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A Developmental Approach to Mentalizing Communities: I A Model for Social Change

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The Conceptual Foundation for Mentalizing Communities

To extend the results of a study of a school system to the larger community requires speculation and theorizing. The robust findings of the Peaceful Schools Project reported in the first paper, suggest that such speculation may be grounded in substance. To this end the Menninger Department of Psychiatry at the Baylor College of Medicine has proposed a set of studies in the area of preventive psychiatric medicine and social policy to develop models for mentalizing communities outlined in this paper. Two key components of such an approach are defined from a social systems perspective as follows:

1. Mentalizing is a key psychological skill absent from violent individuals and communities. Mentalizing develops from the secure attachment experiences of infants and creates the foundation for human beings' ability to read their own internal states as well as those of others. The result is the ability to control emotions and negotiate rather than fight (Fonagy et al, 2002), .
2. The roles of unconscious power dynamics, which can create coercive social forces that, reduce an individual's capacity to think in mental state terms, i.e. to mentalize. This process is enacted through the social roles of bully-victim-bystander that can begin at birth (e.g. if a care giver deprives the infant of their capacity to think their own thoughts and feel their own feelings, as in pathological narcissism), and evolve destructively in later social experiences (e.g. children at school, adults at work)

Both of these approaches have been applied in a variety of different intervention contexts with empirical evidence to suggest that this blended theory can have broad application to the understanding of international social problems of violence, terrorism, and sub-human bondage and neglect of the most vulnerable of people (Twemlow, Sacco, Hough, 2003a+b). This theoretical foundation offers a flexible model to design interventions for a variety of social problems impacting individuals or large groups.

Locating our approach within the context of the numerous and innovative efforts reported in the literature to effect change in communities is beyond the scope of this paper. Leonard Duhl MD, a Menninger trained public health expert summarizes these efforts in Flower, 1993. Sklarew. Twemlow & Wilkinson, 1994 give 12 case studies of efforts by psychoanalytically informed practitioners attempting to help severely traumatized communities recover and implement lasting and effective preventive programs and policies. This proposal is a tiny contribution to this massive effort.

Mentalizing

The unfolding of the psychological aspects of relationships of early childhood and the emergence of a specific set of capacities that pertain to interpreting actions in mental state terms are often described in philosophy of mind and cognitive science as “mentalization.” Derived from the studies of the early mother/infant relationship, the concept of mentalizing in its modern form is the sine qua non of the healthy mind. Essentially, mentalizing involves the capacity of individuals accurately to perceive, anticipate and act on both their own mental states and the mental states of other people. Collaborative social relationships are evolutionarily made possible by a finely honed capacity to see others as driven by desires, informed by beliefs, reacting in accordance with emotions aroused, struggling with incompatibilities (conflicts) between mental states, and so forth. It is highly probable and largely accepted by philosophers, cognitive scientists, and evolutionary biologists that such finely honed social understanding would not be possible without a high level of awareness of one’s own state of mental functioning, colloquially referred to as subjectivity. It is probable that we generate an understanding of others through a process of extrapolation of self-understanding. Many consider that this may be the key evolutionary role of our puzzling and often painful capability of self-consciousness.

Understanding the other as having a mind is a uniquely human attribute. As far as we can tell, no animal, not even the most intelligent of non-human primates, can discern the difference between the act of a member of another species, (conspecific), due to serendipity and one rooted in intention, wish, belief, or desire. The capacity to mentalize has also been argued to account for the other major difference between humans and other apes: the species-specific striving to be more than a ‘beast’, to live beyond one’s body, to aspire to a spirit that transcends physical reality and step beyond one’s own existence.

