Commentary on Special Issue on Interpersonal Trust and Borderline Personality Disorder

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Introduction

This special issue presents an excellent series of papers that considerably further our knowledge of trust-related processes in individuals with personality disorder. In this commentary, we first of all consider the group of papers that provide empirical evidence on how trust for individuals with a diagnosis of BPD might be experienced differently. Overall, this collection of papers sheds important new lights on how disruptions in the capacity to trust might drive some of the relational difficulties and intensity of distress that individuals with this diagnosis often struggle with. The second group of clinical papers is equally important, as they provide incisive accounts of how trust and trustworthiness are built into the therapeutic experience.

In our commentary, we look at both sets of papers through the lens of our conceptual approach to personality disorder rooted in contemporary attachment and mentalizing thinking. We specifically focus on the purported role of epistemic trust in individuals with personality disorder, an idea we first suggested a decade ago (Fonagy & Allison, 2014), as we believe it may further deepen our understanding of the trust issues in personality disorder offered in this special issues. Indeed, interpersonal trust involves the capacity to have confidence in others, and a willingness to show vulnerability to others based on the expectation that others have positive intentions. As testified by the papers in this special issue, difficulties with interpersonal trust may be at the core of a set of psychological problems that we, by consensus, typically refer to as an index of personality disorder problems. The notion of epistemic trust, in turn, underscores the importance of interpersonal trust *in the context of knowledge sharing*. This type of trust is fundamental for learning from others and may be a key element in all forms of psychotherapy. Generally, people default to mistrust, which acts as a safeguard against premature changes in our understanding of the world and ourselves. Trust, we argue, begins to develop when an individual feels that their personal narrative is genuinely understood. Such understanding biologically signals to the recipient that the communicator is investing considerable mental effort and is genuinely interested in the learner's perspective. This feeling of being

understood is then assumed to open an 'epistemic super-highway,' enabling significant and lasting changes in the learner's understanding. More broadly, our ability to distinguish trustworthy individuals from those whose communication should not be trusted has enabled the transmission of knowledge across generations. This remarkable evolutionary development, which possibly emerged as recently as 100,000 years ago, enabled Homo sapiens to transmit, evolve, and collectively maintain knowledge within the vast expanse of culture (Fonagy & Allison, 2024).

These ideas may be particularly pertinent for understanding patients who appear to 'resist' change, both outside and in therapy, despite intense experiences of distress, and whose difficulties as a consequence are ascribed to their 'character' and a stigmatizing diagnosis of personality disorder (PD) is suggested. These individuals have also frequently experienced childhood trauma, giving ample justification for them to adopt a stance of distrust which leads to a state of 'epistemic hypervigilance', an unwillingness to internalize new knowledge, and can result in psychological stagnation in therapy (Fonagy et al., 2015). A therapist's trustworthiness often emerges from their ability to look beyond the apparent to reveal a less dominant personal narrative, just at the edge of consciousness, suggesting that feeling understood, or effective mentalizing by the communicator, is crucial in transforming entrenched knowledge structures (Fonagy et al., 2021).

New insights into the role of trust in BPD

Sharp and colleagues' paper presents the first paper in a group of empirical papers in this special issue, and builds on Sharp's significant contributions to developing a deeper understanding of borderline personality disorder in adolescence (Sharp et al., 2023). Sharp and colleagues found that adolescents with BPD did not display the same divergence in their game behaviour from their healthy control peers that adults with BPD show in a lottery paradigm. This is intriguing. As the authors suggest, this might be due to the limited interpersonal nature of the paradigm used, which involves an anonymous peer in an online environment rather than a more intimate or emotionally charged interpersonal context. As we suggest, learning impairments might be particularly impaired in an interpersonal context in individuals with BPD. Replicating the study in different interpersonal contexts would be interesting, but the non-replication reported here may also be a fascinating indicator of the complexities of trust, and the arousal of trust/mistrust in response to interpersonal

meaning. It brings to mind Sharp's model of hypermentalizing in adolescence. This model proposes that hypermentalizing may be a marker and characteristic of BPD traits in adolescence, and a useful way of differentiating between emerging BPD and adolescent turmoil (Sharp et al., 2011; Sharp & Vanwoerden, 2015; Somma et al., 2019). The hypermentalizing style typical of individuals with BPD was first systematically described in a study of 111 adolescent inpatients with BPD features (Sharp et al., 2011), showing in the form of mentalizing errors involving the overinterpretation or over-attribution of mental states to others. When there is no obvious other mind to hypermentalize, as in the conditions of the game described here, there is less divergence in behaviour from the control group. Alternatively, it is plausible that mistrust is the consequence of developmental experience of repeated betrayal which in many may be only firmly established as a social expectation in adulthood.

