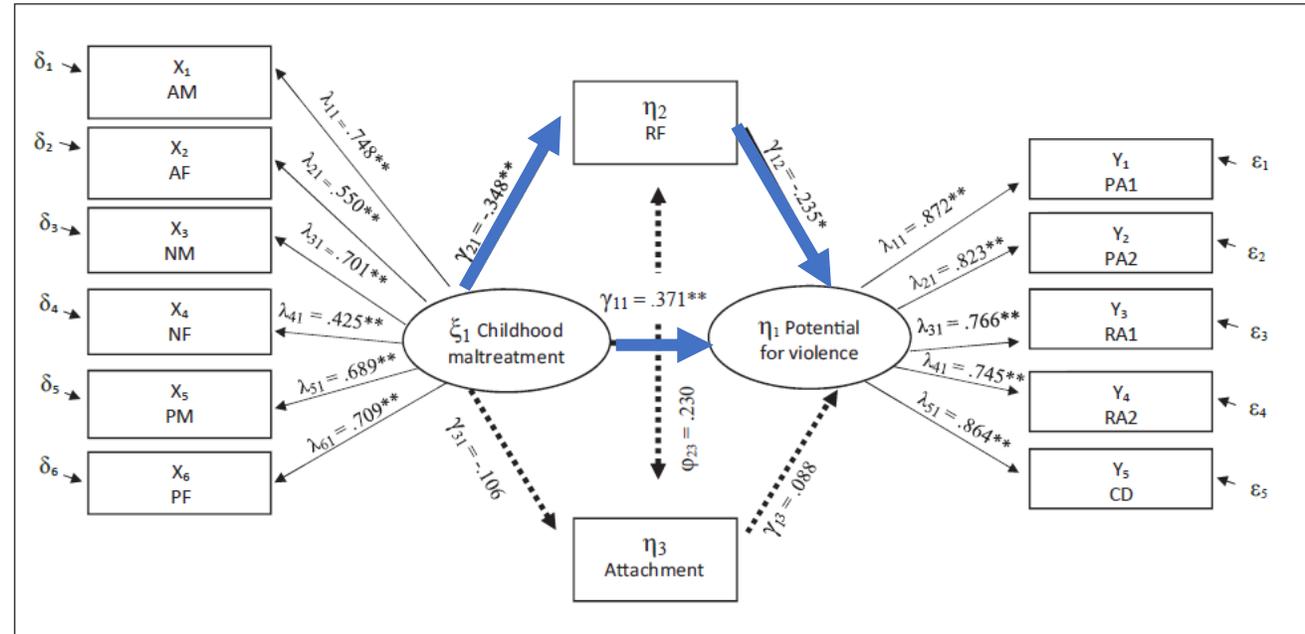


Fig. 1. Results of the mediation model. AM, AF, NM, NF, PM, and PF refer to the subscales/parcels of the CECA.Q. PA1, PA2, RA1, and RA2 refer to the parcels formed from the subscales of the RPQ (see Model Specification). * $p < 0.05$, ** $p < 0.01$.



Mentalizing mediates the association between emotional abuse in childhood and potential for aggression in non-clinical adults

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ABSTRACT

Background: Emotional abuse in childhood has been linked to a higher expression of aggressive behavior in adulthood. The identification of protective factors that mitigate this association is needed. Mentalizing—the capacity to understand behavior in terms of intentional mental states—appears to be a promising candidate factor that possibly modifies maladaptive consequences of early emotional abuse.

Objective: This study investigated associations between the history of emotional abuse, aggressive behavior in adulthood and mentalizing capacities in a non-clinical sample of adults.

Method: 214 healthy adults completed questionnaires measuring retrospectively rated experiences of emotional abuse in childhood, mentalizing capacities and aggressive behavior in a cross-sectional design.

Results: Results indicated associations between emotional abuse in childhood, uncertainty about mental states, and aggressive behavior in adulthood. Moreover, certainty about mental states counteracted the negative effect of emotional abuse and partially mediated the associations between emotional abuse and aggressive behavior in adulthood.

