ATOL: Art Therapy OnLine

Thinking versus Mentalization

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Abstract:
In this discussion paper, aimed at promoting debate within the profession of Art Therapy and Art Psychotherapy, I argue that mentalization provides us with a narrow intellectualist account of mind and represents a poor alternative to thinking. I give examples of how mind might appear in everyday verbal exchanges, and I suggest that attending to the use of words that refer to the mind and thought, would enable us to see how the cultural and social was necessary to our thinking, both in everyday situations, and in the clinical space. I then argue that art therapy in adopting the mentalization construct might distract practitioners from the social, cultural, material and political understanding that enables us to explore and critique clinical practices.
Keywords: Mentalize, Thinking, Art Therapy and Art Psychotherapy.

"In our failure to understand the use of a word we take it as the expression of a queer *process*. (As we think of time as a queer medium, of the mind as a queer kind of being.)"
Wittgenstein, L. 1968 Para 196 p79[e]

Introduction

The genesis of this paper began with feelings of 'deja-vu' when encountering the word mentalize, and its derivative, mentalization, in the art therapy literature. These literatures, which are mostly concerned with the work with Borderline Personality Disorders, did not give me sufficient explanation of

mentalization and it was only later, when I began to explore the hypothetical constructs and practices that mentalization entailed, that I remembered the doubts I experienced when researching clinical literatures in Autism that emphasised Theory of Mind (TOM). My struggle *then* was to find a language for describing encounters in assessment settings that did not assume neurological abnormality and cognitive deficit, rather I wanted a language which could give weight to contextual pressures and the meaning of communicative exchanges in situ. During this research I also became interested in questioning some cognitive accounts of mind, theories of mind that seemed narrow in their definitions of mental activity and which relied on hypotheses that marginalised the social and the cultural.

Dictionary Definitions

I want to give some further thought to the relationship between mentalization and Theory of Mind (TOM) but before I do so I want to briefly present and comment on dictionary definitions of the two words that appear in the title to this paper.

Mental, as we know, is the adjective that indicates a relation to mind, or the minds activity, as in mental health, and mental ability. Adding "ize" to mental turns it into a verb, so that when we use mentalize we use it to indicate that we are giving form to, or that we are generating, the mental in some way. Mentalization does appear in the 2nd edition of Oxford English Dictionary (1989) – where it is defined as "mental action or process" and here in Vol. IX we can learn that E.C. Mann in Psychological Medicine in 1883 wrote: "Previous to the establishment of complete delirium or delusions there may be traced deviations from healthy mentalization" (Oxford English Dictionary, p 612).

Mentalizing as we can see has its roots in psychological medicine and it concerns the mind, the presence or the absence of, or, as the quotation above suggests, an unhealthy use of mind, or use of mental powers.

In the same dictionary mental actions and processes are subsumed under a much more ordinary word which is more commonly understood – thinking. We can find "think" on p 946 of the dictionary, here the definitions run, briefly, as follows: "To form in the mind…to do in the way of a mental action…to

exercise the mind…to reflect…to apply the mind steadily." I place this definition here because as I began to read Allen's paper, which I review below, I began to wonder why think and its derivatives thinking and thought were being driven out of clinical discourses, or if not driven out then placed in a secondary position, to a word, which judging by the way it is presented to a lay audience, covers the same activity.

By way of a cautionary note, in relation to dictionary definitions, I would like to quote Austin, J.L. 1970 who writes "what alone has meaning is the sentence" (p 56), and what we should be attending to here, I suggest, when we consider mind and thinking, is not only sentences but where and how sentences that relate to the mind and thinking appear in our discourses.

Mentalization and Theory of Mind (TOM)

In Bateman, A. W. and Fonagy, P. 2004 mentalization is presented as the tool for understanding the particular difficulties that the person with a Borderline Personality Disorder (BPD) experiences in relation to the world and others. It is presented as a guide to treatment and as frame for understanding the individual who is diagnosed. When describing the BPD subject environmental aetiology is foregrounded, and Bateman and Fonagy emphasise the hypothesised neurological damage contracted from "attachment disturbance" experienced in "brutal social environments" (p 82). Deficits in cognitive functioning are then identified - in particular the "higher order cognitive functions that underpin interpersonal interaction" (p 109).

