

# A Mentalizing Stance in Residential Work with Young People with Traumatizing Attachments

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# Workshop aims

1. Raise awareness of a useful, unifying concept
  - (unifies Attachment theory, psychodynamic perspectives, & neuroscience)
2. Think about how principles of mentalizing apply in practice
3. Provide an experience of explicit mentalizing
4. Recruit research participants?

# Connecting to our history

- Mentalizing seems particularly relevant to at least two aspects of therapeutic community identified by Menzies (1979):
  1. A culture of **enquiry**
  2. The **quality communication** between staff and young people

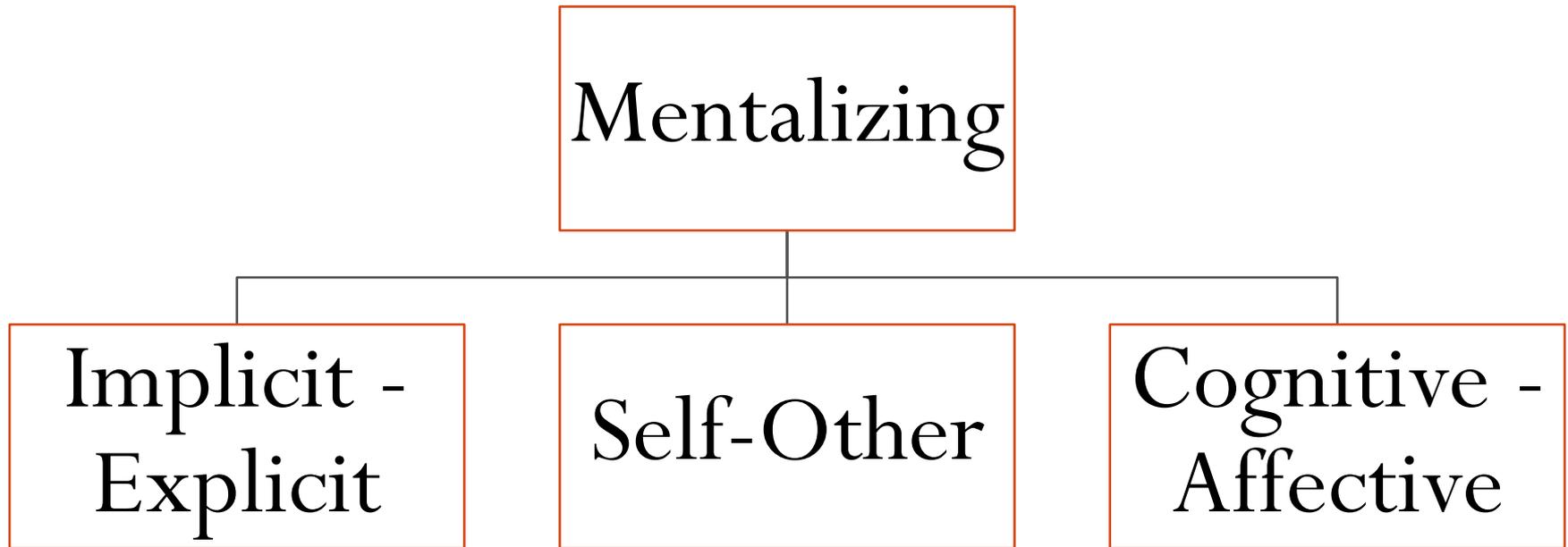
# Mentalizing (Fonagy, 1989)

- The **active process** by which we make sense of our selves and each other in terms of our **mental states**
- **Imaginative**, as we're aware that we do not, and cannot, know the mind of another

