

Exploring Identity Changes during Mentalization Based Therapy with Persons with Dual Diagnosis

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Mentalization

Mentalization is a specific way to optimize social collaboration among humans. We are motivated and are also able to assess, understand and emotionally respond to others' and our own mental states, and we do this by adopting an autobiographical stance, that is, relate one's mental states to one's life story (Bateman & Fonagy, 2012).

Early attachment patterns have a decisive role in shaping mentalizing capacities. If the caregiver mirrors the child's emotions in a categorically congruent manner, then the child will be able to identify own feelings; and if it is done in a marked fashion (the caregiver shows that these emotions are not their own ones but the child's), then the child will not be flooded by the negative emotions (Bateman & Fonagy, 2012).

Mentalization-Based Therapy

GOAL

This theory involves the foundations of MBT, when participants' communication is to promote the correction of the early deficits and enhance reflective/self-reflective capacity. The therapist's role is to teach mentalization through intervening and serving as a role model for the patient.

The assessment phase is followed by a combination of

- MBT-I (Mentalization-Based Treatment Introduction)
- MBT-Individual (MBT individual therapy)
- MBT-Group (MBT group therapy)

(Bateman & Fonagy, 2016)

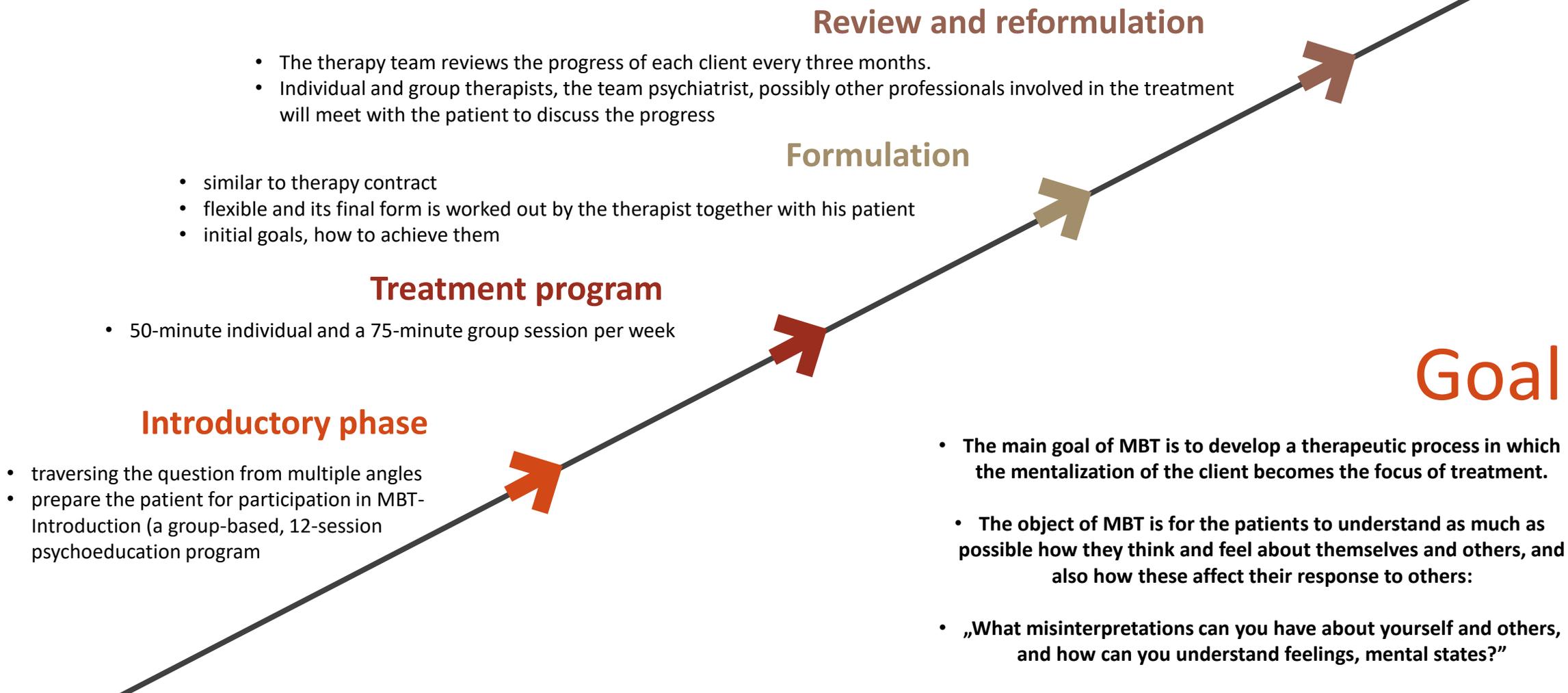
EVALUATION

Structured method where communication rules for the therapist are very clear-cut; and are regularly supervised through the analysis of videotaped sessions and employing a rating method (coding communication patterns based on pre-determined categories).

Treatment results, however, are not easy to detect in the first few months as changes in behavior might be subtle and relapse might occur.

The structure of MBT

Bateman & Fonagy (2016)



- The therapy team reviews the progress of each client every three months.
- Individual and group therapists, the team psychiatrist, possibly other professionals involved in the treatment will meet with the patient to discuss the progress

Review and reformulation

- similar to therapy contract
- flexible and its final form is worked out by the therapist together with his patient
- initial goals, how to achieve them

Formulation

Treatment program

- 50-minute individual and a 75-minute group session per week

Introductory phase

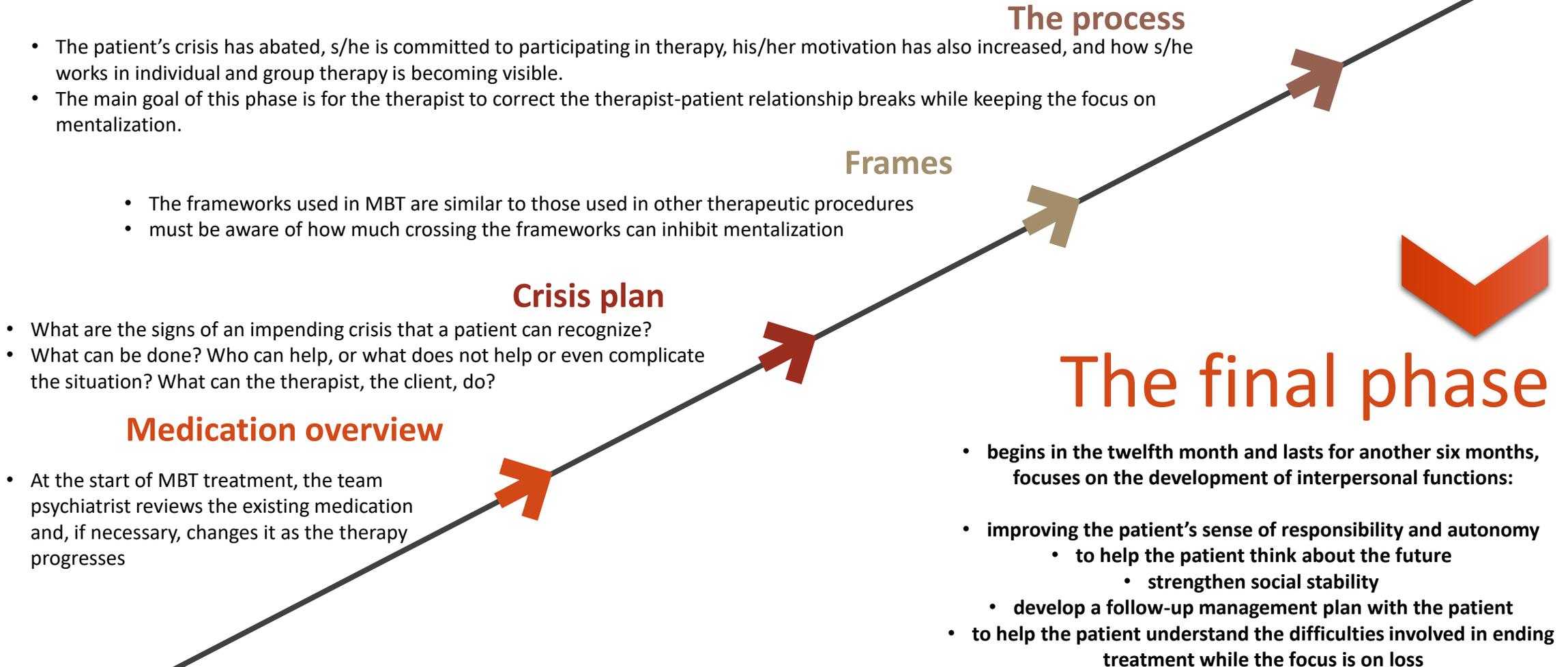
- traversing the question from multiple angles
- prepare the patient for participation in MBT-Introduction (a group-based, 12-session psychoeducation program)

