

Affect Regulation, Mentalization, and the Development of the Self,

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a. People / Organizations:

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b. Quotes:

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c. General Notes:

▪ Introduction (pg. 1)

- **"Our main focus throughout is on the development of representations of psychological states in the minds of infants, children, adolescents, and adults. Mentalization - a concept that is familiar in developmental circles - is the process by which we realize that having a mind mediates our experience of the world. Mentalization is intrinsically linked to the development of the self, to its gradually elaborated inner organization, and to its participation in human society, a network of human relationships with other beings who share this unique capacity.** We have used the term "reflective function" to refer to our operationalization of the mental capacities that generate mentalization (Fonagy, Target, Steele, and Steele 1998)." (pg. 3)
 - **"Both psychoanalysis and developmental science have often adhered to the Cartesian tradition in their assumption that the experience of mental agency is innately given. In this book we attempt a radical break with this dominant philosophical tradition, arguing that mental agency may be more usefully seen as a developing or constructed capacity."** (pg. 4)
- **"Developmental and philosophical studies of the representation of intentional action have revealed that the representation of intentional mind states may have a rather complex internal structure. Conscious access to these structures may be at best partial and could be totally absent. It seems to us important that we map the process by means of which the understanding of the self as a mental agent grows out of interpersonal experience, particularly primary-object relationships. Mentalization involves both a self-reflective and an interpersonal component. In combination, these provide the child with a capacity to distinguish inner from outer reality, intrapersonal mental and emotional processes from interpersonal communications.** In this book we present both clinical and empirical evidence in conjunction with developmental observation to demonstrate that the baby's experience of himself as an organism with a mind or psychological self is not a genetic given. It is a structure that evolves from infancy through childhood, and its development critically depends upon interaction with more mature minds, who are both benign and reflective in their turn. Our understanding of mentalization is not just as a cognitive process, but developmentally commences with the "discovery" of affects through the primary-object relationships. For this reason, we focus on the concept of "affect regulation," which is important in many spheres of developmental theory and theories of psychopathology (e.g., Clarkin and Lenzenweger 1996). **Affect regulation, the capacity to modulate affect states, is closely related to mentalization in that it plays a fundamental role in the unfolding of a sense of self and agency.** In our account, **affect regulation is a prelude to mentalization**; yet, we also believe that once mentalization has occurred, the nature of affect regulation is transformed. Here we distinguish between affect regulation as a kind of adjustment of affect states and a more sophisticated variation, where affects are used to regulate the self. **The concept of "mentalized affectivity" marks a mature capacity for the regulation of affect and denotes the capacity to discover the subjective meanings of one's own affect states.** Mentalized affectivity lies, we suggest, at the core of the psychotherapeutic enterprise. It represents the experiential understanding of one's feelings in a way that extends beyond intellectual understanding. It is in this realm that we encounter resistances and defenses, not just against specific emotional experiences, but against entire modes of psychological functioning; not just distortions of mental representations standing in the way of therapeutic progress, but also inhibitions of mental functioning (Fonagy, Edgumbe, Moran, Kennedy, and Target 1993). Thus we can misunderstand what we feel, thinking that we feel one thing while truly feeling another emotion. Moreover, it is even possible that we can deprive ourselves of the entire experiential world of emotional richness. For example, the inability to envision psychological and psychosocial causation may be the consequence of the pervasive inhibition and/or developmental malformation of the psychological processes that underpin these capacities. Our theory of affect regulation and mentalization enables us to enrich the arguments advanced by theorists such as John Bowlby about the evolutionary function of attachment. **We argue that an evolutionary function of early object relations is to equip the very young child with an environment within which the understanding of mental states in others and the self can fully develop. We propose that self-reflection as well as the ability to reflect on other minds are constructed capacities that have evolved (or not) out of the earliest relationships.** Since mentalization is a core aspect of human social functioning, we can infer that evolution has placed particular value on developing mental structures for interpreting interpersonal actions. Language is, of course, the major channel for symbolic interaction. Yet, in order for language to function adequately, the subjective world requires organization. Internal states must have a meaning in order to be communicated to others and interpreted in others to guide collaboration in work, love, and play." (pg. 4-6)
 - **"We argue that it is the manner in which the environment is experienced that acts as a filter in the expression of genotype into phenotype. The intrapsychic representational processes that underpin the agentive self are not just the consequences of both environmental and genetic effects. They may acquire additional importance as moderators of the effects of the environment upon the unfolding of genotype into phenotype. We place mentalization at the heart of this process of moderation, since it is the interpretation of the social environment rather than the physical environment that governs genetic expression."** (pg. 7)
- Part 1 - Theoretical Perspectives (pg. 21)
 - Chapter 1 - Attachment and the Reflective Function: Their Role in the Self-Organization (pg. 23)
 - **"This chapter introduces the idea of a relationship between attachment processes and the development of the capacity to envision mental states in self and others-the capacity that is referred to in this book as mentalization or reflective function.** Throughout this book, we develop the argument that **the capacity to mentalize is a key determinant of self-organization and affect regulation, and we maintain that this capacity is acquired in the context of the child's early social relationships.**" (pg. 23)
 - **"Reflective function, referred to in developmental psychology as "theory of mind," is the developmental acquisition that permits children to respond not only to another person's behavior, but to the children's conception of others' beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretense, deceit, intentions, plans, and so on. Reflective function, or mentalization, enables children to "read" other people's minds (Baron-Cohen 1995; Baron-Cohen, Tager-Flusberg, and Cohen 1993; Morton and Frith 1995). By doing this, children make people's behavior meaningful and predictable. Their early experiences with other people enable them to build up and organize multiple sets of self-other representations.** As they learn to understand other people's behavior better, they become able flexibly to activate the representation(s) from these multiple sets that are best suited to respond to particular interpersonal transactions. **The term "reflective function" (RF) refers to the operationalization of the psychological processes underlying the capacity to mentalize - a concept that has been described in both the psychoanalytic (Fonagy 1989; Fonagy, Edgumbe, Moran, Kennedy, and Target 1993) and cognitive (e.g., Morton and Frith 1995) psychology literatures. Reflective functioning or mentalization is the active expression of this psychological capacity intimately related to the representation of the self (Fonagy and Target 1995, 1996; Target and Fonagy 1996). RF involves both a self-reflective and an interpersonal component that ideally provides the individual with a well-developed capacity to distinguish inner from outer reality, pretend from "real" modes**