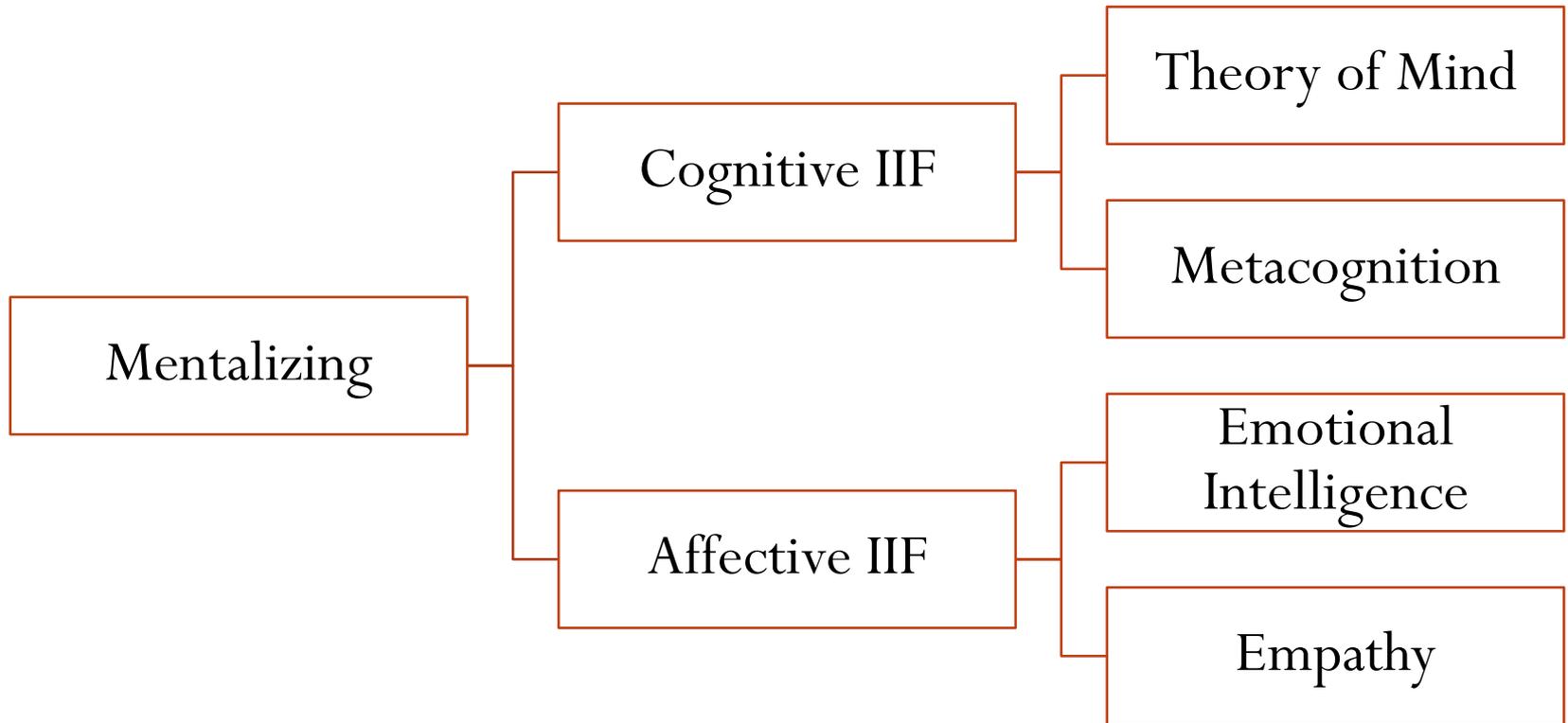
# Intersubjectivity

- This human capacity to represent ourselves and others as thinking, wishing, feeling beings does not arrive as a consequence of maturation, but is **a developmental achievement rooted in the quality of early relationships.** (Bateman & Fonagy)

# Three Sub-Domains of Mentalizing



# Mentalizing is Suffused with Emotion



# Gains and Losses

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

# A Continuum

## Non-mentalizing

- Avoiding intense emotions
- Rigid, stereotypical thinking
- Experience bound to environmental stimuli
- Hyper arousal

