



证道心理

Mentalization-Based Treatment for Personality Disorders

基于心智化的人格障碍治疗

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Outline 大纲



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Effective treatments for borderline personality disorder (BPD)

边缘型人格障碍(BPD)的有效治疗

Common features of effective treatments for BPD

边缘型人格障碍有效治疗的共同特征

Different forms of mentalization-based treatment (MBT)

不同形式的基于心智化的治疗(MBT)

General principles of MBT

基于心智化的治疗(MBT)的一般原则

Development (etiology) of BPD

边缘型人格障碍的发展(病因学)

Core psychopathology of BPD

边缘型人格障碍的核心精神病理学

Key interventions targeting psychopathology of BPD

针对边缘型人格障碍精神病理学的关键干预措施

Promoting epistemic trust

促进认知信任

Effective Treatments for BPD 边缘型人格障碍的有效治疗



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Currently 9 evidence-based treatments for BPD studied in 20 randomized controlled trials. Three examples:

目前, 在20项随机对照试验中研究了9种循证的边缘型人格障碍治疗方法。三个例子:

Mentalization-Based Treatment (MBT)

基于心智化的治疗(MBT)

- longest follow-up to date (8 years; Bateman & Fonagy 2008) and possibly especially effective for complex personality disorder (>2 PD and antisocial PD) as well as for severe psychopathology more generally (Bateman & Fonagy 2013; 2016)

到目前为止最长的随访(8年; 贝特曼和福纳吉, 2008), 并且可能对复杂的人格障碍(>2的人格障碍和反社会人格障碍)以及更普遍的严重精神病理学特别有效(贝特曼 & 福纳吉, 2013; 2016)

Transference-Focused Psychotherapy (TFP)

移情焦点心理治疗(TFP)

- first approach to show that psychotherapy improves mentalizing (Levy et al., 2006)

第一种表明心理治疗能增进心智化的方法(利维等人, 2006)

Dialectical Behavior Therapy (DBT)

辩证行为疗法(DBT)

- first researched and best known (Linehan 1993); possible that DBT followed by MBT could be a good approach

最先开始研究, 并且最为人所知(莱恩汉, 1993); 辩证行为疗法以及之后的基于心智化的治疗可能是一个很好的方法。

Common Features of Effective Treatments for BPD



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边缘型人格障碍有效治疗的共同特征

Clear treatment structure

清晰的治疗结构

Efforts to enhance treatment adherence

努力提高治疗依从性

Focus on self-injurious and problematic behavior

专注于自我伤害和有问题的行为

Supportive therapeutic relationships

支持性的治疗关系

High level of therapist activity and engagement

高水平的治疗师活动和参与

Long duration of treatment

治疗时间长

Integration with other services and community resources

与其它服务和社区资源的集成

Different Forms of MBT



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不同形式的基于心智化的治疗(MBT)

Day-Hospital Program

日间医院项目

- individual + group therapy + various activities: decreased suicidality, emergency-room visits, inpatient admissions, medication, outpatient treatment use, and BPD diagnoses; improved social and occupational functioning, 8-year follow-up

个体+团体治疗+各种活动:减少自杀, 急诊室内谈话, 住院病人入院, 药物治疗, 使用门诊治疗, 和 BPD诊断;改善社会和职业功能, 8年随访

Outpatient Program

门诊项目

- individual + group therapy; similar outcomes to day hospital

个体+团体治疗;与日间医院的结果相似

MBT Introductory Group (Psychoeducation)

基于心智化的心理治疗入门团体(心理教育)

- orientation to treatment, 10-12 sessions; discuss mentalizing, attachment, personality disorders, MBT treatment

治疗的引导入门, 10-12次会谈;讨论心智化, 依恋, 人格障碍, 基于心智化的心理治疗(MBT)

Core Mentalizing Impairments in BPD



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边缘型人格障碍的核心心智化受损

1) internal vs. external: respond to external (non-verbal) cues to the neglect of internal mental states.

