

**Mentalizing Family Violence**

**Part 1: Conceptual Framework**

Eia Asen

Anna Freud National Centre for Children and Families

Peter Fonagy

UCL (University College London)

*Author note*

Eia Asen, Anna Freud National Centre for Children and Families, London.

Peter Fonagy, Research Department of Clinical, Educational and Health Psychology, UCL, London.

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Correspondence concerning this article should be addressed to Peter Fonagy, Research Department of Clinical, Educational and Health Psychology, UCL, 1-19 Torrington Place, London WC1E 7HB, UK.

E-mail: p.fonagy@ucl.ac.uk. Telephone: +44 20 7679 1943

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### **Part 1: Conceptual Framework**

#### **Abstract**

This is the first of two companion papers describing concepts and techniques of a mentalization-based approach to understanding and managing family violence. We review evidence that attachment difficulties, sudden high levels of arousal and poor affect control contribute to a loss of mentalizing capacity which, in turn, undermines social learning and can favor the transgenerational transmission of violent interaction patterns. It is suggested that physically violent acts are only possible if mentalizing is temporarily inhibited or decoupled. However, being mentalized in the context of attachment relationships in the family generates epistemic trust within the family unit and reduces the likelihood of family violence. The implications of this framework for therapeutic work with families are discussed.

*Keywords:* Mentalizing, mentalization-based approach, violence, family, epistemic trust.

### **The Social and Systemic Context**

Family life can be dangerous: love and violence are common bedfellows. Leaving aside war zones, more people get hurt in family disputes than anywhere else. In 2013 an estimated 1,500 children died from abuse and neglect in the United States (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children’s Bureau, 2015) and more than 3 million children received preventive services from child protection agencies in 47 states (National Children’s Alliance 2013). In the United Kingdom, more than 50,000 children are placed on the child protection register because of abuse each year (Department for Education, 2014). If one adds to this all the children and adolescents who silently suffer sexual and emotional abuse and neglect, the family may be thought of as more of a danger zone or “minefield” than a safe haven. It has always been thus. Historians of childhood, such as Philippe Ariès (1973) and Lawrence Stone (1977), characterized childhood as a state of enduring murderous abuse and brutality. This damning historical perspective has more recently been replaced by a rather more nuanced one, which presents the rather messier reality that while the experience of childhood may have at times been rather more brutish and short than we would expect today, children on the whole have been recognized, loved, and protected by their caregivers (Heywood, 2001). This should not surprise us: it is in keeping with our understanding of attachment as a universal human (and indeed mammalian) instinct, while still allowing us to recognize, for example, the high rates of infanticide that historians have traced in some periods (e.g., 30–40% in early 19th-century Milan; Marten, 2010).

While confronting the messy reality of attachment, love, and violence may have required some academic tussling among historians, it will be familiar to clinicians<sup>1</sup> —and it is

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<sup>1</sup> In terms of the authors’ clinical experience, EA has worked for some 40 years with families

this subject of this paper. Here we will explore the impact that such violence in the context of attachment relationships has on children. Given the normative nature of brutality and abuse meted on to human youths, it is in the domain of normative biological adaptation that we are likely to find the short, medium and long-term sequelae of such experiences.

Most current intrafamilial abuse, whether emotional, sexual, or physical—or a combination of the three—is not the result of parents wishing to deliberately harm or hurt their child. Maltreatment generally takes place against the background of conflict between caregiving adults, often referred to as *domestic abuse*, *domestic violence* (DV), or *intimate partner violence* (IPV). These terms cover abusive, threatening, or violent behaviors, be they physical, emotional, sexual, or economic. More generally, family violence is a broad term, encompassing many possible relational directions: between partners, child abuse by parents, and children or adolescents acting violently towards siblings and adults. Within families, however, there is a high correlation between family members in terms of violence, whether for biological or environmental reasons. Here we are particularly concerned with adult to adult violence and adult to child violence. Findings from the 2013/14 Crime Survey for England and Wales (Office for National Statistics, 2015) show that 28.3% of women and 14.7% of men had experienced some form of domestic abuse since age 16, equivalent to an estimated 4.6 million female and 2.4 million male victims. Eight per cent of women and 3% of men reported that they had suffered partner abuse in the past year. Children exposed to DV or IPV are far more likely (60–70%) to suffer physical abuse than children growing up in

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presenting with intra-family violence, including severe child abuse and intimate partner violence. He also works as an expert witness in childcare proceedings, undertaking assessments for the family courts and subsequent therapeutic work with parents and children. PF has worked as a clinical psychologist with violent young men and on violence in school settings..

families where there is no violent conflict (Dube, Anda, Felitti, Edwards, & Williamson, 2002).

