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Applying
Mentalization-Based Therapy (MBT)
With Dissociative Difficulties

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Plan

• Introductions – previous knowledge of mentalizing

• How can Mentalizing theory apply to dissociation?

• How can Mentalizing practice apply to dissociation?

• Practice exercise
Development of Dissociation

- Attachment Difficulties
- Immature brain
- Early trauma

Dissociation
Disorganised Attachment (1)

Disorganised attachment (e.g. Main and Solomon, 1990)

- No fixed pattern of responding
- Disturbed behaviour – rocking, head-banging, freezing
- Associated with frightening/frightened behaviour from caregiver - linked with their own unresolved loss/trauma (e.g. Main and Hesse (1990)
- Confusion about whether the parent will be harmful or safe
- “Approach-avoidance” dilemma
- “Internal Working Model” of relationships – multiple, incoherent and dissociated
- Can be seen as a survival strategy – a way to preserve an attachment despite e.g. abuse. (e.g. Brand et al, 2009)

“The paradox of needing attachment to regulate the fear engendered by the attachment relationship”

Jon Allen (2013)
Disorganised Attachment (2)

- 15% of the general population
- At least 50% of maltreated children (Cyr et al, 2010)
- 83% of infants in study of high risk families had disorganised attachments. (Main & Morgan, 1986)

- Significant association between disorganised attachments and dissociative tendencies in middle childhood and adolescence (Carlson 1997, 2009)

“Infant attachment disorganization is in itself a dissociative process, and predisposes the individual to respond with pathological dissociation to later traumas and life stressors”. (Liotti, 2006)
Development of Dissociation (3)

• Dissociation
  – “When you do not know whether to approach or avoid, you flee inwards” (Gerhardt, 2015)

• Trauma
  – “a confrontation with mortality”
  – For a child more situations are a matter of life and death and generate doubts about survival (Gerhardt, 2015)
  – “being psychologically alone in emotional pain” (Allen, 2013)

• Temperamental predisposition (to cope this way rather than another)
  – Strengths in imagination, fantasy, pretend
  – Use as a survival strategy
Early Histories in Dissociative clients

- Attachment trauma
  - Sexual, physical and emotional abuse, domestic violence etc.
- Maternal psychological unavailability (Dutra et al 2009)
- Parental response to abuse is important mediator to promote adjustment
  - Lack of emotional responsiveness, low support and inadequate validation may compound damaging effects
  - believing the reports, protecting, not expressing high levels of anger or blame,
  - “When experience is acknowledged and accepted, integration follows” Carlson et al (2009)
- Neglect and abuse play role in vulnerability to further abuse and adverse experiences
Role of Mentalizing

• Mentalizing/ Mind mindedness/ Reflective Functioning (RF)
• The mediating factor in transgenerational transmission of attachment
  - Parental RF uniquely predicts development of emotional understanding and mentalization in children (Ensink et al., 2015)
  - Children’s mentalization capacities associated with the level of maternal mentalization (Ensink et al., 2015).
  - Mentalization mediates the relationship between abuse and externalizing difficulties in adolescents (Taubner et al., 2013)
What is ‘Mentalizing’?

Mentalizing is the activity of thinking about mental states in ourselves and other people.
What is ‘Mentalising’?

- Originators do not claim that this is anything new.
- Rather it is proposed as a core effective ingredient of any psychological approach or therapeutic interaction.

“Mentalising – attending to mental states in oneself and others – is the most fundamental common factor among psychotherapeutic treatments and…all mental health professionals will benefit from…understanding…and…familiarity”

Allen, Fonagy & Bateman (2008)
A Definition of Mentalizing

- The imaginative activity of *making sense of behaviour*
  - Of *self* and of *others*
- By reference to *present intentional mental states*
  - *Beliefs, Desires, Fears, Hopes*...

A ‘bedrock neurodevelopmental capacity’ that is:

- Located primarily in the *prefrontal cortex*
- Fostered (or rekindled) *in the experience of relationship* with a trusted other, in which one has an iterative experience of *being accurately mentalized* (**I find my mind in your mind.**)
- *Easily overwhelmed* by powerful stress/arousal/attachment
What is ‘Mentalizing’ for?

