



Specialising in Personality Disorder
and Complex Trauma



Antisocial Personality Disorder Through a Mentalizing Lens

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Antisocial Personality Disorder

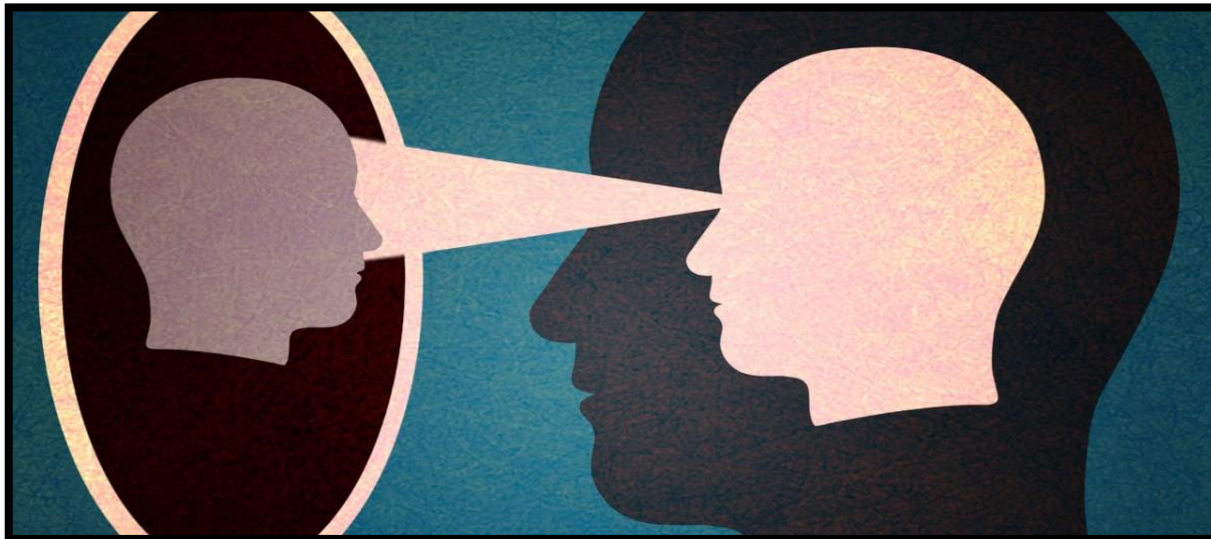
- Failure to conform to **social norms** re. lawful behaviours
- Deceitfulness
- **Impulsivity** or failure to plan ahead
- Irritability and aggressiveness
- Reckless disregard for safety of self or other
- Consistent irresponsibility
- **Lack of remorse**



- Persistent failure to manifest generalised prosocial behaviour and engage in constructive **social collaboration**;
- This leads to repeated **conflict with society**, and the formation of **distrustful relationships** / problematic intimate relationships.

Mentalizing

- The ability to connect **behaviour** and **appearance** to **inner mental states** (**thoughts**, **feelings**, **beliefs**, **needs**, **desires**, **memories**, **motivations**, **perspectives**, etc) both for **ourselves** and **in others**
- Includes the ability to **identify** and **understand** our inner experiences, experience our behaviour as coherently **driven by our mental states**, and **differentiate** our own psychological self from others



How does mentalizing help us?

- Being able to **understand our feelings** and their **context** helps us regulate and manage our emotions more effectively, rather than trying to **avoid** or **get rid of them**
- Mentalizing helps foster a greater sense of **safety**, **connection**, and **understanding** in relationships
- It also supports our ability to **pause and reflect**, which helps us to step back and **see things from multiple perspectives**, and develop control over our urges to **react without thinking**
- Good mentalizing also allows us to benefit from **new** and **external** sources of information (ie. other perspectives) and thereby **learn from our social environment**



- Mentalizing is a skill we all develop through our **early attachment relationships**.
- All of us find mentalizing difficult at various times and in various contexts, particularly as our **stress levels increase**. With enough activation our mentalizing capacity **collapses**, leading to impulsivity and reactivity.
- The MBT model places difficulties with mentalizing at the core of psychiatric illness.
- It proposes that all established psychotherapies work by **increasing the patient's ability to mentalize** flexibly, effectively and accurately.
- We know that people with personality disorders struggle to mentalize flexibly and accurately in particular ways due to **hyperactivation of their attachment systems**, with subsequent fight/flight responses