## Mentalizing

- Thinks explicitly about own and others' mental states
- Understands own and others' emotional states
- Empathic
- Understand and repairs relationship ruptures

## Distorted mentalizing

- Emotionally aroused, angry manner
- Can read minds, but does so inaccurately
- Overlays other's minds with own traumatic memories

# Developmental Trauma

- A pervasive sense that something bad can happen at any time and there will be no-one to help
- Trauma in early childhood:
  - **Undermines** the capacity to regulate emotions and to think accurately about mental states
  - **Disrupts** a coherent account of past relationships
  - **Disorganizes** attachment

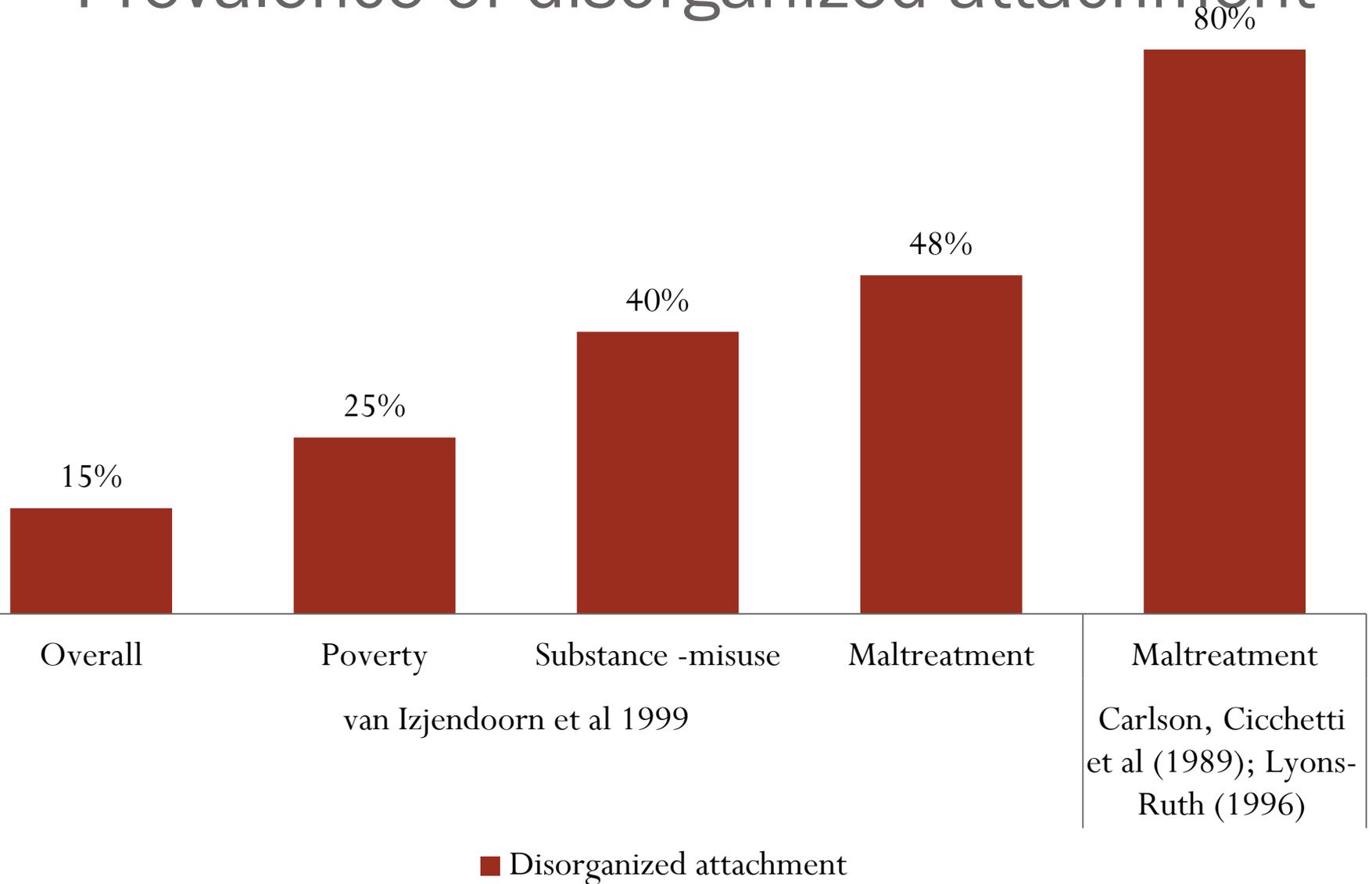
# Attachment System

- Provides comfort and safety at times of perceived threats beyond our own capacity to manage
- IWM develops from early attachment experiences
- A “**template**” for future relationships

# Disorganized Attachment

- Attachment figure is the source of fear
- No coherent strategy for **regulating proximity** to attachment figure (approach-avoidance dilemma)