An accumulating body of evidence indicates that childhood maltreatment can have a negative impact on several aspects of social-cognitive competencies in individuals who have not yet been explicitly diagnosed with a mental disorder (Cicchetti, Rogosch, Maughan, Toth, & Bruce, 2003; Ensink, Normandin, et al., 2015; Pears & Fisher, 2005; Smith & Walden, 1999). They are likely to have poor affect regulation, which contributes to later psychopathology and peer rejection (Kay & Green, 2015; Kim & Cicchetti, 2010; Robinson et al., 2009). Importantly, they make fewer references to their internal states (Shipman & Zeman, 1999) and they struggle to understand emotional expressions, particularly facial expressions (Koizumi & Takagishi, 2014), even when verbal IQ is controlled for (Shenk, Putnam, & Noll, 2013).

The impact reaches into adulthood. A large-scale study (Germine, Dunn, McLaughlin, & Smoller, 2015) found that maltreatment by parents in childhood was strongly associated with adult variations in Theory of Mind, social motivation, and social support. Interestingly, while maltreatment has been shown to have an effect on the interpretation of facial expression in childhood, no evidence for the same effect was found in this study of over 5,000 adults. The findings confirm that social cognition may be particularly vulnerable to the long-term effects of adverse childhood environments. Children who grow up with these experiences are more likely to tolerate violence inflicted upon them later in their lives, and they are also more likely to view violence as a “normal” means to assert power. As they see their parents loving and fighting, violence and intimate relationships can become intrinsically linked, contributing to the intergenerational transmission of family violence (Loeber, Burke, & Lahey, 2002; Moffitt, Caspi, Harrington, & Milne, 2002). The mechanisms underlying the relationship—that is, how the experience of early maltreatment is transformed into a potential

for violence against others or the self (i.e., self-mutilation)—is still poorly understood (McCrary & Viding, 2015). Considerable associated research has indicated the effects of deprived caregiving experiences on brain structure and function (e.g., van Harmelen et al., 2014; Zilberstein, 2014). For example, research on institutional care has shown that extreme deprivation is associated with reductions in white and gray matter volume (Walsh et al., 2014). Understanding the impact of DV and IPV on children and learning to mitigate this is clearly a priority. In this paper we focus on the psychological experience of dependent children and adolescents who get caught up in interparental negative interactions and directly or indirectly suffer physical and emotional harm.

Adopting a systemic framework means viewing the child in the family context. The notion of the family as a system is both useful and problematic—problematic because the concept of “the family as a system” is a reification, which should not be mistaken for something “real”. It is a heuristic concept, but an extraordinarily helpful one. It is helpful clinically to describe families as having homeostatic tendencies and a variety of “properties”, such as hierarchies, boundaries, and subgroups, as well as overt and covert communication exchanges and coalitions. For clinicians, it can be useful to view family members as behaving according to a set of explicit and implicit rules (however speculative), developed over time and often over generations, which govern their relationships and communications (Watzlawick, Bavelas, & Jackson, 1967). If such rules are thought to contribute to the presenting problem(s), and can be discovered or uncovered during therapy, then modifying the “system” can be instrumental in bringing about change: rules can be questioned and challenged, and new interactions between family members can emerge.

Over the past 50 years, systemic practitioners have developed a considerable range of conceptual frameworks and interventions aimed at treating different types of family violence, including child abuse and IPV (for more recent accounts see, e.g., George & Stith, 2014;

Siegel, 2013). As it is not within the remit of this paper to present a review of the many existing programs that are relevant to the field of child maltreatment, we would refer the reader to other contributions we and others have made elsewhere to provide such an overview (National Institute for Health and Care Excellence, 2015; Fonagy et al., 2014). Rather, we seek here to present our own clinical and theoretical approach to family violence, from a mentalizing perspective. We define mentalizing as a form of imaginative mental activity that entails perceiving and interpreting human behavior in terms of intentional mental states (e.g., needs, desires, feelings, beliefs, goals, purposes, and reasons). It is for the most part preconscious. There is variability between individuals, and between families, in the extent to which they can or wish to adopt a mentalizing stance (a wish to see actions as being caused by mental states) or how accurate they are in doing this when they make assumptions about the internal states of others—or, indeed, their own internal states. The capacity to mentalize has both “trait” and “state” aspects that may vary in quality in relation to emotional arousal and the interpersonal context (e.g., mentalizing levels may differ considerably when reflecting on the relationship with one’s mother versus one’s father, or when reflecting “off-line” on these relationships versus “on-line” in the course of real-life interactions). We will later consider several factors that account for such cross-situational and interpersonal variability, but emotional arousal and the history of trauma are both good predictors of mentalizing at any one point in time (Luyten, Fonagy, Lowyck, & Vermote, 2012).