Here, the description of problems and the call for the promotion of mentalization closely resembles the Theory of Mind construct developed in relation to Autism. Theory of Mind (TOM) begins with the understanding that we respond to others on the basis that others have beliefs and desires, that the thoughts of others determine their behaviour. To think about the thoughts of others we have to be able to "attribute independent mental states to self and others" – "to form mental representations" (Happe, F. 1994, p 38). Autistic children when presented with a false belief task, that is, a task that required them to assess another's wrong belief and show how this belief influences speech and action, often failed to provide the right verbal response

to the examiner (Baron-Cohen, S. Leslie, A. M. & Frith, U. 1985). Autism is regarded as a developmental disorder, and development is an important consideration in relation to the capacity for mentalization according to Allen, J.G., Bleiberg, E. and Haslam-Hopwood, T. (2003) who argue that "persons with Autism do not develop the normal capacity to mentalize" (p 19).

As can be seen Bateman and Fonagy (2004) stress the interpersonal difficulties that the adult with a diagnosis of BPD experiences and they describe patients who "create confused and confusing inaccurate representations of the mental states of others and themselves" (p 58) and they hypothesise an impairment in "interpersonal interpretative function (IIF)" and "reflection function (RF)". As in TOM the movement in representing subjects is through the use of hypothesised cognitive functions available to the normal or neurotypical population, but which are regarded as impaired through neurological damage in the clinical population.

The TOM hypothesis in Autism has been the subject of debate and criticism. For example, Bruner, J. & Feldman, C. (1993) regard the TOM hypothesis as inadequate, concentrating on verbal responses as it does, it can only represent a small part of social understanding. They emphasise the cultural acquisition of narrative abilities, which begins early, in exchanges with the caregiver. Hobson, P. (1993) stresses the recognition and response to emotion as central to the development of relatedness, and Trevarthen, C., Aitken, K., Papoudi, D. & Roberts, J., 1996 argue that more attention should be given to bodily expression of emotions, gestures and movements "that mediate communication about psychological states" (p 57).

There are two strands to these criticisms of TOM. Firstly, critiques call for descriptions that capture interpersonal interaction in vivo; secondly, they call for consideration to be given to processes that do not easily fit intellectualist models of mind, that is models that stress hypothesised cognitive functions that involve "mental representations" (Happe 1994).

Like TOM, mentalization is also reliant on hypothesised "mental representations". Both TOM and mentalization are intellectualist models of

mind in that they emphasise the internal construction and manipulation of models and symbols (representations). They present action as arising from propositional mental states. So for instance, in order to respond to an other, we need first to form a proposition in relation to his or her thoughts or actions. A criticism of this view of the mind can be found in Ryle, G. 1949 (1973).

Mind is not simply something done in the head, Ryle argues. He emphasises that the presence of mind is disclosed in the particularity of performances. According to the intellectualist view, "Whenever an agent does anything intelligently, his act is preceded and steered by another internal act of considering a regulative proposition appropriate to his practical problem" (Ryle, G. 1949 [1973], p 31). But whilst "The cleverness of the clown may be exhibited in his tripping and tumbling…as clumsy people do, except that he trips and tumbles on purpose and after much rehearsal… Spectators applaud his skill…but what they applaud is not some extra hidden performance executed 'in his head'" (p 33).

The intellectualist position can be interpreted as "saying that to engage in action one must contemplate some proposition." (Radman, Z. 2013). Ryle, when discussing arguments, suggests that we make arguments "without making reference to any internal formulae" – we "do not plan what to think before thinking it" otherwise we "would never think at all; for this planning would itself be unplanned." (Ryle, G. 1949[1973], p 30 & 31). Geertz, C. 1993, from the anthropological perspective, argues that "thinking is primarily an overt act conducted in terms of the objective materials of the common culture" and mental processes are situated, they have their place "at the scholars desk or the football field, in the studio or lorry-driver's seat…" (p 83). Mind then is generated spontaneously through the use of our bodies, in speech, and in motor actions with materials, physical social and cultural, and should not be reduced to hypothecating.

Looking for an explanation of Mentalization

I want now to give some thought to two papers that were placed on the internet for the lay reader. The first paper "What is Mentalising" (Allen, J.G.

2010) taken from “Mentalizing in Clinical Practice”, Allen, JG, Fonay, P. and Bateman, A.W. (2008) introduces and explains what mentalizing is; the second paper “Mentalizing as a Compass for Treatment”, which I referenced earlier, (Allen, J.G., Bleiberg, E. and Haslam-Hopwood, T. 2003) published by the Menninger Clinic, describes mentalizing in clinical practice. I accessed these papers on the internet before reading the more comprehensive account of BPD and mentalization provided by Bateman, A.W. and Fonagy, P. 2004. The two internet papers struck me as particularly propagandist and they seem to make large claims for the mentalization construct. What follows then is partly description but mostly critique.

