Mentalization evaluation through the use of the Situations Test

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Abstract

This paper shows the application of the Situations Test for the assessment of mentalization in two patients. Mentalization is first defined as a complex construct which includes three different kinds of processes. A description of these processes is made and then applied to the answers of the patients to one of the stories of the test. After a detailed and comparative analysis of each answer, conclusions about the mentalizing capacity of each subject are drawn and suggestions about treatment issues are made. Finally, the usefulness of the stories in clinical practice and in therapists training is reported.

Introduction

The Mentalization concept (or Reflective Function) has undergone considerable development during the last 20 years. It originally arose from the intent of Peter Fonagy and other authors to understand and approach the borderline pathology (Fonagy, 1991; Fonagy et al., 1995), based on psychoanalytic and attachment theory concepts (Main, 1991) articulated with the developments on the theory of the mind (Baron-Cohen, Leslie, Frith, 1995), and has gradually acquired more depth and extent finally becoming an ever-increasing vast and complex body of knowledge. We find in it an elaborate theory of the different facets of mentalization as well as of the psychological functions underlying them, a theory of the development of the self and of mentalizing, articulations with the neurosciences, several methods for the evaluation of reflective functioning and a series of clinical proposals to approach serious pathologies (Lanza Castelli, 2011a, 2011b).

The different concepts of this theorization have been operationalized in order to favour their empirical contrasting, in a rigorous and systematic way (Fonagy et al, 1998).

As to its scope of application, it must be pointed out that it has extended considerably, since its initial focalization on the treatment of borderline patients until its application to a series of spheres, from psycho-education to violence prevention at schools, going through brief family therapy, group treatment of professionals under crisis, couple therapy, etc. (Allen, Fonagy, 2006; Younger, 2006; Allen, Fonagy, Bateman, 2008).

Besides, the amount of research that is taking place using this construct, has notably increased in recent years. In different Spanish-speaking countries research is taking place on mentalization in anorexia, addictions, coronary patients, abusive men, dysfunctional couples’ relations, third-age persons, borderline patients, etc.
The instrument most used in Europe and USA for research and to carry out evaluations previous to treatment in a clinical setting, is the Adult Attachment Interview (George, Kaplan, Main, 1996), evaluated with the Reflective Functioning Scale (Fonagy et al., 1998). This instrument, which today is still mostly used in those parts of the world, is highly valuable, although it has deserved criticism, among other things due to the time it demands and to the fact that it provides a unique value of the reflective function (evaluated on a scale that goes from -1 to 9), when in actual fact the latter is considerably complex (Choi-Kain, Gunderson, 2008).

In the case of Spanish-speaking researchers and clinicians another inconvenience is added, consisting in the fact that there is no reliable translation of the Reflective Function Manual, nor is the Adult Attachment Interview Manual easily accessible.

All these reasons have led me to create the Situations Test for Mentalization Evaluation (TESEM), through which I have tried to produce an instrument in the Spanish language that requires a reduced time for its administration and evaluation, offering at the same time varied and considerably rich information about the mentalizing abilities of the patient or the interviewee.

The test is composed of eleven stories or situations, and in relation to each of them a series of questions are put forward, urging the interviewee or the patient to mentalize. According to the answers, both a quantitative and a qualitative analysis of them can be undertaken.

In this work I wish to offer a sample of the qualitative analysis of the test. To this end, I consider the answers of two female interviewees to only one of the stories that compose it, in order to highlight the type of analysis that may be implemented, and the conclusions that may be derived from it.

For this reason, I present in the first place a review of the different facets of mentalization; I afterwards make some considerations about the TESEM and, after that, I state and evaluate the answers given by two female interviewees to one of its stories. Lastly I contribute some reflections on the usefulness of this tool for the therapeutic work.

**Mentalization**

The mentalization construct is not homogeneous but considerably complex and includes at least three different types of processes:

1) **The cognitive/imaginative/attentional processes**: these processes (which we might call “reflective mentalization”, Lanza Castelli, 2012) are those more frequently mentioned in the different works on the subject. They encompass a series of mental operations of variable complexity included in the term mentalize, such as the deliberate direction of attention, remembering, interpreting, giving meaning, empathizing, imagining, identifying and understanding emotional states, inferring the mental states underlying other people’s behaviour, etc.

