

CHAPTER 8

Mentalization-Based Couple Therapy

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Two truths approach each other

One comes from within

One comes from without

and where they meet

We have the chance to see ourselves

(From “*Preludes*” by Tomas Tranströmer, 1972)

Background

The intimacy of a couple’s relationship is the closest approximation for most people of the experience of being in therapy. In a couple’s relationship we confront the most uncomfortable truths about ourselves, our greatest fears and vulnerabilities, those aspects of our selves that feel “alien” and are not well integrated into the fabric of the narrative we have constructed about who we are.

But a couple’s relationship also provides us with the context in which our mentalizing strengths come to life. It is where we experience our deepest longings and our most tender hopes. In the other person’s embrace and recognition, we have the best “chance to see ourselves,” find the greatest sense of safety, trust and reciprocity, and the optimal opportunity to flourish. It is in co-mentalizing, in mutual learning and understanding, that we find the fulfilment of our human potential.

It would thus seem that working with couples in therapy is a most natural context for the application of the framework of mentalization-based therapy (MBT). MBT as a treatment approach was first tested empirically with adults with borderline personality disorder (Bateman

& Fonagy, 2016). Subsequently MBT has been applied trans-diagnostically to a range of mental health conditions and patient populations, including trauma (Allen, 2013), eating disorders (Robinson et al., 2016), psychosis (Debbané et al., 2016), depression (Fonagy et al., 2019), substance-use disorders (Phillips et al. 2018), as well as to children (Midgley et al., 2017), adolescents (Rossouw & Fonagy, 2012), infants and mothers (Sadler et al., 2006), and families (Asen & Fonagy, 2012).

MBT focuses on teaching, modeling, restoring, promoting, and rehabilitating mentalizing and epistemic trust and the associated capacity to learn socially and emotionally in close relationships. Any introduction to the conceptual framework underpinning MBT and MBT for couples (MBT-CO) would have to start with a definition of the key processes of mentalizing, epistemic trust, and symbolic/representational/imaginative processing.

Mentalizing refers to the skills and attitudes we deploy to notice, recognize, understand, and take into account the perspective and intentions of other people as well as our own (Fonagy & Bateman, 2016). The first challenge faced by the practitioner of MBT is to explain, let alone demonstrate, what it is that we do when we mentalize, how do we actually put into practice the very skills and attitudes we are seeking to support, promote, model and rehabilitate. Some of the difficulties explaining mentalizing arise from the fact that it is not a single, unitary action or set of activities. Instead, the mentalizing attitude depends on the capacity to hold a dynamic, flexible, constantly shifting balance between two modes of processing.

The first mode of processing is a very fast visceral, emphatic form of automatic mentalizing which consists of intuitive, procedural patterns – that is, non-conscious patterns of affect, movement, physiology and perception through which we seek to inhabit or resonate with other people’s experience – so we can understand the other from the inside. But this effort to

create a visceral simulation of the other person's experience also operates in the opposite direction, that is by inducing in the other, through procedural means, a similar matching of our own experience. This mode of processing thus generates a sense that "what is in my mind is in your mind, and what is in your mind is in my mind" – a state that Fonagy and Target (1996) describe as "psychic equivalence." The directionality of the inducement of visceral simulation is governed by the level of stress: The higher the stress level, the more we seek to coercively evoke in the other a simulation of our own experience, perhaps a legacy of the evolutionary adaptation aimed at insuring that caretakers could feel their babies' states of need via the activation of their mirror neuron system.

On the other hand, when stress levels are low and we feel protected, recognized, and understood, the direction of the psychic equivalence flows in the opposite direction, as we resonate and inhabit the other person's experience and perspective; this is part of the process described later as epistemic trust. The procedural experiences of automatic mentalizing are stored as implicit memories, which are triggered, without deliberation or effort (Luyten & Fonagy, 2015).

A second mode of processing that involves slower, more cognitive, conscious, or potentially conscious, symbolic/representational means of processing is controlled mentalizing. It requires effort and attention, reflection, and interpretation, through which we not only imagine the other person's intentions, perspective, and mental states, but are also able to imagine the impact we – and our mental states – have on others, that is, a process through which we understand ourselves from the outside. These controlled, symbolic/representational experiences are stored as explicit memories, which are retrievable through introspection and are connected to

symbolic/representational categories and patterns that seek to generate, not a procedural match, but a coherent representation of our experience.

Thus, the attitudes and skills of mentalizing involve a balancing act, a balance that is constantly lost and then recovered, of focusing on self and focusing on the other, of predominantly automatic/procedural/implicit processing and of more controlled/symbolic – representational/explicit processing. It is precisely when this flexible state of balance is generated – as opposed to when we get stuck in an unbalanced, no longer shifting and adjusting point of predominance of automatic, visceral simulation (the psychic equivalence mode) or of controlled, representational mentalizing not anchored by a link to affect and empathy (the pretend mode), that we are able to function in a “goldilocks” state of arousal and alertness, affect and cognition – not too little, not too much, but just right. In such a state we can recognize, understand and take into account the other while able to feel recognized, understood and taken into account. It is the feeling of being mentalized that serves as the glue that binds together an intimate couple.

The qualifier of “epistemic” in epistemic trust refers to the notion that the experience of being mentalized indicates to us that we can safely turn off defensiveness (epistemic vigilance) and count on the other person to be sensitive, responsive, and credible. By conveying that the other person is epistemically trustworthy – that such person can be trusted to be safe and communicate credible information – we are able to internalize and integrate such information into our framework of representations, of ourselves and the world. This information is understood as generalizable and is the key to social–emotional learning and thus adaptation.

Developmentally, mentalizing and epistemic trust are rooted in the innate disposition, present in all humans at birth, to seek attachment in response to threats (Bowlby, 1969). From

this perspective, our physical survival and the integrity of our brain, buffeted by stress, depends on our ability to signal distress to others who, in turn, are disposed to mentalize, that is, to effectively recognize and accurately interpret those distress signals in a timely, protective, regulating, and soothing manner. An important lesson from infancy research, however, is that optimal development, at least for averagely sensitive infants, does not require perfect sensitivity and accuracy (Beebe et al., 2010). On the contrary, infancy research and observation point out that average, “good – enough” mothers (Winnicott, 1971), effectively mentalize one of every three of their baby’s signals (Gianino & Tronick, 1988).

Such ratio of success/failure – which some studies suggest may be similar to the mentalizing success ratio demonstrated by the “good-enough” therapist with their patients – gives evidence that normal development is marked by constant small failures of attunement, necessitating effective repair of the attachment relationship thrown out of kilter by the misattunement, and the associated defensive response. It does appear that what heralds controlled mentalizing and epistemic trust is this very process of failure and repair. One central objective of MBT-CO is to rehabilitate the couple’s ability to repair misattunements, misunderstandings, and the associated breakdowns in mentalizing and epistemic trust. Such repair renders the breakdowns as opportunities to grow, learn and heal rather than experiences of catastrophic failure.

Mentalizing may have evolved, first and foremost, as a mechanism to ascertain who, when, and how much we can or cannot trust a potential attachment partner. A mentalized assessment of other people’s intentions provides a flexible, more accurate and effective way to decide when, whom and how much to allow for emotional and physical closeness, as well as remaining open to believe in and learn from our attachment partners. On the other hand,

mentalizing the other's malignant or dismissive mental states serves to activate defensive responses of anxiety, anger, or detachment, which act as barriers to keep at bay the other person and the information they convey. When we deem the other as trustworthy because we feel mentalized, we experience a decrease in defensiveness and in the sense of emotional distance. Mentalizing is then partially deactivated and, with it, the critical social judgment about the intentions, the veracity and the usefulness of the other person and their communications (Bartles & Zeki, 2004). As defensive, distancing affects, such as shame, disgust and anger are turned off, and we allow for greater emotional and physical proximity and cognitive credulity, we experience a growing merging of one's boundaries, as it occurs when we fall in love. Indeed, this partial abandonment of critical social judgment and the sense of partial merging of self – boundaries may be a necessary condition to falling in love.

When we feel threatened by others, we also switch off mentalizing. However, the breakdown in mentalizing and the increased defensiveness of other people are not the only triggers of defensiveness and non-mentalizing in ourselves. All of us carry “mentalizing lacunae” (gaps), the legacy of adversity and vulnerability and our efforts to cope with contexts in which certain aspects of our experience were not mentalized and integrated into our self – representation and are thus experienced as alien parts of the self, aspects whose activation elicits a defensive response. These may include experiences of defeat or deflation, frustration or competition, loss, abandonment, and rejection, or shame, humiliation, guilt, or control by someone else's needs, even by experiences of triumph or exhilaration.

Defensiveness involves an increase in the sense of emotional distance from the other with a corresponding increase in arousal and activation of “fight-freeze-flight.” As arousal and defensiveness increase, the balance of automatic and controlled mentalizing breaks down and

these two components tend to uncouple, ushering either the predominance or alternation of psychic equivalence – with its coercive efforts to impose our truth on the other and the complete certainty about our perspective or, on the other hand, of the pretend mode in which nothing feels real and feelings can be dismissed.

Evolution has built into the human brain a disposition to automatically respond with defensiveness and loss of mentalizing when approached by others who show defensiveness, coerciveness and non-mentalizing. Visceral experiences of arousal and stress powerfully evoke similar responses in others. This disposition is greatly intensified in intimate relationships. Such intensity is hardly surprising. As the support and containment offered to the couple by extended family and community have eroded in industrialized societies, intimate partners are left to mostly rely on each other for support of their identity, emotional wellbeing, and self-worth.

