"Understanding why dyadic therapy works: A human communication theory of psychotherapy"

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Boasting about mentalizing (but only briefly)

• Boasting about friends
• Interpersonal nature of mind
• Developmental approach
Some of the Mentalizing Mafia

• UCL/AFC/Tavistock
  Prof George Gergely
  Professor Pasco Fearon
  Professor Mary Target
  Prof Anthony Bateman

• University of Leuven & UCL/AFC
  Dr Patrick Luyten

➤ Dr Liz Allison
➤ Professor Alessandra Lemma
➤ Professor Eia Asen
➤ Dr Trudie Rossouw
➤ Dr Dickon Bevington
Some more mafiosi (The USA branch)

- Menninger Clinic/Baylor Medical College
  - Dr Jon Allen
  - Dr Lane Strathearn
  - Dr Brooks King-Casas
  - Dr Read Montague
- Yale Child Study Centre
  - Prof Linda Mayes
  - Dr Carla Sharp
  - Dr Efrain Bleiberg
  - Professor Flynn O'Malley
  - Dr Elisabeth Newlin
  - Professor Nancy Suchman
And European recruits to the ‘Family’

➢ Dawn Bales

➢ Dr Mirjam Kalland

➢ Professor Finn Skårderud

➢ Professor Sigmund Karterud

• Cindy Decoste
• Catherine Freeman
• Ulla Kahn
• Morten Kjolbe
• Benedicte Lowyck
• Tobi Nolte
• Marjukka Pajulo

• Svenja Taubner
• Bart Vandeneede
• Annelies Verheught-Pleiter
• Rudi Vermote
• Joleien Zevalkink
• Bjorn Philips
• Dr Peter Fuggle
Clear evidence of having little to declare.
Psychological therapies & mentalizing

• When we interact with other people, we are only moderately interested in their visible shell.

• Vastly more important are the invisible beliefs, desires and intentions that lie behind their actions that which needs addressing in psychotherapy.

• Therapy occurs in the midst of an evolutionarily protected set of mechanisms that have evolved to ensure social understanding

• There is a group of developing brain regions in the human cortex that selectively and specifically underlie our capacity to mentalize
What is mentalizing?

Mentalizing is a form of *imaginative* mental activity *about* others or oneself, namely, perceiving, experiencing and interpreting *human* behaviour in terms of *intentional* mental states (e.g. needs, desires, feelings, beliefs, goals, purposes, and reasons).
Meaning of Mentalizing

- To see ourselves from the outside and others from the inside
- Understanding misunderstanding
- Having mind in mind & being mind minded
- Being mindful (of minds)
- Past, present, and future ➔ continuity
- Experiencing oneself as intentional & agentive
- Creating phenomenological coherence about self and others (the unique human quality of curiosity)
Curiosity

I know that I don’t KNOW what you must think, boss, but I can wonder what that is…?

With thanks to Dr Dickon Bevington
Mentalization and Overlapping Constructs
(Choi-Kain & Gunderson, Am J Psychiat 2008)
Mentalization and Overlapping Constructs
(Choi-Kain & Gunderson, Am J Psychiat 2008)
Cognitive Behaviourism: The value of understanding the relationship between my thoughts and feelings and my behaviour.

Systems Theory: The value of understanding the relationship between the thoughts and feelings of family members and their behaviours, and the impact of these on each other.

Psychodynamic: The value of understanding the nature of resistance to therapy, and the dynamics here-and-now in the therapeutic relationship.

BIOLOGICAL, SOCIAL and ECOLOGICAL: The value of understanding the impact of context upon mental states: development, deprivation, opportunity, hunger, fear...

Mentalizing as an Integrative framework

COMMON

LANGUAGE

MIND

BRAIN
Measuring Mentalization (Baron-Cohen et al., 2001) Reading the Mind in the Eyes Test

Surprised-A

Sure about something-B

Joking-C

Happy-D
Mentalizing at the World Cup: How does Robert Green feel after letting in the USA goal?
Shared neural circuits for mentalizing about the self and others
(Lombardo et al., 2009; J. Cog. Neurosc.)
Let the boy dream Ivan, he is a born dilettante!

