



# What is mentalizing and why do it?

Chris Taylor



# Workshop aims

1. Raise awareness of a useful, unifying concept - **MENTALIZING**
2. Explicate the link between attachment and mentalizing
3. Provide an experience of explicit mentalizing



# Unifying Concept

- Mentalizing (e.g. Peter Fonagy) draws together
  - Attachment theory
  - Psychodynamic ideas
  - Emerging evidence of the link between early trauma and brain development



# Why is attachment so necessary for humans?



- ❑ Fish, reptiles and insects have lots of offspring
- ❑ Their offspring are born ready to function on their own



Birds and mammals  
have few offspring  
Life depends on adults



Attachment is the mechanism for keeping parent and offspring close enough for offspring to reach autonomy



# It Takes Two to Tango (Well)

Unable to cling, unable to move themselves, human infants are born supremely adapted for sociability.

From the second year of life, children begin to develop representations of themselves, their attachment figure(s) and their relationships, based on their experiences of

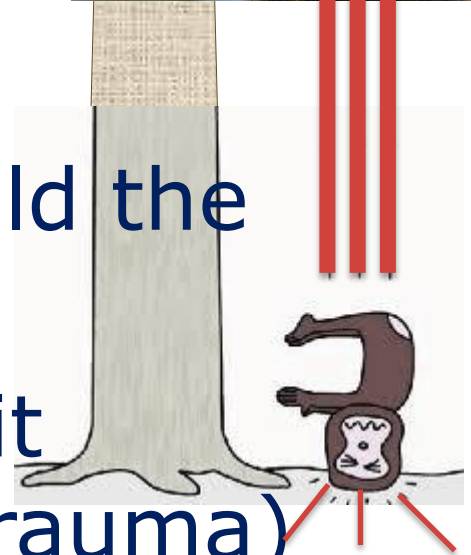
**proximity, separation and soothing**

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# Attachment Patterns

Will you  
drop me?

- ❑ Central question is: how are relationships experienced?
- ❑ Valuable, reliable, safe?
- ❑ What if caregiver doesn't hold the baby in mind?
- ❑ It hurts! And we now know it physically hurts the brain (trauma)