- Mentalizing can be seen as essential for:
  - Managing and regulating emotions
    - Self-reflection, thinking before we act
    - Communicating about needs, feelings and thoughts
  - Managing relationships
    - Building mutual understanding and intimacy
    - Providing comfort and security.
  - Healthy child development
  - Developing a stable sense of self and identity

- SO mentalizing is a core psychological process worthy of focus in treatment

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“How could anything be more familiar, and at the same time more weird, than a mind?” Dennett (1987)
Dimensions of Mentalising

Implicit- 
Automatic

Internal 
(Cues) 
E.g., thoughts

External 
(Cues) 
E.g. posture

Cognitive

Other 
mirror neurone 
system

Impression driven 
Controlled

Inference 
Appearance

Doubt of cognition 
Certainty of emotion

Emotional contagion 
Autonomy

Certainty of emotion 
Autonomy

Impression driven 
Controlled

Inference 
Appearance

Doubt of cognition 
Certainty of emotion

Emotional contagion 
Autonomy
Mentalising: *Attentional control* to steer a social path

The Other

Affect

Fight-Flight

Explicit awareness

Attachment

Cognitions

My Self

Implicit automatic
What does Mentalizing look like?

1. Attention focused on mind (mental states)
2. Showing curiosity
3. Non-judgemental
4. “Not-knowing stance” - minds are opaque
5. Tentative
6. Thinking about both one’s own mind and the other person’s
7. Here-and-now focussed
8. Affect focussed
9. Leading to a narrative which has continuity, coherence, recognition of different points of view.
Mentalizing as an Integrative framework

**CBT:** The value of understanding the relationship between my thoughts and feelings and my behaviour.

**SYSTEMIC:** The value of understanding the relationship between the thoughts and feelings of family members and their behaviours, and the impact of these on each other.

**COMMON**

**PSYCHODYNAMIC:** The value of understanding the nature of resistance to therapy, and the dynamics of here-and-now in the therapeutic relationship.

**SOCIAL ECOLOGICAL:** The value of understanding the impact of context upon mental states; deprivation, hunger, fear, etc...
Development of Mentalising
Attachment and Mentalising

- Mentalizing - a mechanism to build secure attachment:
  - The caregiver’s emotionally attuned responses to the infant’s states becomes a source of information to the infant about his own internal states.

- Promotes development of language to label and communicate emotional states.

- Mechanism for integrating discrete emotional states and experiences → Coherent sense of self.

- Builds “Internal working models” of relationships.

- A “pedagogic” (teaching) function - development of “social intelligence”, how learning and culture are passed on, (Fonagy & Allison, 2012)
Development of Affect Regulation

Two conditions must be met for positive sense of self and capacity for affect regulation:

• **Contingency:** caregivers response matches infant’s internal state.

• **Markedness:** indication that caregiver is reflecting infant’s state and not their own.

(Gergely, 2001: Gergely & Watson, 1999)
Learning About My Mind, Your Mind
(My mother thinks) I think, therefore I am

Mind in mind
Contingent
Marked
Mirroring
Sam-I-am

Anna Freud Centre
Caring for young minds
Theory: Birth of the Agentive Self

Attachment figure “discovers” infant’s mind (subjectivity)

Infant internalizes caregiver’s representation to form psychological self
Safe, playful interaction with the caregiver leads to the integration of primitive modes of experiencing internal reality ➔ mentalization
How attachment links to affect regulation cycle

The forming of an attachment bond

Threat/fear/distress

↓

Activation of attachment system

↓

Proximity seeking

↓

Marked mirroring/mentalising

↓

Down regulation of emotions

↓

Bonding, bonding, bonding
Mentalising and Attachment Trauma

*Dual liability* stemming from childhood traumatic attachments: these relationships not only evoke extreme distress but also impair the *development* of capacities to regulate emotional distress—in part through compromising the development of mentalizing.

