



Literature review

## THE EFFECT OF MENTALIZED-BASED TRETMENT (MBT) ON BODERLINE PERSONALITY DISORDER (BPD) PATIENTS: LITERATURE REVIEW

Ani Nur' Aini 

Faculty of Health Sciences, Muhammadiyah University of Ponorogo, East Java, Indonesia

### ARTICLE HISTORY

Received: May, 12 2021  
Revised: June, 5 2021  
Accepted: July, 14 2021  
Available online: July 15, 2021

### CORRESPONDING AUTHOR

Ani Nur' Aini  
[aniaini235@gmail.com](mailto:aniaini235@gmail.com)  
Faculty of Health Sciences,  
Muhammadiyah University of  
Ponorogo, East Java, Indonesia

### ABSTRACT

**Introduction:** Borderline Personality Disorder occurs a lot in line with the development of the technology era and a more practical lifestyle is associated with a personality disorder characterized by poor emotional distress, self-destructive behavior, low quality of life and social problems. Mentalized Based Treatment is one of the therapies used in the treatment of patients with Borderline Personality Disorder. The purpose of this study was to determine the effect of Mentalized Based Treatment on patients with boderline personality disorder.

**Method:** The research method used is a literature review. Search articles using Google Scholar and PUBMED databases. The variables used to search for articles are mentalization-based treatment and borderline personality disorder. The framework used to review is PICOS and inclusion criteria. The articles used are English and Indonesian articles published in 2011 to 2020. The results of the search for articles before the examination are available 117 articles, then 5 articles that match the inclusion criteria will be obtained in reviews. Articles are reviewed and data tabulation is carried.

**Results:** Patients who have done Mentalized Based Treatment can identify the feelings they experience, control their emotions, and are able to interact with other people. The success of therapy is determined by the individual, health facilities, medical personnel, family, and the intensity of therapy.

**Conclusion:** Mentalization-based treatment can be an intervention for Borderline Personality Disorder patients.

### Keywords

Mentalization-based treatment; Borderline personality disorder; Literature review

### Cite this as:

Aini, A. N. (2021). The Effect of Mentalized-Based Tretment (MBT) on Boderline Personality Disorder (BPD) Patients: Literature Review. *Psych. Nurs. J.*, 3(1). 5-9. doi.org/10.20473/pnj.v3i1.26813

## 1. INTRODUCTION

The development of technology and individualistic style causes each person's perception to be different. A person's perception affects the actions to be taken so that the formation of personality. Personality, if not realized in good actions, can worsen the individual's life. One of the personality disorders associated with excessive thinking is BPD (Boderline Personality Disorder). Borderline personality disorder is associated with a variety of personality problems, such as poor emotional disturbance, self-destructive

behavior, low quality of life and social disturbances (Bateman & Fonagy, 2004).

Psychotherapy is considered as the treatment of choice for BPD patients (Soeteman, Verheul, et al., 2008). One of the therapies used is MBT (Mentalized Based Treatment). Mentalization uses the method of thinking before reacting This proves the lack of intervention given to patients. This therapy aims to prevent patients from misinterpreting the feelings of themselves or others, so that they can respond with appropriate actions. Boderline personality disorder occurs mostly in the early adulthood range. According

to the DSM V (American Psychiatric Association, 2013), about 1.6% to 5.9% of the population can experience borderline personality disorder. In Indonesia, there is still no data that shows individuals who experience this disorder. The possibilities will increase much in line with the development of the age of technology and a more practical lifestyle. According to research conducted by Cameron et al (2014), clients who died due to suicide were 8.5% - 10%. A total of 14% to 69- 80% of individuals diagnosed with borderline disorders choose self-harm. While others will engage in impulsive activities such as drug and alcohol abuse, excessive shopping and binge eating (Bilsen, 2011)

Individuals experience drastic mood changes related to the mindset of the individual himself. If the individual is meeting an appointment with someone and that person cancels the promise, the individual feels the loss and thinks he is no longer needed by that person. Individuals assume there is something wrong with him and assume that someone is no longer suitable to be friends with him. Mentalization uses the method of thinking before reacting. MBT allows BPD patients to recognize their feelings and thoughts and feel the feelings that others feel from perspective. The team of therapists builds a safe therapeutic relationship with the patient. The therapist creates a comfortable environment so that patients can explore feelings of themselves and others. This condition can eventually develop the individual's capacity for mentalization.