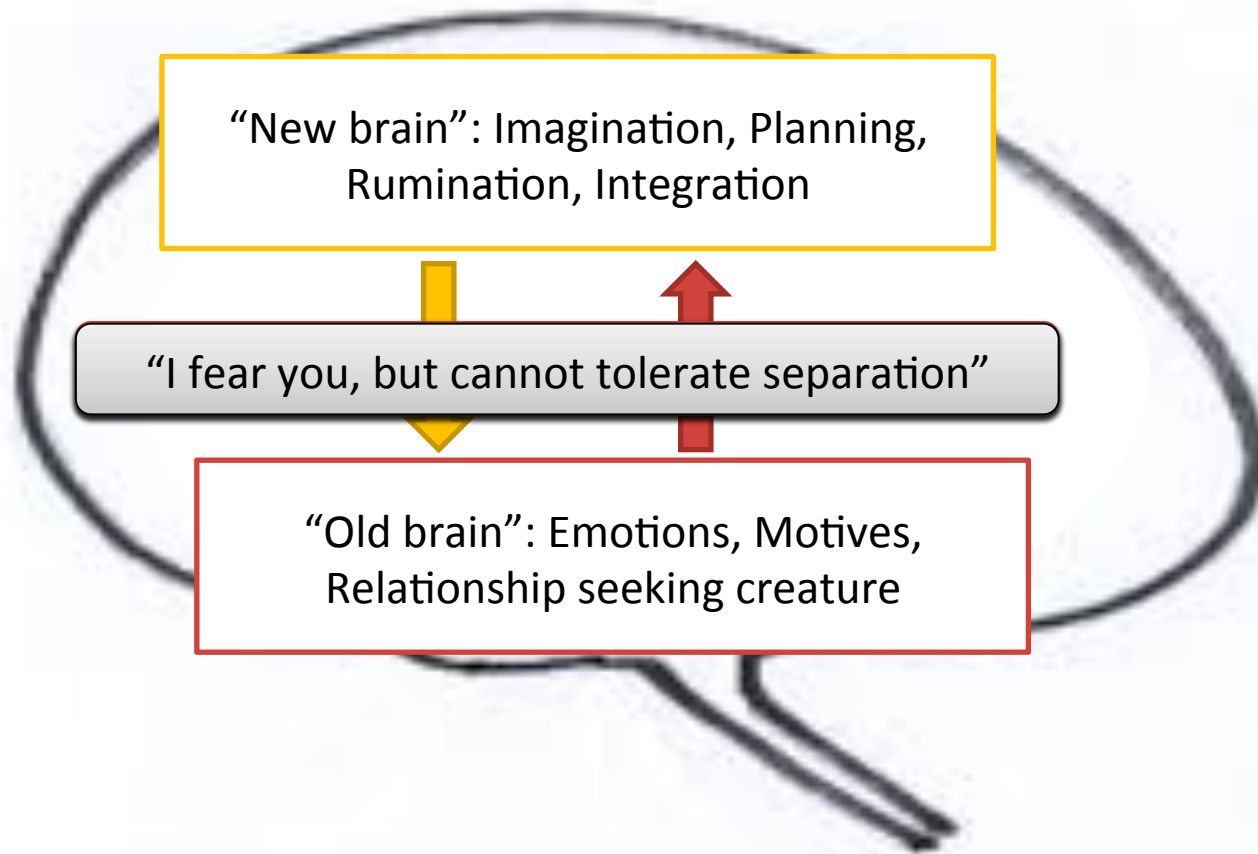
# We learn to have a social mind



- ❑ From infancy we develop internal maps that represent the ways we have learnt to interact with others and how they will interact with us
- ❑ The shared, reciprocal experiences shape connections in the brain and exist in three domains
  1. Shared **emotion**
  2. Shared **attention**
  3. Shared **intentions**
- ❑ These are tapped into in mentalizing-based approaches



# Implicit Map of Self-Other Relationships





# The Therapeutic Task

- ❑ The child's brain is now wired like this
- ❑ In cases of maltreatment, the therapeutic task is to rewire the brain
- ❑ **How????**
- ❑ Bowlby spoke of a "companion for exploration"
- ❑ "Mentalizing" – a way of helping brains rewire
  - ❑ "Here and now" experiences with a safe other



# What is Mentalizing?



# Mentalizing (Fonagy, 1989)

- ❑ The **active process** by which we make sense of ourselves and each other in terms of our **mental** and **emotional states**
- ❑ **Imaginative**, as we're aware that we do not, and cannot, know the mind of another
- ❑ **Implicitly** and **explicitly** interpreting the actions of oneself and other as meaningful on the basis of intentional mental states
  - ❑ (e.g., desires, needs, feelings, beliefs, reasons)



# Four Waves of Mentalizing

1. Autism conceptualized as a **stable failure** of mentalizing based on neurobiological deficits (“mind blindness”)
2. Borderline Personality Disorder conceptualized as **context-dependent failures of mentalizing** (distrust, anxiety, frustration in attachment relationships), for which mentalization-based treatment was developed
3. Mentalizing identified as a **core common factor** in a wide range of therapies; educating patients, families and carers accordingly



