



Franco Baldoni

Attachment, Mentalization and the DMM: Fonagy's point of view

This issue of DMM News is dedicated to an article by Peter Fonagy, one of the most important contemporary psychoanalysts. Prof. Fonagy is very interested in attachment theory and is the man who focused the attention of researchers and clinicians on the importance of mentalizing. At the 4th IASA Conference in Miami in 2015, he presented a trans-theoretical reformulation of the role of attachment and mentalization in adaptation and in psychopathology, using the DMM perspective. Here in the DMM News, he presents these ideas in print.

Fonagy believes that one of most important functions of attachment relationships and parental mentalization is the development of "epistemic trust", i.e. the "trust in the authenticity and personal relevance of interpersonally transmitted knowledge", that fosters social learning and human integration. Failure of this process produces epistemic mistrust, hypervigilance and rigidity of thought, typical of individuals that are "hard to reach" and unable to be changed by social relationships.

Many individuals who are "hard to reach" present a high "general psychopathology factor" (P factor), that exposes them to mental disorders, a lack of resilience and difficulties in psychotherapy. Borderline Personality Disorder, with its limitations in mentalization and social interconnection, is an extreme example of this condition.

Fonagy suggests that increasing mentalization works to generate epistemic trust, improve resilience and foster the capacity for dealing with stressful and potentially traumatic events. In his trans-theoretical reformulation of these problems, he suggests that three different processes of communication characterize effective treatments: the teaching and learning of contents (that permits the understanding of experiences and related mental states), the experience of valid mentalizing (therapist and patient

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become two minds that work together) and the reemergence of social learning (accompanied by the relaxation of the patient's vigilance). These functions are relatively independent of the theoretical orientation and are more linked to the relational and communicative skills of the therapist.

Fonagy underlines that one of most important contributions of the DMM is its consideration of the evolutionary approach originally followed by Bowlby, with a particular emphasis on the processing of information relating to danger, survival and reproduction in shaping expectations of the future and the development of adaptive strategies. This focus of the DMM on both the information from the social environment and also the understanding of the patient's original strategies to cope with danger could be an important guide for organizing an effective, customized treatment.

Franco Baldoni, DMM News Editor (franco.baldoni@unibo.it)

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Peter Fonagy

The role of attachment, epistemic trust and resilience in personality disorder: a trans-theoretical reformulation

One of the many valuable contributions of Pat Crittenden's Dynamic-Maturational Model (DMM) of attachment and adaptation is its firm re-engagement with the evolutionary approach that underpinned Bowlby's original thinking. The model's emphasis on attachment as a means of protecting the self and one's offspring from danger is then used to make a valuable – and in the process, valuably destigmatising – account of dysfunction as arising from knowledge acquired through environmental influence. **According to this approach, attachment strategies are the outcome of knowledge – “a central function of the brain is to transform information about the past to yield representations of the probable relation of the self to context in the future” (Crittenden, 2006, p. 107).** The DMM model places particular emphasis on the role of information, in particular information relating to safety, survival and reproductive success, in shaping expectations of future conditions and consequent behavioural strategies. This has led Crittenden to suggest that treatment should “reflect upon the conditions surrounding [the patient's] behaviour, to practise new responses in safety and ultimately to learn to fit strategy to context to yield maximum safety and comfort” (Crittenden, 2006, p.106).