Goal

- **The main goal of MBT is to develop a therapeutic process in which the mentalization of the client becomes the focus of treatment.**
- **The object of MBT is for the patients to understand as much as possible how they think and feel about themselves and others, and also how these affect their response to others:**
- **„What misinterpretations can you have about yourself and others, and how can you understand feelings, mental states?“**

The structure of MBT II.

Bateman & Fonagy (2016)



Isa/Ipseus

unique and a creative synthesis mainly, but not exclusively, on **Kelly's personal construct theory** (1955), **Erikson's psychosocial development theory** (1968), **Festinger's cognitive dissonance theory** (1957), **Mead's symbolic interactionism** (1934, cit. Weinreich, 2004), **Berne's transaction analysis** (1968), and **Harré's discursive self-theory** (1998)

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ISA/Ipseus is not a traditional psychometric tool but a framework software representing the cornerstones of ISA theory.

It facilitates nomothetic and idiographic investigations.

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It provides the researcher with a unique "algebra of investigation" (Hogard, 2014:15), yielding an insight into identity processes.

It is used in cross-cultural-studies, to explore societal issues (e.g., gender issues) ; to support clinical work, education and workplace selection (Weinreich & Saunderson, 2004; McNeill et al., 2019)

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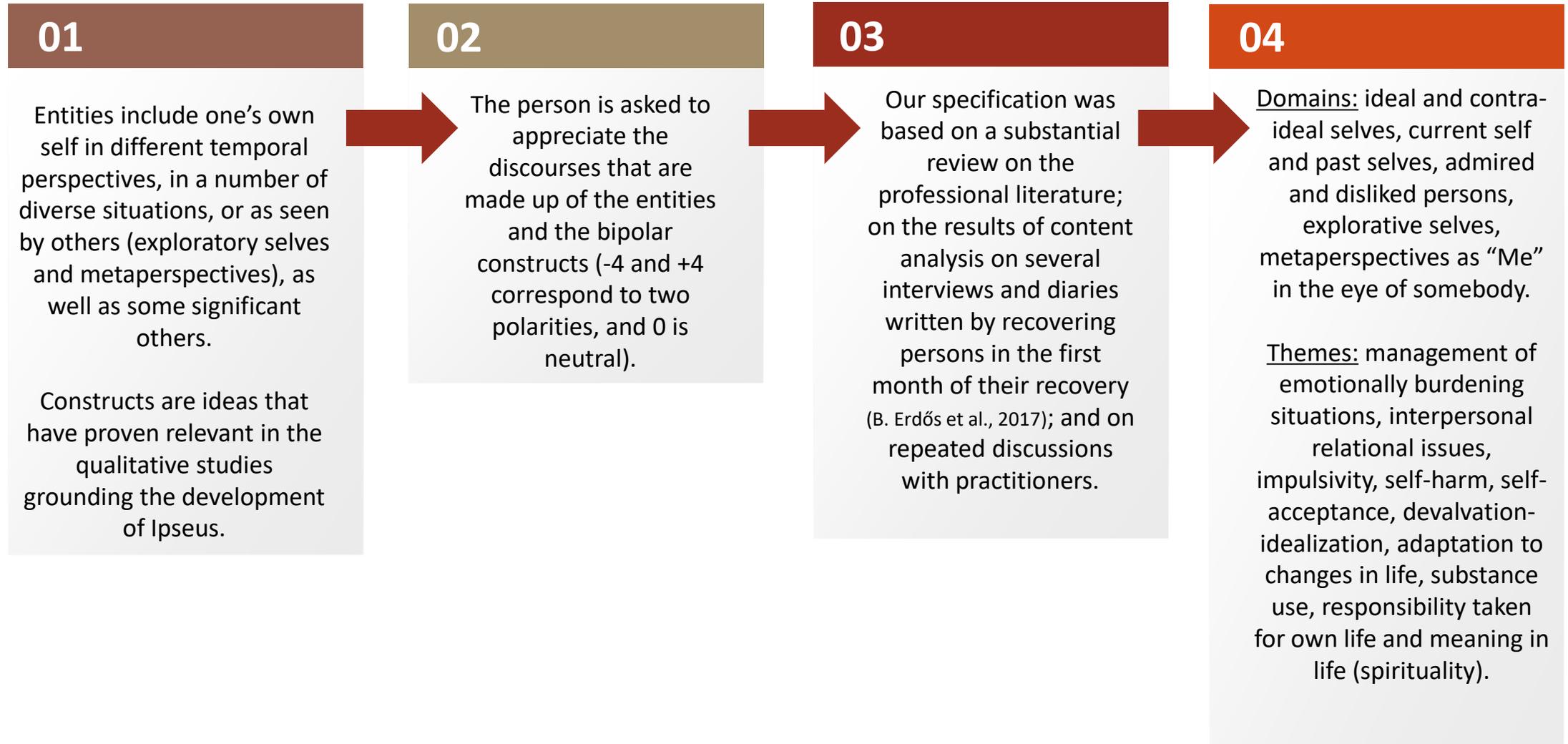
ISA is both externally and internally standardised, based on a Western European, „population“ standards and on group-level results to enable comparisons.