You will never amount to anything if you hold a ball like that!

I want to write my PhD on the “Use of low signal-to-noise ratio stimuli for highlighting the functional differences between the two cerebral hemispheres”.

You look smug now but you will lose your hair just like Dad.
Psychological Self: 2nd Order Representations

Physical Self: Primary Representations

Constitutional self in state of arousal

FDAEEA"E

Internalization of object’s image

symbolic organisation of internal state

Infant

CAREGIVER

Expression

Reflection

Resonance

Contingent display

expression of understood affect

signal

non-verbal expression

Fonagy, Gergely, Jurist & Target (2002)
Cycles of inhibition of mentalizing in a dyad

- Powerful emotion
  - Frightening, undermining, frustrating, distressing or coercive interactions

- Poor mentalising
  - Inability to understand or even pay attention to feelings of others
  - Others seem incomprehensible

- Loss of certainty that thoughts are not real
  - Try to control or change others
Powerful emotion

Poor mentalising

Inability to understand or even pay attention to feelings of others

Others seem incomprehensible

Try to control or change others or oneself

Frightening, undermining, frustrating, distressing or coercive interactions

Person 1

Powerful emotion

Poor mentalising

Frightening, undermining, frustrating, distressing or coercive interactions

Inability to understand or even pay attention to feelings of others

Try to control or change others or oneself

Others seem incomprehensible

Person 2

Vicious Cycles of Mentalizing Problems in a Dyad
“Common factors” research in psychotherapy

- Traditional common factors
- Common principles
- Cross modality predictors
The Paradigmatic Common Factor

- **Centrality of the therapeutic relationship**
  - establishment of a strong working alliance,
    - My therapist and I have *figured out a good way to work* on my sad or angry emotions.
    - My therapist and I *work well together* on things that bother or upset me
  - therapist capacity for understanding
    - My therapist really *understands* what bothers or upsets me
    - I feel uncomfortable talking about my thoughts and feelings with my therapist
  - feeling supported and cared about
    - I *don’t get much support* from my therapist (*reversed*)
    - I feel like my therapist is *on my side* and tries to help me
  - agreement between patient and therapist on treatment goals.
    - I *use my time* with my therapist to *make changes* in my thoughts and behavior
    - I would rather not *work* on my problems or issues with my therapist
The **working alliance** controversy
Castonguay et al. (1996)

Depressed patients treated with CBT

- took measures of:
  - level of **alliance**
  - therapist focus on **distorted thinking**

- **alliance** significantly associated with outcome
- greater focus on distorted thinking associated with **poorer** outcomes
- effect **disappears** if alliance levels controlled for
Within and between therapist variance

Baldwin et al. 2007

state

trait
A sample of 646 patients (76% women, 24% men) in primary care psychotherapy administered the Working Alliance Inventory and CORE session by session,
Reciprocal Influence of Alliance to the Group and Outcome in Day Treatment for Eating Disorders


<table>
<thead>
<tr>
<th>Model</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline ($\gamma = 0$)</td>
<td>$-0.23 (0.08)$</td>
</tr>
<tr>
<td>Model 1 (alliance $\rightarrow$ restrict $\gamma = \text{free}$)</td>
<td>$-0.22 (0.08)$</td>
</tr>
<tr>
<td>Model 2 (restrict $\rightarrow$ alliance $\gamma = \text{free}$)</td>
<td>$-0.18 (0.09)$</td>
</tr>
<tr>
<td>Final model ($\gamma = \text{free}$)</td>
<td>$-0.23 (0.05)$</td>
</tr>
</tbody>
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SO WHY DOES IMPROVED ALLIANCE IN SESSION$_{t-1}$ LEAD TO IMPROVEMENT IN SESSION$_{t}$?
Understanding benefit from working alliance

• Is it to do with learning about oneself?
  – Most unlikely because improvement occurs between end of session and beginning of next session

