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**TÍTULO:** La mentalización y el funcionamiento reflexivo: aparición y desarrollo en la Psicología Clínica.

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**RESUMEN:** Este estudio tiene como objetivo definir y explorar el surgimiento y desarrollo de la mentalización y el funcionamiento reflexivo. El funcionamiento reflexivo se refiere a los procesos psicológicos que son sustanciales para la mentalización. Este es un estudio de revisión y tiene como resultados que la mentalización y el funcionamiento reflexivo son diferentes de otros términos relacionados con la comprensión de los estados mentales tales como los pensamientos, los sentimientos, etc. El déficit en la mentalización y el funcionamiento reflexivo da como resultado problemas interpersonales fundamentales. Dado a que la mentalización y el funcionamiento reflexivo son capacidades que se está formando y desarrollando desde el nacimiento y con la relación con los demás; es crucial que se tengan en cuenta en la investigación y la práctica clínica.

**PALABRAS CLAVES:** Mentalización, funcionamiento reflexivo, psicología clínica.

**TITLE:** Mentalization and Reflective Functioning: emergence and development in clinical psychology.

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**ABSTRACT:** This study is aimed to define and explore the emergence and development of mentalization and reflective functioning. Reflective functioning is referred to the psychological processes that are substantial for mentalizing. This is a review study. As results, mentalization and reflective functioning are different from other terms relating to understanding the mental states such as thoughts, feelings, desires or goals. Moreover, mentalization and reflective functioning are different as a matter of evaluating this characteristic. Deficit in mentalizing and reflective functioning results in fundamental interpersonal problems. Since mentalization or reflective functioning is a capacity that one is forming and developing from birth through the relationship with others and its deficit undermine the disturbances, it is crucial to be considered in research and clinical practice.

**KEY WORDS:** mentalization, reflective functioning, clinical psychology.

**INTRODUCTION.**

In recent years, the attention of developmental psychologists has focused on the remarkable capacity of young children to interpret their own behavior and other individuals from their psychological states.

Reflective functioning is an acquired developmental skill that allows the child to respond not only to the behavior of others, but also to the perception of their beliefs, feelings, hopes, manifestations, plans, etc. Reflective functioning or mentalization enables the child to "read" the minds of the people (1). The behavior of others is going to be meaningful and predictable to the child by attributing the mental states.

Whether in the time of love or hatred, peace or war, or even at the moment of everyday life, humans try to understand their own and others minds. They use the understanding of the mental states of goals, feelings, thoughts, desires, and beliefs to understand, and more importantly, predict the behavior of each other (2). This perception is reflected in an emotional process that Fonagy and colleagues refer to as mentalization.

### **DEVELOPMENT.**

The function of reflection is the capacity for mentalization in the narrative of the lives of individuals. The capacity for mentalization is created in functional manner that caregiver reads and controls the child's inner states and forms the child's ability to understand himself; an understanding beyond the caregiver who has desires, emotions, thoughts and wishes that are different from others. The child's final capacity depends on the reflective capacities of the parent to understand their inner experiences. Whatever the parents are aware of their inner states and on the other hand, they can understand the child's inner state and subsequently anticipate his behavior, the capacity for mentalization and better reflective functioning is created in the child.

The term reflective functioning is considered to be psychological processes, which is the basis of the capacity for mentalization. This concept is evident both in the psychoanalysis literature (3) and in cognitive psychology (4). The reflective functioning or the mentalization is the active expression of this psychological capacity that is precisely representative of the self (5). The reflective functioning

has both self-reflective and interpersonal components that ideally gives an extended capacity to individuals in order to distinguish the external reality from the internal reality and express the "real" states of functionality with the environment, mental processes, and intrapersonal emotions of interpersonal relationships.

In the psychoanalysis literature, several concepts have been introduced to represent mental processes that overlap with the construct of mentalization and reflective functioning. This group of concepts emanate from Freud's basic concept of "bindung" in German or "linking" in English. When Freud distinguished between primary and secondary processes, he emphasized that "having a link" is a qualitative change from a physical (close) relationship to a psychological relationship (6). The term of Melanie Klein's Depression Position can be referred to as the term acquisition of reflective functioning, which necessarily recognizes the harm or suffering in the other and the individual in the process. Winnicott (7) also introduced the importance of the child's caregiver psychological understanding in order to actual self-creation. Moreover, Winnicott is primarily a psychoanalytic theorist of self-development, which states that self-psychology evolves through one's perception of one's own thinking and feeling of another person. Parents who cannot reflect and understand the inner experiences of their children, deprive their children of a central psychological structure that makes them a critical part of their lives.