Allen begins his paper by informing us that we are mentalizing when we become aware of “what is going on in” our minds (Allen, J.G. 2010). When we reflect on behaviour, on our own behaviour and the behaviour of others, and when we make reference to desires, beliefs and feelings, we are mentalizing. Allen presents us with brief narratives to illustrate the moments when the mind, emotions and desires are called upon to explain the actions of others and ourselves. He introduces ordinary language into his examples, for instance: “I have been feeling a lot like people have been letting me down lately” (p 1) and “he might feel put out. Well, I can tolerate that” (p 2). He provides the reader with a list of seven situations that require mentalizing (the list is not intended to be exhaustive). The list includes: “comforting a friend in distress”, “clearing up a misunderstanding with a friend”, “calming down a child who is having a tantrum”, “developing strategies to refrain from overeating”, “persuading an employer to give you a raise”, “proposing marriage”, “describing symptoms and problems to your psychiatrist” (p 2).
Mentalizing is “common sense”, Allen says and “you mentalize naturally: most of the time” (p 2). He goes on to say that mentalizing is more than empathy, it can be consciously performed or spontaneous, implicit and intuitive. It is creative and develops best in secure attachment relationships. Emotions can be mentalized – “Mentalizing emotion requires *feeling and thinking about feeling* at the same time” (p 9 Allen’s emphasis). Allen suggests that “Mentalizing is like language”, it is “ innate”, it is “common sense” (p 12).

In the second paper (Allen, et al, 2003) mentalizing is again described as coming naturally and it is argued that we have a spontaneous sense of ourselves and others as persons who act from mental states. It is a "basic human capacity" which can become impaired.

Mentalizing is clearly ubiquitous in these descriptions and it is presented positively. It allows the individual to develop a sense of self, to manage loss and trauma and it is proposed that psychiatric disorders are "ultimately determined by abilities that result from mentalizing" (p 15). A list relating the positive values of mentalizing is provided and mentalizing appears as the key to understanding: "In sum, mentalizing, we see human reality for what it is" (p 16).

It would appear then that mentalizing has many of the attributes of what is commonly called "Folk Psychology", and as "common sense" it is an everyday practice and covers many different kinds of mental and social activity. Bruner, J. (1990) gives particular emphasis and importance to folk psychology, which he identifies as a cultural support (a prosthetic device) in the production of narrative and autobiography. Folk psychology is a social product, it differs from place to place. It has absorbed some elements from psychoanalysis and other psychological discourses and can be thought of as a language that continuously develops. Bruner, through his explorations of folk psychology, emphasises the cultural achievement of mind rather than the innate capacities of individuals.

If we reflect on the seven examples where mentalizing is present, given in the first paper, we see that each situation has its own particular demands, the development of particular competencies is required. Comforting a friend in distress requires sympathy and empathetic understanding; clearing up a misunderstanding with a friend shifts the situation to one where a particular clarity of communication is needed; calming down a child might require confidence and ability in containing feeling; developing strategies for overeating requires insight in relation to one's desires and habits; persuading an employer to give you a raise requires a clear understanding of your employers situation and disposition but also some diplomacy and powers of

persuasion, not to say confidence in your own capacities; proposing marriage requires the ability to communicate positive feeling to a loved one; in describing symptoms and problems to a psychiatrist I would want to be articulate and clear in my use of language, but I might want to lessen the pathological nature of my symptoms. What I am suggesting then is that in these varied situations different demands are made on the individual and it would seem wrong to lump these situations together, to obscure their particularity. Of course the situations have things in common, they involve social interaction, communication and thought, but they are also conditioned by cultural and social expectations, we do not talk to our employer in the same way that we talk to our lover, a psychiatrist, or a child having a tantrum. Furthermore it is important to remember that these situations will differ in different cultures, for example how a child is responded to when having a tantrum, how one talks to an employer is variable at a cultural level. In many cultural and social settings there may be no possibility of talking to an employer about a raise. Further, each situation will have its own history, and the narratives that participants have been using to understand these situations and the developing relations will be critical to the thought processes that emerge (see Bruner, J. 1990 and Geertz, C. 1993). We should also notice that these are situations where power relations are negotiated, and the individual is engaged in achieving a particular end. Consequently words in these situations will be *used* in particular ways, to provide comfort, to clarify, to pacify, to provide solutions, to persuade, to propose and to describe and so on – these are important differences when we reflect on communication, the ascription of mental states and the understanding of others. Important because our intentionality, or desire, is critical in how we see others, e.g. as obstructive or helpful, as deceitful or honest.