• So what is it about working alliance that actually improves the patient?
  – a bizarre delayed reverse causality?
  – attachment mediated – but through what process?
  – opening up a social learning process that benefits the patient between sessions
The Transmission of Culture and Why Therapy Works

• How do we know who to learn from?
• How does trust relate to attachment?
• How do you get people to trust you?
• Why does trust make a difference?
Brains and social behavior vary across different mammalian species

- **Insectivors**: Regulated maternal behaviors
- **Chimpanzees**: Societies of a few dozen
- **Modern Humans**: Societies of millions of interacting people

Humans exceedingly skilled at large scale social interaction

**Competition for social skills** led to the evolutions of cognitive **mechanism for collaborating** with others

Fuelled evolution of human brain.

Therefore correlation in mammals **between size of social group and volume of neocortex**
Instincts in explanations of psychopathology (Gergely, in press)

- Historically **three attempts** to ground the assumptions of clinical causation to instinct
- Three **major human instincts** have been the focus of explanations of development and its distortion in psychological disorder
  - 1. The **psychosexual AND agression instinct** – Freud and classical psychoanalysis
  - 2. The instinct for **attachment** – Bowlby, Ainsworth and early infant researchers
  - 3. The instinct for **communication** – Gergely, Tronick and modern infant research
Species-specific ways to acquire beliefs

• We can accept a culturally transmitted belief for two reasons (Sperber, 1997, 2001, Sperber et al., 2010)
  – its content
  – the authority of its source

• To accept because of content
  – grasp its deductive relations to the contents of other beliefs
  – inductive relations to the evidence, in accordance with the principles of theoretical rationality.

• To accept on account of the authority (‘deferentially’ transmitted, Recanati, 1997)
  – its source is known, remembered and judged to be reliable (or trustworthy)
  – taken to be shared common knowledge among members of one’s community
Gergely’s argument for the need for human natural pedagogy

- We are born into a world populated with man-made tools whose functional properties, appropriate manner of application or method of (re)production often remain in many respects epistemically opaque → NEED COMMUNICATION

- The cognitive opacity of kind or category-relevant aspects of human-made functional artifacts raises a learnability problem (of relevance-selection) for the naïve juvenile observational learner
Natural Pedagogy theory

(Csibra & Gergely, 2006; 2009, 2012)

• A human-specific, cue-driven social cognitive adaptation of mutual design dedicated to ensure efficient transfer of relevant cultural knowledge

• Humans are predisposed (EVOLVED) to ‘teach’ and ‘learn’ new and relevant cultural information from each other

• Human communication is specifically adapted to allow the transmission of
  a) cognitively opaque cultural knowledge
  b) kind-generalizable generic knowledge
  c) shared cultural knowledge
Definition of Ostensive Stimuli

Bertrand Russel, 1940; Sperber & Wilson (1995)

• The signals whereby an agent makes manifest to an addressee her communicative intention: to manifest some new relevant information for the addressee (i.e. her informative intention).
  – NOT PART OF EPISODIC MEMORY BUT PART OF SEMANTIC/CULTURAL KNOWLEDGE

• Infants display species-specific sensitivity to, and preference for, some non-verbal ostensive behavioral signals (see Csibra, 2010, Csibra & Gergely, 2009 for reviews)

• Examples of ostensive communication cues
  – eye-contact
  – turn-taking contingent reactivity
  – special tone (‘motherese’)
Triggering the Pedagogical Stance

• The pedagogic stance is **triggered** by **ostensive** communicative **cues** (E.G. EYE CONTACT)

• Ostensive cues have **in common**
  – Infant **recognized** as a self
  – Paid special attention to **noticed** as an agent

• Ostensive cues **function to trigger epistemic trust**:
  – **Opening** channel to **receive** knowledge about social and personally relevant world (CULTURE)
  – Going **beyond** the **specific experience** and acquire knowledge relevant in many settings
  – Triggers opening of an evolutionarily protected **epistemic superhighway** for knowledge acquisition
The Developmental Evidence