Among these operations we may include meta-cognitive activities, that have as an object one’s own mental processes contents, thus allowing a psychological distance in relation to them and
the discernment of the difference between thought and effective reality (a discernment that implies the possibility of relativizing one’s own point of view and considering alternative ones). The meta-cognitive position favours the understanding of the functioning of one’s own mind, the re-evaluation of interpretative and attributional automatisms that devolve upon the other and upon the self, and emotional regulation (Main, 1991: Allen, Fonagy, Bateman, 2008). Reflective mentalization includes a series of abilities, which may be synthesized as follows:

1.a) **Discernment of the nature of mental states;** it embraces the ability to differentiate one’s own thoughts from effective reality, so that the subject apprehends (even in an implicit way) their merely representational character and may consider his own opinion just as a point of view, a perspective that is relative, limited and eventually wrong. It also comprises the possibility of recognizing the opacity of one’s own and other people’s mental states, which implies becoming aware of the difficulty to apprehend them as well as of the conjectural character of any statement about them. It also includes the acknowledgment of the fact that mental states can be disguised or not expressed, the awareness of the defensive nature of certain mental states, etc.

1.b) **Understanding of other people’s mind;** a good performance of this function allows the understanding of other people’s behaviour in terms of mental states, and implies the aptitude to apprehend the mental states underlying the other’s behaviour in a differentiated, plausible, de-centred and non-egocentric way. This implies the construction of a model of the other’s mind and the ability to infer the thoughts underlying a given behaviour, the feelings at its base and the motivation that has motorized it. These inferences may either be intuitive, automatic and rapid, or reflective and based on reflections and deliberations. Likewise, these inferences may anticipate the other’s behaviour and foresee his reaction regarding an action or verbalization on our part.

1.c) **Understanding of one’s own mind;** it entails the ability to adopt a reflective posture implying a focalization of the attention on the contents and processes of one’s own mind, as well as a distancing attitude favouring reflection on it. Its adequate functioning allows the recording, identification and differentiation of one’s own feelings, as well as the discernment of that which originated them. It equally enables detection of one’s own thoughts and motivations as well as reflection about them.

Mentalization must be considered an attainment of development, which requires a secure attachment bond and a mentalizing attitude on the part of parental figures, in relation to the child’s mental states. The preliminary stages of mentalization are re-activated in those cases in which certain traumas in the attachment primary relation have taken place, added to triggering factors in adult life. In this case, certain primitive modes of experiencing the inner world are enforced: 1) the mode of psychic equivalence, which assumes that thought is a replica of external reality and different
points of view in relation to the same thing cannot exist; 2) the “pretend mode”, in which there is a dissociation between thoughts and fantasies; 3) the teleological mode, in which mental states are expressed through action (Bateman, Fonagy, 2004).

2) The symbolizing and transforming processes; through them our mind accomplishes transformations, re-transcriptions and symbolizations of original sensory-motor, pulsional and emotional experiences, using more elaborate representations, with which the representational world is instituted, made complex and differentiated, and affects and impulses are processed in a more adequate way. (Lecours, Bouchard, 1997).
This process takes place in a necessary inter-relation with the primary object, whose empathic, loving and reflective attitude is indispensable for it to be adequately developed.
I have called this dimension “transformational mentalization” (Lanza Castelli, 2012).

The regulating processes: they are related to emotional, behavioural and attentional regulation, and they include regulation processes as well as defensive processes, apt to be differentiated according to their level: low, medium or high (Bouchard, 2012).

The Situations Test for Mentalization Evaluation (TESEM)

The TESEM is composed of 11 short stories (or situations) that are presented to the interviewee, the first one aiming at the latter’s familiarization with the test and with what is expected of him/her in a non-conflictive situation.
The rest of the stories, on the other hand, present situations mobilizing intense emotions and their themes have to do with being abandoned by a beloved person, the betrayal of a workmate, a conflict with a friend, problems within a couple, etc.
They are divided into two series, male and female. Both may be downloaded from Internet for free (Lanza Castelli, 2013a, 2013b).
Once the stories have been read to the interviewee, a series of questions are addressed urging him/her to mentalize, whether in relation to the self or to the other, regarding the situation presented and around the above-mentioned items (identification of one’s own feelings, one’s own motivations, apprehension of other people’s thoughts, etc.).
We point out that the administration can take place in writing, an ideal situation when it is to be carried out in a collective way.
The answers of the interviewee are then tabulated and punctuated, so that two types of analysis, quantitative and qualitative, are implemented.
The quantitative analysis is based on the Scale for the Reflective Function (Fonagy et al., 1998), with some additions, and through it two types of scores are obtained: a specific one for each of the mentalization facets evaluated by the test; and a general one, a product of the average of the partial scores.
The qualitative analysis identifies such variables as: the functioning of the different mentalization abilities, the enforcement of any pre-mentalized mode of experiencing the inner world, the
degree to which the separation and differentiation of one’s own and other people’s mind is achieved, the ability to adopt the other’s point of view, the ability to identify and regulate one’s own affects, etc. (Lanza Castelli, 2011).