After thinking about the phrases used in Allen's narratives I felt the need to generate phrases of my own, phrases that I felt reflected the ways in which thinking and the mind can appear in ordinary conversion. Consider the following:

a. "I don't think she wants to"
b. "I can't think what George had in mind"

c. “I think she’s thinking about tomorrow”
d. “I feel sure she is thinking about her mother”
e. “I’m going out of my mind with worry”
f. “His mind is not on the job”
g. “He’s too preoccupied to listen – his mind is elsewhere”

We can see that a. is close to the example given in the paper. It suggests that some interpretation or inference has been made in relation to behaviour, but it also brings desire into view and a context is implied. Phrase b. indicates a degree of uncertainty, and we can see from c. and d. that our sense of certainty can be variable in relation to thought and the other. The spatial metaphor is used in b. when we say “in mind” we think of an internal space from which we can absent ourselves, as in e. where anxiety drives our thinking processes, and the mind itself can be in the wrong place as in f. where attention to task is in question. We are often urged to pay attention and attention is significant in identification of the presence of, or absence of, thought. It is part of the quality of an action or performance (see Ryle, G. 1949 [1973]). In g. there is an indication that thought can get in the way of communication, can prevent the appropriate attention from emerging – here there may be two minds, the desired mind that is required for listening and the mind that is “elsewhere”.

Part of the fun of generating the phrases above was to imagine narratives in which they might make an appearance, to imagine situations where they might take on meaning. The phrases do suggest situations where an explanation is demanded – see b.c.d.f. and g. – e. is a self-reflection but perhaps a reflection given to explain behaviour to another. When we introduce the topic of thought and mind into the conversation we do it for a reason – we want to engage and affect our interlocutors in particular ways, in this sense talk of mind is not simply reporting on our thinking or our hypotheses in relation to the thought of others, we may be excusing others for instance, c.f. and g. or ourselves, e. The meaning of talk and action are linked and the whole is culturally organised and interlocutors are constrained

by roles. As Bruner (1990) argues mind is a creator of meanings but it both constitutes and is constituted by a culture.

Thinking and talk about mind might be a *queer* process - changing Wittgenstein's emphasis (Wittgenstein, 1968) – but what kind of process is mentalization? It might simply be argued that it is a technical word, whose conceptual content enables clinicians to identify deficits in cognitive functions, but as it is advertised it is extremely broad in its application, and I find that I cannot extract from the above papers any clear boundaries in relation to the conceptual content. It is presented as ubiquitous. For example Allen, J.G. 2008 (2010) writes: "mentalizing enables you to recognize, tolerate, regulate, and express your feelings of frustration…" and "all forms of therapy rests on mentalizing on the part of patients and their therapists" (p 9). What if you removed the word mentalizing from the first section of the quotation and simply suggested that recognition, toleration and the regulation of feeling requires thought – would something have been lost? Or in the second part of the quotation, if you simply removed mentalization and substituted the word thinking would it not still make sense, and at the same time remove a mystery? Allen does concede that "There is more to life than mentalizing" (Allen, J.G., 2010 p 7) but it is hard to know where it begins and ends.

The Appearance of Mentalization in the Art Therapy Literature

I now want to develop my argument, and discussion, by briefly exploring some recent art therapy literature that responds positively to mentalization, and Mentalization Based Treatment (MBT) (Bateman, A.W. and Fonagy, P. 2004). I am not presenting this as a literature review, rather I have selected a few papers that I think provides us with some description of how verbal exchanges, between the therapist and/or group and the BPD patient, are used to show the development of, or the presence of, mentalization in art therapy and art psychotherapy practices.

Springham, N., Findlay, D., Woods, A. and Harris, J. 2012 researched an art therapy group, which was a component in a Mentalization Based Treatment (MBT). As well as presenting some account of outcome through measures,

they present an exploration of the transcripts of repeated interviews of a service user. In identifying “key themes” the authors wanted to find what was effective in the art therapy practice and what was harmful.

Art, they argued, enabled the client to “externalise feelings”, and name the “image’s content” and thereby “create a language for mental content which supports mentalization” (p 122). A repeated process of art making, art sharing which is done in turn, and “converting” thoughts and feelings into words is encouraged in the MBT Art Therapy groups.