Results include information on entity and construct evaluations (attitudes and values); on the perception of self states; and on self-development.

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Isa/Ipseus

An ISA instrument (Ipsseus) contains domains, represented by entities, and themes, represented by bipolar constructs.



Entities and Constructs to be combined in an iterative process

B. Erdős, Kárpáti, Rozgonyi, & Jávör, 2020

Constructs

Entities

	Label Left	Label Right
01	does not want to feel anything	can recognize his/her own feelings
02	yells at others	thinking first, then acting
03	tends to hurt him/herself	thinks things through
04	considers his/her own feelings and needs important	does not even take notice of his/her own feelings and needs
05	considers the feelings and needs of others important	does not care about the feelings and needs of others
06	trying to be the coolest	trying to live properly
07	everyone has their own life that no one should interfere with	it is important to belong to a community
08	others are meant to get from them what we want	the lives of others must be respected
09	intimate relationships are a burden	intimate relationships mean security, happiness
10	always must be a winner	there is much to be learned from the losses
11	life is meaningless	life is meaningful
12	lies can get us ahead in life	lies threaten sobriety
13	wants to escape from the world	found his/her place in the world
14	do not show weakness and be perfect	everyone can make mistakes; the point is to correct it
15	people are either good or bad	every human being has both good and bad qualities
16	people are either dependent on others or independent	we all interact with each other
17	others can completely ruin a person's life	everyone is responsible for themselves
18	things just happen to us	we can do things to develop in life
19	substance use is the best in life	substance use can be pleasurable, but it also has serious consequences
20	it is difficult to adapt to change	easily adapts to change
21	procrastinating	trying to complete duties on time
22	able to laugh on his/her own	s/he overreacts to what others tell him/her
23	loves him/herself	hates him/herself
24	reliable	unreliable

	Label	Classification
01	In my best possible form	Ideal Self
02	I would hate myself if	Contra Ideal Self
03	Currently I	Current Self
04	During the worst period of my substance use	Past Self 1
05	The one I admire	Admired Person
06	The one I hate	Disliked Person
07	My father (surrogate father)	–
08	My mother (surrogate mother)	–
09	Sober companions	–
10	Normies	–
11	When I am very tense	Exploratory Self 1
12	When I am very angry	Exploratory Self 2
13	When I leave my comfort zone	Exploratory Self 3
14	When I am alone	Exploratory Self 4
15	When I hope for something	Exploratory Self 5
16	According to my friends I	Metaperspective 1
17	According to my parents I	Metaperspective 2
18	According to my therapists / helpers I	Metaperspective 3
19	I as a child	Past Self 2
20	The substance users	–

