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Conference paper
Review

MENTALIZATION AND CHANGE OF PERCEPTION IN THE CONTEXT OF CREATIVE PSYCHOPHARMACOTHERAPY FOCUSED ON PEOPLE

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SUMMARY

The concept of mentalization is relatively new in modern psychiatry, whose utilization is expanding daily in working with clients suffering from mental illness. Mentalization enables the incorporation of several different theoretical models and therapeutic techniques into a single whole, which encourages a holistic and integrative approach to treating patients. This theoretical model looks at different spheres of mental states, both the client seeking medical help and the doctor himself in the therapeutic process. Consequently, providing an adequate basis for the creation of a therapeutic/working alliance, which is imposed in the age of modern psychiatry, as a "condition without which it is impossible" to achieve the desired therapeutic response. Therefore, it is necessary to creatively implement treatments while creating a "therapeutic/working alliance" between the patient and the doctor in order to improve the therapeutic response and change the patient's perception.

Key words: *mentalization - change of perception - creative psychopharmacotherapy*

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INTRODUCTION

Mentalization is a theoretical and therapeutic concept that can be defined in several ways. One definition of mentalization is “focus on one’s own and others’ mental states, especially in relation to explaining their behavior” (Bateman & Fonagy 2007). We often invoke awareness of the intricacies of other people’s minds as a central element of mentalization, however, we cannot know with certainty what others think, feel and therefore it is necessary not to draw conclusions based on our own preconceptions and beliefs. Each individual knows their own mental states better than any other person, which is why we must always be curious about understanding the mental states of others and understanding the consequent behavior through the prism of the same. In short, idiomatically speaking, "keep mind in mind" (Allen et al. 2008). Mentalization is closely related to mental models that determine our perception of ourselves and the world, our reactions, and behavior in general. The process of mentalization seeks, among other things, to change the client's perception of himself and, accordingly, to create a stable, clear sense of self through adequate development and self-actualization.

Each individual uniquely perceives the world, and these perceptions form the individual's phenomenological field. The phenomenological field includes conscious and unconscious perceptions, of which a person is aware and which he is not. However, the most important determinants of behavior, especially in healthy people, are those perceptions that are conscious or that can become so, and that are encouraged through therapy based on mentalization. A person perceives external objects, experiences and gives them a certain meaning. The entire system of perceptions and meanings constitutes the individual's phenomenological field, and the person sees the segments of that field as "self", ie himself. The concept of the self is an organized and consistent pattern of perception, which, despite its characteristics, is subject to change (Rogers 1959). In the process of perception, reality is somewhat distorted due to various factors (the observer himself, the situation, and the relationship of the object of perception with its environment), so the person creates a personal reality that can deviate greatly from the real reality. Perception involves processing from the bottom up and from the top down. Bottom-up processing refers to the fact that perception originates from sensory inputs/stimuli, and the way these sensations are interpreted is influenced by our existing knowledge, experiences, beliefs, thoughts and represents top-down processing (Bernstein 2010). The change of perception along with mentalization enables the creation of a basis from which to develop a working therapeutic alliance, in which both parties will encourage creative possibilities in the other to establish a successful psychopharmacological treatment.

DEVELOPMENT OF MENTALIZATION AND APPLICATION

The potential of mentalization is something like personality trait capacity, as everyone is born with the ability to mentalize with internal variations in strength and natural competencies, but the development of this constitutional capacity is largely modulated by early environmental factors best seen through the prism of attachment theory. Mentalization has its roots in various

theoretical concepts, and we will only look at attachment theory, which has many common points, but is not specifically part of psychoanalytic or object relations theory. Attachment theory is largely based on the early theoretical work of John Bowlby (1969) and the empirical work of Mary Ainsworth (1973). Bowlby formulated the developmental theory of "behavioral attachment system" (BAS), according to which the newborn goes through a series of stages in the development of attachment to the main caregiver and use it as a "safe base" for research and separation. With the further development of BAS, the newborn develops an internal working model or mental representations of himself and his caregivers, with mental representations related to emotions. Based on interactive experiences during early childhood, a basis for developing expectations from future interpersonal relationships is provided. The Adult Attachment Interview (AAI) results categorize attachment into four types:

- safe or autonomous - in which the person had a quality relationship that he/she values, coherently integrates memories into a meaningful flow, and believes that the relationship was positive for development;
- insecure / rejecting - in which a person rejects or denies memories and idealizes or devalues an early relationship;
- insecure/preoccupied or worried - in which the person is confused, angry or passive in an early relationship with the carer and still complains about the carer's shortcomings in the past;
- and insecure or disorganized - in which a person shows memories of a severely disturbed relationship with semantic and syntactic confusions in recollecttion, often associated with some trauma or loss (Fonagy et al. 2000).

