MENTALIZING AND ANTISOCIAL PERSONALITY: A PERSONAL JOURNEY AVOIDING NOISE AND ADDRESSING DISTRUST

Anthony Bateman

Nordisk mentaliserings konferanse 2026

Bergen

The nature of trauma is isolation from ones social group.

Recovery requires reconnection with a social group

TRAUMA

MENTALIZATION BASED DEFINITION OF TRAUMA

- Adversity becomes traumatic when it is compounded by a sense that **one's mind is alone**
- Normally an accessible **other mind** provides the **social referencing** that enables us to frame a frightening and otherwise overwhelming experience.

Allen & Fonagy (2010)

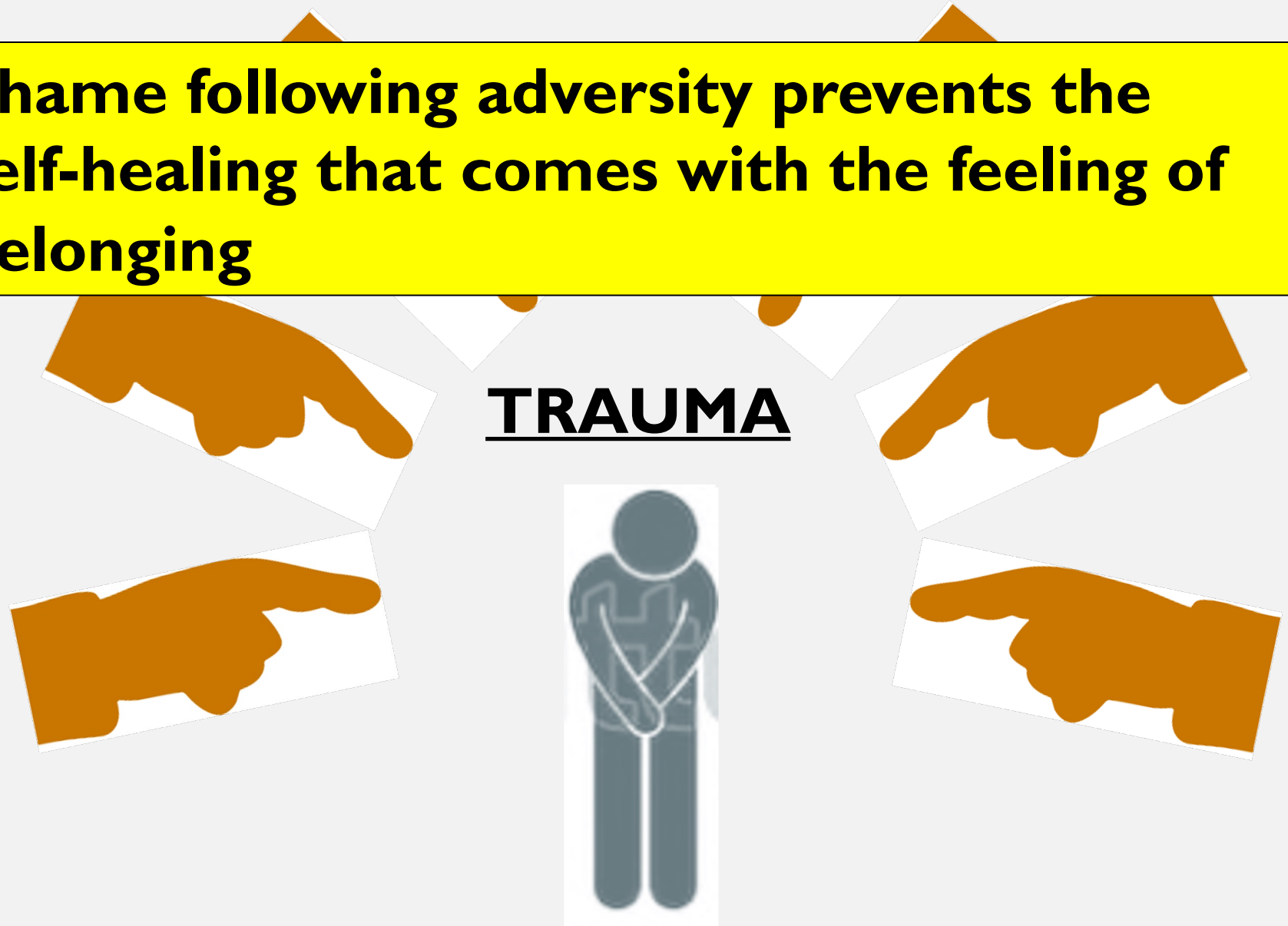
BUILDING A SOCIAL NETWORK IN CHILDHOOD AND ADOLESCENCE AND ADULTHOOD

When the capacity to form bonds of trust is shaky and tends to break down…

…WE **LOSE** OUR **MENTALIZING NETWORK** AND ADVERSITY IS PROCESSED IN ISOLATION➔TRAUMA

NOT THE EVENT; THE EXPERIENCE OF THE EVENT

Shame following adversity prevents the self-healing that comes with the feeling of belonging



A NEW HARBINGER SELF-HELP WORKBOOK

The Mentalization Workbook

How to Understand Yourself and Others When Your Thoughts and Emotions Get in Your Way

MOVE BEYOND PAST TRAUMA · OVERCOME SELF-DOUBT
REDUCE EMOTIONAL REACTIVITY · CONNECT MORE DEEPLY WITH OTHERS

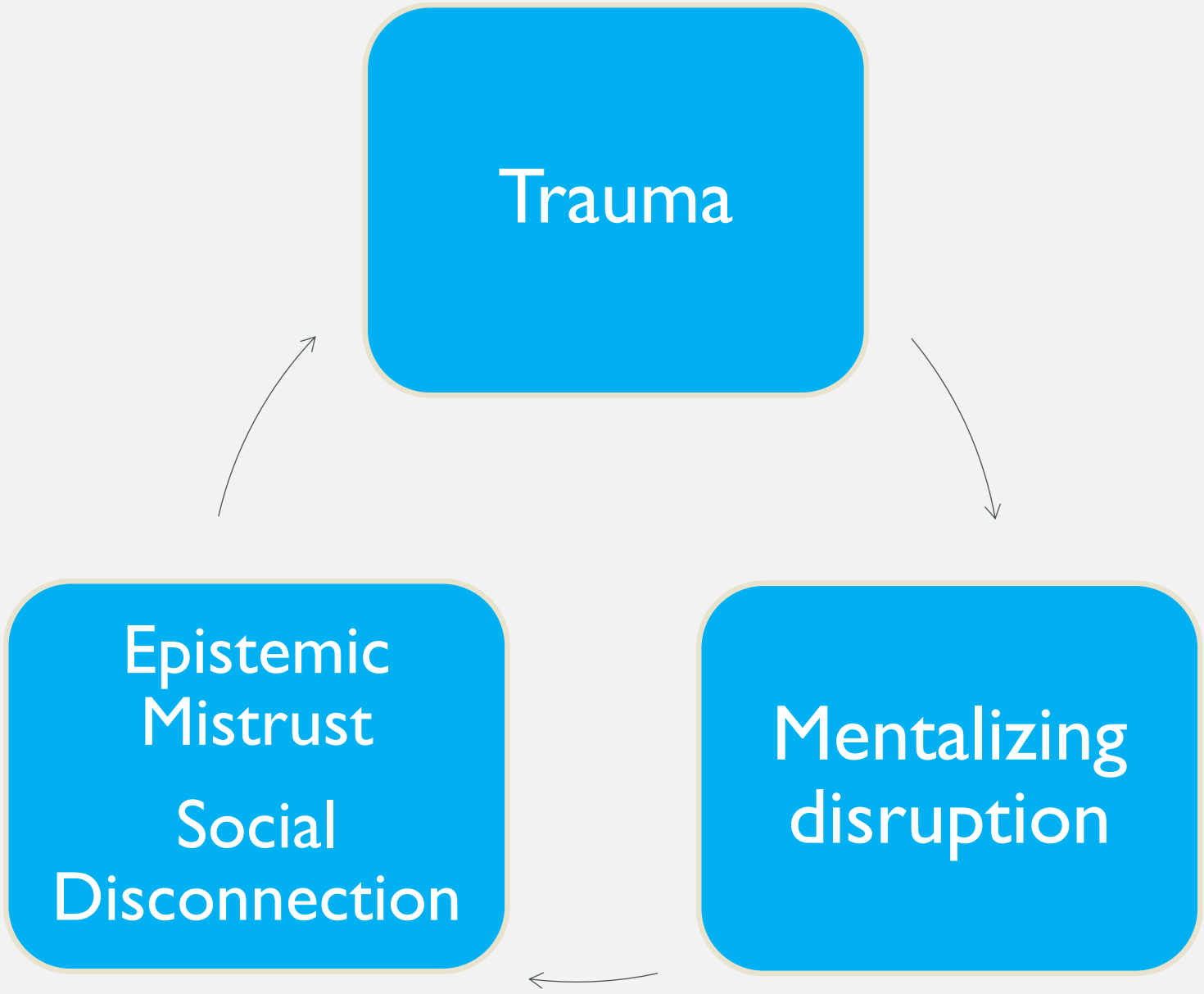
Anthony Bateman, FRCPsych | Peter Fonagy, FMedSci, FBA
Foreword by Patrick Luyten, PhD