Conclusion: This study extends current research and sheds further light on the relationship between emotional abuse in childhood, the health-promoting capacity of mentalizing, and aggressive behavior in non-clinical adults.

1. Introduction

Emotional abuse encompasses a pervasive pattern of maladaptive interactions with close caregivers (Glaser, 2002; Robinson, 2019). It is defined as “acts towards the child that cause or have a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power” (World Health Organization, 1999, p.15), including behaviors such as scapegoating, scaring, threatening, denigrating, ridiculing, discriminating and any other behaviors of rejecting or hostile treatment towards the child. Several authors conclude that emotional abuse may represent the underlying feature of any other form of childhood maltreatment, therefore leading to more adverse psychological, social, and developmental harm (e.g. Chamberland, Fallon, Black, & Trocmé, 2011; Taillieu,

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Schwarzer et al., 2021a

Table 2

Results of the linear regression analyses to predict proactive aggression, reactive aggression, and impulsivity.

	Model 1 proactive aggression			Model 2 reactive aggression			Model 3 impulsivity		
	B	SE (B)	β	B	SE (B)	β	B	SE (B)	β
Sex	− 3.34	0.91	−.24***	− 2.64	1.27	−.14*	0.70	1.27	.03
Age	0.10	0.08	.09	− 0.07	0.11	−.04	0.07	0.11	.04
emoAb	0.64	0.18	.23***	0.28	0.25	.07	0.98	0.25	.25***
RFQc	− 2.52	0.72	−.29**	− 2.45	1.01	−.21*	− 3.75	1.01	−.30***
RFQu	0.42	0.92	.04	2.39	1.30	.16	2.06	1.29	.13
R ²	.19***			.12***			.23***		

Note: emoAb = experiences of emotional abuse in childhood; RFQc = certainty about mental states; RFQu = uncertainty about mental states; proAgg = proactive aggression; reaAgg = reactive aggression; Impul = impulsivity.

N.-H. Schwarzer et al.

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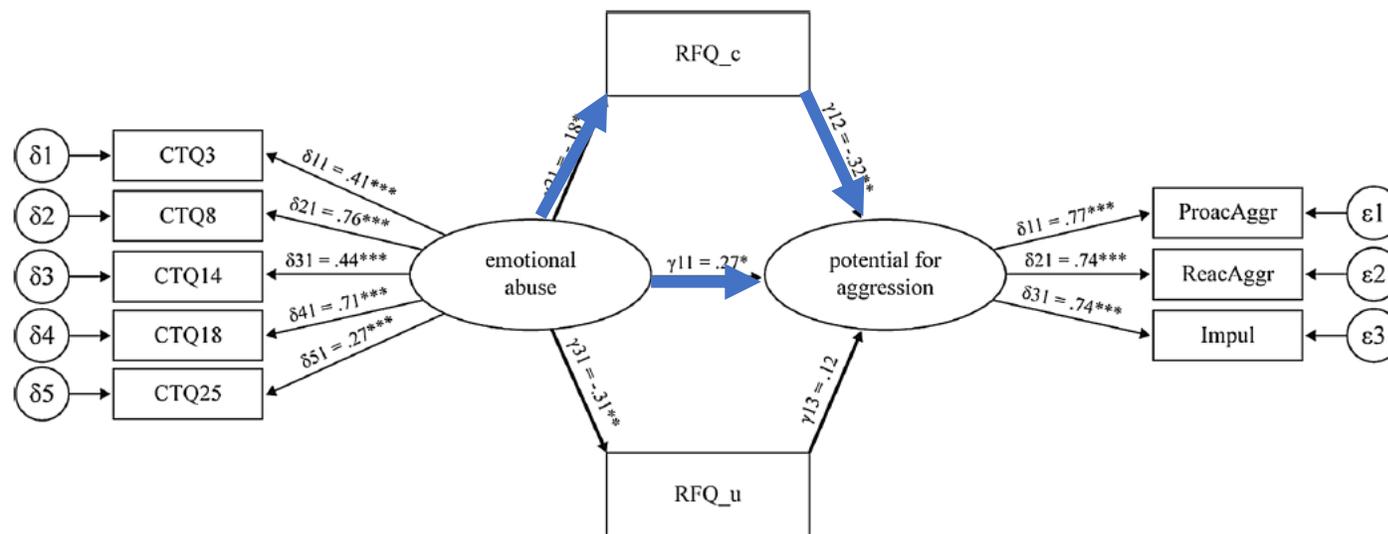


Fig. 1. Structural equation model of emotional abuse in childhood, mentalizing and potential for aggression.