Mentalization has full development potential in the context of a secure model of attachment, while that potential is compromised in insecure models. Individuals whose attachment is categorized into one of the three insecure models most often show deficits in mentalization or functioning at pre-mentalization or non-mentalization levels of thinking. This would correspond to lower developmental stages of self-actualization. Mentalization-based treatment is also seen as a learning interpersonal relationship, as people primarily learn about the outside world and their mental states through social interaction. The main aspect of mentalization is to teach the child about his mental states, while the child simultaneously learns about the inner states of the primary caregiver. In mentalization-based psychotherapy whose function is to correct the mentalization deficit, the focus is on re-establishing attachment with the patient (Fonagy 2000).

Four dimensions of mentalization

There are four dimensions of mentalization: automatic or implicit/controlled or explicit, self or other-oriented, affective/cognitive, internally / externally focused. People with mental disorders or illnesses often have difficulty balancing between different poles in at least one of these dimensions, although depending on the severity of the psychopathology the imbalance can be in several dimensions. The goal of mentalization is to establish a balance between the different roles within each dimension. It is important to point out that every person at certain moments finds himself/herself in a situation in which his/her mental capacities are weakened or return to some of the prementalizing models of functioning, especially in situations of high emotional arousal or interpersonal relationships with loved ones. Therefore, it is important to „keep mind in mind“ all the time, because mentalization encourages the development of mentalization in another person as well. "Mentalization begets mentalization."

Verbal processing capacities such as “seeing oneself from the outside” and interpreting social interactions are crucial for the regulation of effect. These capacities are conceptualized as mentalization, reflective functioning, metacognition, theory of mind, and symbolization. They are about distinguishing, recognizing, and verbally expressing feelings and bodily sensations, making it possible to gradually develop a more sophisticated way of reflecting on one's own thoughts and feelings, as well as imagination and reflection on them in others. Difficulties with these functions make it troublesome to navigate in an ever-changing and ambiguous social environment, and are associated with various types of mental health problems, substance abuse, and interpersonal functioning (De Rick et al. 2009, Dimaggio & Lysaker 2010). Inadequate regulation of affect is the greatest enemy of mentalization. One of the main elements of therapy based on mentalization is the intervention spectrum. This model just focuses on what the essence of mentalization is: that we are not able to mentalize when we are under the influence of intense emotions. Treatment strategies are constantly changing within the spectrum, depending on the emotional intensity and capacity of mentalization. The intensity of emotions represents the focus of the spectrum, as its intensity increases, the ability to mentalize decreases. Supportive and empathic interventions are necessary in such situations and represent the first step in the therapeutic process. When the capacity for mentalization stabilizes, only then can higher-level interventions within the spectrum begin. The next phase within the spectrum is exploration, and is based on giving meaning to behavior and observing it through the context of mentalization (Bateman & Fonagy 2007). It is therefore necessary, together with the patient, to give an overview of the feelings that led to the cessation of mentalization and the behavior that culminated as a result. Basal mentalization represents the third step within the spectrum and concerns direct work with mentalization. The long-term goal is to establish a robust and flexible mentalizing environment, which is impenetrable to intense emotional states (Bateman &

Fonagy 2007). The mentalization of the interpersonal relationship is the last step of the spectrum. Here, the focus is the relationship in which the client finds himself, that is, the focus is on the mental states of others and encouragement of a perception change, because different people can interpret the same behavior differently.

Unsuccessful forms of mentalization

There are three different types of failed mentalization, which manifest in the form of prementalizing models: Teleological, Psychic Equivalence, and the Pretending model. These models concern the ways of thinking and interactions that preceded mentalization. By interrupting mentalization (typically in people with borderline personality disorder), the individual returns to prementalizing ways of thinking, between which a parallel can be drawn with the ways young children behave before they have developed full mentalizing capacities. Clinicians are required to take a person's overall perspective and must address the phenomenology or subjectivity of their patients. At the same time, their experiences are not a consequence of the dysfunction of one brain mechanism, but of the entire system that functions suboptimally. Therefore, what the clinician and the patient see is the product of a malfunctioning mentalizing system, driven by an imbalance in the dimensions of mentalization. It is necessary to recognize them because they can lead to significant disruption of interpersonal relationships and result in destructive behavior (Bateman & Fonagy 2019).