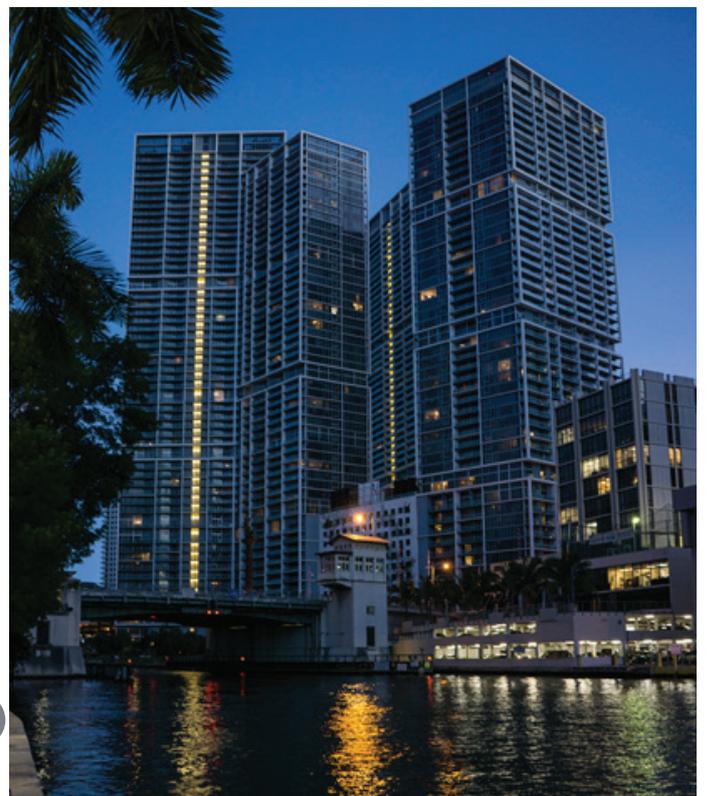
These three themes in the DMM – of dysfunction as an evolutionarily driven strategy adopted according to perceived danger; of the role of information about the outside world in shaping these strategies and expectations of threat; and, the idea of psychological disorders as particular manifestations of this general maladaptive strategy – are ideas that resonate with recent developments in our thinking on mentalizing, epistemic trust and resilience. This thinking will be summarised here.

Mentalization theory is rooted in attachment thinking. Indeed, mentalizing – the capacity to understand ourselves and others in terms of intentional mental states (i.e. needs, desires, feelings, beliefs, goals and reasons) – is, in most normal developmental scenarios, fostered within attachment relationships. An infant learns about mentalizing through exposure to being mentalized by other people. **It is the process of interacting with caregivers in a way that attributes valid and separate mental states to the baby that turns the human infant**

into a balanced and robust mentalizer. Supporting the child to achieve this state is an active and ongoing task for the caregiver – they are making sense of the mental space inside the infant, for the infant.

Secure attachment relationships, where attachment figures are interested in the child's mind and the child is safe to explore the mind of the attachment figure (Fonagy, Lorenzini, Campbell, & Luyten, 2014), enable the infant to explore other people's perspectives. The infant's experience of being represented as a thinking and feeling intentional being in the mind of their caregiver in turn strengthens their own capacities for mentalizing. This ability then provides them with the requisite skills to navigate future social exploration and obstacles (Fonagy, Gergely, Jurist, & Target, 2002).

To effectively do this, however, **it is vital that the child learns to master the four separate, but related dimensions of mentalizing. These dimensions are: (a) automatic versus controlled mentalizing, (b) mentalizing the self versus others, (c) internal versus external mentalizing, and (d), cognitive versus affective mentalizing.** Mentalizing takes place when these dimensions are balanced. Different types of psychological and behavioural difficulties often arise when one is



'stuck' at one end of these dimensions (Bateman & Fonagy, 2012).

When mentalizing fails, individuals often fall back on unbalanced or pre-mentalizing ways of behaving which have some parallels with the ways that young children behave before they have developed their full mentalizing capacities. The modes are: psychic equivalence, teleological, and pretend modes. These modes of experiencing the self and others particularly tend to re-emerge whenever we lose the ability to mentalize in a balanced manner (most typically, for example, in high stress contexts).

In the *psychic equivalence mode*, thoughts and feelings become "too real", making it extremely difficult for the individual to consider alternative perspectives which may be applicable to the situation. In psychic equivalence, what is *thought or felt* is experienced as completely real and true, leading to what clinicians experience as a concreteness of thought in their patients.



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The *teleological mode* refers to states of mind where mental attitudes are only recognised if they are accompanied by a tangible signifier and lead to a definite outcome. Hence, the individual can recognize the existence and potential importance of states of mind, but this recognition is limited to very concrete, observable situations. For example, affection is only accepted as genuine if it is accompanied by a touch or caress.

In *pretend mode*, thoughts and feelings are cut off from reality; in the extreme, this may lead to full dissociative experiences. Patients in pretend mode can discuss experiences in pseudo-psychological terms without contextualizing these through reference to the lived physical or material reality. It is as if they are creating a pretend world.

Mentalizing and epistemic trust

In recent years, the theory of mentalization has expanded to consider another important function of attachment relationships, namely their role in the development of epistemic trust – that is, trust in the authenticity and personal relevance of interpersonally transmitted knowledge. **Epistemic trust enables social learning in a fluid and unpredictable social and cultural context, and allows individuals to benefit from their (social) environment** (Fonagy & Allison, 2014; Fonagy, Luyten, & Allison, 2015).