Note: CTQ = Childhood Trauma Questionnaire; RFQc = certainty about mental states; RFQu = uncertainty about mental states; ProAgg = proactive Aggression; ReaAgg = reactive Aggression; Impul = Impulsivity. *** $p < .001$, ** $p < .01$, * $p < .05$.

Nicola-Hans Schwarzer

Mentalisieren als schützende Ressource

Eine Studie zur
gesundheitserhaltenden Funktion
der Mentalisierungsfähigkeit

 Springer VS

Schwarzer, 2019

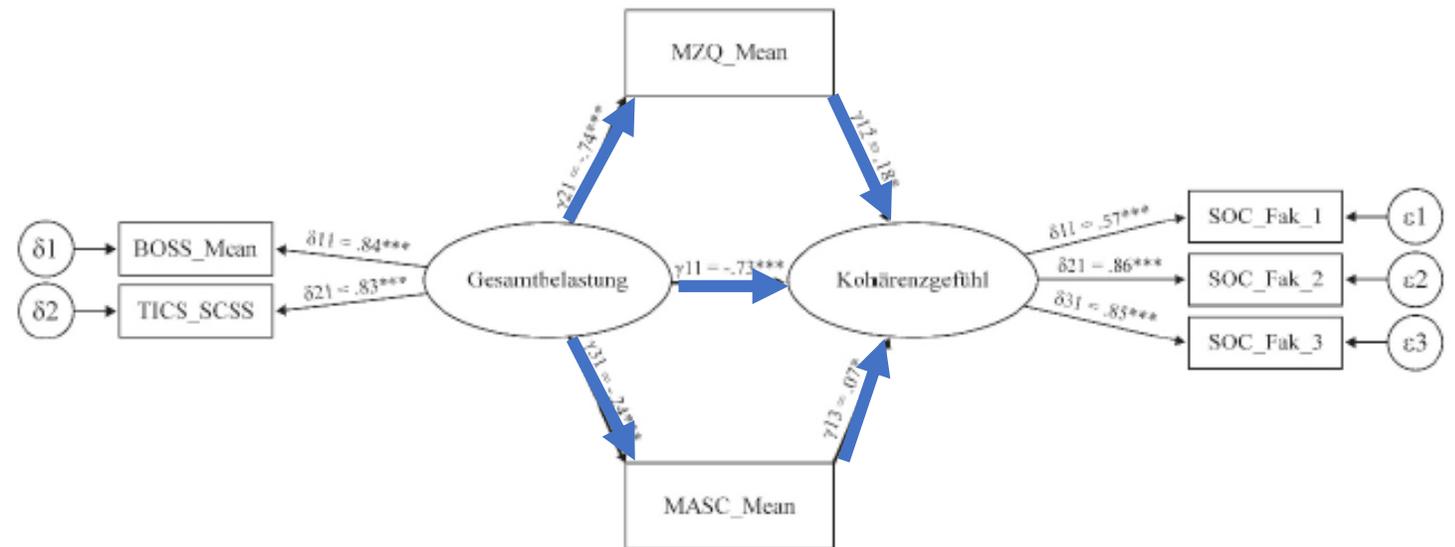
Untersuchungen prüfen den potentiell gesundheitserhaltenden

