FAMILY PROCESS

Mentalizing Family Violence Part 2: Techniques and Interventions

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This is the second of two companion papers that provide an overview of mentalization-based concepts and techniques when working with the seeming "mindlessness" of intra-family violence. The focus of this paper is on general mentalization-oriented approaches and specific interventions that aim to (1) disrupt the non-mentalizing cycles that can generate intra-family violence and (2) encourage the emergence of patterns of family interactions that provide the foundation for non-violent alternatives. Various playful exercises and activities are described, including the taking of "mental state snapshots" and "selfies" in sessions and staging inverted role-plays, as well as using theatrical masks and creating body–mind maps and scans. These can make "chronic" relationship issues come alive in session and permit "here and now" experiences that generate a safe context for mentalizing to take place. At the core of the work is the continuous focus on integrating experience and reflection. Without acute awareness of the thoughts and feelings occurring in the sessions, mere reflection is not likely to enable change. By increasing mentalizing in the family system, family members' trusting attitudes grow, both within and outside the family.

Keywords: Mentalizing; Mentalization-Based Approach; Violence; Family

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The seeming "mindlessness" of family violence has many roots, but high levels of arousal and the disruption of mentalizing capacities in the context of attachment relationships may represent a major common pathway (Asen & Fonagy, 2012a,b). In our companion paper in this issue (Asen & Fonagy, 2017), we have suggested that in order to reduce aggressive behavior and intra-family violence, it is necessary to systematically increase concern with mental states among family members. We laid out the argument that violent families are often characterized by a pattern of attachment difficulties, sudden high levels of arousal, and poor affect control, which can lead to a collapse in

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mentalizing capacity: We posited that physically violent acts are in most cases only possible in situations where mentalizing has broken down or become highly unbalanced and distorted.

Mentalizing is a verb referring to the process of perceiving and interpreting human behavior in terms of intentional mental states such as feelings, needs, reasons, or purposes. The capacity to mentalize has both state and trait aspects which can vary depending on the level of emotional arousal and interpersonal context. The chronic and repeated breaking down of mentalizing in a family context, we have argued, blocks the channels of social learning and epistemic trust, which may be a factor in the intergenerational transmission of patterns of violence (Asen & Fonagy, 2017). A major objective of mentalization-oriented family work is to enhance and maintain mentalizing during the emotionally highly charged family discourse that often triggers and sustains intra-family violence. The ultimate objective of therapeutic intervention is to help family members to mentalize the precipitants of violent encounters, and the emerging dynamics and interactions that produce violent reaction. The focus of work is on the contexts that generate the specific feelings, needs, desires, beliefs, and thoughts that may contribute to the collapse of mentalizing. The goal is to disrupt the feedback cycle of non-mentalizing that generates aggressive and destructive interactions between family members. Just as the cycle of non-mentalizing creates a high-risk background for physical acts to replace mental state discourse, so the building of mentalizing in the family system can become part of a virtuous cycle where the mentalizing of some individuals in the family (even the youngest ones) can spur the general family discourse to a more robust level so that the systemic risk of a collapse in mentalizing becomes reduced.

The families for which this model was developed present with severe forms of emotional, sexual, or physical abuse and often in the context of high levels of conflict between caregiving adults—namely domestic violence and intimate partner violence. Inevitably, child protection agencies are involved when children are at risk of abuse, or are known to have suffered maltreatment. Rarely are these cases ones where maltreatment is discovered in the course of therapy. Normally, violence in the family is the reason for referral. The clinical issue of intimate partner violence is already well covered in the systemic family therapy literature (e.g. Vetere & Cooper, 2001), notably by Virginia Goldner (1998, 2004). Our focus is overlapping; it frequently involves domestic violence, but is particularly concerned with the impact of family violence on children.

The techniques we consider below are in no sense "new" or even "novel." They are a collection of methods and practices that many therapists use along with other tradition- and theory-driven actions (e.g. Chasin, Roth, & Bograd, 1989; Lund, Zimmerman, & Haddock, 2002; Tomm, Hoyt, & Madigan, 1988; White, 1988). The mentalizing strategies we describe cannot be regarded as a new "modality" of intervention. Although new framings of problematic situations can prompt fresh techniques, these, in our view, are comfortably accommodated within existing systemic theories and practices, provided there is sufficient flexibility on the part of the "gatekeepers" of relevant professional associations.

Here, we simply enumerate a number of general approaches and specific interventions which have in common a high likelihood of effectively disrupting the non-mentalizing cycles that can generate intra-family violence, and encouraging patterns of family interactions that provide the bases for non-violent alternatives. While the techniques may not be new (although we believe some of them may bear some marks of originality), the "collection" stands out by focusing specifically on the most fundamental of human capacities: mentalizing. We anticipate the common reaction of the reader to be "Well, I do these things already!" to which we might retort: "That is wonderful, just do more of it!" Discovering mentalizing in

therapy is like Mr Jourdain's basic lesson on language, in which he is surprised and delighted to learn that he has been speaking prose all his life without knowing it.[1]

THE THERAPIST'S STANCE IN MENTALIZATION-ORIENTED FAMILY WORK

A range of general techniques to reduce non-mentalizing interactions and to encourage and highlight effective mentalizing during family sessions has been developed (Asen & Fonagy, 2012a,b). The generic term "stance" is used to cover the approach involved in using these techniques to enhance mentalizing. In addition, there are a range of exercises and activities which aim to expose family members to the possibility of playing and experimenting with mentalizing tasks, and to stimulate implicit and explicit reflectiveness (Keaveny et al., 2012).

When meeting with a family for the first appointment, mentalizing is not explained formally. This is for many reasons, but particularly because family members are likely to be anxious and therefore probably not mentalizing effectively, making it an unrealistic time or place to demand reflection. Mentalizing is a lived experience, and hence we endeavor to "explain" the principles of the therapy through experience, although we have found a certain amount of psycho-education (as outlined by Allen, 2012) to be helpful later on in the process.

Sessions start by asking each family member for their perspective on and observations about the family's reasons for attending. This is probably most effectively done through what we call *developmental unfolding*. We start by asking for the youngest person's perspective*:* "What sort of place is this and why do you think you have all come here?" If the youngest child (say a 3-year-old) does not know, then the older brother or sister can be asked to assist. Once answers have been elicited, the oldest child could be asked what in their view the parent might reply to the same question. Questions such as these, inspired by the Milan school (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980) and followers (Tomm, 1988), obviously stimulate mentalizing. Once each family member has explained their "reason for coming," which may well not include any references to family violence, the therapist can ask each family member: "So what do you make of what your dad/mum/son/daughter/granny has said? Do you see it the same way?" The ease or difficulty with which the family is able to address these questions helps the therapist to build a picture of the family system's mentalizing strengths and vulnerabilities.

The rationale for using developmental unfolding lies in the developmental layering of mentalizing in all of us. Across development, mentalizing accounts become increasingly elaborate, but in non-mentalizing moments of family life they collapse. If the oldest members of the family were asked first, the answers would reflect the strategies mounted to justify—and protect—this imploded system. Most probably, a non-spontaneous, if not "canned," account would emerge from adults who feel "obliged" to sound rational even if it is the absence of rationality that has prompted them to seek assistance. By asking those members who feel least responsible for enabling a mentalizing discourse, we allow the family to observe the developmental progression of mentalizing. It can create a refreshing alternative view, which, if treated seriously and pursued by others in the family, serves to spark the trigger for and experience of a mentalizing family system, as well as highlighting the constructive role of mentalizing. Optimally, spontaneity arising from the youngest

[1]Mr Jourdain is the "hero" of Molière's play *The Bourgeois Gentleman*, which was first presented in 1670. "Par ma foi ! Il y a plus de quarante ans que je dis de la prose sans que j'en susse rien, et je vous suis le plus obligé du monde de m'avoir appris cela" ("My goodness! I have been talking in prose for over 40 years without knowing it, and I am very much obliged to you for having pointed this out").

family member(s) generates healthy curiosity (Cecchin, 1987), which is the basis of a mentalizing stance.