SAMPLE

#	Age	Gender	BNO-10	Type of disorder
1	46	m	F6030; F1020	alcohol dependence & codependence
2	42	f	F6030; F4100	alcohol dependence & codependence
3	45	f	F6030; F4320	codependence
4	44	f	F6030; F1920; F4120; F3180	polydrug use and codependence
5	41	f	F6030; F3160; F6300	polydrug use and codependence
6	35	f	F6030; F1020	alcohol and legal drug dependence
7	29	f	F6030; F1020; F1320	illegal drug dependence and codependence
8	29	f	F6030; F1020	alcohol and codependence
9	30	f	F6030; F1920; F1220; F1520	polydrug use and codependence
10	46	m	F6300; F1310; F1020	polydrug use and codependence

Diagnosis was based on SCID-II and EuropASI (European Addiction Severity Index) before entering the therapy

Our study

By the end of the therapy (pre-post examination):

- 1. Self-evaluation will be improved, with lower scores on self-diffusion.**
- 2. As for self-states, self-acceptance (evaluation) of negative and insecure self-states (angry, worried/tense, out of comfort zone or alone) will be significantly higher, that is, these states will be less threatening for the person**
- 3. We expect improvements in reflective/self-reflective function (Levy et al., 2006), indicated by the more positive evaluation of some meta-perspectives**
- 4. The person will be more empathetic with own childhood self (higher evaluation)**

Results I.

Self-summary before therapy

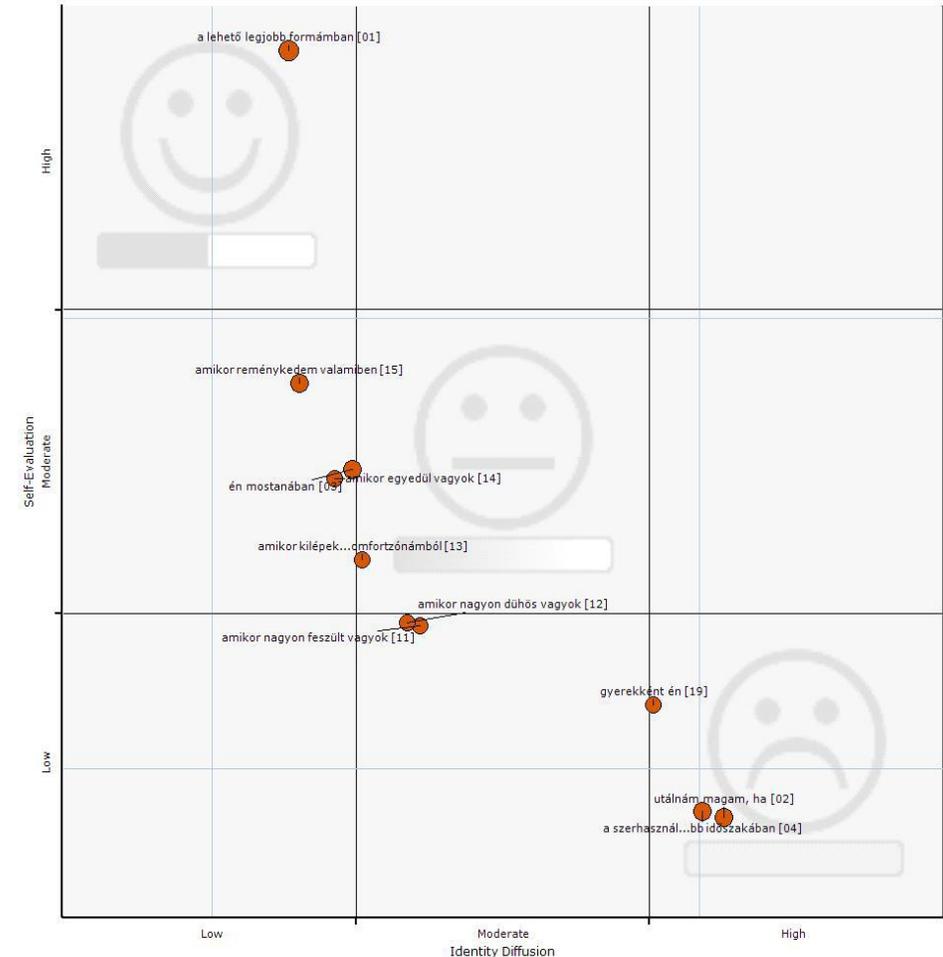


By the end of the therapy, the blue line moves upwards/to the left, away from the crisis zone, determined by low self-evaluation and high diffusion.