…WE **LOSE** OUR **MENTALIZING NETWORK** AND ADVERSITY IS PROCESSED IN ISOLATION➔TRAUMA

When the capacity to form bonds of trust is shaky and tends to break down…

BUILDING A SOCIAL NETWORK IN CHILDHOOD AND ADOLESCENCE AND ADULTHOOD

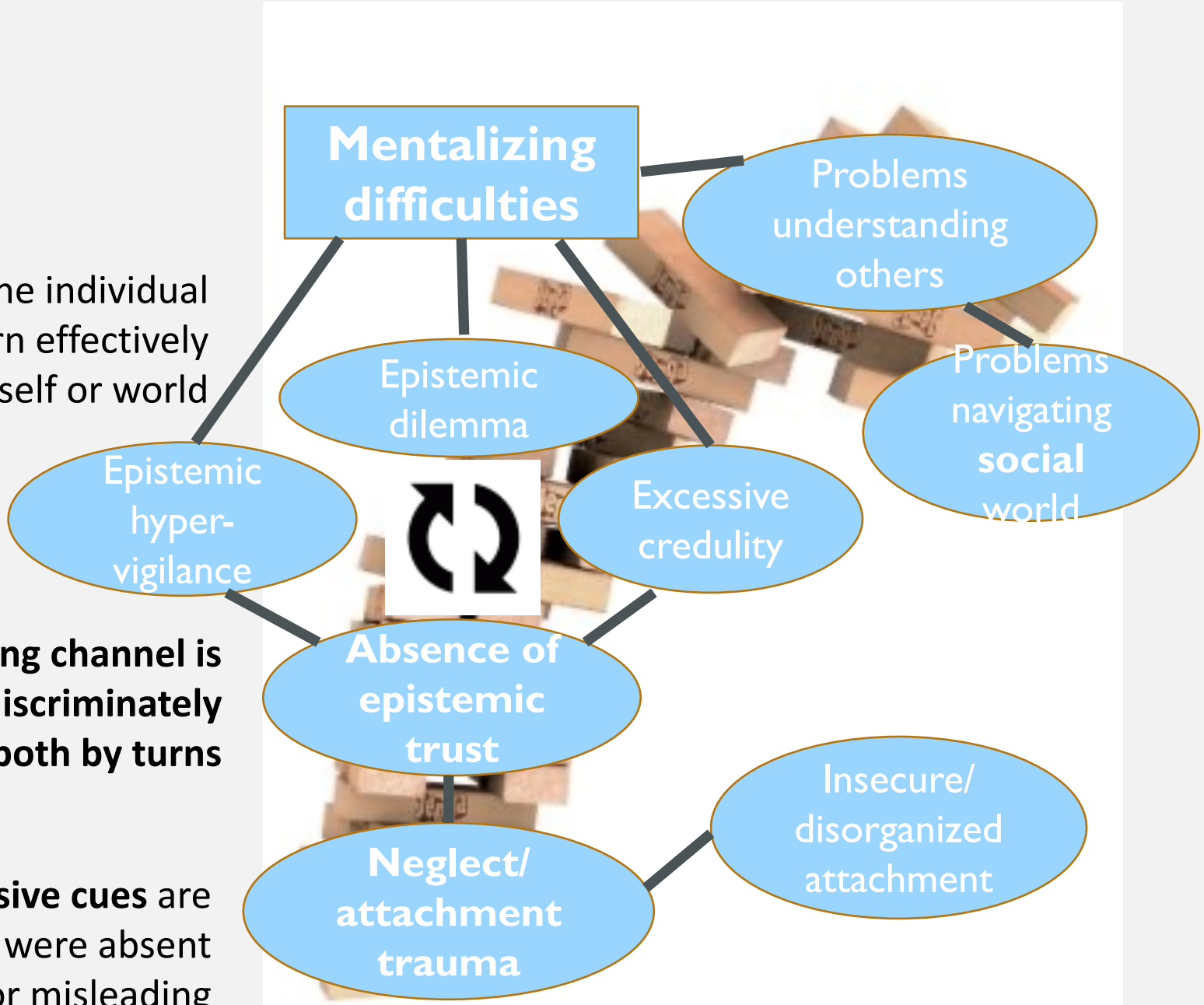
OVERALL SUMMARY



In all 3 cases, the individual struggles to learn effectively about either self or world

Learning channel is closed, indiscriminately open or both by turns

Ostensive cues are **not processed**, were absent or misleading



ANTISOCIAL CHARACTERISTICS

- Distrust of unthinking systems
- Rebellious and non-conformist
- Subversive in power dynamic/Insubordinate
- Not being what some system wanted me to be
- Adolescent attempts to find and protect an identity that was self and not alien self
- Creation of ‘gang’ supportive network – music and academic
- University encouraged freedom of thought and expression

ON MY WAY TO THE OFFICE

PROFESSIONAL SOCIAL GROUP

THREE PILLARS OF MBT-ASPD

Personality

Aggression

Social adaptation

ANTISOCIAL PERSONALITY/DISSOCIAL

- **Antisocial**
  - **Nonconformity:** Repeatedly breaking laws or social norms.
  - **Deceitful:** Lying, conning, or alias for profit/pleasure.
  - **Impulsive:** Failing to plan ahead/disregard consequences
  - **Aggressive:** Frequent fights or assaults.
  - **Reckless:** Disregard for safety of self/others.
  - **Irresponsible:** Inconsistent work or financial behavior.
  - **Lack Remorse:** Indifference to or rationalizing harm to others.

- **Narcissism**
  - **Disregard** for the feelings and rights of others - self-centeredness and lack of empathy
  - **Entitlement,** expecting others to admire them. Having rights that are not respected
  - **Centre** of other people's attention.
  - **Rage**: If others do not respond as they wish they may dramatically express their dissatisfaction
  - **Disregard** of the importance of others
  - **Focus** in social interaction on their own needs, desires and comfort.

REJECTED BY HEALTH

ENTER CRIMINAL JUSTICE SYSTEM

SOCIAL DISCONNECTION

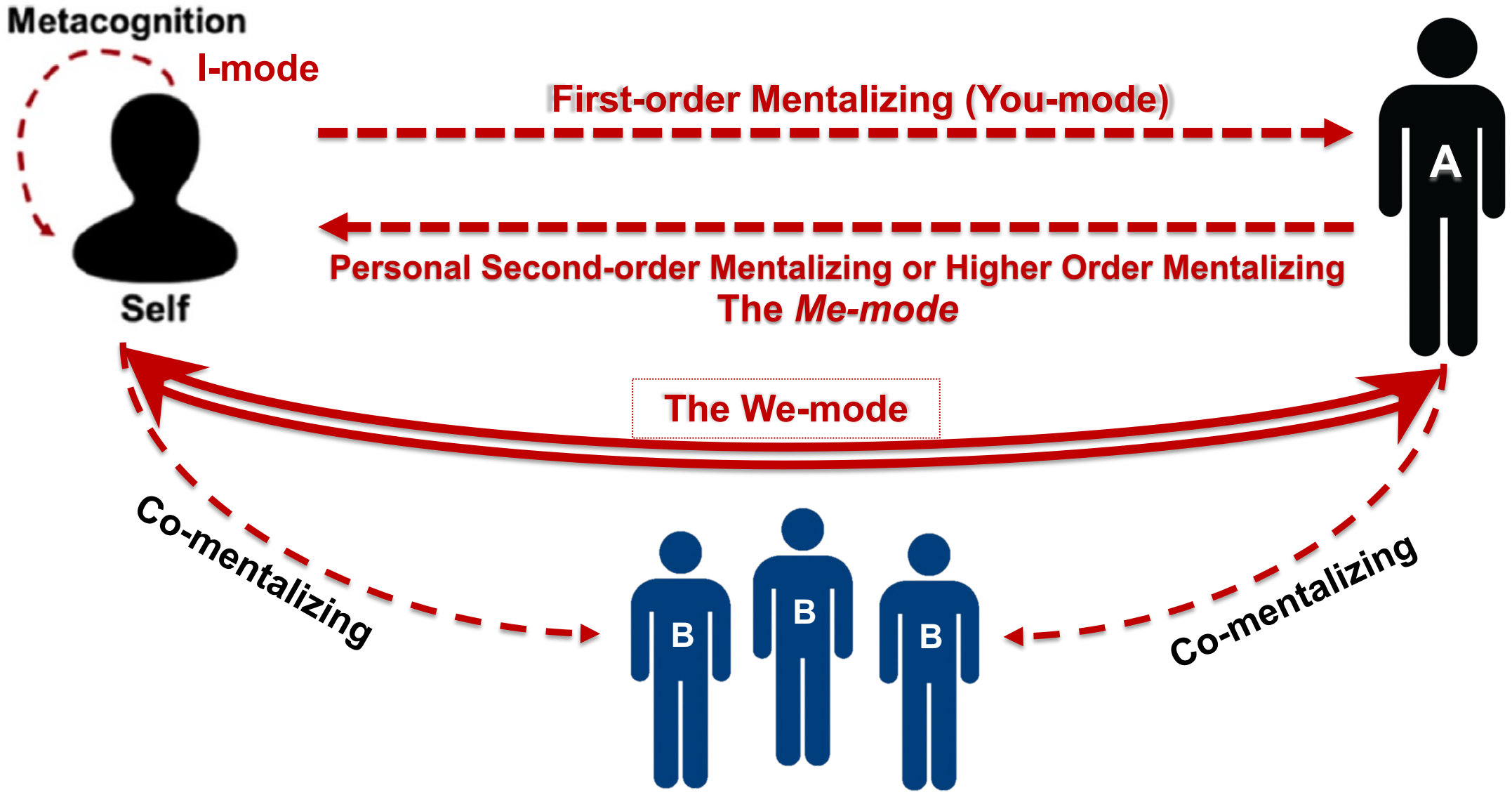
- Failure to generate prosocial connection
  - Protective social learning systems decrease aggression perhaps by interacting with affective and cognitive developmental systems
- No reward from prosocial relationships
- Social connection becomes Subversive/Hostile/Distrustful/Coercive