The TESEM is in process of validation and a preliminary version of the Manual for its tabulation and evaluation is available in internet (Lanza Castelli, 2013d).

In what follows I carry out a partial evaluation of two female interviewees (respectively called I.1 and I.2), who answered the TESEM questions as part of the evaluation they underwent at the institution where they consulted about several vital problems.

The objective is to highlight some types of answers and, above all, to show the way of evaluating them and to report some of the conclusions that may be obtained from them.

Two female interviewees

I now transcribe the answers they gave to the second of the TESEM stories and after that I undertake a qualitative analysis of them, in two parts: in the first one, I write down brief commentaries under each of the answers; in the second one, following the questions in their entirety, I make a synthesis of the conclusions that may be extracted from the answers of each interviewee, based on certain variables evaluated by the TESEM, which I previously detail. Given the extension of each story with its questions as well as the corresponding analysis, I restrict myself to only one of the 10 stories mentioned.

The second situation presented in the TESEM (female series) is the following:

2. You have started a loving relationship with a man about whom you care a lot and who has just broken up a long engagement.
Soon after, you notice that he becomes at times more distant and less expressive, although he later goes back to being more affectionate. You do not question his attitude.
This goes on for some time until he suddenly proposes to end the relationship.

a) what are your feelings regarding his decision?

I.1) In the first place bewilderment, then impotence at not questioning his attitude when I noticed he was distant. I would feel angry and sad because he was somebody I cared about.

(The interviewee shows a precise identification of differentiated and varied feelings (bewilderment, impotence, angry, sad, “I cared”).
She relates the feeling -in a congruent psychological and temporal sequence- to that which originated it in the interpersonal bond and in her attitudes, that took place in that bond (impotence arises from the fact that she did not question his attitude; anger and sadness because he was somebody whom she cared about).
E.2) A lump in the throat and in the stomach...

(The interviewee cannot undergo an emotional experience psychologically qualified as such, but the latter is expressed through bodily sensations. Here a re-somatization of the affect has occurred, through regression. In this case we see that the transformational mentalization has been affected (Cf. below, in Commentaries).

b) what are your thoughts regarding his decision?

I.1) That he has a selfish attitude regarding my feelings. Perhaps he resumed his relationship with his girl-friend, or he thinks it is too soon to start a new relationship, that he does not know what he wants. I would question myself how I did not realize what was coming, or why I did not question him.

(The first commentary seems to imply a self-referential and not de-centered attitude, as she criticizes the man’s attitude according to what affects her, and she attributes to him an attitude from that point of view. A higher level mentalization could be de-centered and she might see the other’s decision from “the other’s” point of view, not from her own. This is what she achieves in her second commentary, when she is able to de-center and to imagine what may have motivated the man’s behaviour, from his point of view. Anyhow she does not particularly take into account mental states, except when she says that “he does not know what he wants”. Self-questioning is usually an attitude that goes against the possibility of mentalizing. In this case, it obstructs the possibility to ask herself about what prevented her from questioning the man’s attitude. This would open up a space to think about herself, which is brought to a close by self-questioning. This answer shows a medium level in the ability to mentalize, introducing a difference in relation to the former answer, in which she talked about her own feelings and not about what she thinks of the other one. It is usual to find these variations in the different facets of mentalizing).

I.2) That he is immature!

(As we can see, the interviewee does not mention the other’s mental states explaining his behaviour, but uses a label (“immature”) for that purpose. When, in order to explain the other’s behaviour, the subject appeals to labels or categorizations, as in this case, instead of attributing mental states (thoughts, wishes, motivations, etc.), this attitude indicates a low level of mentalization and possibly a concrete thought, that cannot build a model of the other person’s mind as possessing mental states that account for his behaviour.

c) what do you do regarding his decision?
E.1) I would try to stay calm and find out the reasons for his decision, in order to know whether that decision is firm or there are any doubts.

(In her answer the interviewee shows a good level of emotional regulation and an interest to know the motivations (mental states) of the other’s decision, as well as its characteristics (firmness). In the latter we see a mentalizing attitude on the part of the interviewee).

I.2) I feel bad

(The interviewee is unable to assume an active attitude (which would imply a good level of agency of the self, related to the ability to mentalize), but passively suffers from a state of discomfort. In this answer it is not clear whether the discomfort is physical (as she said in the answer to question a) or animic. If this were the case, the interviewee would have made some progress regarding the above-mentioned answer, but would still maintain a poor transformational mentalization level, insofar as she would be speaking about global and qualitatively poorly differentiated feelings) (Cf. below, in Commentaries).

d) what are the motives for what you do?

I.1: To show strength and to obtain information about his feelings and the bases of his decision, in order to analyze the possibilities of reversing his decision.

