1

MENTALIZING IN PRACTICE

Jon G. Allen

COPYRIGHTED MATERIAL

I will need this entire chapter to explicate the concept of mentalizing (Fonagy, 1991), but we can get started with the idea of attending to states of mind in oneself and others – in Peter Fonagy's apt phrase, holding mind in mind. I had been working intellectually with this concept for many months before I noticed how it was influencing the way I was conducting psychotherapy with traumatized patients. I remember the session in which theory and practice came together in my mind:

> The patient, a man in his mid-forties, had been hospitalized for treatment of depression and panic attacks associated with intrusive posttraumatic memories stemming from sexual assaults in his childhood. A much older neighborhood boy had tormented and terrorized him. The patient characterized this older boy as being "wild-eyed and crazy," and the patient had been utterly convinced that his tormentor would follow through on his threat to set the family's house on fire if he were to tell his parents about the abuse.
>
> Profoundly ashamed, the patient had not told anyone about the experience, and he had largely succeeded in putting it out of mind. Although he had struggled with depression episodically throughout his adult life, he had maintained loving relationships with his wife and three children, and he had become a partner in a highly successful medical practice. All went well until he was blindsided by what he perceived to be a frivolous lawsuit, which turned out to be a nightmare. The aggressive legal scrutiny of his practice that ensued led him to feel as if he were being "raped." Only after weeks of a downhill slide did he associate this intrusive psychological assault in adulthood with his childhood trauma.
>
> Naturally, the patient had been doing everything possible to block the traumatic images and associated body sensations from his mind – including abusing alcohol

Handbook of Mentalization-Based Treatment. Edited by J. G. Allen and P. Fonagy.
© 2006 John Wiley & Sons, Ltd.

and sleeping medicine, which only exacerbated his growing depression. As his avoidant defenses gradually eroded, the intrusive childhood memories came to the fore. But these memories had an unreal quality that made them even more disturbing. The patient wanted my help in getting rid of these memories. How was I to proceed?

As trauma therapists of many theoretical persuasions would have done, I asked him to talk through the particular childhood assault he remembered most clearly; he did so without undue anxiety, but he was dissociatively detached from the memory. As many therapists might have done, I asked him to tell it again as if it were happening to him at the moment. He recounted the event far more emotionally and, afterward, indicated that the experience had taken on a greater sense of reality. Remembering was painful, but not overwhelming. He was able to calm himself by imagining that he was sitting on a boulder overlooking a mountain range.

At this juncture, the point of mentalizing became clearer to me: rather than putting the traumatic memories *out* of mind, the patient would be better served by being able to have the memories *in* mind – as emotionally bearable and meaningful experience, albeit unpleasant and painful. Hence, I suggested that he change strategies: rather than endeavoring to avoid thinking about the traumatic event, he could practice bringing it to mind deliberately without becoming too immersed in it, and then he could use his comforting imagery to relax and put the memory out of mind. He was able to do so and, in the process, developed a sense of control over his mind. Thereafter, rather than being blindsided and panicked by the intrusion of the memory, when the inevitable happened and something reminded him of the trauma, he was able to tolerate the images, work with them, and put them out of mind. He no longer feared his own mind, as patients with posttraumatic stress disorder invariably do; rather, he developed a sense of confidence that he could cope with whatever came to mind.

I would characterize my therapeutic intervention as an exposure-based procedure (Foa & Kozak, 1986), but I now prefer to conceptualize the process as assisting the patient to mentalize rather than merely "desensitizing" him, an unduly passive concept. Desensitization entails new learning: the patient becomes desensitized by virtue of engaging in the active work of mastery through mentalizing.

Another example typical of trauma treatment:

A woman in her early thirties was hospitalized in the aftermath of a suicide attempt precipitated by her husband's announcing his intention to file for divorce after he ultimately became fed up with her abusive rages. Her parents had divorced when she was eight years old. She lived with her mother for several months afterwards, but her father fought for custody after her mother's depression and alcohol abuse escalated to the point that the patient was seriously neglected. For the patient, the situation went from bad to worse. Her father had remarried quickly after the divorce; the patient's stepmother was resentful of her presence; and the stepmother became increasingly abusive psychologically and physically. As her father's new marriage deteriorated, he spent more time away from the home. As resentful as she had become of her mother, the patient berated her for being "palmed off" on

her father while simultaneously pleading with her mother to take her back. Her mother consistently refused.

The patient was talented and engaging and, despite this history of attachment trauma, she did not give up on seeking attachments. She was able to maintain solid friendships and supportive relationships with teachers and coaches. She earned a university scholarship, enabling her to leave home at the first opportunity. She married soon after graduation, indicating in the psychotherapy that her husband had appealed to her as a "strong, silent type" – a protector. The "silent" facet proved to be the bane of her marriage; she came to experience her husband as emotionally unavailable, and she felt emotionally neglected. Predictably, the more antagonistically she voiced her resentment, the more her husband withdrew. The patient's behavior became increasingly regressive – downright childlike in her tearful tantrums. Her husband ultimately had enough and planned to end the marriage.

Before I began working with her in the inpatient context, the patient had been in an outpatient psychotherapy process in which she became immersed in reviewing traumatic memories. Unfortunately, this process only seemed to escalate her distress, and her functioning continued to deteriorate. I began working with her in psychotherapy soon after she was hospitalized, and it was apparent that, in light of her regressed functioning, the whole treatment should focus on containment – developing emotion-regulation skills and supportive relationships – rather than further processing traumatic memories. Initially, the patient agreed wholeheartedly with this approach; she was overwrought and exhausted, in part from the previous expressive therapy. Unsurprisingly, her enthusiasm for the process waned as I gently encouraged her to contain her emotions and to focus on coping in the present. Instead, she wanted the consolation she had not received in childhood; indeed, she angrily demanded it.

Plainly, rather than working on the trauma therapeutically, the patient had been re-enacting her traumatic past in her current relationships, with her husband and in the therapy as I, too, seemed emotionally unavailable. The hospital treatment provided an opportunity not only for individual psychotherapy but also for family work to address ongoing problems with her husband and her parents. All this work was sustained by nursing care that supported more adaptive functioning. Confronting her pattern of re-enactment both in the family work and in the individual psychotherapy enabled her to perceive and understand how, unwittingly, she had been undermining the attachments she so desperately needed. Concomitantly, a small shift on both her parents' part enabled the patient to feel "heard" for the first time in her memory. Gradually, the patient learned to express her feelings and assert her needs more effectively, and she moved toward reconciliation with her husband.

Again, there is nothing unusual in this therapeutic approach. I was guided by my belief that symptoms of posttraumatic stress disorder are evoked and maintained by re-enactments of traumatic relationship patterns: these re-enactments evoke the reminders that trigger posttraumatic intrusive memories (Allen, 2005a). The alternative to re-enactment is mentalizing, that is, developing awareness of the connections between triggering events in current attachment relationships and

previous traumatic experiences. No less important is the other side of mentalizing: cultivating awareness of the impact of one's behavior on attachment figures.

Of course Freud (1914–1958) could have explained all this to me about a century ago; in promoting mentalizing, I was striving to help my patient remember rather than repeat. Engaging in some amalgam of exposure therapy and psychodynamic psychotherapy, I have not introduced any novel techniques or interventions. Nonetheless, employing the concept of mentalizing has clarified my thinking about what I am doing, bolstered my sense of conviction in the process, and perhaps thereby contributed to my effectiveness in subtle ways.

On the face of it, enjoining mental health professionals to attend to the mental seems absurdly unnecessary. Yet, in light of the increasing hegemony of biological psychiatry with the associated increase in reliance on medication and the concomitant decline in use of psychotherapy (Olfson et al., 2002), we should not underestimate the value of reiterating the obvious: we must keep mind in mind. But we must do more than re-invigorate a waning tradition. On closer inspection, the ostensibly plain concept of mentalizing turns out to be highly complex and invariably confusing, as we continually rediscover in striving to explain it to patients – our best critics (see Haslam-Hopwood and colleagues, Chapter 13). The conundrum, as Dennett (1987) rightly mused: "[H]ow could anything be more familiar, and at the same time more weird, than a mind?" (p. 2). Undaunted, we proceed in the spirit Searle (2004) advocated: "Philosophy begins with a sense of mystery and wonder at what any sane person regards as too obvious to worry about" (p. 160).

This chapter first defines mentalizing and explicates its daunting conceptual heterogeneity; second, sharpens the concept of mentalizing by contrasting it with several related terms; third, highlights the conditions that facilitate mentalizing in clinical practice; fourth, having placed the cart squarely before the horse, makes the case for the value of mentalizing; and, lastly, defends the word.