MANAGING AROUSAL: PEELING OR CHOPPING "THE ONION"?

Families presenting with intra-family violence often focus on the seemingly out-of-control, aggressive, and angry behaviors of their children, irrespective of how obvious it may be to outsiders that the triggers for violence may well lie with the parental generation or beyond. The metaphor of peeling an onion may help to illustrate a mentalizing approach to slowly get to the center (of the family issues) by discovering different layers (explanatory contexts), at the family's pace and in harmony with their increasing capacity for mentalizing. Slicing into and then chopping the onion risks tears (not just metaphorically speaking) and high levels of arousal. Specific problematic interactions may be obvious to the therapist from the very outset: for example, how a mother answers all questions directed to the father, who is becoming increasingly angry, or how a teenage daughter repeatedly provokes a parent to criticize her, eliciting abusive emotional outbursts. However, instead of drawing attention to these problematic interactions, we note—or bookmark—these as issues that can be taken up at a later time.

At this opening stage of family work, the therapist carefully monitors the capacity of the family to absorb content that requires mentalizing. Even later on in therapy, during moments of high arousal, the therapist will stop short of explicitly offering accounts of interactions that require mentalizing when it is likely that these cannot be absorbed. Nevertheless, it may be difficult to hold the balance between letting natural family interactions flow, and intervening in order to stop non-mentalizing interactions (see below). It is the therapist's responsibility to monitor the arousal of each family member alongside keeping an eye on their own level of arousal. The latter might prompt haste "to find a solution," to get quickly to the "crux of the matter," particularly in the anxiety-provoking context of domestic violence or other forms of coercion in a relationship. The temptation to shift into a teleological mode, where observable outcomes are the only legitimate goals (Asen & Fonagy, 2017), needs to be resisted so as not to reinforce a non-mentalizing system.

BOOSTING PERSPECTIVE-TAKING

The ability to see oneself through the eyes of others and appreciate that others can see the world in ways different from us is at the heart of effective mentalizing. Perspective-taking is often impaired, and at times completely lacking, in families where violence and mutual blame are common currency. When arousal levels are high, encouraging family members to mentalize each other or themselves can prove a fruitless and sometimes even grotesque task. Their problem-saturated narratives tend to be spiced with inappropriate certainty about the mental states of others ("she is always behaving like that" or "he just does it to hurt me"), fitting the description of the *psychic equivalence mode* (in which thoughts and feelings become "too real" and immovably "true"; Asen & Fonagy, 2017). This apparently defensive non-mentalizing stance can be a reaction to the person's fear that they will be misperceived by others, whether individuals, the family, or "the system." For example, the father who imagines that he is being condemned by social workers who consider him to be abusing his children is naturally likely to respond to these perceptions by abandoning any form of perspective-taking. As the other's view of the father becomes more and more painful or dismissive, the father increasingly insists that there is only one way to see the world—his own. Drawing attention to alternatives can feel profoundly invalidating and can only be introduced effectively if done in a structured manner.

To recover mentalizing the parent must, first of all, feel that his perspective is being respected. This requires the therapist to temporarily adopt a point of view which may be somewhat uncomfortable (e.g., that a child is "impossible to manage"). Having helped the parent to elaborate this perspective and seemingly joined the parent in his view, the therapist can then move on to introduce other perspectives. Eventually, the therapist may ask the parent to mentalize the imaginary social worker's feelings, thoughts, beliefs, and wishes that might have led them to accuse him of being an abusive parent. This can be followed up by questions about the thoughts and feelings generated in the family members in relation to his behavior toward the child. Viewing himself through the eyes of other people can reactivate the process of shifting between multiple perspectives which family life requires.

Role-plays based on psychodrama techniques (Moreno, Moreno, & Moreno, 1963; Yablonsky, 1981) can also encourage perspective-taking. More recently, these have been adapted for working with maltreated children (Hurley, 2006). Snyder (1995) has developed a method of teaching individuals to engage in empathic dialogue with another person, speaking "in that person's shoes," expressing that person's view and experience. A mentalizing adaptation of these methods in the context of family work involves the inverting of roles, with the parent being asked to imagine that he is the social worker, the therapist assuming the role of the parent, and the rest of the family acting as an audience. The role-play can be started by inviting the parent to "imagine you are the social worker, just for a minute, and I am you—put to me what you are worried about, as the social worker. Just make a big case against me and feel free to exaggerate." This technique actually makes use of the temporary loss of mentalizing: In the role, the parent is freer to adopt another point of view as he is no longer particularly concerned about how the other person's views may impact on his self-perception. He *is* the other person momentarily, literally forgetting himself. The family functioning as an audience is essential in this "scene," as it allows each family member to assume a meta-perspective that they are usually unable or unwilling to take. Subsequent discussion between the family members about their feelings and thoughts can create a "reflecting team" (Andersen, 1987), describing their observations, moving toward integrating different perspectives and developing a shared view that replaces the individual multiple fixed points of view held previously.

As we shall elaborate later, the therapist needs to be mindful that the playfulness of inverted role-plays could make families feel they are not being taken seriously: There is a possibility that an individual in the system may feel belittled, humiliated, or left unrecognized. This must always be carefully looked for and guarded against as it is likely to trigger unhelpful non-mentalizing interactions.

Furthermore, role-plays always carry risk, which experienced clinicians understand and manage. By recreating a situation that resembles in certain ways the context in which adversity has been experienced, traumatic reaction may be triggered. The risk is greater in the case of families with the potential for violence. However, the need for playfulness is all the greater because the "serious" mode of psychic equivalence rapidly shifting into teleology must be circumvented and this can only be achieved if the capacity of the system for self-regulation is dramatically improved. This is the fine line that the therapist has to walk: Role-plays can help but can only be recommended if they respect the integrity, self-esteem, and sense of safety of all the participants. There cannot be an opportunity for settling old scores, or airing exaggerated grievances: The threat of violence in violent families is never far.

HOLDING THE BALANCE BETWEEN POLARITIES OF MENTALIZING

Mentalizing-focused family therapy tries to generate a variety of representations of mental states. These shift between *cognitive* and *emotional* mentalizing (i.e., thinking and feeling), between *action* and *reflection*, between mentalizing *others* and *self*, and between *implicit* mentalizing and *explicit* mentalizing (Fonagy & Luyten, 2009). "Effective" mentalizing is *not* the uninterrupted capacity to be reflective and to mentalize explicitly at all times: This would not only be completely unsustainable, but would also kill spontaneity. Instead, the aim of therapy is to establish mentalizing in a balanced way which involves all family members and adapts flexibly and creatively to the context as and when needed. The therapeutic stance is aimed at achieving equilibrium in the course of therapeutic work: We do *not* want family members to reflect on actions excessively or compulsively, but to encourage them to find a balance between intuition and reflection, reason and feelings, looking inward to mental states and outward to situations, thinking about one's own reactions and the experiences of others. This is usually achieved by strengthening the opposite pole to the one the discourse appears to consistently favor. For example, an excessive reliance on cognition needs to be balanced by helping family members to focus on the emotional impact of firmly held ideas. But the reflexive demand of some therapists for family members to constantly reference emotions ("and how did that make you feel?") can be as non-mentalizing as the total absence of reference to feelings. Playful games (see below), which encourage implicit mentalizing, can counterbalance a family's intellectualizing tendency for hyper-reflectiveness. What this achieves is the simultaneous experience of intense emotion and the contextualizing and containing effect of thoughts, building the capacity to regulate affect during episodes of emotion escalation (Fishbane, 2007, 2011; Siegel, 2015).