Major changes seem to have occurred in explorative selves (angry, tense and out-of-comfort zone selves).

Evaluations on childhood self, contra-ideal and user selves have not changed in the overall picture.

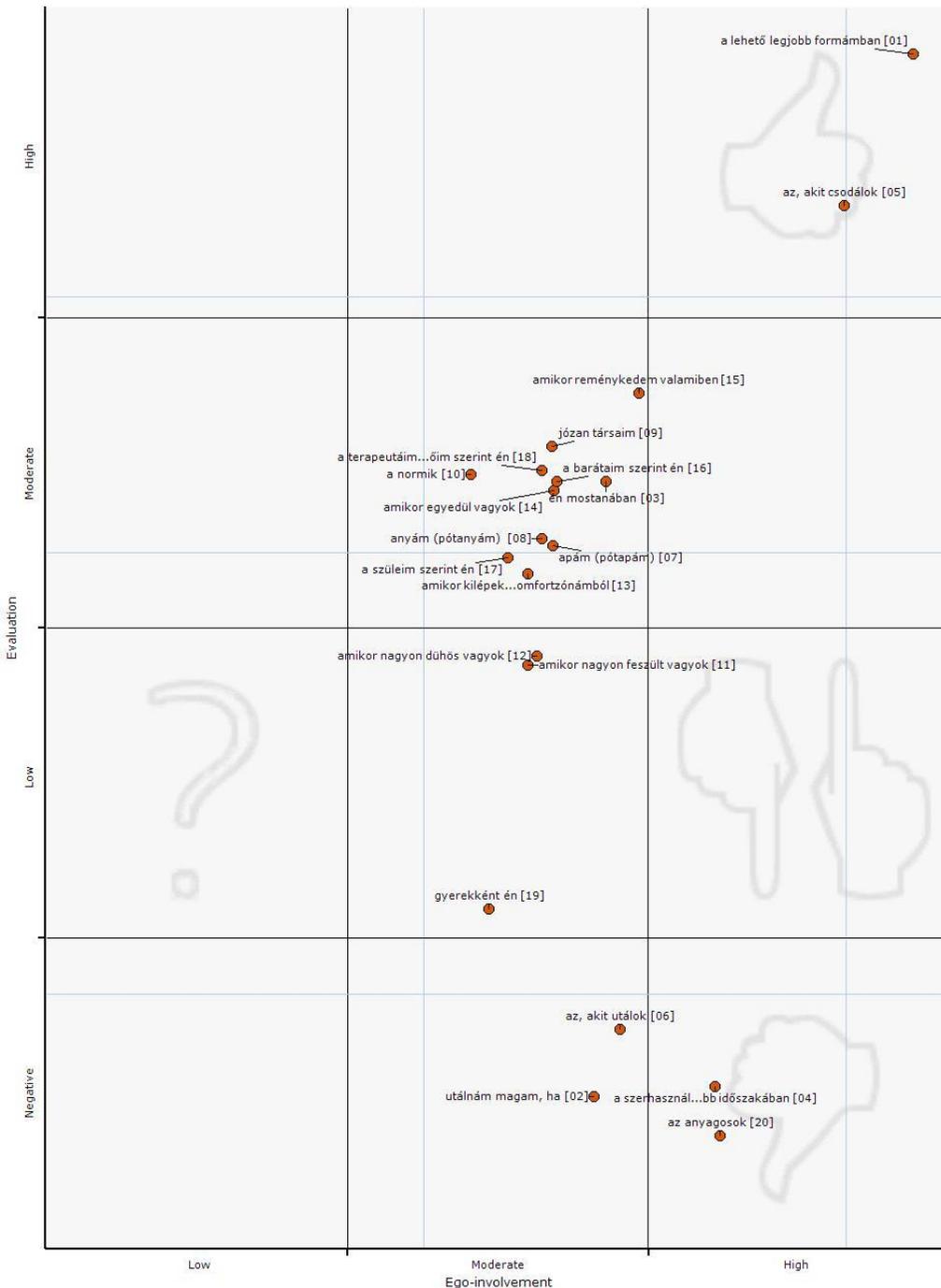
Self-summary at completion of therapy



Results II.