SOCIAL RECONNECTION

Risk taking/Physical Excitement/Gangs

MODULE 2
SOCIAL MENTALIZING

Mentalizing in Social Inter-Action: The 4 Mentalizing Modes



WE-MODE

- Coordination of perspectives
- Appreciate the distinction between the subjective (one's own view) and the objective (actual physical reality "out there")
- Coordinate knowledge (content) of another individual's mental state: quite a complex triangulation
- Cooperation is immeasurably advanced by being able to compare and coordinate different perspectives on the same situation
- Experience of being part of a set of thoughts and feelings that are beyond their own.
- In treatment
  - **Shared picture of reality that clinician and patients can examine together.**

SOCIAL MENTALIZING IN NARCISSISTIC ANTISOCIALITY

- Reliance on I-mode
  - Limited affective differentiation
  - Embodied mentalizing with limited representation
- Reduction in You-mode
  - Deactivation of representation of other states of mind
  - Inhibition of emotional empathy
  - Potential cognitive empathy
- Imbalance of dynamic Me-mode
  - Other becomes an impediment rather than a vehicle for interactive learning
- We-mode generated as 'faux' We-mode or Alien Self interpersonal experience
  - Creation of mental state in other experienced by other as representing self-state but is in reality non-contingent with self-state – hiding of mental states

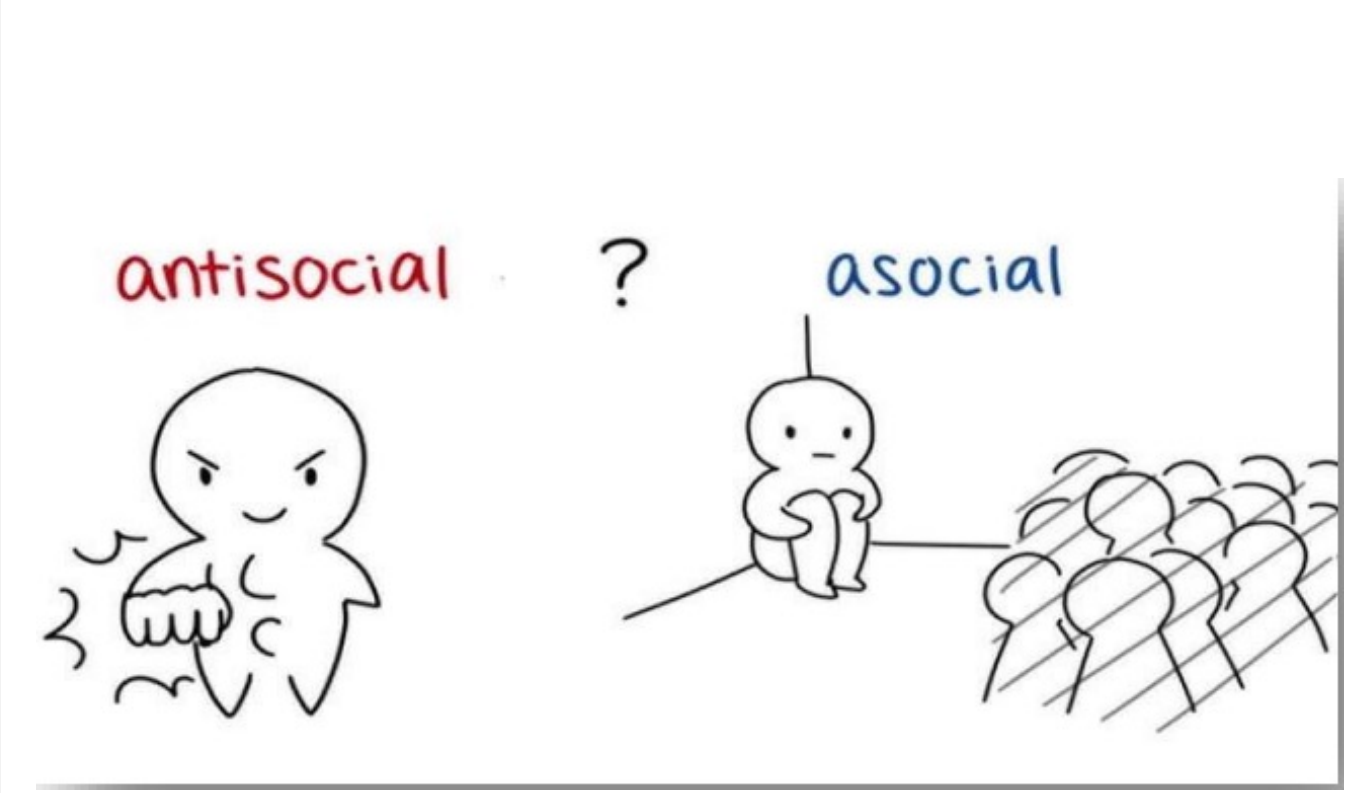
Aim of treatment:

Optimise conditions for Social Learning

Via

Social Reconnection:

Moving Epistemic Distrust to everyday Epistemic Vigilance



INITIAL MEETINGS

Involvement

Engagement

Agency

National Offender Management Service

NHS England

M B T

Do you see the red mist? Do you react with a fist?

Do you want a safe place to share your problems?

This helpful treatment is based on the idea that we all want to be understood. It is for men who:

- are aged 21 or over
- are being supervised by the National Probation Service
- have at least six months remaining of their licence or community sentence
- have a history of violent offences

MBT can help you manage difficult feelings and situations. It won't be right for everyone but there will be an assessment process before joining the group. We have an ex-offender with similar experiences to you on the team.