Sharp and colleagues' suggestion that emotional significance may amplify trust-moderated responses is supported by Shapiro-Thompson and colleagues' innovative study. This study compared trust and emotional responses in a group of 21 individuals with BPD and 20 healthy controls. They were primed either with a script procedure that evoked memories of a betrayal or a pleasant exchange with a confederate. As seen in previous studies, the BPD group exhibited more negative emotions, less initial cooperation, and greater sensitivity to betrayal. Interestingly, the betrayal script did not evoke a stronger response in the BPD group compared to the healthy controls. This might be, as the authors suggest, because the betrayal memory was an emotionally powerful stimulus that could trigger a response in both groups. Across these two studies, we may observe a 'Goldilocks situation': the stimulus in Sharp's study perhaps wasn't emotionally engaging enough, whereas Shapiro-Thompson's was overly so, making it challenging to distinguish between the groups. It seems likely that the ideal stimulus would be one that elicits a strong emotional reaction in individuals who struggle with self-regulation and understanding a difficult experience, while healthy controls might withstand the impact of such emotional triggers. This idea aligns with our view that a disruption in a natural trusting response in social situations often results from a temporary breakdown in understanding mental states during social interactions. Nevertheless, the script procedure developed by Shapiro-Thompson and colleagues presents itself as an exceptionally innovative and promising tool for future research.

Miano and colleagues also evaluated trust responses by comparing individuals with BPD to healthy controls, specifically assessing differences in judgments of facial trustworthiness (Miano et al., 2023). Consistent with prior research, they observed that the BPD group had a more negative bias towards trust; however, their accuracy in determining whether faces were trustworthy, based on an objective standard of trustworthiness, was not superior. This standard was established using images of two groups: convicted murderers versus Nobel Peace Prize winners. The BPD group was more accurate in identifying the convicted murderers as untrustworthy, but less likely to recognise the Nobel winners as trustworthy, indicating an overall negative bias. Crucially, when adjusting for exposure to childhood abuse and neglect, the differences in negativity bias between the groups vanished. This suggests that adversity, and particularly sexual abuse in this study, might be a key factor influencing the negative bias in individuals with BPD. Further research is necessary on the developmental precursors in individuals with BPD, emphasising the clinical significance of trauma-informed approaches. This includes considering how mistrust can develop as a response to adverse experiences. While trauma exposure may heighten sensitivity to signs of untrustworthiness, it does not seem to affect assumptions about trustworthiness. This aligns with findings using the Epistemic Trust Mistrust Credulity Questionnaire (Campbell et al., 2021), where the mistrust and credulity scales, indicative of epistemic dysfunction, were related to self-reported trauma histories, but the scale measuring trust was not influenced by adversity.

Continuing this line of research, Fertuck and colleagues' study investigated differences in trust appraisals between individuals with high and low borderline personality features. Echoing previous research, they found that individuals with high BPD features (H-BPD) judged neutral faces as more untrustworthy compared to those with low BPD (L-BPD) features. These findings extend previous research showing that trust assessments in both groups could be influenced by social learning tasks: participants who were provided with descriptors suggesting untrustworthiness or ambiguity rated neutral faces as more untrustworthy, whereas those given positive or mixed descriptors rated them as more trustworthy. Furthermore, Fertuck measured the neural impact of social learning, finding that L-BPD participants showed increased negative slow wave activity, indicating more sustained attention, after learning from stimuli with negative descriptors. Conversely, H-BPD participants displayed greater focus on faces associated with positive and mixed descriptors

after learning. While social learning altered trust appraisals in both H-BPD and L-BPD participants, the effect was less pronounced in those with high BPD, suggesting a diminished capacity to modify behaviour based on social experiences. These findings imply that trust levels can be altered through social exposure, but adjusting them demands considerable attention. Clinically, this suggests that an inclination towards distrust can be countered through social experiences, but changing trust perceptions in individuals with BPD may require more time and richer social cues. The results also align with our hypothesis that mistrust affects social learning, highlighting the challenges in treating patients with complex responses to trauma (Luyten et al., 2019).