- Unable to deactivate attachment system
  - Incompatible behaviours: flight and proximity seeking
- Little capacity to think accurately about or anticipate own or others' mental and emotional states (to **mentalize**)

# Prevalence of disorganized attachment



# The “Push-Pull Trap” of Disorganized Attachments

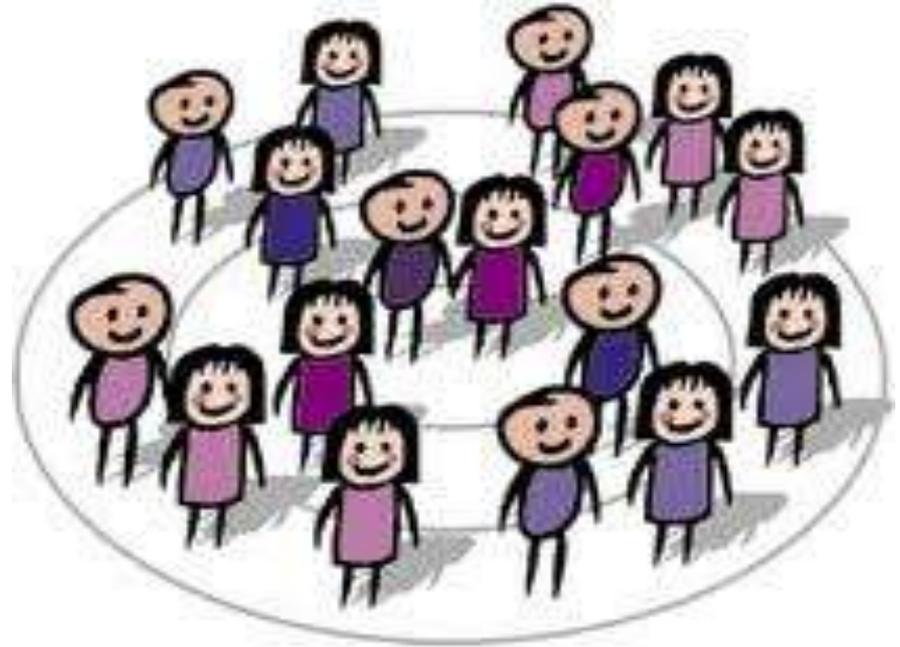
- Often, the “therapeutic approach” works on building a relationship – “getting close”
- But being close is experienced as both **soothing and fear inducing** (“I hate you, don’t leave me!”)
- However, without activation of the attachment system, the child cannot develop the capacity to function in interpersonal relationships

# Mentalizing in Practice

- Mentalizing may resolve this “push-pull trap”
  - It seems that **young people may “catch up”** this capacity if later, secondary attachment figures mentalize accurately and explicitly
- Not a psychotherapy or a technique
  - A way of approaching the work we all do
  - Can be utilized without the need for highly specialized training