As humans, given the social and practical complexity of our environment, **much of the information we are presented with – and which we must convey – is complex and not immediately self-explanatory.** Furthermore, as it can be harmful for us to accept all information indiscriminately, we often approach new ideas or facts with a self-protective epistemic vigilance. To accommodate the dilemma of needing to receive large amounts of complex social knowledge in order to function adaptively and of the need to be able to detect communicators who are not reliable, authoritative or benignly motivated, Csibra and Gergely have formulated the theory of natural pedagogy. This theory advances that there is a human-specific, cue-driven form of social cognition that has evolved to enable the transmission of cultural knowledge (Csibra & Gergely, 2006, 2009, 2011).

Within a relationship that stimulates epistemic trust, a more open and receptive communication channel opens which assumes that the individual communicating knowledge is reliable, well informed and benignly motivated. Such individuals (and in normal development, these individuals would in the first instance be the infant's primary caregiver) are regarded with epistemic deference, and the recipient of knowledge adopts a pedagogic stance in relation to them. This stance is stimulated by ostensive cues transmitted by the communicator; these cues include eye contact, turn-taking contingent reactivity and the use of a special tone of voice. When the pedagogic stance is triggered in this way, the recipient of the information is alerted that the content being conveyed is relevant to them and should be incorporated as part of their general understanding of how their environment operates, i.e., it should be stored as part of their procedural and semantic memory rather than episodic.

Specifically, epistemic trust encourages the recipient of the new information to relax epistemic vigilance. Doing so enables them to accept that what they are being told matters to them. This complex process is essential, since epistemic vigilance is the stance which selection pressures would have reinforced in the course of human evolution – after all, it is only in the interest of those who share genes to ensure joint survival (American Psychiatric Association, 1987).



Miami Sky 2015

Receiving cultural knowledge in this way first occurs in the context of attachment relationships. One of the benefits of secure attachment relationships, we suggest, is that they generate the conditions for a general opening of epistemic trust. Sensitive parenting (as Mary Ainsworth described) has as its hallmark contingent reactivity. More generally, responding to someone contingently, or looking at them or calling them by name, are all indicators of a recognition of agency (as Max Weber postulated). Paradigmatically, accurate mentalizing achieves the same end. The process of mentalizing that takes place in the caregiving interactions of a secure attachment relationship in effect constitutes a powerful underpinning ostensive cue for the relaxation of epistemic vigilance within that relationship (Fonagy et al., 2015).

In terms of psychopathology, we suggest that the most significant implication of the developmental triad of attachment, mentalization, and epistemic trust lies in the consequences of a breakdown in epistemic trust. We posit that many, if not all, types of psychopathology may be associated with a disruption of epistemic trust and the social learning process this trust normally enables. If a caregiver is unable to effectively mentalize their infant, not only will the child's developing capacity to mentalize be compromised, but (given the importance of mentalizing in providing ostensive cueing) the child's social learning will suffer because epistemic vigilance will not be replaced by the development of epistemic trust.

Many mental disorders have in common the feature of apparent rigidity and an incapacity to learn about the

social world. The uncertainty and confusion culminating in defensive rigidity which arise from the suspension of the normal developmental process results in the child adopting a stance of high epistemic vigilance. Everybody seeks social knowledge, but without the reassurance and support of trusted caregivers, family or peers, the content of communication can be confusing and it may be rejected due to perceived hostile intent. In that sense, many forms of mental disorder might be considered manifestations of failings in social communication arising from epistemic mistrust, epistemic hypervigilance, or outright *epistemic freezing (petrification)*.

It manifests as a reluctance to update beliefs, perceptions and expectations, regardless of the social experience that would indicate that beliefs are inappropriate, expectations are based on misconstruals and perceptions are distorted profoundly by this process. Individuals who have experienced severe trauma and/or who are suffering from personality problems may be left with a complete inability to trust others as sources of knowledge about the world. An individual who has been traumatized in childhood, for instance, has little reason to trust others and will reject information that is inconsistent with their pre-existing beliefs. **As therapists, we may consider such people "hard to reach", yet they are simply exhibiting an adaptation to a threatening social environment in which attachment figures were not regarded as reliable.**

The P factor and resilience

It is easy to see how knowledge transmission across the generations could link to quality of attachment. Why

is a general concept such as epistemic trust helpful to understanding psychopathology? To answer this question, **we have to reconsider some fairly fundamental assumptions about the nature and structure of mental disorder. A serious challenge for our thinking about psychopathology arises from the fact that when we consider an individual's full psychiatric history, it rarely adheres to the discrete, symptom-defined, and diagnosis-led categories that extant cross-sectional research uses when analyzing specific disorders.**