This cognitive faculty, while born in the crucible of the genes of the individual, is fostered and developed in families, institutions like schools and communities, and cultures at large. While the capacity for understanding action in terms of mental states may be an attainment of evolution like the related capacity of speech, how well and with what biases an individual is able to understand the motivational and ideational world of the other will depend on the quality of ‘mind-mindedness’ which surrounds him. Intensive study of the individual caregiver relationship has suggested a variety of models that can pathologically affect the growth and development of children, making them in later life suffer a series of psychiatric and personality disorders. Understanding one’s own and others’ actions as motivated by mental states makes them predictable,

Recent neuroscientific work (Frith & Wolpert 2004, Frith, & Frith 2003) has been highly successful in localizing the psychological capacities underpinning mentalization to medial pre-frontal and orbito-frontal areas of the neocortex. The relatively late development of these areas presumably accounts for the slow emergence of full social understanding along the course of human development. Two independent arousal systems are assumed: one is responsible for the activation of the posterior brain structures, while the other complementary system is charged with ensuring the optimal functioning of frontal and closely linked areas. The interaction of the two systems helps explain the incompatibilities between an action-oriented fight-or-flight response strategy and a more contemplative, reflective mode of functioning that includes the capacity to recognize and interpret mental states in oneself and others. The dominance of action-oriented strategies in the behavior of those individuals with evident malfunctioning of frontal areas of the brain is further evidence of both the importance of mentalization and the serious consequences of its dysfunction.

Practically speaking, an individual who is not capable of mentalizing is likely to have the following psychological problems:

1. An incapacity to fully know and therefore to regulate affect; that is, to soothe themselves and to control impulses as needed to improve judgment in social and interpersonal situations;
2. An incapacity to accurately estimate how other people feel in relation to their own feeling states. Studies have shown that non-mentalizers quite often over or

underestimate aggression (Blair 2001, Blair & Cipolotti 2000), and may therefore be surprised for example when somebody is frightened of them.

3. They tend to attribute negative intent to others, when none is meant (fundamental attribution error) and are rigid and inflexible about their expectations of others;
4. They are incapable of developing solutions to interpersonal problems that are acceptable to all parties, instead are biased in their favor. The crucial matter of acknowledging, and helping create a social role for others including those with mental and physical impairments, flows from this idea.

The cognitive and psychoanalytic research that has resulted in these findings sets the stage for a way of measuring the effectiveness of programs that improves mentalizing.

There are potentially many creative offshoots in a community of mentalizers. For example, besides being able to work together even when there are considerable differences of opinion and to be sensitive to each other's attitudes, feelings, drives, motivations, and desires such individuals would have a broad and balanced perspective on larger issues involving the community as a whole. They may be expected for example to be more conscious of the need for environmental care, perhaps avoiding some of the extraordinary problems that have resulted from pollution and lack of attention to the eco-system.

What makes one child capable of deep social understanding whilst another has to protect himself by withdrawing from others or worse still attacking others in anticipation of what he expects others might do to him? It turns out that experiences in the first months of life may be vitally important in kicking into action brain mechanisms that underpin appreciation of the mental states of others. It appears for example that secure early attachment to the primary caregiver is likely to promote and sustain mentalizing ability. But nature would not have left a capacity as important as mentalizing at the mercy of the vagaries of any single mechanism, however central. The entire family, and later on the quality of interaction with the peer group, will influence the mentalizing capacity of the child. Although mentalizing is developed in the family and immediate social environment, including the community of the individual, what is known is that social forces that may be culturally and politically determined can also affect the capacity to mentalize even in individuals brought up in ideally healthy, securely attached

mentalizing homes. Coercion and humiliation in communities are very important in undermining this developmental achievement.

Coercive Power Dynamics

Social systems that are falling apart structurally and economically tend to become coercive and thus violent. Coerciveness tends to convert a mentalizing individual into a self-centered one who takes care only of their own individual/immediate family needs, since the experience of coercion creates a survival mindset in the individual, narrowing their perspective and increasing greediness and envy. A Coercive Power Dynamic is defined as the conscious and/or unconscious dynamic which influences an individual or group of individuals to repeatedly and relentlessly coerce or force other individuals or groups, into actions and thoughts against their will. It is known that malignant social influence is more likely to be resisted by individuals in whom mentalizing capacity is well established, “who know their own minds”. Most vulnerable to it are those least able to judge for themselves either what the true intentions of others might be, or least capable of organizing their own mind states into coherent, meaningful ideas.