In general, to enhance mentalizing the therapist is required to adopt a stance that carefully balances the need to allow the family to interact "naturally" (simply observing well-worn cycles of non-mentalizing interactions, and indeed actively eliciting habitual and "normal" family interactions around problematic issues), and being directive and intervening at critical moments when necessary. As we have said, if the level of affect is allowed to rise too quickly, the capacity to mentalize can fall dramatically (Bateman and Fonagy, 2016). Discourses concerning mental states do not cease altogether, rather they become unbalanced. The therapist's stance is to pause or slow down the speed of interaction and restore the balance of mentalizing across all its dimensions.

This means, for example, that immediate, unreflected-upon, emotion-driven certainty about mental states has to stop long enough for explicit mentalizing to come back "online." The uniquely self-focused imbalanced mentalizing has to give way and make space for other-focused mentalizing. This "pause and review" technique, part of the mentalizing loop (Figure 1), has the effect of slowing down interactions, gradually permitting each family member to resume effective mentalizing, in which emotion is integrated with cognition, and focus on self and others get equal weight. Folding the balanced stance into a smooth therapeutic process, while easily stated as a principle, is in reality hard to achieve and requires (supervised) practice.

This sequence of (1) action, (2) pause, and (3) reflection is used in several techniques, with the aim of restoring balance to mentalizing and generating the characteristics of adequate systemic mentalizing we described in the companion paper to this (Asen & Fonagy, 2017) as frequently missing in violent families. The rebalancing will be reflected in relevant commentary that implies (1) curiosity, (2) respect for the opacity of other minds, (3) awareness of the impact of affect on self and others, (4) perspective-taking, (5) narrative continuity, and (6) a sense of agency and trust.

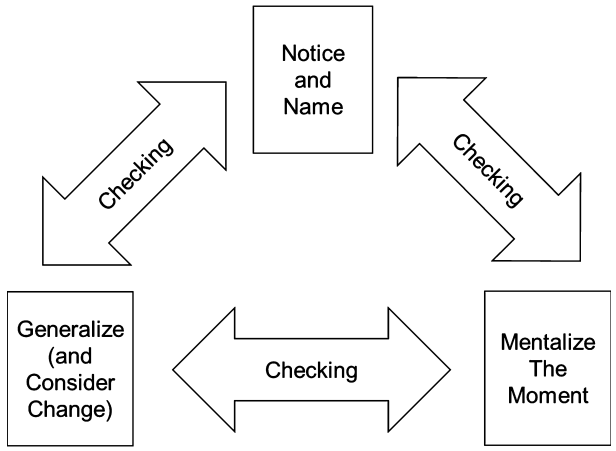

FIGURE 1. The Mentalizing Loop.

KICK-STARTING MENTALIZING IN THE MENTALIZING LOOP

The mentalizing loop (Asen & Fonagy, 2012b) is a tool as well as a "route map" which defines the therapist's stance, allowing them to support both their own and the family members' effective mentalizing, and which can be applied to the mentalizing problems of violent families (see Figure 1). The mentalizing loop can describe and draw attention to specific interactions and communications between family members that are related to family violence, such as expressions of irritation, confusion, humiliation, aggression, or frustration. Focusing explicitly on these states of mind—by "noticing and naming" them—has the effect of putting family interactions temporarily "on pause." For example, the loop is initiated when the therapist observes that "I notice that when Mum talks about all the screaming that went on last night, Dad started to look quite angry and Johnny seemed like he was going to cry … did you notice that as well?" Highlighting this interaction sequence has the effect of halting what could become a cascade of non-mentalizing reactions and counter-reactions. Before proceeding any further, the therapist needs to "check" whether family members can connect with the descriptions made: "Have I got that right? Do you see it that way?" In this way, the therapist's punctuation of the sequence of events is "put out there" for mutual examination by the family members, who are invited to consider what has been highlighted. If there is some recognition on the part of the family, the therapist can explicitly focus on the "here and now" processes by asking, for example, "Can you just imagine what Johnny might have been thinking or feeling that so nearly brought tears to his eyes? What do you think went on inside him at that point?" This is an invitation for the parents to mentalize their child, and it is generally preferable for parents to do so before looking at their own mental states.

When a parent speculates about what might have gone on in their child's mind at that very point—"mentalizing the moment," as it were—it is the therapist's next task to assist the parent in checking his ideas with other family members: "Dad thinks that Johnny is feeling happy that we are talking openly—Mum, is that what you think went on for Johnny? And I wonder what his sister thinks went on…." In this way, the therapist encourages family members to bring in their perspectives, to brainstorm about states of mind ("mindstorming"), and to always check with others whether they see matters similarly or differently. The process of continuous "checking"—which includes the therapist—creates a loop: What has been noticed is named and what has been named is questioned, and perceptions are checked all round.

When family members are encouraged to rewind and review a specific sequence in this way, a meta-perspective is generated, which can reignite an effective mentalizing stance. At some point, the therapist may ask a family member to connect the here and now mental states with other similar situations that may arise in the course of normal family life, in an attempt to link the specifics of the acute interactions to the general and habitual patterns unfolding at home. This can be achieved by a simple open question: "Have you noticed that things like this are also happening at home?" This, in turn, puts family members into a position that allows them to contemplate how similar situations could be managed in less problematic ways in the future, perhaps in response to the therapist asking, "And how might you manage this differently next time something like this happens?" It is this move to "generalizing and considering change" which appeals to family members' creativity and self-help potential and, if it leads to proposals by one family member, then it is "noticed and named" by the therapist: "I can see that Dad thinks if this happens, Mum should take him calmly aside and not talk in front of the child—have I got that right?" and the "checking" loop starts again.

CIRCUMVENTING THE PRETEND MODE THROUGH ENACTMENTS

Therapists have various choices when investigating family issues. They can listen to descriptions of "problems" or "difficulties," and they can also ask about examples and ask questions about specifics. Much traditional systemic work with families tends to be verbal, based on a question and answer format, such as asking circular or reflexive questions, eliciting the exceptions to "problematic" behaviors or co-constructing new narratives. Talking about problematic issues is one thing, observing them in vivo is another thing. However, it is fairly rare for typically problematic interactions, such as the ones violent families present with, to occur spontaneously in a session, as family members tend to be on their "best behavior." Reflection can provide reasons, but knowing why something happens is only rarely sufficient to stop it from happening, for the simple reason that the part of our mind–brain which could have insight is "off-line" at the time that such interactions occur (Mayes, 2006). Does this mean the therapeutic endeavor to tackle family violence is doomed? The family consulting room can be a unique environment where the collective mentalizing capacity of the family, with the support of the therapist's own reflective capacities, can be mobilized to identify the thoughts and feelings that might have triggered a problematic interaction. The problematic interaction has to occur in the "here and now" of working memory. All that is required is for the therapist not to shy away from actively encouraging problematic in vivo interactions. Salvador Minuchin (1974) has to be credited with developing various "enactment" techniques, encouraging family members to demonstrate how things go wrong between them ("make it happen now") and how this can escalate. Enactment techniques lend themselves to support "mentalizing the moment." Gammer (2009) also suggested that therapists can ask for "representation by demonstration" with family members being actively encouraged to "show" interactions that they themselves have identified as being problematic in the sense of frequently leading to intra-familiar violence. The therapist's task, as always, is to use the shared experience of the demonstration to balance and integrate explicit with implicit mentalizing. Asking for reflections about a recounted or remembered interaction risks triggering pseudo-mentalizing. To achieve a genuine balance, implicit and explicit mentalizing have to be simultaneously present, and this is best realized in the context of an enactment as problems come alive in the family session.