MENTALIZING IN ACTION

Familiar yet slippery, our concept of mentalizing tends to become all-encompassing, potentially extending beyond manageable bounds. Mentalizing pertains to a vast array of mental states: desires, needs, feelings, thoughts, beliefs, reasons, hallucinations, and dreams, to name just a few. Mentalizing pertains to such states not only in oneself but also in other persons – as well as nonhuman animals, for that matter. And, as a mental activity, mentalizing includes a wide range of cognitive operations pertaining to mental states, including attending, perceiving, recognizing, describing, interpreting, inferring, imagining, simulating, remembering, reflecting, and anticipating.

To recapitulate: assimilating the word, mentalizing, entails grappling with a somewhat paradoxical entangling of the familiar and the unfamiliar, the ordinary and the mysterious. This seems just right: so it is with understanding other persons and oneself. Having got us deep into the thicket, I will now attempt to do some clearing by making a few key distinctions. First, I will contrast "mentalizing" with "mentalization," pleading the case for the active verb. I will also emphasize that mentalizing is suffused with emotion. Then I will grapple with the most vexing form of heterogeneity in the concept: the distinction between mentalizing explicitly (reflectively) and mentalizing implicitly (intuitively).

Mentalizing is Action

Dewey (McDermott, 1981) characterized the distinction between the suffixes "-ing" and "-tion" as "one of the most fundamental of philosophic distinctions, and one of the most neglected" (p. 244). In accord with Dewey and in the spirit of Schafer's (1976) action language, I advocate using the participle (or gerund), "mentalizing," instead of the noun, "mentalization," so as to keep the emphasis on mental *activity* (Allen, 2003). Mentalizing is something we *do* – or fail to do as well as we might. We clinicians aspire to mentalize and we encourage our patients to mentalize.

In the fine print, the *Shorter Oxford English Dictionary* gives two senses to the transitive verb, mentalize: "to give a mental quality to" and "to develop or cultivate mentally." Clinically, we use the word most often in the first sense, to refer to the process of ascribing mental states to the actions of others and oneself. To the extent that our therapeutic efforts are successful, we are mentalizing in the second sense, cultivating our patients' mental capacities. Somewhat more precisely, we can define mentalizing as *imaginatively perceiving and interpreting behavior as conjoined with intentional mental states*. The term, intentional, boils down to this: mental states like thoughts and feelings are *about* something (Searle, 1998); in contrast, a material object is not about anything – a brick just *is*.

Mentalizing is action, and much of mentalizing is something we do interactively. Ideally, while interacting, each person remains attentive to mental states, holding the other person's mind in mind as well as their own. I use the cartoon depicted in Figure 1.1 in educational groups to illustrate simplistically what is in fact, a mind-bogglingly complex dynamic process. And mentalizing interactively in dyads is simple compared to mentalizing interactively in groups – family groups not least.

To reiterate, mentalizing is not only something we do; it is also something we can fail to do. Interacting in the mentalizing mode, we aspire to understand each other as autonomous persons and to influence each other on the basis of our understanding. In the nonmentalizing mode, we can dehumanize and treat each other as objects, becoming coercive and controlling. Mentalizing, we can

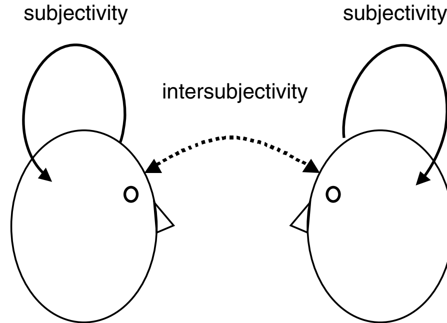

Figure 1.1 Mentalizing interactively

persuade another person to step aside; failing to mentalize, we can nudge him or her aside.

Emotion in Mentalizing

The word, mentalizing, can be misleading to the extent that "mental" connotes coldly intellectual or rational as opposed to "emotional." On the contrary, at its most meaningful, mentalizing is suffused with emotion. Many of the mental states that we are most keen to mentalize are emotional states – in ourselves as well as others. The process of mentalizing emotional states is itself emotional; empathizing is a prime example. Much of the clinical work we do boils down to mentalizing in this ordinary sense: thinking about feelings in oneself and others. And we do not think unemotionally about feelings; we feel about feelings, for example, feeling anxious or ashamed about feeling angry. As one patient in a psychoeducational group wisely put it, in mentalizing, we aspire to *feel clearly*.

Hence we must not pit reason against emotion; rather, I construe mentalizing as a form of emotional knowing (Nussbaum, 2001b). Scientifically minded, we are prone to separate the world of facts from our subjective responses to these facts. Yet we regularly ascribe emotional properties to the world, for example, seeing decayed food as disgusting or an angry face as frightening. Often enough, our emotional perceptions are reasonable and justified:

> Our emotional dispositions can, so to speak, *attune* us to the world around us, enabling us quickly and reliably to see things as they really are, and thus to respond as we should. In short, emotions enable us to *get things right*. (Goldie, 2004, p. 255; emphasis in original)

To underscore this point, one of the earliest forms of mentalizing is social referencing: prior to acquiring language, infants check their caregiver's emotional take on objects and events to see how they should respond. Infants and their caregivers

routinely engage in pre-linguistic emotional commentary about the world, and these emotional expressions can be construed as primitive predications (Eilan, 2005), efforts to "get things right." As Damasio (2003) has explicated best, we rely on the informativeness of our feelings far more than we realize, and nowhere is this more true than in mentalizing interactively with other persons.

Mentalizing Explicitly

The easy facet to understand, if not always to do, is mentalizing explicitly, that is, thinking and talking about mental states. As clinicians, we continually mentalize explicitly, for example, thinking and talking (emotionally) about our patients' thoughts, beliefs, emotions, desires, and motives. And we continually engage our patients in this process of mentalizing explicitly, encouraging them to think and talk (emotionally) along with us. We engage our patients in mentalizing explicitly not just about themselves but also about important persons in their life – sometimes including us. Mentalizing explicitly covers a large domain, and I will stake out some of this territory next.

Most fundamentally, as I have already noted repeatedly, mentalizing explicitly pertains to self and others. The processes by which we mentalize explicitly about ourselves and other persons are substantially different (Moran, 2001). Suffice it to say that knowing one's own mind is no less daunting than knowing the mind of another; if self-knowledge were infallible, psychotherapists would be out of business.

We mentalize in different time frames. We often mentalize about current mental states (e.g., thinking about what someone feels at the moment). Yet we also think about past mental states (e.g., wondering why someone else did something). And we can anticipate future mental states (e.g., wondering how someone might feel if we say something). This capacity to shift time frames is crucial to much of our clinical work inasmuch as we endeavor to translate hindsight into foresight. Much of the explicit mentalizing we facilitate is after the fact; we encourage our patients to reflect on reasons for their past actions and to sort out how problematic interactions unfolded. We hope that hindsight will facilitate more effective online mentalizing in similar situations in the future.

Related to differing time frames are variations in scope: we can focus narrowly on a mental state at the moment (e.g., wondering what someone feels) and expand our concern to include recent events (e.g., wondering what happened recently that led her to feel that way). We can further broaden our purview to include past history (e.g., wondering what childhood experience might relate to her proclivity to feel that way in response to a recent event).

Much of our explicit mentalizing takes the form of *narrative* – we are continually creating stories about mental states. Any feeling calls for a story: What was the

situation? What happened? How did you interpret it? What did you do? And any feeling calls for a story about other feelings. In psychotherapy, we can always inquire appropriately, “And *what else* did you feel?” Ultimately, the full story behind any mental state – its widest scope – is the whole autobiography. As Wittgenstein appreciated, knowing everything about any given state of mind tells us little:

> Even if I were now to hear everything that he is saying to himself, I would know as little what his words were referring to as if I read *one* sentence in the middle of a story. Even if I knew everything now going on within him, I still wouldn’t know, for example, to whom the names and images in his thoughts related. (Quoted in Monk, 2005, p. 105, emphasis in original)

Mentalizing Implicitly

Mentalizing implicitly – being implicit – is more elusive than mentalizing explicitly. To draw attention to the implicit, which is beyond words, we must be explicit, pointing with words. This distinction marks the difference between implicitly knowing how to do something and explicitly knowing that something is the case. When we mentalize explicitly, we do so consciously and deliberately; when we mentalize implicitly, we do so intuitively, procedurally, automatically, and non-consciously. Yet we cannot draw a bright line between mentalizing implicitly and mentalizing explicitly; rather, in Karmiloff-Smith’s (1992) terms, we are distinguishing the poles of a gradual process of representational redescription from implicit to explicit, which takes place over the course of development – and over the course of psychotherapy.

As with mentalizing explicitly, we mentalize implicitly with respect to self and others. We mentalize others implicitly, for example, in conversations: we take turns and consider the other person’s point of view, to a large extent – when all goes smoothly – without needing to think explicitly about it. We also mentalize others implicitly when perceiving and responding to their emotional states: we automatically mirror them to some degree, adjusting our posture, facial expression, and vocal tone in the process. Were we to attempt all this explicitly, we would come across as stiff and wooden rather than naturally empathic.