Relying so heavily on their intimate partners, members of a couple can feel utterly vulnerable, as the costs of misunderstanding are very great. Put simply, we experience the greatest difficulty remaining in a mentalizing mode with our intimate partners because those who are closest to us matter too much. Such vulnerability to losing mentalizing inevitably impacts our partners. Thus, transactional sequences are often set in motion in which one member of the couple, displaying defensiveness, increased arousal or detachment, certainty, coercion, and loss of mentalizing, evokes a similar reaction in their partner, which, in turn, reignites more non-mentalizing and creates a vicious cycle of reactivity and dysregulation. Perhaps more significantly, they deprive the couple of the protective and restorative functions (to be seen, to be safe, to feel soothed, to enjoy sex) provided by intimate attachments built out of mentalizing, trusting, and social learning.

The Healthy Versus Distressed Couple Relationship

Most couples, like most individuals, are capable of mentalizing, more or less effectively, at least sometimes, and do so automatically, without conscious effort. The first step in conducting MBT-CO is an assessment of the couple's history, functioning and the extent to which they are able to maintain – and recover – a mentalizing stance that involves (1) feeling recognized and understood by their partner; (2) having a shared sense of safety and trust in each other that includes a taken-for-granted conviction that they can count on their partner to be on their side; (3) finding in each other an “epistemic partner”, who provides credible information, important for survival, successful adaptation, and repair of breakdowns; (4) utilizing the couple's relationship both as (a) a “secure base” that invites exploration, playful interactions and new learning and discovery within the relationship and (b) a “safe haven,” a soothing, comforting harbor from the storms and tribulations of life (Bowlby, 1969) and (5) locating in the relationship with the partner the erotic tension that is predicated on the right distance – between intimate closeness and erotically charged “otherness” – that generates sexual intimacy and pleasure (Perel, 2006).

When mentalizing is ineffective it is dominated by one or more of three modes of representing internal states. The first is psychic equivalence, which is characterized by excessive certainty, a suspension of the doubt and humility associated with the natural opaqueness of mental states (in effect our own, as well as those of others). In psychic equivalence, thoughts and feelings have an absolute reality. There is a finality to them and a lack of openness to consider other possibilities. For example, if in the middle of a conversation, my partner looks at her watch, that unequivocally means that she is bored with me and can't wait for the conversation to be over.

The second is the pretend mode, which describes a different but often coexisting mode of ineffective mentalizing. The conversation between the partners and with the therapist may have the appearance of mentalizing but it is inconsequential talk. Groundless and excessive inferences are made about mental states even if these are positive in valence. Hypotheses about the partner's history or, indeed, details of the person's own history, may provide a mitigation for their actions but serve no useful purpose. There is a lack of connection between the thoughts and the words on the one hand and the person's feelings and actions on the other. Characteristically there is a circularity without conclusion in such a discourse and a repetitiveness and unjustified complexity, termed by Carla Sharp as "hypermentalizing" (Sharp, 2016). It is essential to be wary of such pseudo mentalizing as it brings with it no progress and no therapeutic change.

The third and readily recognizable mode of ineffective mentalizing is the teleological mode. This mode is rooted in a lack of genuine belief in the relevance of thoughts and feelings in the determination of behavior and can be summarized by the expression "actions speak louder than words." Words in this mode carry little meaning and there is the expectation that change must be observed to actually happen in order to be felt as meaningful. Outcomes in the physical world determine understanding of inner states. The teleological mode can lead to expectations that actions can repair psychological wounds. For example, in order to repair a fight, a man wonders why his partner is so unforgiving, "I said I was sorry and brought you flowers." Similarly, the teleological mode can lead to demands for actions in the illusory belief that a change in behavior will automatically generate a modification of attitude. Of course, if motives of others are judged by what actually happens (what you do and not what you think, feel or say) the therapy can become focused on complex behavioral contracts. This is not necessarily a problem, but it can lead to the avoidance of potentially painful recognition of problematic

thoughts and feelings that in fact are the generators of the troublesome actions. The demand on the therapist can be to bring about a change of the partner's behavior and discussions of internal states can be regarded as inconsequential.

Assessing these modes of representing internal states and the above mentioned dimensions and modes of functioning between no, or a very limited, sense of safety and trust to a robust and rarely impaired sense of safety involves, in particular, identifying the specific interactive patterns in which one or more of those dimensions and the underlying capacity to mentalize and trust breaks down or becomes strained. For example, the defiant behavior of a teenage son may result in the father feeling dismissed and disrespected. He responds to feeling disrespected with rage, which leads the mother and wife to feel threatened, and to distance herself from her partner. She then sides with the teen-age son, which results in an increased sense in the father of feeling dismissed and disrespected. This leads to more defensiveness, more psychic equivalence, less mentalizing and less trust in the couple and the entire family.

John Gottman, in his book *The Science of Trust* (Gottman, 2011) summarizes the results of his extensive empirical studies of couples that reveal indicators of dysfunction in couples during conflict. We propose that such indicators are markers of a breakdown of mentalizing and epistemic trust and include turning away, turning against, escalation of negative affect, failing to repair, maintaining vigilance, and physiological arousal, failing to accept influence and failure to learn from each other. The key result of feeling mentalized is to open oneself to the influence and the knowledge provided by the other; a breakdown in mentalizing and trust blocks the channel for mutual learning and curiosity. (See also Chapter 16 on Gottman Method Couple Therapy.)

The Practice of Mentalization-Based Couple Therapy

The Structure of the Therapy Process

The process of MBT-CO begins with 1-2 assessment sessions with the couple followed by 1-2 individual sessions with each member of the couple. In these sessions, the therapist seeks to elicit a detailed understanding of the issues that brought the couple to treatment, their individual history, particularly their attachment history, the couple's history, and their mentalizing strengths and vulnerabilities. (See Table 8.1.)

The individual sessions provide an opportunity to better understand each member of the couple, including the history of how they influence each other's capacity to mentalize and trust, the interactions in which breakdowns in mentalizing and epistemic trust occur, and the coercive cycles such interactions generate. One aim of the individual sessions is to strengthen each partner's sense of being understood, recognized, respected, and validated, paving the way for trust in the therapist and in the therapy process.

In the individual session, the therapist explores each partner's family of origin, relationship history and views of current strengths (what you value in your partner and in your relationship and wouldn't want to change) and difficulties, as well as their commitment to the relationship and to the process that seeks to address challenges and repair problems. The individual sessions also offer an opportunity to assess each partner's personality, attachment style and level of functioning – their rigidity, flexibility, coping strategies, cognitive style, patterns of communication and their compatibility with their partner. Last, but not least, the individual sessions can serve to identify issues that are more difficult to discuss in the presence of the partner including individual health and mental health issues, substance abuse, concern about safety or domestic violence, infidelity and trauma that both exacerbate and are exacerbated by difficulties in mentalizing. These issues require special consideration regarding how to help

the couple deal with secrets they have kept from each other and how to create a safe space for the work including an assessment of the couple's readiness for treatment. (See Table 8.2.)

Following the joint session and the individual sessions, the therapist meets with the couple to share a formulation that summarizes the therapist's understanding of the couple's strengths and challenges, particularly highlighting mentalizing strengths and vulnerabilities and difficulties in trusting and learning. The formulation also maps out a path to recovery. This formulation, in common with other MBT protocols, can be presented orally and in writing, which provides a useful reference and a document to review progress in the therapy. The process of assessing and sharing a formulation is also an opportunity to educate the couple about mentalizing, epistemic trust and the process of mentalization-based treatment.

Education is typically handled in individual and couple sessions with a focus on how the capacities for mentalizing are acquired in the context of our attachments and how the capacity for mentalizing and trusting are maintained or break down when defensiveness is activated. Education also includes sharing reading and video material. However, the key education about mentalizing, epistemic trust and MBT takes place implicitly in the experience of the therapy.

As part of the formulation, the therapist proposes starting a process of sessions that, as during the assessment, will include couple sessions typically once weekly, and the option for some individual sessions. One or both of the partners may be referred to individual psychotherapy, medication management, or alcohol and substance use treatment, which are indicated when one or both partners present with significant mental health issues or in instances in which breaches in trust, such as affairs, require an individual's examination of their own history and vulnerabilities in order to navigate the journey to repair.

The Role of the Therapist

The therapist's role is to support the couple's capacity to maintain co-mentalizing (simultaneous interactional mentalizing) in the relationship. The aim of the therapy is to enable mentalizing in the context of the specific relationship, not to provide insight into its history or address intra-individual personality problems. In fact, the role of the therapist can be simply stated as assisting the couple in reinstating mentalizing when interactions between them suggest that ineffective modes of mentalizing (psychic equivalence, pretend or teleological modes) replace effective joint thinking about the relationship.

The therapist introduces a mentalizing stance that brings to life how mentalizing is put into practice, including an attitude of genuine curiosity, openness, respect, and interest in understanding the perspective of each partner "from the inside." Real tentativeness, humility and tolerance for not knowing what the other person's thoughts, feelings and intentions "really are" is demonstrated by "what" questions ("Do you know what was going on for you when you said that?"). In addition, the therapist can use frequent checking to see if they truly understand each partner accurately, and should be open to being surprised and enlightened.