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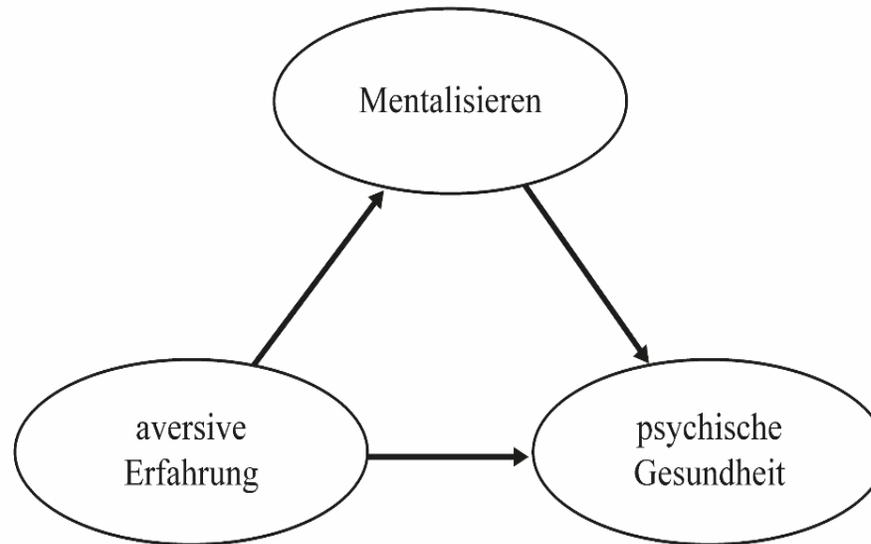


Mentalisieren als vermittelnder Veränderungsmechanismus

Fazit:

Eine Reihe empirischer Befunde deutet an,

- dass Mentalisieren den Einfluss aversiver Erfahrungen auf psychisches Gesundheitserleben anteilig vermitteln könnte
- und dabei einen gesundheitsfördernden Einfluss verübt.



Gliederung

- Einstieg
- Hintergrund: Schwerpunkte bisheriger Studien
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- Ausblick und offene Fragestellungen

Gliederung

- Einstieg
- Hintergrund: Schwerpunkte bisheriger Studien
- Mentalisieren als vermittelnder Veränderungsmechanismus
- Empirisches Evidenz
- **Ausblick und offene Fragestellungen**

The relationship between global distress, mentalizing and well-being in a German teacher sample

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Abstract
Many studies have linked global distress including higher psychological symptom severity and high levels of stress with low levels of well-being among teachers, indicating a need to identify and empirically evaluate protective factors. Mentalizing—the capacity to understand behavior in terms of intentional mental states—may be a candidate protective factor to mediate this association, enhancing well-being in the face of high levels of global distress. The present study examines whether the capacity to mentalize can buffer subjectively experienced stress and psychological symptom severity in a sample of teachers. 215 teachers completed questionnaires measuring self-rated experiences of stress, psychological symptoms, mentalizing capacities and well-being in a cross-sectional design. Structural equation modeling was used to test mediation effects. Our findings show that mentalizing was positively associated with well-being. In addition, mentalizing counteracted the negative influence of stress and psychological symptom severity. However, a structural equation model assessing the mediating effect of global distress on well-being via mentalizing was not significant. Therefore, the data indicate that teachers' capacity to mentalize, regardless of psychological symptom load and subjective experience of stress, has a positive impact on their well-being. The study highlights the protective function of mentalizing and forms a framework for psychological interventions to increase teachers' well-being.

Keywords Mentalizing · Stress · Well-being · Psychological symptomatology

Introduction

According to the transactional stress model (Lazarus & Folkman, 1984), stress is the multifaceted result of an interaction between two systems—the individual and the environment—and is conceptualized as “the relationship between a person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 21). Therefore, stress experiences represent a precursor of reduced well-being. Well-being in contrast, is described as “the state of positive functioning at its fullest range—mentally, physically and socially” (Su, Tay, & Diener, 2014, p. 256). It includes several core contributors such as (1) enriching and supportive relationships, (2) life satisfaction and the presence

of positive feelings, (3) engagement and interest in daily activities, (4) feelings of autonomy and control, (5) purpose in life, (6) a sense of accomplishment, and (7) optimism (e.g. Diener, 1984; Ryan & Deci, 2000; Ryff, 1995; Scheier & Carver, 1987).

