



证道心理

# Mentalizing as a Common Factor in Psychotherapy

心智化是心理治疗中的共同因素

Jon G. Allen, Ph.D.

# Common Factors in Psychotherapy Outcomes

## 心理治疗结果的共同因素



证道心理

Peter Fonagy estimated that there are 1,246 different brands of therapy.

皮特·福纳吉估计有1,246种不同分支的疗法。

Common Factors contribute positively to outcome across brands.

共同因素对各个分支的结果都有积极的影响。

Common factors contribute more to outcomes than brand differences.

共同因素对结果的贡献大于分支的差异。

Brand differences are more prominent in specialized, symptom-oriented therapies; common factors are more prominent in generalist therapies that are more relationship oriented.

在专业化、症状导向的治疗中，分支差异更为突出；共同因素在更多以关系为导向的通用疗法中更为突出。

Giving up on psychotherapy brands, I declared myself a practitioner of “plain old therapy” (Allen, 2013).

我放弃了心理治疗的分支，宣称自己是“普通的老派疗法”的实践者(Allen, 2013)。

I distinguish between mentalizing as a common factor and the specialized use of mentalizing in Mentalization-Based Treatment designed for borderline personality disorder (Session #10).

我会区分作为一个共同因素的心智化，与为边缘人格障碍设计的基于心智化的疗法中对心智化的特定使用(第10节)。

# Prescient Voices and Plain Old Therapy

## 先知们的声音和普通的老派疗法



证道心理

Saul Rosenzweig (1936):

“given a therapist who has an **effective personality** and who consistently adheres in his treatment to a system of **concepts which he has mastered** and which is in one significant way or another **adapted to the problems** of [the patient], then it is of comparatively little consequence what particular method that the therapist uses.”

索尔·罗森茨韦克(1936):

“假如一个治疗师拥有**有效的人格**，并且一直以他**已经掌握的概念体系**来坚持他的治疗方法，并且以一种或多种明晰的方式**适应[病人]的问题**，那么相较而言治疗师所使用的特定方法带来的作用较小。”

Jerome Frank (1961):

“Much, if not all, of the effectiveness of different forms of psychotherapy may be due to those features that all have in common rather than to those that distinguish them from each other.”

杰罗姆·弗兰克(1961):

“很多(如果不是全部)不同形式的心理治疗的有效性可能是由这些共同特征决定的，而不是那些将它们彼此区分开来的特征。”

Jerome Frank (1991):

“In what sense can we legitimately refer to **psychotherapy as a single entity** rather than to different psychotherapies? Practitioners of all schools claim to be able to treat persons with similar conditions...in most comparative studies the degrees of improvement obtained by different methods do not differ significantly.”

杰罗姆·弗兰克(1991):

“在什么意义上，我们可以合理地**将心理治疗视作单一实体**而不是多种不同的心理治疗？各个学派的从业者们都声称能够治疗情况相似的人.....在大多数对照研究中，通过不同方法获得的改善程度没有显著差异。”

# Carl Rogers and Client-Centered Therapy

## 卡尔·罗杰斯和以来访者为中心的治疗



证道心理

Began developing client-centered therapy in the 1940s

在20世纪40年代开始发展以来访者为中心的疗法

Rogers intended to develop a therapy that, unlike psychoanalysis in the United States, did not require an degree in medicine.

罗杰斯打算开发一种不需要医学学位的疗法，有别于美国的精神分析。

Rogers also believed that becoming a therapist does not require many years of intensive training, as psychoanalysis does.

罗杰斯还相信，成为一名治疗师并不需要多年的密集训练，如精神分析所做的那样。

Rogers pioneered research on psychotherapy and therapists' skills.

罗杰斯对心理治疗和治疗师的技能进行了开创性的研究。

Rogers believed that the **quality of the therapy relationship** was the agent of change and identified three features:

罗杰斯相信，**治疗关系的质量**是改变的推动力量，并确认了三个特征：

Empathy (mentalizing)

同理心(心智化)

Positive regard (acceptance)

积极关注(接受)

Genuineness (authenticity and transparency)

真诚(真实和透明)

Rogers believed that a good psychotherapy relationship was not only necessary for change but also sufficient for change.

罗杰斯认为良好的心理治疗关系不仅是改变的必要条件，也是改变的充分条件。

# Contributors to Psychotherapy Outcomes



证道心理

## 心理治疗效果的贡献因子

Psychotherapy vs. no treatment (large contribution)

心理治疗 vs. 不治疗 (大贡献因子)

Collaboration on goals

合作的目标

Empathy\*同理心\*

Therapeutic Alliance治疗联盟

Positive regard\*积极关注\*

Therapist治疗师

Genuineness\*真诚\*

Treatment differences治疗差异

Rated competence能力评定

Adherence to protocol遵守流程

Specific ingredients具体成分

\*Relationship factors proposed by Carl Rogers

卡尔·罗杰斯提出的关系因素



common factors  
(medium to large  
contributions)  
共同因素  
(中等到大的贡献因子)



brand-specific factors  
(small contributions)  
分支的特定因素(小的贡献因子)

—Wampold BE & Imel ZE (2015). The great psychotherapy debate (2nd Edition).

Wampold BE & Imel ZE (2015)。《心理治疗的重大争辩》(第2版)

# Mentalizing as the Commonest Factor

## 心智化为最共同的因素



证道心理

“Mentalizing is the **most fundamental common factor** among psychotherapeutic treatments” (Allen, Fonagy & Bateman, 2008).