Particularly important is for the therapist to demonstrate "impact awareness," a keen interest in learning the effect of the therapist's own words and actions on the couple. Such inquiry serves to highlight the difference between the intent of one's actions and the impact they have on others and the significance of not only considering the other person's perspective, but asking explicitly about their experience. Equally important is the therapist's readiness to acknowledge and take responsibility for the therapist's own inevitable mistakes and associated failures in mentalizing that cause pain and defensiveness for the couple. This acknowledgement helps to validate the couple's experience of feeling misunderstood and demonstrates how courage and humility can foster growth and repair. The therapist monitors instances of

spontaneous mentalizing in the couple and highlights how a mentalizing attitude can offer the possibility for feeling more open and less guarded. Alternatively, noticing defensiveness can help both the couple and the therapist explore and understand feelings about oneself or the relationship that include a sense of threat. Therapists can then help both partners recognize the bodily experience of defensiveness and how to monitor their level of arousal, optimally in a point of balance between hypo-arousal and hyperarousal, that is associated with effective mentalizing. The therapist points to the specific ways each partner responds to defensive breakdowns in mentalizing – their own particular “four horsemen of the mentalizing apocalypse”: criticism, contempt, defensiveness and stonewalling (Gottman, 2011) as well as dismissiveness, anxiety, anger, avoidance, dissociation, detachment, pretending to be present and in agreement without conviction, unjustified certainty, and coercive efforts to make the other person feel, think, or act in a particular way.

Assessment and Treatment Planning

The assessment aims to flesh out the particular mentalizing strengths and challenges in each partner and the specific ways in which their interactions enhance or compromise their capacity to mentalize and trust. Questionnaires to assess the couple’s functioning can be used including the Gottman Checklist of Solvable and Perpetual Problems (Gottman, 2012), the Mentalization Questionnaire (Hausberg et al., 2012), or the Parent Development Interview – Reflective Functioning Scale (Slade et al., 2005), the latter one being particularly useful when there are significant issues related to parenting.

Goal Setting

At the heart of MBT-CO is a concerted effort to stimulate and restore mentalizing and trust for the couple. The goal is not only to enable the couple to interrupt non-mentalizing and

the vicious, non-mentalizing, coercive cycles it gives rise to, but also to help the couple use each other as resources to update and adapt their sense of themselves, the other and the relationship. Promoting mentalizing serves to signal the possibility of trust which, in turn, opens the relationship to joint attention, learning and exploration, mutual soothing, effective repair of misattunements and the reciprocity that sustains in each partner a sense of coherence, hope, joy and meaning. When both partners adopt a mentalizing stance, they create the possibility of virtuous cycles and the generalization of social learning to other relationships outside the couple which can serve to sustain the couple relationship. Achieving these goals is explicitly discussed with the couple when sharing the results of the formal assessment and through explicit education about the model in sessions. They are also presented implicitly, in the ongoing effort of the therapist to model a mentalizing stance (see below) and to promote such stance in the couple.

Individual sessions are useful in the course of treatment at times of intense conflict and negativity in the sessions or in moments when treatment has reached an impasse. The individual session can allow each partner to better understand and address the sources of distress, conflict and impasse – and prepare for the couple session by imagining and role playing their partner’s perspective. Providing an experience of recognition and validation by the therapist may allow each partner to consider how to better understand their emotional reactions and their own role in the conflicts or impasses. It also allows each partner to practice, via role play, how to communicate more effectively with their partner as well as to better understand how their partner may experience them.

In the case of a couple coming with different goals, such as one person wanting to preserve the marriage and heal the relationship and the other wanting to leave, or when either one is unsure about their commitment to the marriage, the goal remains to have each person

understand their partner and themselves as a better basis for decision making and negotiating differences.

Process and Technical Aspects of Couple Therapy

Two core features make-up the process of MBT-CO: (1) the therapist's mentalizing stance which guides the answer to the question "how to be?" in therapy (that is, the skills and attitudes the therapist puts in practice); and (2) the spectrum of interventions, which helps determine "what to do?" or "where to be?" in the session on a moment-to-moment basis in deciding the level and focus of intervention. In the next section we describe specific competencies associated with successful mentalizing.

The Therapist's Mentalizing Stance

The therapist's mentalizing stance is arguably the fundamental component of all MBT protocols. It embodies the premise that the basic role of the therapist in MBT-CO (and all other MBT protocols) is to model the skills and attitudes that lead to effectively achieving two ongoing tasks that therapists invite the couple to engage in. They include, first, to trust and learn in an attachment relationship and, second, to repair breakdowns in trust and mentalizing by pausing to consider one's own mind and being interested in understanding the mind and intentions of one's partner. The therapist's mentalizing stance provides a foundation for each partner to feel valued, respected and understood by the therapist and ultimately by a context in which they acquire a capacity to mentalize and trust themselves and each other.

Interventions that promote the safe environment that fosters attachment include ongoing efforts to encourage each person, including the therapist, to avoid or minimize talking over or interrupting, criticizing, blaming or insulting. Safety is also promoted by the therapist's slowing down the flow of the conversation and by frequent checking to make sure that all parties

accurately understand what each person is conveying, verbally and with their emotional tone and body posture. The therapist helps “warm things up” by inviting the partners to talk directly to each other when they appear detached or distant

Conversely, the therapist helps “cool things down” when one or both persons appear overwhelmed by asking the partners to talk directly to the therapist. The therapist then converses with one person at a time while asking the other to listen carefully and try to understand their partner without intervening. The MBT-CO process, as life itself, is a dynamic process of constant fluctuations in mentalizing and trust, of connection lost and gained. MBT-CO is designed to provide a container to process that fluidity and facilitate regaining balance.

Maintaining An Inquisitive “Not Knowing” Position. The therapist affirms and seeks to demonstrate the value of the attitudes that express a mentalizing stance: authenticity, genuineness, respect, engagement, interest, curiosity, tentativeness and a tolerance for not knowing, recognizing that each person and each couple has a unique perspective, history, culture and background and that the therapist’s job is to be educated by the couple. Our success as therapists is dependent on our ability to learn. The therapist actively inquires about actions and behavior as well as the feelings underneath and invites each member of the couple to enquire about their partner’s experience. There is a deliberate move to both recognize behavior patterns that are troubling for the couple and, at the same time, to explore what underlies those behaviors. These inquiries are not fact-finding exercises but efforts to open conversations that track the details of each person’s thoughts and feelings and how those are impacted by the meaning they attribute to each other’s communications.

An attitude of tolerance for not knowing helps to model that none of us can be certain what is in another person’s mind and opens the capacity to entertain multiple perspectives. The

therapist models that we can only access another person's experience if we are open to changing our minds as more information becomes available, and that we can be surprised by the information we acquire. In explaining "not knowing" the therapist can highlight when it happens in the session. Inquiring and then respecting, accepting and validating – even if disagreeing – with each person's perspective serves to not only promote epistemic trust, but also models how partners can listen to each other with the intent of learning rather than debating.

Holding the Balance. Effective mentalizing is manifested in a dynamic and flexible balance between attending to self and paying attention to the other, between affect and cognition and between automatic –mentalizing, which is facilitated by increasing stress and arousal, and controlled –mentalizing, which is more available when stress and arousal are reduced (Luyten et al., 2019). In addition, in MBT-CO, holding the balance involves ensuring that both persons can equally communicate their experience and feel heard and understood by their partner and the therapist.

The therapist invites a shift in perspective at a moment when affect dominates and appears overwhelming by helping the couple take a step back to carefully outline the sequence of interactions and experiences that led to the current state. Likewise, when cognition dominates, seemingly not grounded in feelings, the therapist invites the couple to recognize and name the emotions hidden at that moment including considering bodily sensations that accompany certain mental states. Holding the balance also means striking a careful equilibrium between allowing the couple to interact naturally, eliciting habitual patterns, and actively intervening and suggesting alternative ways of interacting, particularly when impasses are reached and non-mentalizing dominates.

Interrupting Non-Mentalizing. A basic premise of MBT-CO is that the emergence of non-mentalizing in the couple's interaction is a defensive response when the interaction has touched an area of vulnerability for one or both partners. Defensiveness and non-mentalizing in one person foster a breakdown of mentalizing and epistemic trust in the other person and activate self-perpetuating vicious cycles. The emergence of non-mentalizing in the session is a clear indication for the therapist to intervene. The first competence to practice in the face of non-mentalizing is the capacity to recognize it in the session, both with the couple and for the therapist. Markers of non-mentalizing for the therapist include arguing with one or both partners, feeling certain of knowing the true meaning or intent of the couple's interactions, and losing the ability to maintain multiple perspectives. The second competence involves interrupting non-mentalizing in order to regain a mentalizing stance, the very process that the therapist seeks to promote in the couple's interactions. Strategies for regaining mentalizing include taking a moment's break in order to be able to pause and reflect on what has been happening both for the therapist and the couple.

The therapist's ability to recognize his or her own non-mentalizing and to seek to repair breakdowns models for the couple what to do when feeling stuck themselves. As we will discuss later, pausing is often followed by an invitation to "rewind" to the moment before the communication became problematic. Pausing also makes it possible for the therapist to tease out the subjective experiences and interactions that render the couple unable to hear or understand either themselves or their partner.

The following is an example of a session in which the therapist is helping Robert and May, both previously married and very dedicated to their careers. Any issue involving money has been an immediate trigger for anger, hurt and emotional withdrawal. May has inherited

some money from her parents who were extremely frugal and whose approval was very important to her, while Robert has experienced a number of financial setbacks that have limited his earnings and made him dependent on May. Robert's father was chronically unemployed, struggled with an alcohol addiction and had difficulty supporting his family. Robert's own grown son and daughter have struggled to find steady work and are often in need of financial rescue. When Robert feels compelled to help them with rent or a car payment, May feels resentful and lashes out at Robert who then becomes angry and critical of May.