This study discusses the effect of Mentalized Based Treatment (MBT) on Borderline Personality Disorder (BPD) patients. This research is rarely conducted in Indonesia. Therefore it is necessary to a summary of the literature was carried out aimed at analyzing the effect of MBT on BPD patients.

## 2. METHODS

### Literature Search

The research method used in this study is the concept of literature review using the PICOS framework, namely Participants, Interest, Comparison, Outcome and Study design. Search articles using Google Scholar and PUBMED electronic databases published in the last 10 years using 3 keywords "mentalized-based treatment, borderline personality disorder, literature review". The data taken from this study is secondary data taken from articles with national and international reputations with predetermined themes. Article search was conducted in April 2021.

### Inclusion and Exclusion Criteria

The inclusion criteria in this article are: (1) Articles related to MBT in BPD patients in the last 10 years (2) Journals or articles in English (3) Journals or full text articles (4) Open access journals or articles. The exclusion criteria are articles in the form of literature review

### Study Selection and Quality Assessment

Based on the results of a literature search using 3 keywords "mentalized-based treatment, borderline

personality disorder, literature review". Researchers get 107 articles with these keywords. The search results that have been obtained are then screened by researchers based on the titles obtained. Researchers found 27 journal titles that match the research problem. Researchers filtered 27 article titles based on the appropriate abstract. Based on the screening results, the researcher found 21 articles that were read as a whole to determine the articles to be reviewed. The assessment was carried out based on the inclusion and exclusion criteria, 5 articles were found that could be used in the literature review.

## 3. RESULTS

As it is well known that BPD is caused by a patient's lack of understanding of others, this is in line with mentalization therapy dealing with self-interpretation. In Lof's research (2016), it was found that MBT can achieve changes in mentalization, emotional control, and decrease symptoms of alexithymia and improve patient self image

Harpøth (2019) explained that the increase in the positive effects of MBT coincided with a decrease in severity, increased ego resilience, and quality of life and occurred after long-term therapy.

MBT (Mentalized-Based Treatment) juga dapat digunakan bagi penderita kepribadian yang kompleks, seperti pasien dengan SUD dan BPD bersamaan tidak menimbulkan efek berbahaya bagi pasien, namun dapat mengurangi upaya bunuh diri pada pasien (Philips, 2018).

Kvarstein (2019) in his research found that MBT can be applied to BPD patients experiencing a severity that is difficult to cure from traditional therapy. MBT has broader components than other therapies such as individual, group and psychoeducation sessions.

The therapist plays an important role in adhering to the principles of the MBT to be performed. The number of patients and the small number of treatments will affect the outcome of the intervention. (Moller, 2017).

## 4. DISCUSSION

Mentalizing is the process of understanding oneself and others, either implicitly or explicitly in subjective circumstances and through mental processes (Bateman, 2013). Mentalization makes a person pay attention to the mental state of the person with him, both physically and psychologically. MBT (Mentalized-Based Treatment) is a therapy using a mentalization process by understanding oneself and others in terms of thoughts, feelings, desires and wills (Bateman & Fonagy, 2016)

Mentalization theory has been widely used in several psychological therapies such as eating disorders, post-traumatic stress and depression. The focus of BPD treatment is to increase self-confidence and maintain optimal life passion. BPD patients are very sensitive to interpersonal interactions, so the relationship will cause anxiety and increased