Entity Summary at the beginning of the therapy

- At the beginning, the ideal self is in the best position, with low evaluations on parents and parental meta-perspectives, and negative evaluations on “angry” and “tense” self-states.
- By the end of the therapy, the position of the ideal self is closer to that of the role model (Admired person). Negative self-states, parents and parental meta-perspectives, as well as the self out of comfort zone are evaluated higher than at the beginning of therapy. It is worth noting that the internal standard lines of the clinical group moved closer to external (normal or average) standard lines again.
- The general picture is most encouraging: changes could be detected in the appreciation of “threatening” situations, and in the evaluation of important interpersonal relationships, exactly the way one would expect after an MBT therapy.



Results III.

	Z	Asymp. Sig. (2-tailed)	M _{pre}	M _{post}	Effect size
Ego-involvement - When hoping for sg	-2.14	.03*	3.44	3.94	.68
Ego-involvement - Me, as my friends see me	-2.40	.02*	2.74	3.39	.76
Evaluation - Me when I am very tense	-2.60	.009**	-.23	.15	.82
Evaluation - Me when I am very angry	-2.50	.01**	-.28	.16	.79
Evaluation - Me when I am out of my comfort zone	-2.40	.01**	-.07	.31	.76
Evaluation - My mother	-2.80	.005**	.05	.37	.89
Evaluation - Me as my parents see me	-2.50	.01**	-.04	.34	.79
Evaluation - Me as my therapists see me	-2.09	.04*	.19	.51	.66
Identity diffusion - Me when I am very tense	-2.07	.04*	.45	.29	.61
Identity diffusion - Me when I am very angry	-2.24	.03*	.45	.28	.71
Identity diffusion - Me when out of my comfort zone	-2.55	.01**	.42	.25	.81
Identity diffusion – Me when I am alone	-2.35	.02*	.38	.23	.74
Sig. *p<.05, **p<.01					

- Ego-involvement -Whoping for sg: is most meaningful as it is related to client motivations, and very probably, to the sustainability of therapeutic achievements.
- Ego-involvement - Me, as my friends see me: this may indicate that the person appreciates more significant others' opinions.
- Evaluations of entities „Me when I am very tense“; „Me when I am very angry“; „Me when I am out of my comfort zone“: means that the overall picture of the nomothetic analysis by Ipseus has been confirmed by statistical analysis. In the above situations, the self experiences less threats.
- Evaluations of entities „my mother“; „Me as my parents see me“; „Me as my therapists see me“: changes in metaperspectives („Me as my therapists see me“) is an indicator of the development of reflective function (Levy et al., 2006) but may also refer to the strengths of the therapeutic alliance and to a specific feature of MBT, that is, therapists yield an insight into their own mentalization processes during therapy (Simicz-Futó et al., 2018).
- Identity diffusion of entities „Me when I am very tense“; „Me when I am very angry“; „Me when I am out of my comfort zone“; „Me when I am alone“: This probably indicates that the person assumes these self-states as less chaotic, that is, safer than at the beginning of the therapy.

- **Our results suggest that significant changes have occurred in the evaluation of negative and insecure self-states and of significant others.**
- **Improvements in self-reflective function could be identified in changes in meta-perspectives.**
- **We assume that positive changes in the therapist meta-perspective (“Me as my therapists see me...”) can be interpreted as an indicator of the quality of therapeutic alliance.**
- **MBT focuses on the present and not the past, and perhaps this is what explains for the lack of changes in childhood-self evaluations.**
Stephenson et al. (2001) have found that recovery was more successful with clients who focused on the present instead of the past.
- **Our specification worked well but is far from being perfect (e.g., inclusion of future self; the need for simpler wording at some points, and possibly, but not probably, changes in the number of discourses).**
 - **A greater sample would be necessary.**
- **International comparisons, or comparisons between groups under treatment and in lasting recovery could be beneficial to reflect on baseline characteristics.**
- **Long-term follow-up, concentrating on substantial changes in behavior, could validate ISA results.**

Conclusion



One of our goal was to demonstrate the usefulness of Ipseus in exploring therapeutic change (processes and outcomes).

Studying identity change may reveal early benefits or problems emerging during therapy.

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