Noticing this pattern, the therapist first suggests a pause to interrupt the cycle and then checks with both partners to see how they experience their conversation. The pause can be initiated by either party or the therapist and it may involve simply taking 60 – 90 seconds to breathe deeply in silence followed by a question: "What was that like for you?" They feel like they are back in a rut that they can't escape but would like to find a way out. The therapist invites the couple to use a signal such as pushing an imaginary "pause button" or raising a hand when they feel they have reached an impasse, or are feeling judged or criticized. Pressing a pause button serves to encourage awareness of one's own state of arousal while recognizing the need to check what is happening with one's partner. Inviting the couple to name the pattern of interaction, Robert and May now speak of the "money land-mine field" which helps them take a bit of distance and acknowledge that this is a painful area that affects each of them in different ways. As they are able to be curious about their vulnerabilities and their shame regarding finances, the therapist observes them having a mentalizing conversation and notes their increased capacity for understanding themselves and each other as opposed to their previous efforts to cajole, argue, threaten and otherwise coerce their partner into agreement.

Highlighting and Marking Mentalizing. The therapist actively searches for instances of good mentalizing in the couple's interactions, marking when either partner shows evidence of being curious, respectful, interested in understanding the other's perspective, aware of the impact they have on the other, capable of disclosing vulnerable feelings without becoming defensive and taking responsibility for their mistakes or misunderstandings and the hurt they cause. It may entail acknowledging worry that they have disappointed their partner in a way that feels unacceptable.

The Spectrum of Interventions

The spectrum of interventions provides the therapist with a roadmap for responding to the couple's level of mentalizing and defensiveness at any moment. The steps in the spectrum are support, empathy and validation; clarification, affect focus and affect elaboration; challenge and the therapeutic bargain; and repairing mentalizing and epistemic trust in the here and now of the relationship.

Following each intervention, the therapist monitors whether there is an enhancement in mentalizing and trust, and a corresponding decrease in defensiveness. This observation helps to recognize when to move to steps in the spectrum that require a greater capacity to mentalize and trust. On the other hand, a response that demonstrates less capacity for mentalizing and greater defensiveness suggests the need to further reduce the mentalizing demands on the couple. In this case, the therapist might use interventions such as "use of self." For example, the therapist takes responsibility for the failure to understand an interaction and the impact that the lack of understanding may have had on the couple, or the therapist may interview each person in the presence of their partner. The partner is then asked to listen without intervening to see what can be learned.

Empathy, Support and Validation. The experience of feeling understood and that one is present in another person's mind is the essential condition that signals it is safe to trust. The step of empathy, support and validation is thus the natural point of departure for all sessions and the point to return to when mentalizing breaks down and trust is eroded. Aiming to help regain mentalizing and trust, the therapist carefully questions each partner seeking to elicit an account of their emotional experience. Respecting, understanding and validating the perspective of each person does not negate or invalidate the perspective of the other partner but helps both to expand their perspective. Understanding someone is not the same as agreement and this is an important distinction. A response or reaction may be understandable given the beliefs held by the individual and the emotional reaction of intense distress may be undeniably worthy of empathy. The therapist can talk about "holding mind in mind," that is to be able to hold multiple perspectives and feelings at the same time. When able to hold multiple perspectives both partners become more capable of experiencing their different perspectives not as "either - or" but more as "both - and."

In MBT-CO, the therapist does more than support, empathize and validate each person's experience. This step involves promoting the ability of each person to stop invalidating the other and to hear their partner with an open heart and an open mind. Since the therapist is treating the relationship and the space between the two partners, the therapist can also validate and empathize with their efforts to have a functioning relationship and the challenges they face in trying to handle that space with compassion, kindness and thoughtfulness. Facilitating such a position may require the therapist to have a supportive and empathic conversation with each partner in the presence of the other who is asked to listen and try to understand.

Clarification, Affect Focus and Elaboration. Evidence of some degree of reflectiveness, curiosity and openness to consider other perspectives is an indication to increase the mentalizing demands on the couple by pursuing clarification and elaboration. This step involves an effort to reconstruct the emotional and interpersonal context leading to breakdowns in mentalizing and epistemic trust, including a detailed picture of the feelings and the meanings given by each partner to the interactions leading to the disruption. Achieving this may include the use of “rewind and reflect,” an approach in which the therapist asks the couple to track the last moment in which both felt that they could think and interact freely without confusion.

The therapist then engages in a “mentalizing chain analysis,” establishing in great detail how mental states change as a result of the meaning each person assigns to a particular interaction. The therapist also attempts to expand and elaborate by seeking the hidden vulnerable feelings and meanings that typically lurk behind defensive, distancing affects. This more challenging intervention may also help couples to look at the impact of their own histories, either in their current families or in their families of origin.

For example, when Robert and May, mentioned earlier, were locked in battles of mutual resentment regarding “his irresponsible squandering of the couple’s assets” and “her demeaning, humiliating and unsupportive stinginess,” careful reflection helped May to recognize that she was afraid that she could only hold onto Robert because of her ability to buy out his interest, so she constantly felt that she would lose Robert if she didn’t agree with him regarding finances. He, in turn, was able to understand, and help May understand, his desperate need to prove that he, unlike his father, is a caring and effective parent to his children, and the enormous shame he feels when he is unable to provide for them. His fear of disappointing his children prevented him from having honest conversations with them about money. Requests were rarely denied

regardless of the cost even when it meant putting himself into debt. He also had great difficulty recognizing the differences between his situation and that of his father and lived in terror that his children would feel about him the way he felt about his own father. Again, the therapist checks to ensure that both partners feel understood and experience a sense of ownership over the increasingly coherent narrative they are jointly constructing.

Challenge and the Therapeutic Bargain. The therapist is in a position to challenge the couple once there is a sense of enhanced collaboration and the couple is working together with each other and with the therapist. Paradoxically, it is also an approach designed to surprise the couple and jolt them back to a more reflective stance, particularly when there is a predominance of the pretend mode in the couple's communication in which they may be ignoring an important and sometimes damaging or dangerous behavior – for example a partner's addictive behavior, infidelity, or undisclosed financial decisions or secrets that could put the family at risk. Typically, this challenge involves looking at the potential downsides of changing a behavior, even one that appears problematic.

The therapist may be quite explicit about moving into difficult territory as in “I hope you will bear with me but I think this is really important.” Facing an uncomfortable experience of sharing vulnerability is difficult and requires skill. Paul and Helen came to therapy to address Paul's depression and the deterioration of their marriage after Paul learned that Helen had been having an affair. After overcoming his humiliation and despair upon finding out about his wife's affair, he decided to propose to her in the session that they seek to rebuild their shattered trust. Helen hesitated for a moment before answering and Paul exploded in anger, accusing her of rejecting him again and certain that she felt only contempt for him. In the session, Helen said

that she felt confused, guilty and afraid of Paul's anger when he made his proposal but this did little to soothe or calm Paul.

Only in a follow up individual session could Paul acknowledge the panic he experienced when Helen hesitated and he felt certain that he did not matter to her as much as she mattered to him. These struggles and reactions that often accompany a step towards reconciliation illustrate an understandable reluctance to give up the protection afforded by defensiveness and non-mentalizing in spite of the pain and limitations they produce. It is a moment to reflect on the courage that Paul needs to replace his anger and his conviction that Helen wants to hurt and reject him with the far riskier position of opening himself up by letting Helen know how much she means to him and then daring to check to see if she cares enough about him to try to repair the relationship. The shift in paradigm often involves giving up the comfort of the certainty of failure for the uncertain outcome that may result from having hope.

This dilemma highlights the basic therapeutic bargain that treatment offers couples. The dilemma is to choose between holding onto defensive, non-mentalizing approaches that provide a semblance of control, safety and protection on the one hand, and taking the risk of giving up those protections in order to trust another person, knowing that, while there is no certainty, there is the possibility of learning how to attain real mastery and genuine reciprocity.

Repairing Mentalizing and Epistemic Trust in the Here and Now. The greatest mentalizing demand is to expose our vulnerabilities to each other and to maintain trust and mentalizing in the face of intense emotions. The greatest chance of generating a virtuous cycle of social learning in a relationship is built on the development of a safe haven and a secure base for each other. This capacity to repair offers each person the best chance to acquire a set of tools

that can be generalized to other relationships outside of the couple and to other contexts outside the treatment relationship, reinstating the resilience-enhancing possibilities of social learning.

The therapist's readiness to take responsibility for mistakes and misattunements and the pain they cause sets the stage for a different kind of interaction. We are holding ourselves to be accountable in the relationship in a way that is parallel to what we hope for with the couples we treat. Apologizing to the couple and encouraging them to initiate this crucial step within their relationship opens the door to greater intimacy. Each member of the couple, owning their mistakes by genuinely appreciating the impact they have on their partner, is then able to express with humility and conviction a desire to earn their partner's trust.

In listening with an open heart and a calm and inquisitive mind, we practice not interrupting or justifying oneself, not trying to solve the problem or change the other person's mind, but only to seek to understand and recognize each partner's experience. It is often helpful to educate couples about the rules of effective apology (Lerner, 2017). In encouraging apologies, the therapist highlights that repairing requires first the capacity to take responsibility, not for the other person's feelings, but for their own hurtful actions. In order to take responsibility one has to first be interested in and then willing to learn our partner's perspective and has to tolerate the fact that we inevitably fall short of our partner's needs and wishes and will likely disappoint our partners no matter how hard we try. We as therapists also invite the couples we work with to each maintain a mentalizing stance even when the other person is not able to accept the apology or reverts to defensiveness or hostility.

