

## Psychic Equivalence

Psychic equivalence is a non-mentalizing mode. It has to be addressed in treatment but can be difficult to shift. It is not **what** the patient believes but **how** he holds the belief and experience. It is associated with self-affect state mentalizing and teleological understanding. In other literature a similar process is described variously as 'concrete thinking', 'symbolic equation'.

In this clip the patient is talking about her experience of a court usher, the person who runs the court process.

The patient is sure that people in the court room are trying to 'wind her up' (annoy her or make her act emotionally). Over the first 2 minutes the patient sets out her firm opinion that she knows that this is their motive.

00.49 Rather than arguing with her experience that the usher and others were trying to 'wind her up' the clinician asks her how she is so certain that is what they were up to. This is a common manoeuvre in MBT, namely to go to the way in which a belief is held (**the how**) rather than to question the belief itself.

1.14 By this time the patient has listed a number of reasons why she feels the people are trying to annoy her. So the clinician, still not questioning her understanding of what was happening, asks her how she managed such a 'sour faced' woman'. Initially it is important to accept psychic equivalence, not to argue with it but to be empathically validating.

1.28 The clinician continues to take the patient's perspective.

2.16 The clinician now moves to a related topic rather than continue to discuss the motives of the usher in the court. He chooses to ask about others to see if her understanding of others' motives is generalised. This would be further evidence of psychic equivalence but if he finds that she discriminates others' motives he can try to generate mentalizing around others in the court. Once this is established he could then re-approach the joint reflection about the motive of the usher.

The patient is sure that people are only wanting to continue the court case so that they all get paid. She does not reflect on this at all suggesting that her ideas are still held in psychic equivalence.

2.57 The clinician tries to be empathic but the patient becomes angry in the context of her psychic equivalence. So the clinician quickly takes responsibility for creating her anxiety by asking her if he has said something dumb. This calms her.

3.14 It is only now that the clinician begins to question her experience that people are trying to work her up. To do so he starts with further empathic validation.

4.14 He questions her certainty again to try to rekindle some mentalizing around the topic.

5.20 The clinician now tries to put a slightly different perspective on her experience of the usher and includes a statement about the patient's sensitivity. She accepts this to some

degree but only to a limited degree. This limited and marginal change in the patient's mental state is common when a view held in psychic equivalence is questioned. Nevertheless the process generated in the session needs to question gently and continuously psychic equivalence as much as possible.