• Learning from babies learning
• Evidence for transferring knowledge for episodic to semantic memory
• Link to contingent responding
• Why attachment is key to learning
Subjects: 4 groups of 18-month-olds
Stimuli: Two unfamiliar objects

Gergely, Egyed et al. (in press)
1: Baseline - control group
No object-directed attitude demonstration

Simple Object Request by Experimenter A

Subjects: n= 20 Age: 18-month-olds
Ostensive Communicative Demonstration

Requester: OTHER person (Condition 1)
Learning from Attitude Expressions

18-month-olds

Ostensive Expression - Generalization
Non-Ostensive (Non-Communicative) Demonstration

Requester: OTHER person (Condition 2)
Learning from Attitude Expressions

18-month-olds

Ostensive Expression - Generalization

Non-Ostensive Expression - No Generalization
Condition 4: Non-Ostensive (Non-Communicative)

Demonstration Requester: SAME person
Learning from Attitude Expressions

18-month-olds

Ostensive Expression - Generalization

Non-Ostensive Expression - No Generalization

Non-Ostensive Expression - Person-Specific Attribution

Egyed et al., in prep.
Epistemic trust and secure attachment

- **Secure attachment** is created by a system that also induces a sense of *epistemic trust* that the information relayed by the teacher may be trusted (i.e. learnt from)

- Evidence
  - Contingent responsiveness to the infant’s own (at first, automatic) expressive displays in secure attachment
  - During “mirroring” interactions, the other will “mark” her referential emotion displays in a ‘manifestative’ manner to instruct the infant
  - Cognitive **advantage** of secure attachment
Attachment and cognitive functioning: the development of competence in logical reasoning

Source: Jacobson et al
How Attachment Links to Learning

The forming of an attachment bond

DISTRESS/FEAR

Down Regulation of Emotions

EPISTEMIC TRUST

Proximity seeking

Activation of attachment
Social Cues that Create Epistemic Trust

- **Attachment** is special condition for generating epistemic trust

- Generally any **communication** marked by **recognition** of the listener as **intentional agent** will increase **epistemic trust** and likelihood of **communication** being coded as
  - Relevant
  - Generalizable
  - To be retained in **semantic memory**

- **OSTENSIVE CUES TRIGGER EPISTEMIC TRUST**
  - WHICH TRIGGERS A SPECIAL KIND OF ATTENTION
Individual Differences in Creating Epistemic Trust

**Influential** communicators

– use ostensive **cues** to **maximum**

– create ‘**illusion**’ of **recognizing** agentiveness of listener
  
  • **Looking** at audience
  
  • Addressing current **concern**
  
  • Communicating that they see problem from **agent’s perspective**
  
  • Seeing and recognizing individual **struggle in understanding**

• Massive **difference in ability** of individuals to influence (teachers, politicians, managers) explicable in terms of varying capacity to **generate epistemic trust**
Meta-analytic studies of teacher effectiveness

- John Hattie is Professor of Education at the University of Auckland, New Zealand.
- **15 years research** and synthesizes over **800 meta-analyses** relating to the influences on achievement in school-aged students.
- Builds a story about the **power of teachers** and of **feedback**, and constructs a model of **learning and understanding**.
- Is there a set of **predictors to good teaching outcomes** based on:
  - The child?
  - The home?
  - The school?
  - The curricula?
  - The teacher?
  - The approaches to teaching?

With grateful thanks to Dr Peter Fuggle
Meta-analytic studies of teacher effectiveness

• Things that do not work:
  – **Mobility** (shifting schools) -0.34
  – Television -0.14
  – Summer vacation -0.09
  – Ability grouping 0.10
  – **Individualized instruction** 0.20
  – **Homework** 0.30

With grateful thanks to Dr. Peter Fuggle
Meta-analytic studies of teacher effectiveness

• What makes a **teacher** the most **effective**?
  – It is teachers **seeing learning through the eyes of students**; and **students seeing** teaching as the key to their ongoing learning

• The **key ingredients** are:
  – Awareness of the **learning intentions**
  – **Knowing when** a student is **successful**
  – Having sufficient **understanding of the student’s understanding**
  – Know enough about the content to provide **meaningful** and challenging **experiences**

• Passion that reflects the **thrills** as well as awareness of the **frustrations of learning**.