# Mentalizing in Residential and Foster Care

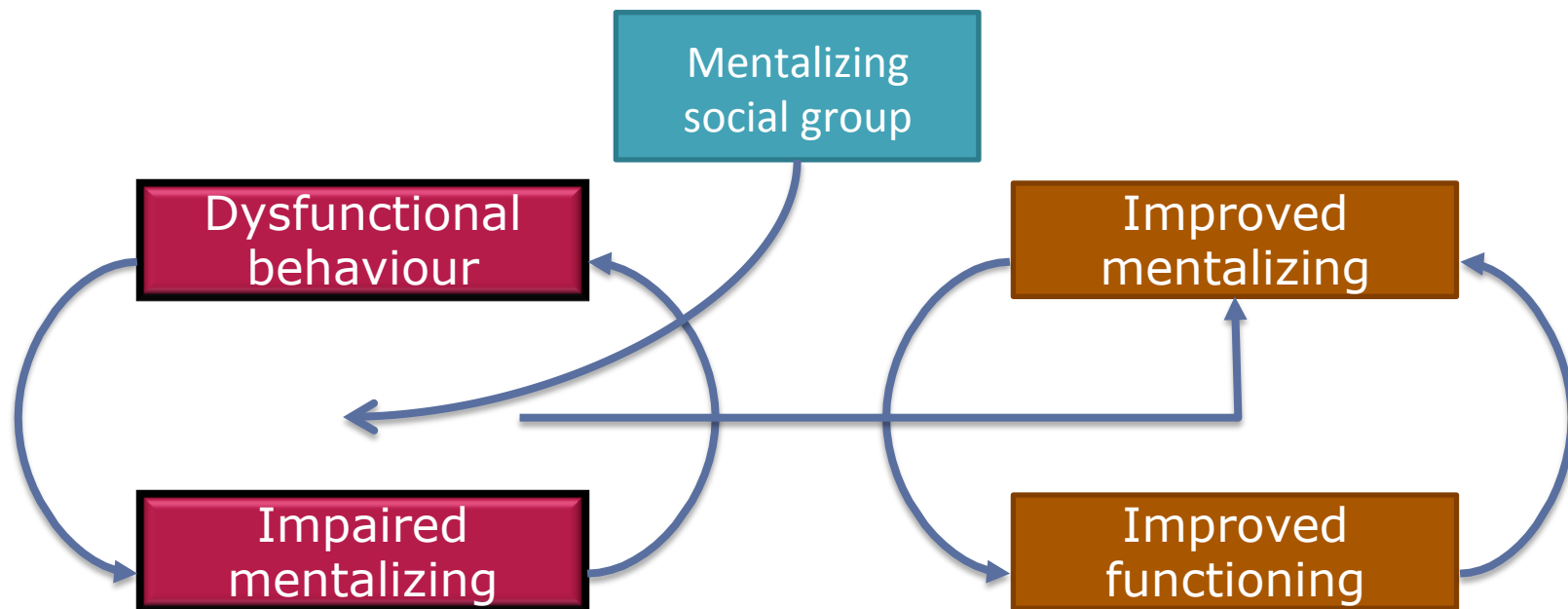
- Fourth wave -“Setting Mz free” Adopting Mz outside clinical settings
  - Third wave experiences tell us that parent and carers find Mz approaches helpful and workable
- Two Simple Goals
  1. Improve workers’ **awareness** of own mental states
  2. Improve **curiosity** about mental states of the child



The **agent of change** is the **mentalizing social group** around the young person