内在vs.外在:对外在(非言语)线索有反应, 忽略内在的心理状态。

2) self vs. others: difficulty differentiating self from other, subject to emotional contagion; egocentric, viewing others as being like self; difficulty inhibiting own perspective to see the perspective of others.

自己vs.他人:难以区分自己与他人, 容易受到情绪感染;以自我为中心, 将他人视为与自己一样;难以抑制自己的观点从而采撷他人的观点

3) cognitive vs. affective: rely on affective more than cognitive mentalizing.

认知vs.情感:更依赖情感而不是认知心智化。

4) automatic vs. controlled: respond quickly and emotionally rather than deliberately and reflectively.

自动vs.受控:快速地、情绪化的反应, 而非有意的、反思的反应。

Core Mentalizing Impairments in BPD

边缘型人格障碍的核心心智化受损



5) prone to interpret behavior as threatening and hostile and to respond with anger.

倾向于将行为解释为具有威胁性和有敌意的，并以愤怒回应。

6) respond to memories as if they reflect current reality (psychic equivalence).

对记忆的反应如同它们反映出当前的现实(精神等同)。

7) Note: these “impairments” are adaptations to emergency situations in dangerous social environments; resilience to everyday social adversity is impaired.

注意：这些“受损”是面对危险的社会环境的紧急情况时的适应表现；而面对日常社会逆境的韧性受到损害。

General Principles of MBT



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基于心智化的心理治疗的一般原则

Mentalizing Stance 心智化立场

- curiosity, not-knowing, exploratory, joint attention to mental states
好奇心, 不知道, 探索性, 对心理状态的联合关注

Transparency 透明性

- sharing your mind with the patient; open and authentic about own mental states
与病人分享你的想法; 对自己的心理状态的开放和真实性

“I” Statements “我”的陈述

- aspect of transparency, offering your mind to the patient; examples: I’m thinking that... It occurs to me that... I’m wondering if... If I were in that situation, I might have felt...
透明性的维度, 为病人提供你的想法; 例子: 我在想.....我发现.....我在思考如果.....如果我遇到那种情况, 我可能会感到.....

Be ordinary and use common sense 平凡的表达, 并且运用常识

- use plain language (no jargon except “mentalizing”); therapist is not the expert on the patient’s mind, patient is the expert
使用平实的语言(除了“心智化”之外没有别的行话); 治疗师不是病人心灵的专家, 病人是专家

Mentalizing Team 心智化团队

- working with patients with BPD is stressful and potentially dysregulating; mentalizing begets mentalizing and non-mentalizing begets non-mentalizing. A mentalizing team is helpful to restore mentalizing (pioneered in DBT).
与患有边缘型人格障碍的病人一起工作是有压力的, 并且可能导致失调; 心智化会带来心智化, 非心智化带来非心智化。心智化团队有助于恢复心智化(在辩证行为疗法DBT中开创)。

Promoting Epistemic Trust

促进认知信任



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- Epistemic trust: openness to social communication of knowledge about the world (especially the social world and culture); originates in the family (attachment relationships).

认知信任:对关于世界的知识(特别是社会世界和文化)的社会交流的开放性;起源于家庭(依恋关系)。

- Epistemic trust develops when the child senses that the caregiver has the child's interests and needs in mind and communicates knowledge that is significant, relevant to the child, and generalizes to other social relationships.

当孩子感觉到养育者心里想着孩子的兴趣和需要,并传递给孩子,这些知识是重要的、与他相关的,并且能够推广到其它社会关系中的时候,就会产生认知信任。

- Epistemic vigilance: trust is the default; vigilance entails learning to discriminate who is trustworthy.

认知警觉:信任是默认状态;警觉需要学会区分谁值得信赖。

- Epistemic distrust is maladaptive when it is over-generalized (as in BPD) and obstructs the person's capacity for social learning.