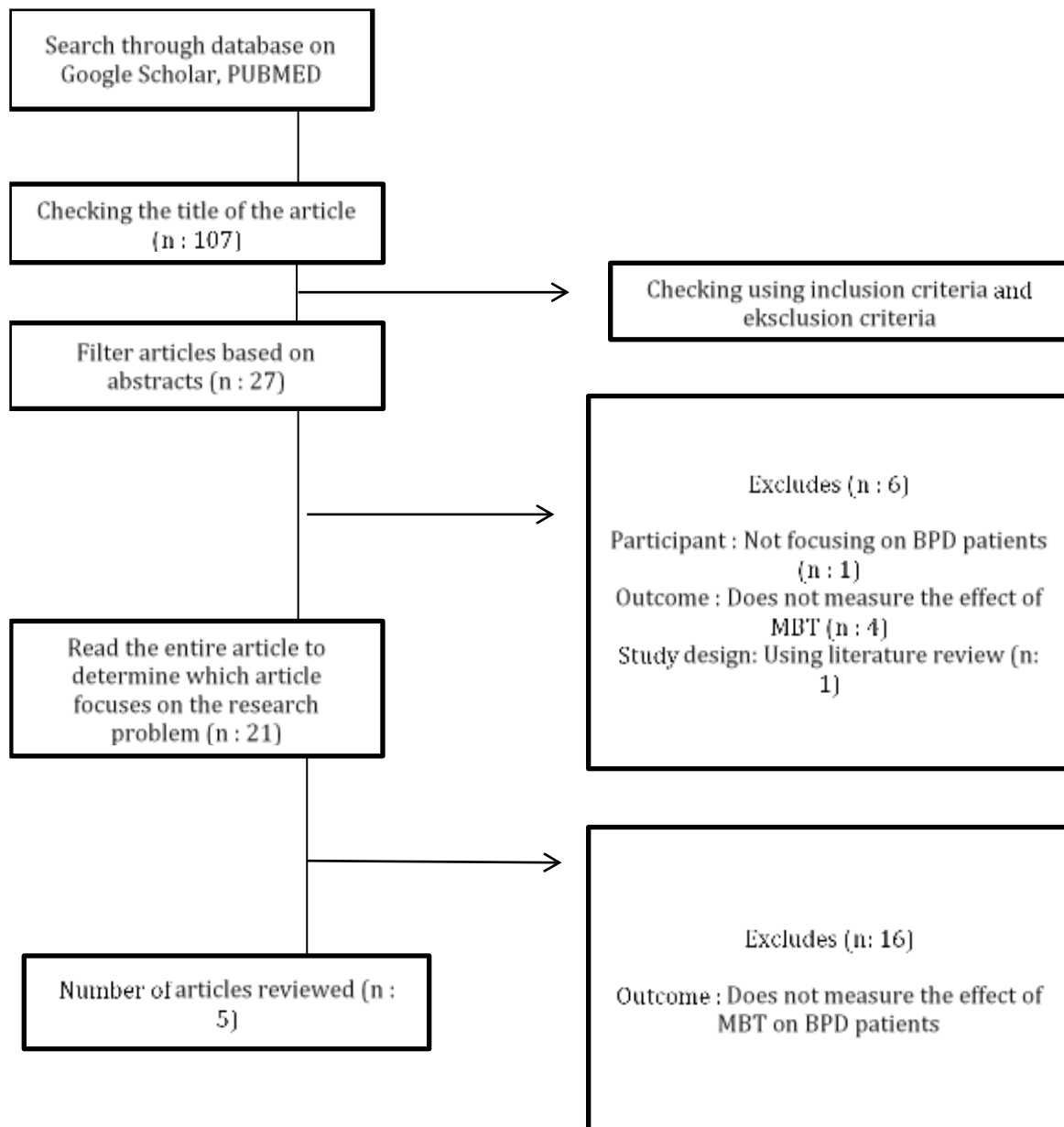


Figure 1 | Literature review search process

emotions. Therapists need to avoid this in order to generate confidence in the patient

