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THE DEVELOPMENT OF MENTALIZING

Mentalization refers to the uniquely human ability to interpret the meaning of others' behavior by considering their underlying mental states and intentions, as well as the capacity to understand the impact of one's own affects and behaviors on others (Fonagy & Target, 1996b; 2000; Target & Fonagy, 1996). In simpler language, mentalizing is about understanding oneself and others on the basis of what's going on inside us; it involves *keeping mind in mind* and *seeing oneself from the outside and others from the inside*. If that sounds rather cognitive, then Allen and Fonagy (2006) helpfully reminds us that, at its most meaningful, mentalizing is "suffused with emotion" (p. 8). Indeed, when we are mentalizing well, we are likely to be able to

- have an awareness of what we are feeling as well as a sense of our personalities or qualities as people, which helps us have a sense of how we "look from the outside" to others, so that it is in turn easier to understand their reactions to us;

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Mentalization-Based Treatment for Children: A Time-Limited Approach, by N. Midgley, K. Ensink, K. Lindqvist, N. Malberg, and N. Muller

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- have a solid ability to consider the emotions and motivations of others, and see their reactions and behaviors from this perspective;
- have some awareness of the limits of our ability to know what is in the minds of others;
- show some curiosity about how the world looks from other people's perspectives and how our own perspective may influence what we do or color how we see someone else's behavior; and
- be mindful that we might get it wrong when we try to understand why others behave in the way they do and that trying to make sense of these misunderstandings can enrich our interpersonal relationships.

This chapter provides an introduction to the concept of mentalizing and draws on developmental research to demonstrate how the capacity to mentalize emerges across the course of childhood and early adolescence. It outlines the development in understanding of self and others as *intentional mental agents* and uses empirical research to show the importance of this to emotional well-being and mental health. Because this book focuses on middle childhood (roughly between the ages of 5 and 12), we try to set out the particular features of mentalizing at this stage of life and attempt to answer some common questions that clinicians may have about mentalization. In doing so, we hope this chapter will provide a conceptual foundation for the model of time-limited mentalization-based treatment for children (MBT-C) that is set out in the later chapters of this book.

WHY MENTALIZING MATTERS

Tom (age 9) is a kind-hearted, helpful, and generous boy who is generally well-liked and who has a number of close friends. His teachers complain that he frequently does not finish his work because he is distracted and prefers to chat and socialize. This also causes trouble at home because he relies on his father to bail him out. He will often say that he has done all his work, and at the last minute, just before going to bed, his parents will discover that half his work has not been done. He also frequently forgets things, either at school or at home.

One morning, Tom and his father are about to arrive at school when Tom suddenly realizes that he left his lunchbox on the kitchen table. They turn around and head back home in the morning traffic. Realizing that he will be late for a meeting at work, Tom's father spends the next 15 minutes berating Tom for his lack of organization and goes through the list of Tom's

shortcomings. As they arrive home, Tom's mother opens the door to hand the lunchbox to a tearful and angry Tom, who says, "It's not fair; Dad's been shouting at me all the way home." Both mother and son knows Tom's father can be intimidating when angry, so Mom shoots Tom a glance that Tom thinks is telling him, "You'll be OK; you can handle it." She says, "Your dad may be overreacting, but he's worried about being late for his meeting—let's talk tonight."

When Tom gets back in the car, he feels a bit less upset and tells his father he is sorry but to please stop shouting at him. Tom knows that his father loves him and spends hours helping him with projects and homework; he understands that this helps him to earn good grades. Being able to access these positive images of his father helps him recover quickly and not dwell too long on the hurtful comments his father made. From past experience, he knows that when his father is angry, he says things he doesn't mean. He also knows something about his father's personality, partly because he has heard his mother and father discuss this, and his father saying that he regrets shouting. Tom's dad usually appreciates it when his wife intervenes when he goes "over the limit" because he knows it is difficult for everyone. Tom likes it when his mom is playful and funny and when she diffuses their arguments by saying to his father, in a matter-of-fact and joking way, "Well, I would never have thought of Tom as immature; I think it's just a case of ordinary, garden-variety laziness that we all know too well," making his father laugh.

Tom's increasing awareness of how others are likely to view his behavior is a double-edged sword, and although this gives him an advantage in playing the social game, it also makes him more concerned about what others think. For example, he knows not to retaliate when a classmate with Asperger syndrome punches him when he accidentally bumps into him. But Tom still doesn't understand why this boy doesn't receive the same punishment he would have received for the same act. However, he's becoming increasingly interested in understanding why people behave the way they do. Although he pretends to be playing computer games, he listens intently when his parents talk to each other or his aunts about what is happening in the family and the various personal and relationship challenges his older cousins are facing.

In this example, it is clear that by age 9, Tom knows what he feels, is able to articulate this, and has already built a rich understanding of his parents' personalities; he is developing an increasingly sophisticated repertoire of explanations for why people behave the way they do. He is also coming to understand himself, his personality, and his own strengths and weaknesses. Sometimes he can use this to help better manage his own behavior. In addition to knowing more generally that when people get angry, they sometimes say things they don't mean, his understanding of his father helps him not to be unduly phased by his father's anger. These feelings are balanced by a

secure knowledge of his father's love and an appreciation for his care and help. Furthermore, Tom's knowledge of himself makes it easy for him to brush off his father's comments about him being immature. All of this may look and sound quite straightforward—and for most of us, most of the time, it is. But what Tom is demonstrating here is a capacity to mentalize, including an ability to take the other's perspective and to use his own understanding of why people behave the way they do to manage his own emotional responses.