当认知不信任过度泛化(如BPD)并妨碍个人的社会学习能力时,认知不信任变得不适应。

Promoting Epistemic Trust

促进认知信任



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- The value of secure attachment is the caregiver's use of mentalizing to promote the child's mentalizing (social cognition) and the development of epistemic trust, the foundation for social learning throughout life.

安全依恋的价值在于养育者使用心智化来促进儿童的心智化(社会认知)和认知信任的发展, 这是整个生命中社会学习的基础。

- Mentalizing interventions promote epistemic trust to the extent that they are perceived as relevant to the patient and convey significant knowledge that will generalize to other relationships. Reasonably accurate (and collaborative) therapeutic formulations would be an example.

心智化干预促进认知信任, 因为心智化干预被感知成与病人相关, 并传递了可推广到其它关系的重要知识。合理准确(和协作)的治疗建构就是一个例子。

- Conclusion: The value of secure attachment and mentalizing in psychotherapy is its potential to promote not only emotion regulation but, more important, epistemic trust and social learning through trusting relationships outside the therapy.

结论: 心理治疗中安全依恋和心智化的价值在于它不仅可以促进情绪调节, 而且更重要的是, 通过病人开始信任治疗之外的关系, 来促进认知信任和社会学习。

Clinical Example 临床案例



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- Vanessa, a woman in mid-30s diagnosed with BPD along with severe substance abuse and antisocial features with impulsivity and destructive behavior. Extensive history of psychiatric treatment since adolescence.

温妮莎, 一名30多岁的女性, 被诊断患有BPD以及严重的药物滥用和具有冲动性和破坏性行为的反社会特征。青春期以来长期的精神病治疗史。

- Extremely hyperactive and difficult to manage as a young child and prescribed sedatives by family physician. Family history of losses and enraging experiences of being locked in her bedroom for prolonged periods (alone in pain).

幼儿时期极端地过度活跃, 难以管控, 家庭医生开出镇静剂。家庭历史中有丧失, 以及长时间被锁在卧室里的暴怒经历(单独在痛苦中)。

- Early history of sociability and academic success despite areas of cognitive impairment, but in early adulthood multiple stormy romantic relationships and unable to sustain school or work.

尽管在一些领域存在认知障碍, 早期的社交和学术取得成功, 但在成年早期经历多次暴风骤雨式的浪漫关系, 并且无法维持学业或工作。

- Began psychotherapy in hospital and transitioned to day hospital then outpatient treatment. Went from 3 sessions per week to 2 and then to 1. Total of >200 sessions over >2 years of psychotherapy.

在医院开始心理治疗, 过渡到日间医院, 然后门诊治疗。从每周3次到2次, 然后再到每周1次。超过2年的心理治疗, 总计超过200次。

- Participated in a research project and given formal diagnostic assessment at admission, termination, and 4-1/2 year follow-up. Therapy was tape recorded.

参与研究项目, 并在项目开始、终止和4.5年的随访时进行正式的诊断评估。治疗过程录音。

- Vanessa began therapy with positive feelings (honeymoon phase) followed by alternating from positive to negative. Splitting: at times seeing therapist as good and psychiatrist (who would not prescribe sedating drugs) as bad. Strong negative reactions to therapist's absences. Repeated pattern of stormy relationships with men outside the hospital.

温妮莎带着积极情绪(蜜月阶段)开始治疗, 然后是积极与消极交替出现。分裂: 有时认为治疗师是好的, 精神科医生(不给她开镇静药)是坏的。对治疗师缺席的强烈负面反应。与医院外的男性暴风雨般的重复的关系模式。

- With the help of family therapy, gradually able to express gratitude for parents' support, feeling guilty for what she put them through and feeling concern for them.