If mentalizing others implicitly is elusive, the phenomenon of mentalizing oneself implicitly – unreflectively – is even more so. Here goes: we have an intrinsically ineffable *sense of self* (Stern, 2004). As Searle (2004) put it, “there is something that it feels like to be me” (pp. 298–299). Most fundamentally, our sense of self is intertwined with agency (Marcel, 2003) – a feeling of doing. Our sense of self is also anchored in emotional states (Damasio, 1999). Fonagy and colleagues (Fonagy, Gergely, Jurist & Target, 2002; Jurist, 2005) proposed the concept of *mentalized affectivity* to characterize this emotional sense of self. Mentalized affectivity entails being “conscious of one’s affects, while remaining in the

affective state" (Fonagy et al., 2002, p. 96) as well as apprehending one's emotional states as meaningful. This form of mentalizing is essential for emotion regulation, which entails identifying, modulating, and expressing affects – the latter not just outwardly to others but also inwardly, to oneself (Fonagy et al., 2002). Not all emotional states entail mentalizing implicitly; on the contrary, we work clinically with patients who are prone to being swept away by emotion, carried along into impulsive action, without any felt sense of self. We encourage such patients to push a metaphorical pause button by mentalizing (Allen, 2005a); that is, we urge them to attend to their emotional state and to sit with their feelings, thereby enriching their sense of self.

Mentalizing implicitly in relation to oneself, then, entails an emotional state connected to the self – a pre-reflective, felt sense of self that is inextricable from the agentive sense of self, the initiator of purposeful action. Mentalizing implicitly, one has a sense of self as an emotionally engaged agent – "what it feels like to be me" in the process of thinking, feeling, and acting.

CONCEPTUAL COUSINS

A slew of terms occupies portions of the territory of mentalizing, for example, self-awareness, introspection, reflectiveness, observing ego, metacognition, and theory of mind. Short of attempting an encyclopedic rendering, I will provide some guidance through a tangled web of concepts: mindblindness, empathy, emotional intelligence, psychological mindedness, insight, mindfulness, rationality, agency, and imagination. I have little interest in making obsessive distinctions; rather, because considerable instructive theoretical and empirical work has been done under the banner of these other rubrics, I hope to shed additional light on mentalizing and especially its adaptive aspects.

Mindblindness

We can begin clarifying mentalizing by considering its antithesis, mindblindness, a term that Baron-Cohen (1995) introduced as follows:

> Imagine what your world would be like if you were aware of physical things but were blind to the existence of mental things. I mean, of course, blind to things like thoughts, beliefs, knowledge, desires, and intentions, which for most of us self-evidently underlie behavior. Stretch your imagination to consider what sense you could make of human action (or, for that matter, any animate action whatsoever) if, as for a behaviorist, a mentalistic explanation was forever beyond your limits. (p. 1)

Baron-Cohen employed mindblindness to characterize the core deficit in autism; in this usage, mindblindness is based on stable neurobiological impairment. Loosening the boundaries of the term, I think mindblindness aptly captures

failures in mentalizing more generally. That is, we might think of *dynamic mindblindness* in relation to transient or partial failures of mentalizing, for example, as they arise in conjunction with intense emotional conflicts in attachment relationships. Thus, to a greater or lesser extent, all of us behave mindblindly at times to varying degrees; those with psychopathology are liable to be mindblind more often and to greater degrees.

Empathy

Defined narrowly, empathy entails awareness of emotional states of distress in others – a good swath of mentalizing's territory. Rogers (1951, 1992) brought empathy into prominence in the practice of psychotherapy, and empathy has been the focus of extensive developmental research, especially insofar as it is conducive to pro-social behavior (Eisenberg, Losoya & Spinrad, 2003).

Preston and de Waal (2002) articulated a particularly instructive theory of empathy that illustrates its convergence with mentalizing. These authors proposed a perception–action model, which "specifically states that attended perception of the object's state automatically activates the subject's representations of the state" (p. 4). Preston and de Waal noted the relevance to empathy of the intriguing discovery of *mirror neurons* (in motor and parietal cortexes); these neurons are activated not only when performing actions but also when observing them (Rizzolatti & Craighero, 2004). For example, the same mirror neurons are active when you reach for a cup and when you watch another person reaching for a cup. Hence our mirror neurons afford a kind of automatic motor resonance when we observe others' actions. Analogously, Gallese (2001) summarized indirect evidence suggesting that we simulate not only observed actions but also observed sensations and emotions.

Although the discovery of mirror neurons provides a tantalizing lead to the neural basis of what we experience automatically and implicitly as resonance with others, Preston and de Waal (2002) emphasize that mirror neurons alone cannot provide empathy. Indeed, like mentalizing more broadly, empathy spans a broad range of responsiveness, from more implicit to more explicit. Preston and de Waal proposed a hierarchy of empathic responses, all of which involve subject–object state matching. A precursor to empathy is *emotional contagion*, wherein subject–object emotional matching occurs without self–other differentiation. *Empathy* proper also entails subject–object emotional matching but additionally requires self–other differentiation and emotion regulation, a combination of self-awareness and other-awareness – in effect, awareness of the other in the self. Such empathy can be implicit, intuitive, and automatic. More advanced *cognitive empathy* requires explicit imaginative capacity, actively working with representations of shared experience (including deliberately generating these representations on the basis of one's own memories).

Although empathy is but one facet of mentalizing, it might be the most important. Sometimes when attempting quickly to convey the gist of mentalizing, I point out that if we extended the concept of empathy to include empathy for oneself, the terms would be nearly synonymous.

Emotional Intelligence

Countering two millennia of philosophy that has generally advocated the taming of passion by reason, current work in psychology and philosophy is converging in an about-face, construing passion as reason's ally (Evans & Cruse, 2004; Nussbaum, 2001b). We must leave room for reasonable passion and passionate reasoning. Yet passion remains the *potential* ally of reason, and individuals differ in their capacity to employ passion adaptively – the focus of theory and research on emotional intelligence.

Mayer, Solovey, and their colleagues (Mayer & Salovey, 1997; Mayer, Salovey & Caruso, 2000) characterize emotional intelligence as the ability to reason with emotions, and they carve out four broad domains:

(1) *perceiving and expressing emotion* includes identifying emotions in oneself in relation to physical sensations, thoughts, and feelings as well as identifying emotion in other persons and cultural products;
(2) *accessing and assimilating emotion* in thought entails using emotions to prioritize thinking, judgment, and memory;
(3) *understanding and analyzing emotion* includes labelling emotions, including complex amalgams of emotion and shifts in emotional states; and
(4) *regulating emotion* includes being able to stay open to feelings as well as monitoring and regulating emotions reflectively and adaptively.

Although the idea of emotional intelligence was quickly popularized (Mayer, 2001), the development of well-designed measures akin to IQ tests (Mayer, Caruso & Salovey, 2000) has spurred a wealth of theory and research (Barrett & Salovey, 2002), including sophisticated work on emotion regulation that has particular clinical relevance (Goss & John, 2002; Parrott, 2002). Conceptually, emotional intelligence overlaps not only with empathy but also with Linehan's concept of *wise mind* (Robins, Ivanoff & Linehan, 2001), Ekman's (2003) advocacy of *attentiveness* to feelings, and mentalized affectivity as discussed earlier.

Psychological Mindedness and Insight

The concept of psychological mindedness was originally developed to capture a prospective patient's amenability to psychoanalytic treatment; hence psychological mindedness has been defined in the narrowest sense as "the ability to identify dynamic (intrapsychic) components and to relate them to a person's

difficulties" (McCallum & Piper, 1996, p. 52). Albeit with the same intent, Appelbaum (1973) defined psychological mindedness somewhat more broadly: "A person's ability to see relationships among thoughts, feelings, and actions, with the goal of learning the meanings and causes of his experiences and behavior" (p. 36). Thus expanded, the import of psychological mindedness extends far beyond amenability to psychotherapy.

In its initial sense, psychological mindedness would pertain to what we construe as mentalizing explicitly with respect to the self. Yet Farber broadened the concept to apply also to others: "Essentially, psychological-mindedness may be considered a trait, which has as its core the disposition to reflect upon the meaning and motivation of behavior, thoughts, and feelings in oneself and others" (Farber, 1985, p. 170). Moreover, whereas the earlier concepts of psychological mindedness imply a relatively cognitive and intellectual orientation – a capacity for insight – Farber broadened the concept to include an experiential-affective mode, the latter pertaining to persons who demonstrate "an intuitive sensitivity to interpersonal and intrapsychic dynamics and . . . the capacity to use their own feelings to understand and help others" (p. 174). Thus, broadened to include not only awareness of self and others but also explicit and implicit facets, psychological mindedness occupies much of the territory of mentalizing as we have defined it.