# From Vicious to Benign Circles



For the child, to be met by minds that comprehend their inner world is a transformative experience, but when this is missing their previous learning is confirmed

# Mentalizing-Based Approach

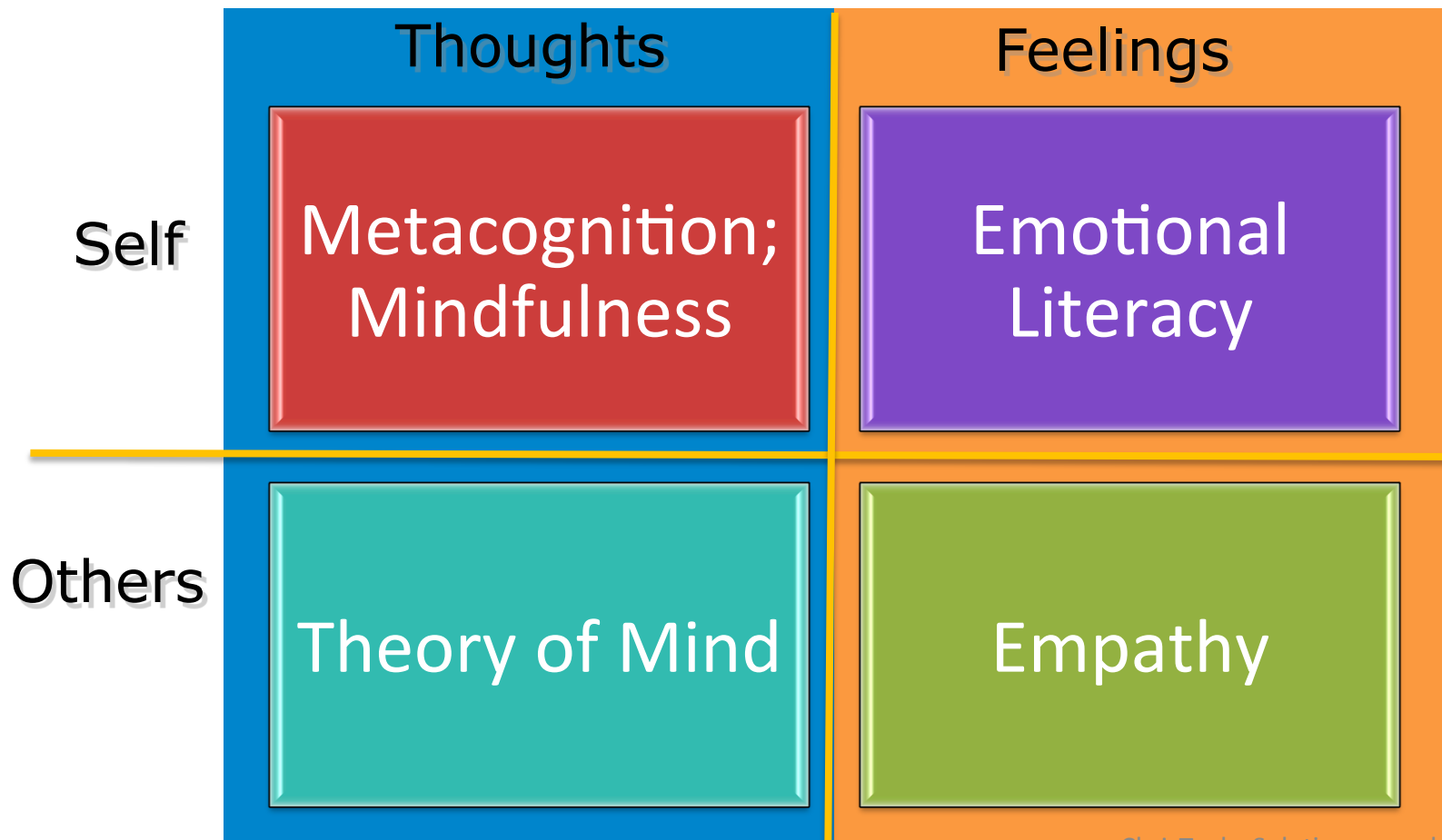
- ❑ In mentalizing-based approach **process** is more important than content
- ❑ Mz does not intend to revisit past traumatic events
  - ❑ Not an “archaeological dig” into past events
  - ❑ Heightened awareness of the content of interpersonal and intrapersonal experiences in the here and now



