



The Development of Metarepresentational and Mind-reading Skills in the Construction of a Healthy Adult Mode

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Abstract

The article discusses the interrelatedness between lifelong growing up and psychotherapeutic healthy adult construction processes in connection with linguistic mind-reading and metarepresenting skills. Via the use of different therapeutic techniques such as Socratic dialogue, chair work or imagery, it is possible to practice such developmental abilities as mind-reading and creative use of mental representations. Additionally, it is claimed that the techniques incorporating exercises on mental representations lead to psychologically healthy perspectives, otherwise called self-awareness.

Key words: mindreading, metarepresenting, schema psychotherapy, healthy adult mode.

Introduction

The primary aim of the article is to ponder upon the possibility of mutual interrelatedness between the development of metarepresentational skills and the recovery process in psychotherapy [1]. Through the analysis of psychotherapeutic techniques proposed within cognitive-behavioural and schema psychotherapy not only is it possible to picture the multi-layered skill of metarepresenting thoughts and utterances in the discourse of psychotherapy, but also suggest that the growth of the metarepresentational skills of the client may in itself function as the healing factor. The metarepresentational skill is approached through the perspective of Relevance Theory [2] while the therapeutic techniques to be analysed belong to the cognitive-behavioural [3] schema [4] and mindfulness based therapies [1,21]. The examples analysed come from three different sources: jokes about psychologist, psychotherapeutic literature and the author's personal experience of a psychotherapist.

The parallel that can be drawn between the cognitive skill of metarepresenting¹ and psychotherapy is that both processes are developmental in nature [2]. It can be further argued that the regular life process of becoming a cognitively healthy adult is as developmental as is the process of psychotherapeutic cognitive growing-up. In the examples to be analysed the psychotherapeutic process is clearly integrated with acquiring metarepresentational capacities through the application of techniques directed at the extension of one's mindset.

According to schema psychotherapy a client possesses different modes of personality, many of which are childhood based and may still be in need of development. Therefore, one of the aims of the schema therapy is to bring up a healthy adult mode from the existing childhood modes by paying due respect and attention to the specific modes and their needs. The methods employed in order to attain the goal are in themselves metarepresentational and have the power to develop the skill of metarepresenting and mind-reading in the client.

Socratic dialogue, chair work and imagery are the psychotherapeutic techniques to be discussed in the article. Socratic dialogue is mainly a technique of asking questions and presenting arguments [3]. According to Padesky [5], through Socratic dialogue, therapy is “not connected with changing human minds, but with directed discovery”. Socratic dialogue is a fruitful technique present in most other techniques of cognitive-behavioural and schema-based psychotherapies such as the experiential techniques using chairs and imagery [4]. Socratic dialogue activates the same areas of the brain that are believed to be responsible for Theory of the Mind processes, otherwise called mindreading processes [6]. The experiential technique of using chairs allows for a discussion between changing personality modes or states (such as vulnerable child, avoiding mode or parent modes) via placing the modes on chairs redistributed in the therapy room and communicating with them. Imagery techniques create a bridge between the present and the past experience allowing for a change to take place. With the use of imagery the past experience is being processed anew from the perspective of time and the therapist’s and later the client’s adult eye.

The analytical theory found useful for the purposes of the article is Sperber and Wilson’s cognitive and communicative theory of relevance which offers an explanatory view on metarepresentation and mind-reading (RT) [2,22]. According to RT, representations in the basic memory store form a description of the actual world [7]. “A metarepresentation is a representation of a representation: a higher-order representation with a lower-order representation embedded within it” [8]. The ability to metarepresent is important in understanding jokes, metaphors, irony, quotations, reporting or echoing statements [9]. Metarepresentations may be metalinguistic, which involves a resemblance in form between the representations, interpretive, which is a resemblance in content and identity based, when the two representations share all the implications in every context [10]. The expressions that add up to an additional level of metarepresentation are among others: mood indicators, attitudinal particles (‘alas’), hearsay adverbs (‘allegedly’), parentheticals (‘accor-

ding to Bill'), connectives ('so'), dissociative expressions ('right?'), echo questions, mentions [11]. As to questions, it is said that their analysis is metarepresentational as they are not treated as either true or false and usually metarepresent desirable thoughts, desirable utterances or mental images [12,13].