On the other hand, French psychoanalysts created a term of mentalization that was formed from the point of view of economics. Pierre Marty discussed mentalization as a guardian shield in the semi-conscious system that prevents advanced maladaptation (8). He considered mentalization as stimuli and mental imagery that creates "fluidity" and "stability" (9). Mentalization ensures the freedom in the use of relationships to the consistency and stability. At the same time, Pierre Luccet (10) discussed about the evolution of various forms of thinking and organization of the re-organization of the inner experience along with this evolution.

Fonagy believed that the word “mentalization” must be referred to action, in other words, mentalization is a practice that the individual is doing at any moment. Therefore, instead of mentalization, he uses the word “mentalizing”. Mentalizing is something we do or fail to do it right. Mentalizing is an action, and more of the mentalization is what we do in the interactive environment. Ideally, when individuals interact, their attention is directed to mental states, the mind of the others and their own minds (Fig. 1).

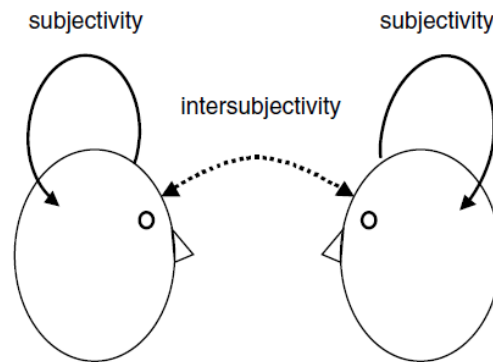


Figure1. Mentalizing interactivity.

### **Reflective functioning in clinical psychology.**

Clinical practitioners and therapists tend to mentalize and encourage their patients to mentalize (11). In the counseling and treatment environment, in order to have working alliance, a common agreement between the therapist and the clients, therapists should be able to identify what is happening in their own and their patients and intervene based on that. Subsequently, to have an effective treatment, the therapist also has to go through his own self, as well as his perceptions of the word and the way the therapist speaks to solve the problem. This process is formed as reflective functioning. In other words, the reflective functioning of the instantaneous therapist should be in line with the understanding of the patient's problem and the choice of the effective intervention in an effective time, and the reflection function of the moment at the time of the client must also be in order to express of their

problems and cooperating to have an effective intervention and working alliance. The reflective functioning occurs in two domains, which is described below.

### **Mentalization and Emotion.**

The word mentalization can be mistakenly enclosed in a range where the character of "mental" is attributed to cognitive and logic against "emotion." However, the meaning of mentalization is covered with emotion. Many of the mental contexts that we are eager to mentalize are the emotional states of ourselves or others. The process of mentalization of emotional states is also emotional itself.

Most clinical work is done in this way: Thinking about emotions in person and others. We do not think of emotions in a non-emotional way, in other words, we feel feelings, for example, when we feel anger, we are anxious or embarrassed (11).

### **Explicit mentalization.**

The easy facet for mentalizing is that when we think and talk about our mental states. Clinical professionals continuously mentalize, for example, they think talk (emotionally) about thoughts, beliefs, emotions, desires and motives of patients. Moreover, clinicians engage their patients in this explicit mental process, encouraging them to think and talk (emotionally) with themselves.

Fundamentally, explicit mentalizing pertains to self and others. The processes we mentalize about ourselves and other persons are substantially different from each other (12). Knowing one's own mind is no less daunting than knowing the others' minds, and if self- knowledge was fallible, the psychologists did not have business (11).

We mentalize in different timeframes. We often mentalize about the present state of mind; for example, thinking how we feel at the moment. We also think about past mental states; for example, thinking about why someone does something, and we can predict future mental states; for example, thinking what someone would feel if we say something. Most of the explicit mentalization that

clinicians facilitate in therapy session happens after a real incident, they urge patients to reflect their past behaviors from their minds and categorize how the disturbed interactions are revealed.

In relation to different molds when they have different domains, we can focus on precisely the mental state at a time, such as how the person feels, and examine himself with the involvement of recent events, such as what has recently led to that particular feeling. We can also extend the breadth of our vision to past history, such as how childhood experiences can relate to this phenomenon with such a tendency to feel like this.

Most of the mentalizing occurs in the form of narrative, we continually narrate about the mental states. Every feeling starts a story: what was the situation? What happened? How did a person interpret it? What did the person do? And every feeling starts a story about the feelings of others. In psychotherapy, we can always properly consider, "and what else did you feel?" Ultimately, the complete story behind every mental state -in its widest range- is the biography of the individual.