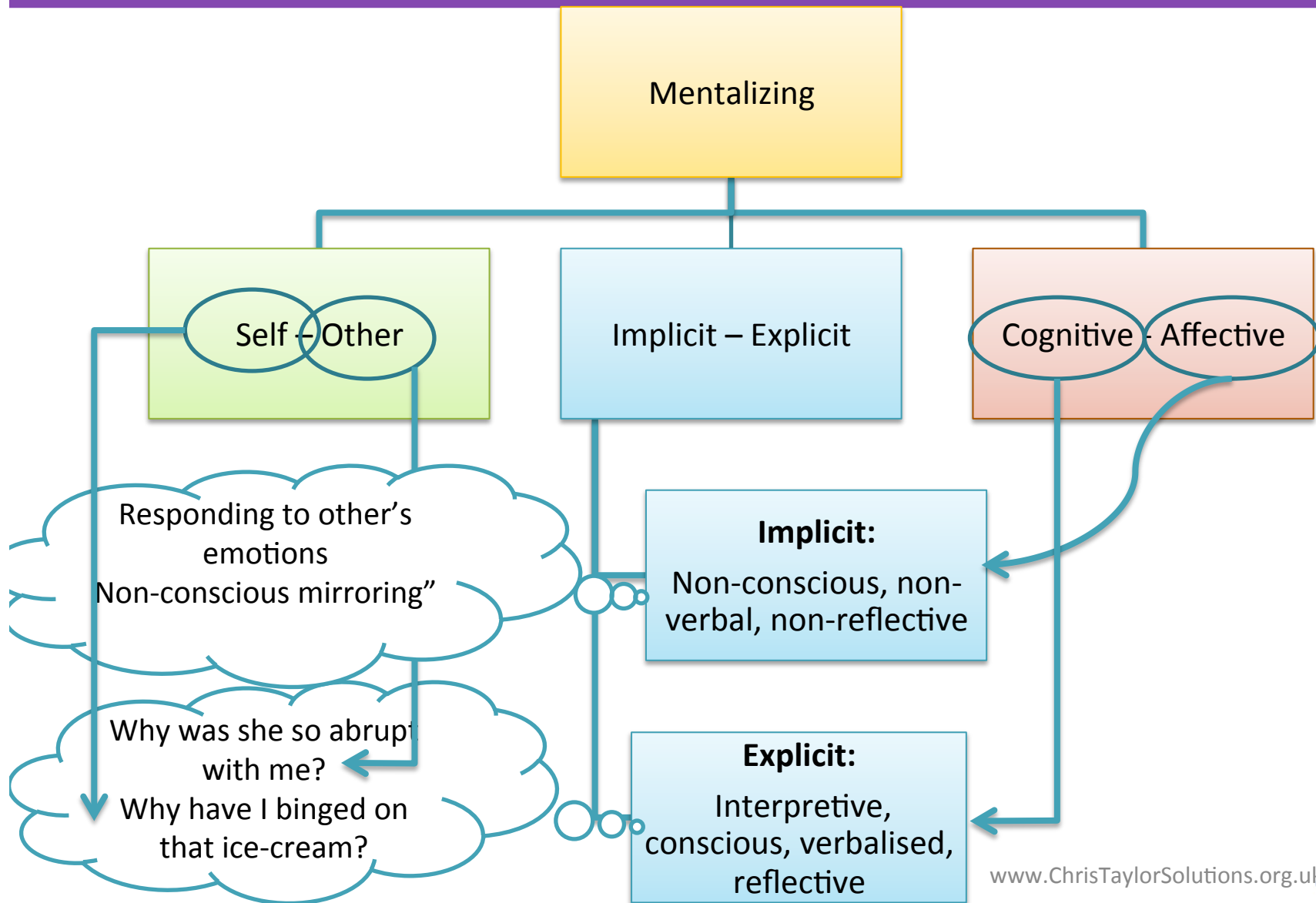


# Broad Scope of Mentalizing

But, we must keep in mind that minds are opaque...we can never really **know**, but it is useful to try to **understand**



# Three Sub-Domains of Mentalizing



# Developmental Differences

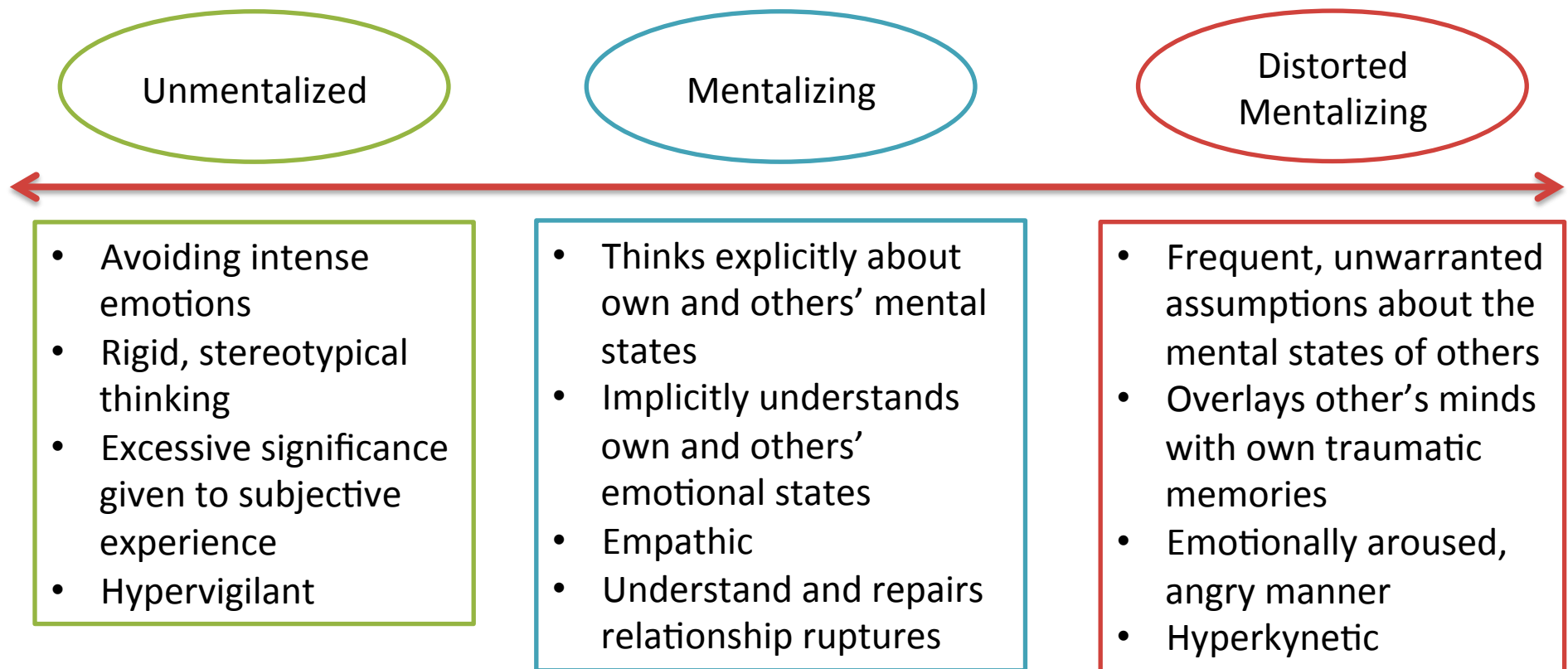
The capacity to *mentalize* is of benefit to us psychologically, socially and emotionally.