In this example, we can see that this mentalization capacity underpins a developing sense of self: Tom no longer depends on his mother to explain why his father gets angry, and his sense of himself does not change when his father calls him immature because he has a sense of who he is and that his father is probably just saying this because he is angry. We see how, as Fonagy, Gergely, Jurist, and Target (2002) put it, mentalization is central to the sense of self and affect regulation. Being able to mentalize, even in a fairly stressful situation as when his dad is angry with him, helps Tom to stay emotionally regulated. It helps him make sense of the situation, so he can see it in perspective and remain focused on the priorities. Allen and Fonagy (2006) described this function of mentalizing as like having a pause button, which can be used to help regulate our emotional reactions. Given that Tom has a secure relationship with his father and gets a great deal of help from seeing his mother explain his father's behavior, it is clear that this protects Tom from feeling that he is bad inside. So even when being criticized by his father, Tom's self-worth doesn't collapse, and he is better able to accept his need to change. Tom probably stands to gain more than he would lose from this opportunity to learn about anger and aggression, and he will not be intimidated when he encounters aggression in peers or later in life. Here we see how important mentalization is, especially in close relationships, and how it can transform even difficult experiences. As Fonagy and Allison (2014) noted, the stakes are highest in close interpersonal relationships, especially attachment relationships in which general emotional understanding is not enough and a more nuanced understanding of others, as well as of our own feelings and personalities and the impact of this on others, can have important implications for the quality of these relationships.

When we are able to make sense of the behaviors of others (and ourselves), the interpersonal world becomes a more predictable, safe, and meaningful place. But when we misread the intentions of others, or struggle to make sense of our own internal states, this can lead to confusion, misunderstanding, and difficulties in interpersonal relating, contributing to escalating conflict or bottled up anger and fear. How we interpret why people are behaving in the way they do has a huge impact on the way we think and behave.

Quite often, children and parents are not familiar with the word *mentalizing*, and children ask whether it means the same as *mental*—in the context

of being mad or “crazy.” Parents often ask whether the term means the same as mindfulness, empathy, or emotional understanding. Those who are familiar with developmental research literature may ask us how the concept relates to terms such as *theory of mind*, *mind-mindedness*, or even *social cognition*.

The term *mentalization* has its roots in 1960s French psychoanalytic terminology (Marty, 1991), but the modern use of the term owes much to the work of Peter Fonagy, Antony Bateman, Mary Target, and their colleagues, who since the 1990s have made a unique contribution in pulling together diverse lines of inquiry and bridging the divides across disciplines to develop an integrated, developmentally based model of mentalization. This emerged out of work on understanding the process of change in child psychoanalysis (Fonagy & Target, 1998) and developments in the treatment of adults with borderline personality disorder (Bateman & Fonagy, 2004). Although we agree that the term is not always easy to explain to children and families, the oddness of the word can be helpful as a way of “marking” this capacity as something that we try to focus on in an MBT.

Mentalizing can be thought of as an umbrella concept (Luyten & Fonagy, 2015; Sharp, 2006) that overlaps and encompasses a number of other important constructs. *Theory of mind* (Premack & Woodruff, 1978), for example, overlaps with some of the more cognitive elements of mentalizing, whereas *empathy* tends to focus more on the emotional aspect of perspective-taking and is mostly used in relation to others. The concepts of *mindfulness* and *mentalizing* are often compared (Masterpasqua, 2016) and certainly share a recognition of the importance of taking a curious, open, and accepting attitude toward mental states. (For those interested in this topic, there are excellent discussions of the relationships between all these terms and more in Choi-Kain & Gunderson, 2008, and Kim, 2015.)

Because the term *reflective functioning* is used later in this book, it is worth saying a bit more about this concept here. The terms *mentalization* and *reflective function* are often used interchangeably, although *reflective function* was initially considered to refer to the measurement of mentalization as manifested within narratives regarding attachment relationships. In this book, we use *reflective functioning* to refer to the capacity to mentalize, especially explicit mentalizing, that is, the conscious ability to stop and reflect on the states of mind of self and other.

Just as mentalizing overlaps with other terms, the concept also contains within it a number of dimensions that can be helpful to disentangle when working clinically. Although our colleagues have identified several of these (Luyten, Fonagy, Lowyck, & Vermote, 2012), there are two that we have found especially helpful when thinking about our work with children: the difference between explicit (or controlled) and implicit (or automatic) mentalizing and the difference between the mentalizing of self and other.

First, mentalization has both *implicit/automatic* and *explicit/controlled* dimensions. Most of the time, mentalization goes on automatically, without us needing to put things into words. Without consciously thinking about it, we infer people's mental states, often based on their expressions in the eye regions of the face and feel that we know when they seem to be angry, happy, sad, frightened, interested, or bored. From an evolutionary perspective, rapid processing of social information was essential in identifying whether others were potential friends who we could cooperate with to increase the chances of success in complex tasks and survival or potential foes who were a threat to our security. Speed of processing is of essence where detection of threat is concerned because it is a matter of life and death, but this automatic processing has the disadvantage of being based on, and therefore biased by previous experience. It is not adapted for more complex social situations in which slower consideration and figuring out possible motives are necessary to make accurate inferences. In the earlier example, when Tom's mother glanced at him as he arrived home, he could implicitly understand that she was intending to let him know that he'd be OK and that he could handle the situation. These nonverbal signals, like eye contact, turn-taking, and contingent responses, are mostly processed outside conscious awareness. Neuroscience researchers have studied this kind of *automatic, implicit mentalizing* and found that it seems to be subserved by a set of brain circuits that rely primarily on sensory information and that, from an evolutionary perspective, are quite primitive (Luyten & Fonagy, 2015). These include the amygdala, basal ganglia, and the dorsal anterior cingulate cortex, all of which are primarily involved in rapid detection of threats and social information related to the fight-or-flight response.

Although our implicit or automatic mentalizing may be quick and agile, it may not always be accurate. Considering that automatic mentalizing is largely based on prior experience, when past experiences have been overwhelmingly negative, this processing tends to be negatively biased. In these cases, past experience suggests that a high level of vigilance toward potential threat is needed and that it is potentially dangerous to trust others. However, this is unlikely to be appropriate in social contexts of low threat. There are times when children may feel suspicious and have a sense, for example, that someone might be trying to trick them and will need to stop and consider whether that judgment is correct. In other words, there are times when we may need to make use of more *explicit mentalizing*, a process that requires more conscious and explicit reflection on the emotions, thoughts, and intentions of others. Interestingly, neuroscientists suggest that this capacity is subserved by newer brain circuits, which are more linked with symbolic and linguistic processing, such as the lateral prefrontal cortex and the medial prefrontal cortex (Luyten & Fonagy, 2015). These are parts of the brain that are commonly activated by tasks involving reasoning, effortful control, and

perspective-taking. Such processes may be slower than the more automatic modes of mentalizing, but they make it possible for us to more carefully and deliberately make attributions about the emotions, thoughts, and feelings of self and others. This allows us to consider whether our immediate reactions are actually warranted after we have considered the situation, and then we can override or adjust our first impressions to be in line with these reflections.