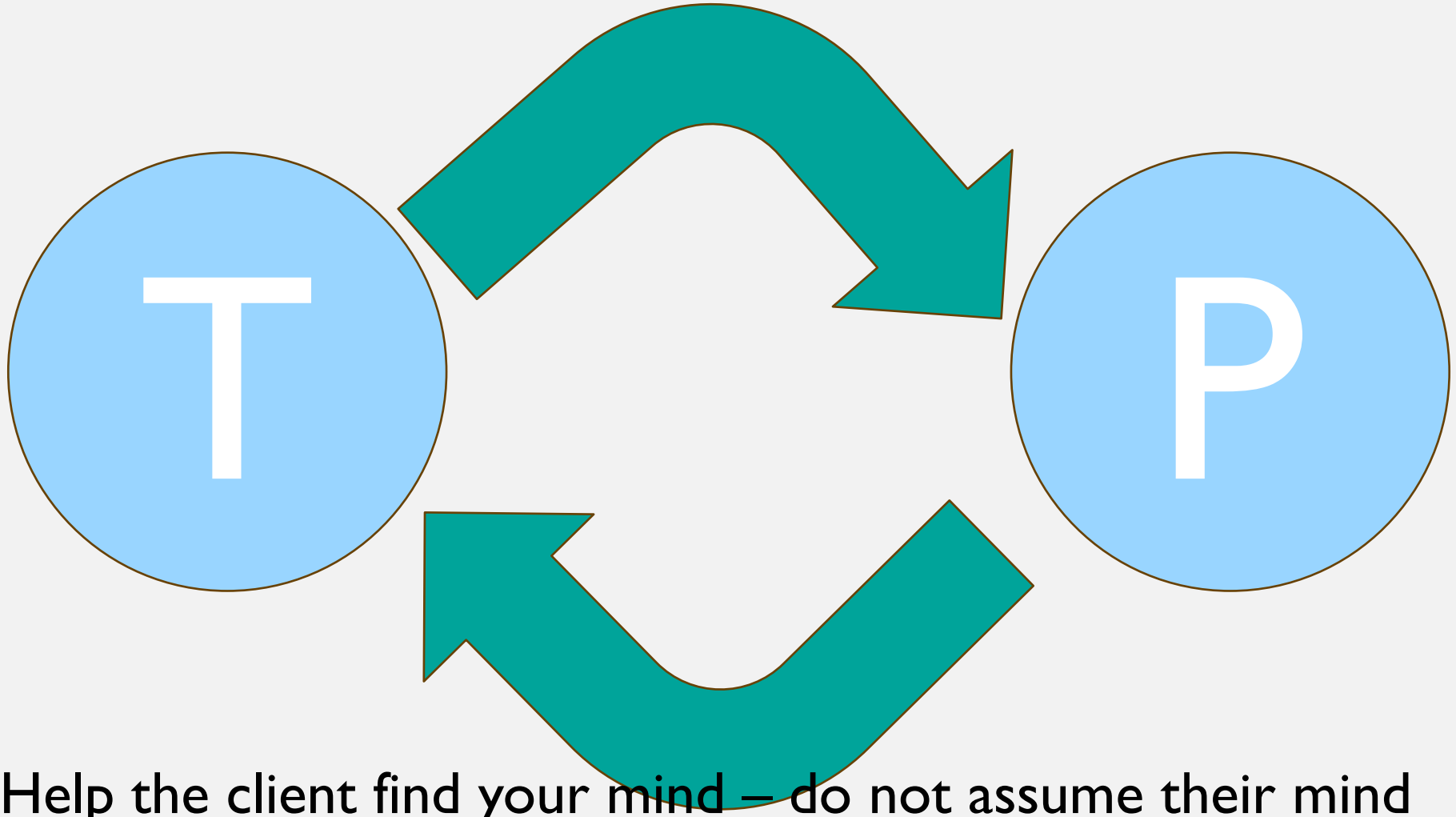
Train Clinicians

And

Non-clinicians

MBT Fundamentals

Find the client's mind



Help the client find your mind – do not assume their mind works like your mind

SEQUENCED MENTALIZING STIMULATING QUESTIONS FOR CLINICIAN IN GROUP

- **First-order mentalizing**:
  - Starts with a set of questions which focus on **mentalizing self**
- **Second-order mentalizing questions:**
  - Centre on **mentalizing reaction(s)** to and understanding of others mind
- **Third-order mentalizing questions:**
  - Mentalizing/Reflecting on the **reactions of others** to one's own **states of mind**.

Be a person

Tell them who you are?

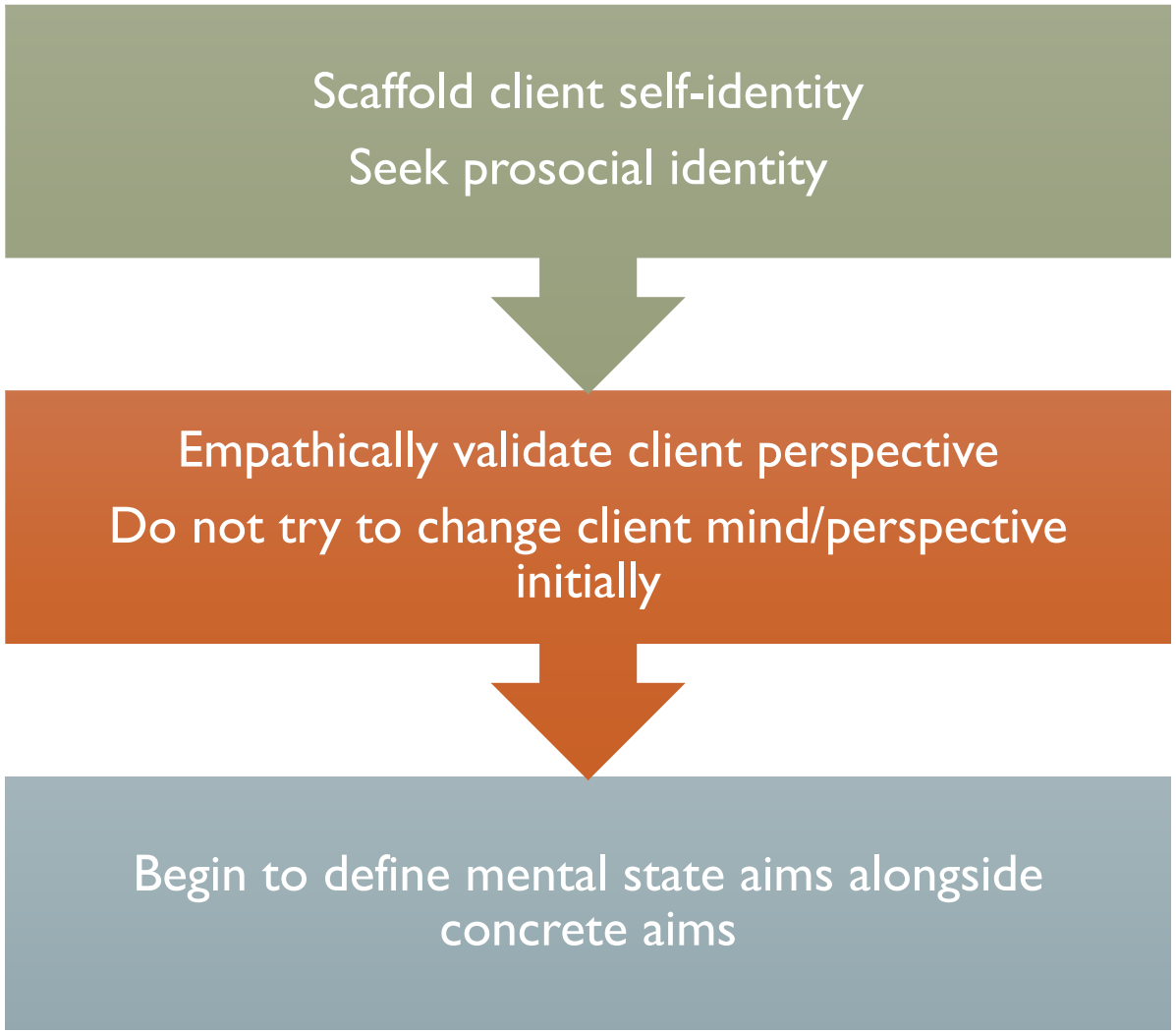
Find out who they are?

Generate discussion about their relationships to systems/society/family/friends

Identify relationship(s) that are important to them

ENGAGEMENT

ENGAGEMENT


Scaffold client self-identity
Seek prosocial identity
Empathically validate client perspective
Do not try to change client mind/perspective initially
Begin to define mental state aims alongside concrete aims

CLINICIAN THEMES

Katharina T.E. Morken, Morten Ovrebø, Charlotte Klippenberg, Therese Morvik, Elisabeth Lied Gikling Antisocial personality disorder in group therapy, kindling pro-sociality and mentalizing. *doi: 10.4081/ripppo.2022.649*

Gaining safety by getting to know them better,

Establish cooperation through clear boundaries and a non-judgmental stance

Shifting inner boundaries – clients do not follow social norms in terms of content

Timing interventions in a high-speed culture.

CLIENT THEMES

"What you see is what you get", indicating a reliance on observable behaviours as indicators of personal characteristics

"You are on your own", reflecting a pervasive sense of isolation and self-reliance

" Fear of losing control", suggesting that feelings and particularly aggression is perceived as uncontrollable and that participants fear their own emotions' effect on their behaviour = ENGAGE PRETEND MODE

"The system screws us"

OVERVIEW OF CLINICAL TRAJECTORY

Individual		Group		
2-4 sessions		6-8 sessions	40 sessions	
Assessment	**Formulation →**	**MBT-I →**	**Exploratory Phase →**	**Ending → F/U**
General Psychiatric	Introduction to model	Psychoeducation	Go-around/Synthesis/Focus/Closure	Review Group
Forensic History/Risk History	Treatment Focus Relational Passport	Agreements	Exercises to promote MZ	Review initial formulation and explore time-line of change
Mentalizing profile	Contact agreement e.g. text/phone	Confidentiality	Agreed measures	Plan follow-up
	Confidentiality	Values	Initiate new patient entry when necessary	
	Risk and Crisis Plan		Review client formulations 3 monthly	
	Meet EbE		Review Group values and formulation 3 monthly	

GENERIC MENTALIZING PROCESS

Self-narrative matched by other mind – therapist/group member

Create joint attention with focus on narrative

Generalize to broader social environment

Clinical Summary

Facilitating the development of epistemic trust (1)

Clinician Attitude and Personal characteristics:

- Honesty, transparency, humour, relatable (**ordinary**)
- Searching for synchrony (**elasticity**) rather than rigidity
- Egalitarian stance (**not knowing stance**) and **minimise power differential**
- **Professional deference**
  - **disarming** interpersonal **boundaries (self-disclosure)** e.g. about no similar personal experience