The complexity and entangled nature of many mental health problems lends credence to recent evidence presented by Caspi and colleagues suggesting that there is, in fact, a “general psychopathology factor” in the structure of psychiatric disorders (Caspi et al., 2014). A higher p factor score is associated with increased impairment, more developmental adversity, and greater biological risk. The p factor concept convincingly explains why, so far, it has proved so difficult to identify isolated causes, consequences, or biomarkers and to develop specific, tailored treatments for individual psychiatric disorders.

We believe that it might be helpful to consider the p factor as a proxy for impairments in epistemic trust:

an individual with a high p factor score is one who, because of developmental adversity (whether biological or social), is in a state of epistemic hypervigilance and epistemic mistrust, which if true, may affect the efficacy of psychosocial interventions. It would mean, for instance, that **people with relatively low p factor scores might be most responsive to psychosocial interventions.**

These patients may be relatively “easy to reach” in terms of treatment because they are open to social learning, which includes information acquisition in the context of therapeutic intervention. In contrast, a depressed patient with a high p factor score, who is suffering from high levels of comorbidity, longer-term difficulties, and greater functional impairment, is **likely to show intense treatment resistance because of their high levels of epistemic mistrust, or outright epistemic freezing. In this scenario, it is much more likely that the patient will first require long-term therapy to stimulate epistemic trust and openness.**

Our thinking on epistemic trust and the p factor has, we suggest, some potential bearing on how we approach the question of resilience. Resilience is a long-debated concept within the field, and a bewildering array of factors have been associated with resilience, ranging from genes to parenting style to surrounding neighborhood. Kalisch and colleagues have recently posited a conceptual framework for resilience that unifies these different levels of factors by assuming a final common pathway, a mechanism for resilience at the level of higher-order cognitive processes (Kalisch, Müller, & Tüscher, 2014). Labelled PASTOR



(positive appraisal style theory of resilience), the theory suggests that the many factors thought to contribute to resilience do so by virtue of the effect they have on an individual's appraisal reaction to stressors. There are, according to this theory, three appraisal mechanisms that determine resilience.

These are: positive appraisal classification (the manner of immediate appraisal when faced with a stressor); retrospective reappraisal of threat (how the stressor is regarded in retrospect); and, inhibition of re-traumatizing triggers (the capacity to inhibit threat-associated sensations when remembering a stressor event). The appraisal mechanism is almost by definition embedded within a social process, as information to support appraisal comes from knowledge gained almost invariably from within an individual's social network. Thus, accurate appraisal of a specific social context is underpinned by helpful information flow between the individual and their social group.

How does the PASTOR framework relate to our thinking about epistemic trust and its relationship to the p factor? **We posit that the p factor may be best understood as pointing to an absence of resilience.** Resilience and the p factor are inversely related because they are identical at the level of mechanism. High resilience reflects the absence of mental health problems (high functioning) despite stress. Mental health problems (p factor scores) increase in inverse proportion to decreased resilience given an inevitable degree of life-stress. But both high and low resilience are adaptations; they reflect the organism's attempt to optimize the chances of surviving long enough to contribute to the gene pool. The process of appraisal is, as we have seen, a social process, to the extent that it entails using socially acquired information to mitigate the threat of a stressor. **Low resilience reflects an adaptation consequent of serial problems in communication through development, perhaps combined**

with genetic vulnerability. The adaptation is characterized by epistemic hypervigilance which challenges the reappraisal process necessary for resilience, and results in apparent rigidity – resulting in an apparent imperviousness to social influence. The struggle to engage in meaningful reappraisal creates a general vulnerability to psychosocial stress (low resilience), which yields to the high likelihood of future mental health problems (p factor).

Epistemic trust enables the individual to receive communication from their social environment that allows them to reappraise stressors. The capacity for mentalizing and being open to being mentalized (being able to benefit from the support of others' minds to assist in this process of reappraisal) enables learning through participation in the social network through the accurate recognition of ostensive cueing. **Feeling recognized opens the epistemic path necessary to update the neural nets which in turn enable accurate (resilient) interpretation of reality.**

Borderline personality disorder (BPD) may be conceptualized as being at the extreme end of 'not resilient' as reflected by an absence of social interconnectedness. Individuals with BPD tend to be oversensitive to possibly difficult social interactions (they cannot interpret the reasons for other people's interactions) and they cannot set aside potentially upsetting memories of experiences. These vulnerabilities leave them open to emotional storms, interpersonal dysfunction and often intense distress. **The persistence of distress that is characteristic of BPD arises from the individual's difficulties in accepting new information as relevant to them and so generalizable to other contexts.** Personality disorder in general, we argue, may be best

understood as inaccessibility to cultural information that is relevant to the self from the social environment – whether this is therapist, friend, partner or teacher.