Of the wide existing literature, Minuchin’s work with violent and chaotic families (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967) is particularly relevant to our mentalization-inspired approach (Asen & Fonagy, 2012a, 2012b), notably because of the shared focus on “here-and-now” interactions that can evolve spontaneously (Minuchin, 1974). The intense feelings emerging in each of the participating family members can be immediately utilized to promote change. The technique of “circular and reflexive

questioning” developed by the original Milan team (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980) is an example of how long-established systemic tools assist in the process of mentalizing. Such “interventive questioning” (Tomm, 1988) tunes into the mental states of the individual family members. Most systemic practitioners employing this approach tend *not* to inquire explicitly about the individuals’ current feeling states. Instead, they are likely to focus more generally on how each person’s behaviors and belief systems affect one another, and how family patterns and other contextual factors account for people’s actions and interactions (Boscolo, Cecchin, Hoffman, & Penn, 1987).

In the classical systemic approach less attention is generally paid to reflecting on the subjective states of each family member that are dramatically generated by enactments and how an individual’s experience in these sessions may have altered their understanding of a relationship. The mentalizing approach, by contrast, retains the family’s focus on the specific episode and family members’ experiences in the here-and-now of the session.

The mentalizing approach creates a focus on how the experiences are felt and thought about (i.e., *mentalized*) in a relationship context by participants; how they change fundamental assumptions about the mental states that appear to drive the behavior of other family members; and, in combination, how the family as a whole thinks or feels. We believe that the absence of reflectiveness, as measured by the parental Reflective Functioning Questionnaire (Luyten et al., 2009), places the individual as well as the family at greater risk of repetition of family violence. There is evidence that the transgenerational repetition of family scripts is most likely to occur in families where reflection on family beliefs and patterns and associated subjective experiences are absent (Berthelot et al., 2015; Ensink, Berthelot, Bernazzani, Normandin, & Fonagy, 2014; Ensink, Fonagy, Berthelot, Normandin, & Bernazzani, 2015). This is further compounded by the way family violence itself will undermine reflectiveness or mentalizing (Ensink, Leroux, Normandin, Biberdzic, & Fonagy,

2016). In this paper we offer a mentalization-focused approach, which (a) provides a helpful conceptual framework for understanding family violence and some of its sequelae and (b) inspires a variety of simple but effective interventions that help to block violent interactions, create a reflective space incompatible with violence, and facilitate the development of a more flexible learning context for the family to develop trust that enables further change.

### **Features of Family Interactions in Violent Families**

Natural selection and biology may be drivers of violence, but to have influence, they have to engage people via social processes. The model we propose is very far from biological determinism. We see specific patterns of family interaction as the immediate trigger for aggression and therefore regard the detailed study of family systems as the primary route to intervention and prevention. This does not involve an emphasis on the triggering circumstances themselves as the focus for intervention, which in the case of abusive families may be particularly inappropriate – rather we argue that an absence of reflectiveness in the family places all family members at risk of acting or reacting violently. By instead focusing on enhancing mentalization, the purpose is to make the triggers themselves less potent. In this section we identify key features of the transactions characteristic of violent families and how these patterns may be understood from the general perspective of the absence of mentalizing and compromising its normal development.

#### **Clinical case example**

The S family consists of father and mother, now married for 5 years, and their 3 children, age 3, 4 and 6. The parents met when they were teenagers and set up home together quickly, having each come from what they described as ‘highly dysfunctional families’. Mr S was as a child regularly beaten by his father, with his mother being seemingly powerless to protect him. He also frequently witnessed his father physically and verbally assaulting his mother. As a teenager Mr S had repeated physical fights with his father, usually when trying

to protect his mother from being beaten by the father. He caused her a serious injury on one occasion. Mrs S was brought up by her mother, a single parent with a succession of violent partners. She saw her mother being verbally abused and physically hit by each of her 7 partners. When trying to intervene, she got herself injured more than once. Social Services eventually placed her in foster care when she was 11 years of age. When Mr and Mrs S first met, both pledged to have a life free of violence and abuse. However, within 4 months verbally abusive interactions were a daily occurrence. This was followed by physical confrontations and one occasion Mrs S suffered what she referred to as a 'black eye'. Once the children were born, there was a period of calm. After the birth of the third child, the father had an affair and this led to a major confrontation when the mother challenged him. He literally 'exploded' and hit her, only to feel much remorse afterwards. Mrs S went to stay with her own mother for a few weeks, but then returned to her husband. Further similar episodes occurred, with the children becoming increasingly aware of the inter-parental conflicts. When the oldest child got caught up in these conflicts and was accidentally hurt by the father, Social Services became involved and referred the family to our clinic for a parenting assessment - to make recommendations with regard to treatment and placement issues.

When examining typically violent family interactions, we can usually discern distinct repetitive patterns of communication, which occur so regularly and predictably that they seem scripted. The notion of "family scripts" evokes a theatrical world populated by people seemingly playing roles in a mysterious family drama and having their experiences and actions shaped by some invisible, or indeed unwritten, script. The embedded stories are handed down from one generation to the next and affect their beliefs and actions. The conviction some families hold that being physically disciplined is a sign of love rather than

the expression of abusive parenting is one such example. Another example is the firm belief that “brothers have to fight” and that this “toughens them up” for the challenges to come.