Increasing bi-directionality – learning from client

- **Enable** client to **feel** that their perspective is **being understood – they are teaching you**
  - recognition of the **client as the knower** of their story
  - client's perspective is valued and believed
  - Client giving information relevant to clinician so they feel moments of being 'in charge'
- **Joint exploration** not just delivering truths and information
  - offer opportunity for **active shaping of narrative** (give **tools to solv**e problems rather than solving problems for the patient)
- Also **addresses** power **differential**
  - openness to achieving **we-mode function** (searching for common ground of shared intent)

Facilitating the development of epistemic trust (2)

Engage in a **process** towards epistemic trust (not destination)

- **Walk along** with the mind of client and validate rather than aim to fix- see it through their eyes
- **Positive feedback loop** – to and fro - cycle of **exchanges** between client and therapist **generating** more **progress**

Enabling self-control, decision making and agency

- **Holding** but not taking over the **process of decision making –** interest in **how** rather than what
- Encouraging other activities that give **agency outside** of **therapy**
- **Recognising** patient has priorities **beyond therapy** and deferring to them
- Giving advice in a collaborative way, letting client **come to conclusion**, not dictatorial

Trust in the model being used

- Based on **evidence** and experience of success – engagement through peers and experts by experience
- Has a **structure** that tells you where you are but can use with elasticity
- Provides **content** that **optimizes** making use of **self-change**, change in **circumstances** (a job), family and social **support** and **fortuitous events**, **faith**, **persistence**, **community** involvement
- Creating optimal conditions for social learning, not just from therapists but also from peers and other socializing agents (Group)

Research

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NIHR | National Institute for Health and Care Research

MOAM collaborators:

Prof Peter Fonagy
Prof Anthony Bateman
Dr Elizabeth Simes
Dr Karen Yirmiya
Dr Elizabeth Allison
Prof James Wason
Dr Barbara Barrett
Dr Jessica Yakeley
Prof Stephen Butler
Dr Paul Moran
Prof Mike Crawford
Prof Steve Pilling
Prof Mary McMurran
Dr Alison Frater
Dr Zoe Hoare
Angus Cameron

- The Anna Freud National Centre for Children and Families
- Portman Clinic Tavistock and Portman NHS Foundation Trust
- University of Nottingham
- University of Bristol
- Imperial College
- King's College London
- University of Cambridge
- National Probation Service London Division
- The Offender Personality Disorder Pathway
- User Voice

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OUTCOMES

Primary Outcome	Reduction in the frequency of aggressive acts
Secondary Outcomes:	Criminal: other (re)offending behaviour
	Mental Health : anxiety and depression, drug and alcohol use, self-harm and suicidal behaviour, impulsivity, and beliefs
	Health: quality of life, health and functioning
	Service use: services including A & E and use of social services during the treatment and follow-up period.
	Cost-benefit analysis to determine the actual cost of service delivery in both treatment conditions and whether MBT-ASPD leads to reduction in costs compared to PAU.

National Offender Management Service

NHS England

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PEER RESEARCHERS (PR)

Advantages

- Break down barriers to engagement and
- Research 'with' and 'by' public rather than 'to', 'on' or 'about'
- Reduced power differential
- Improved data collection – quality, depth, validity

Potential problems

- PR needs support and training e.g.
  - may enter probation and prison settings where they themselves were
- Seen as being part of the system
- Identified as the 'enemy'
- May have different offending behaviour
- Suspicion from other professionals

Mentalisation-based treatment for antisocial personality disorder in males convicted of an offence on community probation in England and Wales (Mentalization for Offending Adult Males, MOAM): a multicentre, assessor-blinded, randomised controlled trial

Peter Fonagy, Elizabeth Simes, Karen Yirmiya, James Wason, Barbara Barrett, Alison Frater, Angus Cameron, Stephen Butler, Zoe Hoare, Mary McMurran, Paul Moran, Mike Crawford, Stephen Pilling, Elizabeth Allison, Jessica Yakeley, Anthony Bateman

Lancet Psychiatry 2025; 12: 208–19

See Comment page 166

Research Department of Clinical, Educational and Health Psychology, University College London, London, UK

Summary

Background Antisocial personality disorder is a major health and social problem, but scepticism about its treatability has restricted development of the evidence base for psychological treatments. Mentalisation-based treatment (MBT) tailored for antisocial personality disorder (MBT-ASPD) can address problematic behaviours by improving the ability to understand and regulate the negative effects of thoughts and feelings. This study aimed to evaluate the clinical and cost-effectiveness of MBT-ASPD compared with probation as usual in reducing aggressive behaviours from baseline to 12 months of follow-up.

Primary outcome

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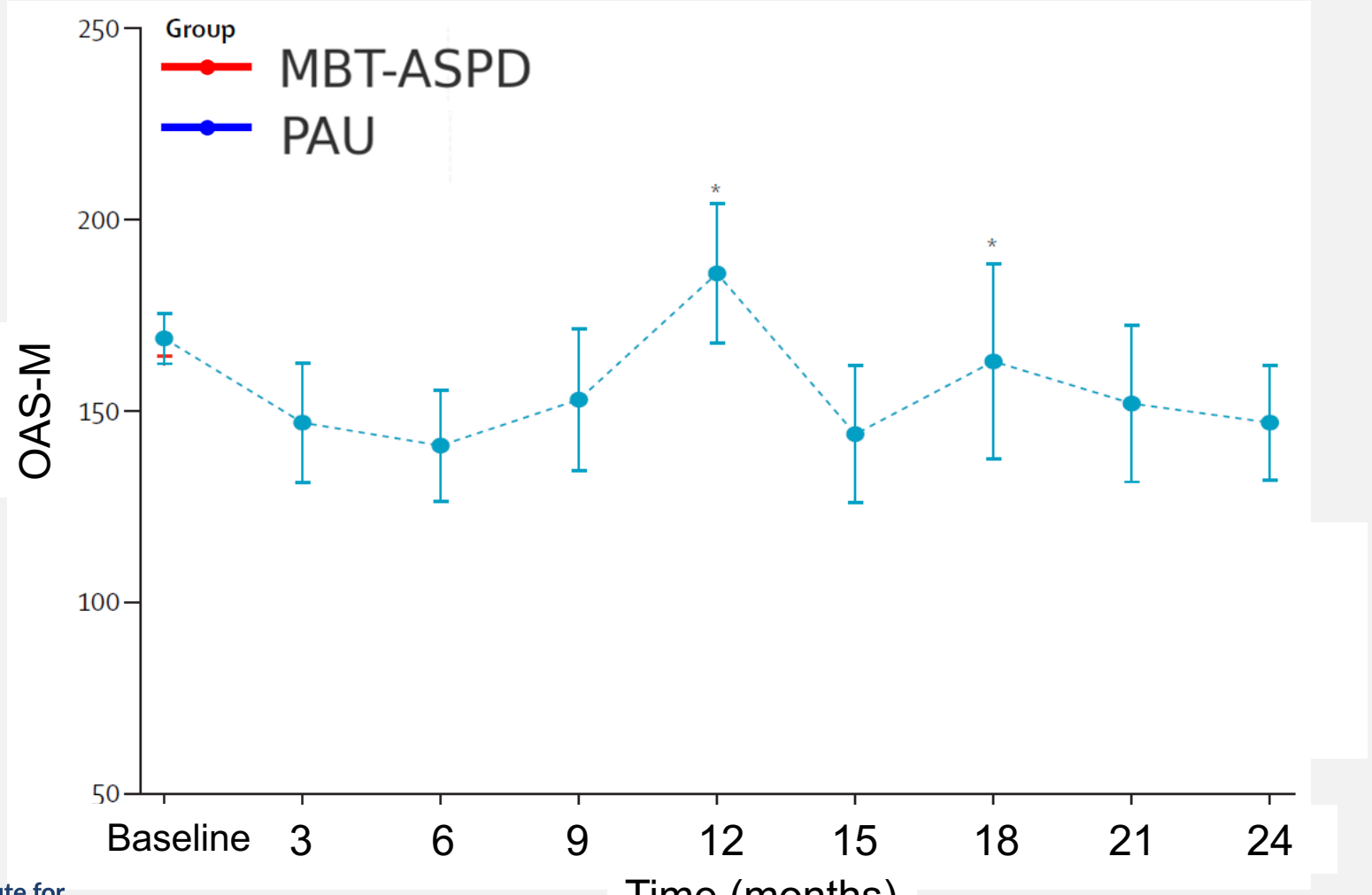
MBT SIGNIFICANTLY REDUCED OVERALL AGGRESSION (OVERT AGGRESSION SCALE MODIFIED; OAS-M)

Overall Adjusted Mean: -38.6 (95% CI: -62 to -15.3), p = 0.0015, Effect Size = -0.39



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Fonagy et al., The Lancet Psychiatry, 2025