Coercion creates changes in the way the mind works, which cause the mind to over generalize, stereotype, promote prejudice, and favor a tendency to oversimplify and deny. A coercive mindset also tends to perseverate, that is to repeatedly apply inappropriate solutions to different problems without understanding that these solutions are inappropriate. The overall shift in the state of consciousness of a coercive individual has the most important effect of reducing creativity. In particular the coercive mindset reduces the capacity of the mind to come up with unique and creative solutions to problems, and tends to narrow focus in such a way that the solutions to the problem in the broader perspective are missed. The effects of coercion on how the mind works have an obvious and very serious impact on the capacity of people to collaborate and negotiate solutions to conflicts, as well as to create innovative solutions to ever-changing problems both in interpersonal relationships and in communities. There is a loss of an accurate perception of others and situations and a loss of the humanization of the other, that is coercion results in a retreat to a self-absorbed state in which only one’s own needs are seen in relation to the environment.

It should be obvious by now how this coercive mind set makes it impossible for such individuals to recognize the uniqueness of children in their social environment, as our studies of teachers' who bully students have shown (Twemlow et al 2004, Twemlow & Fonagy, 2005). . If, as is known to be the case, the capacity to mentalize, to envision beliefs and desires, is born of these states being recognized in the infant and child by a sensitive mature adult, then we can see how the obliteration of this recognition through coercion has the propensity to create a new generation of individuals whose capacity to mentalize is too weak to withstand the corrosive influence of bullying and victimization and who will consequently adapt by taking on the values of legitimated aggression and unbridled coercion.

Thus we are proposing that measures of mentalization and coercive power dynamics may together be very useful parameters for assessing the suitability of home, institutional, and community environments that ultimately will promote social connection and peaceful coexistence. It may well be said that; **“connected, reflective people make safe non coercive communities.”**

APPLIED COMMUNITY RESEARCH

In applied community research, the community is a laboratory. Social issues that create high-risk populations can be best studied in the field. Best practices are needed to respond to the growing pressures of violence and social deviance. The goal is to impact Health and Public Policy and create new ways to respond to entrenched problems using where possible, resources already committed.

Rousseau wrote that cities are “the sink of the human race.” Those who love living in cities would take issue with that statement; on the other hand, cities are often the ”experimental crucible” for serious problems people have in learning to live with each other. They form a lens through which we can study the whole problem of how to live non-violently, productively, and helpfully with each other. These various projects address a common theme about the early recognition of the rights and responsibilities of all of us to exist separately but interdependently. This paradox requires new social policy decisions and visionary planning. Animal studies have provided useful models; but these are analogies only. Animals tend to live together controlled by survival needs. The increased size of the human brain has allowed increased richness and

creativity, but has also opened the door for increased problems. Modern psychiatry and psychology are now at a point where we can accurately study the extraordinary range of the human mind. Thus we propose an intensive study of the social forces that make life unlivable for many people in a variety of environments and a study of infants and children who are at risk for a variety of reasons from these social forces, through developmental abnormalities and/or psychiatric illness.

At risk children in a social environment that is unfriendly, unhelpful, competitive, and demanding will likely have serious problems. This is often seen in victims of bullying in schools, in the management of children with a variety of abnormalities like serious mental illness who tend to be marginalized in our communities and thus have to be brought up in special settings. Not always because they have special needs but because the social system marginalizes them via prejudice and stigma.