We often make use of more controlled or explicit mentalizing when there has been a difficult situation that demands some kind of active reflection to help make sense of it. For example, in the vignette described earlier in the chapter, Tom's mother has to think carefully about how to intervene in a way that would diffuse the situation and signal to Tom's father that he needs to step back and cool down. She tried to do this in a way that limited the chances he would feel undermined, while protecting Tom and monitoring whether he was becoming fearful and dysregulated. At the same time, the situation challenged Tom's father, who at times can be highly reflective, generous, and empathic, to regain his mentalizing capacity. When he loses this capacity, he is more likely to misread his son's agitation as intentional and willful opposition, rather than triggered in part by his own anger.

The examples given so far largely focus on the capacity to mentalize others, but mentalizing also takes place in relation to the self. For example, Tom's father may reflect on his temper and the impact this has on his family; he may actively think of ways he can maintain self-awareness and mentally step back when he becomes too frustrated and disengage so that he can regain control. On this basis, he may decide not to take Tom to school on mornings when he has early meetings at work. The capacity to explicitly mentalize about one's own thoughts and feelings is thus an essential part of managing relationships and modulating one's own emotional responses. Furthermore, Tom's increasing understanding of himself and awareness of some of his weaknesses helps him to develop strategies to balance his desire to be liked and to work on his "air-headedness." Similarly, children and adults who can quickly lose their tempers, as Tom's father does, have to work at being conscious of the impact of this trait on others.

Although it does not distinguish among the different components described earlier, for children in middle childhood, clinical researchers, including the authors of this book, have developed a way of assessing a child's capacity for reflective functioning, using the Child and Adolescent Reflective Functioning Scale (CRFS; Ensink, Normandin, et al., 2015; Ensink, Target, Oandasan, & Duval, 2015). The CRFS is used to code the Child Attachment Interview (CAI; Target, Fonagy, Shmueli-Goetz, Schneider, & Datta, 2000), a semistructured interview in which children (aged 7–12) are asked to describe themselves and their relationships with their parents. Table 1.1 shows the different codings (–1 to 9) that may be used to try and assess a child's reflective

TABLE 1.1
Different Levels of Child Reflective Functioning

Level	Description
-1	Bizarre, disorganized response in which mentalizing is actively avoided or there is an aggressive refusal to mentalize: <i>When Mom gets cross? There is an angel dancing on her shoe.</i>
0	Absence of mentalization: <i>I don't know, it just is.</i>
1	Descriptions in terms of physical or behavioral nonmental characteristics: <i>Mom says, "Go to your room."</i>
3	Unelaborated references to mental states when describing relationships: <i>I like it. It's fun.</i>
4	References to mental states but with gaps that have to be filled in: <i>When I feel sad, my mom like . . . comforts me.</i>
5	Clear description showing a solid mental-state understanding, even if fairly simple: <i>When Mom gets angry, she shouts, and I don't like it, but I know she doesn't really mean what she says and that I am a little bit to blame.</i>
7-9	Increasingly sophisticated mental-state understanding, with 9 denoting exceptional mental-state understanding: <i>When Dad gets angry, I also get angry at first, but then I feel guilty, because I know he helps me a lot. And when I forget my books at school, trying to finish my homework takes much longer, and he gets tired and has work to do, too.</i>

Note. From "Maternal and Child Reflective Functioning in the Context of Child Sexual Abuse: Pathways to Depression and Externalising Difficulties," by K. Ensink, M. Bégin, L. Normandin, and P. Fonagy, 2016, *European Journal of Psychotraumatology*, 7, p. 4. Copyright 2016 by Karin Ensink, Michaël Bégin, Lina Normandin, and Peter Fonagy. Adapted with permission.

capacity, with examples of the kind of things a child might say that would lead to that coding.

Thinking about these codings from a clinical perspective, some broad pointers may be useful. First, when a child responds in a bizarre and disorganized way, or where there appears to be an active avoidance of mentalization or an aggressive refusal to mentalize, this is a particular cause for concern. The therapist should try and develop an understanding of what underlies these responses and whether they can be adequately explained by cognitive immaturity or are triggered by anxiety in response to the invitation to reflect and express their thoughts. Sometimes the child becomes silly or angry when invited to mentalize, or the response may be related to the child becoming disorganized. When there are many of these types of responses, the therapist should carefully monitor whether the child continues to manifest these types of responses or whether they increase in the context of the therapy or rapidly decrease as the child begins to feel more secure with the therapist.

When children show no evidence of mentalizing (Level 0) or only think about themselves and others in physical and behavioral terms (Level 1), this is obviously a cause for concern. As a broad guideline, we ideally hope to

see school-age children show a basic understanding of themselves, others, and relationships in mental state terms (rating Level 4 or 5). If a child shows some capacity to identify feelings or mental states (Level 3), this is an indication that he or she could benefit from additional help in elaborating a more solid, even if incomplete, mental understanding of self, others, and relationships. When a child appears to be functioning below a Level 3, this could be a cause of concern in terms of them being able to use basic mentalizing to deal with the challenges of life.