Whilst these and other beliefs may well (also) reflect the values of a specific culture or subculture, they nevertheless have their very different individual expressions in each family.

Family scripts are not written in stone; they can be replicated, corrected, or altogether dismissed. Which of these options families, and their individual members, pursue will depend on many different factors. One of these, which is of particular interest to us, is the attachment relationships within the family—past and present—and their varying degrees of volatility.

Violent family experiences may generate particular sensitivities and individuals exposed to interparental hostility and acrimony in childhood may, when adults, consciously avoid becoming involved in relationships that resemble those of their parents, attempting to correct an all-too-familiar family script. Yet, the attraction of the familiar is complex: for some individuals it may appear an enticing challenge to expose themselves to scenarios that are similar to those their parents found themselves in, and to show mastery by generating a different outcome. Other individuals may feel, possibly without realizing, that they must not be disloyal by doing better than their parents did.

Some common features that may be encountered in families presenting with physical, emotional and/or sexual violence include:

(a) Hyper-alertness in one or more family members, with children or partners continuously “scanning” the violent family member for signs of emotional dysregulation and impending danger;

(b) Fairly sudden and dramatic increased levels of arousal in one or more family members in the face of real or imagined abandonment or as the result of uncontextualized emotion becoming overwhelming;

(c) A seeming “addiction” to engaging in emotionally or physically abusive interactions, with each party feeling that they are “the real victim”;

(d) An overwhelming and palpable feeling expressed by one or more family members that they are not being heard or understood, or are feeling alone in the middle of those who profess to love him/her;

(e) Cutting off and becoming selectively “mute” or “deaf” and unwilling to respond with words, detaching and isolating oneself further, until this becomes unbearable and proximity to the attachment figure needs to be sought, even at the risk of another episode of violence occurring.

We believe that volatile attachment relationships, which are often gendered, are one of the main engines that drive violence in families (Goldner, Penn, Sheinberg, & Walker, 1990). When one or more family members are feeling unvalued, unheard, or ignored, their increased levels of anxiety and accompanying high levels of arousal prompt the (biological) attachment system to kick in, with the habitual “victim”, seemingly inexplicably from a rational point of view, seeking out the “perpetrator” who, whether deliberately or inadvertently, hurts the loved one.

### **The “Mindlessness” of Violence: Attachment, Arousal and Loss of Mentalizing Capacity**

Mentalizing is important for representing, communicating, and regulating feelings and belief states linked to one’s wishes and desires, whether they are being met, threatened, or frustrated. Mentalizing also enables us to create a picture of the thoughts, feelings, and intentions of those around us, to help us make sense of their actions in the same terms that we organize our own subjective experiences. In using the same psychology (and neural mechanism) to understand ourselves that we use to understand others, the foundations are laid for the social interactions that selective pressures acting on us throughout past millennia have helped us to evolve (Heyes & Frith, 2014). It might be useful to understand the

acquisition of mentalizing as being evolutionarily protected but modulated by the environment in the same ways that language acquisition is. Mentalizing is a nonconscious, reflexive appreciation of others' intentions, emotions, and perspectives (Seyfarth & Cheney, 2013) but, as with language, the nature of our mentalizing capacity is shaped by our social environment (i.e., just as the particular language we first learn as children depends on what our "mother tongue" is, our social environment may encourage a stronger focus on mentalizing the self over the other, depending on how strongly individualism is valued). The family has evolved to be the primary context for acquiring and shaping social understanding.

Mentalizing develops in the context of early attachment relationships, and impairments and disruptions of attachment can create a developmental vulnerability in mentalizing. Many studies support the suggestion that securely attached children are better than insecure children at mentalization tasks (e.g., de Rosnay & Harris, 2002). Mentalizing is a fundamentally bidirectional or transactional social process (Fonagy & Target, 1997): it is thought to develop in the context of interactions with others, and its quality in relation to understanding others is assumed to be influenced by how well those around us mentalize. This experience of how other people mentalize is internalized, enabling us to enhance our own capacity for empathizing and better engage in interactive social processes (conversely, poor mentalizing begets poor mentalizing; Fonagy, Gergely, Jurist, & Target, 2002; Sharp & Fonagy, 2008). The relationship between attachment and mentalizing is also bidirectional, in that difficulty reflecting on mental states is likely to adversely affect attachment relationships, and a poor attachment relationship—the experience of not being sensitively responded to—undermines the natural development of the capacity to mentalize, a cycle of behavior that will be familiar to clinicians (Grienenberger, Kelly, & Slade, 2005; Ordway, Webb, Sadler, & Slade, 2015).