Hypermentalization, when the person accepts what he or she interprets, and hypomentalization, when one cannot accept the views of others and has an objective and dogmatic understanding of the alternative perspective of his view, are two forms of automatic mentalization where the individual's view of one's own mind and others is challenged and changed rather than controlled explicit mentalization by the alternative ways (13).

### **Implicit mentalization.**

This kind of mentalization is beyond words and shows the difference between implicit knowing how to do something and the explicit knowing. When we mentalize explicitly, we make it conscious and voluntary. When we mentalize implicitly, we are intuitive, process, self-conscious, and obsessive. In general, it is impossible to distinguish between these two kinds of subjectivism completely differently, and most of the two final poles are considered as processes in which the mental

representations are re-descriptive in them, and in the course of evolution, as well as the psychotherapy occur (14).

As well as explicit mentalization, implicit mentalization occurs in the context of self and others. We implicitly mentalize others, for example, in conversations: we wait for others till they stop speaking and consider his/her point of view, in a larger extent - when things go smoothly – we do not need to explicitly think about it. We also implicitly mentalize others when we understand and respond to their emotional states: we automatically reflect their emotional states, in this process we adjust ourselves to their way of sitting, facial expressions and voices. If these processes were explicit, we would show a rigid and unhealthy situation instead of a sympathetic one.

### **Similar constructs for reflective functioning.**

#### ***Mindblindness.***

This term is expressed as an antithesis for mentalization. Baron-Cohen (15) use it as a deficit in autism, such that the mindblindness is the basis for constant neurobiological damage. Fonagy defines it as a general failure in mentalization. Dynamic mindblindness may seem to be partial or transient failures in mentalization, for example, when they engage in intense emotional conflicts in attachment relationships. Therefore, all of us at times behave with varying degrees of mindblindness, and pasychopathological individuals show this behavior more.

#### ***Empathy.***

Empathy includes the awareness of emotional states of distress in other people. Rogers (16) introduced this term to psychological therapy, and empathy is the center of attention to the extensive research of developmental psychology, especially for pre-social behavior (17).



Despite the fact that the discovery of mirror neurons provides an important source of neural basis for the automatic and tacit experience of communicating with others; Preston and Dhall (18) emphasize that single mirror neurons do not create empathy. In fact, like subjectivization in broader sense of empathy, it shows a large extent of implicitly more responsive to revealers. Preston and the hierarchical dialer are suggested by sympathetic responses, in which all the mental-objective situations are similar. The characteristic of empathy is social recognition, in which the mental-objective excitement takes place without distinction of self-others. Suitable empathy also involves mental-objective emotional correlations, but in order to be effective, it is necessary to distinguish between self-others and emotional regulation, a combination of self-awareness and other-consciousness. Such empathy can be implied, intuitive, and self-conscious.

Cognitive empathy is more developed than explicit imaginary capacity. In the process of explicit imagination, the common representation experiences is actively involved. In explicit imagination, the representation is deliberately produced based on memories, and these representations are actively serving this process.

Although empathy is just one aspect of mentalization, it can be the most important. Sometimes when attempting quickly to convey the gist of mentalization, it can be said that if the concept of empathy is extended to include empathy for an individual, these two terms will be nearly synonyms.

### ***Emotional Intelligence.***

Mayer, Caruso, Salovey (19) described emotional intelligence as the ability to infer with emotions, and they carve out four broad domains:

- 1) Perceiving and expressing emotion includes recognizing one's emotions in relation to physical sensations, thoughts, and feelings as well as identifying emotion in other persons.

- 2) Accessing and simulating emotion in thought using the emotions to prioritizing thought, judgment and memory.
- 3) Understanding and analysing emotion includes labelling emotions.
- 4) Regulating emotions, which is the ability to be open to emotions as well as monitoring and regulating emotions reflectively and adaptively.

### ***Psychological mindedness and insight.***

The concept of psychological mindedness was originally developed to capture the patient's amenability to psychoanalytic treatment (11). Hence, psychological mindedness has a very limited meaning, which is "the ability of the individual to recognize the dynamic components of the psyche (intrapsychic) and to link these components to their own problems" (20). That is, one can relate his thoughts, feelings, and behaviors in order to learn the meanings and reasons for his experiences and behaviors.

In its initial sense, the psychological mindedness is related to the "self" to the construe of explicit mentalization, but the psychological mindedness is considered as a reflection of motivation, behavior, thoughts, and emotions oneself and others are reflected. Although the basic concepts of psychological mindedness address the cognitive and intellectual orientation -capacity for insight-, the psychological mindedness not only covers a wide range of awareness of oneself and others, but also explicit and implicit aspects of mentalization that occupies much of the territory of mentalizing.