Yet a widely used self-report scale developed to assess individual differences in psychological mindedness (Conte et al., 1990; Conte, Ratto & Karasu, 1996; Shill & Lumley, 2002) expands the concept beyond mentalizing. The scale's structure includes not only factors related to psychological awareness (i.e., access to feelings, interest in what motivates behavior, and interest in understanding oneself and others) but also factors directly related to making use of psychotherapy (i.e., an inclination to talk about problems and a capacity for change). Thus operationalized, the psychological-mindedness scale has shown some relation to the capacity to engage in psychotherapy and to benefit from it (Conte et al., 1990, 1996). Yet, consistent with the expanding breadth of the concept, research on the psychological-mindedness scale has gone far beyond the psychotherapy context. Psychological mindedness is positively correlated with a wide range of psychological constructs associated with mental health, including assertiveness and sociability (Conte, Buckley, Picard & Karasu, 1995), openness to experience (Beitel & Cecero, 2003), tolerance for ambiguity (Beitel, Ferrer & Cecero, 2004), mindfulness, empathy, and emotion regulation (Beitel, Ferrer & Cecero, 2005), as well as secure attachment (Beitel & Cecero, 2003). Psychological mindedness also has been shown to correlate inversely with measures of impaired functioning, including alexithymia (Shill & Lumley, 2002), neuroticism (Beitel & Cecero, 2003), depression (Conte et al., 1995), anxiety (Beitel et al., 2005), and magical thinking (Beitel et al., 2004).

Especially in light of its originally close tie to amenability to psychoanalysis, the concept of psychological mindedness has been closely linked to that of insight.

Appelbaum (1973) advocated, however, "distinguishing between psychological-mindedness as a process, and insight as a product of the process" (p. 37). Employing the verb, mentalizing, highlights the process by focusing on mental activity; we place more emphasis on process than content, being more interested in fostering skill in mentalizing than in the specific mental content resulting from exercising the skill explicitly (i.e., particular insights).

Mindfulness

Mindfulness has been defined in the Buddhist literature as "keeping one's consciousness alive to the present reality" (Hahn, 1975, p. 11). With an eye toward empirical investigation, Brown and Ryan (2003) construed mindfulness as "an enhanced attention to and awareness of current experience or present reality" characterized by "especially *open* or *receptive* awareness and attention" (p. 822, emphasis in original). Mindfulness refers to a quality of consciousness irrespective of the objects of consciousness; thus mindfulness overlaps mentalizing to the extent that it entails attentiveness to mental states in particular. Hence, Brown and Ryan's work on mindfulness encompasses some facets of mentalizing, for example, including "receptive attention to psychological states" and "sensitivity to ongoing psychological processes" (p. 823). The time frame of mentalizing is broader, however, inasmuch as one can mentalize about the past or the future, whereas mindfulness is present-centered. Moreover, whereas mentalizing (explicitly) is a reflective process, mindfulness is construed as "pre-reflective . . . perceptual and non-evaluative . . . openly experiencing what is there" (p. 843).

Brown and Ryan developed a brief self-report measure of mindfulness, which is positively correlated with emotional intelligence and a wide range of indices of mental health and general well-being (i.e., higher positive emotionality and lower negative emotionality along with greater vitality, autonomy, competence and relatedness). The authors summarized,

> high scorers . . . tend to be more aware of and receptive to inner experiences and are more mindful of their overt behavior. They are more "in tune" with their emotional states and able to alter them, and they are more likely to fulfill basic psychological needs. (p. 832)

The relation of mindfulness to emotion regulation bears underscoring. As stated earlier, we have used the metaphor of employing mentalizing to push the pause button so as to regulate impulsive emotional behavior (Allen, 2001, 2005a). Similarly, Brown and Ryan (2003) proposed that:

> as a form of receptive awareness, mindfulness may facilitate the creation of an interval of time or a gap wherein one is able to view one's mental landscape, including one's behavioral options, rather than simply react to interpersonal events. (p. 844)

I construe mentalizing with respect to present mental states in self and others as *mindfulness of mind*. I do not believe that the term mindfulness is redundant; on the contrary, emphasizing mindfulness – or in Ekman's (2003) terms, attentiveness – is a good way to cultivate mentalizing. In a sense, our psychoeducational intervention (see Haslam-Hopwood and colleagues, Chapter 13) could be construed primarily as an effort to clarify the territory of mentalizing for the purpose of promoting mindfulness or attentiveness to it.

Rationality and Agency

Explicit mentalizing is a substantial domain of our rationality, that is, our capacity to act on the basis of reasons (Scanlon, 1998; Searle, 2001). Fully rational action is based on attending to an appropriate range of considerations, deliberating among alternatives, and making optimal choices. Clinically, we aspire to promote rationality whenever we urge our patients to think before they act.

Patients sometimes erroneously equate mentalizing with thinking, that is, "using your mind." Plainly, thinking is far broader; we think about much more than mind (Arendt, 1971). Ditto rationality: not all reasoning pertains to mental states. To illustrate, one is behaving rationally, thinking before acting but not necessarily mentalizing, when refraining from drinking and driving to avoid a wreck; one is mentalizing when refraining from drinking and driving to avoid infuriating one's spouse. Conversely, mentalizing goes beyond rationality insofar as it is not limited to reasoning (i.e., to the extent that mentalizing remains implicit and not deliberative).

To the extent that it entails rationality, mentalizing enhances *agency*, that is, the capacity to initiate action for a purpose (Allen, 2006; Allen, Munich & Rogan, 2004). Mentalizing exemplifies agency in promoting self-determination and enhancing our capacity to influence others (Bandura, 2001). By encouraging attentiveness to mental states, we are endeavoring to capitalize on the executive functions of consciousness in general (Dehaene & Naccache, 2001; Jack & Shallice, 2001) and the benefit of effortful control in particular, namely, increased response flexibility (Posner & Rothbart, 1998; see also Fonagy, Chapter 3 of this book).

Imagination

The mind is fundamentally imaginative (McGinn, 2004; Sartre, 2004), and mentalizing is a form of imaginative activity. Mentalizing implicitly, we do not merely see, we *see as*: we do not just see a furrowed brow on the face; we see the furrowing as a scowl, and we see the person scowling as being irritated or downright menacing. Mentalizing explicitly, we find meaning in behavior, generating explanations in the form of creative stories. Much of the imaginativeness

involves metaphorical thinking; our language is rife with it (Lakoff & Johnson, 2003). But mentalizing explicitly and creatively is not limited to language; striving to empathize, we imaginatively conjure up visual and other sensory images as we strive to see, feel, and think from others' perspectives; we engage in co-reasoning and same thinking (Heal, 2003).

Intriguingly, mentalizing puts us in a realm between objective reality and fantasy; hence mentalizing's links to Winnicott's (1971) betwixt and between concept of potential space (Bram & Gabbard, 2001). As Ogden (1985) put it, potential space refers to a "frame of mind in which playing might take place" (p. 139). In a similar vein, Fonagy and colleagues (Fonagy, 1995; Fonagy et al., 2002; Target & Fonagy, 1996; Fonagy, Chapter 3) place mentalizing between two modes of experiencing. The *psychic equivalence* mode collapses the differentiation between inner and outer, fantasy and reality, symbol and symbolized: mind = world. Psychic equivalence is evident in dreaming (i.e., the dream is real) and in posttraumatic flashbacks (i.e., remembering is reliving). The *pretend mode* cuts loose from reality; no longer tethered, the pretender is in an imaginary world. By contrast, the *mentalizing mode* implicitly or explicitly entails awareness of the mind's intentionality or aboutness: a mental state – a thought with feeling – is a particular perspective or take on a given reality. In short, being imaginative, mind is *decoupled* from reality while remaining *anchored* to it (Leslie, 1987).

Consistent with the imaginativeness of mind, in our work with patients, we explicitly promote a *pro-mentalizing attitude of inquisitiveness*, coupled with tentativeness and open-mindedness. As Figure 1.2 depicts, effective mentalizing entails restrained or *grounded imagination*, being imaginative without entering into the imaginary. Thus, mentalizing occupies the middle of a continuum: nonmentalizing and failure to decouple is at one end (e.g., being concrete or stimulus bound), whereas distorted mentalizing and failure to anchor is at the other end (e.g., imagination losing touch with reality as in paranoid thinking). The mentalizing attitude of inquisitive curiosity – including asking instead of assuming what someone thinks and feels – grounds imagination. A final twist: because the object of mentalizing is a person – oneself or others – mentalizing entails imagining the imaginative. Capturing the converse of mindblindness, it is no accident that McGinn (2004) gave his instructive book on imagination the title, *Mindsight*.