- of functioning, and intrapersonal mental and emotional processes from interpersonal communications." (pg. 24-25)
- **"Exploring the meaning of others' actions is then a precursor of children's ability to label and find meaningful their own psychological experiences. This ability arguably underlies the capacities for affect regulation, impulse control, self-monitoring, and the experience of self-agency - the building blocks of the organization of the self.** This book attempts to trace the stages of acquisition of reflective function or mentalization, its roots in attachment, the relationship with the development of self-organization, and the particular role of emotional experience. This is highlighted in the final chapter, on mentalized affectivity." (pg. 25)
 - "This implies awareness that experiences give rise to certain beliefs and emotions, that particular beliefs and desires tend to result in certain kinds of behavior, that there are transactional relationships between beliefs and emotions, and that particular developmental phases or relationships are associated with certain feelings and beliefs. We do not expect an individual to articulate this theoretically, but to demonstrate it in the way they interpret events within attachment relationships when asked to do so. Individuals differ in the extent to which they are able to go beyond observable phenomena to give an account of their own or others' actions in terms of beliefs, desires, plans, and so on. This cognitive capacity is an important determinant of individual differences in self-organization as it is intimately involved with many defining features of selfhood such as self-consciousness, autonomy, freedom, and responsibility (Bolton and Hill 1996; Cassam 1994). Intentional stance, in the broad sense considered here (i.e., including apparently irrational unconscious acts), creates the continuity of self-experience that is the underpinning of a coherent self-structure." (pg. 26-27)
 - **"Introspection or self-reflection is quite different from reflective function as the latter is an automatic procedure, unconsciously invoked in interpreting human action.** We see introspection as an overlearned skill, which may be systematically misleading in a way that is much more difficult to detect and correct than mistakes in conscious attributions would be. **The shape and coherence lent to self-organization by reflective function is entirely outside awareness, in contrast to introspection, which has a clear impact on experience of oneself.** Knowledge of minds in general, rather than self-knowledge, is the defining feature; introspection is the application of the theory of mind to one's own mental states." (pg. 27)
 - **"We believe that what is most important for the development of mentalizing self-organization is the exploration of the mental state of the sensitive caregiver, which enables the child to find in the caregiver's mind** (that is, in the hypothetical representation of her mind that he constructs to explain her behavior toward him) an image of himself as motivated by beliefs, feelings, and intentions. In contrast, what the disorganized child is scanning for so intently is not the representation of his own mental states in the mind of the other, but the mental states of that other that threaten to undermine his own self. They can constitute within the child's self-representation an alien presence that is so unbearable that his attachment behavior becomes organized around re-externalizing these parts of the self onto attachment figures, rather than around the internalization of a capacity for containment of affects and other intentional states." (pg. 55)
 - **"1. In early childhood, reflective function is characterized by two modes of relating internal experiences to the external situation:** (a) In a serious frame of mind, the child expects the internal world in himself and others to correspond to external reality, and subjective experience will often be distorted to match information coming from outside-psyche equivalence mode (e.g., Gopnik and Astington 1988; Perner, Leekam, and Wimmer 1987). (b) While involved in play, the child knows that internal experience may not reflect external reality (e.g., Bartsch and Wellman 1989; Dias and Harris 1990), but then the internal state is thought to have no relationship to the outside world and to have no implications for it (pretend mode). **2. In normal development, the child integrates these two modes to arrive at the stage of mentalization - or reflective mode - in which mental states can be experienced as representations.