High levels of stress, increased psychological symptom severity and low well-being have been shown to be present in teachers in a range of empirical studies. Hasselhorn and Nübling (2004) investigated personal experiences of stress in more than 30,000 German employees across different fields of work. The authors found that teachers experienced particularly high stress levels compared to other employees. Similarly, when comparing more than 50,000 teachers with 35,000 employees working in other professions, Nübling et al. (2012) found that the teachers perceived their work as emotionally more difficult and reported less well-being. Additionally, teachers experienced stress-related psychological symptoms such as depressive thoughts more frequently, and consequently their self-rated well-being was poorer. These observations were further confirmed by findings of a study of 20,000 employees by Lohmann-Haislah (2012): relative to employees working in other disciplines, teachers experienced a higher symptom load. Specifically, they reported more tiredness

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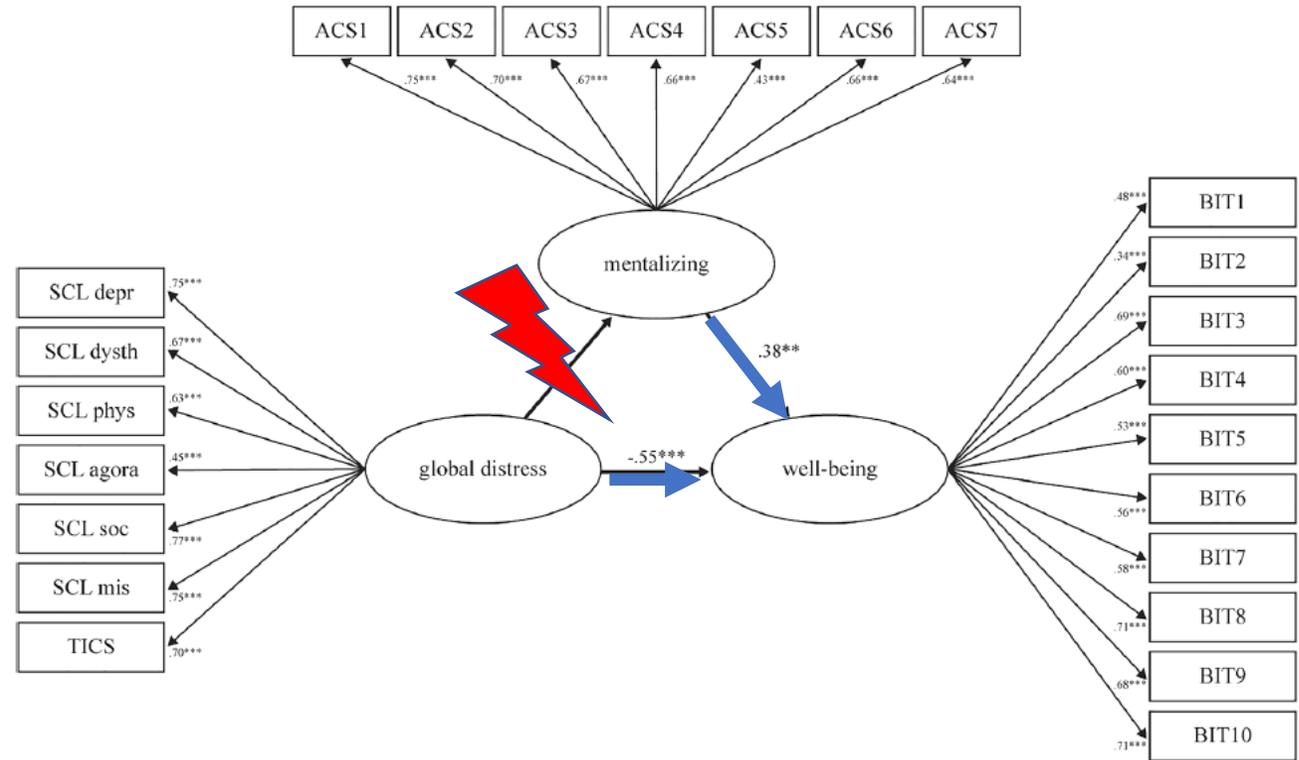