Figure 1.2 Failures of imagination in mindblindness

PRACTICING MENTALIZING

Mentalizing is a skill with substantial individual variations (Fonagy, Steele, Steele & Target, 1997). A host of developmental factors contribute to skill in mentalizing, and adverse childhood experiences – especially trauma in attachment relationships – can undermine its development (Allen, 2001; Fonagy et al., 2002; Fonagy & Target, 1997). Moreover, psychopathology of various sorts at any time in life, such as major depressive episodes, can undermine mentalizing. Yet we contend clinically not only with stable deficits but also with intra-individual variations, the latter consistent with viewing mentalizing capacity as a *dynamic skill* (Fonagy & Target, 1997), the converse of which is dynamic mind-blindness. Moreover, as Sharp highlights (see Chapter 4), impaired mentalizing includes not only *failures* to mentalize (mindblindness in the sense of obliviousness to mental states) but also *distortions* in mentalizing (mind *mis*reading or unrestrained imagination).

Given the potential obstacles to mentalizing, we often need help from others – including psychotherapists – to do so effectively. Often enough, we do not know our own mind. In the process of dialogue with another person, we are able to clarify what we think and feel; that is, we come to feel more clearly. Anticipating Winnicott's (1971) interest in mirroring by two millennia, Aristotle argued this point:

> It is a most difficult thing, as some of the sages have also said, to know oneself . . . moreover, we cannot ourselves study ourselves from ourselves, as is clear from the reproaches we bring against others without being aware that we do the same things ourselves . . . when we ourselves wish to see our own face we see it by looking into a mirror, similarly too, when we ourselves wish to know ourselves, we would know ourselves by looking to the (other). (Quoted in Nussbaum, 2001a, p. 364)

Mentalization-based treatment is designed to promote positive attitudes toward mentalizing (e.g., a spirit of inquisitiveness) and to enhance skill in mentalizing (e.g., by increasing attentiveness to it and providing practice). To reiterate, focusing on process rather than specific content, mentalization-based therapy is not intended to create specific insights, for example, through discovering the developmental origins of internal conflicts or relationship problems. This is not to deny that insight is important; on the contrary, insight is part and parcel of self-understanding. Rather, the point of mentalization-based therapy is to enhance the patient's capacity to *generate insight* on the fly. An autobiography is not the proper product of psychotherapy; rather, psychotherapy promotes the capacity to construct and reconstruct an autobiographical narrative as suits one's present purposes. As Holmes (1999) aptly put it, "psychological health (closely linked to secure attachment) depends on a dialectic between story-making and story-breaking, between the capacity to form narrative, and to disperse it in the light of new experience" (p. 59). Arendt (2003) perspicaciously recognized that the

capacity to think in an open-minded dialogue with oneself depends on the quality of the relationship one has with oneself: "if you want to think you must see to it that the two who carry on the thinking dialogue be in good shape, that the partners be friends" (p. 185).

Any reasonable and effective psychotherapy is likely to enhance mentalizing capacity. Indeed, by facilitating affect modulation and promoting organized thinking, effective psychotropic medication will do so as well. As this volume attests, for example, psychodynamic psychotherapy (Chapters 2 and 6), cognitive therapy (Chapter 7), and dialectical behavior therapy (Chapter 8), all promote mentalizing – if not with the precision of mentalization-based therapy. But the effectiveness of any brand of therapy depends on the therapeutic relationship climate and, just as secure attachment is conducive to the development of mentalizing capacity in childhood, a secure attachment climate promotes mentalizing in psychotherapy. As Bowlby (1988) construed it, the psychotherapist's role

> is to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present, many of which he finds it difficult or perhaps impossible to think about and reconsider without a trusted companion to provide support, encouragement, sympathy, and, on occasion, guidance. (p. 138)

With this quotation in mind, I once made the comment in a psychoeducational group that the mind can be a scary place. A patient presciently responded: "Yes, and you wouldn't want to go in there alone!" Bowlby could not have put it better.

Psychotherapy promotes mentalizing by virtue of providing opportunities for practice, inside sessions and out. Thus conducting psychotherapy is akin to giving piano lessons, perhaps with particular emphasis on playing duets. Piano teachers do not tell their students how to play; they show them and play along with them. Thus piano teachers must have at least a modicum of skill – ideally, a considerable degree.

Of course, all the developmental factors that enhance or undermine mentalizing capacity in patients pertain equally to therapists. Unsurprisingly, being human, psychotherapists' mentalizing capacity varies from patient to patient and from time to time with a given patient (Diamond, Stovall-McClough, Clarkin & Levy, 2003). Munich's experience (Chapter 6) provides an illuminating example of momentary mindblindness illuminated by mentalizing in hindsight. Particularly crucial for patient and therapist are a history of secure attachment and, thoroughly entangled with this, a capacity for affect regulation that affords an optimal level of emotional arousal. Psychotherapists and their patients are in the same boat. To play mentalizing duets effectively, they must rely on whatever developmental competence they have achieved. At any given moment, their performance will depend on the same factors: the extent of secure attachment (i.e., mutual trust in the relationship) and an optimal level of arousal (see Figure 1.3). Thus,

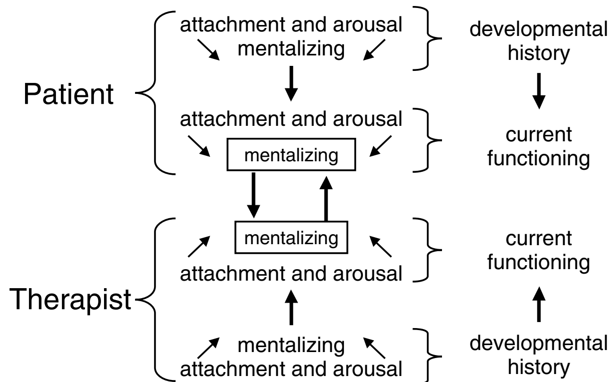

Figure 1.3 Meeting of minds in therapy

much psychotherapeutic effectiveness consists in fostering a safe and a secure climate – a largely implicit mentalizing skill.

WHY MENTALIZE?

I have left relatively implicit in this chapter the conviction that we should promote mentalizing in clinical practice because mentalizing is adaptive. I believe that, ironically, we have tended to underestimate the significance of mentalizing by neglecting its intrinsic value in favor of its instrumental value and by construing its instrumental value too narrowly.

Instrumental Value

We are a social species, and mentalizing lies at the heart of our sociality (see Fonagy, Chapter 3). Awareness of others' mental states enables us to interact effectively, and explicit mentalizing in particular is essential for interpersonal problem solving. Similarly, explicit mentalizing (self-awareness) promotes intrapersonal problem solving, most notably, the capacity for emotion regulation.

What I have said thus far is consistent with the theory-of-mind slant on mentalizing: just as we need to learn "folk physics" to predict and control the inanimate world, we need to adopt the intentional stance as Dennett (1987) characterized it and learn "folk psychology" to predict and control the interpersonal (and intrapersonal) world (Carruthers, 1996; Gopnik & Meltzoff, 1997). No doubt we all mentalize in this sense some of the time, and perhaps some of us mentalize in this sense much of the time. Yet Heal (2003, 2005) cogently challenges the view that we typically use psychological concepts to infer inner states for the sake of predicting and influencing the behaviors such states bring about. She considers this science-minded view to be a serious distortion of what we are generally doing when interacting with others:

> Our relations with other people do not have the same structure as our relations with inanimate objects, plants, or machines. We do not deal with our family members, friends, colleagues, or fellow citizens as we do with volcanoes, fields of wheat, or kitchen mixers, namely, by trying to figure out the nature and layout of their innards so that we can predict and perhaps control them. (Heal, 2003, pp. 42–43)

Instead, Heal argues that we employ our psychological understanding to influence others and anticipate their responses only in a loose sense. Generally, we aim not for prediction and control but rather for reciprocal communication and collaboration in joint projects:

> What we hope of another with whom we interact is not that he or she will go through some gyrations, which we have already planned in detail, but that he or she will make some contributions to *moving forward* the joint and cooperative enterprise in which we are both, more or less explicitly, engaged. (p. 43; emphasis added)

Well put: *moving forward* together is precisely what we aspire to do in psychotherapy; this is a far cry from theorizing for the sake of prediction and control. Indeed, it is the very unpredictability and uncontrollability of others that renders interactions and joint endeavors worthwhile; without this open-endedness, relationships and projects would go nowhere.