(The interviewee once more shows the mentalizing attitude: she is interested in finding out his mental states (feelings and bases of his decision). She also reveals that she realizes that mental states are subject to modification according to the circumstances. Those two aspects show a good mentalizing ability).

E.2) I don’t do anything

(Here we may reiterate what we have pointed out in the answer to the former question).

e) What do you attribute his way of acting to?

I.1) To confusion

(The answer of the interviewee is poor in comparison to what she has answered up to the moment, since she alludes in a very schematic way to a unique (and global) mental state. We might say that she has descended from the level of apprehension of differentiated mental states to the level of global states, which is previous from a developmental point of view as well as of a lesser quality).
I.2) **To the fact that he is childish**

(The interviewee cannot infer motivations in the other’s behaviour. If understanding behaviour in terms of mental states is the characteristic of reflective mentalization, we notice that this interviewee is unable to do it and again uses a label as an explanation of the behaviour).

f) **What do you suppose he felt during the relationship and when the latter ended?**

I.1) **I think he felt good during the relationship. Although he experienced some moments of doubt, he tried to go back to being more affectionate, even though this might have implied an extra effort.**

I think that when it ended he felt relieved and, on the other hand, somewhat sad, because if he had not been interested he wouldn’t have made any effort to be better.

(The interviewee’s answer is remarkably good, even her best answer so far. In it we notice the following: she is able to differentiate the relationship as a whole from the moments in which he modified his behaviour (showing himself more distant and then more affectionate). She attributes both aspects to differentiated mental states (as to the relationship as a whole she says that he felt good. As to the changes in his behaviour, she attributes them to doubts and intents to change).

In relation to the end of the relationship, she manages to notice a complex mental state, compounded and antagonistic (relieved and sad). The ability to imagine this type of complexity in the other’s mind is found at a superior level of the ability to mentalize.

Lastly, she accounts for this complexity and relates it to what has been previously mentioned (making an effort), which is also a good indicator).

I.2) **He never cared.**

(Once more the interviewee is unable to differentiate the two situations prompted by the question (during the relationship; at the end of it) and she answers in a global way.

Although in this case a reference to a mental state does appear (to care), that reference is global and schematic, and therefore a low-level one.)

**g) What do you suppose he thought during the relationship and at its end?**

I.1) **During the relationship he thought that he had left behind the previous relationship and that life moved on. However, he had some doubts that caused his attitudes to fluctuate. Finally, when he felt that he did not love me enough to pursue the relationship, he thought it was better to break up.**
(The interviewee’s answer is good. The thoughts that she infers in the other one are totally congruent with what has been said about his feelings and with the stating of the story. That congruence among answers that take into account differentiated aspects of mentalizing are always an indicator of a good level of mentalization).

1.2) He thought that he did not care

(Once more the interviewee does not differentiate the two moments about which she is asked, but answers instead in a global way. The answer she gives is almost equal to the previous one, which shows her poor ability to differentiate more clearly between thoughts and feelings, as well as regarding her possibilities of imagining answers that take into account other points of view, different from the one she has already expressed).

Commentaries:

As we can see, the TESEM questions can be organized into two groups. The first one has to do with the self, (questions a, c, d, e), whereas the second one has to do with the other (questions f, g). Question b) is answered many times as referred to the self and as many times as referred to the other (as in this case).

A) Mentalization of the self: it is therefore convenient to differentiate what has to do with the self, in the first place, and to see how the subject has performed in the following items:

1) identification of one’s own affects;
2) identification of one’s own motivations;
3) affect transformational mentalization;
4) emotional regulation;
5) active attitude (agency of the self), or passive; which might also be considered from the point of view of the ability to face problematic situations.
6) thought processes (cognitive mentalization)
7) defenses.

These are the basic items to be taken into account in evaluation. There is a series of other items, whose detection may be more complex, among which we find: differentiation between the self and the other; inhibitions in mentalization; re-activation of some of the pre-mentalized modes of experiencing the inner world (psychic equivalence, pretend mode, teleological), etc.

As we have already said, the TESEM puts forward 10 problematic situations, with problems of a different kind. These situations tend to awaken affects that are also different. For this reason, for a qualitative inquiry it is important to differentiate the mentalizing performance in the various
situations, as a person is apt to mentalize better in situations of loss, but not so in situations that provoke hostility, jealousy, etc. This story obviously provokes feelings referred to loss and abandonment.

Let us now consider a synthesis of interviewee I.1’s performance, based on the seven enumerated items:

As we have already said, the **identification of affects** was very good, since it showed a precise identification of differentiated and varied feelings (bewilderment, impotence, angry, sad, caring). In a similar way, she was able to link the feeling -in a congruent psychological and temporal sequence- with what originated it in the interpersonal bond and with the attitudes, which took place in that bond (impotence arises from the fact that she did not question his attitude; anger and sadness because he was somebody she cared about).