In healthy development, children acquire this capacity from caregivers who *mentalize* their own and their child's intentions and feelings

This process is disrupted by traumatizing primary attachments (e.g. Disorganized Attachment as a context specific failure of mentalizing... "I can't organize my maps in an intense relationship)



# A Dynamic Continuum



Anxious activation of attachment system impairs capacity to mentalize

# The Need to Mentalize

- ❑ When a child has mentalizing difficulties, caregivers **must** make their thinking / feelings explicit in order that they can be understood
- ❑ *"When you run away I worry about what might happen to you. I would like you to let me know where you're going, so I can keep you safe"*



# Mentalizing Spectrum

Being self-aware

- Identifying emotion, controlling impulses

Flexible thinking

- Emotions regulated, paying attention, thinking about thinking and feeling

Thinking whilst feeling

- Empathy, support and attunement; Distress tolerance

Curiosity

- Clarification, elaboration and challenge

Dialectic

- Highlighting alternative perspectives

Interpretive

- Assisting other person to put their thoughts and feelings into words



# Mentalizing Emotion

- ❑ Mentalizing while remaining in the emotional state
  1. Identifying feelings
    - ❑ labeling basic emotions
    - ❑ awareness of conflicting emotions
    - ❑ attributing meaning to emotions (narrative)
  2. Modulating emotion
    - ❑ downward and upward
  3. Expressing emotion
    - ❑ outwardly and inwardly





# Mentalizing Capacity



Mentalizing stance – recognizes interpersonal problem connected to low mentalizing



Inaccurate mentalizing - assumes that the other has same capacity as they do, and acts accordingly



Poor Mentalizing capacity- difficulty in understanding the expectations and motivations of others

Watch out for these during the activity....  
Remember, these are **dynamic** states



# Practicing Mentalizing

- ❑ In self and child
  - ❑ Increase attentiveness to mentalizing
  - ❑ Focus on process of mentalizing rather than content
  - ❑ Promote spirit of mental enquiry
- ❑ Be able to keep interpersonal interventions warm, brief and to the point



# Let's Try It...

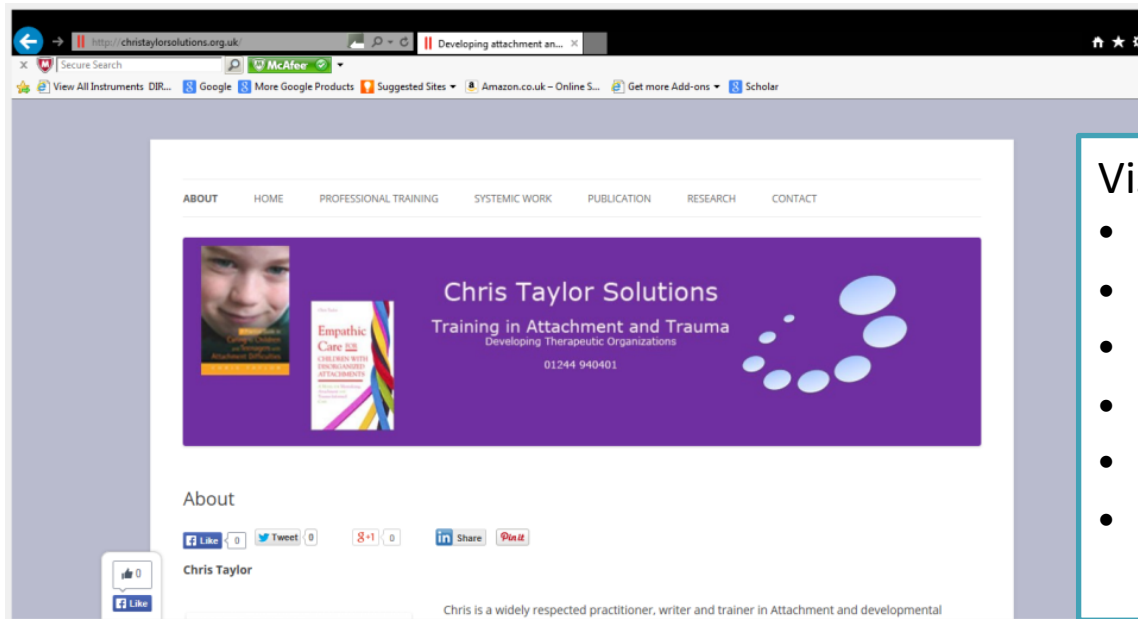
1. What were you thinking as the situation unfolded? How did you feel?
2. What do you think the waitress might have thought Robert was thinking?
3. How might this have left her feeling?
4. What do you think Robert was thinking about the waitress?
5. What do you think Robert was thinking when he became angry?
6. Why do you think Robert's and the waitress's thought / feelings were different (or similar)?
7. Can you comment on differences or similarities?