In the model of psychic equivalence, thoughts and feelings become "too real." Individuals who function according to this model see no alternative or perspective other than their own. "What they think is the only truth for them." Examples of psychic equivalence are; dreams, post-traumatic flashbacks, paranoid delusions. The teleological model is characterized by mental representations that are recognized and believed only if their outcome can be physically observed, such as self-harm, or acting out. In the pretend model, thoughts and feelings become separated from reality. The client may hypermentalize or pseudomentalize, which are situations in which he/she can say a lot about his/her mental states, but with little real meaning or connection to reality. Phenomena of derealization and dissociation often occur, and the absence of emotional resonance is possible during conversations with people who function on this model (Bateman & Fonagy 2019).

PERSON-CENTERED CREATIVE PSYCHOPHARMACOTHERAPY

During and after a decade of the brain, the field of psychopharmacotherapy has expanded significantly with many controversial concepts and treatment paradigms, creating both new opportunities and challenges. The emergence of a significant number of effective and well-tolerated mental health drugs has increased the ability of psychiatrists to treat major mental disorders more effectively, with much better treatment outcomes including a complete recovery in a number of treatments. We say that modern psychopharmacotherapy is scientific, rational, technical, and very evidence-based. However, there is a huge difference between our ability to achieve high therapeutic efficacy and poor outcomes in clinical practice (Jakovljević 2007). A great deal of space has been opened to improve clinical practice in the field of psychopharmacology (Niculescu & Hulvershorn 2010). Everyday clinical practice could improve the concept of creative psychopharmacotherapy and bridge the existing gap (Jakovljević 2010).

According to the first principle, creative psychopharmacotherapy is only a cornerstone of the holistic and integrative treatment of mental disorders. Many experts believe that psychopharmacotherapy alone is generally not sufficient for complete recovery (Janicak et al. 2006). A creative approach to psychopharmacotherapy recognizes that the healing process is more than a chemical balance associated with mental health drugs and their bioavailability in the blood and brain. Framing the therapeutic context in which drugs are prescribed to patients to improve their mental health is essential. Attention focused on the promotion of a healthy lifestyle, general well-being, social integration, and spirituality are very important elements of holistic and integrative treatment that enhances the favorable response of the prescribed drug. On the other hand, psychopharmacotherapy supports better mental and social integration, self-direction, cooperation, and spirituality (Jakovljević 2005, 2007, 2008, Hasanović 2021). An integrative and holistic approach includes the simultaneous and synergistic application of mental health drugs, psychological, interpersonal, and family interventions in the context of well-being and life coaching (Jakovljević 2010, 2021).

According to the second principle, the creative psychopharmacotherapy is always highly personalized. For our relevant understanding of personalized psychopharmacotherapy, it is useful to distinguish between illness and disease. The disease is a disorder of biological structure or function, e.g. brain, a treatment alleviates or eradicates symptoms and signs and does not require the attention of the treated person. On the other hand, illness is a subjective experience, a cultural and interpersonal manifestation of illness. Illness is a problem of the whole person, not of one organ or organ system. Simple treatment of a psychiatric diagnosis or illness is no longer acceptable, just as a brain disorder without treating the patient as a whole. The goals of treatment are not only to reduce, eliminate or prevent the suffering and disability that symptoms create but also to help patients learn new ways of thinking, feeling, and behaving in order to achieve a meaningful, satisfying, and more valuable life (Jakovljević 2010).

According to the eighth principle of creative psychopharmacotherapy in the doctor / psychiatrist-patient relationship, it is important to build a common vision of treatment goals with patients and their families as a necessary component of learning organization and favorable treatment context. Patient beliefs regarding the origin of symptoms and the action of psychopharmaceuticals may contribute to a positive (placebo) and negative (nocebo) response to treatment. Making a joint decision is one of the key components of creative psychopharmacotherapy (Jakovljević 2010).