Significantly explain the results of your research. The discussion is written in a concise, non-verbose or repetitive manner and explain the main points of your script. If necessary, use the subsections to help organize your discussion or group your interpretations into themes. The contents of the discussion section in. Mentalizing is the process of understanding oneself and others, either implicitly or explicitly in subjective circumstances and through mental processes (Bateman, 2013). Mentalization makes a person pay attention to the mental state of the person with him, both physically and psychologically. MBT (Mentalized-Based Treatment) is a therapy using a mentalization process by understanding oneself and others in terms of thoughts, feelings, desires and wills (Bateman & Fonagy, 2016)

Mentalization theory has been widely used in several psychological therapies such as eating disorders, post-traumatic stress and depression. The focus of BPD treatment is to increase self-confidence and maintain optimal life passion. BPD patients are very sensitive to interpersonal interactions, so the relationship will cause anxiety and increased emotions. Therapists need to avoid this in order to generate confidence in the patient. Measurement of MBT (Mentalized-Based Treatment) using the Reflective Functioning Questionnaire (RFQ) is a questionnaire consisting of 2 scales. The first scale, RFQ-U, assesses mental uncertainty and is assumed to capture hypomentalizing (the inability to understand models of one's own or other's mind. The second scale, RFQ-C, captures individual mental states that characterize hypermentalizing) (Fonagy et al, 2016).

The first step in MBT is feeling validation. The patient proves his point of view and more than builds

the perspective of the patient. The second step is exploration of painful past events, feelings and thoughts. The therapist must identify these in detail. The third step is to accept reality. In this case, the therapist transfers the event into reality. The therapist is engaged in transferring the client's feelings and perceptions and acting in some consistent way about the patient. This step encourages patients to think about their current relationship (therapist relationship) to focus their attention on the therapist's thoughts and help distinguish themselves and how they are perceived by others. The last step is to monitor the patient's reaction to the mentalization process (Bateman, 2010).

There are 2 types of MBT treatment, namely Day Hospital MBT (MBT-DH) in 5 sessions 5 days a week and requires 9 sessions a week. MBT IOP requires 2 sessions per week. Intensive Outpatient MBT (MBT-IOP) (Laurense, 2014). In Smith's research. MBT-DH tends to be more effective and rational.

#### Changes in patients receiving MBT

As is well known BPD is caused by a patient's lack of understanding of others, this is in line with mentalization therapy related to interpreting oneself. In Lof's research (2016), it was found that MBT can achieve changes in mentalization, emotional control, and decrease symptoms of alexithymia and improve patient self-image. This is in accordance with Lonergan's research (2017) that MBT can reduce symptoms of impulsivity and difficulty in interpersonal relationships. Feentra and Luyten concluded that mentalization therapy decreased symptoms in BPD patients.

In the study (Harpath, 2019) explained that the increase in the positive effect of MBT occurs simultaneously with a decrease in severity, increased ego resilience, and quality of life and occurs after long-term therapy. MBT can actively reduce symptoms of depression, improve social functioning, reduce symptoms of self-harm and suicide attempts (Shaykh, 2017).

MBT (Mentalized-Based Treatment) can also be used for people with complex personalities, such as patients with concurrent SUD and BPD that do not cause harmful effects to patients, but can reduce suicide attempts in patients (Philips, 2018). The use of modified MBT in patients with eating disorders and BPD together can reduce severe forms and concerns in patients with eating disorders (Robinson, 2016). The results of Bateman's research (2016) prove that ASPD behavior in BPD patients can provide many benefits such as being able to adjust to the social environment, reducing paranoia and anger, increasing good mood and reducing suicide attempts Kvarstein (2019) in his research found that MBT can be applied to BPD patients experiencing a severity that is difficult to cure from traditional therapy. MBT has broader components than other therapies such as individual, group and psychoeducation sessions.

The number of patients and the small number of therapies will affect the outcome of the intervention. (Möller, 2017). The effect of therapy success is related to the organization, team and therapist (Bales, 2017). The intensity of therapy also affects changes in the psychological attitude of BPD patients (Laurense, 2014). The therapist plays an important role in adhering to the principles of the MBT to be performed. In Carlile's research (2017) concluded that structured and well-managed health services from good cases can reduce suicide attempts (SA) and Non Suicidal Self Harm (NSSH).