Springham, N. 2015, in his review of literature describing the work that art therapists undertake in relation to BPD, describes art making as having a capacity to “slow down or distance mental content”. Art Therapists can address “non-thinking states”, addressing the experience in BPD of “thoughts being too real”, and helping with “fight/flight arousal states”. This is achieved through repeated cycles of art making and art viewing. “Mind orientated questions about artworks stimulates joint attention” and this is also seen as addressing “mind-blindness” as well as difficulties with “attention control” (p 89).

Springham does not mention assessment, or variety in individual presentation, instead he stresses the picture of BPD as formulated in the literature, giving a particular weight to a “disorganised attachment style”. He argues for the avoidance of “symbol interpretation” and this seems to echo his criticism of group analytic approaches, and other analytical practices in Art Psychotherapy. There clearly is *some* interpretation taking place in the MBT Art Therapy as it is described, and the interpretation takes place through the use of the mentalization construct where subjects are constituted as having particular difficulties in relation to interpretation and reflection, that is the cognitive deficits identified by Bateman and Fonagy 2004 namely, interpersonal interpretative function (IIF) and reflection function (RF). The stress in MBT Art Therapy is on the patient producing verbal associations and interpretations of their artwork, which confirms development in IIF and RF and the presence of, or beginnings of, mentalization.

Springham, (2015) and Springham et al, (2012), do not give much detail in relation to exchanges in the groups, between group members or between the therapist and the group, and in consequence I found it difficult to determine exactly what verbal responses or contributions, and what behaviours, constitutes evidence of the existence of, or beginnings of mentalization, and, of course, there could be other behaviours and exchanges that, for the therapist, indicates an abnormality, or a lack of thought or mentalization – this also involves interpretation.

Michal Bat Or (2010) is also keen to demonstrate how art making promotes mentalization. Bat Or, however, describes exchanges between the therapist, or researcher seeking evidence for the presence of mentalization, and service users. Research is presented where a sculpting task is given to 24 mothers of 2-4yr olds. The task involved the mothers in sculpting themselves with their child in clay. The production of the sculpture was recorded on video and the mothers were afterwards interviewed in the presence of their work. The author writes: “Mentalization was detected through analysing sculpting processes and through the sculpting interviews.” (p 321).

Some edited transcript material is given in the paper, which I have reproduced here in part. The researcher points to a sculpture and asks about a circular base with a rim from which the sculptured mother and child figures emerge.
Therapist: “and something like this, like, a container, here (yes), I wanted to ask if you can tell me something about it?”
Ayala, the mother concerned, responds: “while I sculpted I didn’t know what would it be……. I did not want to do legs, because legs end, they have an end…. so I said to myself o.k., I’ll sculpt the sh, the shape, then I will see what it will be……. It really looks like, a sea, huge reservoir like the sea, then uh, it’s like every time, to throw him into the water step by step….. as you can see, the legs are already in, I believe at some point, he will want his independence too, and it will be, but always the embrace will remain open… ” (p 322)

This response is interpreted by the author/researcher as representing Ayala's "wish for a prolonged relationship" with her child, "despite his development." The claim is then made that the "irregular image triggered mentalization with the agency of the interviewer." (p 322).

Why is the making, and the encounter with an audience, seen as an example of the triggering of mentalization? The transcript suggests that thinking takes place throughout the making and in the interview – I see no evidence of the absence of mind here. Ayala speaks about that part of the sculpture that the audience (the therapist/researcher) has responded to. She reflects on her experiences with the material to give an account of why the sculpture looks as it does, and when she produces her associations she speaks poetically, for example, in speaking about the sea, the reservoir and water, and she enlarges on these poetic images when she links this to her "embrace always being open". These associations could be interpreted in many different ways. They clearly relate to her experiences of being with her child, and how she wants to present herself as a mother. Her comments are understood as the expression of a "wish for a prolonged relationship" with her son "despite his development". The interpretation is not intended critically, and Ayala is clearly thinking about her child's development, when she says "step by step" and her "always" suggests being available over time. But Ayala, doesn't mention "development" and in this extract she does not make use of the therapist's word "container", rather what she feels she has presented is "huge" like the "sea".

