

Vigilant care in a mentalizing mind

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Introduction

Vigilant Care (VC) has become more and more settled in Belgian clinical and school *practice*. Nationally and internationally, the *theoretical* framework however often stays at the level of rephrasing the same concepts over and over again. By connecting VC to mentalizing, one of the most researched and model-free contemporary concepts (Bateman & Fonagy, 2012), we can enrich theory and practice of VC. Until now, this connection has not been thoroughly explored in empirical research nor literature (Colson, in prep.)

Mentalizing (or reflective functioning [RF], as it is also called) might be the missing link between VC and attachment theory. Although Omer, Steinmetz, Carthy and von Schlippe (2013) theorized that parents who act with vigilant care restore a previously broken parent-child relationship, the concept of the anchoring function did not make clear how this process actually takes place. It is the merit of mentalizing theory and practice that a connection between attachment style, mental state and non violent resistance can be better clarified.

In theory

The underlying process of vigilant care is likely to improve 'epistemic trust'. Epistemic trust is the feeling we have when we have faith in the value and necessity of someone else's knowledge to improve our chances to survive in a specific culture (Fonagy & Allison, 2014). Epistemic trust increases through the receiving of ostensive cues. An ostensive cue marks a message as specifically addressed to a particular person, and as essential for survival in the group (family, class, friend,...). I argue that many interventions of NVR can be considered as ostensive cues, if executed in a mentalized form.

An important aspect of RF to be considered in the context of VC, is the empathic side of mentalizing (Golan, Shilo, & Omer, 2016). (Note that mentalizing is not only other-orientated, but also self-oriented. We will come back to this later.) To make any pedagogic intervention effective (whether it may be in NVR, Reflective Parenting, Triple P,...), a minimal level of imagination about what is going on in the mind of the child or adolescent is indispensable. Understanding that aggression of the child is not always a sign of rejection, but frequently is also a sign of an inappropriately expressed (re)quest for (re)connection, helps to prepare an announcement, find courage to sit in a room for more time than is emotionally comfortable, etc.

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I also want to point to the possibility that VC prevents parents from being trapped in non-mentalizing modi. It would take us too far to explain non-mentalizing in detail. I suggest the following literature if you are interested in finding more about it: Bateman & Fonagy (2012, pp. 40–83). Non-mentalizing leads to hyperarousal, escalating conflicts and misunderstandings. Non-mentalizing is described by Karterud and Bateman (2011) as: focussing *only* on concrete reality/behaviour (instead of on mental states like thoughts, feelings, underlying intentions, etc.), impatient (needs immediate gratification), and intrusive (parental wishes ‘must’ be the only correct ones). This resembles traditional authority a lot. VC can help parents not to raise children in a non-effective authoritarian or permissive way.

A vigilant caring mind accepts the challenge to leave the non-mentalizing 'pretend mode' and enter a higher functioning 'integrative mode'. We have to face our responsibility instead of saying 'Nothing is wrong', 'I am almighty as a parent.' Or 'We will raise his allowance. Then he will cool down, get happy, work more for school,...' Or 'Society makes it impossible these days to raise kids in a decent way. There is nothing we can do.' Taking care of the child happens through the mind of the caregiver. If an authority figure sends out ostensive cues, he or she shows resistance and attachment at the same time.

NVR (as part of VC) also challenges the adolescent to think about the mind of the parent. Many children get used to the habitual shouting, negotiating, ignoring, etc. of their parents. When parents suddenly start acting in a self-controlled manner to demonstrate their protest against certain unacceptable behaviour, it might kick-start a reflective process in the child. 'What are they doing here? Why do they do these 'formal' things (like writing a letter, inviting family members,...)?' But we should not underestimate the importance of a well attuned way of executing this resistance. This element further assures the child of the good intentions of the parents, raising the level of epistemic trust and lowering the chances of more misunderstandings and escalations. This element is a crucial enrichment of RF to NVR.

Everybody is vulnerable to misunderstandings and escalations. It can be misunderstanding oneself ('I am not angry', he says while raising his voice.), and of course misunderstanding someone else (a patient, a colleague,...). Escalations may happen on the spot, or come out later. Reflection about self is as important as reflection about the other. Curiosity or inquisitiveness about mental states is a survival technique rather than something that kills the cat. Although many professionals will agree with the necessity for self reflection, most of the time of team meetings deals with the patient, the student, the parents,... and far less with the professional caregiver's Self. How did an event affect me? Where did I get lost? When could I have supported my colleague and why did I not do so? Why did I not ask for everybody's support in the team? How could I support the child and still show my resistance against this risky behavior? These are all questions to be asked to oneself to help and prevent the recurrence of the same conflict. This is the mindfulness side of RF (Gershy, 2013).

In practice

In our child psychiatric residential ward of the University Hospital Brussel (UZ Brussel, PAika), we mix aspects of reflective functioning with elements of NVR. To avoid misunderstandings: we do not use the strict Mentalisation Based Treatment (MBT). Nevertheless, we have integrated in our daily routine elements of self and other reflection. We constantly work on transparency of our treatment goals, include in our team conclusions written self evaluations that the adolescents wrote themselves, invite parents to team meetings and NVR-interventions, debrief thoroughly after incidents, structure our own

behavior according to the level of presence that we consider appropriate to protect and stimulate each specific patient, etc.

This requires a constant vigilant and self-controlled stance and being inquisitive about how misunderstanding and escalations arose in ourself and/or others.

In my PhD-research, I investigate the effect of RF in Vigilant Care among professional caregivers. First, measuring instruments are being developed, in which a self report and a coded interview will be compared. In a later stage, these instruments will be used before and after professional trainings in NVR. We hypothesize that the effect of VC on the degree of, for example, hopelessness and self control will be mediated by the level of RF of the participant.

Conclusion

Instead of the good old SMS (Silent Message Sending) that we have learned in our basic NVR training, I would now suggest that we upgrade this to an MMS: Mentalizing Message Sending. VC and RF are complementary concepts, ready to integrate. We send out warm and vigilant messages, in an empathic and inquisitive stance, to improve epistemic trust and a secure attachment relationship.

To end, I list four core mantras in which the parallel and difference between RF and NVR become clear.

RF	NVR
<i>Take responsibility for a mismatch</i>	<i>Take responsibility for a safe development.</i>
<i>Keep yourself in a mentalizing stance.</i>	<i>Keep yourself together, you can't control the other one.</i>
<i>You just have to help to keep an open mind.</i>	<i>You don't need to win.</i>
<i>Strike the iron when it is not hot.</i>	<i>Strike the iron when it is cold</i>

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