The clinical case example of a 19-year-old man, previously a child soldier, illustrates the therapeutic use of masks to get around this issue. His relationship with his equally young wife was characterized by "love and violence," as she puts it. "Out of the blue," and

often after moments of intimacy, she was attacked by him and badly beaten. She could never predict when this was going to happen as "he is always smiling." She described how he would always display a frozen, "mask-like smile" on his face, which made it literally impossible for anyone to guess what was going on inside him. Asking him to imagine or remember different states of mind—such as sadness, anger, shame—resulted in no changes to his permanent pretend smile. Things changed when covering his face with different theatrical masks, depicting a whole range of diverse emotions; he was encouraged to portray these in a playful way with different body language and facial expressions. Although invisible to onlookers as his face was protected by a mask, he felt able to adopt the attitudes of vulnerability, embarrassment, even shame. At some point, he began to sob, with his whole body shaking, and he spoke about how he had seen his father tortured and then murdered. His wife was very moved and asked him to take down the mask, but the man clung to it like a shipwrecked person to a piece of wood. This was followed by work involving different masks; he gradually became able to reveal his "real" face(s) and he dropped the theatrical mask along with his permanent smile, allowing others to connect with and to make real his feared states of mind.

There are various ways in which enactments can be initiated. We would first of all highlight the same need for caution and awareness in relation to enactment that we have discussed in relation to role-play when working with violent families: Such techniques should only be used if they respect the integrity, self-esteem, and sense of safety of all the participants. Assuming that the child and parent are not already overtly displaying the very problems that have prompted the referral for help, the clinician can say, "Your child is behaving very well now. What is it that you would have to say or do now for your son to produce the type of behaviors that makes it so difficult for you to cope with him and might lead you to want to hit him?" Almost all parents know how to trigger problematic responses in their offspring—they know, like their children, what buttons to push to get things going. In our experience, once in motion, entrenched interaction patterns unfold automatically, no matter whether a therapist is present or even if a camera is recording it. Studying in vivo such sequences involving all "players" allows the therapist to get a clearer idea of how problem behaviors evolve and escalate. If video-recorded, it also allows subsequent joint reflections and analysis with parents and children, as required.

There is a range of "tasks" families of all ages can be set to stimulate "live" problematic family interactions that can generate violence. Asking a family to play a game together or carry out some school-based homework activity can quickly reveal serious underlying relationship issues; when asking the family, for example, to "show me how you all play . . . here is a board game (bricks, computer game) . . . why don't you all play for the next few minutes or so? I'll just sit back." As conflicts emerge and feelings start running high, the clinician can interrupt: "I notice you are all getting quite heated . . . what normally happens next?" The reflective pause button is pressed by the therapist and the family members can engage in mentalizing the moment. It is hoped that reflection can yield improved ways of managing the emerging conflicts. The therapist can prompt this by asking, "What can each of you do now for it to be different, for it to be more the way you would like it to be?" What the therapist looks out for is the family's manifest capacity for seeing interactions in terms of mental states. Are they concerned with understanding what went on (curiosity)? Do they want to adjust their actions in the light of what they now know the impact of their action is likely to be (impact awareness)? Do they take responsibility for a different outcome themselves in terms of their own actions (agency)? Can they understand their actions and reactions in terms of thoughts and feelings generated in them along the way (perspective-taking)? Can they see how their actions generated unintended thoughts and

feelings in their child (opacity of other minds)? Can they now piece together what happened in the interaction (narrative continuity)?

This approach can be particularly helpful when focusing on specific sequences that are known to lead to violent escalation. However, often they are best initiated without any dependent children being present. An opening might be to invite husband and wife to "show me what he needs to say for you to feel that things between you will escalate, and for you to feel that you are gradually losing control." It is usually not difficult for either participant to pinpoint potentially explosive issues and then to enact problematic interactions. When the therapist pauses the enactment, the partners can tune into each other's thoughts and feelings and their own emotional responses. Creating intense emotional experiences in the session can provide new perspectives: The seemingly "unfeeling," "disconnected," or "cut off" partner can be seen as having feelings, beliefs, needs, and other mental states that were implicit, not visible or accessible to the family or the therapist.

INTEGRATING INTERNAL WITH EXTERNAL MENTALIZING BY REVIEWING MENTAL STATES USING AUDIO-VISUAL FEEDBACK

Another form of imbalance that non-mentalizing violent family relationships commonly manifest is the dominance of the external over the internal. Cues about mental states are normally acquired both from observing reactions and from imagining what the person may be thinking or feeling in that situation. In families troubled by violence, mentalizing is temporarily suspended or poorly developed, and contemplating internal states may not be easy or even helpful to achieve. Family members tend to respond quickly to small gestures or reactions in others, prioritizing the external indicator of mental states and filling in the putative internal from well-worn expectations of what in any case "they know" about what a child or the parent thinks (Asen & Fonagy, 2017).

The therapist's task is to facilitate the integration of the external and internal cues that effective mentalizing requires. Intense emotions that almost invariably accompany family violence unbalance mentalizing in favor of the external, generating hypersensitivity to others' actions. Awareness of this is critical to managing violence in families. Mentalizing oneself and others can only be done "live"—in the heat of the moment—if it is possible to "simmer down" affective states in the room sufficiently for effective mentalizing to still be a possibility. Striking while the iron is hot can be a powerful intervention, but if it is too hot, people can get burnt. Technology can come to the therapist's rescue: Audio-visual recordings of family sessions allow for heated interactions to be viewed by family members off-line. Video feedback is widely used in therapeutic approaches to parenting (Beebe, 2003; Beebe et al., 2010; Groeneveld, Vermeer, van IJzendoorn, & Linting, 2011; Kalinauskiene et al., 2009) and family therapy (Kemenoff, Worchel, Prevatt, & Willson, 1995; Ray & Saxon, 1992; Weiner, Kuppermintz, & Guttmann, 1994). In the context of enhancing mentalizing, this may be done on the same day or during the following session. Looking at oneself and others on playback allows everyone to assume a new (meta-) perspective that is shared by the family members. The process of generating a shared view is beneficial in part because it facilitates the integration of internal and external cues of mental states (Asen & Fonagy, 2017). Looking at the recording helps retrieve memories of what the person thought or felt while observing the reaction of others as well as one's own responses.

The objective of integration requires the therapist to guide the observational processes in a specific way, pausing the audio-visual recording and asking questions, such as "What do you think she might be feeling at this very moment [perspective-taking]?

Do you believe he knows this [opacity]—and if he did, how do you imagine it affects him [impact awareness]?" The technique of "subtitling" explicitly forces an integration of observable cues with conjectured internal states. Effective mentalizing might also be stimulated when the request for imagination is exaggerated: "Imagine that you did not hear or understand what Dad said and that you had to make sense merely by looking at Dad's face and listening to the tone of his voice, what sense would you make of it? If you were a film director, what voiceover would you put with what you saw? Or if you were deaf and could not hear what was being said, what sense would you make of what you saw?" This task can be assisted by replaying the recording with the sound turned off and merely looking at non-verbal and para-verbal interactions and communications and then subtitling these. An explicit focus on the non-verbal while requesting speculation draws attention to the opaqueness of mental states and the critical need not to jump too quickly to firm conclusions from what is observed, *a manifestation of psychic equivalence*, which is typically characteristic of families where violence is a major feature.

GENERATING NARRATIVE CONTINUITY THROUGH MINI-ROLE-PLAYS AND PRETEND TECHNIQUES

Mentalizing creates a sense of continuity across time. Our perception of personal continuity is dependent on being able to envision the thoughts and feelings we had in the past, and how these relate to our current experiences. How we envision ourselves to be in the future also crucially depends on effective mentalizing: We ensure continuity by envisioning what we will think or feel (mentalizing ourselves) in the future. The seeming hopelessness of depression, for example, is in part due to our inability to depict ourselves as having mental states different from the ones we currently experience. Mentalizing, the representation of our mental states, is the spine of our sense of self, of our identity (Fonagy & Target, 1997). Seeing oneself and others as agentive intentional beings driven by mental states that create phenomenological coherence about the self as it relates to others is essential for navigating a complex social world.