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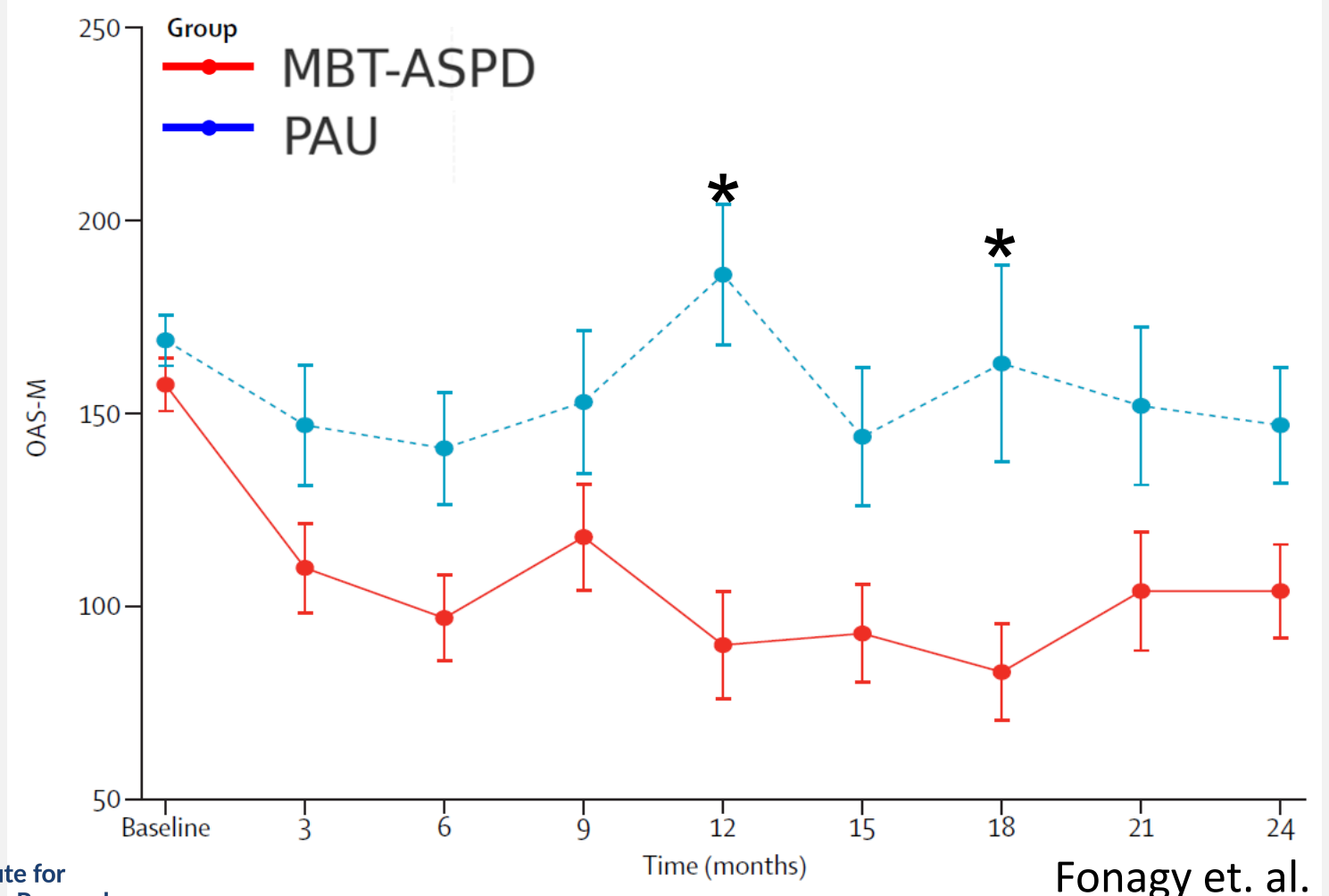

Fonagy et. al. (2025, *The Lancet Psychiatry*)

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Secondary outcomes

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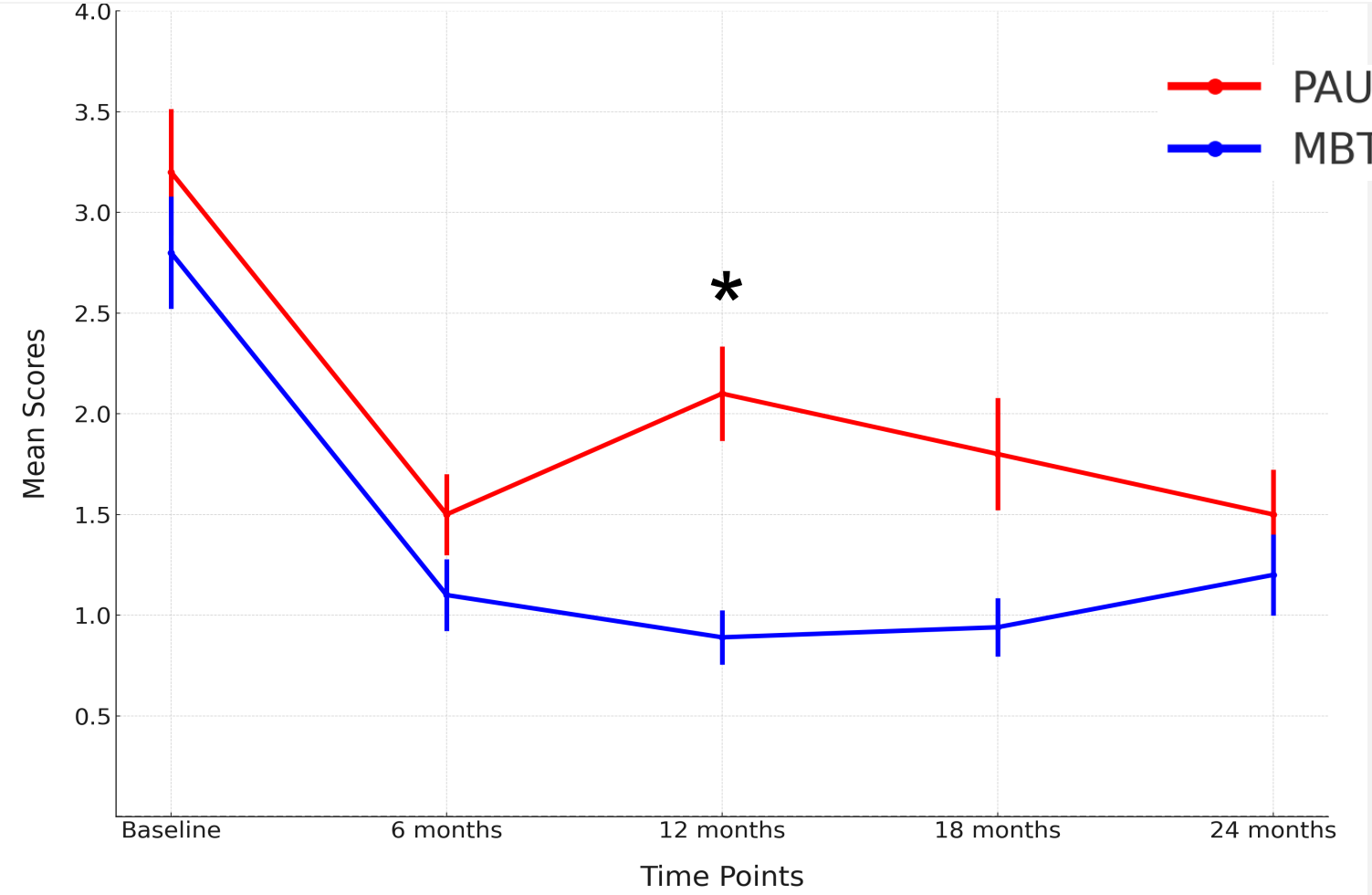
MBT SIGNIFICANTLY REDUCED VIOLENCE LEVELS AT 12-MONTHS (MACARTHUR COMMUNITY VIOLENCE SCREENING INSTRUMENT; MCVSI)

Overall Adjusted Mean: -0.28 (95% CI: -0.58 to 0.013), p = 0.06, Effect Size = -0.21