Trust in the therapeutic process: Clinical contributions

This brings us to the second, clinically oriented, group of papers in this special issue. Meehan and colleagues present an impressive single case study that employed ecological momentary assessment (EMA) to monitor changes in functioning and trust levels in a patient with BPD receiving transference-focused therapy (TFP) (Meehan et al., 2023). Over 18 months of TFP, the patient recorded daily interpersonal events in two-week intervals. The study observed that positive perceptions of the therapist, which contrasted with the patient's generally negative views of others, preceded changes in her perceptions of wider social relationships. The authors propose, in line with our understanding of the therapeutic process (Fonagy et al., 2015), that a key mechanism of change in TFP is the transformation of self and other representations. This is initiated by social experience that fosters trust in the therapist and subsequently extends to the patient's broader social interactions.

We have previously described (Fonagy et al., 2019) what we term the three systems of communication essential for effective psychotherapy in individuals with severe mental disorders: 1) Teaching and learning of content, where the therapist imparts a model of understanding the mind that resonates with the patient, fostering recognition and understanding. This reduces epistemic vigilance and primes the patient for social learning. 2) The re-emergence of mentalizing, which is both a result of reduced mistrust and a driver of increased trust in the therapist. As the patient develops a greater interest in the mental world, including the clinician's mind, and uses thoughts and feelings to comprehend social experiences, this virtuous cycle further enhances the patient's mentalizing ability, thereby creating opportunities for social learning through trust-based interactions. 3) Applying

learning to the social environment, where the renewed capacity to trust and to gain from social relationships allows patients to trust new social experiences. This underpins structural changes in self-other relationship perceptions, leading to substantial changes in how they view themselves in social contexts. Crucially, as this study demonstrates, the change extends beyond the consulting room, improving interpersonal functioning. It enables the patient to learn from social experiences in ways that continually enhance self-other representations towards increased trust and an improved ability to learn from experiences.

Ensink and Normandin's clinical paper on treating adolescents also focuses on transference-focused therapy, incorporating attachment theory, Kernberg's object relations model, and mentalizing theory (Ensink & Normandin, 2023). Their synthesis of these theories and approaches presents a compelling and integrative work. They apply these ideas in clinical case studies involving adolescent patients, both with and without personality disorders. These case studies illustrate how therapy can support the process of identity consolidation during adolescence, which relies on balanced self-other representations and the ability to develop trusting relationships.

By comparing case studies of adolescents with and without personality disorders, Ensink and Normandin highlight what has traditionally been seen as the difficulty in engaging BPD patients, reframing it as a challenge in establishing trustworthiness for therapists. Their case studies vividly portray the trials of adolescence for all young people. They emphasize the role of 'helping adults' in creating an environment conducive to fostering trust, even for those who have, often justifiably, concluded that trusting others is perilous. The developmental challenges of adolescence, which frequently involve a conscious rejection of adult influence as part of forming an independent identity (Sharp & Wall, 2018), naturally make establishing therapeutic trust especially demanding in this age group, as is also evidenced by a recent qualitative paper focusing on the role of epistemic trust in building a therapeutic alliance in young people with depression (Li et al., 2022).

Fertuck, Preti , and colleagues (Fertuck et al., 2023) also examine TFP, offering an object relations perspective on the borderline experience. They explore the concept of a paranoid-schizoid position (Ps) as an impediment to developing caring, healthy, and mutually supportive relationships, which are characteristic of reaching the depressive position (D) (Klein, 1946). Fertuck and colleagues integrate traditional object relations theory with contemporary views on social cognition and trust processing, elucidating how trust

processing evolves throughout TFP. Their discussion underscores the dynamic nature of these processes, which are often inadequately captured by one-time experimental studies.