*Fonagy and Target* (1997)

“The paradox of needing attachment to regulate the fear engendered by the attachment relationship”

*Jon Allen* (2013)
Attachment Disorganisation in Maltreatment

Exposure to maltreatment

The ‘hyperactivation’ of the attachment system
Neurobiology of Mentalizing - 1

- “Mentalizing network” (e.g. Frith and Frith, 2003; Meyer and Lieberman, 2012)
  - distinct neural circuits activated during mentalizing tasks, rather than non-mentalizing tasks

- Size of gray matter in the “mentalizing network” correlates with social competence (Meyer and Lieberman, 2012)

- Different neural circuits underpin different dimensions of mentalizing
Neurobiology of Mentalizing - 2

Lanius, Paulsen and Corrigan (2014)

- In humans, neocortex often dominates (e.g. mentalizing)

- In situations of threat lower brain functions may take control (‘accelerator’, rapid reactions, flight/fight/freeze, emotional responses)

- Normal fluctuation between these areas

- Brain development (e.g. the “social brain” and it’s interconnections with other parts) is shaped by the social context and quality of the attachment relationship.
Neurobiology of adverse experience

The effects of early abuse and / or deprivation (e.g. Gerhardt, 2015)

– Higher levels of brain cortisol
– Reduced links in emotional brain circuits
– Reduced brain volume, especially pre-frontal cortex (linked to mentalizing and top-down emotional regulation)
– More marked the younger the adverse experiences occur
Window of tolerance

**Hyper-arousal** - too much physiological arousal: anxiety, panic, hypervigilance, easily startled, agitation

**Hypo-arousal** – too little physiological arousal: feeling ‘there but not there’, shut down, numb

Survival responses – fight, flight

Window of tolerance – alert, socially engaged, mid-range arousal, mentalizing

Survival responses - freeze, submit
Anxiety & the Failure of Mentalization

Excessive demand for excellence

Becoming adult

Rejection

Current 'insurmountable' life challenges

Genetic & early environmental influence

Activation of attachment system

Disruption of mentalization

Stress reaction (fight/flight)

CSA

Adverse parenting

History of physical maltreatment

The Disorganised Self

INSIDE-OUT thinking (Psychic Equivalence)

ELEPHANT-IN-THE-ROOM thinking (Pretend Mode)

QUICK FIX thinking (Teleological Mode)
QUICK FIX
Actions speak louder than words
Focus on the PHYSICAL OUTCOME which will solve the distress or answer my doubt... cutting, violence, “if you give me stuff (money) you love me…” (Teleological thinking)

INSIDE-OUT
My thoughts are = to the world outside, not “just thoughts”
“Passionate certainty” about what is in other people’s minds, or the way the world is “You are ALWAYS... You NEVER... you ONLY want... You are JUST LAZY/SELFISH...” (Psychic Equivalence)

ELEPHANT-IN-THE-ROOM
Make-believe that forgets it is make-believe... no “fit” between the clever words and the feeling/awful reality here-and-now. “Everyone drinks this much!” ... “Too many clever words...” (Pretend Mode)
Mentalising Interventions for Dissociation
“Through just one relationship with an understanding other, trauma can be transformed and its effects neutralised or counteracted”

Solomon and Siegal
Mentalising Stance - 1

- Show active curiosity

- A ‘not knowing’, ‘non-expert’ stance - value uncertainty

- Focus on mind not behaviour - your mind and other’s mind

- Empathy towards self and others

- Demonstrate authenticity - be genuine and ‘ordinary’

- Avoid ‘talking nonsense’ – don’t pretend to understand if you don’t.
Mentalising Stance - 2

• Be transparent about your mind - ‘show your workings’ and ‘model mentalising’

• Affect focused

• Here and now focussed

• Acknowledge your part in mistakes and misunderstandings – demonstrate humility

• Be sensitive to current level of mentalising – use short sentences, avoid lengthy explanations
Mentalising Stance

Inquisitive

Terminating
Non-mentalising

Highlighting
mentalising

Holding the balance(s)
Mentalizing Dissociation - Assessment and Stabilization

• **Assessment**
  – Naming – finding a language
  – Psychoeducation – a framework of understanding
  – Access to information and support
  – Helps start to give a language and normalise
  – Start of process of “Getting your head round it”.
  – Shared Formulation