** Inner and outer reality can then be seen as linked, yet they are accepted as differing in important ways and no longer have to be either equated or dissociated from each other (Baron-Cohen 1995; Gopnik 1993). **3. We have hypothesized that mentalization normally comes about through the child's experience of his mental states being reflected on, prototypically through experience of secure play with a parent or older child, which facilitates integration of the pretend and psychic equivalence modes, through an interpersonal process that is perhaps an elaboration of the complex mirroring of the infant by the caregiver.** In playfulness, the caregiver gives the child's ideas and feelings (when he is "only pretending") a link with reality by indicating the existence of an alternative perspective, which exists outside the child's mind. The parent or older child also shows that reality may be distorted by acting upon it in playful ways, and through this playfulness a pretend but real mental experience may be introduced. **4. In traumatized children, intense emotion and associated conflict can be thought of as having led to a partial failure of this integration, so that aspects of the pretend mode of functioning become part of a psychic equivalence manner of experiencing reality.** This may be because where maltreatment or trauma has occurred within the family, the atmosphere tends to be incompatible with the caregiver "playing with" the most pressing aspects of the child's thoughts; these are often disturbing and unacceptable to the adult, just as they are to the child. The rigid and controlling behavior of the preschool child with a history of disorganized attachment is thus seen as arising out of a partial failure on the part of the child to move beyond the mode of psychic equivalence in relation to specific ideas or feelings, so that he experiences them with the intensity that might be expected had they been current external events." (pg. 56-58)
 - Chapter 2 - Historical and Interdisciplinary Perspectives on Affects and Affect Regulation (pg. 65)
 - "As a general point, it is worth stressing that **psychoanalysis has much to gain from opening itself up to define and develop itself with reference to views from other, related fields.** It is our impression that psychoanalysis has suffered from being isolated from other perspectives on the subject of affects. As is already apparent, many of the issues about affects that have been raised within psychoanalysis echo debates from historical and other perspectives." (pg. 84)
 - "There is an especially deep appreciation in psychoanalysis for how difficult it can be to understand one's own affective states and experiences. Not only do we misunderstand what we feel, thinking that we feel one thing while we really feel another emotion; but we often feel more than one emotion, even contradictory emotions, at the same time. Mentalized affectivity enables us to be human—or, ironically put, to become even more human." (pg. 96)
 - Chapter 3 - The Behavior Geneticist's Challenge to a Psychological Model of the Development of Mentalization (pg. 97)
 - "We suggest that psychoanalysis needs to look to the cognitive neurosciences to find its intellectual fulfillment." (pg. 141)
 - Part 2 - Developmental Perspectives (pg. 143)
 - Chapter 4 - The Social Biofeedback Theory of Affect-Mirroring (pg. 145)
 - See text
 - Chapter 5 - The Development of an Understanding of Self and Agency (pg. 203)
 - See text
 - Chapter 6 - "Playing with Reality" (pg. 253)
 - "We wish to propose that the very small child's sense of psychic reality has a dual character. The child generally operates in "psychic equivalence" mode, where ideas are not felt to be representations but, rather, direct replicas of reality, and consequently always true. At other times, however, the child uses a "pretend" mode in which ideas are felt to be representational but their correspondence with reality is not examined." (pg. 257-258)
 - **"The child equates appearance and reality."** (pg. 258)
 - "We must emphasize the crucial importance of this cognitive integration and acquisition of the capacity to mentalize: (a) It brings with it the