#### 5. CONCLUSION

Based on the review of the journals mentioned above, it is concluded that Mentalization Based Treatment (MBT) can be an intervention option in BPD patients. However, it requires many supporting factors in order to achieve the treatment goals. The success of therapy is determined by individuals, health facilities, medical personnel, families, and the intensity of therapy.

#### 6. REFERENCES

- Bales, D. L., Verheul, R., & Hutsebaut, J. (2017). *Barriers and facilitators to the implementation of mentalization-based treatment (MBT) for borderline personality disorder*. <https://doi.org/10.1002/pmh>
- Bateman, A., Campbell, C., Luyten, P., & Fonagy, P. (n.d.). *A mentalization-based approach to common factors in the treatment of borderline personality disorder*.
- Bateman, A., & Fonagy, P. (n.d.). *MBT-FACTS for Families of People with BPD 1 A Randomized Controlled Trial of a Mentalization-Based Intervention (MBT-FACTS) for Families of People with Borderline Personality Disorder*.
- Bateman, A., & Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World Psychiatry*, 9(1), 11–15. <https://doi.org/10.1002/j.2051-5545.2010.tb00255.x>
- Bateman, A., & Fonagy, P. (2013a). Impact of clinical severity on outcomes of mentalisation-based treatment for borderline personality disorder. *British Journal of Psychiatry*, 203(3), 221–227. <https://doi.org/10.1192/bjp.bp.112.121129>
- Bateman, A., & Fonagy, P. (2013b). Mentalization-based treatment. *Psychoanalytic Inquiry*, 33(6), 595–613. <https://doi.org/10.1080/07351690.2013.835170>
- Bateman, A., O'Connell, J., Lorenzini, N., Gardner, T., & Fonagy, P. (2016). A randomised controlled trial of mentalization-based treatment versus structured clinical management for patients with comorbid borderline personality disorder and antisocial personality disorder. *BMC Psychiatry*, 16(1), 1–11. <https://doi.org/10.1186/s12888-016-1000-9>