FACTORS THAT PROMOTE THE CAPACITY TO MENTALIZE

Although the capacity to mentalize is partly an innate one in humans with its own biological underpinnings (Kovács, Teglas, & Endress, 2010), there is little doubt that the development of our ability to mentalize also depends on the quality of the social learning environment in which we are raised. In their major work, *Affect Regulation, Mentalization and the Development of the Self*, Fonagy et al. (2002) proposed a developmental model in which awareness of mental states emerges in the context of early attachment relationships. They showed how children learn to identify and mentally represent their own affects through the parents' interest in the child's subjective experience and the parents' emotional displays focusing on the child's mind and feelings. In this model, the parents' capacity to imagine the subjective experience of their infant or young child is considered to facilitate the development of affect regulation and self-control. They may do this through attention-shifting strategies to regulate distress. For example, a parent may direct his or her child's attention to the picture of a cute dog on the wall to help shift attention away from a nurse who is about to give the child an injection. Or after the injection, a parent may help by offering a representation of and communication about affects (e.g., "I could see you trying to be brave, even though it hurt a little when the nurse did that. But then it was over and not as bad as you had thought it would be. Wow, you handled that well!"). Such mind-minded communications gradually help children start thinking of themselves as people with a mind, able to use words and thoughts in a way that allows a shift toward self-regulation and self-control (Fonagy et al., 2002).

The Importance of Reflective Parenting and the Pedagogical Stance

As the seminal work of John Bowlby and his colleagues has shown, the quality of early caregiving relationships is crucial for children's social and emotional development, given that infants are totally dependent on their caregivers for all their basic needs for survival, security, and protection.

Because infants are born without their own capacity to reestablish emotional regulation when faced with distress, they rely on their caregivers to help them regulate when they are frightened or overwhelmed. Through this process of dyadic regulation, in which parents repeatedly help the infants to reestablish self-regulation, children gradually learn to regulate themselves (Trevarthen, Aitken, Vandekerckove, Delafield-Butt, & Nagy, 2006).

Because they are unable to articulate their feelings and distress, infants and young children depend on the parent's interest in their subjective experience, and their capacity to make the child's behavior meaningful by interpreting it in terms of underlying mental states. Reflective functioning is seen as underlying sensitive responding by helping parents to mentally put themselves in the place of the infant and imagine the infant's experience (Fonagy & Target, 1997). From this perspective, *reflective parenting* (Cooper & Redfern, 2016) can be seen as an orientation in which the child's mind is kept in mind (Slade, 2005); a *reflective parenting stance* is implicit in interactions (Ensink, Bégin, Normandin, & Fonagy, 2016) and might include the following features:

- a benign interest in the mind of the child and emotional availability to help the child make sense of his or her own reactions and those of others;
- a capacity to look past the child's behavior to determine what it communicates about his or her experience, feelings, and difficulties;
- a capacity to play, joke, and imagine with the child;
- a motivation to consider the meaning and sense of a child's thoughts and feelings, even if one cannot be exactly sure what is in the child's mind;
- availability to help the child put feelings into words and elaborate autobiographically meaningful narratives;
- a motivation to see the child's perspective and awareness that the child's experience may be very different from one's own;
- an ability to have a sense of one's own thoughts and feelings when interacting with the child and modulate one's own aggression; and/or
- an appreciation that one's own feelings and moods will affect, and have an impact on, one's children.

As with children, clinical researchers have developed a way of assessing reflective functioning in parents by using a Reflective Functioning Scale, which is used to code the Parent Development Interview (PDI; Slade, Aber, Bresgi, Berger, & Kaplan, 2004). Using this scale, Slade and her colleagues have been able to code the way parents speak about their relationship with

their children to assess explicit parental reflective functioning. Table 1.2 shows the different ratings that can be given (-1 to 9) and gives examples of the way a parent might speak that would lead to a given rating. Although the PDI is not a clinical tool, it can be helpful for clinicians to have this system of coding in mind when thinking about what good (or poor) mentalizing may look like in the way parents speak about their relationship to their child. Recently, a way of assessing reflective parenting implicit in interaction with young children has also been developed and can be used conjointly with the PDI to identify strengths and difficulties in parents mentalizing (Ensink, Leroux, Normandin, Biberdzic, & Fonagy, in press).

TABLE 1.2
Different Levels of Parental Reflective Functioning

Level	Description
-1	Bizarre, disorganized response in which mentalizing is actively avoided or there is an aggressive refusal to mentalize: Parent: <i>When I am talking on the phone with friends, she provokes me by running up and down, and the only thing that helps to calm her is to hit her.</i>
0	Absence of mentalization: Parent: <i>He just does it for no reason; he's just like that.</i>
1	Descriptions in terms of physical or behavioral nonmental characteristics: Parent: <i>He just keeps twirling around—he never stops.</i>
3	Unelaborated references to mental states when describing relationships: Parent: <i>He gets irritable.</i>
4	References to mental states but with gaps that have to be filled in: Parent: <i>When we are preparing for an exam and he messes around, I know it is going to take so much longer. I get so angry.</i>
5	Clear description showing a solid mental-state understanding, even if fairly simple: Parent: <i>I get angry because he loses everything—his gloves, his books—and when we arrived at school, and he had forgotten his gloves again and we had to turn back, I realized I was going to be late for work, and I lost it. But I realize that I need to find a way to help him become more responsible, and it doesn't help to shout.</i>
7-9	Increasingly sophisticated mental-state understanding, with 9 denoting exceptional and complete mental-state understanding: Parent: <i>I don't often get angry with him, but sometimes when he becomes very excited and maybe because he wants to show off in front of his friends, he behaves in a way that he would not usually, becoming defiant, and I feel a little foolish and frustrated. He does not realize that he actually risks losing his friends' respect, and it makes them feel uncomfortable. I don't know how to explain this without hurting his feelings.</i>

Note. From "Maternal and Child Reflective Functioning in the Context of Child Sexual Abuse: Pathways to Depression and Externalising Difficulties," by K. Ensink, M. Bégin, L. Normandin, and P. Fonagy, 2016, *European Journal of Psychotraumatology*, 7, p. 4. Copyright 2016 by Karin Ensink, Michaël Bégin, Lina Normandin, and Peter Fonagy. Adapted with permission.