possibility of continuity in the experience of the psychological self (Fonagy, Moran, and Target 1993). The child can fit his thinking to the world without feeling as though he has to change himself in order to change his mind (literally has to "change his mind"), losing continuity with the self that thought before. (b) It enables the child to see people's actions as meaningful through the attribution of thoughts and feelings. This means that their actions become predictable, which in turn reduces moment-to-moment dependency on others. This is an important component of the process of individuation. The child of around 4 or 5 years is frequently able to understand what the mother is doing and why, without her needing constantly to bear his limited perspective in mind ("I can't do that now because I am worried about granny's illness," etc.). This allows both child and caregiver to attain increasing mental and physical independence, needing to refer far less to each other in order to allow the child to borrow the mother's understanding. (c) It allows for a distinction between inner and outer truth, enabling the child to understand that the fact that someone is behaving in a particular way does not mean that things are like that. While this may not be important in all contexts, we believe that it becomes critical in cases of maltreatment or trauma, allowing the child to survive psychologically and relieving the pressure to relive the experience in concrete ways. Once the child can mentalize, he has available a crucial attenuating function for psychic experience. (d) Without a clear representation of the mental state of the other, communication must be profoundly limited. The philosopher Grice (1975) formulated the overriding principle of conversation as one of collaboration, whereby the effective speaker needs constantly to bear in mind the other person's point of view. The absence or underdevelopment of the capacity to mentalize can have a limiting effect on the possibility of doing analytic work, and there are implications for technique when undertaking analysis of such persons. (e) Finally and most importantly, mentalizing can help an individual to achieve a higher level of intersubjectivity, in terms of deeper experiences with others and ultimately a life experienced as more meaningful. We think that it is the successful connecting of internal and external that allows belief to be endowed with meaning that is emotionally alive but is manageable and therefore does not have to be defended against. A partial failure to achieve this integration can lead to neurotic states. In more profound and pervasive failures of integration, reality may be experienced as emotionally meaningless. In such cases other people and the self are related to as things, and the relating itself occurs at a very concrete level. It must not be forgotten, however, that achievement of the capacity to mentalize also has the potential massively to increase conflict, when fantasies such as oedipal wishes become stable representations that can be set against external reality." (pg. 264-265)