# Mz in residential care

- “Setting Mz free”
  - Adopting Mz outside clinical settings
- Goals
  - Improve workers’ **awareness** of own mental states
  - Improve **curiosity** about mental states of the child



**social** group around the young person

# The Mentalizing Stance

Hopeful

Curious



# The Mentalizing Stance

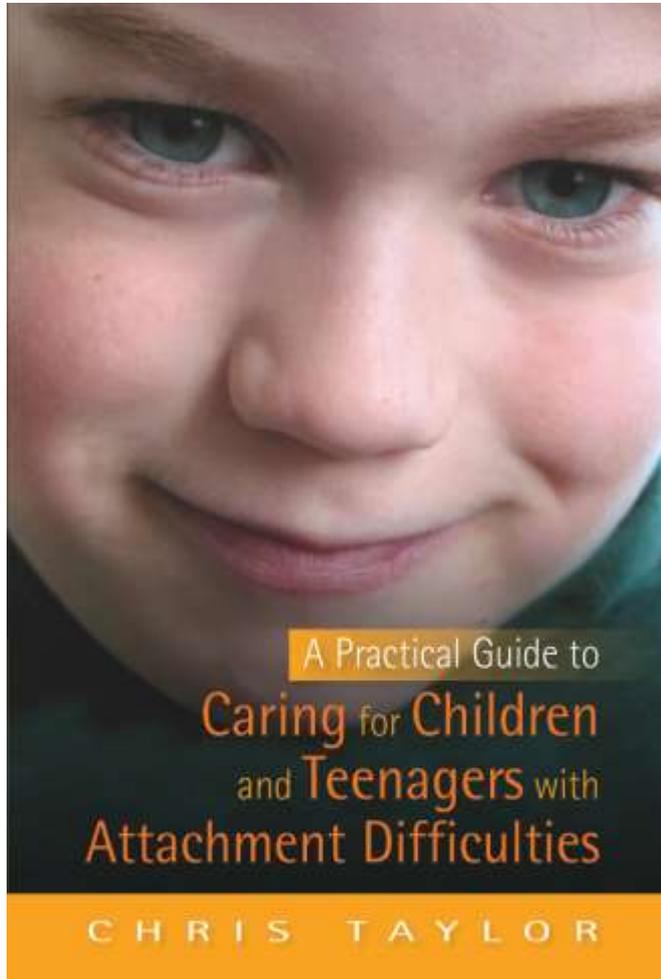
- Continually questions own and child's internal mental state:
  - What is happening now?
  - Why is the child saying this now?
  - Why is the child behaving like this?
  - Why am I feeling as I do now?
  - What has happened recently that may justify their current state?

# Mentalizing Milieu

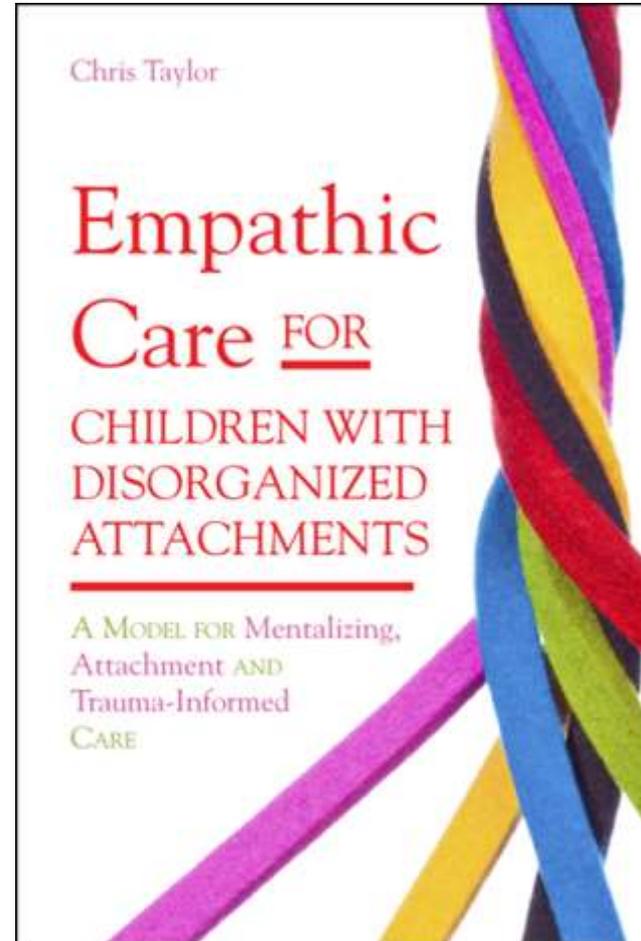
- Commitment to each child's future by paying attention to our minds
- Provides a professional version of human understanding (perhaps something close to **love**)
  - Caring
  - Sharing
- Milieu is rooted in attachment- & trauma-informed practice