Pretend techniques and role-plays can be used to stimulate mentalizing in relation to narrative continuity. Working with families to explicitly depict a future via role-plays is an important way to work toward the re-establishment of effective mentalizing in violent families. Role-plays can be developed using current or past problematic family interactions, with family members being invited to consider how things might be different via the form of a positive future dramatization. For example, when parents are invited to attend a session without their children, they can be asked to think about a typical conflict and encouraged to "enact" it. Both parents are helped to get into their familiar "roles" and once matters become a little heated, the therapist asks them to pause and invites each in turn to consider the thoughts and feelings of their partner. When this proves challenging, the therapist can suggest that they "replay" the argument, but with interchanged roles: Father has to pretend to be mother and mother has to be father, with each having to use the lines the other had delivered previously. When encouraged to "ham it up a bit," a playful and relaxed atmosphere often develops. The parents can then be asked, still in the role of the other, to devise some different lines about the same issue, with the aim of having a constructive rather than violent outcome. They may be asked to imagine themselves in 3 months' time when their relationship has (hypothetically) gotten much better and how a conversation might develop then. Finally, each partner is encouraged to adopt the new lines created by the other and make these their own in a repeat staging of the previously conflictual issue. When doing small role-plays of this nature, there will usually be more than one version, and this should stimulate mutual curiosity and entails exploring reasons

for the differences in the envisioned possible future scenarios. Family members can also "stage" their own vision(s) of what might happen if the problematic event or interaction was not changed, a kind of negative future dramatization.

CREATING AN EMOTIONAL FOUNDATION FOR MENTALIZING USING AFFECT STATE SNAPSHOTS

Developmentally, mentalizing begins with the mentalizing of emotion (Frith & Frith, 2012; Reddy, 2008). Linking affects to a sense of personal history can be important in re-establishing mentalizing, especially if this can be locked into a relational context. Family violence commonly involves the mental state of a person being misread or misinterpreted. A genuine "happy" smile by a father may be misread as "contempt" by his insecure teenage son. Sad eyes may be misconstrued as anger.

Hypersensitivity to facial expressions puts overwhelming weight on the immediate impression made. As we have described in our companion paper (Asen & Fonagy, 2017), emotions must be balanced by cognition for mentalizing to be effective, and in violent families, emotion is often un-reflected on. But, as suggested above, thinking about feelings is only helpful if brought into the daily reality of family life. We have developed a technique, *reading the mind behind the face*, which aims to achieve this and is particularly popular with children between 3 and 12 years of age, and thus also their parents.

All family members are asked to name any feelings they know and the therapist writes each of these on separate cards. Usually, families put forward between 15 and 20 feelings. Each person then draws a card and, without telling anybody what the feeling state written on it is, displays the feeling without using words, with the other family members having to guess what they are conveying. The therapist takes a photograph of the faces of each displayed feeling state on a digital camera or mobile phone. This literally freezes states of mind and preserves them for subsequent re-viewing and reflection. Usually, there is much guessing and laughter, followed by discussions about how feelings can be correctly identified or not, and how other family members might have displayed that very feeling.

After several rounds of this, there may well be a collection of 20 or more photographs, which can be printed and placed on the wall of the consulting room, like exhibits in an art gallery, and be viewed and discussed by the families. Further integration with daily ordinary family life is facilitated if individual family members are asked about times when they felt the way they are depicted in the photograph and whether anyone else in the family had spotted their "state"—and if they had not, whether this would have been better or not. Some or all of the photos can be taken home and specific photos may be prominently displayed, serving as a reminder of how "mental state snapshots" led to useful conversations, and perhaps also to continue to stimulate inter-session curiosity about mental states. When a photograph of a child who is described as "always angry" has been taken which depicts him as "friendly," this photo may also be a significant "exception" of the dominant narrative and encourage more mentalized ways of viewing him. Affect state snapshots can thus enable cognition to bring about improvements in the regulation of affect within the family.

A clinical example is that of two brothers who had been severely maltreated and tortured by their mother's partner when they were age 1 and 3 years. The mother herself was addicted to heroin and often emotionally and physically unavailable. The children had also witnessed considerable physical and sexual violence between their mother and various partners. They were placed in foster care but were difficult to contain, and 5 years later they had been in 15 foster placements, two children's homes, and one residential school. As all placements had broken down, and once the mother had recovered from her substance misuse problems, rehabilitation of the children to their mother' full-time care was considered. Social services requested a parenting assessment, and in the first family

session it was evident that the boys simply could not expose their true feelings to their mother—above all, the anger which they had shown in the different foster placements. The "reading the mind behind the face" exercise was fascinating in that both children read every single emotion displayed by any member of their family, including their maternal grandparents, initially as "angry" or "aggressive." They were surprised when their mother, for example, said that they had mistaken her sadness for feeling aggressive. The ensuing discussions between the family members about the affect snapshots generated suggestions of a variety and range of emotions that helped both children to become more discerning, which, in turn, made the adults more sensitive to nuances in the children's emotional expression. They all began to explore playfully how in the past and in the present they could become more attuned to each other's feelings.

DISCRIMINATING THE SELF AND OTHER THROUGH TAKING SELFIES

The polarity of self and other is fragile in violent families, with the self commonly feeling invisible and misunderstood by others and consequently deeply uncertain of its own status. Depleted self-understanding undermines both the motivation and the capacity to see the other clearly. What becomes manifest quickly is the lack of flexible movement considering self and other at the same time: It is either all about "them" or it is all about "me." What violent families benefit from is the encouragement of smooth and continuous movement between the two perspectives and stances.

Taking pictures of oneself in a range of different individual as well as social situations with a mobile phone or an iPad is very much in fashion these days. This activity can be put to good therapeutic use to address the brittle nature of self-representations, particularly when working with teenagers and their families. The young person can be asked to prepare 10 "selfies" for the subsequent session. These can then be jointly viewed with family members who are encouraged to speculate about the thoughts and feelings depicted in each photo and comment on them from their perspective. This can be equally usefully done when the parents bring selfies and get their children to respond to questions such as "What is Mum thinking and feeling and what might the parents be wanting, needing, wishing, or hoping?"

Let us consider a specific example. An alternative version of this activity is to meet a teenager, who is asked to allow the therapist to use a tablet to take photos of her face during a one-to-one conversation with the therapist about her place in the family and any difficulties she may be encountering. Therapist and teenager then examine the photos, with the teenager looking at herself "from the outside." As a next step, the parents are brought in and a sample of the photographs taken are shown to them, and they are invited to speculate about the mental state of their offspring in each of these snapshots. The therapist then invites the teenager to "get your parents to tell a little story about each of these photos, in the 'I' form, pretending to be you." Each parent is asked to speak in turn, with the teenager remaining an impassive "audience" to the parents' narratives, and not giving away what she is thinking or feeling. The parents are asked to speculate not only about the mental states their daughter displayed in the photos, but also—having observed her throughout this process—about her feelings and thoughts during this task, that is, mentalizing the moment. The young person is subsequently encouraged to speculate about each of her parent's fantasies about her and also on how accurately she feels they have read her. The parent(s) can "quiz" her and she may, or may not, give clues. The parents are then given printed copies of the photographs and are asked, as a homework task, to fill in thought bubbles for each of the pictures.

Although this exercise is helpful in creating a positive family disposition to mentalizing, in violent families the mentalizing of each other needs particular reinforcement. The

exercise can be extended by getting each family member to bring three photos of themselves to the next session. In the session, they are asked to fill in "mental state bubbles," first on their perception of the feelings and thoughts of the other, followed by the way they think the others might fill in the thought bubbles belonging to their own photos. Throughout, special attention is paid to photos that may imply conflict, anger, or aggression and signal the threat of violence, as a way of reading threats of emerging violence. For example, family members are asked to make a "risk assessment": "How do you know Dad is not going to explode any moment now? When was the last time he looked like that and you did not pick up the cue?" The father, in this example, is then asked to tune into the state of mind of the young person and other family members when confronted with the unpredictability of his explosive states. The aim is to counteract the natural avoidance of thoughts and feelings when these could directly link to the experience of family violence.