Moving from the quasi-scientific prediction-control model to a focus on mutuality opens the door to a glaringly underemphasized value of mentalizing: the capacity to *be influenced* by others. Mentalizing enables us to be open to the minds of others, amenable to their influence, able to take in other perspectives, and thereby able to be guided into or persuaded of better ways of thinking, feeling, and acting. In short, receptive mentalizing enables us to learn and grow through relationships, including psychotherapy relationships. Hence failure to mentalize might be the basis of much resistance to psychotherapeutic influence. Gergely and Csibra (2005) captured this adaptive facet of mentalizing in elucidating our species-specific capacity for *pedagogy*, which enables us to engage in an extraordinarily rapid and accurate process of teaching and learning.

Intrinsic Value

Mentalizing has many adaptive benefits, but we also do it for its own sake: we thrive on *meeting of minds* from the beginning of life. Reddy (2005) reviewed evidence that, in the first few months of life, infants respond emotionally to attention directed to them, and she proposed that "the awareness of attention to the self may be the most direct and powerful form of attention that is possible" (p. 86). Toward the end of the first year, infants move from dyadic (self–other and self–world) to triadic (self–other–world) relationships, a move that radically transforms the sense of self (Tomasello, 1999). Then they not only follow

their mother's gaze to attend to the object of her attention but also begin actively drawing their mother's gaze to objects, for example, by pointing (Franco, 2005). Around the middle of their second year, infants strategically establish what Gomez (2005) calls *attention contact*, for example, actively checking to ensure that they capture their mother's gaze before pointing to the object toward which they desire to direct her attention (Franco, 2005). Attention contact bears intrinsic value: infants not only engage in joint attention for instrumental purposes (e.g., to obtain a desired object) but also for the sheer pleasure of sharing attention with their mother (Heal, 2005). Joint attention also provides the occasion for reciprocal emotional "commenting" as described earlier; as development proceeds, emotional exchanges are often accompanied and refined (but not supplanted) by linguistic communication.

Joint attention is the foundation of mentalizing (Tomasello, 1999); is it a form of mentalizing? Plainly, to be actively engaged in attention contact, infants do not need an explicit psychological concept of attention as an inner mental state. But neither do adults. We psychologically minded mental health professionals are liable to over-mentalize attention, falling prey to mind–behavior dualism (i.e., attention = behavior + mental state). Throughout life, we *perceive* others' attention as a gestalt, embodied in action; we do not *infer* it behind action (Gomez, 2005; Hobson, 2005; Reddy, 2005). Excepting autistic persons, we all become folk psychologists, capable of inferring mental states and explaining actions accordingly; yet we do not thereby transcend our non-inferential (implicit) capacities for attention contact and emotional "commentary," and these remain the basis of our sense of connection with each other in the world.

Over the course of development, as mentalizing capacity becomes increasingly refined, meeting of minds entails increasing levels of intimacy – with the implicit sense of connection established in joint attention potentially enhanced by knowledge gained through conversation (explicit mentalizing). I would characterize mentalizing at its best by two features: accuracy and richness. Interpersonally, mentalizing entails fully grasping the reality of another person. We cannot take this capacity for granted. Keenly aware of our proclivity to distort reality through the lens of our projections, Murdoch (1971) proposed, "We are not used to looking at the real-world at all" (p. 63). I believe further that, mentalizing accurately and richly is most likely to occur in the context of a benevolent and accepting attitude, a proposal that is consistent with the well-established relationship between secure attachment and mentalizing capacity (Fonagy et al., 1991; Meins, Fernyhough, Russell & Clark-Carter, 1998; see also Fonagy, Chapter 3). Murdoch (1971) took this point to the limit in asserting that, when it comes to seeing others accurately, reality is "that which is revealed to the patient eye of love" (p. 39). In the context of psychotherapy, Lear (2003) made the same point (quoting Loewald):

> In our work it can be truly said that in our best moments of dispassionate and objective analyzing we love our object, the patient, more than at any other time

> and are compassionate with his whole being. In our field, scientific spirit and care for the object certainly are not opposites; they flow from the same source. (p. 51)

In the same spirit, Kandel (2005) cited an inspiring quotation from the 1769 commencement address at the Columbia University College of Physicians and Surgeons given by Samuel Bard, who was awarded the first MD degree in America for his service to the college:

> In your Behavior to the Sick, remember always that your Patient is the Object of the tenderest Affection to some one, or perhaps to many about him; it is therefore your Duty, not only to endeavor to preserve his Life; but to avoid wounding the Sensibility of a tender Parent, a distressed Wife, or an affectionate Child. Let your Carriage be humane and attentive, be interested in his Welfare, and shew your Apprehension of his Danger. (p. 383)

A tall order: in its ideal form, mentalizing enables intimacy, a loving sense of connection with the reality of another person. Achieving this intersubjective connection in psychotherapy involves what Stern and his colleagues call *moments of meeting* (Stern, 2004). These moments are the rare exception rather than the rule – even in a psychotherapeutic relationship established for the purpose of an open and honest meeting of minds. Viewed in this way, mentalizing is more than a skill; it is a virtue, a loving act (Allen, in press). This is not to say that, in the loving effort to see, we will love all we see. On the contrary, mentalizing at its best reveals the full scope of our humanity and inhumanity.

I have emphasized the intrinsic value of mentalizing in conjunction with intersubjectivity, ranging from joint attention in infancy to intimacy in adulthood, occasionally evident in moments of meeting in psychotherapy. I also believe that we might extend the intrinsic value of mentalizing into the relationship one has with oneself. In the spirit of Murdoch (1971), we might construe ideal mentalizing also as entailing a loving and compassionate view of oneself as one really is. We could think of self-love in this optimal sense as *bonding* with oneself (Swanton, 2003), an idea that suggests the possibility of establishing a secure attachment relationship with oneself (Allen, 2005a, 2006). To repeat the point just made, I am not suggesting that we love all we see in ourselves either; if secure attachments required it, there would be none.

Misuse and Overuse

A caveat: virtue as it might be, like many other skills, mentalizing can be employed for ill as well as for good. Psychopaths are highly skilled at deciphering mental states, a skill they employ manipulatively and exploitatively. Sadists derive pleasure from tormenting others, which also requires some attunement to mental states. Ditto terrorists' terrorizing. Nonetheless, psychopathy, sadism, and terrorism entail a profound but *partial failure* of mentalizing, namely, a

failure of empathy in the sense of being able to *identify* with the distress of other persons (Allen, 2005b).

Like many other skills, mentalizing can be employed not only wrongly but also to excess, in a hypervigilant way. A child raised in a violent or abusive household, for example, might become exceedingly attentive to others' mental states so as to anticipate and avoid danger. Or a child may be highly attuned to a parent's depressed mood in aspiring to ameliorate it. Characteristic preoccupation with others' mental states – especially dysphoric states – is likely to be associated with chronic distress. Similarly, excessive preoccupation with one's own mental states could be distressing and counterproductive, for example, leading away from flexible mentalizing into becoming mired in anxious and depressive rumination. In short, as much as we praise it, there is much more to life than mentalizing, and more to do in the world than relating to ourselves and other persons.

WHY "MENTALIZE"?

We have taken a bold step at The Menninger Clinic in transporting the technical psychological construct, mentalizing, into the everyday clinical lexicon. We are using the word not just with our colleagues but also with patients and their family members. But our experience in explaining the idea of mentalizing to colleagues and patients has provided us with a glaring example of the fact that assimilating such unfamiliar words is not necessarily easy, especially when we use an unfamiliar word for a familiar concept. As Mikhail Bakhtin explained:

> The word in language is half someone else's. It becomes "one's own" only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention . . . many words stubbornly resist, others remain alien, sound foreign in the mouth of the one who appropriated them and who now speaks them . . . Language is not a neutral medium that passes freely and easily into the private property of the speaker's intentions; it is populated – overpopulated – with the intentions of others. Expropriating it, forcing it to submit to one's own intentions and accents, is a difficult and complicated process. (Quoted in Wertsch, 1998, p. 54)

In this chapter, I have raised some reservations about mentalizing that have arisen in the course of our educational efforts. To reiterate, employing an unfamiliar word for a set of familiar phenomena leaves us open to the charge of fobbing off old wine in new bottles. Two retorts: first, the new word has the advantage of spotlighting attention on the concept's territory; second, there is new wine in the bottles. What concerns me more, mentalizing needs humanizing in two senses: first, to the degree that mentalizing connotes an intellectually mental process, we need to emotionalize the concept; second, to the extent that mentalizing connotes a manipulatively instrumental orientation toward relationships, we need to keep its receptive and intersubjective aspects in view. At its best, mentalizing is probably the most loving thing we can do.