In order to infer the **identification of one’s own motivations** it is important, in the first place, to pay attention to the answer to question c) (what do you do regarding his decision?), to see whether it is pertinent and adequate to the story or situation presented, and to identify the type of confronting that is at stake. The answer to question d) (what are the motives for what you do?), which inquires directly about the apprehension the subject has of his motivations, has to be articulated with the answer to the previous question. In the case of I.1, we see that the confronting is active and centered on the mental states of the other (*I would try to stay calm and find out the reasons for his decision, in order to know if that decision is firm or if there are any doubts*). The identification of the motivation is adequate and in accordance with the situation and with the previous answer. She shows an interest in the other’s mental states with the objective of seeing if the situation can be reverted, while at the same time she is interested in showing an image of strength (*To show strength and to have information about his feelings and the bases of his decision, in order to analyze the possibilities of reversing the situation.*)

The **transformational mentalization** of the affect is a high-level one, since several differentiated feelings appear (unlike global feelings, for instance). Having this type of feelings is the basis to be able to identify them, although both things are not the same, as those feelings may be, for example, an object of suffocation, in which case they would be differentiated, but it would not be possible to identify them. The possibility of differentiating several shades in the affects has a great importance in relation to emotional regulation. A good differentiation is a necessary condition for the latter (Feldman Barrett, 2011). In acting patients (such as addicts) we typically find global affects or references to very intense physical sensations (such as massive and global anguish, without nuances or ingredients from other affects). For this reason, those affects are not easily adjustable and -in the case of addicts- they try to be dispersed through ingestion (Krystal, 1988).
I.1’s emotional regulation is good, as was already indicated by what we have just commented in relation to differentiation of affects. The answer to c) is eloquent (I would try to stay calm and find out the reasons for his decision, in order to know whether that decision is firm or there are any doubts). The interviewee is able to regulate the intensity of the emotion (stay calm), which allows her to reflect on the other’s mental states (the reasons for his decision). As we can see, the emotional regulation favours mentalization (and viceversa). At the same time, that reflection is a function of maintaining or not maintaining an expectation, We then see a productive thought (unlike rumination).

The attitude of confronting of the self is active, reflective and directed to see the reasonableness of maintaining, or not maintaining, the expectations regarding the other person’s love.

The processes of thought have sometimes a self-referential and non-decentered character, which may disturb cognitive empathy.

At other moments they acquire a self-questioning character that inhibits mentalizing.

Lastly, in other occasions, they have a character of reflection about others people’s mental states in order to maintain, or not maintain, a reasonable expectation regarding the other person’s love.

As for defenses, the answer to question b) (That he has a selfish attitude regarding my feelings. Perhaps he resumed the relationship with his girl-friend, or he thinks it is too soon to start a new relationship, that he does not know what he wants. I would question myself how I didn’t realize what was coming or why I didn’t question him) seems indicative of a hostile impulse towards the other, later transformed into self-questioning, which might show a consistent defense turning the aggression towards the self. Anyway, it is necessary to see if this conjecture is corroborated (as all the others), by the analysis of the remaining answers, given in relation to the other stories of the test.

B) Mentalization of the other:

In this case, we try to identify the following items:

1) Identification of other people’s feelings
2) Identification of other people’s thoughts
3) Identification of other people’s motivations.
4) Ability to see things from the other’s point of view.
5) Differentiation between one’s own mind and other people’s mind.

Let us see how I.1 performed on these items.
The identification of other people’s feelings is remarkably good, as shows the answer to question f) (What do you suppose he felt.... etc.?)
(I think that he felt good during the relationship. Although he experienced some moments of doubt, he tried to go back to being more affectionate, even if it might have implied an extra effort.
I think that at the end he felt relieved and, on the other hand somewhat sad, since if he had not been interested he would not have made an effort to be better).

In this answer we can see the interviewee’s discrimination ability, as she is able to differentiate the relationship as a whole from the moments in which he modified his behaviour (showing himself more distant and later on more affectionate).
She also attributes both aspects to differentiated mental states (regarding the relationship as a whole she says that he felt good. She attributes the changes in behaviour to doubts and intents of change).
The “I think” at the beginning is important, indicating a good mentalizing ability, as the interviewee warns us that her inferences about the other’s feelings are merely conjectures, insofar as she can clearly differentiate her thoughts from reality and does not suppose that they are an exact reflection of the latter (differently from the one who “knows” what the other one feels, in which case we would be in the presence of psychic equivalence) (Fonagy et al., 2008).
Regarding the end of the relationship, she is able to notice a complex mental state, compounded and antagonistic (relieved and sad). The ability to imagine this type of complexity in the other’s mind is found at a superior level of the mentalizing ability.
Lastly, she accounts for this complexity and relates it to what has been previously mentioned (to make an effort), which is also a good indicator.