Fonagy, Steele, Steele, Moran, and Higgitt (1991) proposed that the parent's mentalizing stance has implications for infant attachment because mentalizing underlies sensitive parenting. Consistent with this, there is evidence that parents' reflective functioning about their attachment relationships, both past and present, underlies sensitivity in interaction with infants and that higher reflective functioning is associated with fewer negative behaviors (Ensink, Normandin, Plamondon, Berthelot, & Fonagy, 2016; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005; Suchman, DeCoste, Leigh, & Borelli, 2010). In an important study of intergenerational patterns of attachment, Fonagy, Steele, Steele, Higgitt, and Target (1994) were able to show how mothers with a history of deprivation who are able to acquire a capacity for reflective functioning are more likely to have infants with a secure attachment. The value of mindful or reflective parenting in the development of affect regulation and secure attachment in the child has been demonstrated in a number of empirical studies (e.g., Ensink, Bégin, Normandin, & Fonagy, 2016; Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002; Meins, Fernyhough, Fradley, & Tucker, 2001; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005). For example mothers' reflective functioning about their own early attachment relationships has been shown to be associated with secure and organized infant attachment (Ensink, Normandin, Plamondon, Berthelot, & Fonagy, 2016), and associated with less externalizing difficulties in children (Ensink, Bégin, Normandin, & Fonagy, 2016). In fact, evidence from one study suggests that in the context of child sexual abuse, which disrupts affect regulation and triggers children's needs for security, maternal reflective functioning may have a particularly important role because it appears to counterbalance the effect of abuse (Ensink, Bégin, Normandin, Biberdzic, Vohl, & Fonagy, 2016). In the context of taking care of infants, reflective functioning is thought to promote sensitive parenting by helping parents look beyond behaviors to what the child is feeling and inhibit negative interactions by helping parents regulate their own negative reactions and remain focused on the child's needs. Even when their baby is distressed, these parents are able (at least most of the time) to remain relatively calm and not take it personally when their infant is dysregulated. This in turn helps the infant to become regulated (Ensink, Bégin, Normandin, & Fonagy, 2016). These patterns of feeling secure in the belief that others will be there when in distress or alternatively, trying to rely on the self to regulate, have been shown to have long-term implications for the way individuals regulate distress. It also underlies the feeling that it is safe and rewarding to express and share feelings with others when distressed, and in turn be available and supportive of others when they are in distress (Ensink, Bégin, Normandin, & Fonagy, 2016).

Secure attachment relationships provide optimal conditions for the development of mentalization, and not surprisingly, children and adults who

are secure with regard to attachment also tend to see themselves and their significant relationships in terms of mental states more than others with insecure attachment styles. Furthermore, parental reflective functioning has been shown to remain important for school-age children's psychological adjustment (Ensink, Bégin, Normandin, & Fonagy, 2016) and to be a protective factor in the context of trauma. It is also associated with the development of reflective functioning in children (Ensink, Normandin, et al., 2015) and adolescents (Benbassat & Priel, 2012). In sum, the family is the key context in which children develop their capacity to mentalize, especially in relation to negative or distressing situations. One could say that one of the most important tasks of parents is to transmit a mentalizing stance and help their children become aware of their feelings and behaviors and use mentalizing to enhance and deepen their close relationships.

Natural Pedagogy and the Early Roots of Mentalizing, the Self, and Epistemic Trust

One of the questions that has intrigued both developmental researchers and clinicians is the ways in which parents communicate an interest in infants' mind and feelings and thereby help them to develop their own capacity to recognize and know their feelings and regulate emotions. From infancy onward, children are progressively building a type of autobiographical narrative of self in relation to others that is presymbolic, procedural, and involves nonverbal memories of sensory and affective experiences (Beebe & Stern, 1977; Fonagy & Target, 1996b). But what is the mechanism through which this development takes place?

Fonagy and colleagues (2002) drew on the work of Csibra and Gergely (2009) to propose that there are a set of recognizable ways through which caregivers transmit knowledge about the way relationships work to their offspring, referred to as *natural pedagogy*, referring to the various means that we as humans have—in a way that is quite specific to our species—for engaging in a quite extraordinarily rapid process of social teaching and learning. But how do babies know what information is important for them, and how do parents manage to signal to their infants that what they are communicating is of importance? Csibra and Gergely suggested that we do this through a series of *ostensive cues*, which for parents of babies might include things such as eye contact, turn-taking, and a special vocal tone (“mother-ese”), all of which help the infant to preferentially attend to what is being communicated. In more recent work, Fonagy and Allison (2014) suggested that these cues also serve to moderate what they called *natural epistemic vigilance*, that is, “the self-protective suspicion toward information coming from others that may be potentially damaging, deceptive or inaccurate” (p. 373). In other words,

certain ways of verbal and nonverbal communicating (and building on this, certain relationships) not only communicate to infants that this information is of value but also that the person communicating with them is someone who is trustworthy—someone they can learn from.

Although the names used for these processes may seem confusing to some, we think these concepts are valuable not only for developmental researchers but also for clinicians, as we try to demonstrate in later chapters. In particular, we find it helpful to understand how parents' *contingent and congruent marked affect mirroring* is central in the early development of recognition of self and affective states and self-regulation. By this, Fonagy and Allison (2014) mean the way that, in emotionally charged interactions with their infant

- parents *partially* reflect the infant's affect, but at a lower level of intensity;
- in a way that fairly accurately reflects the infant's state of mind (congruent);
- in a timely manner, after the infant's affective display (contingent); and
- mark it, for example, with an exaggerated facial display or vocalization to signal to the infant that they recognize the feeling (e.g., fear or distress) but aren't experiencing it themselves in the same way.

The "marked" nature of this mirroring, which may have something of a play-acting quality, is especially important. By this, Fonagy et al. (2002) were referring to the exaggerated facial expressions and vocalizations that parents intuitively use when interacting with infants that makes it clear that they are trying to describe what the infant is feeling but in a way that also communicates that it is the child's own feelings that are being shown, not the adult's. For example, when a baby starts to cry, the caregiver may respond with an exaggerated facial reaction marked with a quizzical look and accompanied with calming words that name the infant's affect and possible mental states: "You look a little sad. Are you getting tired or feeling hungry? Don't worry, it won't be long." Insofar as the infant's feelings are being "marked," it is clear that it is not the caregiver who is feeling upset or hungry.