在家庭治疗的帮助下, 逐渐能够表达对父母支持的感激之情, 对她给父母带来的事情感到内疚, 并感到对父母的关切。

- Counter-dependent relationship pattern: rebelling against control; insisting on autonomy; creating alarm by self-endangering behavior, resulting in others taking over control; feeling persecuted; breaking off relationship.

反依赖的关系模式: 通过反抗抵制控制; 坚持自治; 通过自我危害行为制造警报, 导致其他人接管控制权; 感到受迫害; 断绝关系。

- Over the course of treatment, gradually became more stable and independent but had trouble when she was more on her own.

在治疗过程中, 逐渐变得更加稳定和独立, 但是当她更多地依靠自己时碰到了问题。

- Broke off a romantic relationship with a crisis that led to emergency hospitalization, then quit psychotherapy abruptly and moved out of state.

浪漫关系破灭时出现危机, 导致紧急住院治疗, 然后突然退出心理治疗并离开了所在的州。



- Mentalizing was difficult to sustain; Vanessa externalized her difficulties (blaming others) and was often averse to self-examination. She was not generally psychologically minded and continuing problems with emotion regulation (and substance abuse) interfered with mentalizing. Therapist was very active and engaged, with interventions often directed toward clarifying confusing communication and sustaining a focus (e.g., on problematic interactions and destructive behavior).

心智化很难维持；温妮莎将她的困难外化（指责他人）并且经常反对自我反省。她通常没有心理学的思维，并且持续的情绪调节（和药物滥用）问题干扰了心智化。治疗师非常积极和参与，干预通常旨在澄清混乱的沟通和维持一个焦点（例如，有问题的互动和破坏性的行为）。

- Vanessa expressed frustration and anger with the therapist but was averse to mentalizing in relation to it. She was more open to mentalizing in the context of support and praise for her hard work and success.

温妮莎对治疗师表达出沮丧和愤怒，但反对对此展开心智化。在支持和赞扬她的辛勤工作和成功的背景下，她更愿意心智化。

- Best mentalizing when listened to a series of tape recordings. With the benefit of hindsight, she was able to appreciate how impaired and destructive her behavior had been; she confessed destructive behavior that she had not acknowledged at the time; and she was able to see how much progress she had made (e.g., decreasing substance abuse, holding a job, and managing more on her own).

当听一系列磁带录音时可以有最好的心智化。事后看来，她能够理解她的行为是多么受损和有破坏性；她能够承认她当时不能承认的破坏性行为；她能够看到她取得了多大的进步（例如，减少药物滥用，维持一份工作，并有更多自我管理）。

4-year follow-up 4年随访



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- Had maintained periodic telephone contact with therapist (mainly during crises) and maintained a positive, supportive relationship.

与治疗师保持周期性的电话联系(主要是在危机期间)并保持一个积极的支持关系。

- Had a child during follow-up period and developed a solid role as a responsible mother, along with more positive self-image. Established an enduring relationship with a man, although with a significant level of conflict.

在随访期间有一个孩子,并发展出作为母亲的负责任的坚定角色,以及更积极的自我形象。尽管存在严重的冲突,但与一位男士建立了持久的关系。

- Diagnostic re-evaluation: no longer met criteria for BPD. Significant decrease in substance abuse and destructive behavior and increase in overall level of functioning.

重新诊断评估:不再符合BPD标准。药物滥用和破坏性行为显著减少,总体功能水平提高。

- The therapy process was far from ideal from a mentalizing (or any other) standpoint. The therapy ended abruptly after a gradual period of disengagement. Yet the support of the therapeutic relationship (and the broader treatment) provided containment for destructive behavior and set the stage for the patient to make the most of her responsibilities as a mother, which was a major incentive for sustaining improved functioning.

从心智化(或任何其它)观点来看,治疗过程远非理想。在渐增的不再参与后,治疗突然结束。然而,治疗关系(以及更广泛的治疗)的支持为破坏性行为提供了容纳,并为病人充分发挥其作为母亲的责任创造了条件,这是维持改善功能的主要动力。

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