Curative Factors / Mechanisms of Change

From this vantage point we come to the rather bold proposal that the key "active ingredient" - the basic healing mechanism of therapy – whether it is MBT-CO or any modality of

psychosocial intervention – is the establishment of a relationship in which people feel understood and are helped to understand themselves and others, which mobilizes epistemic trust, social learning, and symbolic/representational processing. The curative factor of MBT-CO is the achievement of robust relational mentalizing. Relational mentalizing refers to shared thinking and feeling within a couple or other group. We assume that well-functioning couple relationships share intentionality and occupy a shared mental space. While thoughts and feelings about relationships are usually appropriately addressed in relation to mentalizing about others or mentalizing about the self in relation to others, there is a higher level of interactive process that we must address. These concern intentional states that are assumed by individuals in the system to be joint or shared by everyone. Tuomela (2005) has evocatively named this category “jointly seeing to it” (*JSTIT*). It has been argued that mentalizing has a somewhat special “we-mode” (Gallotti & Frith, 2013). To put it plainly, other people being around makes one think differently and better. This involves co-representing the other’s viewpoint, a pre-condition for joint action. The convergence of mentalizing increases our confidence in our imagined inferences about the inner states of others. But perhaps most significantly, it contributes to the formation and the maintaining of emotional bonds. In other words, we assume that relational mentalizing in and of itself, acts as a catalyst to (re)create links of affection in the couple.

Co-mentalizing or relational mentalizing concerns thoughts and feelings that drive options for doing things that one could not do on one’s own. When people decide to act together, to join forces, there is a sense in which no member of the group can be assumed to be doing it “on their own” or can be appropriately considered as thinking or feeling in isolation from others in that psychological collective. The “we-mode” is an experience which forms the basis for cooperation, commitment to shared goals, and catalyzes the development of epistemic trust and

trustworthiness (Tuomela, 2005). We suggest that its recovery (or indeed its establishment) is the fundamental mechanism of change in couple therapy where the underlying problem is the loss of shared intentionality. The experience of the we-mode is normally a mutual creation by the couple. It naturally comes and goes, lost in non-cooperative interactions and restored continually in the cultivation of epistemic trust.

Here we summarize the key features we believe may be most important to generate shared intentionality of relational and co-mentalizing.

1. Joint intentions. When intentions are joined up, the couple is working in the ‘we-mode’.

Developing such shared perspectives is at the heart of relational or co-mentalizing. While explicit awareness of a non-shared nature of joint intentions paradoxically makes for a strong we-mode, assuming a we-mode in a manner that is actually far from joint is quite common in troubled couple relationships and declaring intentions to be joint is a frequent indicator of its direct opposite. Addressing assumptions about joint actions that are grossly inaccurate and self-serving is a key part of the process of change.

2. Beyond manifesting shared or joint intentions, the acceptance of an emerging, fresh joint perspective is best indicated by joint action on the part of the couple. If they initiate a plan and then act as a coherent unit with both members actively participating in joint intentional action we may talk about effective co-mentalizing. This is not a complex process but needs to involve genuinely joint actions – physically being engaged in joint action is not sufficient for change – it is a shared experience of engagement (e.g., jointly overcoming barriers to achieve the activity) that drives the process where the “I-mode” is voluntarily subsumed into one where the dominant goal is joint action and collaboration.

3. Developing communication skills for sharing intentions. A movement towards a relational not-knowing stance (inquisitiveness and curiosity about each other's mental states) mostly implicitly rather than explicitly evolves and can foster the potential for developing relationships and open exchanges of thoughts and feelings. The expansion of effort to see the other's internal state and perspective can enable the other(s) to feel 'seen' and oneself to feel 'seen'. Further, developing comfort in collaborating requires the capacity to check in with each other, to discuss thoughts, feelings, hopes and plans with each other and to guarantee a time when this can occur.
4. Measured (non-paranoid) trusting responsiveness generates a benign background for relational mentalizing. Acknowledging, in one's reaction, the potential for making unfounded assumptions when interpreting others' social actions can help to facilitate joint action.
5. Creating a setting for turn-taking establishes the essential give-and-take in interactions with others and provides evidence in real-time of effective mentalizing (e.g., the need to make oneself available for being understood and to engage in extending one's understanding by taking on board the other person's thoughts and preoccupations).
6. Relational impact awareness implies the appreciation of how one's own thoughts, feelings and actions affect the relationship. It essentially denotes the acknowledgement of personal agency (the impact one has) on the relational context.
7. Joint playfulness as a shared state of mind can also be a key change mechanism as it permits transgressing the physically palpable world 'out there' and entering the arena of "make believe", opening up the mind to collective experimentation and imagination. Joining with a partner in playful exploration of mutual understandings and feelings can indicate effective co-mentalizing. Playfulness and the use of humor enables lifting some of the inhibitions that

can prevent a couple from arriving at shared intentionality. For example, the vulnerability of the other's sense of self can block arriving at a shared experience in the family, but engaging in play may reduce self-consciousness sufficiently for a community of minds to be formed.

8. The joint belief in changeability established in the formulation and the therapeutic bargain ushers in a view of causation not just from a physical (psychic equivalent and teleological) level but to a more nuanced psychological level. The core assumption of the MBT-CO approach that 'minds can change minds' can imbue couples with a sense of optimism, of 'never giving up' while working together. In this context, changeability refers to the couple's shared experience of optimism in relation to JSTIT ("jointly seeing to it") – "we had difficult situations before and we have dealt with them; we are not sure what the solution is this time but we will sort it out somehow."
9. MBT-CO focuses on the relationship rather than the individuals in the relationship because it assumes that the growing capacity to trust in the relationship is most likely to be the key to successful treatment. Beyond trust within the dyadic attachments, which is primarily driven by responsiveness, here we are concerned with a systemic sense of trust ("will this relationship deliver for me") which may be a vital ingredient for forming and sustaining a meaningful connection. Attachment to an individual may be quite different from an overarching sense of trust in the relationship with that individual. Love for that person does not preclude having no faith in the relationship to them. Trust in the relationship signifies the return of the we-mode and may be the basic driver of change.

Treatment Applicability and Empirical Support

The theoretical and clinical ideas advanced in this chapter are relatively well supported by empirical findings. Mentalizing has been shown to have both trait (some individuals

mentalize better than others) and state features (at some moments and in some situations we may mentalize ineffectively); it is to a large extent relationship specific, and controlled mentalizing tends to be inhibited with increasing arousal or stress (Luyten et al., 2019). The core assumption of the theory, namely that parental mentalizing of their infant, treating them as a psychological agents, is known to be conducive to the development of secure attachment in children (Zeegers et al., 2017). Studies also suggest that cognitive features of mentalizing, including joint attention, perspective taking, and theory of mind as well as affective components, such as emotion processing, empathy, and the use of mental-state language are more marked in securely attached children (Kobak et al., 2017) and adults (Troyer & Greitemeyer, 2018). Studies also support the assumption that higher levels of parental mentalizing foster mentalizing in children and adolescents (Rosso & Airoldi, 2016). Early adversity severely impairs mentalizing, as indicated by strongly biased mentalizing, hypersensitivity to the mental states of others, a defensive inhibition of mentalizing, or a combination of these features (for a review see Borelli et al., 2019). There is also evidence that high levels of caregivers' reflective functioning, and specifically reflective functioning with regard to their own traumatic experiences, may be an important buffer in the relationship between early adversity and child outcomes (Ensink et al., 2017). MBT-CO assumes that both attachment and mentalizing play key roles in stress and arousal regulation and neuroscience studies have generally supported the assumptions of associations between attachment dimensions, mentalizing, and stress and arousal regulation (for reviews see Feldman, 2021).

Case Illustration

Elena, 35, and Alec, 37, came to couple therapy referred by a friend. They had separated several times and were not sure if they wanted to remain together. They had been married for 11

years and had two sons, Carlos, 7 and Thomas, 5. Elena grew up with her parents and a younger brother in a small town in northern Mexico. She was a bright, enterprising student during high school and was educated at the Technological Institute of Monterrey. Following her junior year of college, she came to the United States after obtaining an internship at a university in Houston.

Alec grew up in Ft. Worth with an older sister and a younger brother. He had been an average student at his high school but from early on he had demonstrated a keen interest in computers and data analysis. He began college in Texas but dropped out after two years to start a company that designed software programs.

Alec met Elena when giving a presentation to her class about employment opportunities at his company. In their shared narrative of the start of their relationship, Alec was instantly captivated by Elena, thinking that she was beautiful and unlike anyone he had known before. He particularly appreciated her sophisticated questions, poise and her confidence. Meanwhile, Elena thought he was exceptionally smart and liked that he was also a little reserved and not showy. They quickly became a couple and moved in together after six months in what was the first live-in relationship for both of them. While living together, Elena obtained a master's degree and Alec worked on building his company.

The early years of their relationship were rather idyllic for both of them. They were each involved in jobs that they found satisfying and happily worked long hours. Alec's business began to grow and upon graduation, Elena was hired as a web designer for a large architectural firm.

Alec made the initial call requesting couple therapy but was unsure whether Elena would be willing to attend. He asked to meet individually before the first couple session. The therapist suggested that he ask Elena to join him for the first session, explaining to him that in MBT-CO,

as in many other couple therapies, it is standard procedure to see the couple together initially to start off on an equal footing and to be able to understand and review their perspectives and intentions.

