Mentalizing in Clinical Practice: An Embodied and Enactive Reconceptualization

Mentalizing is a central construct in contemporary mental health care, particularly within Mentalization-Based Treatment (MBT). It is commonly defined as the capacity to interpret one's own and others' behavior in terms of intentional mental states, such as feelings, beliefs or intentions. Although clinically productive, this definition remains conceptually tied to Theory of Mind (ToM) approaches that treat social understanding as the attribution of discrete, internally represented mental states through (implicit or explicit) inference.

We argue that ToM-based approaches do not fully capture how mentalizing works in MBT practice. Drawing on phenomenological and enactivist critiques, as well as clinical case material, we show that understanding in MBT cannot be reduced to inferring hidden mental states. Instead, it is enacted through an ongoing interactive process of shared sense-making between affectively embodied patients and therapists.

On this basis, we propose a reconceptualization of mentalizing within an embodied and enactive (E-cognition) framework. This practice-sensitive reconceptualization of mentalizing is more in line with attachment theory and psychoanalysis, and is clinically relevant because it shifts the focus from correctness of interpretations to attunement, affect regulation and bodily expression. It also highlights clinical practice as a valuable context for developing and empirically grounding theories of social cognition.