- "Once the child can mentalize, he has available a crucial attenuating function for psychic experience. He is able to manipulate mental representations to defensively bar or modify perceptions of reality. The neurotic child fails to achieve a full integration of the "actual" and "pretend" modes into a representational framework, and certain ideas retain the immediacy of external reality. Before the integration of the two modes is achieved, the child is vulnerable to all kinds of appearances, particularly in relation to adults around them. **By mentalizing, attributing ideas and feelings to himself and to others, the child makes his human world more explicable to himself. Until he is able to step beyond appearance and grasp the distinction between this and the mental state that might underpin it, he remains vulnerable to the immediate emotional reaction of his object.** Inconsistency or hostility in the object's behavior may then be taken at face value as showing something bad about him. In contrast, if the child is able to attribute a withdrawn, unhappy mother's apparently rejecting behavior to her emotional state - of depression, or anger about some external circumstances - rather than to himself as bad and unstimulating, the child may be protected from lasting injury to his view of himself." (pg. 288)
- Chapter 7 - Marked Affect-Mirroring and the Development of Affect-Regulative Use of Pretend Play (pg. 291)
 - "Psychic equivalence" refers to the more primitive level of mental functioning, where internal mind states such as thoughts, fantasies, and feelings are confused with and experienced as reality and not as representations of reality. In contrast, the "pretend" mode of mentalizing involves an awareness of the representational nature of internal mind states: by separating or "decoupling" (Leslie 1987) the mental representations from reality, the child can differentiate thoughts and fantasies from actual reality, although on his own he can create no useful connection between this representation and physical reality. The theory holds that the development of mentalization is a function of the quality of early attachment experiences, as the integration of the "pretend" and "equivalence" modes occurs principally in the course of repeated experiences of interactions with a playful caregiver who reflects the child's feelings and thoughts in a "marked" manner." (pg. 293)
 - "Humans have evolved a unique mental capacity for representing the intentionality - that is, "aboutness" - of symbols, such as language, pictorial representations, conventional gestures, and so on. This ability is widely used by humans to externalize their mental contents (such as their beliefs, desires, intentions, and emotions) in order to communicate with each other - that is, to exchange culturally relevant information with other members of their species that fosters survival. However, throughout this book we have emphasized that apart from communicating knowledge, this vital representational ability also serves a rather different evolutionary function: people often externalize their affectively charged mental contents in order to regulate - maintain, modify, reduce, or intensify - their affective states. Evidently, one can externalize both positive and negative affective impulses in the service of emotion regulation (cf. Stern 1985)." (pg. 294)
 - "The clinical meaning of the term "externalization," however, is rather broad, as it includes phenomena such as projection, projective identification, enactment, and acting out. In all these instances, the internal experience that is being externalized for affect-regulative purposes appears to be perceived by the individual as being part of actual external reality and as not belonging to the self. **We would like to distinguish cases of externalizations that involve a defensive distortion of reality perception from cases such as pretend play, symbolic drawing and painting, theater and drama, listening to fairy tales, creating art, fantasizing, or daydreaming, where the affect-regulative function of externalization is fulfilled without undermining reality testing.** In such cases the externalized affective content is clearly understood to be "not for real": it is conceptualized as being "de-coupled" from reality (Leslie 1987), as being (only) a representation of reality (Perner 1991) that belongs to a fictional world instead of the real one. We use the terms "marked externalizations" and "symbolic externalizations" to refer only to the latter types of expressions of internal contents, where the subject always maintains some level of awareness and understanding of the representational nature of the externalized symbolic form." (pg. 295)
- Chapter 8 - Developmental Issues in Normal Adolescence and Adolescent Breakdown (pg. 317)
 - See text
- Part 3 - Clinical Perspectives (pg. 341)
 - Chapter 9 - Borderline Personality Disorder and Disorganized Attachment (pg. 343)
 - "Several lines of evidence suggest that borderline patients are seriously deficient in social (or mental) reality testing. In particular, their ability to monitor and interpret correctly the relevant mind-state cues available in intimate attachment relationships seems inhibited, undeveloped, or distorted. When attributing mental states, they often disregard or bypass such cues, and, instead, they identify the mind states of others in a distorted way through defensive splitting and projective identification. Nor do they do much better when it comes to understanding their own mind states: they often report feelings of emptiness or chaotic and undifferentiated self-states. Their emotional instability, their proneness for acting out and for externalizing violent impulses, all indicate a rather low degree of awareness of self-states and a consequent lack of self-control. Let us briefly review some common symptomatology of borderline states from the point of view of the model we have outlined." (pg. 359)
 - **"(1) The unstable sense of self of many such patients is a consequence of the absence of reflective capacity and of accurate second-order representations of internal states (feelings, beliefs, wishes, ideas).** A stable sense of self is illusorily achieved when the alien self is externalized onto the other and controlled there-in. The individual, then, is an active agent who is in control, despite the fragility of the