Fig. 2 Structural equation model. *Notes.* SCL depr = depressive symptoms; SCL dysth = dysthymic symptoms; SCL phys = physiological symptoms; SCL agora = agoraphobic symptoms; SCL soc. = social phobia; SCL mis = mistrust; TICS = Trier Inventory of

Chronic Stress – Screening Scale; ACS = Attributional Complexity Scale; BIT = Brief Inventory of Thriving. *** $p < .001$, ** $p < .01$, * $p < .05$

Ausblick und offene Fragestellungen

Limitationen: Abschließend jedoch ist darauf hinzuweisen, dass insbesondere längsschnittlich angelegte Untersuchungen bis heute weitestgehend fehlen – weite Teile der hier referierten Befunde stammen aus Querschnittsstudien

Widersprüchliche Befunde: Schwarzer et al., 2021

Appell: In zukünftigen Studien sollten verstärkt längsschnittlich angelegte Studiendesigns genutzt werden, um profunde Einblicke in die Entstehung psychischer Gesundheit samt des hierbei wirksam werdenden Einflusses mentalisierender Verstehensprozesse zu erhalten.

Ausblick und offene Fragestellungen

Fazit: Den zuvor dargestellten Befunden gelingt der empirische Nachweis, dass mentalisierende Verstehensprozesse an der produktiven Verarbeitung aversiver Reize beteiligt sind. Hierbei deutet die Datenlage daraufhin, dass ...

- die Mentalisierungsfähigkeit als Vermittler einen positiven Einfluss auf das Erleben von Wohlbefinden und psychischer Gesundheit verübt
- zumindest anteilig die negativen Einflüsse von aversiven Erfahrungen wie traumatisierende Misshandlungserfahrungen oder akutes berufliches Stress- und Belastungserleben kompensieren könnte.

Praktische Implikation: Folglich zeichnet sich ab, dass robustes Mentalisieren und psychische Gesundheit eng verknüpfte Konstrukte sind sowie, dass eine gezielte Förderung mentalisierender Verstehensprozesse ein vielversprechender Anknüpfungspunkt ist, um Betroffenen bei der Integration aversiver Erfahrungen in ein kohärentes Selbsterleben zu unterstützen.



Vielen Dank!