### ***Mindfulness.***

Mindfulness has been defined in Buddhist literature as "keeping one's consciousness to the present reality" (21). Brown and Ryan (22) construed mindfulness as "increasing attention and awareness to current experiences or current reality," which was described as "special openness or perceived awareness and attention". Mindfulness refers to the quality of consciousness irrespective of objects

of consciousness; therefore, the mindfulness overlaps with mentalization in terms of special attention to mental states. Hence, the work of Brown and Ryan on the mindfulness encompasses some facets of mentalization, for instance, includes "perceived attention from psychological states" and "sensitivity to current psychological processes". However, the time frame for mentalization is wider, in the sense that a person can mentally contemplate the past or future, while the mindfulness is focused present. Moreover, despite the fact that mentalizing (explicitly) is a reflective process, the mindfulness is interpreted as "pre-reflective, perceptual, and non-evaluative openly experiencing what is here".

***Rationality, agency.***

Explicit mentalization is the fundamental domain of our rationality, that is, our capacity for action is based on reason (24.23). A perfectly rational act based on the involvement of a proper range of considerations, thinking between alternatives, and making optimal decisions. Clinically, therapists urge their patients to think before they act.

Sometimes patients erroneously equate mentalizing with thinking, that is, "using the mind". Clearly, thinking is far broader; we think about much more than mind. Ditto in the rationality, not all the reasoning are mental states. For example, a person behaves rationally before acting but does not necessarily mentalize. One is mentalizing when refraining from drinking and driving in order to avoid infuriating of one's spouse. On the other hand, mentalization goes beyond rationality in the sense that it is not limited to reasoning (to the extent that mentalizing remains implicit and not deliberative).

To the extent that it entails rationality, the mentalization increases agency, that is, the capacity for the initiation of behavior to reach a goal (11). Mentalizing is an example for agency in promoting self-determination that increases our capacity to influence others (25).

***Imagination.***

Mind is basically imaginative (26), and mentalizing is a form of imaginative activity. In implicit mentalization, we do not merely consider, we do not just look at the eyebrows that are tangled in the face; we see the as a scowl, and the person who was scowling as being irritated or downright menacing. we will define the meaning of behavior by creating descriptions in the form of creative stories. Most of our imagination consists of metaphorical thinking; our language is rife with it (27). But the explicit and creative mentalization is not limited to the language and we imaginatively conjure up visual and other sensory images as we strive to see, feel, and think from others' perspectives; we engage in co-reasoning and same thinking (28).

**Emergence and development of reflective functioning.**

The concept of reflective functioning has been influenced not only by Freudian and Anna Freudian's ideas but also it stems from Klein's thoughts on the nature of the emotion and thoughts and children's substantial need for care.

Some of Bowlby's early writing (29) express this approach and express about the deep and inevitable feelings of hatred, jealousy, and fear (which are usually matched and relieved by the emotions of happiness, kindness and trust). In an individual with low reflective functioning skills, the range and severity of his emotions are typically avoided (hypo RF-stand) or expresses anger and evocative emotions (hyper RF-stand). In contrast, individuals with hyper reflective functioning are prone to experience a wide range of positive and negative emotions that are both the cause and the consequence of behavior.

The other effects of the development the reflective functioning concept is considerably seen in the British psychoanalytic society, as evidenced in the writings of Winnicott and his creative ideas in the late 1980s, are evident. Any contributions Winnicott has had in his psychoanalytic theory implies his

deep-seated perception of what mothers do for their infants. When the infant looks at her mother, she can see herself, which is what she feels to be reflected in her mother's expressions. If mother is occupied and busy with another subject, when the baby looks at the mother, she only sees how her mother feels (30). In Winnicott's view, the infant can only figure out what it really means by reflecting it. If the infant is allowed to feel her complete existence in a way that validates her, she will continue to look freely. In the term of reflective functioning, the infant is free to think and explore the mental and emotional world of others and continue to think.

It seems that disorders such as conduct or borderline states have been shaped, respectively, from self-organization without mentalizing or over-mentalizing, but this definition is simple (2). In both examples, there are usually differences in every situations or types of relationships. The criminal teenager is aware of the mental status of other members of his gang, and the person with borderline traits is also sensitive to emotional states of mental health professionals and family members. Abnormalities can be identified in higher-level of developmental theory.

As our understanding of the mediating role of brain development and early psychosocial experiences increases, we can see the role of attachment relationships is greater than taking care of the newborn. These relationships also provide an evolutionary role in ensuring that the structures of the brain are organized for the proper social recognition and prepares the individual for coordination with the brain organization (31).

