spectrum

Specialising in Personality Disorder and Complex Trauma

What is mentalizing, and why is it important when working with people with BPD and Complex Trauma?

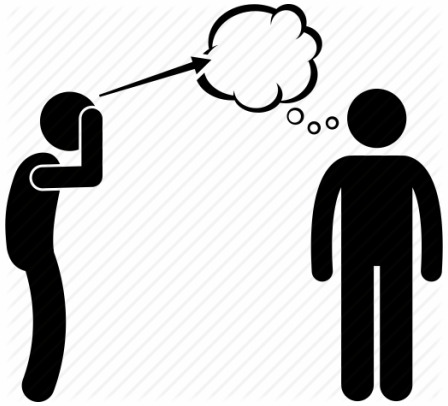
Julian Nesci

Eastern Health

spectrum
Specialising in Personality Disorder and Complex Trauma

What is mentalizing?

- It's the way our mind tells us ***what*** we are feeling and thinking, and ***why*** we are behaving as we are.
- It's also how our mind tells us ***what*** someone else is feeling and thinking and ***why*** they are behaving as they are.



- The normal ability to **ascribe intentions and meaning** to both our **own**... and **others'** behaviour and appearance.
- Includes the ability to experience one's *own* behavior as coherently organized by mental states, and to differentiate oneself psychologically from others.

Eastern Health

How does it help?

- Being able to **understand our feelings** and the **context** for them can help us **regulate and manage** our emotions more effectively, rather than relying on trying to avoid or get rid of emotions.
- Mentalizing our self and others can foster a **greater sense of safety, connection, and understanding in relationships**.
- Help develop a **stronger sense of self** by coming to know and understand ourselves.
- Supports the ability to **pause and reflect**, helping us to step back and **see multiple perspectives**, as well as developing **control over urges** to act quickly without thinking.

How does it develop?

- In the attachment relationship with a reasonably attuned caregiver.
- Caregiver grasps the infants emotions in a reasonably accurate way and mirrors/represents their affect back in a way that conveys understanding and a sense of ‘coping with.’
- Over time the child internalizes the ability to understand themselves, regulate their feelings and impulses, and they develop a coherent sense of their own experience.

Adversity

- Adversity is universal across human development, and the experience of this can impact our capacity to mentalize momentarily.
- However, when we have an experience of another mind that can act as a social reference point and help us process the adversity, mentalizing is recovered.
- Having a sensitive other comfort us and help us reflect on our experiences can help a frightening and otherwise overwhelming experience become manageable.

MBT definition of trauma

- Trauma is not the event but the experience associated with the event.
- Adversity becomes traumatic when the child is left psychologically alone in unbearably painful emotional states.
- “When unbearable emotional states are **repeatedly not reflected on**, they become traumatic owing to **the absence of another mind capable of resonating, reflecting on, and appropriately responding to** the individual’s anguish.”

(Allen, 2013, pp. xii-iii)

Attachment and trauma

- When child experiences distress/fear, attachment system is activated and proximity to an attachment figure is sought for regulation.

- If attachment figure is regularly neglecting/abusive, troubling interactions can occur, leading to further adverse experiences.
  - Further distress/fear, and proximity seeking
  - Attachment system becomes hyperactivated
    - Going forward, mentalizing becomes easily lost in interpersonally intense situations that trigger attachment seeking instincts.

- “A secure attachment also allows for the development of epistemic trust, a capacity to be open to social learning and to benefit and grow from these encounters.
  - Relational trauma disrupts this capacity, closing the individual off from the social world and limiting the potential for social learning and recalibration.” (Stubley, 2022, p. 54)

Implications of attachment trauma

- Later on, people may find themselves struggling to understand or respond to their own feelings which may seem very intense, confusing and sudden, but also finding it hard to understand others.

- This may lead to finding it difficult to trust others and to build meaningful relationships.

- This can result in avoiding others and feeling very isolated and alone and not having the opportunity to talk through difficulties and feel supported.

Low mentalizing mode	Trauma symptom
Psychic equivalence (mental states are equated to reality/seen as too real)	• Flashbacks – memories lose their connection with the continuity of subjectivity and are experienced with the full force of the experience of physical reality. • Reliving in nightmares • Too real → avoidance behaviours, refusal to think about events and problems. • Concreteness → equation of psychological and physical pain, and exhaustion → somatic symptoms
Pretend (mental states too disconnected from reality) Generated by a difficulty understanding and contextualising emotions.	• Detachment, feelings of unreality, disconnection between thoughts and feelings. • Numbness, depersonalisation, phobic avoidance of internal experience. • Dissociative compartmentalization - continuity across mental states is lost in a failure of integration. • Ability to reflect on inner experience is severely inhibited.
Teleological (action replaces thought and emotion when it comes to experiencing and expressing mental states)	• Distress is not mentalized, attempts are made to alter thoughts and feelings through action. e.g., substance abuse, self-injury, bingeing, purging, sexual promiscuity.

Aims of MBT for trauma

- Create a secure attachment context conducive to mentalizing, in which emotional states that were previously unbearable can be rendered bearable.

"..does not necessarily require direct processing of traumatic memories, but it does require mentalizing painful emotions and conflicts in the context of an attachment relationship."