In promoting mentalizing, we are not advocating linguistic imperialism; we have no reason to co-opt other terms. Empathy, emotional intelligence, psychological mindedness, mindfulness, and a host of others are perfectly good words in their proper context. But I do believe that mentalizing carves out unique territory. As my review of mentalizing's conceptual cousins illustrates, there is no equivalent concept. Here, the richness of the concept proves to be a double-edged sword. Of all the distinctions I have made among facets of mentalizing, two are most fundamental: self versus other and explicit versus implicit. In light of the considerable differences among the permutations of these two distinctions, one might argue that we need four concepts, not just one. But that would be a mistake; clinically, we strive for integration. We encourage patients to be attentive to similarities and differences in perspectives between self and others. And we encourage explicit mentalizing to direct patients' attention to implicit processes. While we encourage problem solving and conflict resolution through mentalizing explicitly, our ultimate goal is to foster the natural process of mentalizing implicitly for the sake of a greater sense of connection in relationships and with oneself.

We clinicians are impatient; notwithstanding the conceptual thicket I have plunged into here, we are advocating the immediate clinical utility of the concept of mentalizing, not just for us therapists but also for our patients and their family members. But we are not content with our current understanding. Mentalizing is not like scientific reasoning, but a much-needed science of mentalizing is evolving. As this whole volume attests, of all the conceptual cousins, mentalizing is most thoroughly anchored in multiple overlapping domains of scholarly literature, psychological theory, and scientific research: philosophy (i.e., philosophy of mind and ethics, as I have hinted here), psychoanalysis, attachment theory, developmental psychology (e.g., theory of mind), developmental psychopathology, neuroscience, and evolutionary biology (see Figure 1.4). In short, the breadth of mentalizing's emerging scientific foundation promises to be its greatest strength (see Fonagy, Chapter 3): through

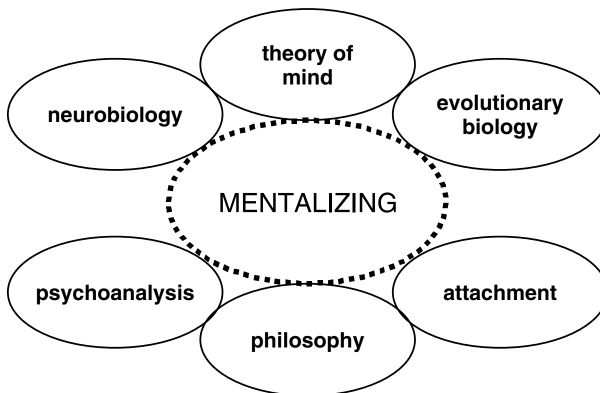

Figure 1.4 Links to other domains of knowledge

research, we will refine the concept, learn better how to promote the process in the service of prevention and treatment, and evaluate the effectiveness of our increasingly refined clinical interventions. This volume presents progress to date. Read on.

REFERENCES

Allen, J. G. (2001). *Traumatic Relationships and Serious Mental Disorders*. Chichester, UK: Wiley.

Allen, J. G. (2003). Mentalizing. *Bulletin of The Menninger Clinic*, *67*, 87–108.

Allen, J. G. (2005a). *Coping with Trauma: Hope through Understanding* (2nd edn). Washington, DC: American Psychiatric Publishing.

Allen, J. G. (2005b). Evil, mindblindness, and trauma: challenges to hope. Presented at the *Psychotherapy and Faith Conference of the Institute for Religion and Health*, Houston, TX.

Allen, J. G. (2006). *Coping with Depression: From Catch-22 to Hope*. Washington, DC: American Psychiatric Publishing.

Allen, J. G. (in press). Psychotherapy: the artful use of science. *Smith College Studies in Social Work*.

Allen, J. G., Munich, R. L. & Rogan, A. (2004). *Agency in Illness and Recovery*. Houston, TX: The Menninger Clinic.

Appelbaum, S. A. (1973). Psychological-mindedness: word, concept and essence. *International Journal of Psycho-Analysis*, *54*, 35–46.

Arendt, H. (1971). *The Life of the Mind*. New York: Harcourt.

Arendt, H. (2003). *Responsibility and Judgment*. New York: Schocken.

Bandura, A. (2001). Social cognitive theory: an agentic perspective. *Annual Review of Psychology*, *52*, 1–26.

Baron-Cohen, S. (1995). *Mindblindness: An Essay on Autism and Theory of Mind*. Cambridge, MA: MIT Press.

Barrett, L. F. & Salovey, P. (eds) (2002). *The Wisdom in Feeling: Psychological Processes in Emotional Intelligence*. New York: Guilford.

Beitel, M. & Cecero, J. J. (2003). Predicting psychological mindedness from personality style and attachment security. *Journal of Clinical Psychology*, *59*, 163–172.

Beitel, M., Ferrer, E. & Cecero, J. J. (2004). Psychological mindedness and cognitive style. *Journal of Clinical Psychology*, *60*, 567–582.

Beitel, M., Ferrer, E. & Cecero, J. J. (2005). Psychological mindedness and awareness of self and others. *Journal of Clinical Psychology*, *61*, 739–750.

Bowlby, J. (1988). *A Secure Base: Parent-child Attachment and Healthy Human Development*. New York: Basic Books.

Bram, A. D. & Gabbard, G. O. (2001). Potential space and reflective functioning: towards conceptual clarification and preliminary clinical implications. *International Journal of Psycho-Analysis*, *82*, 685–699.

Brown, K. W. & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*, 822–848.

Carruthers, P. (1996). Simulation and self-knowledge: a defence of theory-theory. In P. Carruthers & P. K. Smith (eds), *Theories of Theories of Mind* (pp. 22–38). Cambridge, MA: Cambridge University Press.

Conte, H. R., Buckley, P., Picard, S. & Karasu, T. B. (1995). Relationship between psychological mindedness and personality traits and ego functioning: Validity studies. *Comprehensive Psychiatry*, *36*, 11–17.

Conte, H. R., Plutchick, R., Jung, B. B., Picard, S., Karasu, T. B. & Lotterman, A. (1990). Psychological mindedness as a predictor of psychotherapy outcome: a preliminary report. *Comprehensive Psychiatry*, *31*, 426–431.

Conte, H. R., Ratto, R. & Karasu, T. B. (1996). The psychological mindedness scale: factor structure and relationship to outcome of psychotherapy. *Journal of Psychotherapy Practice and Research*, *5*, 250–259.

Damasio, A. (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness.* New York: Harcourt Brace.

Damasio, A. (2003). *Looking for Spinoza: Joy, Sorrow, and the Feeling Brain*. New York: Harcourt.

Dehaene, S. & Naccache, L. (2001). Towards a cognitive neuroscience of consciousness: basic evidence and a workspace framework. In S. Dehaene (ed.), *The Cognitive Neuroscience of Consciousness* (pp. 1–37). Cambridge, MA: MIT Press.

Dennett, D. C. (1987). *The Intentional Stance*. Cambridge, MA: MIT Press.

Diamond, D., Stovall-McClough, C., Clarkin, J. F. & Levy, K. N. (2003). Patient-therapist attachment in the treatment of borderline personality disorder. *Bulletin of The Menninger Clinic*, *67*, 227–259.

Eilan, N. (2005). Joint attention, communication, and mind. In N. Eilan, C. Hoerl, T. McCormack & J. Roessler (eds), *Joint Attention: Communication and Other Minds* (pp. 1–33). New York: Oxford University Press.

Eisenberg, N., Losoya, S. & Spinrad, T. (2003). Affect and prosocial responding. In R. J. Davidson, K. R. Scherer & H. H. Goldsmith (eds), *Handbook of Affective Science* (pp. 787–803). New York: Oxford University Press.

Ekman, P. (2003). *Emotions Revealed*. New York: Holt.

Evans, D. & Cruse, P. (eds). (2004). *Emotion, Evolution, and Rationality*. New York: Oxford University Press.

Farber, B. A. (1985). The genesis, development and implications of psychological-mindedness in psychotherapists. *Psychotherapy*, *22*, 170–177.

Foa, E. B. & Kozak, M. J. (1986). Emotional processing of fear: exposure to corrective information. *Psychological Bulletin*, *99*, 20–35.

Fonagy, P. (1991). Thinking about thinking: some clinical and theoretical considerations in the treatment of a borderline patient. *International Journal of Psycho-Analysis*, *72*, 639–656.

Fonagy, P. (1995). Playing with reality: the development of psychic reality and its malfunction in borderline personalities. *International Journal of Psycho-Analysis*, *76*, 39–44.

Fonagy, P. & Target, M. (1997). Attachment and reflective function: their role in self-organization. *Development and Psychopathology*, *9*, 679–700.

Fonagy, P., Gergely, G., Jurist, E. L. & Target, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self.* New York: Other Press.

Fonagy, P., Steele, H. & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*, *62*, 891–905.

Fonagy, P., Steele, M., Steele, H. & Target, M. (1997). *Reflective-Functioning Manual for Application to Adult Attachment Interviews, Version 4.1*. London: Psychoanalysis Unit, Sub-department of Clinical Health Psychology, University College London.