Neuropsychological view increases the importance of processes passing intergeneration patterns of attachment. If the attachment relationship is a major organizer of brain development (32), then the determinants of attachment relationships are much more than the basic concept of security or safety (33). In fact, we have long been aware that intelligence is associated with early attachment security (34). Other studies have attracted attention to the initial attachment relationships as the organizer of attentional systems (35). Moreover, we knew that the infant's attachment was rare between behaviors

showing little heritability (36). This is an emphasis on the evolutionary goal that consider the effect of the environment and the inherent social transmission.

These studies contrast with the literature on exploring which examination should evaluate reflective functioning role in attachment and social development. Reflective functioning is mentalization, which is measured in an attachment context. The reflective functioning is part of a complex set of capabilities that includes interpretation in the center (37).

Interpretation specifically includes the psychological sharing of experiences, information, and emotions. This requires an "intentional stance" in which the person treats to the object's behavior as a rational sign of beliefs and desires (38). The understanding of society (or societies, working groups, families) depends on our ability to see people according to their minds that evoked by thoughts, feelings, aspirations, beliefs and desires. Ultimately, if we cannot deal with people who we work or have relationship with, mentalized understanding of others will be impossible. Understanding oneself and others' actions are the abilities that are used with the same set of neural mechanisms (39). Mentalization capacity, along with many other socio-cultural capacities, emanates from the experience of social interaction with a caregiver. Understanding minds without the experience of being conceived as a person with a mind is difficult. Some may claim that giving such responsibility on infant-caregiver relationship is extreme.

If social recognition was very sensitive to the ups and downs of the relationship between mother and her baby, does "nature" create such a system for social recognition? Indeed, we must note that only the recent social transformation of a baby is in the hands of an adult, to an average of four adults associated with the child who invest in their survival (40). Allo-parenting is a feature of human species. Therefore, it seems appropriate to expect from an evolutionary perspective that each of us have access to more than one adult with a particular contribution to the emergence of mental

capacities to deal with us as potential minds, and pave the way for the sensitive and adaptive formation process of emotional control, selective attention and mentalization (41).

## **CONCLUSIONS.**

This project was to investigate the definition, formulation of the reflective functioning structure, and ultimately, its effect on transformation, cognition, pathology and treatment. The reflective functioning appears to be synonym with mentalization, but there are some minor differences that have been addressed. Since the person form the mentalization and consequently reflective functioning interacting with others, and in particular, the main caregivers, it is essential to consider it in investigating development, pathology of psychological and cognitive problems, as well as the treatment and mental interventions.

According to Bateman and Fonagy (42), mentalization, the capacity to think about mental states, is in a way separate from actions, and ultimately leads to action. We mentalize to stimulate a process that is part of a psychological equilibrium. The process of mentalization occurs in the dynamic context of parent-child relationship. In such a relationship, feelings and thoughts, aspirations and beliefs can be experienced by the child in a special way and can be treated with one another. One-sided approach means that one understands them through the representation of events and incidents, but on the other hand, it does not take into account the event as the physical reality occurs. Moreover, mentalization emerges along with a body of attachment relationships called reflective functioning (43).

Reflective functioning is a process by which one can measure the attachment mentalizing. That is, the capacity to conceive mental states that interpret or anticipate one's or others' behavior. Mentalizing capacity, along with the common capacities of emotion regulation and attention management mechanisms, is a key determinant for self-organization and is found in the context of initial attachment relationships (44). Therefore, disturbances in attachment relationships disrupts the

normal appearance of these basic cognitive-social capacities and creates profound vulnerabilities in the context of social relationships.

The defect in mentalization, especially in reflective functioning, leads to fundamental interpersonal problems (45). If one fails to understand his emotions, thoughts, wishes and beliefs, and also to be incapable of understanding his mental representations of the minds of others, encounters difficulties in relationship. This issue has been addressed in any approach of pathological psychology.

Along with these therapies, clear therapies have been developed to help the patient to improve or enhance their reflective capacity, such as: mentalizing-based therapy by increasing the attention capacity to one's and others' mental states and the interpretation of behaviors based on them (46). There are many practices in metacognitive therapy to challenge negative and positive beliefs about cognitive processes and help the patient to manage thinking about how he thinks (47) and in mindfulness-based cognitive therapy live in the moment, and this is how the patient learns to focus his attention on present moment (48). In each of these therapies, various methods and techniques for increasing the mental capacity of individuals are used to focus on the mentalization. Therefore, regardless of the type of psychotherapy, it is essential to consider how to improve mentalizing capacity during the course of treatment.

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