It is frequently said that infants find themselves in the loving gaze of the mother who sensitively picks up and mirrors the moment-to-moment changes in their affect states (Winnicott, 1967). By having their affects mirrored in this way, infants receive feedback that helps them develop basic representations of what their feelings look like, a building block for later being able to mentalize about oneself. Infants in turn appear exquisitely sensitive

to this communication from the parent, as has been observed in microanalytic studies of mother–infant interaction (Beebe et al., 2012). Stern (2010) described this as a dance between parent and infant in which the rhythm and "feeling" of what it is like to relate is established. Some things that we take for granted, such as infants' need to be held, touched, and cuddled, may also play quite a central role in helping develop a sense of feeling comfortable and secure in one's body. In sum, the affective core of the self (Panksepp & Biven, 2012) can be seen as constellating around these early experiences of being held (Fonagy & Target, 2007a, 2007b). Furthermore, through these early experiences, the child develops an ongoing expectation of sensitive responding from others and of *epistemic trust*, that is, a "willingness to consider new knowledge from another person as trustworthy, generalizable and relevant to the self" (Fonagy & Allison, 2014, p. 373). Such expectations can help to reduce our natural epistemic vigilance, so that children can open themselves to learn from those around them and turn to them when in need. The establishment of epistemic trust can be seen as a precondition for the transmission of all knowledge that is culturally transmitted.

Through repeated experiences of marked affect mirroring, children learn to recognize their feelings, first how they look and then what they are called, contributing to an early sense of self. What starts as undifferentiated states of discomfort or tension become recognized as affects. At the same time, when parents mirror their infants' affect at a lower intensity, this is believed to help infants down-regulate their affect, until it is regulated. Insofar as infants experience themselves as initiating this interaction, they gain a sense of perceived control and agency (Fonagy, Gergely, & Target, 2007) and gradually become less reliant on the caregiver to help them regulate, until they are no longer dependent on dyadic regulation but have internalized a pattern of self-regulation.

The Role of Attention Control in the Establishment of Mentalizing

As one of the building blocks of mentalization, the concept of attention control is used in this book because we have found it to be helpful in clinical work with school-age children. The term was used by Fonagy and Target (2002), who argued that the development of self-regulation in infancy depends on the development of mechanisms to react to stress (affect regulation), maintain focused attention (regulation of attention), and interpret mental states in the self and others (explicit mentalizing). When operating in combination, these three mechanisms are "probably responsible for self-regulation in social relationships" (Fonagy & Target, 2002, p. 309), and their development is "arguably the most important evolutionary function of attachment to a caregiver" (p. 313). Although each can be thought of

separately, in reality their functions are interdependent, with each feeding back to the others.

Affect regulation and explicit mentalizing are described elsewhere in this chapter, but it may be helpful to say a few words about the concept of attention control, which links directly to the ability to control impulsivity but also to function adequately in interpersonal contexts (Fonagy & Bateman, 2007). The word *attention* is used in a somewhat broader sense in this context than in the academic literature. Normally it is used to refer to the capacity to deliberately focus on some stimuli while deliberately excluding other types of information by controlling impulses to react to distracting stimuli. In the clinical literature about mentalization, attention regulation is described by Zevalkink, Verheugt-Pleiter, and Fonagy (2012) as the “ability to gain control of impulsiveness—something that can be learned in a safe relationship” (p. 145). During the first year of life, attention capacities are evident in the infant’s capacity to orient and direct attention and later in “effortful control” (Beebe, Lachmann, & Jaffe, 1997), which makes a development leap during the second year of life. Parents frequently use distraction and redirection of attention to regulate their behavior and frustration. For example, if a mother says to a 2-year-old who is drawn to putting his fingers in electrical outlets, “Oh, you are angry because you cannot put your fingers in the plug,” this mirroring of affect is likely to maintain the focus on exactly that which she does not want the child to do and increase his negative affect and frustration. It is more likely to be of value if the mother uses a process of defocusing from the undesirable object and refocusing the child’s attention to something else, such as an interesting toy with which he can play, which will hopefully engage the child’s interest and help him to disengage from the frustrating and dangerous situation but also reestablish emotion regulation. Later in childhood, as the child becomes increasingly self-regulating, attention control will take the form of a capacity to focus attention and to inhibit inappropriate responses. Furthermore, studies have suggested that the capacity to focus attention is associated with other abilities that develop in the context of secure attachment relationships, such as social competence, perspective-taking, and empathy (Fonagy & Target, 2002).

Parents can be viewed as organizers of attention systems (Fearon & Belsky, 2004), with the infant initially depending on the caregiver’s regulatory capacity, or what has been called the “dyadic regulatory system” (Tronick, 2007). Kochanska, Coy, and Murray (2001) demonstrated how higher levels of mutual responsiveness in mother–child dyads in the third year of life predict greater self-control and reduced need for maternal control. Attention regulation is seen as important in the development of the capacity to mentalize because “the ability to gain control of impulses that arise from within is an essential condition for the capacity to mentalize” (Zevalkink et al., 2012, p. 110).

THE CAPACITY TO MENTALIZE AT DIFFERENT STAGES OF CHILDHOOD

MBT is a developmentally informed approach to therapy, and thus it is useful for clinicians to have some sense of the normal course of the development of emotional understanding and the sense of self in children across the early years because these are key dimensions of mentalization. By *normal*, we mean the capacities that children have usually achieved by different ages based on developmental studies, although of course there is great variation in when any particular child may do so. Nevertheless, if we consider what normally developing children are able to do from early on, it can help us to identify and appreciate the difficulties of the children and parents with whom we work, who may not have developed these basic abilities.

Children’s understanding of mental states and emotions has been found to be consistently related to their present and future social competence (Eggum et al., 2011). For example, children with better emotion and mental state understanding are generally responded to more positively (Cassidy, Werner, Rourke, Zubernis, & Balaraman, 2003), are more likely to engage in positive play and cooperative pretend (Dunn & Brown, 1994), and use reasoning to try and resolve conflict (e.g., with siblings; Dunn, Slomkowski, Donelan, & Herrera, 1995) and to attempt reconciliation in the context of overt aggression (Liao, Li, & Su, 2014).