self. The heavy price paid is that by forcing the other to behave as if he or she were part of his internal representation, the potential for a "real" relationship has been lost, and the patient is actually preparing the way for abandonment. The projective and persecutory construction of the other's mind in intimate relationships represents a coercive, aggressive, and distorting communicative attitude that is usually greatly resented by the partner. As a result, there is a serious realistic risk of abandonment in such relationships. The eventual abandonment also means a return of the projected hostile and torturing alien into the self, together with the consequent feelings of danger, terror, and disorganization. (2) **The impulsivity of such patients may also be due to a lack of awareness of their own emotional states associated with the absence of symbolic representations of emotions. Borderline patients often find themselves in states of emotional arousal that are beyond self-control, since mentalization is an essential component of affect regulation.** Other affects are often brought forth to protect the self, and apparently uncontrollable rage may express, as well as obscure, the experience of fragmentation. Impulsivity may also be due to the dominance of prementalist physical action-centered strategies, particularly in threatening relationships. It is only when behavior is construed as intentional that one can conceive of influencing it through changing the other's state of mind. Talking about it only makes sense if the behavior of the other has been explained in terms of wishes and beliefs. If, on the other hand, it is interpreted solely in terms of its observable consequence, a kind of "learned mentalistic helplessness" sets in. The obvious way then to intervene will be through physical action. This may include words that sound like an attempt at changing the other person's intentions but are, in fact, intimidation-efforts to force the other person into a different course of action. Only a physical end-state is seen. This may be represented in terms of that person's body. The patient may physically threaten, hit, damage, or even kill; alternatively, he may tease, excite, even seduce. (3) **Emotional instability and irritability require us to think about the representation of reality in borderline patients. Interpersonal schemata are notably rigid in borderline patients because they cannot imagine that the other could have a construction of reality that is different from the one they experience as compelling.** If the behavior of the other and knowledge of reality do not fit, we normally try to understand the behavior in mentalizing terms. For example, "He mistook my \$20 for a \$10 bill (false belief— that is why he only gave me \$5 change." If this and other possibilities do not readily occur to one, and alternatives cannot easily be compared, an oversimplified construction is uncritically accepted: "He was cheating me!" Especially for individuals who had nonreflective, coercive caregiving, this frequently leads to paranoid constructions of the other's desire state. Mentalization acts as a buffer: when actions of others are unexpected, this buffer function allows one to create auxiliary hypotheses about beliefs, which forestall automatic threatening conclusions. Once again, we see the traumatized individual doubly disadvantaged. Internal working models constructed on the basis of abuse assume that malevolence is not improbable; being unable to generate auxiliary hypotheses, particularly under stress, makes the experience of danger even more compelling. Psychic equivalence makes it real. Normally, access to the mentalization buffer allows one to play with reality (Target and Fonagy 1996). Understanding is known to be fallible. But if there is only one way of seeing things, an attempt by a third party, such as a therapist, to persuade the patient that he is wrong might be perceived as an attempt to drive him crazy. (4) A brief word about suicidality. Clinicians are familiar with the enormous fear of physical abandonment in borderline patients (Gunderson 1996). This, perhaps more than any other aspect, alerts clinicians to the disorganized attachment models with which such patients are forced to live. When the other is needed for self-coherence, abandonment means reinternalizing the intolerable, alien self-image and consequent destruction of the self. Suicide represents the fantasized destruction of this alien other within the self. Suicide attempts are often aimed at forestalling the possibility of abandonment; they seem a last-ditch attempt at reestablishing a relationship. The child's experience may have been that only something extreme would bring about changes in the adult's behavior, and that their caregivers used similarly coercive measures to influence their own behavior. **The strong tendency for suicide so often triggered by abandonment in borderline patients can also be understood to represent a fantasized destruction of the internalized hostile alien, a final attempt to liberate the constitutional self from its torturer.** Whereas suicide and self-harm are common manifestations of disorganized attachment in women, in men with similar pathology it is violence against the other that is more common. Such a person can only maintain a relationship if this enables him to externalize alien parts of the self. The relationship that violent men are forced to establish is one where their significant other can act as a vehicle for intolerable self-states. They control their relationship through crude manipulation in order to engender the self-image that they feel desperate to disown. They resort to violence at times when the independent mental existence of the other threatens this process of externalization. At these times, dramatic and radical action is taken because the individual is terrorized by the possibility that the coherence of self achieved through control and manipulation will be destroyed by the return of what has been externalized. The act of violence at such moments performs a dual function: (a) to recreate and reexperience the alien self within the other, and (b) to destroy it in the unconscious hope that it will then be destroyed forever. Perceiving the terror in the eyes of their victim, they are once again reassured, and the relationship regains its paramount importance in their psychic organization. Thus their pleas for forgiveness and unreserved contrition are genuine, in the sense that their need for a relationship where this externalization is possible is undoubtedly absolute. (5) **Splitting, the partial representation of the other (or the self) is a common obstacle to adequate communication with such patients. Understanding the other in mental terms initially requires integrating assumed intentions in a coherent manner. The hopelessness of this task in the face of the contradictory attitudes of an abuser is seen as one of the causes of the mentalizing deficit.** The emergent solution for the child, given the imperative to arrive at coherent representations, is to split the representation of the other into several coherent subsets of intentions (Gergely 1997, 2000)—primarily, into an idealized and a persecutory identity. In the absence of reflective function, the individual finds it impossible to use both representations simultaneously. Splitting enables the individual to create mentalized images of others, but these are inaccurate and oversimplified and allow for only an illusion of mentalized interpersonal interchange. As splitting is generally agreed to be the prototypical defense of borderline personality disorder, it seems appropriate to expand on this idea further. In naive theory of mind, predicting another person's actions from his beliefs and desires is driven by a basic principle of "rational action" (Gergely et al. 1995). This principle assumes that human agents tend to pursue a course of action to fulfill their desires that seems most rational or efficient, given their beliefs about the situation. This is supplemented by a further assumption that we can call the principle of "mental coherence" (Dennett 1987; Gergely 2000). This additional principle assumes that the intentions, beliefs, and desires of rational human beings are not contradictory or ambivalent. Clearly, it this assumption is seriously violated, it becomes impossible to identify and predict a rational course of action that would satisfy the simultaneously present contradictory intentions of the other. In such a case, the other's behavior becomes unpredictable by the child through mentalization, and feelings of anxiety, helplessness, and insecurity are generated." (pg. 359-365)