As for the RT's explanation of mindreading, it is considered to be the "ability to attribute to oneself and to others mental representations" [14]. The mind-reading abilities influence our ability to analyse the behaviour of others in terms of mental states [15]. It is already present in very young children. Three different stages of the mindreading development have been proposed within the theory. The stages of the mindreading capacity depend on the ability to understand utterances. In an utterance said by Michael: "It's hot", a Naïve Optimistic perspective, characteristic to young children, would assume that Michael is benevolent and competent and accept the first interpretation of the utterance as the intended one, e.g. "It is hot in here now". The second category, which should develop till around the 11th year of life, is called Cautious Optimism. The hearer would assume that Michael is benevolent but not necessarily competent and does not stop at the first interpretation that comes to her mind. Thus, the meaning of the utterance may be: "It may be good to turn the air-conditioning on". Sophisticated Understanding is employed by an adult hearer who would assume that Michael may be neither benevolent nor competent. The implicatures may be formulated as follows: "Michael is hot, so he cannot stay here and needs to go home" or "Michael wants me to turn the air-conditioning on". This kind of hearer is also expected to be able to deal with cases of lying or deception [16,2]. The aim of schema and cognitive-behavioural psychotherapy would be teaching the client the sophisticated understanding level of mindreading, which also requires second order metarepresentational abilities.

Discussion

Four different examples will be discussed to picture the importance of developing one's cognitive skills in order to become psychologically healthy in psychotherapeutic contexts.

Before proceeding to the analyses part of examples found both in psychotherapeutic literature and taken from my personal experience of a psychotherapist, it may be interesting to pay attention to the kind of jokes told about psychologists that play on the connection between mindreading and psychology in general [17].

(1a)

Two psychologists meet. The first says to another:

- Everything is OK in your life.
- And in your life, too.

(1b)

A psychotherapist meets a friend:

- I can see that you are fine. How about me?

In (1a) the first psychologist reads the mind of the other psychologist even without posing a question. He/she is metarepresenting the question and the desirable answer to that question, which already means that he/she is employing at least second order metarepresentational skills. It indicates that we must be dealing with a Sophisticated kind of understander in order to fully grasp the meaning of the joke. Moreover, his/her words may be an echo of the regular stereotypical attitude of psychologists that everything is OK [18]. What the second speaker does is both echo the stereotype and the implicature of the previous statement. If the dissociative humorous attitude of the joke is added to the interpretation process, then we are already utilising more than second-order metarepresentational skills and sophisticated kind of mindreading capacities. In (1b) the psychotherapist is metarepresenting the

thoughts of the other one as well as representing the intended answer to his/her question. The higher order explicature² of the question is that he/she would like to know if everything is OK in his/her own life. What adds to the humour of the joke is the game being played on mind-reading capacities. The speaker may be actually pretending to be utilising Naïve Optimistic skills by asking about the speakers own situation which is obviously naïve. Clearly, as in (1a), the humorous effect as well as the higher-order explicature of the question in (1b) position the utterance on the level of at least second-order metarepresentational and the sophisticated mindreading abilities.

The example in (2) is an extract from a therapy with a young female client. It represents a piece of Socratic dialogue used on one of the therapy sessions. In the transcription T stands for the therapist and C for the client.

(2)

T: If I won't know everything, then?> ((noting down))

C: Then I will get worse grades. (4.0)

T: And if you really get a worse grade, then what? (3.0)

C: That is if it's not the school year, but holidays, then ()

T: That is you mean holidays, right? and in the school year?

C: Then I don't know, if it was important and it mattered to me then ()

T: Then if I get a worse grade, I will be sad?

C: maybe sad, maybe more, mmm, like unsatisfied?

T: unsatisfied, hm.

C: also

T: yes? (8.0)

C: and what then? (7.0)

T: maybe what it tells you about you?

C: Maybe I will try to improve next time and I will do better the next time.

T: Hm, so I will try to improve even more so? (5.0)

In the short extract in (2) there are eight to nine questions being asked around the same topic concerning grades and consequences of obtaining lower results at school. Even though it is difficult to imagine that one may actually go up to the eighth or ninth level of metarepresentation in communication, it is still possible to picture the attempt being made by the therapist to add new representations to the client's initial way of thinking about receiving lower grades. The dialogue in (2) does not only aim at changing the initial representation of the client or introducing a new representation. The dialogue also serves the purpose of teaching the client how to go beyond one's representations via questions extending the perspective on the topic discussed. In other words, manipulating the different representations allows for the development of more sophisticated ways of reasoning, which is characteristic to a mature brain equipped with analytical skills. It may be added that cognitive psychotherapeutic approaches are usually said to be rather ineffective with children younger than 11, who are yet unable to use sophisticated ways of understanding [19].

Example (3) illustrates the use of chair work in schema psychotherapy in the attempt at strengthening the force of the adult mode. The therapy was conducted by the author with a 32 year old female client. The extract is a transcription of a piece of recorded session. Translation is done by the author of the paper.