*With grateful thanks to Dr Peter Fuggle*
The implications for clinical work: Its organisation and delivery

- Mentalizing – what is it?
- Why is seeing from others’ perspective essential to therapy?
- How does therapy free a patient?
Implications: A mechanism of change

- *Mentalizing* (seeing behavior in terms of mental states) entails *collaboration*
  - Seeing from *other’s perspective*
  - Treating the *other as a person*
  - Recognizing them as an *agent*
  - Assuming they have things to *teach you* – since mental states are opaque
Implications: The nature of psychopathology

- Social adversity (most deeply trauma) is the destruction of trust in social knowledge of all kinds ➔ rigidity, being hard to reach

- Cannot change because cannot accept new information as relevant (to generalize) to other social contexts

- Personality disorder is not disorder of personality (except by old definition of being enduring) but inaccessibility to cultural communication from
  - Partner
  - Therapist
  - Teacher

\[ \text{Epistemic Mistrust} \]
Implications: The nature of psychopathology

- **Epistemic mistrust follows** experiences of maltreatment or abuse
  - Therapists ignore this knowledge at their peril
- **Personality disorder is a failure of communication**
  - It is not a failure of the individual but a **failure of a relationship**
  - It is associated with an **unbearable sense of isolation** in the patient generated by epistemic mistrust
  - Our inability to communicate with patient causes **frustration in us** and a tendency to **blame the victim**
  - We feel they are not listening but actually it is that they find it **hard to trust** the truth of what they hear
Implications: The nature of psychotherapy

• *Mentalizing* patients may be a **common factor** to psychotherapy **not** because we need **to learn about** our **minds** to learn about those of others

• **Mentalizing is** a generic way of establishing **epistemic trust and achieving change**
  – Our subjectivity being understood is necessary **key to open up** wish to learn about world including social world
  – Open a key biological route to information transmission and possibility of change **epistemic super-highway**
  – Experience of **feeling thought** about makes us feel **safe enough to think about social world**
Implications: The nature of psychotherapy

- Therapy is not just about the **what** but the **how** of learning:
  - Opening the person’s mind via establishing epistemic trust (collaboration) so he/she can once again trust the social world by changing expectations
  - It is **not just what is taught** in therapy that teaches, but the evolutionary capacity for learning from social situation is rekindled
  - Therapy interventions are effective because they open the child to social learning experience which then feedback in virtuous cycle
Psychotherapy may be effective for **two reasons**

- **Learning content** → by focusing on **trustworthy aspects of context**
  - We may have some **wisdom** that is worth communicating
  - Once epistemic superhighway is open the patient can learn from us

- **Learning about sources of knowledge** → by providing a clear **social illustration of trust** we undo epistemic isolation
  - By using **ostensive cues** and establishing a sense that we are concerned to see the **world from the patient’s standpoint** we model a situation of interpersonal trust
  - **Improved understanding** of social situation → Leads to better understanding of attachment figure → more trusting (less paranoid) interpersonal relationships → it opens up the potential to feeling sensitively responded to in **virtuous cycle**
Implications: Learning beyond therapy

- **What is the process at work:**
  - **Limitless** therapies - 1,246 different ways to understand
  - But each model capable to provide a **content to treatment** that makes person feel understood
  - The **rationale** of the treatment and the **model of pathology** and the model of **therapeutic effect** gives the treatment the **content to create the process**
  - Mentalizing by itself is not a realistic therapy – it does not tell the therapist what to focus on, **just focusing** the patient on their **thoughts** and those of others around them will not achieve change
  - Improvement based on learning from **experience beyond therapy**
Implications: Learning beyond therapy

- The **specific frame of the therapy** around which mentalizing occurs
  - the model of **mind**,  
  - the model of **interaction**,  
  - the model of **underlying dysfunction**,  
  - the model of **therapeutic goals**