# Some Resources

## Implicit



## Explicit



# Mentalizing Capacity

- Caregivers constantly risk losing their capacity to mentalize in the face of a non-mentalizing child
- Bateman and Fonagy argue this is an inevitable aspect of the therapeutic alliance, that simply needs to be recognized and owned

# Mentalizing capacity



Mentalizing stance –recognizes interpersonal problem connected to low mentalizing



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



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

# A Practical Experience of Mentalizing

- History
- Scenario
- Questions to elicit mentalizing....

# Questions to elicit mentalizing

1. What do you think Jenny might have been thinking when she became angry?
2. What were you thinking as the situation unfolded? How did you feel?
3. What do you think Jenny might have thought you were thinking? How might this have left her feeling?
4. Why do you think Jenny's thoughts / feelings were different (or similar) to yours?
5. Can you comment on differences or similarities?

# Mentalizing Parenting

- Most powerfully at times of distress
- Mentalizing “parent” responds in a way that:
  1. Soothes and **supports**
  2. Suggests and **enables** a way of coping
  3. Effectively maintains maximum **bearable proximity** for the young person

# Responding Contingently

- **Trust** develops when we respond to who the young person **really is**
- Mentalizing stance is not about teaching, but about rekindling the young person's **natural capacity to learn** in social relationships through curiosity and hopefulness
- Attachment- & Trauma-informed practice is about promoting their capacity to **learn anew** about relationships