• **Curiosity about hard-to-describe experiential states**
• **Aids communication and sharing**
• **Reduces isolation and loneliness.**
Mentalizing Dissociation – Non-mentalizing modes

• Pretend Mode (“Elephant in the room”)

• Needs elaborating for dissociation
  – Recognising defensive function – “the need not to know”
  – Such a habitual way of being that people don’t realise it isn’t what everyone does.
  – Name the dissociative (detached) states
  – Compartmentalization vs detachment (Allen, 2013)
  – Getting your mind round these states (to move to second order representations)
Mentalising Dissociation
Non-mentalizing modes

• Pretend Mode cont.
  – Depersonalisation/ derealisation
    • Naming the experience
    • Staying present and grounded to help someone reconnect
      – You may keep talking
      – Put your own perceptions into words, showing your mind working
      – Help someone manage physiological arousal, by paying attention to physical environment (grounding)
      – Bring their mind “back on-line”
Mentalizing Dissociation - Non-mentalizing modes

• Psychic Equivalence Mode ("Inside-out mode")
  – Black and white, certainty, high emotional arousal
  – Parts stuck in a particular emotion
  – Parts holding trauma memories, flashbacks, intrusive thoughts
  – Paranoia

• Strategies
  – Stay curious
  – Demonstrate empathy
  – Try to understand from that part’s point of view.
  – Offer alternative points of view only tentatively, well-marked from your perspective
Mentalizing Dissociation
Non-mentalizing modes

• Teleological Mode (“Quick Fix” mode)
  – Sense that “something must be done”
  – “Actions speak louder than words”

• Strategies
  – Return attention to mental state.
  – Notice impulsive behaviour – press the “pause” button
  – Try to calm down emotional arousal safely: (As you get calmer, try to “Stop and rewind” to when you last felt ok)
  – Slowly replay the situation - At what point did mentalizing go “off-line”? What triggered this?
  – Talk to someone about how you are feeling - “Two heads are better than one”. Ask them to listen, not “do”.

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Mentalizing Dissociation – Working with Parts

- Alters show differing mentalizing abilities
- Adjust communication to current level of mentalizing
- Aim to build mentalizing in the current part or state, from their current starting point
  - Mentalizing stance - staying curious, not-knowing and non-judgemental to find out about these different parts
  - Being curious about their perspective
  - “Family” metaphor for the internal system – encouraging communication and perspective-taking between parts
Mentalizing Dissociation – Using the Relationship - 1

• Modelling a collaborative rather than hierarchical power relationship

• The Mentalizing Stance models this:
  – Mutuality - allowing your mind to be changed
  – The “not-knowing” non-expert stance
  – Being tentative – marking things as from your own perspective
  – Transparency – say if you don’t understand, active curiosity to understand, helps dispel assumption that you may be hiding something, or have ulterior motive.
  – Acknowledging your part in mistakes and ruptures
Mentalizing Dissociation – Using the Relationship - 2

- Exploring client’s range of perspectives on therapy, and relationship with therapist
- In here and now – another experience to be curious about
- In ordinary, everyday language
- Relationships have been a source of trauma
  - Relationship is a fundamental healing tool
  - Therapeutic alliance needs constant monitoring for trigger, rupture and repair in the micro-process of therapy.
Mentalizing Dissociation –
Using the Relationship - 3

• Mentalizing stance is:
  – “Here-and-now”
  – Affect focused
  – The current experience of client and therapist in the session.
  – Transparency about your own mental states and experience
  – “Stay in your own shoes” – don’t rescue, or abandon, stay alongside
  – Modelling mentalizing – “showing your workings”
  – Holding on to your own mentalizing

“Mentalizing begets mentalizing”
(Allen, 2013)
Exercise

- Role play in groups of 4
- 1 Person role-play client
  - “You are in an early therapy session talking about how your difficulties affect your life, and begin to experience depersonalisation or derealisation, triggered by something in the session”.
- Rotate the role of therapist (“pass the baton”)
  - “Maintain a mentalizing stance (i.e. curiosity, empathy, not-knowing, tentative, own your part in mistakes, model mentalizing) to help the client regain their mentalizing in the session”
References

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