In suggesting that the process of sculpting and subsequent response to the interviewer constitutes, or creates mentalization, is to say that the Reflective Function (RF) was present and "parental mentalization" had been promoted. The researcher is in need of showing that the art making has a value, that is, that the art making and talking promotes a particular kind of thinking, or verbal expression, that can be subsumed under the mentalization hypothesis, but what stops us describing this encounter with the clay and the researcher in other words, words that are more readily understood in relation to feeling, thinking, reflection and the use of hands?

Bat Or does begin an interesting discussion on how the sculpting process elicits “wondering” as the “mothers’ hands told something that was inconsistent with their self-knowledge” (p 325) and this is identified as a trigger for mentalization. Bat Or then directs the readers’ attention to the further evidence of the subsequent verbal interpretation which is seen as representing the “integration of previously denied and irreconcilable aspects of the self” (p 325). New experiences do promote thinking, as well as verbal expression, but I would want to say that the use of the hands is thinking in action, and experiencing oneself as different does not necessarily indicate a relationship to the irreconcilable.

Franks, M and Whitaker, R. 2007 give an account of an art therapy group that was offered to BPD patients as part of a treatment programme that included individual psychotherapy. “Image”, the authors argue, “becomes central in the mentalization process” enabling “clients to observe their sense of self emerging, along with others perceiving them as thinking and feeling”(p 4).
In the first session of the group “Sam” produces an abstract composition, which contains a series of Z or possibly N like markings. Sam shared a concern with the group that “her ‘real voice’” might not be heard “above the voice of the medication prescribed for her depression”. “Archie” another member of the group, asked if her picture “described her feeling of being put ‘to sleep’ by her illness”. Sam, we are told, “appeared astonished and relieved” by this (p 8). Franks and Whitaker point out that Archie’s mentalization is apparent in this exchange and his interpretation “confirms that Sam is reachable” (p 8).

The authors then describe the ways in which particular techniques with the pastels, colour and style are shared amongst the members of the group and this “unspoken visual communication” apparent in the images is seen as “mirroring” and “very significant in terms of evidence of mentalising”(p 12).
These exchanges, as they have been described, confirm that the group is working well and that communication arises naturally from the sharing of art materials and products, and that thinking takes place through the making, looking and exchanging of associations and interpretations. This positive

account of the value of group work seems standard in many ways, what I find difficult here, is to appreciate what value the use of the mentalization construct adds. I did also think that the stress on the attainment of mentalization prevents further explorations, for example of the group dynamic, the relations between the images and the relation between the themes explored. Here I feel left with the question: is mentalization there because institutional practices and clinical discourses require it?

An interesting paper which explores thinking and mentalization through the presentation of case work has been provided by Havsteen-Franklin and Altamirano 2015. The authors want to bring object relations theory and mentalizing together in their exploration of the therapist's "in-session interventions" (p 54). In particular they are advocating "responsive art making" an "attuned visual response" arising from the experience of being in the room with the patient.

"Ms R's experience of herself in relation to the therapist had a non-mentalizing nature."(p 60) – the authors comment, and, using the language and formulation given by Fonagy and Bateman 2014, they write: she had experienced a failure in the "development of secure attachment" and this left her "with a deficit" in her "capacity for mentalization". Drawing on Bion (1962) it is suggested that she experienced absence as "the presence of something bad" (p 60). In consequence of this she was "violent" towards others in the session and identified the therapist as "her persecutor". However, the therapist was able to provide some holding ("Bion's alpha function") in this way Ms R's "internal experiences" could be "later named by the therapist" (p 60).

The authors indicate that this movement from the experience of absence to the development of thought was facilitated by the careful presentation of materials through non-verbal and verbal communication ("being very concrete") and developing joint attention. Detail is sensitively given in the description so that we can see clearly the therapist's interventions and Ms R gain confidence and trust in the situation. But instead of staying with Bion and

the psychoanalytical frame the authors suggest that particular elements or moments in the work should be translated as contributing towards the "capacity to mentalize", or the "foundations for mentalizing". When the patient is able to distinguish reality from phantasy, for example, this is translated as "a vital component of her capacity to mentalize"(p 61); and later towards the end of the paper when thinking about "non-verbal dialogue" the "art response" itself is seen as creating "the foundations for mentalizing" (p 63).