# 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

Curiosity

- Clarification, elaboration and challenge

Dialectic

- Highlighting alternative perspectives

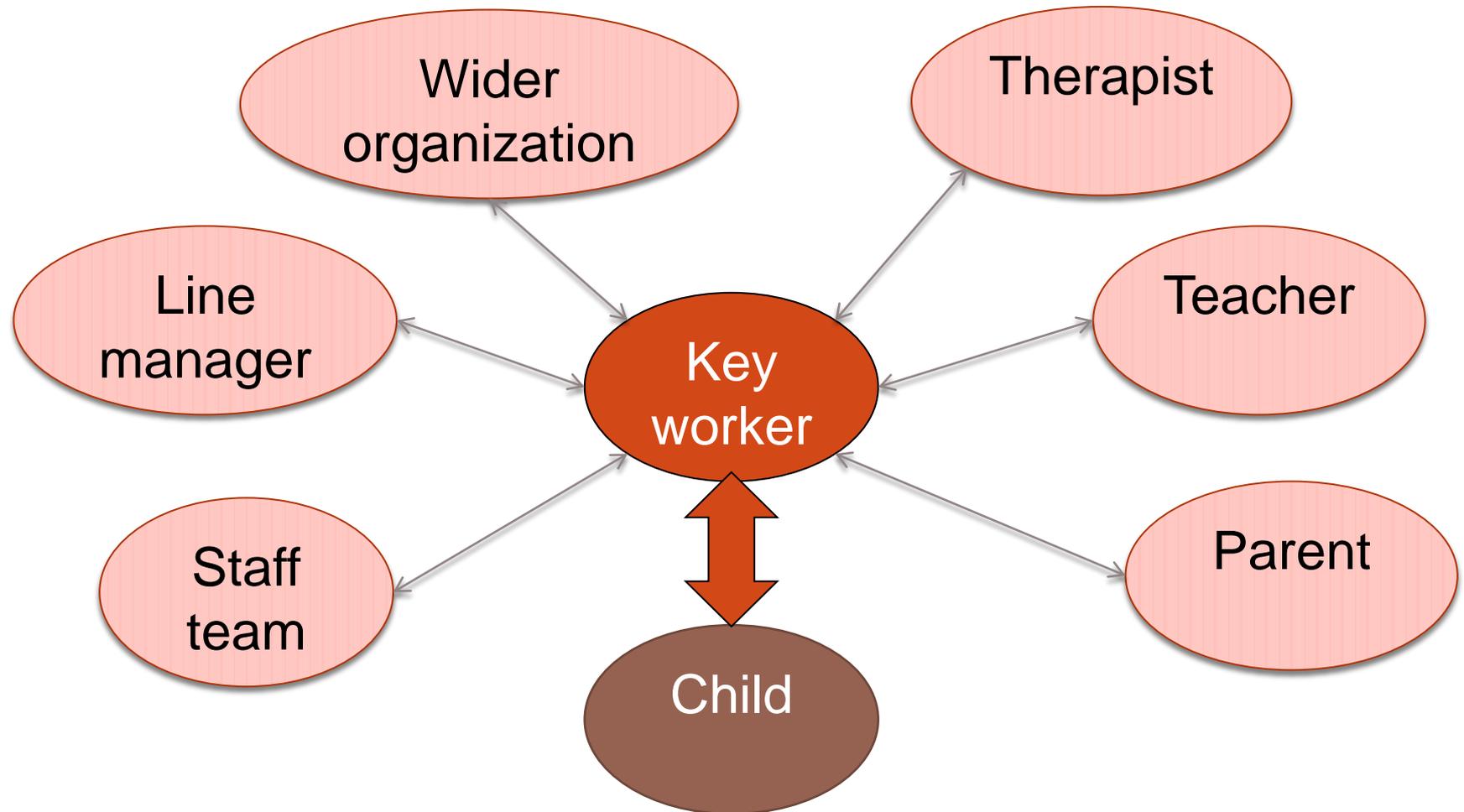
Interpretive

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

# Practicing Mentalizing

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

# Mentalizing Social Network



# Future research

- Participants needed – residential keyworkers
- Research question:
  - Is mentalizing capacity in residential childcare staff maintained during high stress events?
- Methodology:
  - Semi-structured interviews intended to examine keyworkers' representations of their children, themselves as caregivers, and their relationships with their children
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# References

Allen, J. G., (2006) Mentalizing in practice, in J. G Allen and P. Fonagy, (Eds) (2006). *Handbook of Mentalization-Based Treatment*. Chichester: John Wiley and Sons.

Bateman, A., and Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World Psychiatry*, 9, 11-15.

Fonagy, P. (1989). On tolerating mental states: theory of mind in borderline patients. *Bulletin of the Anna Freud Centre*, 12, 91-115.

Main, M. and Soloman, J. (1986). Discovery of an insecure/disorganized attachment pattern. In T. B. Brazelton, and M. W. Yogman (Eds) *Affective Development in Infancy*, Norwood, N. J.: Ablex.

Menzies, I.E.P. (1979) "Staff support systems: Task and anti-task in adolescent institutions". In: R.D. Hinshelwood & N. Manning, (Eds) *Therapeutic Communities: Reflections and Progress*. London: Routledge and Kegan Paul.

Taylor, C. (in press), *Emphatic Care for Children with Disorganized Attachments A Model for Mentalizing, Attachment and Trauma-Informed Care*. Jessica Kingsley Publishers: London and New York