- The enhancing of mentalizing is **also** a common factor that achieves **improved social relationships**

- Improved sense of epistemic trust enables **learning from experience** ➔ change due to what happens beyond CAMHS

- The **enhancing of epistemic trust** may be **achieved by treatment** but also a **consequence of improved social relationships** and consequent on what happened in the social world.
Returning to Common factors research in psychotherapy

• Traditional common factors
• Common principles
• Cross modality predictors
Common Factors: The relationship

• Measures of the quality of the **therapeutic relationship** load heavily on quality of communication
  – Mentalizing in clinical setting ➔
  – sense of collaboration ➔
  – increased epistemic trust ➔
  – greater openness to social learning ➔
  – increasingly accurate interpretation of others’ intentions ➔
  – further development of relationships imbued by epistemic trust ➔
  – further improvement in learning from social experience
Common Factors: The treatment frame

• The importance of establishing a clear treatment frame
  – the sense that the therapeutic environment is safe and structured ➔
  – enhances potential for signaling ➔
  – enhances interpretation of ostensive cues ➔
  – and enables communication.
“Faux-unique” variables (Castongay, 2011)

- Clients improve more when cognitive behavior therapists focus on interpersonal issues that are associated with psychodynamic treatment ➔ ostensive cues ➔ better outcome ← increased recognition of self as agent
  - therapist’s focus on early attachment patterns (Hayes, Castonguay, and Goldfried, 1996) ➔ sense of personal history
  - the client’s current emotional experience relates positively with treatment outcome (Watson & Bedard, 2006) ➔
Integrative Principles:
Follette and Greenberg (2005) - Depression

• Practically **implementable principles enhance sense of recognition**
  – Challenging of **cognitive appraisals**
  – Fostering **emotional awareness**
  – Fostering **acceptance**
  – Fostering **regulation**.

• Range of **techniques** available to implement
  – **interpretation**, cognitive **restructuring** can be used to challenge clients, all of them aimed at providing an **alternative view** of self and others
  – **increase** therapists’ **repertoire of interventions** (e.g., include interpersonal skills, dysfunctional marital or familial relationships)
  – provide the foundation for training guidelines to prevent or **reduce harmful effects** in therapy
Ruptures in Psychotherapy

- “Ruptures” in Cognitive Therapy (Safran et al. 2007) best handled by mentalizing interventions
  - Responding by increasing their adherence to manual worsens outcomes
  - Inquiring about the relationship problems, empathizing with the client’s experience related to the alliance ruptures, and recognizing the therapist’s contribution to these ruptures
  - Intensification of concern about discrepancy between assumptions and actual states of mind
  - Constantino et al. (2008) found ICT to be superior to standard CT with a medium effect size (d=0.50)
Elements of Ostension in Therapies with Severe Personality Disorders

- Include a **model** of pathology that is **explained** to the patient ➔ enhancing a common laincreased cognitive **coherence** (early phase)

- **Active** therapist stance: Explicit intent to validate and **demonstrate empathy**, generate strong **attachment** relationship ➔ foundation of alliance (**epistemic trust**)

- Focus on emotion processing and **connection** between **action** and **feeling** (suicide feeling == abandonment feelings) ➔ restore **cognitive representation of emotion**

- Extensive effort to maintain engagement in treatment (**validation** in conjunction with emphasis on need to address **therapy interfering behaviours**) ➔ **acceptance** and **recognition**
Common (Mentalizing) Elements of Therapies with Severe Disorders

- **Inquiry into** patients’ **mental states** (behavioral analysis, clarification, confrontation) ➔ **strengthen representations** of mental states
- Structure of treatment provides increased activity, **proactivity** and **self-agency** (eschew expert stance, “sit side-by-side”) ➔ **enhance intentionality** (mental state drives action)
- Structure is **manualized** with adherence monitored ➔ **support** therapist in **non-mentalizing** context
- **Therapist’s commitment** to the approach ➔ **ditto**
- **Supervision** to identify deviation from structure and support for adherence ➔ **strengthen alternative perspectives**