They recall Bion's (1970) expansion of Melanie Klein's model, emphasizing the constant reversibility between Ps and D states of mind. Bion described this as a continuous oscillation (Ps ↔ D), where one state is associated with feelings of insecurity and anxiety due to not knowing or understanding, while the other state brings a sense of security and understanding, quickly followed by a sense of depression. This is because each advancement in understanding or each new insight inevitably leads to new problems or questions, reinitiating the paranoid-schizoid state with its demand for patient endurance and pattern recognition. This oscillation is an ongoing part of the process of 'becoming', of mental growth and development. Bion considered this oscillation between patience and security as indicative of valuable progress. In the context of BPD, the distinction may not be the absence of the D position, but rather the rapidity of oscillation between states, and the speed at which a sense of security is relinquished for uncertainty. This implies that the experience of trust leads to increased insight, which in turn raises awareness of potential reasons to mistrust and the withdrawal of trust again. Perhaps credulity, or the excessive extension of trust, is a way to navigate this paradox. Exhausted by this constant oscillation, one might adopt a stance of *reality apathy*, relinquishing the effort to differentiate truth from falsehood and fabrication.

Choi-Kain and colleagues make a vital clinical contribution from the perspective of Good Psychiatric Management (GPM). They insightfully comment, resonating with Fertuck and colleagues' neurobiological approach, that the rise of neuroscience has updated our clinical understanding of BPD in terms of social cognition, shifting our focus to how the mind processes others' behaviors in interpersonal interactions. Moving away from focusing solely on early attachment disruptions to recurrent challenges in collaborative social exchange opens new avenues for targeting measurable change mechanisms in treatment. We highlight this comment as it accurately reflects the current understanding and potential future direction for improving BPD treatment. BPD, once considered almost untreatable, now has significantly better outcomes. As advocates of the mentalizing approach, we believe these advancements are not solely due to any single treatment method but are the result of enhanced understanding and varied interventions, as recent systematic reviews and meta-analyses demonstrate (Cristea et al., 2017; Oud et al., 2018; Stoffers-Winterling et al., 2022).

Our view is that all effective treatments facilitate patient experiences through the three communication systems previously mentioned.

Choi-Kain and colleagues' approach is particularly insightful in emphasizing the importance of what we term 'communication system three' – social experiences and the activation of social cognitive processes beyond the patient-therapist relationship. We fully support their perspective that considering the patient's broader social environment is crucial for any significant change. We have recently argued that psychopathology, like all human experiences, is deeply intertwined with our perception and functioning within complex socio-cultural activities (Fonagy et al., 2021). Choi-Kain and colleagues advocate for a method that fosters the development of wider, more positive and reliable social networks. This approach demonstrates a commendable humility about the limitations of relying solely on the influence of a single therapist. Instead, the GPM model highlights the social processes integral to all helping relationships. This can be effective without necessarily involving a highly specialized psychotherapist, especially in assisting patients with BPD who often exhibit hypersensitivity leading to an isolated and inflexible existence. Change is more likely when there is recognition of the discrepancy between prior expectations and current sensory experiences (prediction error), and this is best achieved within a supportive social network that reinforces a shared reality.

Jon Allen expands on a concept highlighted in Ensink and Normandin's work – that the goal of therapy is not solely for the patient to become trusting, but also for the therapist to become trustworthy. Allen delves into the ethical aspect of trust, emphasizing that psychotherapists should not take for granted that their methods are inherently trustworthy. Instead, trust in the therapeutic relationship, like in any relationship, must be earned and maintained. He effectively describes the continuous social cognitive processes that clinicians engage in to assess and re-evaluate trust. Allen contends that relational skill, a critical component in psychotherapy and particularly vital in treating BPD, is key to establishing psychotherapeutic trustworthiness. His observation that hope is intertwined with trust is both insightful and moving: "To a considerable extent, their [the patient's] hope in the therapy will rest on their hope in the trustworthiness of the therapist and the therapy. Trusting will be conducive to hopefulness. In turn, hope will be conducive to the patient benefitting from therapy and taking action that will improve the likelihood of a positive outcome.".'

Conclusions

In times where both trust and hope seem scarce, the work presented in this special issue stands as a testament to the potential for change, hope, and the value of trust. These contributions demonstrate a commitment to understanding and improving outcomes for individuals with BPD. Contributing to this special issue represents a collective effort in 'thinking together,' achieving a communal approach towards cultural change and enhanced knowledge. This collaborative effort aims to support individuals who struggle with emotional distress, often facing misunderstanding, stigma, and rejection. The goal is to help them feel included, understood, and empowered to actively participate and integrate into the world of human collaboration.

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