Creative application of mentalization in the context of psychopharmacotherapy

Mentalization can be helpful in a number of ways, but we argue that its predominant function is to allow everyone to navigate their own social environment and to make life in the community easier (Fonagy & Allison 2016). As we said before, people primarily learn about themselves and others through social interactions. So the question arose, why would anyone want to learn from another person? The answer to this question lies in the concept of epistemic truth. Epistemic trust is defined as openness to the reception of social knowledge that is considered personally relevant and of general importance. Reflecting on the role of epistemic truth builds on the revolutionary work of Hungarian psychologists Casibra and Gergely (2011) on the evolutionary importance of newborn capacities to learn from their primary caregivers. As part of the communication process, the caregiver signals to the child that what he or she is conveying is relevant and can be considered useful and valid cultural knowledge. These signals are marked as ostensive cues. Newborns have been shown to be adapted to pay particular attention to these cues (Casibra & Gergely 2011). The principle of epistemic truth is of enormous importance in people with mental disorders who can often be distrustful. This condition may be the result of previously disrupted interpersonal relationships or the presence of insecure patterns of attachment. It is assumed that many, if not all types of psychopathology, are associated with the breakdown of epistemic truth and the consequences that this interruption has for the social learning process that epistemic truth allows (Fonagy et al. 2015).

Therefore, it is necessary to gain the patient's trust that our intentions are sincere, and that we really want to teach them things that will personally benefit them. One way to build trust is through creating a therapeutic alliance / relationship. The therapeutic alliance develops from the first contact with the patient during the initial assessment and evaluation of the patient, where the patient observes the thoroughness and sensitivity with which the doctor / psychiatrist approaches his work, based on which the patient develops a sense of security and higher expectations (Kay & Ursano 2013). Through a therapeutic alliance, it is possible to support a capacity for social learning that allows an individual to benefit from a social environment, encouraging the creation of a process of salutogenesis (Fonagy et al. 2015).

Mentalization was initially introduced for the treatment of borderline personality disorder for which it is most adapted (Bateman & Fonagy 2010), however over time, this new concept has taken on increasing utilization in various psychopathological entities, such as; eating disorders, other personality disorders, neurotic disorders, psychosis, substance addiction. A factor that could make mentalization-based treatment even more effective is the introduction of psychopharmaceuticals in certain psychopathological phenomena, which could facilitate the mentalization process itself and encourage the synergistic effect of these combined treatments. The treatment plan certainly needs to be individualized and it can include one or a combination of several individuals (e.g. Art therapy and mentalization) or group interventions and pharmacotherapy. Creativity is an intrinsic element of mentalization, which is reflected in recent research in which the facilitation of mentalization through "art" therapy is increasingly present in recent years (Haeyen et al. 2015, Havsteen-Franklin 2016). These authors conclude that the fundamental elements of art therapy are focused on mentalization, the use of a shared approach with the patient, and the implicit processing of relational sensitivity through interactive art engagement. In the context of pharmacotherapy, we can take as an example the pronounced symptoms of increased emotional arousal in various neurotic disorders, whose relief can initially be achieved by pharmacological interventions, which will create adequate conditions for further promotion of mentalization in patients. In any case, all interventions have three common goals:

- first - to strengthen mentalization, a sense of self-realization and choice;
- second - strengthen control and capacity for self-regulation;
- third - to promote awareness of one's own and others' mental states (Allen & Fonagy 2006).

CONCLUSION

Mentalization enables the connection and integration of different theoretical models and therapeutic techniques into a complete system. At the heart of mentalization-based therapy is the assumption that psychopathology arises as a consequence of the inability to represent the mental states of oneself and others. Creative psychopharmacotherapy using different therapeutic modalities can achieve a far better therapeutic effect in the treatment of mental disorders/diseases. Among other things, the creation of a therapeutic or working alliance between the patient and the doctor is encouraged, which ensures better adherence to treatment. Changing the patient's perception is an integral part of treatment based on mentalization and contributes to the creation of a new concept of self, which has the potential for further development on the path to self-actualization.

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Emir Prljača: conception and design of the manuscript, collecting data and literature searches, analyses and interpretation of data, manuscript preparation and writing the paper.

Izet Pajević: made substantial contributions to conception and design, literature searches, and interpretation of data, participated in revising the manuscript.

Mevludin Hasanović: made substantial contributions to conception and design, participated in revising the manuscript literature searches, participated in revising the manuscript.

Miro Jakovljević: made substantial contributions to conception and design, participated in revising the manuscript literature searches, participated in revising the manuscript.

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