# Outcomes

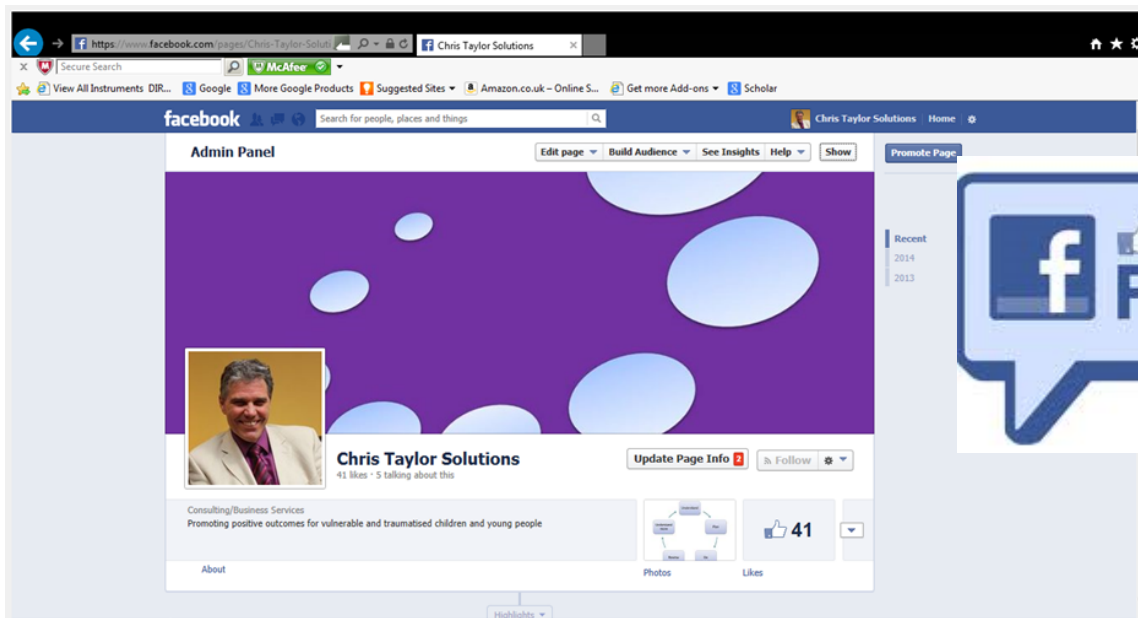
- ❑ RCT for BPD in adolescents (Rossouw and Fonagy, 2012)
- ❑ Good research with foster carers in approaches that are implicitly “mentalizing” (e.g. Dozier)
- ❑ No empirical data for LACYP – yet
- ❑ Young people report feeling safe, respected, listened to and helped
- ❑ Staff report a sense of purpose (80% retention)
- ❑ Placement stability (2 – 4 years)
- ❑ Improved educational attainment
- ❑ Better physical health – inc. reduction in self-harm
- ❑ Greater mental well-being (seem happier)
- ❑ Less exploitation and abuse (inc. missing from care)
- ❑ Less involvement in crime and substance abuse
- ❑ Staff observed
  - ❑ Improved flexible thinking
  - ❑ Greater capacity for empathy
  - ❑ Greater self insight
  - ❑ Improved insight into others