Altruism in previous research (Shapiro & Gabbard, 1994, Twemlow, 2001)) has been shown to have a mitigating effect on coercive power dynamics in reactive non-mentalizing community systems. The helpful bystander concept, whose importance in reducing bullying was demonstrated in the Peaceful Schools Project, is a form of pragmatic, everyday altruism that can be easily simulated in community members (Twemlow, Fonagy & Sacco, 2004, Twemlow, Fonagy & Sacco, 2001, Twemlow et al, 2001,). In an interesting study of people's willingness to help someone during a chance encounter on a city street, Robert Levine, (2003), found that certain cities, notably New York City and Los Angeles, have as might be expected, a low helpfulness tendency for a variety of reasons, including issues of public safety. In contrast, extremely dense third world cities like Rangoon showed very high levels of helpfulness. Cities that had institutionalized values that helping was important tended to be much more helpful; the most helpful cities being those in cultures that emphasize the value of social harmony, amongst other factors. These and other findings from the social and psychological literature suggest that social values rather than structural factors have a major influence on the safety and quality of life in many social systems, and thus these values provide the best opportunity for individuals to live together harmoniously and in freedom, even if such individuals have a variety of psychiatric and physical impairments, are poor or uneducated.

Further work needs to explore & extend the Peaceful Schools model; innovative approaches include exploring the tipping phenomenon (Gladwell, 2000), in which rapid social change occurs in response to a minimalist intervention, the potential role of the pragmatic altruism of the helpful bystander in effecting change in social systems, and the selection and training of “natural leaders” i.e. those without pathological narcissism, but high charisma to catalyze social change. Validated measures of mentalizing and coercive power dynamics exist in a variety of forms but will need further refinement. It is proposed that one specific project should be to develop further brief measures of coercive power dynamics and mentalization in social systems. Menninger and The University of Kansas have developed measures that have become known in school systems as “violence audits.” These instruments have been developed to assess coercion mentalizing and social connectedness in schools from K-12. (Vernberg et al, in preparation) They have been validated, especially in grades K-5 but need further work for later grades. So far approximately 15,000 children have been assessed. The desire is to extend this instrument so that it becomes a quick and valid measure of community coercion and the degree to which people feel connected with their communities. Work will be needed to extend it beyond its use in schools.

Some easily administered measures of the quality of understanding of mental states already exist. One we have worked with in our laboratory asks children to identify the intention behind facial expressions, (Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001) expressions. The accuracy with which children can do this is closely related to the degree of coercion they have experienced in their past, particularly in a family context. This strategy to evaluate the capacity for mentalization has tremendous potential for the early identification of individuals with specific problems in this domain. We conceive of developing a computerized method of administering this test on a community and school wide basis, which could in a few minutes test the entire classroom, and with appropriate administrative support, an entire community or school.

A Mentalizing Approach to Multi-problem Families

Interventions in such families need to stress:

- Initial diagnosis of the social problem in the area it presents;
- Larger community responsibility for social problems;
- Focus on the long-term process of the design and implementation of a change policy.
- The development of social and recreational activities for all ages for all populations throughout the lifecycle;
- Returning the responsibility for the ongoing change to the leadership of the community;
- Collaboration and using the positive structures in the large group;
- Cost effective solutions to social problems;
- Working with leaders on using large group psychology in a non-coercive way to effect large group change.

Sacco, Twemlow, and Fonagy, 2005 have outlined a health policy attitude for a project that intervenes in multi-problem families. The proposal is to use a manageable series of therapeutic interventions in socially high-risk, multi-problem families creating a protective social field that encourages mentalization and reduces coercive power dynamics. Such families often have multiple problems in schools, communities, and with social service and criminal justice systems. The hypothesis is that not only would these families function better if managed in this way, but there would be a decrease in costs of services in the community, which currently includes an endless rotation through hospitals, prison systems, out-patient detoxification, and complicated social systems management paid for by the taxpayer in social rehabilitation and rehabilitation services. The multi-problem family creates a distinct segment of high users of medical, social, and criminal justice services. Unlike the more predictable individuals with major mental illness, the multi-problem family generates infinitely different patterns of family life that create highly dysfunctional and disruptive psychiatric disorders impacting entire families, including several generations of individuals with Borderline Personality Disorder, substance abuse, Post Traumatic Stress Disorder, and behavioral disorders in children thus parented.