In situations of stress, difficulties in mentalizing almost inevitably arise. If balanced mentalizing cannot be restored, this can become part of a rapidly emerging vicious cycle. For example, during emotionally charged interchanges in families, “flight/fight” modes are triggered. Intense emotion leads to a temporary loss of capacity to think about the thoughts and feelings of others and the self in a balanced way (Fonagy & Luyten, 2009). This is not a novel idea, and such observations will, again, be highly familiar to clinicians; by describing this in mentalizing terms we are simply describing such phenomena from a new perspective, one that is congruent both with existing clinical traditions, but also with recent developmental and neuroscientific approaches. Arousal inhibits controlled (reflective) mentalizing and automatic mentalizing kicks in, dominated by reflexive (unreflective) assumptions regarding the self and others. This leads to the re-emergence of prementalistic, or nonmentalizing, modes of family functioning (the prementalistic modes are explained in more detail below). It is as if high levels of arousal “switch off” the mentalizing system, reducing the individual family member’s ability to check and reflect on his/her own mental states, let alone align these with others’.

In a family, this may result in a parent’s mind becoming temporarily closed to seeing the child from a perspective other than the parent’s own. Not feeling meaningfully responded to can, in turn, have the effect of intensifying the child’s behavior, as the child attempts to have their experience recognized so as to “get through” to the adult (and have the experience of “being” responded to). One particularly apposite example from one of our supervised cases concerns a 14-year-old girl with a history of severe self-harm, who was at the dinner table with both of her parents, her brother, and her sister. Both her siblings had what she perceived as excellent relationship with the same-sex parent. Indeed, at this dinner there was lively conversation between mother and sister, and between father and brother. The patient made heroic attempts to engage with the discourse on either side of her but was repeatedly

ignored. Feeling desperate, she simply set the paper tablecloth alight. While this impulsive action succeeded in gaining both of her parents' attention, it also precipitated an inpatient admission for her.

The intensification of a child's behavior is likely further to derail the parent's capacity to mentalize. At the simplest level, it immediately generates emotional arousal, which itself is likely to compromise the parent's capacity to provide the psychological recognition that the child craves. In more complex cases, as might be manifest in the families with which we more often have clinical experiences, the child's behavior is also likely to trigger memories of the parent's own traumatic experiences, for example, of physical abuse. Intense states of shame and/or anger are awakened, rendering the parent temporarily incapable of "tuning into" the child. This can create a trauma for the child analogous to that of the parent.

Attachment trauma is probably best understood as the experience of overwhelming affect when alone, isolated, and separated from the attachment figure (Allen, Fonagy, & Bateman, 2010). It is this traumatic sense of abandonment and terrifying isolation that can so easily travel down the generations against the background of violent actions. Historically and in the present moment, the cycle can rapidly become extremely malign. The parent's temporary emotional unavailability generates further powerful distress in the child which, when it resonates with the parent's own experience, can have the effect of further increasing the parent's arousal. The parent may re-experience their own childhood helplessness, now visibly displayed in the child. The escalating nonmentalizing interchanges may include violence as the "solution" to terminate a deeply disturbing cycle. The parent's scream for the child to stop is a "cry in the wilderness" to an emotionally dysregulated young brain. Unable to inhibit distress, the child's response is likely to be physical.

Given the limited mentalizing capacities of children, as well as less developed language and symbolizing abilities, they find it difficult to reflect on their own or others'

mental states, are unable to put their complex feelings into words, and instead use (parts of) their bodies to do the talking. This can, and often does, take the form of violence against others or the self. This creates an illusion of communication; it generates a reaction, but not necessarily to the experience that is really driving the child's actions. If the child hits out at the parent, in an attempt to communicate feeling out of control and their need for effective physical containment, a parent in a temporary unbalanced mentalizing state is more likely to respond aggressively than in a soothing or calming fashion. Moving from the level of action to the level of representation is a vital precondition for intrafamilial communication. Some of the interventions we recommend therefore deliberately focus on the body to tackle such "embodied" mental states.

Balanced mentalizing others makes it hard to hurt people because we feel them "from the inside". Blair (1995) postulates a "violence inhibition mechanism" whereby hurting others intentionally causes mental pain in the observer—especially when the observer is the cause of the pain. In that sense, the performance of violent actions seems to be related to not experiencing the victim as a feeling and thinking person (Levinson & Fonagy, 2004). This, at least, is the case in violence that is highly impulsive rather than predatory. We would argue that intrafamilial violence is predominantly of the former, impulsive nature, and as such this paper largely limits its focus to this form of violence. In this context, physically violent acts are perhaps possible only if mentalizing is temporarily inhibited or decoupled, or if there is a permanent lack or loss of mentalizing capacity. This does not mean that we are suggesting that violence takes place in a total mentalizing vacuum – after all, violence is a highly interpersonal act. Rather, the social cognitive process at work should be understood as entailing highly unbalanced, distorted form of mentalizing: the mind of the other may be recognized (indeed, the distress of the other may be what drives violence) but the other's mind may not be fully affectively mentalized – this may well be the case in acts of predatory