Literatur

- Adkins, T., Luyten, P., & Fonagy, P. (2018). Development and preliminary evaluation of Family Minds: A mentalization-based psychoeducation program for foster parents. *Journal of Child and Family Studies*, 27, 2519–2532. <https://doi.org/10.1007/s10826-018-1080-x>
- Adkins, T., Reisz, S., Hasdemir, D. & Fonagy, P. (2021). Family minds: A randomized controlled trial of a group intervention to improve foster partens' reflective functioning. *Development and Psychopathology*. <https://doi.org/10.1017/S095457942000214X>
- Badoud, D., Luyten, P., Fonseca-Pedrero, E., Eliez, S., Fonagy P., & Debbané, M. (2015). The French Version of the Reflective Functioning Questionnaire: Validity Data for Adolescents and Adults and Its Association with Non-Suicidal Self-Injury. *PLOS One*, 10, e0145892, 1–14. <https://doi.org/10.1371/journal.pone.0145892>
- Bateman, A. W. & Fonagy, P. (2004). *Mentalization-based treatment for borderline personality disorder*. Oxford: University Press.
- Borelli, J.L., Brugnera, A., Zarbo, C., Rabboni, M., Bondi, E., Tasca, G.A., & Compare, A. (2019): Attachment comes of age: Adolescents' narrative coherence and reflective functioning predict well-being in emerging adulthood. *Attachment & Human Development*, 21, 332–351. <https://doi.org/10.1080/14616734.2018.1479870>
- Borelli, J. L., Ensink, K., Hong, K., Sereno, A. T., Drury, R., & Fonagy, P. (2018). School-aged children with higher reflective functioning exhibit lower cardiovascular reactivity. *Frontiers in Medicine*, 5(196). doi:10.3389/fmed.2018.00196
- Borelli, J., Lai, J., Smiley, P., Kerr, M., Buttitta, K., Hecht, H., Rasmussen, H. (2020). Higher maternal reflective functioning is associated with toddlers' adaptive emotion regulation. *Infant Mental Health Journal*. <https://doi.org/10.1002/imhj.21904>
- Brauner, F., Goos, C., Merz, J., & Theisges, L. (2018). Mentalisieren und Fremdenfeindlichkeit – eine Pilotstudie. *Forum der Psychoanalyse*, 34, 313–328. <https://doi.org/10.1007/s00451-018-0307-1>
- Chiesa, M. & Fonagy, P. (2014). Reflective function as a mediator between childhood adversity, personality disorder and symptom distress. *Personality and Mental Health*, 8, 52–66. <https://doi.org/10.1002/pmh.1245>
- De Meulemeester, C., Vansteelandt, K., Luyten, P. & Lowyck, B. (2018). Mentalizing as a mechanism of change in the treatment of patients with borderline personality disorder: A parallel process growth modelling approach. *Personality Disorders: Theory, Research, and Treatment*, 9, 1–8. <https://doi.org/10.1037/per0000256>
- Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., Target, M., Gerber, A. (1996). The Relation of Attachment Status, Psychiatric Classification, and Response to Psychotherapy. *Journal of Consulting and Clinical Psychology*, 64, 22-31. <https://doi.org/10.1037/0022-006X.64.1.22>
- Fonagy, P., Luyten, P., Allison, E. & Campbell, C. (2017). What we have changed our minds about: Part 1. Borderline personality disorder as a limitation of resilience. *Borderline Personality Disorder and Emotion Dysregulation*, 4, 11. <https://doi.org/10.1186/s40479-017-0061-9>
- Fonagy, P., Steele, M., Steele, H., Moran, G., Higgitt, A. (1991). The Capacity for Understanding Mental States: The Reflective Self in Parent and Child and its Significance for Security of Attachment. *Infant Mental Health Journal*, 12, 201–218. [https://doi.org/10.1002/1097-0355\(199123\)12:3<201::AID-IMHJ2280120307>3.0.CO;2-7](https://doi.org/10.1002/1097-0355(199123)12:3<201::AID-IMHJ2280120307>3.0.CO;2-7)