Coming into the first session, Elena, a tall, rather striking looking woman, wore her thick black hair in a long braid. She was stylishly dressed in a long skirt and tailored blouse and appeared sad and reluctant to make eye contact. Alec, a few inches shorter than his wife, had a muscular build. He was casually dressed in jeans and a tee shirt, with a neatly trimmed beard, glasses and long sandy colored hair. While they walked beside each other, they maintained a distance between them which they kept after they sat on the sofa.

First Joint Interview

As described earlier, the first session is designed to develop an alliance with each partner by fostering in both of them the experience of feeling heard, recognized and understood by the therapist, and, as much as possible, by each other. The initial session also serves to explore the couple's goals in seeking consultation and to explain the assessment process. The therapist began with introductions and asked them what led them to this point and what each of them had in their minds in coming to the session.

Alec: Elena knows I was the one who called. I'm worried that we fight all the time. I don't think that's good for the boys or for us and it's been going on now for 5 years. We were so happy and now we are in so much trouble. I think Elena hates me and doesn't respect me. Lately I know I've been pretty miserable and sometimes I don't want to come home from work. I don't want to keep living this way and I thought we should try something. I don't think it can get much worse.

Elena: I know that I'm angry all the time. I feel like Alec is gone, from me and from the boys, and I feel like I carry all the burden of the family. I never expected it would be like this. I worked hard to have a career and I thought we would be a team but that's gone. Alec is right, I can't look at him without feeling anger and we've gotten to the point our interactions get ugly pretty quickly.

Therapist: So you both have been really unhappy with how things are, for yourselves and for your marriage. It makes sense to me that you are wanting to get help and I'm glad you made the call. It sounds like you were both willing to come to see if things could be better.

Alec: That's true for me but I worry about whether this is something that Elena wants.

Therapist: That's important. Could you ask her if she shares your desire for things to be better for the two of you? (Alec nods and asks Elena)

The therapist looks for opportunities to encourage mutual checking of each other's perspective, thoughts and feelings.

Elena: I haven't known if you really have any interest in making things better or if you just want to retreat, maybe stay married and miserable or maybe wanting to leave. I don't want to lose you or our family but I've been angry and upset and I want something different too. We have given up on even trying to talk to each other. (Alec nods in agreement)

Therapist: Would it be okay if we use this time to do what you say you have kind of given up on doing? Talking with each other to see if you can learn more about how the other feels and then understanding what has happened that has made you feel like giving up?

They both date the start of more significant marital strain to the birth of their younger son, Thomas. After Carlos' birth two years earlier, Elena had decided to leave her job and work half-time, taking on independent projects so she could spend more time with Carlos. She was happy about her decision and felt supported by Alec. He worked more than she would have liked, but still carved out time for them to be together as a family. At the same time, Alec became more concerned about finances and more distressed about Elena's spending, while she got upset about his extravagant technology purchases. When Carlos turned one, Elena began talking about having a second child. Before their engagement, they had talked about wanting a large family with several children. But now that they were married and had a child, Alec felt increasingly overwhelmed by the demands of work, of home and of his parents, who wanted more of his time after his father developed health problems.

This dilemma about whether or not to have a second child became a central sticking point, one that seemed emblematic of their difficulty in handling conflict. Elena felt betrayed that Alec had changed his position and no longer wanted more children and couldn't bear the thought of Carlos growing up without a sibling. She was also angry at Alec for putting her in a position where she either had to make him do something he didn't want, which would make him withdraw from her, or give up on something important to her, which would make her resentful. Alec felt like he was faced with an ultimatum, either prepare for a second child which felt impossible to him or lose Elena, not necessarily through divorce or separation but through disappointment and loss of faith in him. Alec reluctantly capitulated. Sexual intimacy fell hostage to Elena's anger and Alec's concern that Elena might "trick him" in order to get pregnant. Their trust in each other evaporated and the stalemate began to expose other fissures in their relationship.

To explore this highly charged stalemate and the associated loss of mentalizing and trust in the couple, the therapist interviewed each in front of the other. They took turns discussing their current level of trust and attunement, including the degree to which they felt seen by each other, their current capacity for collaboration and their ability to see more than one perspective. The therapist invited each of them to consider what they valued in their partner that they would not want to change (or even the areas that they have valued in the past). Particular attention is paid in MBT-CO to how these broad themes of conflict and stalemate reverberate in the routines of their daily life, in their experiences of sexual intimacy, their ability to handle conflict, their capacity to take responsibility and repair and their hopes for moving forward.

Towards the end of the first meeting, the therapist asked Alec and Elena about their goals for therapy. “If we decide to work together and things go as well as they can, how would you like your relationship to look 6 months from now?” Elena hoped they could forgive each other for the pain they have caused and enjoy doing things together again. She wanted to be less angry and resentful. She knew that she was highly critical and expected Alec to be unhappy with her and then would jump on every instance when she felt dismissed. Alec would like to come home without having a knot in his stomach and would like to do a better job as a dad. He would like to be able to take a break when he gets upset instead of going into “lockdown” where he is unreachable and he would like for Elena to understand that sometimes he needs space to calm down without her coming after him. Alec suggests an awareness of his loss of mentalizing (going into “lockdown”) and the impact Elena has had on his own defensiveness. Elena, in turn, appreciates how her anger and criticism have led Alec to distance and dismiss her and she is beginning to recognize how much she feels angry and upset, alone and abandoned with no place to process her feelings and her worry that perhaps Alec doesn’t care. The therapist marks these

instances of spontaneous mentalizing and notices their ability to recognize their partner's perspective and the impact they have on each other.

Individual Interview with Alec

Alec was relieved to know that Elena also wanted to repair some things in their relationship, which came as a welcome surprise to him. His family had been opposed to their marriage and had been critical of Elena. She wanted to get married much sooner than Alec and they were suspicious of her intentions, wondering if part of her attraction was the promise of citizenship. The accusation infuriated Alec but he was unable to challenge them. He continued, instead, to try to balance loyalty to his family with loyalty to Elena, usually failing on both fronts.

Over the last two years they had struggled to make time to be together. He readily admitted avoiding being alone with Elena as he expected that when alone together, she would criticize him for not being present, missing the irony that in avoiding being present to spare himself being criticized for his absence, he participated in a cycle in which his absence exacerbated Elena's criticism. Sexual intimacy, which was once a source of joy to them, was now largely absent, and Alec felt unsure if Elena found him appealing. He had taken to watching pornography but he found this unsatisfying, depressing and shameful. He had also been smoking pot daily, avoiding sharing with Elena the extent of his use. At work, he snorted cocaine with colleagues. He felt that he needed help to talk with Elena about his drug use, afraid that he couldn't handle her reaction to this disclosure. He denied any affairs but was aware that he would be at risk if the marital situation did not improve.

The harshest fights and disagreements they had were about the children and their basic lack of trust in each other's intentions. Alec felt that Elena was contemptuous of him,

his job and his parenting. “She says I live in my own world and never pay attention. When she gets really angry she says that she would be better off as a single parent than trying to work things out with me. It makes me so angry, especially when I see her yelling or cursing at them and they come to me crying. Then she tells me it’s all my fault, that I’m just like my father or whatever she can throw at me. Sometimes I just leave or sometimes she gets mad enough and she leaves. It’s not good and pretty unstable for the boys. I’ve taken videos of her when she is really out of control to show her how badly she behaves.”

The therapist is concerned to hear that Alec is taking videos of his wife and responds by asking what he imagined that was like for her rather than first finding out what was going on for him. Recognizing that she is trying to get him to mentalize his wife before she has properly understood him, she takes a step back and pauses and says “You know before going there I want to understand what this was like for you. I’m sorry I missed checking with you about how you were you feeling when you got the camera.?”

Alec: I felt awful to see that happening and the kids crying. It was terrible. I wanted to prove to her that she shouldn’t do that and I felt like it was the only thing I could do. I felt powerless and that I had to do something.

Therapist: I can understand how upsetting it was for you. I also wondered if you had an idea about what it might have felt like to her to see you recording her and the boys?

Alec: Well, she may have been upset but I wanted to show her that I’m not the only one with a problem.

Therapist: I get it. (The response to psychic equivalence is to first empathize and validate before offering an alternative perspective which can be difficult for the therapist in the face of harmful behavior). Did you think there might be a way to talk to Elena about

what happened and understand better what was going on for her that got her so upset with the boys and later with you?

Alec: I didn't think she would listen or care. I honestly didn't care what it was like for her. I was just mad.

Therapist: So that's a really important issue for us to address.

Alec: Yeah. She was furious and told me she knew I was doing this to divorce her and file for custody. When Elena was in Mexico most recently, she was still upset with me about the videos and not being present and she threatened to stay in Mexico with the boys and not return home. I was really pissed and scared and called a lawyer because I couldn't think of any other way that she would hear me about how much I wanted her to come home. I get why she was upset now but at the time I thought I was doing the right thing.

The therapist noticed that as Alec felt understood, he was able to expand the exploration of his feelings to include his fear of losing his children and his helplessness in being able to have an impact on Elena. As he explored these feelings, he was able to shift from the more coercive stance of video-recording, "showing her" and threatening and calling lawyers to a more reflective stance of concern and a desire to understand what may have been going on for both of them.

Therapist: As I hear you talk about the feelings you had underneath your anger, I wonder if we could unpack a bit what goes on between you and Elena when you two fight. Can we look, let's say, at the last time you had a fight?