At the core of taking and mentalizing "selfies" is the encouragement of mental movement from "within" to "without." The essence of effective mentalizing is recognizing the dialectic of the opaqueness of minds and yet the desirability of transparency which interpreting actions in terms of mental states offers. This requires a constant awareness of the limitations of one's capacity to "know" what others feel and think as well as playful imagination in guessing what is motivating others around us.

CREATING PERSONAL AGENCY THROUGH MIND MIRRORING

When we look in the mirror, we often "see" more than just the mere immediate mirror image of ourselves. Sometimes, we "see" the young or happy person we no longer are; at other times, we may stare at ourselves in an attempt to understand more about what goes on inside ourselves, perhaps encouraging (self-) reflection. Mirrors are seductive not simply because we are interested in observing our physical appearance, but because in observing the movements, reactions, grimaces, and gestures we display to ourselves we can maybe also display our own agency over the world. In clinical work, we can use mirrors to deepen a sense of personal agency and ownership in individuals where this has been weakened by trauma or loss. By searching for and finding the mind behind the image, we can help family members connect to something that drives their autobiographical narrative.

Mirrors can be useful as a mentalizing-stimulating device with mothers who are at risk of violence with their infants. Infant–parent mirror work has been established for quite some time (Asen & Scholz, 2010), with the parent being given various tasks, for example, to interact playfully with their infant for 5 minutes. If a mirror is placed behind the infant in such a way that it is possible, with the help of a camera, to capture the simultaneous images of both parent and child, then this allows subsequent mentalization-focused work with the parent. The emerging audio-visual recording of the 5-minute interaction sequence can be viewed to encourage the parent to speculate, from a meta-perspective as it were, about the mental states of both the infant and herself. One key aim is to help the parent to distinguish between her own and the baby's mental state. This can be achieved by inviting the parent to construct the infant's current state of mind by pausing the tape intermittently and thus creating a whole series of spaces for reflection. The moment the tape is paused, questions can be asked: "What do you think is the baby feeling or thinking right now? What might be the reasons for him being a bit grizzly?" This can be followed up by more challenging questions such as "Do you think the baby is anxious or is it that you are worried (too)? Do you think the baby is cross with you—or is the baby picking up that you are getting irritated with him?" Further questions can then be employed to get the parent to look at herself through the eyes of the infant with the support of the audio-visual recording: "What sort of a Mummy does he see—a happy one, an angry one, or maybe a sad one? And if that is how he sees you, how might this affect him? Do you

think he feels that you love him—why might he think that?" These techniques can be used with parents whose children have been removed from them because of having suffered non-accidental injuries and who have another newborn baby. The past failure or temporary loss of mentalizing separates the "current" mother from the "past" mother who had caused or contributed to her children suffering physical and emotional harm. Flipping backwards and forwards in time—connecting past, present, and future via the technique of diachronic prompting—also focuses the mind on the thoughts and feelings of the newborn child; this decreases the risk of dangerous splitting and dissociation commonly associated with the sequelae of traumatic experiences. Here, one objective is for the parents to view themselves through the eyes of their infant, as well as connecting to seeing themselves through the eyes of their previous children.

An intervention with a single mother whose previous two children had been removed, having suffered horrendous injuries when infants, and placed for adoption illustrates the technique. When she gave birth to her third child, she and the baby were placed in a Mother and Baby Unit, to manage the risks and to undertake a parenting assessment. As part of the assessment work, she was invited to bring photos of each of her two older children, depicting them as infants. These were placed on the arms of the baby chair in which her newborn sat so that she had all her three children in view and, as it were, with her three children looking at her. She was asked to imagine what baby number one would have made of her as a mother when he was the same age as the newborn baby and to think about what was similar and different between then and now about her being a parent. She was asked similarly how baby number two, a girl, might have perceived her and what had gone on inside both mother and child at the time of parenting her. In this way, she looked at the three different mothers inside herself and how these might affect—or have affected—the states of mind of each child.

The example illustrates the use of mentalizing to establish personal agency. The central question of the evaluation concerns the patient's willingness to experience agency and recognize synchronous agency in her infants. The question in the mind of the assessor focuses on the extent to which the mother perceives, conceptualizes, and responds to the child's thoughts and feelings and integrates these into her sense of herself, highlighted by her image in the mirror, and conceptualizes herself as acting in a manner determined by her thoughts, wishes, and desires that interact with those of her child. In essence, can she see herself as an agent interacting with her infant? Note also that in this example, the therapist continuously challenges the mother's capacity for integrating experiences from her past and creating a realistic image of her and her newborn baby's future. It is, for example, of interest if the mother can depict the infant as having thoughts and feelings that include genuine criticism and anxiety in relation to his own safety. We also might look for the mother's ability to experience feelings of shame, loss, and sadness and worry if the depictions were too comforting and self-serving.

GENERATING CURIOSITY BY FINDING THE MIND BEHIND THE MASK

Masks can be employed in therapy to stimulate and enhance curiosity, a key driver of mentalizing. Oscar Wilde (2003, p.1142) famously said, in 1891, "Man is least himself when he talks in his own person. Give him a mask, and he will tell you the truth." It is a common experience that, when wearing a mask, people are—usually after some initial embarrassment—less inhibited in exploring and exposing parts of their private thoughts and feelings which they are not usually willing to make public in everyday life. The use of masks in therapy aims to generate curiosity through revealing the mind, or more about the mind, behind the mask. Masks also allow us to experiment and try to take on a different "persona" for a while: When family members wear masks in sessions, they can be less

inhibited in their thoughts by the reactions of the other person, as we described in a case example earlier in this paper.

How does this experience of relative liberation come about? First, in an incognito state, people no longer have to fear overt signs of disapproval. Second, and more importantly from our perspective, to the extent that we all invent ourselves from the reactions that others have to us, wearing a mask can temporarily free us from having to find ourselves in others and, momentarily, makes us less dependent on other people's reactions to feel validated. Third, with a mask we may be able to discover an identity that is beyond what we have been, without the fear of frightening others with our own embarrassment, aggression, or disgust. Fourth, when wearing masks, there is no longer the fear of having one's identity distorted by seeing oneself non-contingently—incorrectly, that is—reflected in the other.

Fear of curiosity and unpredictability can be a major barrier to change for violent family members. The child's hyper-vigilance toward the parents' mental states, the partner's fear of triggering a violent reaction, the perpetrator's need to perceive fear, and distress to feel validated (Asen & Fonagy, 2017), all serve to maintain an ossified family dynamic. The interdependency of private and social identity within families can produce feelings of vulnerability to public scrutiny. This can lead to the formation of a virtual mask of secrecy in order to shield family members and to protect a socially acceptable pseudo-identity, adding further to the rigidity of family dynamics and threat that genuine curiosity represents.

In such families, wearing masks temporarily can be an eye-opener for individuals who appear to have given up on the intersubjective goal of developing their sense of identity through social interaction. Family members can be fixed in literally "petrified" and stereotypical roles. When individuals find it difficult to display emotions overtly, possibly for fear of becoming vulnerable or being misread, they may present with blank faces, frozen smiles, or despondent looks. Members of their family may find it difficult to know what goes on in that person and give up the effort of mentalizing them. This will contribute to the frozen stance of the "still-faced" individual. They feel they need to wear a permanent mask behind which all thoughts, wishes, and desires must hide. For other family members, this can present a frightening challenge, with the interpersonal dependency we all rely on to survive in a family all but gone. The person behind this rigid front feels unreachable.