(Bateman & Fonagy, 2016, p. 90)

Treatment principles

- Establish safe parameters within which the therapeutic process can unfold and which the patient can come to rely on.
  - Be explicit with patients about the aims of the treatment, help them build an idea of what to expect during the sessions.
  - The importance of a safe, reliable frame cannot be emphasized enough, especially in the case of patients who have experienced trauma from attachment figures.
- Attend to the patient's experience of therapy and respond to any anxieties or questions with genuine interest and transparency.
- Authentic curiosity and not-knowing stance.
- The clinical priority of mentalizing treatment for trauma *must* be managing arousal so that the patient can again think about other perspectives.
  - Difficult to balance the processing of trauma unless there is some capacity for this.
- Often need to establish a robust level of mentalizing in relation to non-trauma related issues.
- Need strong therapeutic alliance and ability to manage ruptures.

spectrum
Specialising in Personality Disorder and Complex Trauma

Mentalizing trauma

- Aim to help patients think, feel, and talk about the experience so as to be able to have the experience in mind without being overwhelmed by it.

- Don’t aim to ‘desensitize’ the patient to the experience but rather to help the patients remember it as painful but not unbearably so; when the pain is bearable, they won’t need to resort to desperate efforts to avoid it.

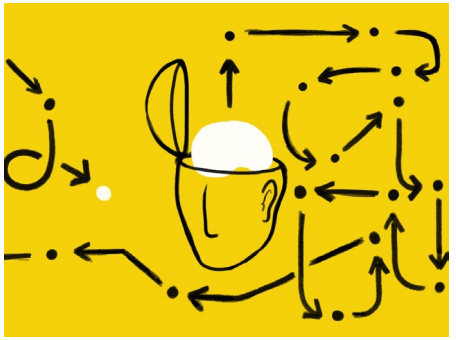
- Try to help patients make whatever sense of the experience can be made, generally with the aim of developing a less self-critical and more forgiving and compassionate attitude toward what they have endured.

(Allen, 2013)

Eastern Health

Mentalizing trauma

- Aim is not primarily to excavate the past and to retrieve repressed memories in order to develop insight. *Rather the goal of mentalizing-based therapy is to help the patient be curious about his/her mind, and hence to focus on current mental states.*



- Contextualizing traumatic events in a narrative about one's experience over time is important, but it is unlikely that this will be sufficient to support change.

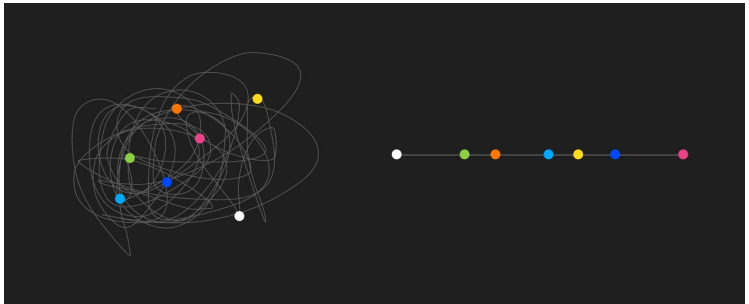
- Reconstruction of the distant past is probably best viewed as a component of the work, in the context of a more overarching focus on exploring the current implications of painful and confusing early experiences.

- The aim is to help the patient develop a perspective on the past by reworking current experience.

Mentalizing trauma

- “There’s nothing to be gained and much potentially to be lost in extensive, detailed exploration of traumatic experience for its own sake. My approach is focused on the present: I **concentrate on ways in which the past is influencing the present** (or, more commonly, ways in which avoidance of the past is influencing the present)…**Excessive immersion in trauma, particularly, when the patient lacks secure attachments and the capacity to manage emotional distress can undermine the aspiration to live well**.” (Allen, 2013, p. 202)

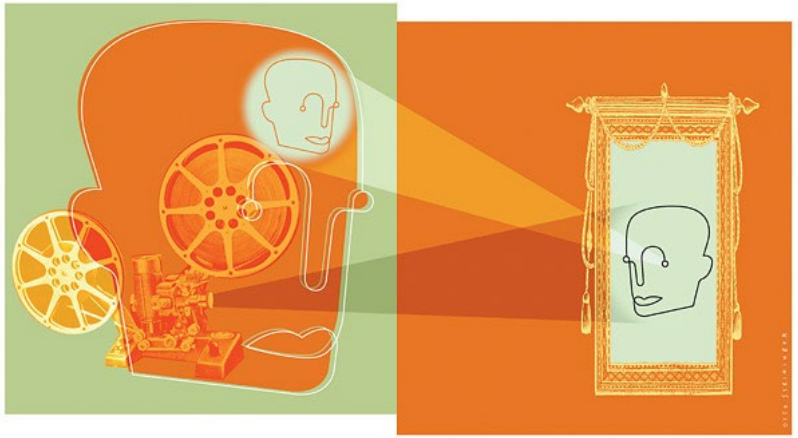
- Be careful to not construct a life story centred on trauma.
  - Need to help patients construct more complex narratives that give due weight to their strengths, successes, and resilience and to close relationships that involved trust and islands of security.



spectrum
Specialising in Personality Disorder and Complex Trauma

"The 'plain old therapist,' through humble curiosity and a dogged determination to see the world through the patient's eyes, will implicitly and explicitly engender an attitude of tolerance, compassion, and acceptance towards subjective experience that gradually eases out the tendency we all have to berate ourselves for our feelings."

(Allen, 2013, xii)



Eastern Health

spectrum
Specialising in Personality Disorder and Complex Trauma

References

- Allen, J. G. (2013), Restoring mentalizing in attachment relationships: Treating trauma with Plain Old Therapy
- Bateman, A., Fonagy, P. (2016), Mentalization-based treatment for personality disorders: A practical handbook.
- Bateman, A. (2022), MBT Practitioner course
- Mitchell, S., Steele, K. (2020), Mentalising in complex trauma and dissociative disorders, European Journal of Trauma and Dissociation
- Stubley, J. (2022). The Tavistock Trauma Service. In J.Stubley, L. Young (Eds), *Complex trauma: The Tavistock model* (pp. 34-55).

Eastern Health