FUNDED BY
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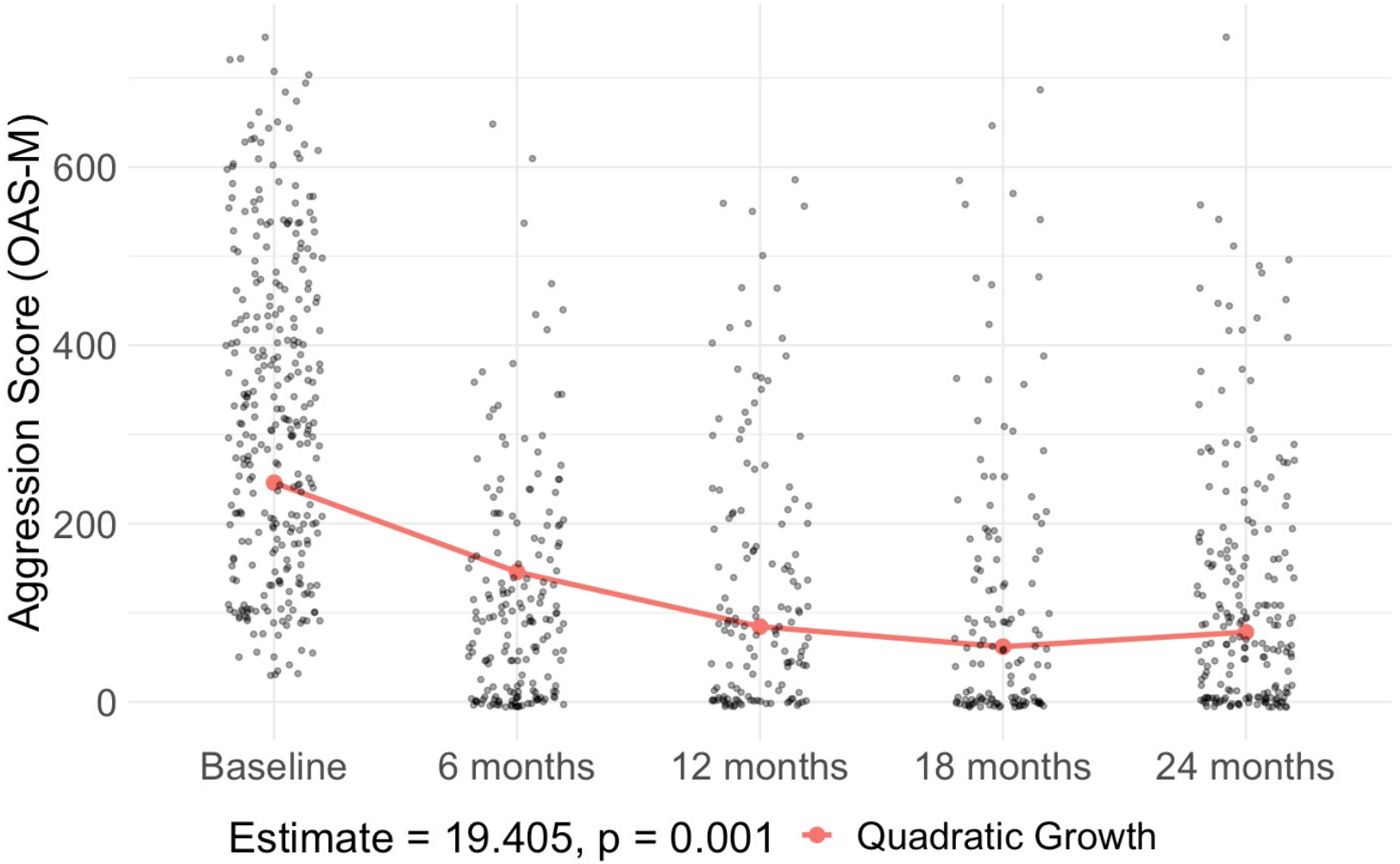
Fonagy et. al. (2025, *The Lancet Psychiatry*)

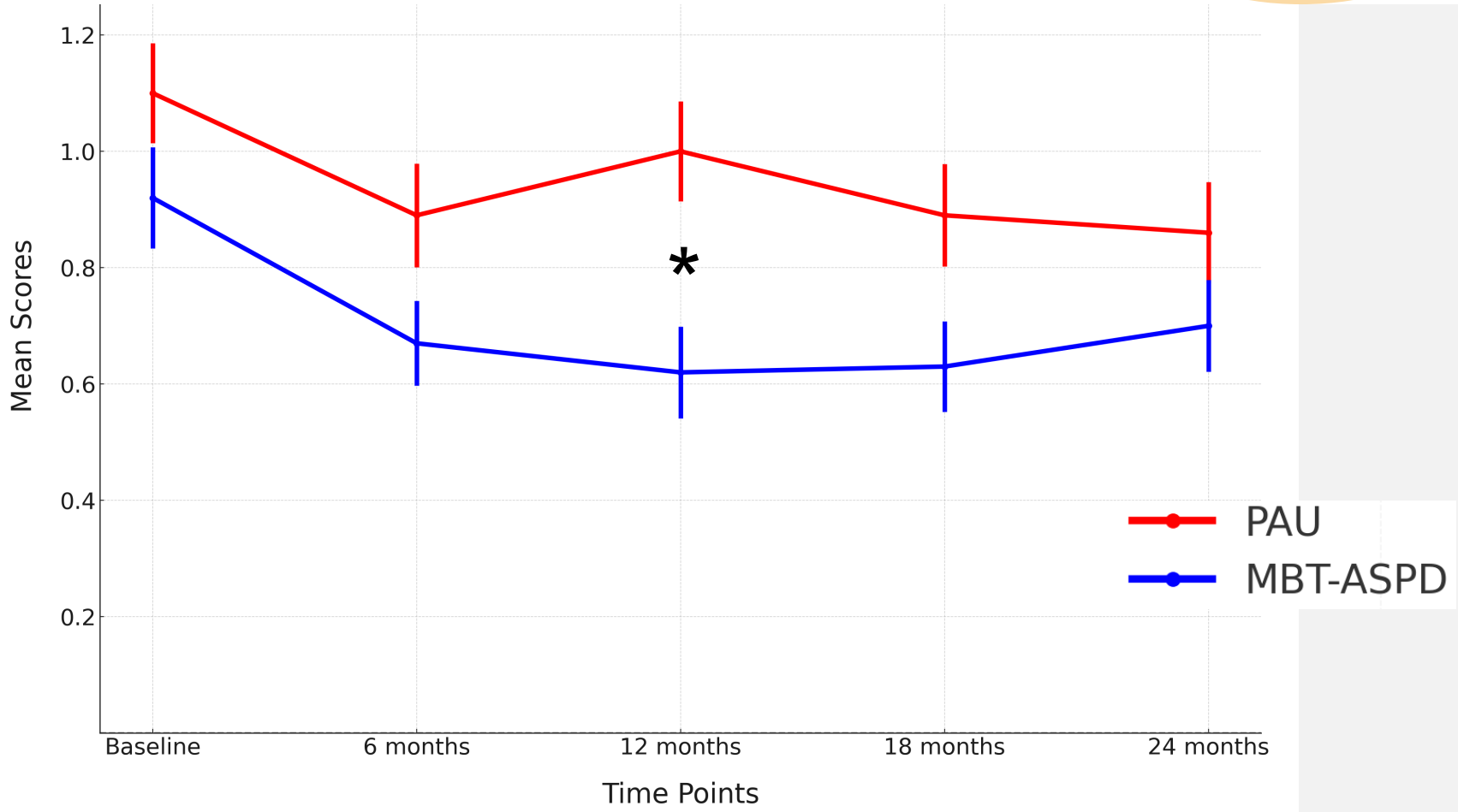
LONGITUDINAL RESULTS SUPPORT THE ROLE OF REFLECTIVE FUNCTIONING IN PREDICTING AGGRESSION FOR THE ENTIRE MOAM POPULATION



*Reflective Functioning as a covariate influencing aggression levels over time

MBT SIGNIFICANTLY REDUCED OVERALL UNCERTAINTY IN REFLECTIVE FUNCTIONING (REFLECTIVE FUNCTIONING QUESTIONNAIRE; BRFQ)

Overall Adjusted Mean: -0.15 (95% CI: -0.3 to -0.0061), p = 0.04



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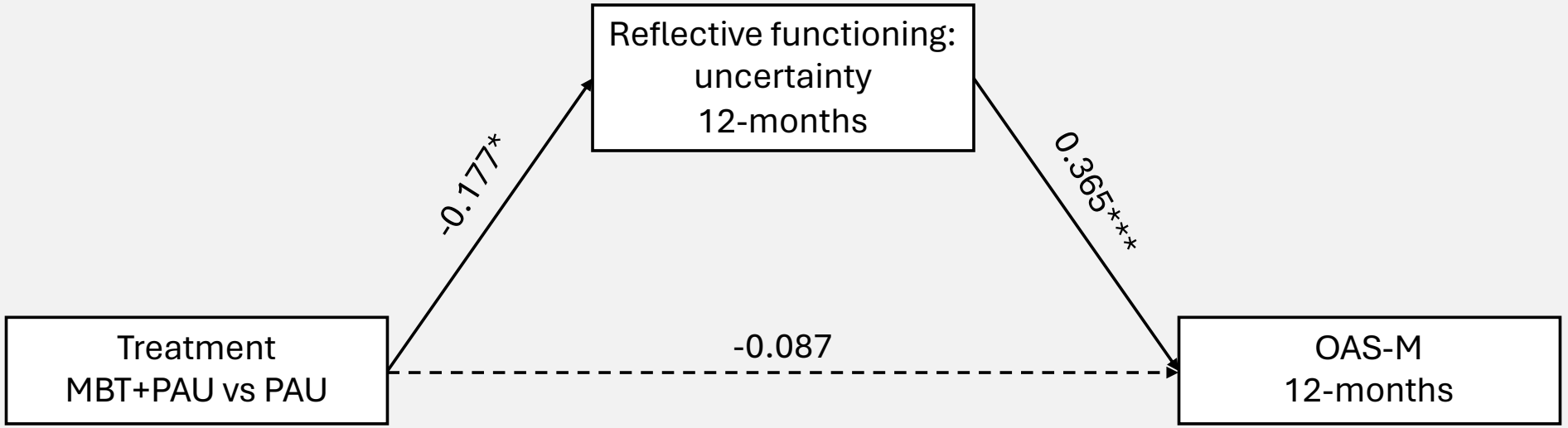
Fonagy et. al. (2025, *The Lancet Psychiatry*)