Conditions emanating from the multi-problem family are environmentally induced, often by exposure to violence, abandonment, crime, and lack of stable family support.

A pilot study has already been conducted over the past 20 years through projects in Boston and Springfield, Massachusetts in which thousands of families have been managed using this low cost model. The proposal is to select families and follow them over time, promoting awareness of victim/victimizer/bystander relationships and to help them improve mentalizing, resulting in improved affect modulation, empathy for others, and social problem solving.

Clinical work of all kinds crucially depends on a focused endeavor to understand the seemingly anomalous actions that we construe as psychopathology in mental state terms, e.g. mistaken beliefs, inappropriate desires, conflicting motivations, and incoherent thoughts. A broad range of psychopathology can be seen as involving one or another form of specific mentalizing dysfunction. In fact, we have suggested that all that we label as psychopathological may be seen as the mind misperceiving or misinterpreting the status of its own contents and its own functions. Trauma and its re-experiencing (PTSD) may entail a collapse of mentalizing, evident in an experience of mind-world correspondence wherein mental states are equated with reality (psychic equivalence) while simultaneously decoupled from current reality (pretend mode). Depression entails the adoption of an over-involvement with mood-related cognitions. Borderline personality disorder may be viewed as a fear of minds. It follows from this formulation that a common component of effective psychological therapy must be the restoration of normal mentalizing.

Most systems of psychological therapy recognize the important role of the patient-therapist relationship as a key ingredient of change. The most critical yet generic facet of the therapeutic relationship is the therapist's mentalizing in a way that fosters the patient's mentalizing and undoes dysfunctions of mentalizing, such as those considered above. Further, a young person's family may be in trouble as an interpersonal system because of a collective failure of mentalization where selectively or in combination the family's 'mind' no longer functions to consistently represent the feelings, thoughts, ideas, and aspirations of each of its members truthfully and comprehensively. In these situations, just as in the case of intervention with an individual, the therapist is there as a mind who has the client's mind in mind, whether the client is an individual or a family. The kind of intensive interpersonal interaction concerning emotionally significant issues has the potential to recreate the interactional matrix of attachment

in which thinking about thoughts and feelings originally develops and flourishes. This framework emphasizes the process of interpretation rather than the content of any understandings. It is the act of making sense of the sense made by another which has the promise of being therapeutic; that is, if it is experienced as being understood. This approach to psychotherapy may almost be considered one of offering developmental help to a family or system collectively stuck at a phase of individual development that antedates the acquisition of a genuine understanding of mind.

There are three tasks in mentalization-focused psychotherapy. The first concerns fostering implicit (intuitive and unreflective) mentalization, requiring accurate consideration of the mental states of the other or of the self in relation to the other. In one sense all social interaction 'exercises' implicit mentalization. In pathological social environments, modes of interaction may be dramatically limited or distorted precisely in order to avoid the implicit mentalizing activity that such interactions might imply. Thus therapeutically, changing modes of interaction between family members may enhance mentalizing. Prototypically, implicit mentalization is fostered by creating a safer, more secure family environment where members of the family feel confident in exploring each others' thoughts and feelings and cease to impose stereotyped prototypical ideas in others while creating mental models of their states of mind.

The second concerns explicit mentalization, which refers to thinking reflectively about the actions of others and ourselves. This typically occurs when something goes awry on an implicit level that challenges our usual interpretation of action. While implicit mentalizing is non-conscious, unreflective, and procedural, explicit mentalizing is relatively conscious, reflective, and deliberate. The therapist of any orientation engages in the act of explicating states of mind and their meaning with most client groups. Such explicit mentalizing brings the advantages of reflective consciousness in encouraging self monitoring, adapting to novelty, and engaging in flexible problem solving. The medium is language, which enables us to represent and adopt multiple mental perspectives on the same reality. Developing a language of minds enables us to be systematic about mental states and organize these into coherent narratives, creating stories of what happened to us and how. This is the organizational work which psychotherapy at its best can excel at. The content of explicit mentalization may vary according to the theoretical focus of the therapist, from unconscious defenses and transference reactions to automatic negative thoughts, to recurrent relationship patterns. Therapeutic explication serves as a highlighter