violence. In summary, mentalizing has four components, or dimensions: 1) automatic versus controlled mentalizing; 2) mentalizing the self versus the other; 3) mentalizing internal versus external features; and 4) cognitive versus affective mentalizing (Bateman & Fonagy, 2016). Effective mentalizing requires the individual to retain a balance across these dimensions, and call on them to a greater or lesser extent according to context. For example, the phenomenon described in the classical clinical literature as projective identification, we would translate into mentalizing terms as a distorted form of mentalizing, in which the other's mind is being controlled or manipulated in order to restore a sense of self in the face of an assault that has inhibited the capacity to regard one's own mind as coherent. This does not represent a complete absence of mentalizing; rather it is a form of highly disrupted mentalizing in which the other's mind is recognized and used to restore one's sense of one's own mind.

As mentalizing is developed in and through attachment relationships, violence may be connected with the disorganization of the system regulating attachment feelings and behaviors. There are several ways in which this could happen. First, there are children whose learning about mental states in the context of an appropriate attachment relationship was impaired by their temperamental fearlessness (van Honk & Schutter, 2006). These children perhaps never seek proximity to the attachment figure at moments of anxiety and rarely experience the down-regulation of attachment anxiety, which is how both emotion understanding and the attachment bond are normally generated. Second, as indicated above, there are many children whose attachments have been consistently disrupted and disorganized by parental neglect, physical abuse or exploitation (Shackman & Pollak, 2014). They appear to have adapted to an environment they experience as mindless by inhibiting their nascent capacity to mentalize. Third, and probably closely linked to the above paths, high levels of arousal within the family are likely to compromise mentalizing. Effective social learning depends on safe practice (Christianson, 2014).

There is a close association between attachment, the use of physical aggression, and the collapse of mentalization. It is worth noting that the term *aggression* is derived from the Latin word *adgredere* (meaning to approach, or to seek out), indicating a link with proximity-seeking. When the family context offers limited psychological attention to the child, physical “seeking-out” and aggression toward the child may paradoxically be an adaptive response, a biological signal that the parent is genetically predisposed to emit. This may be one of the mechanisms for the intergenerational transmission of aggressive interpersonal strategies, enabling the child’s mind and body to become prepared for later violent competition for resources. Alternative but incompatible strategies that involve collaborative relating to others by making use of perspective-taking and empathy are sacrificed. Learning and mentalizing are precluded by the adaptively adopted “mindless” family system. High levels of emotion undermine and distort most complex processes of learning.

By discussing family violence in terms of what is happening at the level of mentalizing, we would not wish to strip out the complexity of individual motivation. Motivation is indeed extraordinarily complex, a combination of impulses, defences and significant structural and functional impairments. But we do not see that separating out motivation from the mental processes that mediate and express it as particularly helpful, or indeed as strongly evidence-based. While of course exploring motivation is an intrinsic component of individual clinical discourse – how could it not be in terms of understanding the process? – here we are trying to advance a conceptual model which locates individual motivation in the context of a mentalizing family system.

Violence begets violence across generations because mentalizing skills become unbalanced in families where fear and hyperactivated attachments predominate. This forces the family and its members to fall back on prementalistic modes of thinking and acting. These modes of experiencing the self and others tend to re-emerge whenever someone loses

the ability to mentalize, as typically happens in violent families in high arousal contexts. We have conceptualized three forms of nonmentalizing, or prementalistic modes (Bateman & Fonagy, 2012). The first of these is the *psychic equivalence mode*, in which thoughts and feelings become “too real” and there are no conceivable alternative perspectives. There is a suspension of doubt, and the individual increasingly believes that his/her own perspective is the only possible one. Second, in the *teleological mode* there is only recognition of real, observable goal-directed behavior and objectively discernible events that may potentially constrain these goals. Hence, the individual can recognize the existence and potential role of mental states, but this recognition is limited to very concrete, observable features. Third, in the *pretend mode* thoughts and feelings become severed from reality (which we term *hypermentalizing* or *pseudomentalizing*); in the extreme, this may lead to feelings of de-realization and dissociation.

Prementalistic modes of functioning undermine the social mechanisms that enable human collaboration: creativity, negotiation, turn-taking, and respect for the mental states of others. Collaboration with others requires prioritizing their subjective states, thus placing limits upon the urge to violently control the behavior of less powerful members of the group. In maladaptive power dynamics, control over others is established through the use of coercion and humiliation. A system—be that a family or other social group—that is characterized by blindness to the mental states of self and others will tend to create systems of social influence where coercion and humiliation play a key role.

### **Building Epistemic Trust (Building Resilience in the Vulnerable Family)**

Children almost always grow up in families, but it is also the case that these families operate in a wider social context (Bronfenbrenner, 1979). Relationships within the family are adjusted to enable members to function with optimal effectiveness in the wider social network.