Literatur

- Fonagy, P., Twemlow, S.W., Vernberg, E.M., Mize Nelson, J., Dill, E.J., Little, T.D., Sargent, J.A. (2009). A cluster randomized controlled trial of child-focused psychiatric consultation and a school systems-focused intervention to reduce aggression. *Journal of Child Psychology and Psychiatry*, 50, 607-616. <https://doi.org/10.1111/j.1469-7610.2008.02025.x>
- Goebel, A., Hinn, D. (2016). Die Bedeutung des Mentalisierungskonzepts für Coaching. *Organisationsberatung Supervision Coaching*, 23, 24-42. <https://doi.org/10.1007/s11613-016-0442-8>
- Gingelmaier, S., & Kirsch, H. (Hrsg.) (2020). *Praxisbuch mentalisierungs-basierte Pädagogik*. Göttingen: Vandenhoeck & Ruprecht.
- Gingelmaier, S., Taubner, S., & Ramberg, A. (2018). *Handbuch mentalisierungs-basierte Pädagogik*. Göttingen: Vandenhoeck & Ruprecht.
- Huang, Y. L., Fonagy, P., Feigenbaum, J., Montague, P. R., Nolte, T., & London Personality and Mood Disorder Research Consortium (2020). Multidirectional pathways between attachment, mentalizing, and posttraumatic stress symptomatology in the context of childhood trauma. *Psychopathologie*, 53, 48–58. <https://doi.org/10.1159/000506406>
- Kalisch, R., Müller, M.B., Tüscher, O. (2015). A conceptual framework of the neurobiological study of resilience. *Behavioral and Brain Science*, 38, 1-21. <https://doi.org/10.1017/S0140525X1400082X>
- Katznelson, H. (2014). Reflective functioning: A review. *Clinical Psychology Review*, 34, 107–117. <https://doi.org/10.1016/j.cpr.2013.12.003>
- Kirsch, H. (2014). *Das Mentalisierungskonzept in der Sozialen Arbeit*. Göttingen: Vandenhoeck & Ruprecht.
- Kotte, S., & Taubner, S. (2015). Mentalisierung in der Teamsupervision. *Organisationsberatung, Supervision, Coaching*, 23, 75–89. <https://doi.org/10.1007/s11613-016-0443-7>
- Levy, K.N., Meehan, K.B., Kelly, K.M., Reynoso, J.S., Weber, M., . . . Kernberg, O.F. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference-focused psychotherapy for borderline personality disorder. *Journal of Consulting and Clinical Psychology*, 74, 1027-1040. <https://doi.org/10.1037/0022-006X.74.6.1027>
- Németh, N., Matrai, P., Hegyim P., Czeh, B., Ctopf, L., Hussain, A., . . . Simon, M. (2018). Theory of mind disturbances in borderline personality disorder: A meta-analysis. *Psychiatry Research*, 270, 143–153. <https://doi.org/10.1016/j.psychres.2018.08.049>
- Newbury-Helps, J., Feigenbaum, J., & Fonagy, P. (2017). Offenders with antisocial personality disorder display more impairments in mentalizing. *Journal of Personality Disorders*, 31, 232–255. https://doi.org/10.1521/pedi_2016_30_246
- Schwarzer, N. H. (2019). *Mentalisieren als schützende Ressource? Eine Studie zur gesundheitserhaltenden Funktion der Mentalisierungsfähigkeit* Wiesbaden: Springer VS. <https://doi.org/10.1007/978-3-658-25424-7>
- Schwarzer, N.H., & Gingelmaier, S. (2020). Zur mentalisierenden Haltung bei sonderpädagogischen Lehrkräften im Förderschwerpunkt Emotionale und soziale Entwicklung. Erste empirische Befunde. *Vierteljahresschrift für Heilpädagogik und ihre Nachbargebiete*, 89(3), 182-196. <https://doi.org/10.2378/vhn2020.art24d>
- Schwarzer, N.H., & Gingelmaier, S. (2019): Mentalisierungsförderung als Bildungsziel im Förderschwerpunkt emotional-soziale Entwicklung. Theorie, Empirie und Praxis. *Zeitschrift für Heilpädagogik*, 72, 652–661

Literatur

Schwarzer, N.H., & Gingelmaier, S. (2018). „Und trotzdem ist das Kind noch nicht in den Brunnen gefallen.“ Eine entwicklungspsychologische Argumentation zur Relevanz des Mentalisierungskonzepts in der Frühförderung. *Frühförderung interdisziplinär*, 39, 180–190. <https://doi.org/10.2378/fi2018.artd>

Schwarzer, N.H., Nolte, T., Fonagy, P., & Gingelmaier, S. (2021). Mentalizing mediates the association between emotional maltreatment in childhood and potential for aggression in non-clinical adults. *Child abuse & neglect*. <https://doi.org/10.1016/j.chiabu.2021.105018>

Slade, A., Grienenberger, J., Berbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment & Human Development*, 7, 283–298. <https://doi.org/10.1080/14616730500245880>

Storebø, O.J., Stoffers-Winterling, J.M, Völlm, B.A., Kongerslev, M.T., Mattivi, J.T., Jørgensen, M.S., et al. (2020). Psychological therapies for people with borderline personality disorder. Cochrane Database of Systematic Reviews 2020(5), CD012955. <https://doi.org/10.1002/14651858.CD012955.pub2>.

Taubner, S., Zimmermann, L., Ramberg, A. & Schröder, P. (2016). Mentalization mediates the relationship between early maltreatment and potential for violence in adolescence. *Psychopathology*, 49, 236–246. <https://doi.org/10.1159/000448053>

Twemlow, S.T., Fonagy, P., Sacco, F.C., Gies, M.L., Evans, R., Ewbank, R. (2001). Creating a Peaceful School Learning Environment: A Controlled Study of an Elementary School Intervention to Reduce Violence. *American Journal of Psychiatry*, 158, 808-810. <https://doi.org/10.1176/appi.ajp.158.5.808>