Here, we can see that the therapists are responding to a particular difficulty presented by their patient, who has experienced considerable trauma. She has difficulty in managing her anxiety in the situation, in relating to the therapists and to the art materials, and in making use of them in a way that enabled her thought processes to develop. Two discourses are used to understand the patient's thinking in this paper, psychoanalytical approaches to thinking, and the mentalization discourse. In Bion's account of thinking thought and emotion are indivisible. Bion's model also stresses the importance of relation to an other in the development of thought and mind. Whereas whilst mentalization recognises the importance of others and of emotion, emotion and thought remain separated through the emphasis on the development of interpretation and reflection (IIF and RF); cognitive functions, both of which appear to be evidenced through the translation of experiences into a verbal form, something which the therapist in this vignette does in part, *for* the patient. What is not fully explored here is the capacity of art making, through material engagements and the use of the hands, to bring other subject positions into the orbit of the patient's experience. More could also be explored in this paper, I felt, in relation to the therapists use of, and engagement with, the art materials. What does this intervention bring into view for the therapists? It may shift pressures in particular ways, away from the clinical practices that look for verbal confirmation of a particular psychopathology – albeit briefly – but what does the therapist then experience, in relation to his own making and hand use? So again I would want to question whether the conceptual apparatus of mentalization provides any added value in increasing understanding of the practices of art therapy or of the developing subjectivity of patients and therapists in the art therapy

setting. Bion's model seems entirely suitable for understanding the process, as described, for the moderation of catastrophic anxiety, and the promotion of exploratory thought, and it works without the hypothesised impaired cognitive function.

Fonagy, P. 2012 writes that "art therapy has served a complex and varied client group arguably better than any other single modality." He suggests that art therapy is not "overburdened" with "over-detailed theorising" and that it is close to the "embodied roots of human consciousness", but he wants to align art therapy to "the canons of 21st-century science" (p 90). Being part of a "21st- century science" might be attractive to art therapists but the danger is in adopting mentalization, a cognitive and neurological orientated approach to art psychotherapy or art therapy, which reduces thinking to hypothesised cognitive functions, we are likely to neglect the embodied and extended, material and culturally conditioned aspects of mind, and thinking, that enables art therapy to be effective. Further, Springham's (2015) construction of practices that can be operationalised, that is, reproduced in order to meet diagnostic prognosis and thereby replicate the diagnostic description of subjects, is likely to rob the practice of its flexibility and responsiveness to clients, to desire, situation and need.

Alternative Practices in Art Psychotherapy with BPD patients

Is it possible for an art therapy service to provide a space for both patients and therapists to challenge clinical discourses as well as explore interpersonal understanding? Well, Eastwood, C. 2012 presents work in groups with BPD patients and the descriptions are similar to those provided by Frank and Whittaker above, in that Eastwood provides a good picture of individuals making use of art making and the group experience to explore making and associations, and develop awareness and insight. Eastwood approaches BPD from a feminist perspective and she, unlike the art therapists so far considered, is willing to critique clinical discourses from a political position. The BPD diagnosis, she points out, was constructed from "patriarchal bias" and it does not recognise that good mothering is a social construct and that "the quality of mothering is far from being the whole story of development"(p

100). In relation to treatment Eastwood suggests that “the great difficulty faced by the team” in treating the BPD patients, is “in acknowledging the degree of abuse experienced by patients”, further if “symptoms are understood in terms of a response to trauma and not pathology” they “can feel all the more distressing to encounter” (p 107).

Words

So far this paper has been mostly preoccupied with words, with the meaning and the use of words in particular situations. The art therapists that adopt the mentalization approach do have a desire for words that can confirm the presence of mentalization. I did briefly, when discussing the paper by Havsteen-Franklin and Altamirano 2015 comment on this, but to be fair to them they do give attention to art making. They illustrate the work and describe the processes involved in the making. But suppose we do not regard art making as necessarily an expression related to a “core self” or as externalizing some “inner” content of the mind, as does Bat Or and Havsteen-Franklin and Atamarino, and instead try to think about the work as arising from a situation, where authorship is diluted, for example where the therapist plays a role in the introduction of the material and its use, where there is an audience, the therapist and the group, where expectations shape the individual’s engagements with art materials and shape intentionality. We can see this in the description of an art therapy group provided by Franks and Whitaker (2007) and in Eastwood (2012), but also in Bat Or’s (2010) experiments. Art making, the engagement of the hands in the use of materials is socially organised in art psychotherapy and art therapy, and art making itself shapes thought through the generation of experiences, some intentionality maybe present at the beginning, but this shifts and is identified later in verbal and social exchanges with an audience, and this retrospective identification of intentionality is subject to change. In this process, self and identity are performed and explored and *subjectivity* is experienced as mobile.