(3)

T: Te wątpliwości pewnie wynikają z jakiegoś głosu w Tobie. To z jednej strony tak (.) ale też rozumiem z potrzeby takiej aby wiedzieć, tak (.) że to jest to co robisz i to robisz dobrze. Takiego...

[‘The doubts may come from some voice in you. on the one hand, yes (.) but I also understand that they are from your need to know, right (.) that this is what you’re up to and you’re doing it right. Such a...’]

C: ...że nie jestem jakoś do tyłu, że (.) że robię progres jakiś. Na tej zasadzie...
[‘...that I am not so much behind, that (.) I actually am having some progress. In the sense that...’]

T: mhm... dobra, a jak odwołam się do Twojej tej zdrowej części, ta jest na pewno ta która powątpiewa (.) do tej zdrowej części, tej która widzi, jakby, rozumie tak, że to co się w Tobie dzieje, na zewnątrz i w Tobie, też tak w perspektywie czasowej tak, to są te umiejętności, które ta dorosła zdobywa, tak, i, które posiada, tak, mogę się do tej części odwołać?

[‘mhm... right, and if I turn to your healthy part, this one is the one that has doubts (.) to this healthy part, the one that sees, as if, understands, right, that what is happening within you and outside and in you, also in this time perspective that these are the abilities that the adult achieves, right and has them, right, can I call to this part?’]

C: tak.

[‘yes.’]

T: tak to proszę (.) (stawiane jest w pokoju oddzielne krzesło dla części dorosłej)
[‘yes then please (.) (a chair is being put in the room for the healthy part)’]

C: Ok. po prostu myślę o tym, że ja mam świadomość, że są jakieś, są postępy i, ehm, że jakieś rzeczy się nauczyłam, po prostu (.) ehm, mam trochę problem z pamięcią, żeby pamiętać, jakie rzeczy były wcześniej.

[‘Ok. I just think about it that I have some awareness, that there is some progress and, ehm, that I learned some things, but simply (.) ehm, I have some trouble with memory, to remember what there was before.’]

T: Czyli mówisz mi o czymś, co też kiedyś się pojawiło na naszym spotkaniu, o tym, że jest Ci trudno pamiętać o tym, co było.

[‘So what you’re talking about is what already once came up in our meetings, that it is difficult for you to remember about what was earlier.’]

C: tak.

[‘yes.’]

(...)

T: czyli włącza się ten odłączony kawałek, tak (?), który zostawia to co tu się działo...

[‘it means that the disconnecting part is on, right (?), the one that leaves everything that is happening in here...’]

C: tak, generalnie mam jakieś pojedyncze myśli, ale...to jest takie odsuwane ode mnie...nie...na tej zasadzie...nie...

['yes, generally I just have some disconnected thoughts, but...this is so much pushed behind me...no...not in the sense...no...']

(...)

T: czyli rozumiem, że możemy zacząć pracować od tego odłączenia, które nie pozwala Ci zapamiętywać mówisz, że DOBRYCH rzeczy, tak (?)

['what I understand is that we can start working with the disconnecting part, the one that does not allow you to remember the GOOD things, right (?)']

(...)

T: (mówi do krzesła dorosłej części) Chciałabym Cię poprosić, ta dorosła część, abys spróbowała wydostać z pamięci te rzeczy z terapii, które chciałyby zapamiętać.

['(talks to the chair of the adult part) I would like to ask you, the adult part, so that you try to recover from your memory the things from therapy meetings that you would like to remember.']

C: Dorosła widzi, że tutaj obok na krzeselku siedzi Mała i ma misia, i jest fajna i jest druga Mała, która jest taka bardziej zaczepna, że sobie siedzą i słuchają...nie (wyraz satysfakcji i zadowolenia).

['The adult part notices that next to her there is the chair where the Little one sits and she holds a teddy bear, and she is nice and there is this second Little one that is more naughty, that they are sitting and listening...no" (said with a satisfied and happy expression).']

There are a few schema psychotherapeutic modes activated in the extract in example (4): the adult mode, the disconnected mode, two child modes (the vulnerable and the naughty), as well as the mode of the integrated person sitting in the client's chair talking to the therapist. The client does not change seats, although at some later point in the session she is asked to move to another chair in order to feel and connect with each particular part. In the beginning of the session from which the extract is taken the different modes are still being introduced and labelled. The client or the integrated person sees the chair of the adult mode. The adult mode sees the chairs of the child modes as well as that of the disconnected mode. In the last input of the client, the client says: "The adult part noti-

ces that next to her there is the chair with the Little one". Thus, the client knows what the adult mode knows while the adult mode knows what the child mode knows and feels. 'I know that you know that I know' is considered to be leading to the third level of representation in the mind [20]. The chairs may represent the different levels of mental representations of one's personality. Through the use of chairs the client is able to use her metarepresentational and mind-reading skills in order to grasp the awareness perspective on herself. The awareness perspective is the healthy adult meta-mode of personality development. Surely, through practicing chairwork one practices their most sophisticated levels of mind-reading and of mental representing.