Alec: Sure. Last week, Elena was trying to get Andrew to put his shoes on while she was making breakfast. He started screaming and threw his shoe at her. Elena had been out

late the night before with some friends and had come home at 2 a.m. so I was pretty angry with her anyway and wondered what she had been doing. That's not really like her. Anyway, I'd been worried about her and couldn't sleep and when she did come home, she went in the other room to go to bed and never came in to talk to me. I decided to stay in bed and didn't get up to make lunches like I usually do and Elena started cursing and yelling at me for lying around and doing nothing. I was still upset with her about the night before but she wouldn't even talk to me about it. We still haven't talked about what happened.

Therapist: What was it like for you when she didn't come home?

Alec: I got upset and angry and felt like she was trying to get back at me.

Therapist: I can understand that. Did you have any idea about what might have prompted her to stay out without telling you?

Alec: I really don't know. She wanted me to go with her that weekend to see her mother who was having a tough time after her chemo. I couldn't go; I had plans at work that I couldn't change but she didn't believe me. She also had been more upset lately about me smoking pot because she thinks I check out even more when I do.

Therapist: What was it like for you when Elena wanted you to go to Mexico with her?

Alec: I felt like I never have a chance to do things I need to do and I knew she would never understand so I just said no.

Alec's ability to hold onto a mentalizing attitude in relation to Elena appears tenuous. The following illustrates these fluctuations in mentalizing, as the therapist seeks to assess Alec's mentalizing strengths and challenges after Alec describes his flat refusal to consider a request from Elena.

Therapist: What do you imagine it might have been like for her when you said ‘no’?

Alec: She yelled at me and said she knows I don’t care about her. She also threw in that I’d rather stay around here and get stoned and check out with my buddies than do something for her. That seemed so unfair and I told her that all she ever does is criticize me for what I don’t do and act like I’m the worst person in the world. I’m sick of being blamed every time I can’t do exactly what she wants.

Therapist: What do you make of her observation about wanting to get stoned and check out?

Alec: Maybe. It’s true that pot helps me calm down and not be so anxious and I also kind of get in my own space and don’t pay as much attention to what’s going on.

Therapist: Have you talked about that with Elena?

Alec: Not exactly.

Therapist: Is that something we can look at when we get back together?

Alec: If you think it would help. I’m feeling pretty desperate.

Therapist: I really appreciate how desperate it all feels. Trying to figure out how you got to this place, I wondered about the time the desperation began to creep into your marriage which both of you seem to agree was at the time of thinking of a second child. I wonder if you can tell me a little more about what it has meant to you to have another child?

Alec: I just had this feeling in my gut that it would take us over an edge.

Therapist: Any idea about what gave you that feeling? That sense that a second child would take you over the edge?

Alec: Well maybe. My younger brother was a real problem for my parents. He was way hyperactive as a kid and was always in trouble at school. I think he got kicked out of high school. I'm not sure why and he doesn't have much contact with the family. We've never been close and I never really thought what happened to him affected me very much.

Therapist: Any thoughts or feelings you have about that now?

Alec: Well it's a lot to think about. I have been really unhappy and I think I do a lot of things to protect myself or take my mind off how hard this marriage is and whether it's worth it.

Therapist: That's a good segue into a question I often ask. If you were to rate yourself on a scale of 1-10 with 1 being that you would leave this office to consult with an attorney about divorce and 10 being that you would never leave this marriage no matter what, what number would you give yourself?

Alec: Seven.

Therapist: And what number do you think Elena would give herself?

Alec: Three.

Individual Interview with Elena

Elena found the first meeting helpful since she imagined that Alec was setting up this meeting as a prelude to divorce. She has always felt like she had to talk Alec into taking each step in furthering his commitment, first moving in with each other, then getting married, then having a child, and then having a second child. On reflection, she could get a little curious about why she was willing to keep working so hard with someone who was so reluctant. She clearly wanted a different kind of life for herself than her parents and thought that a life with Alec made

her goal reachable, even if she had to take the lead. Alec had seemed happy taking each new step towards commitment with the exception of their decision to have a second child.

Elena: I think the fights are a lot worse than we let on in our first session. I have left the house several times in the last 6 months, sometimes taking the boys with me and sometimes, when Alec seems okay, leaving them there. I take the boys with me if he has been using pot. I know he has also used cocaine pretty regularly though I don't think he knows that I know. He accused me of drinking too much and maybe he's right. Recently he has started taking videos of me and the boys when I get upset and I am beyond furious. When I went to Mexico most recently after he had been working non-stop for days, I told him I might as well stay in Mexico with the boys and enroll them in school there. I was so angry with him that I thought I would actually do that. He called a lawyer to pull a power play and make us return. Later he tried to call and tell me he was sorry and we came back but things are still pretty tense.

As the session unfolds, the therapist begins to probe Elena's capacity to "see herself from the outside," from Alec's perspective and from a position of awareness of the impact she has on him and on their family. In exploring her drinking, the therapist asks how she imagines Alec may experience it.

Elena: I think he worries about something happening to the boys or me being spacy if I drink too much. He's not happy about it but he can't say much given his own drug use.

Therapist: So he worries but cannot say much about it. I wonder how that predicament comes out.

Elena: I think we get into fights, even physical ones. Once he grabbed me as I was trying to leave the house. It made me furious and I reached back to hit him. I think we both

realized that we needed to get away from each other. One other time, we were fighting and he went downstairs to take a break and I went after him and wouldn't leave the room and he pushed me out the door and slammed it in my face.

Therapist: What usually happens after one of those fights?

Elena: Usually nothing. We get up the next day and go on as if nothing happened. But I don't think that's healthy either.

Therapist: How safe do you feel with Alec now?

Elena: This happened some months ago and I think it is also why he wanted us to see someone for therapy. Neither of us want to keep doing things that feel awful afterwards.

Therapist: How do you understand what happened for the two of you? How things got so off track.

Elena: I think the fight about another baby just brought up all the other ways we don't agree about important things. I really don't think Alec cares much about how I feel and then I don't want to have to put in all the effort to make things better if he isn't trying.

Therapist: That's a hard spot to be in. I wonder at the same time, how much do you think Alec feels like you "get" him.

Elena: Probably not very much. And right now I don't get him. I don't understand how he does the things he does and I still haven't ever understood his deal about having Thomas.

Therapist: Can you help me know more about what having a second child meant to you?

Elena: Alec knows this. I had an abortion when I was in college. My parents don't know, Arturo doesn't know. Only one friend and Alec know. The guy I was with wasn't even

someone I had a relationship with and he has no idea. I was very clear about ending the pregnancy but it left me feeling that one day I would have my own children who were very much wanted and that would help make up for the loss. It probably doesn't sound completely rational but it has helped me to have this plan.

Therapist: So I understand that each of you may have had more complex feelings about this decision. How do you let him know about these complicated feelings of loss and sadness and hope that you have?

Elena: I don't. We don't talk. Alec argues and tries to prove why he is right. It can get pretty heated. I hate when I feel disrespected so I get louder until I feel heard and I won't stop.

Therapist: How has it been for you having this conversation today?

Elena: I feel a little more hopeful. I remember a time when I really loved Alec. When he's "on" he can be a really good dad, not like his father, irritated and impatient; he can be playful and sweet with them and he can even help them calm down. It's just been so bad lately that I've thought we would do less damage to the boys if we separated.

Therapist: And now?

Elena: Not so sure.

Therapist: I want to ask you the same question I asked Alec about your commitment to the marriage today. If 1 is that you are leaving here to file for divorce and 10 is that you can't imagine leaving no matter what, what number would you give yourself?

Elena: Seven.

Therapist: And what number do you think Alec would give himself?

Elena: Four.

Joint Session with Elena and Alec

Alec and Elena reported going out on a date together which was unusual for them. They had also spent some time together in the evenings after they had put the boys to bed. They had been more deliberate about planning their schedules to make sure each one did his/her part and they had the opportunity to process their day with each other. Elena was still worried about Alec's use of pot as a way to manage his feelings and Alec came back quickly criticizing Elena's nightly wine drinking. They were eager to know about the assessment and looked nervously at each other.

Therapist: I want to begin by talking about what I understand at this point about the strengths that you have individually and as a couple, the challenges I think you face and my recommendations going forward. Okay to start?

Your relationship was built on a strong foundation of mutual attraction and respect and a sense that you really complemented each other. I believe that both of you are quite committed to your marriage. But it seems to me that you are not quite sure that you can express that commitment out of a concern that the other may not be quite as committed as you are. I was struck by how much anxiety and hurt each of you must have felt thinking that you and your marriage did not matter to your partner as much as they mattered to you.

Let me pause here and see how this feels to each of you. What I have right, what might not be the way you see it, or anything I have left out.

Elena: I appreciate what you are saying and I think it's right. I've been really stressed and scared that Alec, you don't really want this relationship.

Alec: When I brought up couple therapy and you didn't want to come, I figured we were really in trouble so this makes me feel better. I've been feeling like you gave up on me and then I've been kind of hiding out. It sounds like you think there's hope.

Therapist: I think there is a lot of hope. It also seems like there have been some challenges that you all haven't really been able to recognize or talk about though they absolutely affect each of you and your marriage. I can put them into several categories.

The first is the conflict that really brought you all here which is the dilemma about having a second child. It seems to me that you all got very quickly polarized with each of you having a very strong sense of what was right for you and for your family.

Unfortunately, it was really hard to look at what was driving the intensity of your positions and so each of you felt alone and angry. I don't know that either of you had been able to reflect on how vulnerable you felt when your partner could not understand your point of view or what some of the drivers have been underneath this issue. Let me stop here and see if this makes sense to either of you.