It is part of the social function of families to prepare young individuals within them for the social demands they will face in adult life (Weisner, 2014). The attachment system may work as a “thermometer” that tells the human infant what is the likely “social temperature” outside: is it one that will require individual strength and great independence, or one where social collaboration is highly valued (Simpson & Belsky, 2016)? Dismissing attachment relationships may be the most adaptive strategy in a resource-poor environment where collaboration takes second place to individual survival. Lower levels of mentalizing in a family environment, greater aggressiveness, and consequently higher sensitivity to the possible threats such environments engender are all highly adaptive and optimize the chances of survival and the capacity to contribute to the gene pool. When sufficient stability and resources exist for parents to attend fully to their child, such parental sensitivity communicates the high value likely to be placed on social collaboration and relationships by the wider community (Fonagy, Luyten, Allison, & Campbell, in press).

So, by what mechanism exactly do we transmit social knowledge from one generation to the next? Recently, we have applied the concept of *epistemic trust* (by which we mean trust in the authenticity and personal relevance of interpersonally transmitted information) to thinking about development and psychopathology. The qualities required for a person to earn epistemic trust are, above all, benevolence and reliability. Inductive and deductive reasoning can help us to learn and acquire knowledge, but when that is not possible, we are thrown back on to a person who we can trust—as Recanati (1997) put it, a source of “deferentially transmitted” information.

What the trusted person tells us, we can accept as part of our culture. When we ourselves act as a deferential source of information, we do it by using ostensive cues so others can pay attention and understand and remember what we are communicating. Ostensive cues are the signals that convey to the addressee one’s communicative intent and

the fact that new relevant information is being transmitted. They also indicate that the information being transferred can be stored as semantic and procedural memory (i.e., that it is generalizable information) rather than as an episodic memory (i.e., as an isolated incident). One example of an ostensive cue is eye contact: “if I catch your eye, you will (hopefully!) be listening to me.” Csibra and Gergely (2009, 2011), in describing the learning process of infants, have used the concept of “ostension” to describe the signals that prepare an infant to recognize information as relevant to them and to add it to their permanent store of knowledge about culturally normative behavior. The emotional tone many parents employ when speaking to their infants (so-called “motherese”) is another ostensive cue, as is turn-taking contingent reactivity—that is, when somebody responds to us in a way that is contingent with our behavior. Ostensive cues trigger epistemic trust: they open a channel that allows us to receive knowledge about a personally relevant social world—knowledge that transcends specific experiences and becomes relevant in, and generalizable to, many different settings.

It would seem that the need for each individual to be recognized as a person in their own right is so powerful because, among other things, being recognized in this way is a precondition for the opening up of epistemic trust. To make knowledge resonate—to imbue it with epistemic trust—we need to feel that it is relevant *to us*, and this is linked to an acknowledgement that “I am a person and I have agency”. Securely attached children treat their parents as a deferential source; feeling recognized makes the child trust that source and the child believes that his/her subjectivity is important to the parent. There is an imperative for every child to discern not just who is to be trusted and who is benevolent and reliable as a source of information, but also who is uninformed, unreliable, or downright bad-intentioned. Being excessively open is maladaptive, just as being excessively closed to the possibility of receiving relevant new information is maladaptive (Sperber et al., 2010; Wilson & Sperber, 2012). If the child’s attachment figure is a source of both fear and trust, he/she will seek

assurance from others but feel doubtful at the same time. This could be termed a position of *epistemic mistrust*, and it is often associated with *epistemic hypervigilance*: a seemingly restless, if not obsessive, preoccupation with reading contextual cues (Fonagy & Allison, 2014; Fonagy, Luyten, & Allison, 2015). The child who continuously watches his/her parent's facial expressions, anxiously anticipating unpredictable or sudden "changes of mind" in the parent, will have huge difficulties tuning into his/her own states of mind.

### **Resistance to Change in Violent Families**

Clinical experience shows that families are often not open to change and that violent families may be among the hardest to shift. Why is that? We have already touched on transgenerational patterns of family scripts that lend stability to the behavior patterns within a family. Seriously violent children can become a focus of family life to the extent that the family system organizes itself almost entirely around the violent child. Such ways of organizing carry the risk of generating even greater violence, though. What we observe is a limited capacity in the system to alter itself to take on board new patterns of communication. Such rigidity can be understood in terms of the predominant communicational structures or epistemic (knowledge transfer) status of the family, which has collectively adopted a rigid stance that is often robustly stable with a remarkable strength to resist modification.