With the use of chairwork one may actually go further than the three levels of metarepresentation visible in example (3). If we assume that each chair or schema mode possesses its own experience, thoughts and emotional states, then we are further extending the perspective. For instance, the parent mode can usually be traced back to one's childhood experience deriving from the internalization of one's parents or other important figures. The parents usually have their own experience and personality modes with which it is possible to connect in the therapeutic setting. In this way the client may become additionally aware of the personality modes of one's caregivers, which is frequently a very liberating experience.

The last psychotherapeutic technique to be discussed is presented in example (4). It pictures the use of imagery which is used in many psychotherapeutic approaches – mindfulness and schema based among others. The example is taken from one of the psychotherapy instruction manuals for therapists [4].

(4)

T: Close your eyes and get an image of Richard coming home. He's late and the baby's crying and you're at the end of your rope. Can you see it?

C: (with eyes closed) Yes.

T: What's happening?

C: I'm waiting for him, walking around, watching the clock.

T: What are you feeling?

C: One minute I'm feeling scared to death that he's never coming home, the next minute I want to kill him for doing this to me.

T: What happens when he walks in the door?

C: He gives me this look, questioning, to see what kind of mood I'm in.

T: What do you want to do?

C: I don't know if I want to scream at him and beat his chest with my fists, or run up to him and hug him.

T: How do you handle the two parts?

C: Well, I talk to the angry part. I tell her, "Listen, you love Richard, and you don't want to hurt him. You're just upset because you thought he wasn't coming home anymore, but here he is! You can be happy".

T: And what does the angry part say back?

C: She says, "OK." She feels OK.

The instruction "Close your eyes and see an image of something happening previously in your life" is an instruction that connects one's present experience into another presence in the past. According to relevance theory, a mention (in example 4 it is a mention of one's past experience) [11] is viewed as an addition to the levels of metarepresentations. The imagery technique requires an individual to possess the ability to move back in time within one's own experience. Since the instruction involves just the first level of metarpresentational skills, it should be possible to be used in therapy of children with Cautious Optimistic mind-reading skills.

What should usually take place after the instruction is a question to change one's perspective from the position of an observer to the position of the experiencer (4). This move is visible in the way the client changes her observer position through switching to the present tense first person singular perspective "I'm waiting for him". What follows is a question about feelings that are theoretically another metarepresentational level up [11]. In the last lines of the example the two time positions (past and present) enter a dialogue. The today's personality enters a dialogue

with her personality from her past experience. More than that, the present personality talks to a part of her past personality – the angry child – and knows exactly what the angry child mode is thinking and feeling. Clearly, the adult client who is sitting on a sofa in her psychotherapeutic room moves swiftly between different times and between different parts of herself while becoming aware of her past behaviours, impulses, emotions and needs and being able to introduce changes on each of these levels. The adult enters the imagery technique (1st level of metarepresentation), changes her perspective into the past experience (2nd level of metarepresentation), knows that there is the angry child in her (3rd level of metarepresentation) and knows about the emotions and needs of the angry child (4th level of metarepresentation). On the basis of this example, it is possible to hypothesise that the imagery work done here should require 3rd or even 4th level of metarepresentational skills which is definitely connected with Sophisticated kind of mindreading skills characteristic of a healthy adult mode of personality.

Conclusion

In conclusion, the examples presented in the article clearly show that psychotherapeutic talk along with its techniques operate on different levels of metarepresentations and mind-reading skills. The ability to move in between one's mental representations is characteristic to the process of growing up. The skill is practiced in psychotherapy room in order to bring up a healthy personality out of the usually disrupted childhood based modes. It seems best if Sophisticated mindreading skills are possible to be exercised, which may be the reason why imagery and chair work techniques are connected to be effective psychotherapeutic tools. To put it differently, it may be claimed that in order to become a cognitively healthy adult one needs to reach the highest individually possible level of metarepresentational and mind-reading skills. What is more, it is the adult mode that is able to introduce changes to the perspective of a child and be the motor for the ongoing psychological healing.

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Notes

¹ Mind-reading in cognitive-behavioural psychotherapy is also understood as one of the cognitive distortions or biases. In this article mind-reading is understood as the ability to understand the states of others and self [2].

² Explicatures are intermediary developments of the logical form of the proposition heard [13].