“心智化是心理治疗中**最基本的共同因素**” (Allen, Fonagy & Bateman, 2008)。

“In advocating mentalization-based treatment we claim no innovation. On the contrary, mentalization-based treatment is the **least novel therapeutic approach** imaginable” (Allen & Fonagy, 2006).

“在倡导基于心智化的治疗方法中，我们表示这其中没有创新。相反，基于心智化的治疗是能够想象出的最不新颖的治疗方法” (Allen & Fonagy, 2006)。

The quality of the therapeutic relationship is the most significant contributor to the treatment outcome.

治疗关系的质量是影响治疗结果的最重要因素。

Mentalizing is the psychological process by which therapists establish therapeutic relationships.

心智化是治疗师建立治疗关系的心理过程。

Mentalizing is the basis of secure attachment relationships, which are essential to effective psychotherapy.

心智化是安全依恋关系的基础，这对于有效的心理治疗至关重要。

Mentalizing begets mentalizing, such that mentalizing is the way therapists help patients mentalize and thus resolve problems in their relationships and establish more secure attachments.

心智化引发心智化，这是因为心智化是治疗师帮助病人心智化的方式，从而解决他们的关系中的问题并建立更安全的依恋。

# Beyond Mentalizing

## 超越心智化



证道心理

Common factors (mentalizing, therapeutic alliance, trusting relationship) are necessary but not sufficient.

共同因素(心智化, 治疗联盟, 信任关系)是必要的但不充分。

Each patient requires **INDIVIDUALIZED TREATMENT** in the context of a good relationship and a coherent theoretical rationale. The treatment entails problem solving adapted to the patient's presenting concerns (Wampold & Imel, 2015).

每位病人都需要在良好关系和连贯的理论基础的背景下接受**个体化的治疗**。治疗需要解决病人当下所面临的问题(Wampold&Imel, 2015)。

For patients with psychiatric disorders, knowledge of psychopathology is a required foundation for any treatment.

对于患有精神疾病的病人, 精神病学的知识是任何治疗的必要基础。

Consistent with decades of research, this way of thinking about psychotherapy leaves therapists with wide latitude in how they understand and conduct therapy.

与数十年的研究相一致, 这种思考心理治疗的方式使治疗师在理解和开展治疗方面具有广泛的自由度。

I rely heavily on attachment research as well as knowledge of mentalizing as a **theoretical base**.

我非常依赖依恋研究以及心智化的知识作为**理论的基础**。

I also rely on a written formulation of the patient's problems to establish a **treatment approach**.

我还凭借书面构建病人的问题来创设一个**治疗的方法**。

# Clinical Example

## 临床案例



证道心理

35 year-old male, social worker employed in a community mental health center.

35岁的男性, 社会工作者, 在社区心理健康中心工作。

Married with two pre-adolescent children, a son and a daughter.

已婚, 有两个青春期之前的孩子, 一儿一女。

Abused physically and psychologically as a child by his more aggressive older brother, who was abused similarly by their father.

在童年期, 曾被哥哥在身体和心理上虐待, 哥哥以相似的形式被他们的父亲虐待, 但哥哥在虐待病人时变得更有攻击性。

The patient, a sensitive child, avoided abuse by their father by being withdrawn and avoiding confrontations in early childhood. In addition, their father left home after divorcing their mother when the patient was approaching adolescence.

病人是一个敏感的孩子, 在幼儿时期通过退缩和回避对抗来避免被父亲虐待。此外, 当病人接近青春期时, 他们的父亲在与母亲离婚后离开了家。

The patient sought psychotherapy for his second depressive episode, triggered by conflict with his son, whose aggressive behavior with peers at school reminded him of his older brother. He was extremely ashamed for his feelings of hatred toward his son. In addition, he felt unsupported by his wife because of their differences of opinion about interacting with their son: his wife thought he was too harsh, and he thought she was too lenient.

病人因与儿子发生冲突所引发的第二次抑郁发作而寻求心理治疗, 他的儿子与同龄人的攻击性行为让他想起了他的哥哥。他因为对儿子的恨意而感到非常羞耻。此外, 他感到没有得到妻子的支持, 他们对与儿子互动的意见存在分歧: 他的妻子认为他太严厉了, 他认为她太宽容了。

Formulation

构建





## References 参考文献

- Allen, J.G. (2011). Reflections on Client-Centered Therapy from the perspective of attachment and mentalizing. *Tijdschrift Clientgerichte Psychotherapie*, 49, 293-306.
- Allen JG (2013). *Restoring mentalizing in attachment relationships: Treating trauma with plain old therapy*. Washington, DC: American Psychiatric Publishing.
- Allen JG & Fonagy P (2006). *Handbook of mentalization-based treatment*. Chichester, UK: Wiley.
- Allen JG & Fonagy P (2019). Mentalizing in psychotherapy. In LW Roberts (Ed.), *The American Psychiatric Association Publishing textbook of psychiatry*. Washington, DC: American Psychiatric Publishing.
- Allen JG, Fonagy P & Bateman AW (2008). *Mentalizing in clinical practice*. Washington, DC: American Psychiatric Publishing.
- Frank JD (1961). *Persuasion and healing*. New York: Schocken Books.
- Frank JD & Frank JB (1991). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.
- Rosenzweig S (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412-415.
- Wampold BE & Imel ZE (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. New York: Routledge.