



Mentalizing in practice: Why we might be curious

Perhaps working with vulnerable young people is not so much a job as a belief; a belief that these young people can and will make progress and have decent, fulfilling and satisfying lives. One of the most useful ways we can contribute to this belief being true is through our curiosity about their inner world.

When we observe a young person behave a certain way we often explain their behaviour based on a kind of certainty about their motives or intentions. Hit hard by an angry child, we might think to ourselves "they want to hurt me," or even "they didn't want to hurt me". Same action, perceived in different ways, and our response to this action is likely to be highly influenced by our thoughts about their intentions. Unfortunately, even if we know the person well (and often in this work we do not) we may well be wrong. And if we are wrong about their mental state, we may not respond effectively. Additionally, we might happily say why (in our opinion) a young person acted as they have, even though they may not really know why themselves.

I'd like to suggest that such certainty is not likely to be helpful. What we believe about ourselves and others can become a self-fulfilling prophecy because we tend to act in accordance to what we believe. Further, our inborn potential to give more weight to information that confirms what we already think than we do to information that contradicts it (called *confirmation bias*) means we often experience our beliefs as being supported by the evidence before our eyes.

It may be more useful to be curious about their mental and emotional state than to be certain, and that to be curious about why a child does certain things and cannot do others is one of the most helpful things we can do. There is something special about curiosity: to really sense, hear, feel what life is like for the child whilst showing genuine interest in their thoughts, values, beliefs and intentions.

John Bowlby, the father of Attachment Theory, suggested how therapists may best help their patients, a suggestion that applies to professional caregivers in therapeutic environments as it does to therapists. He suggested that in our work we may help our young people not so much by interpreting things for them, but by being a "companion for...exploration". A key tool to this companionship is curiosity. The American psychotherapist Dan Hughes highlights how the first shared state between an infant and their primary caregiver is one of acceptance and curiosity, love and playfulness. Murphey and Joffe said that "creating a caring relationship requires genuine curiosity." It is through shared curiosity that the child first experiences being in the mind of their attachment figure, who is curious enough about the emotional tone of the child's communication to respond in an attuned way.

Being curious frees us from the need to always having to "solve" difficulties. This can take enormous pressure off us, and can be hugely validating for the child. This does not imply we do nothing, but that what we can do is to be curious about the meanings of events and behaviours and curious about possible

causes of action.

For me, to genuinely be curious is one of the great skills of our work; it is our genuine interest in our young person's thoughts and feelings and respect for their perspectives. Curiosity sits in the long tradition of therapeutic working. The approach applied in therapeutic communities, which employ the planned use of social interactions and processes, is founded on a "culture of enquiry". Without curiosity, the child's behaviour means only what they act out. Curiosity allows us to not lose sight of the efforts the child is making to build a relationship with us. Also, curiosity is the anti-dote to avoidance (a common response to trauma). Our curiosity about the child in the here-and-now builds a bond of trust, respect and reliability and provides the foundations for new, healthy attachments; when someone is genuinely curious about us, it causes us to be reflective, to wonder about ourselves, and we have a sense of being special, and our genuine curiosity in the here-and-now expresses our attempt to think into the inner world of our young person.

Rather than being certain about why a child has acted a certain way, we might be curious about many things:

- Why things are the way they are?
- How it is that this person came to be in this situation?
- How one might we help?
- What will happen if you do something (or do nothing)?
- To wonder about who this person is
- What their experience of themselves is?
- What it is like to be them?
- What are their intentions, motives, goals and thoughts?
- What are they feeling?
- What am I thinking and feeling, and why am I?

It is also useful to be curious about outcomes. How can we be confident enough that our young people are making progress? Change is often messy, and a young person's recovery from the difficult circumstances of their life is unlikely to be a smooth, constantly improving path. It is much more likely to be a rollercoaster, sometimes moving forward, sometime going back; sometimes progress might unlock previously unseen difficulties. An example of this might be a young person who for years has turned anger about their experiences inwards and only expressed it by hurting themselves beginning to express their anger more outwardly (but still not appropriately) by acting it out more directly on the world around them. This uncertainty about progress and outcomes is one important reason why we need to try and measure change through some objective means.

References

Bowlby, J. (1988). *A Secure Base: Clinical applications of attachment theory*,

Abingdon: Routledge.

Hughes, R. (2007). An enquiry into an integration of cognitive analytic therapy with art therapy, *International Journal of Art Therapy*, 12(1), 28-38.

Murphey, E., and Joffe, S. (2001) *Creating a Culture of Retention: A Coaching Approach to Paraprofessional Supervision*, Paraprofessional Health Care Institute.

Taylor, C. (2012). *Empathic Care for Children with Disorganized Attachments: A model for mentalizing, attachment and trauma informed care*, Jessica Kingsley: London. (2012).