ASPD and epistemic trust

- Individuals with ASPD are stuck **navigating survival** in a hostile world, which they manage through threats and violence.
- Their ability to trust in others is so limited that they are **unable to learn from those around them** (except where this confirms existing worldview)
- Information from new, alternative, **prosocial** sources is **not experienced as personally relevant**
- **Desisting from violence** is experienced as defeat



Mentalizing dimensions

Automatic / Implicit ←————→ Explicit	
<p>Rapid, spontaneous, or intuitive assumptions Uses our past experience to judge things in the present Thoughts and feelings not reflected on or tested Takes less effort, attention and control What our brains do most of the time</p>	<p>Slower, more careful, nuanced, and reflective thinking Requires more effort, attention and control Requires curiosity What we naturally do when we don't understand something</p>
Internal ←————→ External	
<p>Focusing on the inner experience of ourselves or others Awareness of connection between internal states and behaviour</p>	<p>Focusing on the exterior of ourselves or others: Body language and posture, facial expression, tone of voice, outward behaviour</p>
Self ←————→ Other	
<p>Being aware of ourselves and our mental states Having a sense of who we are Maintaining this when we're around others Maintaining this when we're overwhelmed</p>	<p>Being aware of others Considering others' perspectives & mental states Having a sense of how others see us Being aware of our impact on others</p>
Cognitive ←————→ Affective	
<p>What our thoughts, opinions, views or beliefs are What we know about ourselves, others, and the world Using our thoughts as a guide 'Cognitive empathy', intellectual understanding of emotions</p>	<p>Being connected with and experiencing our feelings Being able to identify our emotions Using our feelings as a guide 'Affective empathy'</p>

Self and other problems in ASPD

Self

- **Fixed perspective of the self** eg. misunderstood, ill-treated; alternates with self-important, grandiose self
- Narcissistic self: self-serving, **deactivated attachment**
- Well-structured, **schematic ideas about the self in the world**
 - Relationships are **hierarchical** – divided into passive, submissive and subservient roles vs dominant, controlling, bullying roles
 - Eg. gang structures: each person knows their place
 - **Loss of status** is particularly devastating; risks revealing **shameful internal states** which threaten to overwhelm – quickly dealt with via physical force

Other

- **Reduced interest** in the other's views, mental states etc
- The other is generally **diminished, devalued**
- Others **support ideas about the self**, particularly officials / the establishment / systems
- Controlling, coercive of mental states and behaviour: this stabilises the self, and can bestow status
- Threats to the hierarchical order of relationships trigger arousal within the attachment system, which triggers **inhibition of mentalizing**

Cognitive – affective problems in ASPD

Affect

- Frequent **avoidance** of own internal affective states
- Difficulty moving beyond **external observations of the other** to consideration of their internal states
- Lack of **sensitivity to other's** affective states
- Reduced self-constraint of affect in response to **impact on other**
- General **over-control of affect** with fast-trigger aggression
- Regulation of internal states through **interpersonal control**

Cognitive

- **Unnatural certainty** about own ideas
- Propensity towards **psychic equivalence**, ie. anything that is thought is real
- Prone also to **pretend mode** suspension of mentalizing, blindness to consequences
- Intolerance of alternative perspectives

Internal – external problems in ASPD

Internal



Frequent **overcontrol**, **avoidance** of own internal affective states

As mentioned: threats to internal stability (self-esteem, self-identity or activation of shame) managed via **controlling of others and violence**

External

- Propensity towards **teleological mode**
 - – focus on understanding behaviour through **physical observations** rather than consideration of inner states
 - Extreme exterior focus, with attribution of hostility or malice
 - Misuse of mentalization for **teleological ends** (ie. for harming others) becomes possible

MBT treatment for ASPD

- MBT treatment for ASPD broadly follow principles established in BPD treatment
- Video: Professor Anthony Bateman - Psychotherapy for Antisocial Personality Disorder

<https://www.youtube.com/watch?v=QQLc5tBo5vc>



Resources

- Bateman, A., Fonagy, P. (2016), *Mentalization-based treatment for personality disorders: A practical handbook*. Oxford University Press.
- Bateman, A., Fonagy, P., Campbell, C., Luyten, P., & Debbané, M. (2023). Antisocial Personality Disorder. In *Cambridge Guide to Mentalization-Based Treatment (MBT)* (pp. 174-202). Cambridge: Cambridge University Press.
- Bateman, A., Bolton, R., & Fonagy, P. (2013). Antisocial personality disorder- A mentalizing framework. *Focus*, 11(2), 178-184.