The identification of other people’s thoughts may be noticed in the answer to question g) (What do you suppose he thought during the relationship and at the end of it?) The interviewee answers: (During the relationship he thought that he had left behind the previous relationship and that life moved on. However, he had some doubts that caused his attitudes to fluctuate. Finally, when he felt that he did not love me enough to pursue the relationship, he thought it was better to break up).
As we can see, the interviewee’s answer is good. The thoughts that she infers in the other one are totally congruent with what has been said about his feelings as well as with the stating of the story. This congruence among answers that take into account differentiated aspects of mentalizing is always an indicator of a good mentalizing level.

The answer in which the identification of others people’s motivations is expressed (Question e) What do you attribute his way of acting to? Answer: To confusion) affords us a surprise, due to its low level. Although a mental state is identified, the latter is global, undifferentiated, and she does not distinguish its different moments (during the relationship, at the end of it) that are differentiated in question f), already commented.
We usually find this result in certain situations that are shocking to the interviewee (or when the latter has a general low level). In these cases we recommend to ask a supplementary question, in order to find out whether the subject is able to achieve a better performance. Should this not happen, it is necessary to articulate this answer with the rest of those contributed throughout the test, in order to find its cause. In other cases we may inquire further and we frequently find in the interviewee’s history some situations that have an associative connection to that history and that question in particular, thus producing the “failure”.

These facts show the TESEM’s sensitiveness in identifying discrepancies or incongruences in the answers, which opens the way to pursue a more detailed inquiry.

The ability to see things from the other’s point of view does not seem very high, if we take into account the answer to question b) (That he has a selfish attitude regarding my feelings. Perhaps he resumed his relationship with his girlfriend, or he thinks it is too soon to start a new relationship, that he doesn’t know what he wants).

The first commentary seems to imply a critical, self-referential and non-decentered attitude, as she criticizes the man’s attitude in relation to what affects her, and attributes to him an attitude from that point of view. A higher-level mentalization might be de-centered and see the other’s decision from the point of view of “the other”, not from one’s own.

This is what she achieves in her second commentary, when she is able to de-center and imagine what might have motivated the man’s behaviour, from his point of view. Anyway she does not generally take into account mental states, except when she says that he “doesn’t know what he wants”.

However, the interest in others people’s mental states, made evident in the answers to questions c) and d), which speaks of a mentalizing attitude, leads us to believe that in other situations she might heighten her performance (as in fact it occurred).

The differentiation between one’s own mind and other people’s mind seems well established.

If we now address (in a less detailed way) what happened with interviewee I.2, we can see that in her case we will also have to differentiate:

A’) Mentalization of the self:

The identification of one’s own feelings is not at stake, since we do not find (in the answer to question a) (A lump in the throat and in the stomach) the mention of feelings qualitatively such. What appears is a reference to physical sensations (From what we infer a failure in the affect transformational mentalization).

We may say that from the point of view of the development of affects throughout life, we find that they initially appear strongly somatized and cannot be differentiated from physical sensations (Krystal, 1988). Later, global feelings arise, and gradually differentiated feelings appear as such (feeling sad, for instance). Compounded feelings, that have many layers, eventually conflicting with each other, only arise due to a greater complexity. The processes
framing this development are: de-somatization, differentiation, ligature with more and more complex representations and words (Krystal, 1988; Lecours and Bouchard, 1997).

In cases such as I.2’s a re-somatization of the affect has occurred, whether due to a regression, as Krystal states, or to the operation of a defense, as Joyce McDougall (1986) holds.

We usually find this re-somatization, as well as the presence of global feelings, in patients suffering from psychosomatic vulnerability, in addict patients and in those who have suffered important traumatic situations, hence the importance of this item of the TESEM. In fact, in the present case, interviewee I.2 declared suffering from asthma and being allergic since childhood.

The **identification of one’s own motivations** -evaluated with the answer to question c) what do you do regarding his decision? And, particularly, to question d) what are the motives for what you do?- seems very poor, in relation to the interviewee’s answers: (I feel bad; I don't do anything). The scant differentiation of the affects, added to the passivity in the presence of the conflictive situation (interruption of the relationship) leads the interviewee to inaction, due to which there is not, strictly speaking, a motivation at stake that might be detected through her answers.