To overcome the internal mask, the use of a theatrical mask can help: Behind this mask, a family member can be asked to experiment with different feeling states in relative safety, and can express a range of emotions hitherto too dangerous to convey. For example, while wearing a "protective mask," the violent family member can be asked to experiment with displaying different emotions by being requested to "make the face of a happy person … and now of an angry one … and is that different from an aggressive one? And now make the face of a nasty person … and now of a loving one." The experiment of expressing different emotions is supported when the other family members speculate what these faces might look like behind the mask and talk about how being exposed to these different faces might affect them. The violent family member, whose behavior was in part maintained by a lack of connection with his own feelings, can explore a range of emotional experiences without feeling inhibited by the immediate responses of the family members. When he feels "safe enough," he can take the mask off and let the rest of the family see examples of genuine expressions of affect (e.g., shame, fear of humiliation) that are different from the ones his family is normally exposed to. This can be followed by a discussion about when and how it is important to display emotions overtly and without masking them. The simultaneous experience of expressing affect and reflecting on the experience can assist in learning to contextualize affect expression in the discourse of "mentalized affectivity" (Jurist, 2005).

Generating unexplored emotional experience produces curiosity in family members and in the self. The masks create a playful frame for maintaining an attitude of joint

searching. They can overcome barriers imposed by fear of social condemnation, ridicule, or blame. Emotion becomes real in the context of others' reactions. The relative constraint on emotional expression in violent individuals is rooted in their oversensitivity to such feedback, which the masks can short-circuit. Often there may be a fear that any sign of weakness or intense feeling could be ridiculed and invalidated, and this natural fear can be experienced as intolerably real and overwhelming. The violent person creates fear in others, which can bring him as close to the experience of terror as he is able to tolerate. When wearing a theatrical mask—or a series of masks—it can make the violent individual literally experience and face the power of expressed emotion, including the benign and desired effects that these could bring.

INCREASING PARENTAL IMPACT AWARENESS AND USING MASKS TO UNCOVER THE MASKED HYPER-MENTALIZING IN THE CHILD

Almost the opposite of the parent with a rigid, mask-like expression is the parent who is over-expressive, revealing his mental states in a manner that can be overwhelming. Children whose parents display anger and frustration frequently and overtly can develop into obsessive "mind readers," continuously trying to guess what is on the parent's mind as well as excessively empathizing with parental suffering, real or imaginary. They become young carers, feeling responsibility for looking after the vulnerable adult in families with violence. The parent may be unaware of the child's level of concern with her mental state. They are blocked from noticing the influence they have on the child by the intense emotion that they feel.

Two strategies for intervention, both employing masks, can move the family forward from this impasse. To clarify for a parent the impact of their emotions on the child, they may put on a neutral mask and observe their impact on the child while they are not themself particularly emotionally aroused. They can observe the child's responses, including the child's frenzied, and at times violent, attempts to lift the mask so as to have access to the parent's emotional cues. This brings home to the parent the impact that parental affect can have on the child. The parent directly experiences the child's excessive concern with their reactions.

The second, more advanced strategy involves the parent putting on a series of theatrical masks, each depicting an intense affect. It is then their task to look at the child's responses and to guess what kind of feeling state the child might be responding to. The parent can then do a "reality check" by taking down the mask and looking at it, leading to reflections about the child's responses: What was it that the child was responding to? Which one of a range of mask expressions led to particularly strong reactions? What memories of previous interactions might have been triggered in the child by a specific mask? The therapist has in mind the reality of violence in the family. If the reaction was unexpected in quality or intensity, might this be linked to the context of violence and the intensive concern that this generates in the child?

The parent can then put the masks aside and consider how, in everyday life and without wearing a mask, they can protect their child from being unhelpfully overwhelmed by their own states of mind. One mother responded to the exercise by suggesting that it would be best to "walk around the house pretending I am Buster Keaton"—a movie star of the silent movie era, famous for his immobile face, whatever extreme situations he faced. This would seem to be a rather extreme "solution," but it reflects a newly found impact awareness for this mother. In families with violence, mentalizing on a parent's part requires more than the usual level of flexibility and the ability to oscillate, in tune with their child's emotional state(s), between protecting the child from over-exposure to the parent's state of mind, to respond contingently to the child's expressed need. Helping the

parent to achieve a balance is challenging for therapists because they, like the parent, can be expected to get caught up in emotional over-reactions that can block their capacity to identify the impact of their own intervention and general stance on the family.

USING CONCRETE THINKING TO ADDRESS CONCRETE THINKING: MIND MAPS, MIND SCANS, VOLCANOES, AND MIND SCULPTURES

It has been argued that all emotions are experienced with the logic of self-affect state propositions (Fonagy & Luyten, 2009). Certainly, feelings are experienced as rooted in the self and therefore felt as largely "beyond doubt." One simply knows what one feels when one has a backache, and anyone who doubts this will be experienced as being deeply invalidating. Intense emotion brings the same kind of certainty into the violent family. Feelings can reach a level of intensity where the conviction about emotion spreads to the beliefs and thoughts that surround it. Beliefs about others and even about oneself become certainties, entrenched and not open to doubt. The non-mentalizing stance of psychic equivalence ends up with the false clarity of black and white thinking, massive generalizations, prejudice, and a readiness to dismiss all alternative points of view.

As therapists we are tempted to address non-mentalizing by mentalizing. We often find ourselves asking our families with problems of violence to "reflect" on their beliefs and entertain alternatives to their current cognitions. However, mere mentalizing can here often not adequately address non-mentalizing because the mind in a non-mentalizing state simply cannot fully process the complexities. Paradoxically, non-mentalizing is at times first best addressed by non-mentalizing interventions. Or, to put it somewhat more accurately, we need to devise special concrete strategies to coax the non-mentalizing thinker into adopting symbolic approaches to thinking.

We have devised a range of playful exercises and activities that bridge the physical and mental worlds to scaffold mentalizing thinking with structures whose origin is in the physical realm and therefore require little initial mentalizing. These exercises start from involving the body, literally placing the mind in the physical body and the brain, then moving to create physical representations of conflicts and ultimately translating relational constructs from physical into psychological language. Using concrete physical structures as potential representations of mental states, as the foundation for mindful thinking, can be effectively employed to stimulate mentalizing in relation to affective and somatic states so that these are made accessible to mentalizing. In the context of working with family violence, it is particularly intense states of anger and shame, as well as high levels of anxiety, that may have to be the therapeutic focus.

Putting affective states on a body map permits family members to view and examine mental states. In the presence of other members of the family, this becomes a collaborative venture and can give rise to and shape a new narrative which precludes triggers for violence. In the exercise *body-feeling scan*, each family member is asked, in turn, to lie on a large piece of paper or paper roll. The outlines of each person are drawn with a pen, and each family member is then asked to draw or paint their feelings into their body shape, using different colors, shapes, and forms, and labeling these.

The specific feelings the therapist is concerned with are those directly linked to family violence either as a trigger (e.g., raising the fist or the voice triggers fear, aggression, etc.) or as a sequel (e.g., powerlessness, panic, rage, depression, etc.). Family members are then asked to compare the maps and "interview" each other about the depicted feelings and their location, searching for similarities and differences. They then talk about how one might go about managing, or even displacing, unwanted feelings, or how pleasant feelings can be shared or recognized and strengthened. At some point, angry and aggressive feelings and thoughts need to become the specific work focus.

Maps, or other types of visual representation, encourage a collaborative approach. Once completed, specific feelings are visibly "out there" and can be examined. The family can, for example, discuss how to spot angry feelings before they become too prominent, how to communicate about them, and how to manage and control them, with the help of others, so as to prevent further episodes of violence. The shared perspective on bodily states allows a distancing from physical experience and places the individual in the position of an onlooker, thereby permitting the emergence of necessary alternative perspectives. In this way, mentalizing can be stimulated.