- Carlyle, D., Green, R., Inder, M., Porter, R., Crowe, M., Mulder, R., & Frampton, C. (2020). A Randomized-Controlled Trial of Mentalization-Based Treatment Compared With Structured Case Management for Borderline Personality Disorder in a Mainstream Public Health Service. *Frontiers in Psychiatry, 11*(November), 1–9. <https://doi.org/10.3389/fpsy.2020.561916>
- Cristea, I. A., Gentili, C., Cotet, C. D., Palomba, D., Barbui, C., & Cuijpers, P. (2017). Efficacy of psychotherapies for borderline personality disorder: A systematic review and meta-analysis. In *JAMA Psychiatry* (Vol. 74, Issue 4, pp. 319–328). American Medical Association. <https://doi.org/10.1001/jamapsychiatry.2016.4287>
- Fay, D. L. (1967). 濟無 No Title No Title No Title. *Angewandte Chemie International Edition, 6*(11), 951–952., 1–19.
- Feenstra, D. J., & Luyten, P. (n.d.). *Mentalization-based treatment for borderline personality disorder in adults and adolescents: for whom, when and how?*
- Folmo, E. J., Karterud, S. W., Bremer, K., Walther, K. L., Kvarstein, E. H., & Pedersen, G. A. F. (2017). The design of the MBT-G adherence and quality scale. *Scandinavian Journal of Psychology, 58*(4), 341–349. <https://doi.org/10.1111/sjop.12375>
- Harpøth, T. S. D., Kongerslev, M. T., Moeyaert, M., Bo, S., Bateman, A. W., & Simonsen, E. (2020). Evaluating “mentalizing positive affect” as an intervention for enhancing positive affectivity in borderline personality disorder using a single-case multiple-baseline design. *Psychotherapy, 57*(4), 580–586. <https://doi.org/10.1037/pst0000251>
- Key, S., & Key, S. (2014). *r Fo Pe er Re vi r Fo Pe er Re vi*.
- Kvarstein, Elfrida H., Folmo, E., Antonsen, B. T., Normann-Eide, E., Pedersen, G., & Wilberg, T. (2020). Social Cognition Capacities as Predictors of Outcome in Mentalization-Based Treatment (MBT). *Frontiers in Psychiatry, 11*(July), 1–12. <https://doi.org/10.3389/fpsy.2020.00691>
- Kvarstein, Elfrida Hartveit, Pedersen, G., Folmo, E., Urnes, Ø., Johansen, M. S., Hummelen, B., Wilberg, T., & Karterud, S. (2019). Mentalization-based treatment or psychodynamic treatment programmes for patients with borderline personality disorder – the impact of clinical severity. *Psychology and Psychotherapy: Theory, Research and Practice, 92*(1), 91–111. <https://doi.org/10.1111/papt.12179>
- Löf, J., Clinton, D., Kaldo, V., & Rydén, G. (2018). Symptom, alexithymia and self-image outcomes of Mentalisation-based treatment for borderline personality disorder: A naturalistic study. *BMC Psychiatry, 18*(1), 1–9. <https://doi.org/10.1186/s12888-018-1699-6>
- Luh Krishna Ratna Sari, N., & Adijanti Marheni, dan. (2020). Program Studi Sarjana Psikologi, Fakultas Kedokteran. *Jurnal Psikologi Udayana, 7*(2), 5607. <https://doi.org/10.24843/JPU.2020.v07.i02.p02>
- Möller, C., Karlgren, L., Sandell, A., Falkenström, F., & Philips, B. (2017). Mentalization-based therapy adherence and competence stimulates in-session mentalization in psychotherapy for borderline personality disorder with co-morbid substance dependence. *Psychotherapy Research, 27*(6), 749–765. <https://doi.org/10.1080/10503307.2016.1158433>
- Muller, N., & Midgley, N. (2015). Approaches to assessment in time-limited Mentalization-Based Therapy for Children (MBT-C). *Frontiers in Psychology, 6*. <https://doi.org/10.3389/fpsyg.2015.01063>
- Philips, B., Wennberg, P., Konradsson, P., & Franck, J. (2018). Mentalization-Based Treatment for Concurrent Borderline Personality Disorder and Substance Use Disorder: A Randomized Controlled Feasibility Study. *European Addiction Research, 24*(1), 1–8. <https://doi.org/10.1159/000485564>
- Robinson, P., Hellier, J., Barrett, B., Barzdaitiene, D., Bateman, A., Bogaardt, A., Clare, A., Somers, N., O’Callaghan, A., Goldsmith, K., Kern, N., Schmidt, U., Morando, S., Ouellet-Courtois, C., Roberts, A., Skårderud, F., & Fonagy, P. (2016). The NOURISHED randomised controlled trial comparing mentalisation-based treatment for eating disorders (MBT-ED) with specialist supportive clinical management (SSCM-ED) for patients with eating disorders and symptoms of borderline personality disorder. *Trials, 17*(1), 1–15. <https://doi.org/10.1186/s13063-016-1606-8>
- Shaikh, U., Qamar, I., Jafry, F., Hassan, M., Shagufta, S., Odhejo, Y. I., & Ahmed, S. (2017). Patients with borderline personality disorder in emergency departments. In *Frontiers in Psychiatry* (Vol. 8, Issue AUG). Frontiers Media S.A. <https://doi.org/10.3389/fpsy.2017.00136>
- Wibhowo, C. (n.d.). *FAKTOR PENYEBAB KEPRIBADIAN AMBANG*.
- Wibhowo, C., & DS So, K. A. (2019). Trauma Masa Anak, Hubungan Romantis, dan Kepribadian Ambang. *Jurnal Psikologi, 46*(1), 63. <https://doi.org/10.22146/jpsi.22748>