Emerging Understanding of Self, Others, and the Mind

Age 0 to 1 Year

During the first few months of life, infants are thought to begin to organize their experience and differentiate emotions by their valence (Widen & Russel, 2008), crystalizing around physical sensations of pleasure or pain and distress and how the parent responds to these. Infants appear to be biologically wired to be receptive to dyadic communication (Csibra & Gergely, 2009), attending to the parent’s reactions and showing that they are sensitive to emotional communication. We know from microanalytic studies of mother–infant communication that infants are tuned in to the facial and physical reactions and tone of voice of the parent and react with disorientation and distress to inappropriate responding, such as when the parent laughs when the infant gets hurt or when the carer fails to respond to the infant’s bids for communication (Beebe et al., 2012). By age 8 months, most infants are able to follow parents’ gaze and engage in joint attention (Moore & Dunham, 1995; Tomasello & Farrar, 1986). This will become increasingly important in learning to focus attention and for both cognitive development and mutual and self-regulation strategies because it makes it possible to help

infants self-regulate by distracting them from the source of distress and focus on something neutral or interesting. By 12 months, infants also show the ability to use the caregiver's reactions to know whether a new situation is safe and whether they can proceed and engage (Vaish, Grossmann, & Woodward, 2008)—for example, glancing at the mother to see whether she nods or shows a fearful face.

Age 1 to 3 Years

At around 15 to 18 months of age, a well-researched attachment milestone is reached, and distinct attachment patterns are evident in the way toddlers respond during separations and reunions in the context of the strange situation paradigm (Ainsworth, Blehar, Waters, & Wall, 1978). In this procedure developed to assess attachment, toddlers are observed during separations and reunions with their caregiver, and their responses are coded. Research using the strange situation has demonstrated that most toddlers have developed distinct patterns of regulating their distress based on repeated experiences of whether the mother was available and responded sensitively to their distress. These patterns form the well-known attachment strategies that have been validated across a range of cultures (van IJzendoorn & Kroonenberg, 1988). The experiment shows that toddlers have developed an internal model based on whether they can expect the parent to be available or unavailable to help them regulate distress or, alternatively, expect her to be frightening and increase distress.

At around 18 months, toddlers are also beginning to engage in pretend play and show an early capacity for self-awareness evident in their ability to recognize, when they look in the mirror, that the image in front of them is a reflection of themselves (Bukatko & Daehler, 2004)

During the toddler years, further rapid strides are made in self-regulation and mentalizing; at an individual level, cognitive and attentional processes mature, language skills emerge, and play with peers stimulates the development of a range of prosocial abilities. Fonagy and Target (1996b) theorized that between the ages of 2 and 3 years, play becomes an especially important realm where the child, entering a pretend mode, can discover the representational aspects of thoughts through the elaboration of different fantasy play scenarios. Especially when the parent is able to engage in playing and pretending with the child, this encourages both the process of imagining but also provides an opportunity for the child to see and learn something about how mental reality works.

Play is widely recognized to have an important developmental role in trying out roles, developing skills, and learning social abilities in humans as well as other mammals. Playing and suspending reality, while imagining and creating a realm of make belief, appears to be fertile ground for learning

about mental states, developing affect regulation and empathy. Creating play narratives and finding different endings through play is thought to contribute to the sense that subjective experience can be expressed, transformed, and represented in different ways by the child (Slade, 1994). From a clinical perspective, children's fantasy play is an early mental activity that helps them integrate experience and make some sense of their own and others reactions, and thus facilitates self- and emotion regulation (Berk, Mann, & Ogan, 2006; McMahon, 2009).

From a neurocognitive perspective, play contributes to the development of higher cognitive functions and of the prefrontal regions implicated in inhibition and executive control underlying creative, self-reflective, and empathic capabilities (Panksepp, 2007). Consistent with this, brief play interventions have been shown to facilitate the development of a cognitive capacity referred to as executive function, and involved in self-control through attention and impulse regulation (Lillard et al., 2013).

Furthermore, we know from developmental research that children learn to think about mental states and the reflex to think in terms of them in the context of families where they have opportunities to learn and through relationships where they experience others as mentalizing and get help to develop these capacities themselves (Clarke-Stewart & Dunn, 2006; Denham & Kochanoff, 2002a, 2002b; Symons, Fossum, & Collins, 2006; Taumoepeau & Ruffman, 2008). Initially they may require active scaffolding by parents, but with practice most children internalize this as part of their own repertoire. Most likely without thinking about it consciously, reflective parents teach children to adopt a mentalizing stance themselves in the context of a range of everyday activities, for example, when a parent comments on the emotional reactions of a storybook character or uses conflict between siblings as a way to teach children to take each other's perspective. Furthermore, parents spontaneously engage in reminiscing about emotionally challenging and significant experiences and in this way help children to develop the capacity to elaborate a series of narratives around significant events that can be linked up into an autobiography.

With emerging language capacities opening doors to learning and exchanges about emotions, children's ability to express, understand, and communicate about feelings develops rapidly. By age 2 or 3 years, most children make reference to and recognize facial expressions of basic emotions such as happiness, sadness, fear, and anger in their everyday communication (Kring, 2008; Weimer, Sallquist, & Bolnick, 2012). During this period children go from an implicit knowledge of emotions to a conscious knowledge of them (Southam-Gerow & Kendall, 2002), and they also begin to use words such as *want*, *wish*, and *pretend*, reflecting the early use of language to express agency and self.

Age 3 to 4 Years

Children now start to show the ability to identify how others will feel in emotion-provoking situations. They know that others can want, like, dislike and feel, and how this is linked to how people will react. They can predict the reactions of others based on what they know about the likes and dislikes or desires and intentions of others (Denham et al., 2014). Children at this age usually show an awareness that the emotions of others can be different in the same situation, showing that they no longer egocentrically assume that others will feel the same way they do and suggesting that they can imagine the emotions of others, even before they are able to pass theory of mind tasks (discussed subsequently). For example, they know that although they will be happy to find a new toy, the child who lost it will be sad (Pons, Harris, & de Rosnay, 2004). From around age 3 years, words such as *thinking* and *knowing* also become part of the child's expressive vocabulary, showing an emerging implicit awareness of self as a mentalizing agent.