We have repeatedly stated that one marker of family violence is the pervasive difficulty family members have in accurately envisioning the mental states of others. At its simplest, with the background of physical violence and "out of control" behaviors, it can be just too disturbing to attempt to tune into these. A safe way needs to be found for the violent person to think about the impact their actions have on others and, perhaps even more challenging, to develop more accurate perceptions of the mind of the perpetrator before, during, and after their violent action (Fonagy, 1991). To create scaffolding for this, the family needs to be able to accurately mentalize the experiences of the violent individual—which may be even more frightening. A specific variation of the *body scan* may be employed here, to support the envisioning of thoughts and feelings. In the *mind–brain scan*, every family member is provided with a paper diagram of a cross-section of the human brain adapted so that instead of the usual four ventricles, there are altogether 10 larger and smaller spaces depicted in the diagram. Everyone is asked to imagine "what goes on in the head" of one other family member and then to fill in the spaces with the feelings, wishes, beliefs, or thoughts they imagine that person harbors. In a family of four, it would be possible to get four mind scans of each person—allowing thoughtful comparisons to be made as to how different perceptions can be. Putting intense and potentially frightening emotions on the *mind map* helps family members to look at and to examine the triggers for intra-family violence.

Family violence cannot be prevented merely by avoiding conflict. Conflict avoidance is an inappropriate goal on its own, as it can deepen the risk of escalating conflict by undermining the most powerful force opposing violence: mentalizing. One way of safely confronting conflict, rather than avoiding it, is to concretize it and examine, in a playful way, its gradual escalation. The image of an erupting volcano provides an apt metaphor and is particularly meaningful for families with children under the age of 10 years or so. The family is asked to research together "the secret life of volcanoes," with the eventual aim of predicting an imminent eruption. Their focus can be initially on the subterranean layers, before moving on to the minor rumblings and tremors preceding a threatening eruption. The family is asked to produce a colorful drawing of the volcano in a dormant state, prior to its eruption. They can then consider letting it erupt and chart what the first little explosions might look like, what happens when the first rocks are being thrown up, how to keep safe, when or where to run for shelter, and how to stem the lava flow. Family members are then invited to translate the metaphor into their daily reality by being asked to remember the last time matters erupted violently at home. They are asked to undertake some retrospective mentalizing, namely to consider what they and the others may have thought or felt at various stages during the escalation, stage by stage. This process not infrequently leads to the emergence of new live conflicts, here and now as it were, allowing the therapist to encourage each person to mentalize the moment. When the therapist weaves in and out from a focus on a past family conflict and then on to what is happening in the room, and then back again to a historic eruption, family members become alert to how live—and patterned—specific conflicts are.

Conflicts can also be made "visible" via sculptures, made out of clay or similar materials. This can also be a joint exercise, with all family members working together on a family

sculpture. Alternatively, each family member can be given the materials to do their very own sculpture of "how you see your family now … model the positions, relationships—even who is in charge and who is not—whatever you want to do, … do it the way you see the family right now." Once the sculptures are completed, the "sculptor" can explain in a "guided tour" why and how she has captured the family.

+The opportunities for mentalizing here and in all the above scenarios are almost infinite. Each family member can then be asked to explore the mental states of the various sculpted figures, an exercise in both mentalizing self and others. Alternatively, prior to the sculptor explaining his work of art, the other family members can be requested to "freely dissociate" and interpret the work of art and the mind of the artist. The focus can be shifted between what *was* on the mind of the artist when making his sculpture, to speculate on what *is* on his mind when listening to the others' descriptions of himself. At some stage, family members can be asked how the sculpture would be different if it had been made before family violence became a big issue, and some re-sculpting or re-positioning of figures can take place. Similarly, future scenarios can be explored by asking how the family might look like in 3 months' time if violence had stopped altogether.

CONCLUSION

Once the therapeutic focus is shifted from a specific emphasis on insight or solutions to a more generic aim of supporting the restating of actions in terms of the mental states that may have given rise to these, the tools available for achieving such objectives are limited only by the imagination of the clinician. There would seem to be no constraint to the variety of playful activities and exercises one can employ in therapy to enhance mentalizing and thereby achieve several salutary objectives: (1) to strengthen the relationships and attachments between family members; (2) to nurture individual and family strategies that serve to counteract family violence; (3) to support both the victims and perpetrators of violence to cope with its sequelae and disrupt the vicious cycle that maintains violent conduct in families.

We have enumerated a few general approaches and some specific strategies. They are by no means drawn from a finite list. While they could be easily added to and improved, we are clear that certain common features are present in all the approaches we recommended.

It is essential that any of these activities are boundaried and contained within a somewhat firmly enforced frame that enables family members to explore the thoughts and feelings of everyone. Without a tight frame which delineates legitimate play, some activities and games can feel unsafe and risk becoming chaotic when fueled by the arousal generated—which in itself can inhibit mentalizing.

All mentalizing techniques (because techniques are what they should be considered to be) are dialectic in nature. By this we mean they are balanced between opposing polarities firmly held by the therapist. Perspective-taking can take place naturally when staging playful activities, but only if the therapist focuses on holding the balance between safe explorations on the one hand, and experimentation with risking new ways of behaving and relating on the other hand.

Mentalizing techniques are not static; they require movement and constant adjustment—staying too long with one idea or one orientation generally quickly becomes non-mentalizing. No matter where the journey starts, the direction of departure must relatively quickly be countered by an equal and opposing requisite. For example, this will entail continuous movement between a cognitive and an emotional focus, between an emphasis on

the self and the experience of others, between encouraging spontaneity and facilitating a more reflective stance.

Just because mentalizing can only be achieved through this continuous motion, to avoid chaos and confusion a structured sequence of interventions may need to be implemented. Mentalization-based family therapy has little in common with the free associative techniques of psychoanalysis. The manualization of steps in the process—from encouraging natural interactions, to noticing and verbalizing really or potentially violent interaction and communication patterns, to pausing and reflecting, to speculating and experimenting—is essential to its safe implementation.

Mentalizing techniques are experiential. Therapeutic benefit is expected to arise from being engaged in the process initiated by the techniques. The techniques are not solution- or goal-focused and therefore cannot be considered ends in themselves. Concrete interactions in the therapeutic setting tend to make relationship issues come alive and permit "here and now" experiences to take place. The experience is created in therapy and can be paused and reflected upon in real time and specific activities can be used to stimulate such enactments. If these are captured in audio-visual recordings, it allows family members an opportunity to review these at a point when arousal no longer interferes with normal functioning, thus enabling family members to adopt a meta-perspective which is underpinned by mentalizing function.

In this paper, we have described a range of techniques, offered as examples of the kind of activities which we believe illustrate the mentalization-oriented approach. Many of these are inspired by well-established systemic practices; they have in common a determined focus on the elaboration of mental states but invariably in contexts in which more than "just talking" happens. At their core is the integration of *experience* and *reflection*. Without acute awareness of the thoughts and feelings occurring in the here and now, mere reflection is not likely to enable change. Similarly, without systematic reflection, playful experiences will not find their way to help in situations outside of the treatment setting. Yet, as we outlined in the companion paper (Asen & Fonagy, 2017) to this more technical description, it is the degree of willingness to consider new information that will sustain change, continuously updating the understanding and expectations of family members. What a mentalization-oriented approach can achieve is a change in the level of confidence which family members develop in the social network around them.

As we have tried to show, the rigid and seemingly mindless patterns we observe in violent families are understandable, given their histories and current functioning, which are incommensurate with responding flexibly to changing circumstances. What a mentalizing approach can achieve is a growth of a trusting attitude in family members, reducing levels of mindless violence by enabling them to listen to relevant communication from both within and outside the family. It is the genuine adaptation to new ways of seeing things and the capacity to respond with greater flexibility to likely future changes that can give way to alternative non-violent strategies and actions. In general terms, more effective mentalizing enhances epistemic trust (Fonagy, Luyten, & Allison, 2015) within the family, by increasing its members' willingness and ability to expect that one's mind may be influenced, surprised, changed, and enlightened by learning about the minds of others.

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