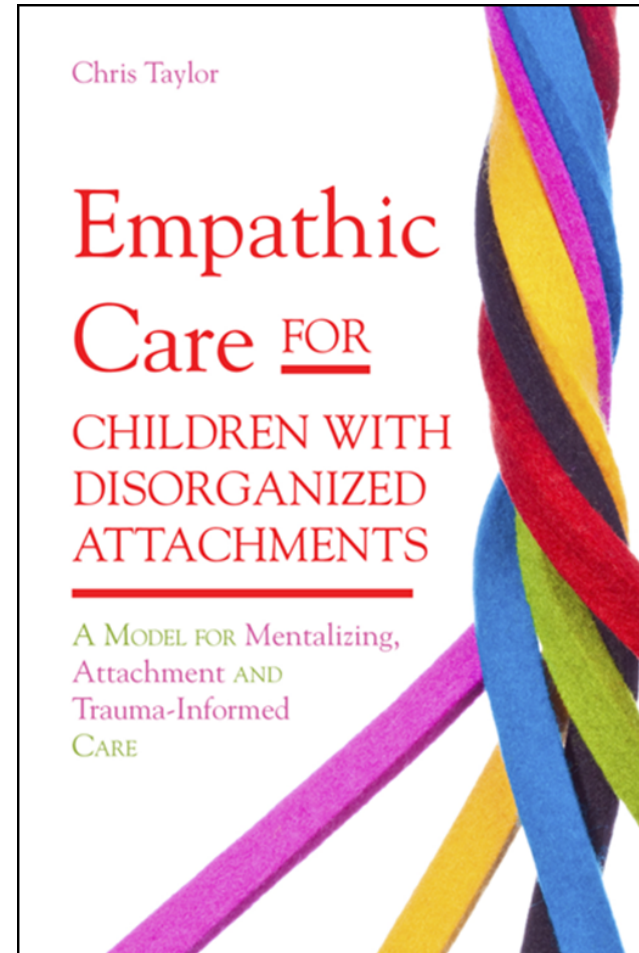
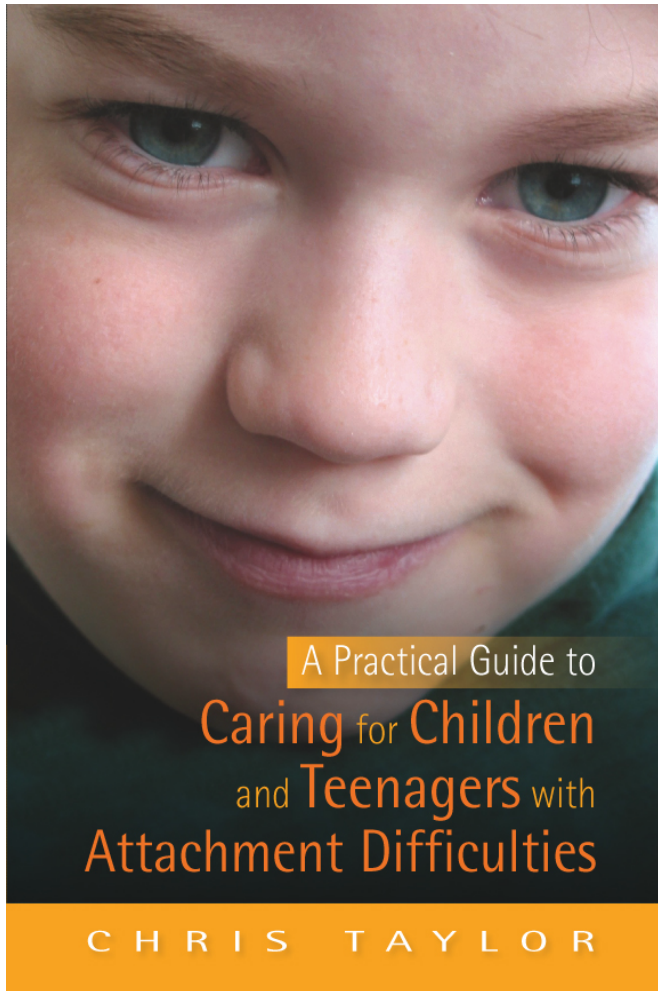
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# Some Resources



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