In terms of thinking about effective treatment for individuals with a high p/low resilience adaptation, we suggest that increasing mentalizing in the individual works to enhance or rekindle their epistemic trust: to connect the individual once again. This in turn generates resilience because it improves the individual's capacity for appraising and re-appraising stressful events. We will describe this process more fully in the next section.

The three communication systems

Given these considerations, **how can we make psychotherapy more effective?** We propose that three distinct processes of communication commonly underpin effective treatment.

1. **Communication System 1:** *The teaching and learning of content*

All evidence-based therapeutic modalities belong to this system. They have in common the therapist's ability to convey to the patient a model for understanding their experience, which then enables the patient to convincingly recognise and identify his/her own mental state. This may be done through explanations given, helpful strategies offered, interpretations suggested or just highly contingent non-verbal responding, or indeed any combination of these. The process of ostensive cueing entailed in recognizing agency and 'teaching' and receiving new content in a way that demonstrates a recognition of the patient's agency and self, in itself serves to lower the patient's epistemic vigilance.



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2. Communication System 2: *The re-emergence of robust mentalizing*

When the patient is once again open to social communication in contexts that had previously been marred by extreme caution or epistemic hypervigilance, he/she shows increased interest in the therapist's mind and the therapist's use of thoughts and feelings. This newfound awareness stimulates and strengthens the patient's mentalizing process. Improvements in mentalizing or social cognition may thus be a common factor across different interventions. **Mentalizing features of interventions demand collaboration (two minds working together), seeing from the other's perspective, treating the other as a person, recognizing them as an agent, and assuming they have things to teach you, since mental states are opaque.** The consistent mentalizing of the patient by the therapist generates an experience of being recognised as an agent in the patient. This is also achieved by the consistent marking of the patient's experiences, and acknowledging the patient's emotional state. Such ostensive cues serve to denote the personal relevance of the transmission and its social value (generalizability). **By mentalizing the patient effectively, the therapist models mentalization and creates an open and trustworthy environment against a background of low arousal. Improving mentalizing is not the main goal of therapy, but it enables the patient to learn from their wider social context.**

3. Communication System 3: *The re-emergence of social learning*

The relaxation of the patient's hypervigilance via the first two systems of communication enables the patient to become receptive to social learning. This allows the patient to apply his/her new mentalizing and communicative capabilities to wider social learning across all areas of their social life. **The greatest benefit of a therapeutic relationship comes from generalizing epistemic trust beyond therapy so that the patient can continue to learn and grow from other relationships.** This final part of this process is contingent upon the patient having a sufficiently benign social environment to support them in their mentalization, and which continues to facilitate relaxation of epistemic mistrust in the wider social world. Improved epistemic trust and the abandonment of rigidity enable learning from experience. Symptomatic and functional change observed associated with psychological therapy is probably due to an alteration of how a person uses their social environment, not simply to whatever happened in therapy.

Essentially what this schema highlights is that, regardless of their "brand names", for psychotherapies to be effective, all three level of communication must become operational. The emphasis within the DMM model on the significance of communication about the social environment and how best to navigate it is, we believe, creatively congruent with the theory of epistemic trust, resilience and psychopathology.

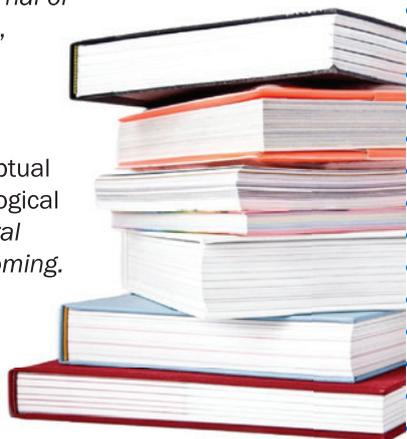
Peter Fonagy, PhD

*Research Department of Clinical, Educational and Health Psychology,
University College London, UK.
p.fonagy@ucl.ac.uk*



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