Age 4 to 5 Years

At this age, most children pass another well-researched milestone, the theory of mind or *false-belief task* (Happé & Frith, 2014; Premack & Woodruff, 1978). In this task, the child sees Maxi's mother moving the cookies from where they are usually kept in the blue cupboard to a green cupboard and has to predict where Maxi will look for the cookies. Correctly predicting that Maxi will have a false belief and look in the blue cupboard shows that the child has developed the *capacity to imagine and represent the mental perspective* of someone else. This demonstrates that children are no longer egocentric in their thinking, as are younger children who simply assume that others will think like they do and know what they know. At this age, some children who have specific difficulties (e.g., slightly more impulsive or aggressive temperaments) may develop an even better knowledge of emotion in this area if they have access to people who use situations where there are disagreements or conflict as opportunities to teach them about the impact of their behavior (Laurent & Ensink, 2016). This is thought to help them make interpersonal adjustments to compensate for their temperaments through other prosocial behavior so that they may not necessarily be less popular.

At this age, children also begin to be able to describe themselves, but this is still mainly in terms of physical characteristics and their likes and dislikes, for example, "I am a boy, I have blue eyes, and I love dogs and playing soccer." At this age, self-representations are often overly positive and infused with fantasies about what they want to be or qualities that they wish to have

(Trzesniewski, Kinal, & Donnellan, 2010), which may contrast with their actual feelings of vulnerability.

Age 5 to 6 Years

When children start school and their social world becomes increasingly rich, this provides further opportunities and challenges to developing self- and interpersonal understanding in the context of making new friends and finding their place in the social structure of the school. This also leads to better understanding of more complex social rules and dealing with issues of acceptance, inclusion, and exclusion.

With regard to their sense of self, the development of their autobiographical memory and its increasing sophistication around age 5 years also contributes to children's evolving capacity to describe themselves in terms of their own experiences and to begin to be able to give concrete examples (Music, 2011). By representing memories about the self and others more coherently and richly, children develop a sense of continuity, which in turn facilitates the development and integration of identity. At this age, children frequently describe themselves in terms of their abilities and tend to use comparisons with others (Harter, 2012; Nelson, 2003), but they might frequently find it difficult to distinguish between the superpowers that they wish to have and may have in fantasy and play (e.g., having magic rays that can freeze or shrink an enemy) and their real self, who, in fact, doesn't have these powers (Harter, 2012).

Age 6 to 7 Years

Six-year-olds have usually established the *capacity to know what they and others will feel in different situations* because the capacity for explicit mentalizing becomes established during the school years, building on the emotional understanding developed during the preschool period. However, during the early school years, children still need help from adults to explain and help them understand the reactions of others (e.g., when school friends react in ways that they don't understand and cause them distress due to exclusion, criticism, or being tricked). At the same time, they begin to develop the *capacity to understand and make reference to emotions that require self-evaluation*, such as pride, guilt, and shame (Thompson & Lagatutta, 2006). These also imply a certain awareness of social norms and expectations (Thompson, Meyer, & McGinley, 2006). They start to know that feelings can be disguised not to hurt the feelings of others, as when someone is disappointed with a gift (Weimer, Sallquist, & Bolnick, 2012).

At this age, children may begin to be able to use simple self-descriptions that capture something about their qualities, such as "I am kind and like to

help,” and they begin to be able to describe something about the quality of their close relationships.

Age 7 to 12 Years

At these ages, most children have developed sufficient cognitive sophistication to be able to think of themselves and others more in terms of individual personal qualities and mental states (Ensink, Target, Oandasan, & Duval, 2015), although for children at the lower end of this age group, this is generally simple, and they may struggle to find examples without some scaffolding.

As children progress through elementary school, mentalization rapidly becomes more sophisticated, enabling children to begin to see their own qualities in terms of what they are like as people and their personalities, and also to think about their attachment figures and describe their relationships in ways that capture the unique qualities that characterize these relationships (see Table 1.2). By this time, most normally developing children should have a well-established capacity to say what they feel and express complex and mixed emotions, as well as ambivalent feelings (Southam-Gerow & Kendall, 2002). They will have a well-developed understanding of a repertoire of more complicated interpersonal reactions built around previous experiences and explanations so that they only require help to understand interactions or situations that fall outside of this range.

From the age of 8 years, children become increasingly able to describe themselves in terms of personal characteristics such as *popular*, *helpful*, and *caring*, and they are able to capture something about themselves that remains stable across different contexts. Self-descriptions become more coherent, and autobiographical memories are more integrated with the particular experiences of the child. They begin to consider both positive and negative attributes of the self and to differentiate between the actual self and the self they wish to be (Harter, 2012). However, their growing self-awareness and capacity for self-evaluation also makes them more vulnerable and can have an impact on their self-esteem, and they may need help to integrate these observations in a way that can help them appreciate their strengths while acknowledging their weakness. At the same time, the capacity to see their own personalities and those of others helps them to increasingly make sense of interpersonal relations and understand the reactions of others who have personalities that are different from their own.

Finally, early adolescence is also an important period in the consolidation of identity and an awareness that one may have different selves expressed in different contexts (e.g., the self with one's parents differs from the self with friends). However, this change often comes without a child

being able to recognize how these different aspects of the self are linked and what are the common unifying characteristics underlying them (Harter, 2012). For example, while a young adolescent may be quite outspoken and confident when with her parents, she may be shy and anxious when socializing with peers. However, she may not yet be able to clearly account for these differences and how this is linked to her sense of self. Later she may be able to do this, for example, saying, “I enjoy being around people, but I am not as extroverted as my friends and can get a little anxious when around a lot of people I don't know. I feel most at ease and confident when I am with people I know, like my family and close friends. Then I can actually be quite loud and funny at times.”

CONCLUSION

In this chapter, we have introduced the notion of mentalizing and other key concepts, presented a theoretical model of the development of mentalizing in the contexts of reflective parenting, and described empirical evidence in support of this model. We have also illustrated what we mean by “good mentalizing” in the context of normal development. In the last part of this chapter, we have set out what we would expect mentalizing to look like in the course of normal development, from birth to age 12, and have specified the key developmental achievements in this regard as mentalizing unfolds. We hope that this developmental story will provide a helpful context for the clinical model that is described later in this book.