- **"The core of psychological therapy with individuals with severe personality disorder is the enhancement of reflective processes."** (pg. 368)
- Chapter 10 - Psychic Reality in Borderline States (pg. 373)
 - "[W]e suggest that the borderline patient's failure to mentalize adequately is compounded by the persistence of an undifferentiated mode of representing external and internal experience. It is rooted in a childlike understanding of mental states, where feelings and ideas are construed as direct (or equivalent) representations of reality with consequent exaggeration of their importance and extension of their implications. The persistence of this mode of functioning is a self-perpetuating consequence of the failure of mentalization. **The experience of unconscious as well as conscious feelings and ideas as equivalent to physical reality inhibits individuals' capacity to suspend the immediacy of their experience and create the psychological space to "play with reality."** In this way, borderline individuals are forced to accept a mental

environment where ideas are too terrifying to think about and feelings too intense to experience. In the long term they defensively forgo mentalization and show an intolerance of alternative perspectives. The extensive failure of mentalization only occurs, however, in individuals whose psychic reality - whose mental experience of themselves - was not properly established in infancy. In place of some representations of their internal states, these individuals experience a disturbing sense of otherness, historically the internalization of the infantile perception of the mother, in place of the mother's image of the infant's self-states. This may be combined with a retreat into compelling fantasy, which can only be minimally integrated with perceptions and experiences of reality. However, we see these deficits as partial and most likely to be seen when feelings and thoughts related to attachment are aroused." (pg. 373-374)

- "Borderline patients persist in particular patterns of relating with a tenacity far beyond that associated with habitual defenses. These individuals, like other patients, organize the analytic relationship to conform to their unconscious expectations, but for borderline patients these expectations have the full force of reality and there is no sense of alternative perspectives. At moments when external reality does not fit with the tenaciously held active schema, there is emptiness and confusion. Just as behavior and interpersonal relations are rigidly restricted, so is internal experience; of the total spectrum of experiences, only some are registered and felt, leading to a discontinuity in self-experience. Because of **the lack of flexibility of the representational system for mental states**, the individual cannot evoke psychic experiences other than by enactment and provocation. Subjective states, such as anxiety, may be known mainly through creating them in another person. Many have explained the manipulative aspects of eating disorders and other forms of self-harm (e.g., Bruch 1982; T. Main 1957) in terms of the projection or projective identification of intolerable parts of the self, or as part of communication. Here our emphasis is somewhat different. It is the creation of an internal experience akin to reflection, normally intrapsychic, that is established through interpersonal interaction. Not being able to feel themselves from within, they are forced to experience the self from without. Sandra, at various times of crisis, said she knew that she had been overwhelmed with anxiety because her son had called the police, or her analyst had talked to her psychiatrist. These reactions made sense of what she had felt to be a "mental mess," and she was then somewhat more able to deal with it appropriately. An important aspect of such rigidity is the persistence of psychic equivalence as a predominant mode of experiencing psychic reality. Much of the apparent inflexibility of such patients may be understood in terms of the increased weight they give to psychic reality. When mental experience cannot be conceived of in a symbolic way, thoughts and feelings have a direct and sometimes devastating impact that can only be avoided through drastic and primitive defensive moves." (pg. 385-386)

- Chapter 11 - Mentalized Affectivity in the Clinical Setting (pg. 435)
 - See text
- Epilogue (pg. 469)
 - See text

d. Further Readings:

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