In this case it would have been pertinent to ask a supplementary question, such as: What is the reason for your not doing anything? This might perhaps have allowed obtaining more information regarding this matter. Hence the importance that the person administering the TESEM be familiarized with the mentalization theory as well as with the test structure, that is, with what he tries to inquire into by each question and in each story or situation.

For the same reasons, it is difficult to evaluate the **emotional regulation** (as there are no differentiated affects upon which it might be possible to observe how it operates). (Anyhow, experience and different studies show that a low level in affect differentiation usually goes hand in hand with a poor regulation: Feldman Barrett, 2001).

As for **defenses**, it is difficult to infer which ones they might be, unless -following Joyce McDougall- we consider that the re-somatization of the affect is due to an ejection or evacuation of the psychic pole of the affect outside the psyche (McDougall, 1986).

On the other hand, we may conjecture that they must be low-level defenses in Bouchard’s classification, since a collaborative study by Bouchard, Fonagy, Lecours and others (Bouchard et al., 2008), has shown that low levels of mentalization correlate with low-level defenses. (Some of the defenses that we find in the different levels, according to Bouchard (2012), are: a) High level: repression, neurotic projection, reactive formation, displacement, denial, intellectualization, isolation, annulment. b) Intermediate level: minimization, disproof. c) Low level; projective identification, split, acting-out, idealization, devaluation, omnipotence).

**B’ Mentalization of the other:**

Interviewee I.2’s **identification of other people’s feelings**, that appears in her answer to question f) (What do you suppose he felt during the relationship and at the end of it?) shows a peculiarly low level. Her answer (“That he never cared”) shows that she is unable to differentiate the two
situations that the question proposes (during the relationship; at the end of it) and answers in a global way.
A reference to a mental state (to care) does appear in this case, although that reference is global and schematic.

The **identification of other people’s thoughts** is poor and seems to be based on the application of clichés rather than on a real mentalizing inference (cf. below).

The **identification of other people’s motivations** is very poor, as the interviewee cannot infer motivations in the other’s behaviour. If understanding the behaviour in terms of mental states pertains to reflective mentalization, we see that this interviewee is unable to do it and uses as an explanation of his behaviour a label, that does not imply any mental state. (To question e): What do you attribute his way of acting to? She answers: To the fact that he is childish).

As to the **ability to see things from the other’s point of view**, that can be evaluated in questions f and g (What do you suppose he felt during the relationship and at the end of it?; What do you suppose he thought during the relationship and at the end of it?) these are answered by the interviewee in a very poor way (He never cared; He thought he did not care).

These answers are not only poor and unimaginative, but they show that the interviewee is unable to see things from the other’s point of view. In order to do this she should have taken into account the man’s personal situation, as it is narrated in the story, she should have been able to construct a model of his mind. But that does not happen.

The answers seem rather to proceed from a binding cliché that the interviewee uses, which has been attributed to the other’s behaviour. As interviewees may answer about other people’s mental states in relation to those clichés, and not starting from genuine mentalizing (whose function is to process “new” situations), to carry out this differentiation is of the utmost importance.

As to the **differentiation between one’s own and other people’s mind**, a distinction should be made. A manner of this differentiation takes place when it is possible to construct a model of the other’s mind and the latter is different from the model of one’s own mind. The contrary occurs when the other is seen as a duplication of one’s own self and the same mental states are ascribed to him. This is not the case with this interviewee, due to which, if we see things from this point of view, we might say that she does establish a differentiation.

Another way of understanding that differentiation is more subtle and has to do with what we have previously commented: whether the subject is able to differentiate between the other’s mind and the binding clichés with which he tends to imagine it. That is to say, to differentiate between the other’s mind and one’s own representations of it.

If we consider this second way of understanding it, we might then say that the patient is unable to reach a differentiation between the other’s mind and (the contents of) his/her own.

**Clinical utility of the TESEM**
We might now ask about the clinical utility of an evaluation such as the preceding one (restricted, in this work, by its focalization on only one of the ten stories of the TESEM), which is centered in the *mode of mental functioning* and not in the *contents* of the mind.

In order to answer this question it will be useful to point out that in several works on the processes of change in psychoanalysis, Peter Fonagy and his collaborators distinguish between two models that allow to bring out different aspects of the therapeutic factors in psychoanalysis and psychotherapy (Fonagy et al., 1993; Fonagy, Target, 2005; Allen, Fonagy, Bateman, 2008).

One of them is the *representational model*, which stresses the representations that have become unconscious due to a defense that is opposed to them, and which proposes as an objective their retrieval along with the feelings attached (Fonagy et al., 1993).

According to this model, changes are achieved in the inner organization of mental contents, (feelings, beliefs, ideas) through the interpretative work and the patient-therapist relationship. By means of these two factors the integration and reorganization of the rejected unconscious mental structures are aimed at (Fonagy, 1999; Fonagy et al., 1993).