drawing joint attention to one facet or another of the implicit process. Over time the patient is drawn into this process as an active collaborator in the explication. Conversing about an adolescent in crisis and the family's reaction to it forces the participants to integrate implicit and explicit mentalization and use language to draw attention to a range of perspectives that can exist in relation to individual action. The creation of a coherent narrative, a systematic way of understanding the family's circumstances and the young person's predicament, deriving a causal, mentalistic account of how such a situation might have arisen, regenerates a sense of 'autobiographical agency'.

The third component of mentalization is attachment and affective mentalization. Creating a narrative is not the ultimate goal. Feelings have to be felt in order to be brought under a degree of conscious control. In order for this to arise, a relational context must be created in which it is safe to explore one's own mind in the mind of another. The development of mentalizing in the context of a secure attachment relationship normally fosters capacities for affect regulation. Mentalizing effectively entails simultaneously feeling and thinking about feeling, and is a precondition for affect regulation, both at the level of the individual and at the level of the family system. The creation of a safe environment within the family for all its members is a precondition for the initiation of this process. Feeling recognized as an individual creates an analogue of the secure base experience and permits the activation of associated mental models with confidence to experience distress knowing that it will not overwhelm or permanently dysregulate one's capacity to function.

The specific elements of this program include:

1. Long term psychotherapy at home and in the school as part of a child protective service plan with medical supervision focusing on the mentalizing approach to psychotherapy, previously described;
2. Strong involvement of the community and state agencies in creating supportive and reparative networks to support the multi-problem family;
3. Long term expressive play therapy for vulnerable and traumatized children;
4. Parenting education and safety planning as part of the therapy;
5. Multi-disciplinary treatment planning;
6. Role-modeling of mentalizing and non-coercive power management in all therapists;

7. Development of a long-term, non-coercive relationship with the care-delivery system.

This approach employs an informal, home-based style. Little work is required in an office setting. Therapists that are specially trained for this particular approach meet with families on a daily basis often performing therapy, assessment, and other interventions in a home setting. Because of traditional instability and suspicion of such families it is critical that a trust relationship is built up with somebody not representing, so to speak, the authority system hierarchy. The informal style is the hallmark of this approach. Schools have been quite cooperative in allowing children to receive therapy while in school in view of the structural instability of these people's lives. Thus the clinical agency is located in the community rather than the office. The mentalizing caregiver becomes the attachment-containing figure dedicated solely to providing help to these families, with 24/7 accessibility.

Creating Compassionate Communities: An Experiment in Public Policy.

The events of September 11, 2001 that resulted in over 3,000 children losing at least one parent have, in spite of the traditional, perhaps stereotyped resiliency of New Yorkers, shown that our communities could improve in their capacity to bounce back (resiliency), in the event of catastrophic terrorist attack or other natural or man made disaster. In communities and in schools we have studied, the following are elements that seem necessary to reach resilience criteria:

1. A humanistic/compassionate social policy;
2. A system that allows the development of natural (mentalizing), rather than designated leaders, that is individuals with charisma yet without pathological narcissistic needs which distort their leadership skills and capacities;
3. That has in place in its various institutions and systems, ways to reduce coercive power dynamics and violence, and to improve mentalizing;
4. A means of remedying the "abdication bystander role" in community participants.

The interaction of the victim, victimizer, and the bystanding audience in the broader social context refers to a way to get individuals involved in community projects, primarily individuals who would normally avoid involvement and abdicate their role and responsibility, thus promoting disintegration and fragmentation in their own communities.

