Losing and regaining reflective functioning in the times of Covid-19: Clinical risks and opportunities from a mentalizing approach

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Much has been said about the severe mental health consequences of the Covid-19 pandemic–a "collective trauma", defined as an epidemiological and psychological crisis (APA, 2020)–both in the present and in the foreseeable future. A large body of evidence suggests that mentalizing is a beneficial transtheoretical and transdiagnostic concept not only for understanding vulnerability to psychopathology, but also in its treatment (for review, see: Luyten, Campbell, Allison, & Fonagy, 2020). The current commentary therefore seeks to consider the Covid-19 pandemic-related risks for psychopathology, but also discuss the clinical opportunities of the situation by incorporating a perspective of mentalization theory and practice.

Mentalizing, reflective functioning, stress and trauma

Mentalizing (or reflective functioning) is defined as the capacity of an individual for understanding oneself and others in terms of intentional mental states, including beliefs, feelings, goals, and attitudes (Luyten et al., 2020). Mentalizing is an evolutionary prewired capacity and is closely associated with attachment, social learning and epistemic trust (Fonagy & Allison, 2014), as well as with emotion regulation (Fonagy, Gergely, & Jurist, 2018).

The capacity to mentalize is essential for social, familial, and interpersonal functioning and is an effective buffer for a wide array of psychopathology (Luyten et al., 2020). Furthermore, impairments in mentalizing are seen as transdiagnostic factors implicated in multiple disorders such as depression and anxiety (Luyten & Fonagy, 2018; Nolte, Guiney, Fonagy, Mayes, & Luyten, 2011), personality disorders including BPD

(Luyten et al., 2020), and eating disorders (Robinson, Skårderud, & Sommerfeldt, 2019). In accordance, mentalization-based therapy has been successfully adapted for effective clinical use with a range of difficulties as well as in work with children and families (Asen & Fonagy, 2012; Fearon et al., 2006; Luyten et al., 2020).

Mentalizing has a dynamic nature, namely it is influenced by relational context and by contextual factors such as stress and arousal. Thus, whereas perceptions of the self and others may be quite accurate in low arousal conditions, when arousal levels rise, mentalizing deficits (i.e., pre-mentalizing modes) may become more pronounced (Bateman & Fonagy, 2015). At times of stress human beings regress to "pre-mentalizing modes" characterized by heightened emotions and loss of ability to see the perspective of others (psychic equivalence- concrete), considering only observable actions and behavior as "real" (teleological mode- action and outcomes oriented), or dwelling in cognitive or affective narratives that are not connected to an objective reality (pretend mode- dissociated).

COVID-19 and the loss of mentalizing

There is little argument that the current situation is–at the very least–highly stressful for most people and is likely to be traumatic for many others (Horesh & Brown, 2020). Individuals are facing increased stress, prompted by worries about their own and their loved ones' health, as well as about job security and financial hardship. The enormity of social isolation, changes in routines, as well as grief over the death of loved ones is likely to impact the mental health and well-being of many. The objective dangers of the situation coupled with the continuous media-enforced stress result in exceptionally high levels of exposure and re-exposure to stress. This might influence the ways in which individuals perceive the Covid-19-related stress. Perceived stress pertains to the degree to which life situations are appraised as stressful (Cohen, Kamarck, & Mermelstein, 1983) and according to studies this subjective

perception plays a meaningful role in predicting post stress-exposure psychopathology (Lassri, Soffer-Dudek, Lerman, Rudich, & Shahar, 2013).

What complicates the situation further is that as a result of the multiple restrictions many people have lost their familiar and habitual instruments for regulating their emotions, such as socializing, participating in and/or watching of sport activities, traveling, shopping, etc. The consequence is that people, who in the past would present as very low risk, are now exposed to high levels of stress with few strategies to regulate it. This creates a whole new group of people constantly experiencing collapses in mentalizing and subsequent increased vulnerability.

This is evidenced by what practitioners observe today: increases in domestic violence and emotional abuse, emotional difficulties and behavioral regressions among children and adults, and higher levels of reported psychopathology. The widely spread "pre-mentalizing" acts such as over-shopping toilet paper and cleaning products to get a sense of security– almost as a symbolic act of remaining clean and disinfected from the dreaded virus–portray a vivid illustration of collective collapses in mentalizing.

Clinical observations

The authors of this paper have observed an interesting phenomenon that also seems to be informally reported by colleagues worldwide.

As may have been expected, in addition to increased referrals to mental health services from people who did not previously seek psychological support, many patients who have previously shown stable and overall high mentalizing capacity appear to be struggling to regain mentalizing. This frequently manifests in higher levels of familial conflict and difficulty to see the perspective of one's partner or child and an overall increase in their previous symptomatology.

Surprisingly, another clinical group appears to be doing relatively well. Some patients with regularly fluctuating mentalizing capacities (some of whom present with BPD or BPD features), following an initial decline in functioning in the early days of the pandemic, now appear to be less distressed, exhibit better daily functioning, and are able to be more reflective than before. It is possible that people who constantly live with heightened stress levels or dealing with trauma, may be more adapted to the current situation. This is consistent with the argument that different attachment styles (strongly associated with stable mentalizing) are beneficial depending on the nature of one's environment: i.e. secure attachment not being the most beneficial in unstable environments (Fraley & Roberts, 2005).

Perhaps these people, no longer on their own with their distress, with the community around them now also visibly distressed, can validate their belief that the world is indeed a dangerous place; their internal distress is now mirrored by their community. They can feel more understood than ever before, even by their own therapist, experiencing the same stress. At the same time, they are used to frequent emotional collapses and are hence less affected than those who are relatively "stable". Reduced exposure to interpersonal interactions, ambiguous social situations and reduced sensation-seeking opportunities allow for more reflective-time when their mentalizing is intact. Needless to say, rigorous research is needed to substantiate the observations above.

Some practical considerations for clinicians and community professionals.

It is argued that helping the patient to regain mentalizing capacity is a component of most effective models of psychotherapy (Luyten et al., 2020). We would like to argue that especially now it is of paramount importance to work with patients, but also with people in the wider community, with a focus on facilitating reengaging mentalizing capacity.

As clinicians, it is of great importance to focus on facilitating the reflective capacity

in the people we work with– while we can't change the reality we can validate and reflect on the ways in which they perceive and mentalize the stress they encounter. Through this we can encourage empathy and curiosity towards themselves and the people around them, help them to see and learn from others' perspectives. Through adopting a mentalizing stance amongst us as therapists, we can enable our patients to gain more understanding and compassion towards themselves and others. The results will be observable in both their self-care and their ability to nurture others.

Furthermore, the current situation is an opportunity for therapists working with patients for whom compromised reflective functioning is one of their key diagnostic features. Now is the time to explore with them the differences in the current situation enabling them to function better, and work on transferring these observations and skills to their life after the pandemic.

As clinicians and professionals, we are also vulnerable to losing our own mentalizing capacities under stress. Thus, our capacity to regulate and experience one's own and others' emotions in a non-defensive way without becoming overwhelmed or shut down' (Sharp & Fonagy, 2008) might become compromised through the experience of the COVID-19 shared trauma (Saakvitne, 2002). Being aware of the triggers that might make our own mentalizing difficult to sustain, would enable us to remain more reflective and present for our patients.

Finally, we believe that mentalizing offers a comprehensive integrative framework for a potentially widely implemented interventions for COVID-19-related psychopathology; and that interventions encompassing a mentalizing perspective will play an important role in mending societal and mental health wounds after the COVID-19 crisis is over.

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