PRE-DESIGNATED POTENTIAL MEDIATORS BETWEEN TREATMENT EFFECT AND AGGRESSION

- Alcohol use (AUDIT)
- Drug use (DUDIT)
- Mood, assessed via the anxiety and depression subscales of the Symptom Checklist-90-Revised (SCL-90-R)
- **Mentalizing competence**, measured by the Reflective Functioning score (RFQ)



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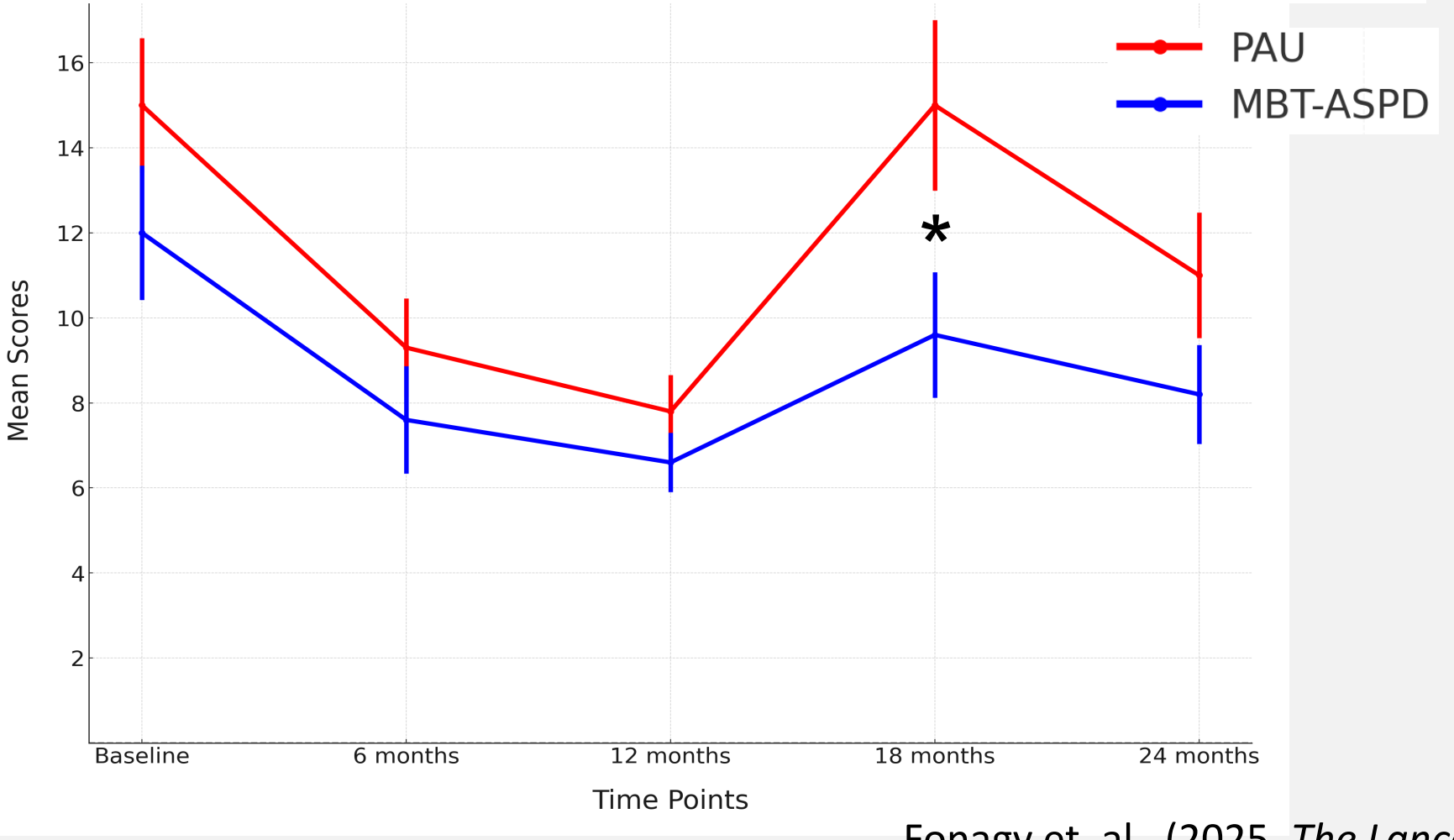
Fonagy et. al. (2025, *The Lancet Psychiatry*)

MBT SIGNIFICANTLY REDUCED CONFLICT LEVELS AT 18-MONTHS (NEGOTIATION COGNITIVE SUBSCALE IN CONFLICT TACTICS SCALES; CTS2S)

Overall Adjusted Mean: -1.9 (95% CI: -4.5 to 0.84), p = 0.19, Effect Size = -0.16



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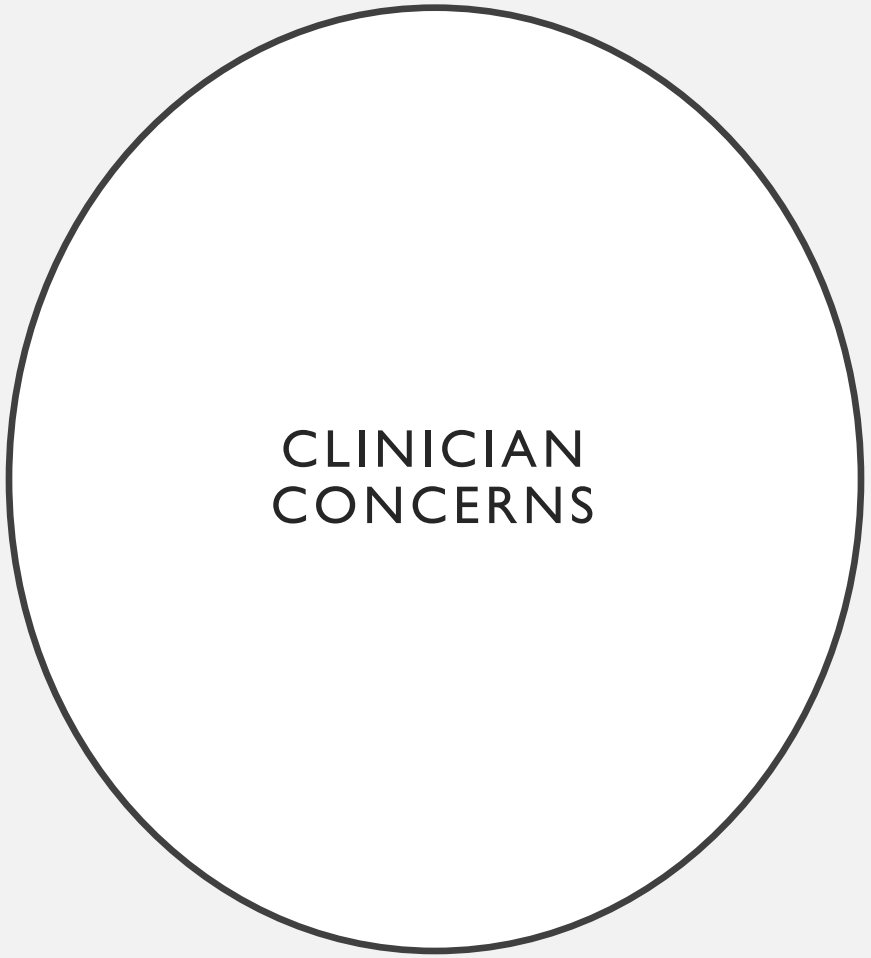

- Adequate emotional support for impact of work
- Attrition rates and group formation/Attachment issues
- Systemic issues of interface between Health and Criminal Justice. Re-organization of probation
- Treatment intervention. Recall by Probation
- Research design and Randomisation

PLEASE

STOP

ANY

RECORDING

Final words

given to

Client experience

THANK YOU FOR MENTALIZING PEOPLE WITH ANTISOCIAL PERSONALITY

anthony.bateman@ucl.ac.uk

MBT-ASPD WORKSHOP

Identify

change processes

Clients suggest improved MZ

CHANGE PROCESS

- Recognise others as similar and so relevant to them
- Review own life trajectory **less dominated by cognitive rigidity and distortion**
- Extend to others outside with **increase in epistemic trust**
- **Change in identity** in I-mode through You/Me-mode and We-mode of group
  - What was important reduces in value and what was not important increases in value
  - Representation of a different future self
  - Finding prosocial 'hooks' in environment
- **Openness to social communicati**on rather than new attachments in current context