From this perspective compassion is an ethical imperative for community functioning, defined as the human tender response aroused by distress and suffering of others. Altruism then is the action to help others based on a compassionate feeling. We feel that a person, for example someone without compassion for the sick, dying, and economically disadvantaged is a potential danger to the health and safety of others. By extension a compassionate city would recognize the quality of life and define health not merely as the absence of disease. Chronic illness and disability is so widespread in our communities that any definition of health that excludes these experiences promotes an unnecessarily utopian or unrealistic understanding of what health is or can be. Management of individuals with specific disabilities require a fundamental shift in the attitudes toward the ecology of a city, and requires significant changes in city policy, in the workplace, places of worship, human services, and schools. One way to enact this shift would be to focus on the management of death, dying, and loss. Dying is a universal human experience that should be shared in community collaborative efforts, not further pathologized. We hypothesize that these problems and issues might be approached by an intervention that focuses on promoting altruism/compassion—the equivalent of helpful bystanding behavior in our school project—in cities, by focusing the public on a concept, derived from studies of mentalizing, we have called “reflective living.” Reflective living environments would build into their system elements of compassion and altruism. The city would evolve a social protective field that stabilizes and improves a community's resilience. Much is known about the factors involved in the disintegration of communities. One paper we have written in this regard suggests 14 attributes of disintegrating violent communities. (Twemlow & Sacco, 1999) But what holds communities together? We hope to examine many of those factors. We would begin by studying the impact of promoting feelings of rootedness and belonging within communities and the development of self-help and self-protection systems, such as neighborhood watches, by a series of focus groups in sub-communities within cities, to foster further grassroots input about ideas for what strengthens feelings of community resilience and connectedness.

In addition to extensive social policy interventions, community focused forums, town meetings, and neighborhood leadership training is potentially helpful. Specific cognitive techniques can also be useful in promoting mentalizing in community leaders. For example, strategies derived from mindfulness meditation practices promote self-observation. Dialectical behavioral therapy successfully adapted principles from Zen meditation systems, to help those

with problems with self-reflection, for example, borderline personality disordered patients, to improve their capacity to stand back from and control impulses. Methods could be developed using mindfulness training to promote self-reflectiveness, for example in city council members, corporate executives, school board members, and other community policy and institutional planning organizations, where often non-mentalizing philosophies create destructive competition and unproductive victim/victimizer relationships result. We intend to collaborate with Professor Allen Kellehear of La Trobe University, Melbourne, Australia (Kellehear, 2004, Kellehear, 2005), to explore these ideas together.

Concluding Comment:

Many would consider that social change of the type implied in this paper was idealistic and naïve. Animal research, particularly the establishment of dominance hierarchies in primates (Wrangham & Wilson, 2004), and in human social systems as Machiavelli's, dissertation on the politics of Italian Kings & Popes, suggest that when in a tight corner human beings as well as social animals tend to establish social order through fighting. . Many individuals thoroughly enjoy fighting and may not desire social order and peace, in spite of a strongly espousing democratic principles and vigorously supporting constitutional freedoms in open democracies like the USA. It is our contention and the suggestive result of our experimentations, that competitiveness and even fighting does not necessarily exclude peacefulness provided the social system as a whole balances the coerciveness often involved in competing and fighting, with a capacity to reflect on the role of competing and fighting for the good of the social system as a whole. For example, it would not be impossible to imagine a political philosophy that encouraged competition in the name of excellence, but endowed individuals with the knowledge that treating others, as you would wish to be treated yourself, in the long run is more cost-effective than cruelty and sadism. We are not proposing a mentalizing environment, which embodies only saintly attitudes in an atmosphere of compassion and concern. Human variety is an essential part of what makes individuals and cultures different and interesting. The issue from a social system perspective is a balance of power. Untempered coercive power dynamics lead to nonmentalizing, ruination and ultimately the destruction of social systems, as illustrated in the collapse of the Soviet Union in 1995. Can complex social systems change? Hopefully, they can. Coercive nonmentalizing systems contain the seeds of their own destruction. The challenge

for us is whether we can anticipate serious destruction with its enormous penalty to individuals and to human life, before it actually happens.

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