On the other hand, the *model of mental processes* is centered on the abilities the patients possess (in variable degrees) to work with, shape and transform their systems of mental representations, regulate their emotional life and establish adequate interpersonal relationships through different processes, such as the previously mentioned ones.

From the point of view of psychopathology, Fonagy holds that the inhibition of mental processes has more pathological consequences than the rejection of a given set of representations.

In fact, this model has received special attention due to the treatment of patients in a serious condition (borderline, narcissistic, psychosomatic, etc.) and different authors have made evident that in these cases the central problem laid in the inhibition of certain processes or functions rather than in the vicissitudes of some given mental contents.

In this way, the Psychosomatic School of Paris’ representatives, for instance, have emphasized the inhibition of those aspects of mental functioning that are responsible for the elaboration of excitations. In these cases -according to their thesis- a disorganization of the very foundations of the mental apparatus occurs, as a result of which the Preconscious is impoverished, dreams practically disappear and, in the relational sphere, certain bonds deprived of affect and subject to necessity take place. As a result of the deficits in the symbolizing ability, instead of neurotic symptoms with a high symbolic value, somatizations deprived of this value appear (Marty, 1980; 1990, 1991).

As for Peter Fonagy and collaborators, they held that in patients suffering from severe personality disorders, a peculiar aspect of the development of mental processes: the reflective function or mentalization, is inhibited. (Fonagy et al., 1993; Fonagy et al., 2002; Bateman, Fonagy, 2004, 2006).

There are multiple consequences of this mentalizing inhibition, as to the clinical manifestations that are a product of it are added those deriving from the activation, by way of regression, of pre-mentalized modes of experiencing the inner world (the psychic equivalence mode, the pretend mode, the teleological mode) (Fonagy et al., 2002; Allen, Fonagy, Bateman, 2008) and of failures in the processes composing transformational mentalization and emotional regulation.
In these cases, some of the above-mentioned consequences are: the difficulty to form a representation of one’s own and other people’s mental world, the prevalence of rigid and stereotyped attribution schemas in interpersonal relations, the difficulties to carry out a precise identification and differentiation of affects as well as an adequate regulation and expression of them, the restrictions to reflect on one’s own and other people’s mental life, the limitations to adopt a meta-cognitive posture from which to be able to differentiate thought from effective reality, the lack of mental flexibility, etc. In the case of I.2 we have detected the presence of some of these consequences.

According to these authors, the clinical work in these cases must focus in helping the patient in the reactivation of the inhibited mental functions. For this they propose a series of different strategies and techniques for the interpretation of the contents, proper to the model that has been mentioned in the first place (Bateman, Fonagy, 2004, 2006).

Based on these considerations we might say that the evaluation of a patient’s mode of mental functioning, that is, of his mentalizing ability, turns out to be of the utmost importance in relation to the strategy that we will adopt, depending on the result of that evaluation.

In the examples we have considered, we see that in the case of I.1, who has a high-level mentalizing ability (as has been detailed in the analysis of the above-mentioned items) the clinical work must focus on what is essential in the contents, that is, on the discovery of certain impulses and representations that have been repressed and whose retrieval through free association, freely floating attention and interpretation, will be the aim of the analytical work.

On the contrary, in I.2’s case, the poor quality of her mentalizing ability does not advise an interpretative practice, that would not be understood by the patient and might eventually have a disturbing effect. In this case we recommend a work that, through a series of techniques different from interpretation (Bateman, Fonagy, 2006) seeks to stimulate the reactivation of the inhibited mental functions, in other words, that helps her to symbolize her affects, to differentiate her global feelings, to identify the motivations for her behaviour, to apprehend others people’s mental states, etc. Once this work has achieved a more adequate mentalizing on the part of the patient, it will be reasonable to include -in a progressive way- an interpretative approach, should the consultant’s problem require it.

I believe the TESEM is a sensitive and practical tool, considerably useful when it is necessary to establish diagnostic differentiations and different clinical approach strategies, based on parameters such as the ones I have intended to show throughout this work.

Furthermore, this instrument is also useful for specifically clinical work. At the Mirapeix Clinic, located in Santander, Spain, it is used in group work with limit patients, as part of a treatment aiming to optimize the patients’ mentalizing abilities (Mirapeix, 2012). In Buenos Aires, Jorge Galeano uses it in group work with addict patients, within the context of the UNO project (Galeano, 2013).

Lastly, we may mention the utility this tool has in training. The concrete work on protocols of interviewees allows to highlight the concepts of the mentalization theory and favours the understanding and practical familiarization with it.
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