The second is the issue of intimacy and connection as well as the capacity to stop and listen to each other when there is conflict. From the way you describe things, it sounds like Alec, you sort of vacate the premises and avoid anything that might be confrontational, thus the struggle about this decision about having another child. Elena, it sounds like you want to address the difficulties head on and get increasingly upset and frustrated when you can't talk about something that troubles you. These are both familiar coping strategies but when they get going they can create a vicious cycle where Alec, the more you avoid conflict, the more angry and critical Elena becomes and

Elena, the more you try to express your frustration to Alec, the more distant he becomes.

The third is that each of you has been using substances to deal with your feelings in a way that makes you less available to each other. You turn to substances for soothing and comfort and they become the most reliable attachments. They may help in the moment and are at least readily available but are often a poor substitute for human connection and security.

And the last is your families of origin. I think that all marriages are bi-cultural but I think yours is more explicitly so. What you have in common is that both families care deeply about you. On the other hand, both of you feel different degrees of responsibility to your families which is not always easy to balance. Elena, you have come to a very different world from the world you grew up in. It's important for you that the boys speak Spanish and know their grandparents and earlier, I think, Alec, you really understood this and made genuine efforts to support Elena's travel to be with her family. However, Alec, as you have faced more pushback from your parents and as your father has had his own health issues, I think that balance between your loyalty to the family you come from and your loyalty to Elena has been more difficult to navigate. I also think it has been especially difficult to have thoughtful conversations about the stress this situation creates for both of you. So let me pause and get feedback from you both.

Intermediate Sessions

Alec and Elena regularly attended sessions. They were able to listen carefully to each other as they understood the meaning that having a second child had for both of them. They

became more compassionate and understanding of their own and each other's position and took accountability for how they had treated each other in ways that caused pain. Drug and alcohol use remained problematic. Alec had not stopped using pot and this continued to be a major stress for Elena who also worried about how it could affect his capacity to be present for her and for their sons. Elena had cut down on drinking but Alec still thought she drank in a way that kept her distant from him. The therapist continued to inquire about their relationship with drugs and alcohol as well as how they imagined their drug or alcohol use affected the other members of the family. They accepted referrals to a program that would address addiction but this remained an ongoing concern and it remained unresolved for much of the treatment.

Most of the sessions were joint but during the ongoing work, there were occasionally times when individual sessions proved helpful. This was true at times of a predominance of psychic equivalence: "If I think or feel it, that is the truth" or teleological thinking: If s/he does this, it means that (partner doesn't care about me, my needs don't matter, partner is selfish, unreliable). Without having a way to have a conversation, these experiences became fixed beliefs in the marriage and the couple's problematic patterns became more entrenched. Occasionally they would use individual sessions as a way to get clear on how to handle a difficult conversation, practicing how to communicate their own wants and needs more effectively.

Alec was more active with the boys but would feel very hurt and embarrassed when they were more difficult and would expect Elena to be critical. Initially, Elena was critical and Alec would show defensiveness and anger after dropping Carlos at school. He would return ashamed when Carlos didn't behave properly and easily felt blamed and humiliated with Elena. Over time, he was able to be more honest with her about his own wish for appreciation and approval

and she was able to be more understanding and supportive as he began to take on a more active parenting role, a role that was not really familiar to him with his own father. Over time, Alec was able to talk to Elena about his insecurity as a father and Elena began to see him as an ally and a partner rather than an adversary.

After a year, there was another crisis when Elena's mother's health deteriorated further and Elena wanted to spend the next school year with her family in Mexico. She wanted the boys to attend school there and become fluent Spanish speakers. Alec was frightened at the prospect and fearful, as he was a year earlier, of losing his sons. Even though their relationship was remarkably better, there were still challenges. Alec had finally reduced the frequency of his use of pot and no longer used cocaine and Elena cut back on drinking though each was at risk of using substances at times of stress with each other. The use of the video camera was no longer an issue and when they fought, they no longer threatened divorce. Sexual intimacy was an important focus. They had a difficult time negotiating desire. Alec still got upset when he wanted to have sex and Elena did not, and Elena would get upset when Alec slept in a separate bedroom when she wanted to cuddle with him in bed. They both got better at being able to talk about longings and desires without being coercive or avoidant.

In the therapy, there was a great deal of discussion about what a temporary move to Mexico would mean for all of them. It became clear to both Alec and Elena that this was an important opportunity to see if they could really embrace a we-mode that required a genuine commitment to joint action and intentionality. Alec was now quite connected with the boys and was not comfortable with an extended separation. He also wanted to be available to his family. His father's health had improved but his parents still wanted more of his time. He had been more direct with them about their treatment of Elena and how he hoped they could support him

by reaching out to her. They made efforts to reach out to Elena and their relationship had improved but it was still painful for Elena.

Sessions now began with each telling the therapist how they imagined their spouse experienced them since the last session. The focus shifted to the ways in which they not only intended to support each other, but their curiosity about how well they were doing in both actions and intentions as well as their capacity to live with a balance of individual interests and a fundamental commitment to working in a we-mode. Interestingly, the process they went through in making their decision about how to handle spending time as a family in Mexico set the stage for their ability to both plan together and to care about each other's experience. As the work progressed the sessions moved from weekly to bi-weekly.

They decided to move to Mexico for the school's fall semester with plans to visit Houston for Thanksgiving and to move back before Christmas. This would involve Alec travelling but he felt that this could be an enriching experience for their family as they planned adventures with their sons in the areas around Elena's hometown. We agreed to have monthly video sessions during the fall semester and met once after they returned. They also had developed a more compassionate and humble view of marriage and grew to see the inevitable struggles as part of life, rather than a marker of some greater deficit or personal failure.

Concluding Comments

Most obviously, MBT-CO requires rigorous testing to establish its effectiveness, not only generally but also in comparison to other approaches, and in particular, to better delineate which couples under which conditions struggling with what kind of problems, benefit the most from what kinds of interventions. It is our contention, however, that a review of the psychotherapy research (Constanguay, 2017) and of practice-based evidence support our central premise: that

the heart of the matter of effective couple therapy – like the heart of effective psychotherapy in general – consists of the development of a trustworthy therapeutic relationship with the couple. That relationship serves as a secure base and safe harbor in which both partners feel felt and feel understood, and are thus able to trust and learn to mentalize, and crucially, learn to learn – from the therapist and from each other – even when feeling stressed and threatened. Such openness to learn and to see the other’s perspective creates a mental and interpersonal space that allows intimate partners to break the grip that defensiveness and mistrust have fastened on their anguish, their anger and their loneliness. In so doing, it opens the couple to a “we mode,” a co-mentalizing experience that allows for cooperation, reciprocity and commitment to shared goals.

Suggestions for Further Study

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Table 8.1. Questions to Assess Mentalizing for the First Joint Interview and Beyond

Trust and attunement

- How much do you feel “seen” or understood by your partner?
- Can you give me an example of when that has happened?
- How much do you imagine your partner feels “seen” or understood by you?
- How safe and trusting do you feel in your relationship with your partner?
- What have you learned about your partner over the years?
- How much do you feel you can put your guard down and trust that your partner is “on your side” or “has your back”?

Capacity for collaboration and intimacy

- How much do you feel you agree and support one another regarding children and parenting?
- What are the areas that you feel are most difficult for the two of you as parents?
- How do you collaborate in planning and managing your finances?
- What is your sexual relationship like for you? What do you imagine it is like for your partner?
- How do you express intimacy, affection, and caring to each other?
- How much do you rely on your partner for emotional soothing at times of stress?
- How do you help each other feel supported with your extended families?
- What are some challenges you have faced that you feel you handled well as a couple?

Handling conflict

- How good are you and your partner at repairing or apologizing after a disagreement or conflict?
- How much do you each take responsibility for your part in disagreements and conflicts? For example, if you each carry 10% of the responsibility for a given conflict (and “the cosmos” carries 80%), what do you imagine your part is?
- How do you and your partner handle issues of health and mental health (chronic illness, depression, or alcohol or drug abuse)?
- How easy or difficult do you think it is for you to listen to your partner when you are upset?
- What do you feel are the major stressors that are now impacting you as a couple?

Looking forward

- How much are you aware of and supportive of each other’s dreams and aspirations, as well as worries and fears?
 - What are some of the areas of your lives that you are particularly happy with and would not want to change?
 - If we work together and things go as well as they can, how would you like your relationship to look in 6 months? What would you like to be able to change for yourself?
-

Table 8.2. Mentalizing Questions for the Individual Session of Each Partner

- How did you meet and get together? What attracted you to each other?
 - What do you think your relationship has been like for your partner?
 - How do you imagine your partner has experienced you?
 - What was your relationship like with your parents growing up?
 - How do you feel that might impact your relationship with your partner now?
 - Was there a history of violence or abuse or separations in your family growing up?
 - How do you communicate to your partner when you feel sad, hurt, disappointed, or anxious?
 - What are the situations where you are most likely to become angry, defensive, critical, contemptuous, anxious, coercive, or detached?
 - What would it take to turn those conflicts into conversations in which you could hear each other's point of view?
 - What do you love and cherish about your partner, and how do you let him or her know?
 - How committed are you to the relationship right now, and how hopeful are you that the problems can be resolved? On a scale of 1 to 10, in which 1 is "*I am leaving this office to consult with an attorney about divorce proceedings*" and 10 is "*I can never imagine getting a divorce, no matter what,*" what number would you give yourself right now?
 - What number do you imagine your partner would give?
-