We will discuss here the nature of communication in such families, but before doing so we should point to the tremendous sense of isolation and loneliness that each member can feel even in the presence of other family members in such family systems. If such experience becomes pervasive, then social communication within the family will deteriorate. Available ways of coping with strong emotions are limited, and in the absence of the capacity to create appropriate narratives around feelings (i.e., contextualizing them), they become overwhelming; they can, on a hair-trigger, generate *catastrophizing*, rapidly leading to further, hyper arousal. The focus on behaviors rather than on the thoughts or feelings driving

them removes a potential buffer to forestall danger and *hypervigilance* develops, which focuses on detecting any possible cues suggestive of threat. Also present is a sense of hopelessness about intrafamilial communication, engendered by fruitless extended, but ultimately meaningless, discussions about “the problems” without genuine engagement in a quest for solutions. At the root of many of the problems in violent families is the vulnerability that each family member feels in relation to preserving their sense of agency and avoiding the sense of being “taken over” by the thoughts and feelings—that is, the perceived agenda—of others. Despite the rigidity and lack of openness to change in such families, what strikes most clinicians as counterintuitive is the lack of conviction presented by family members: there can appear to be no genuine desire for reassurance, and there is ultimately a sense of emptiness as far as the prospect of a viable family identity is concerned. The focus on violence may even have partly emerged as a way for the family to seek out intense experiences to counteract this sense of void.

Let us extend the argument about mentalizing and epistemic trust to a systemic context. To understand the seemingly “closed” family system, we need to take a step back and focus on the way “normal” families function in the transmission of information. Here, we return to the idea that the family serves to set the child’s “social thermometer” in terms of openness to influence by the social system—the extent to which epistemic trust is viable in the prevailing social conditions that the child has been born into. The degree of openness of the family to change is not a fixed quality, but openness does require a specific trigger to help enhance the capacity for updating social knowledge in a way that will engender genuine long-term change.

Being mentalized in the context of attachment relationships in the family generates epistemic trust within that family unit. Mentalizing serves to reappraise and, where necessary, to repair, preserve, develop, and enhance these connections throughout life. Epistemic

hypervigilance in families manifests as oversensitivity to difficult social interactions, and family members find it difficult to interpret the reasons for the actions of others. They cannot set aside or put out of their mind potentially upsetting memories of experiences within the family, leaving them even more vulnerable to experience emotional storms. Affect regulation is normally achieved, as we have stated above, through the creation of a social context for an emotion. Social networks act as one of the tools we have available to us in helping to contain affect: they can give meaning to and provide reasons for emotional experiences. When the capacity to create bonds of trust within a family becomes shaky or breaks down completely, experiences created by the family itself become exceedingly difficult for the individual to contain or process. This is commonly the immediate trigger for the experience of “losing it” and showing violence.

We believe this framework contributes helpfully to the conceptualization of family violence. Violence is viewed not as the problem of the violent individual and/or the dis-ease of their mind, but rather as the manifestation of a system within which expected epistemic trust has broken down. The violent member of the family group feels that his/her connections to others in the family have been lost and that he/she cannot benefit from placing his/her individual experience into a buffering, down-regulating social context. This should be seen not as a “pathological” outcome but rather as an adaptation that the individual believes to be necessary for his/her continued survival.

The set of cues that trigger the capacity of an individual to listen are no different from those that a family needs, and understanding this process of stimulating openness is essential to the achievement of change. Ostension, we maintain, has relevance beyond infancy, and any communication that indicates to an individual that the communicator recognizes his/her agency will enhance the likelihood of successful information transmission. Within the

psychotherapy research literature, the recent emphasis on the importance of the therapeutic alliance in ensuring change bears on the same issue (Zilcha-Mano & Errazuriz, 2015).

Ostensive cues function to trigger epistemic trust, which in turn creates an open channel via which to receive knowledge about a social and personally relevant world—which we normally describe as “culture”. Epistemic trust is what takes us beyond the specific experience and helps us to acquire knowledge that may be relevant in many other settings. As clinicians, to work with violent families, we have to understand that within such systems the ostensive cues that signal recognition of the sense of agency of family members is severely restricted, if not absent. Our task is to reopen the channel so that members of the family can once again receive relevant knowledge about each other and move beyond their sense of isolation. In this way, being mentalized by others is critical because it serves as the most powerful ostensive cue the clinician has available to signal that we appreciate the sense of agency of another person (Fonagy & Allison, 2014; Fonagy et al., 2015).

### **Conclusions**

We have introduced the perspective of mentalizing to assist in the understanding of violence occurring in family systems. Interpersonal intrafamily violence is more likely to take place when mentalizing is temporarily absent in family interactions. Violence also undermines and destroys the sense of safety required to engage in mentalizing self and others. A key evolutionary function of the family is to “teach” to its young members the understanding of behavior in terms of mental states. If this learning process is compromised by violence, then transgenerational transmission of violent interaction patterns is more likely to occur. We have identified a range of contributory factors, including sudden high levels of arousal, intense affect, a focus on the outcomes of actions rather than on the underlying intentions, and the erosion of epistemic trust, which undermine many processes of social learning. Nonmentalizing begets violence, which begets further nonmentalizing. To prevent

this circular process, a range of interventions has been designed to assist the family to increase mentalizing against a background of the threat of violence. These techniques will be described in a companion paper.

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