Subjects and Subjectivity

Clinical discourses, which includes the setting and practices within the setting, as well as the production of literatures and statements, are described by

Foucault as “dividing practices” (Foucault, M. 1994 [2000]). Engaged as they are, in the normalisation of individuals, they constitute subjects, patients or service users, and therapists or clinicians, in particular objective formations. Mentalization, through its description of the BPD subject, and its confirmation of abnormal thought processes, exemplifies this formation of subjects and the power relations that discursive practices produce. Therapists, clinicians and patients are subject-to these objectifications and they are engaged in finding meaning in “illness definition” (see Terkelsen, T. B. 2009), but are also seen as contesting classifications and bio-medical explanations. In this sense the subject cannot simply be “read off” directly from the clinical literatures as subjects are often challenging the power relation that practices create. Foucault, in fact, argues that disciplinary processes, which are aimed at the production of the normal individual, are always productive of resistance. I have tried to illustrate this process, in relation to developmental discourses in art therapy assessments, whereby subjects assume a subjective position, become subject to discursive formations, but also contest that process and identity (see Tipple, R. A. 2003 and Tipple, R. A. 2014).

Hegel sees “The subject or bearer of psychological states and processes, the human subject…” as a “performer of actions and activities” where the subject is manifest “in a variety of states and activities, both psychological…and physical” and subjectivity is “the rational subject’s reclamation of its external objectifications.” (See Inwood, M. 1992 p 280 & 283). Butler, J. 1999 stresses that, “the Hegelian subject is not a self-identical subject who travels smugly from one ontological place to another; it *is* its travels, and *is* every place in which finds itself.” (p 8 author’s emphasis). We might regard subjectivity, therefore, as the shorthand for that experience of being a particular subject *for* others and as the Butler quote above implies we, as subjects, are always responding to a situation, engaged in the processes of becoming, and responding to others and the material and the discursive world in which our lives are embedded. Our subject position and subjectivity is not fixed, but in process.

Summary

I shall now try to summarise my thinking and try to consider where I have got to. I suggested that hypotheses which posit cognitive functions and neurological damage to explain psychopathology, for example Theory of Mind, which has been linked to mentalization, were open to criticism because they adopt a narrow intellectualist view of the mind and ignore the embedded, cultural and extended nature of thinking. In my response, or reaction, you may say, I have tried to present an alternative view of mind. In thinking about thinking and mind I stressed the importance of understanding situations and in attending to the use of words. Here, I wanted to imply that misunderstanding and difference in interpretative activity is normative in our encounters with others and does not necessarily indicate an abnormal neurology or an impaired cognitive function. When I reviewed some of the Art Psychotherapy literature I hung on to my feeling that mentalization did not seem to add much of value in creating understanding and I wanted to emphasise how art making, the use of hands in interaction with materials, brings fresh subjective experiences into being, and this activity itself constitutes thinking.

Thought, I propose, is embedded and generated in and through the material, and in relation to cultural practices. I would argue, then, that intellectualist accounts of mind that stress cognitive functions reduce our capacity, as art psychotherapists, to explore the creation of mind and meaning, to understand the social nature of subjectivity, and to critique and contest the power relations that discursive practices, for example practices in mental health services, reproduce.

In his research, Springham, 2015 is motivated towards the preparation of art therapy for inclusion in Randomised Controlled Trials. He is keen to address “power relations” and does make effort to seek out “service users” and elicit their views on art therapy as a treatment. But he clearly does present himself as an “expert” if not in relation to the “unconscious” of the other, then in the symptomology of BPD as defined in clinical literatures, and as an expert in what facilitates mentalization. However, he doesn’t raise any criticism of the

clinical discourses, or MBT practices, or suggest that they themselves may embody power relations.

This paper is intended to instigate debate by questioning the value of the mentalization construct by proposing that there may be other more fruitful and open ways of exploring mind and thinking in the art psychotherapy setting.

Biography

Robin qualified as an art therapist in 1985. He has worked with adults who have learning disabilities, with children and adolescents in a paediatric disability service and with children in therapeutic community who were recovering from neglect and abuse. Robin was a member of the editorial board of Inscape from 1995 to 2007. He completed his PhD research exploring art therapy assessment with children who have developmental disorders (principally Autism and Aspergers Syndrome) in 2011. He is an editor for ATOL and recently retired from lecturing at Goldsmiths, University of London. He is interested in exploring how subjects are produced in Art Psychotherapeutic practices.
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