Franco, F. (2005). Infant pointing: Harlequin, servant of two masters. In N. Eilan, C. Hoerl, T. McCormack & J. Roessler (eds), *Joint Attention: Communication and Other Minds* (pp. 129–164). New York: Oxford University Press.

Freud, S. (1914–1958). Remembering, repeating, and working-through. In J. Strachey (ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 12, pp. 147–156). London: Hogarth Press.

Gallese, V. (2001). The “shared manifold” hypothesis: from mirror neurons to empathy. *Journal of Consciousness Studies*, *8*, 33–50.

Gergely, G. & Csibra, G. (2005). The social construction of the cultural mind: Imitation learning as a mechanism of human pedagogy. *Interaction Studies*, *6*, 463–481.
Goldie, P. (2004). Emotion, reason, and virtue. In D. Evans & P. Cruse (eds), *Emotion, Evolution, and Rationality* (pp. 249–267). New York: Oxford University Press.
Gomez, J.-C. (2005). Joint attention and the notion of subject: insights from apes, normal children, and children with autism. In N. Eilan, C. Hoerl, T. McCormack & J. Roessler (eds), *Joint Attention: Communication and Other Minds* (pp. 65–84). New York: Oxford University Press.
Gopnik, A. & Meltzoff, A. N. (1997). *Words, Thoughts, and Theories*. Cambridge, MA: MIT Press.
Goss, J. J. & John, O. P. (2002). Wise emotion regulation. In L. F. Barrett & P. Salovey (eds), *The Wisdom in Feeling: Psychological Processes in Emotional Intelligence* (pp. 297–318). New York: Guilford.
Hahn, T. N. (1975). *The Miracle of Mindfulness: A Manual on Meditation*. Boston, MA: Beacon Press.
Heal, J. (2003). *Mind, Reason and Imagination*. New York: Cambridge University Press.
Heal, J. (2005). Joint attention and understanding the mind. In N. Eilan, C. Hoerl, T. McCormack & J. Roessler (eds), *Joint Attention: Communication and Other Minds* (pp. 34–44). New York: Oxford University Press.
Hobson, R. P. (2005). What puts the jointness into joint attention? In N. Eilan, C. Hoerl, T. McCormack & J. Roessler (eds), *Joint Attention: Communication and Other Minds* (pp. 185–204). New York: Oxford University Press.
Holmes, J. (1999). Defensive and creative uses of narrative in psychotherapy: an attachment perspective. In G. Roberts & J. Holmes (eds), *Healing Stories: Narrative in Psychiatry and Psychotherapy* (pp. 49–66). London: Oxford University Press.
Jack, A. I. & Shallice, T. (2001). Introspective physicalism as an approach to the science of consciousness. In S. Dehaene (ed.), *The Cognitive Neuroscience of Consciousness* (pp. 161–196). Cambridge, MA: MIT Press.
Jurist, E. L. (2005). Mentalized affectivity. *Psychoanalytic Psychology*, *22*, 426–444.
Kandel, E. R. (2005). *Psychiatry, Psychoanalysis, and the New Biology of Mind.* Washington, DC: American Psychiatric Publishing.
Karmiloff-Smith, A. (1992). *Beyond Modularity: A Developmental Perspective on Cognitive Science*. Cambridge, MA: MIT Press.
Lakoff, G. & Johnson, M. (2003). *Metaphors We Live By*. Chicago, IL: University of Chicago Press.
Lear, J. (2003). *Therapeutic Action: An Earnest Plea for Irony*. New York: Other Press.
Leslie, A. M. (1987). Pretense and representation: the origins of "theory of mind". *Psychological Review*, *94*, 412–426.
Marcel, A. (2003). The sense of agency: awareness and ownership of action. In J. Roessler & N. Eilan (eds), *Agency and Self-awareness* (pp. 48–93). New York: Oxford University Press.
Mayer, J. D. (2001). A field guide to emotional intelligence. In J. Ciarrochi, J. P. Forgas & J. D. Mayer (eds), *Emotional Intelligence in Everyday Life* (pp. 3–24). Philadelphia, PA: Psychology Press.
Mayer, J. D. & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. J. Sluyter (eds), *Emotional Development and Emotional Intelligence* (pp. 3–31). New York: Basic Books.
Mayer, J. D., Caruso, D. R. & Salovey, P. (2000). Emotional intelligence meets traditional standards for intelligence. *Intelligence*, *27*, 267–298.
Mayer, J. D., Salovey, P. & Caruso, D. R. (2000). Models of emotional intelligence. In R. Sternberg (ed.), *Handbook of Intelligence* (pp. 396–420). Cambridge, UK: Cambridge University Press.
McCallum, M. & Piper, W. E. (1996). Psychological mindedness. *Psychiatry*, *59*, 48–63.

McDermott, J. J. (ed.) (1981). *The Philosophy of John Dewey*. Chicago: University of Chicago Press.

McGinn, C. (2004). *Mindsight: Image, Dream, Meaning*. Cambridge, MA: Harvard University Press.

Meins, E., Fernyhough, C., Russell, J. & Clark-Carter, D. (1998). Security of attachment as a predictor of symbolic and mentalizing abilities: a longitudinal study. *Social Development*, *7*, 1–24.

Monk, R. (2005). *How to Read Wittgenstein*. New York: Norton.

Moran, R. (2001). *Authority and Estrangement: An Essay on Self-Knowledge*. Princeton, NJ: Princeton University Press.

Murdoch, I. (1971). *The Sovereignty of Good*. London: Routledge.

Nussbaum, M. C. (2001a). *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy* (rev. edn). New York: Cambridge University Press.

Nussbaum, M. C. (2001b). *Upheavals of Thought: The Intelligence of the Emotions*. Cambridge, MA: Cambridge University Press.

Ogden, T. H. (1985). On potential space. *International Journal of Psycho-Analysis*, *66*, 129–141.

Olfson, M., Marcus, S. C., Druss, B., Elinson, L., Tanielian, T. & Pincus, H. A. (2002). National trends in the outpatient treatment of depression. *Journal of the American Medical Association*, *287*, 203–209.

Parrott, W. G. (2002). The functional utility of negative emotions. In L. Feldman Barrett & P. Salovey (eds), *The Wisdom in Feeling: Psychological Processes in Emotional Intelligence* (pp. 341–359). New York: Guilford.

Posner, M. I. & Rothbart, M. K. (1998). Attention, self-regulation and consciousness. *Philosophical Transactions of the Royal Society of London, Series B, Biological Sciences*, *353*, 1915–1927.

Preston, S. D. & de Waal, F. B. M. (2002). Empathy: its ultimate and proximate bases. *Behavioral and Brain Sciences*, *25*, 1–20.

Reddy, V. (2005). Before the "third element": understanding attention to the self. In N. Eilan, C. Hoerl, T. McCormack & J. Roessler (eds), *Joint Attention: Communication and Other Minds* (pp. 85–109). New York: Oxford University Press.

Rizzolatti, G. & Craighero, L. (2004). The mirror-neuron system. *Annual Review of Neuroscience*, *27*, 169–192.

Robins, C. J., Ivanoff, A. M. & Linehan, M. (2001). Dialectical behavior therapy. In W. J. Livesley (ed.), *Handbook of Personality Disorders* (pp. 437–459). New York: Guilford.

Rogers, C. R. (1951). *Client-Centered Therapy: Its Current Practice, Implications, and Theory*. Boston, MA: Houghton Mifflin.

Rogers, C. R. (1992). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology*, *60*, 827–832.

Sartre, J. P. (2004). *The Imaginary* (J. Webber, Trans.). New York: Routledge.

Scanlon, T. M. (1998). *What We Owe to Each Other*. Cambridge, MA: Harvard University Press.

Schafer, R. (1976). *A New Language for Psychoanalysis*. New Haven, CT: Yale University Press.

Searle, J. R. (1998). *Mind, Language and Society*. New York: Basic Books.

Searle, J. R. (2001). *Rationality in Action*. Cambridge, MA: MIT Press.

Searle, J. R. (2004). *Mind: A Brief Introduction*. New York: Oxford University Press.

Shill, M. A. & Lumley, M. A. (2002). The psychological mindedness scale: factor structure, convergent validity and gender in a non-psychiatric sample. *Psychology and Psychotherapy: Theory, Research and Practice*, *75*, 131–150.

Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York: Norton.

Swanton, C. (2003). *Virtue Ethics: A Pluralistic View*. New York: Oxford University Press.

Target, M. & Fonagy, P. (1996). Playing with reality: II. The development of psychic reality from a theoretical perspective. *International Journal of Psycho-analysis*, *77*, 459–479.

Tomasello, M. (1999). *The Cultural Origins of Human Cognition*. Cambridge, MA: Harvard University Press.

Wertsch, J. V. (1998). *Mind as Action*. New York: Oxford University Press.

Winnicott, D. W. (1971). *Playing and Reality*. London: Routledge.