Mental Space Diagnostics in practice

A client's search for joy in life

by Christine Beenhakker

As a psychosocial therapist I have been a "fan" of mental space psychology and diagnostics for years. The MSP-Depression research into a new methodology, based on mental space, for the treatment of depression was an important turning point in my work as a therapist. The methods from mental space psychology and diagnostics have proven particularly effective in the treatment of clients struggling with personal issues and/or problems in the social domain. In the case study below I sketch the treatment trajectory of a highly gifted client who was looking for more joy in life, using mental space diagnostics (MSD) and mental space psychology (MSP).

Steven's case*
Steven reported to me with psychosomatic complaints after an "incident" at work. He was troubled by a lot of stress, was irritable, slept badly, felt gloomy, had a short fuse and felt lonely and misunderstood. He was frustrated, often angry and also worried a lot.
Steven is a very intelligent man, aged 43, married to Dorine* and father of two children. Both children have been diagnosed as "highly intelligent". It is suspected that Steven also has this property. His marriage is under pressure - there is no intimacy anymore and they live more or less without any contact.

The "incident" concerned a labour dispute with his employees. As a manager he was ultimately responsible for a department of new technologies in the field of IT applications. The communication with the employees of his team was extremely awkward: Steven had explicit ideas about how he liked things to go and was, and is, very result-oriented, but the employees often did not understand him, which led to tensions. In addition, due to a major reorganisation, there was a great deal of uncertainty about the structure, responsibilities and competencies of the work, which put Steven under great pressure and compromised deadlines. At one point all this escalated: he burst out in anger and then was sitting trembling at his computer - he couldn't function anymore. Steven called in sick.

Steven also said that he had been depressed for a long time in his puberty. These feelings were now re-emerging. Steven feels his is "different from others" and is bothered a lot by it. As a leisure activity, he develops his own programming language – it's a hobby in which he finds great satisfaction. While doing so he can do his own thing and retreat into his own world, without being bothered by "disturbances" from his social environment.

Spatial diagnostics: two "left" hemispheres of the brain
The fact that he feels he is "different from others" gives him an unpleasant and depressed feeling. However, "being different from others" need not necessarily have a negative connotation. Precisely the "being different" also makes him unique. However, the dominant feeling he is experiencing now is "I am not part of the group" (I am in the out-group), with the accompanying thought "I am not important": a limiting belief at identity level (Bateson/Dilts).

For people with autism, high-giftedness or Asperger syndrome, it is often difficult to experience people "close by", because they are so hypersensitive. From the point of view of mental space

diagnostics, we assume that people with Asperger's syndrome have, as it were, "two left hemispheres": they are strongly focused on results. The right hemisphere is mainly responsible for social and emotional interaction. As a "solution" to too many stimuli, they push others "further away" in their mental space. This has direct consequences for social interaction - in the case of Steven, for example, with his colleagues in the workplace - and it stands in the way of empathy and closeness. When people enter his "mental space" and are (too) close, Steven experiences this as pressure and he feels irritation. On the other hand, people are social creatures and like to belong as well. These two aspects are more or less in conflict with each other in Steven's case - with a feeling of depression and loneliness as a possible result. He wants to feel understood, but when you "move people further away from you" in mental space you just feel lonely and don't experience an emotional connection. This inner conflict also causes Steven a lot of energy loss.

The picture below beautifully shows the focus of people with "two left hemispheres" according to the theory of mental space:
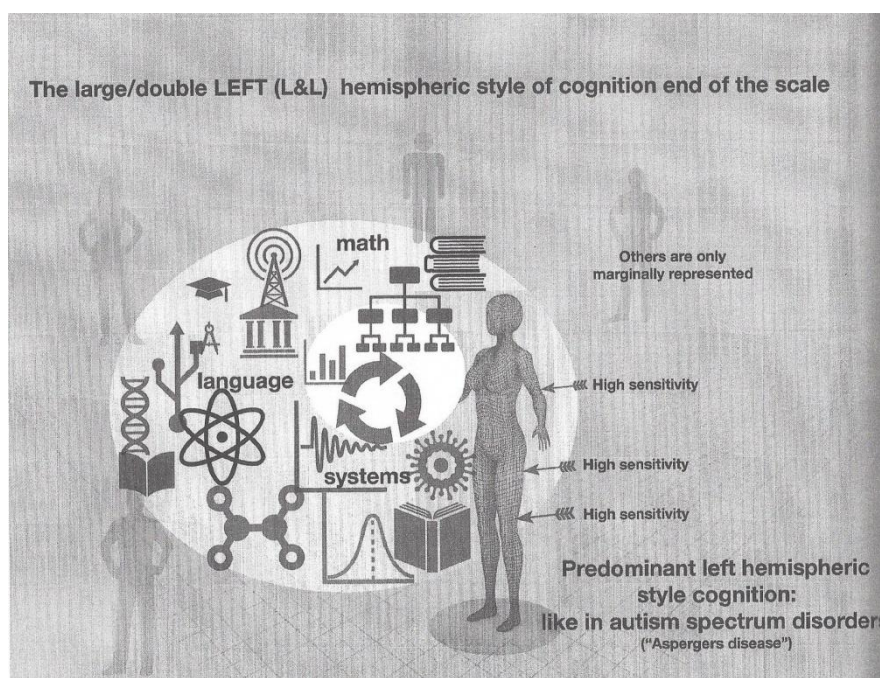
Dominance of "left hemispheres".
Focus on rational or cognitive aspects lies at the centre of attention. Focus on social-emotional aspects is less strong - others are represented "vaguely" in mental space.
Source: MSD-1©Lucas Derks

Dark clouds as a metaphor for depression
The "being different" gave Steven a feeling of loneliness and depression. I then asked Steven "*where he is experiencing his depression*", inside or outside of himself. He experienced this as a kind of "dark cloud" hanging around him and threatening to flood him. His current coping mechanism was to "sit at his computer", as a way of distraction, because then the "dark clouds" sort of disappeared "into the background", as it were. However, as soon as he was done with it, the dark clouds came back. The depressive feelings also created a feeling of meaninglessness - while meaning, the highest logical level, is very important to him. Steven wants to give meaning to "mankind": a generalization, and moreover, a very large target group, which made the feeling of meaninglessness, because of his current inability, even stronger.

The problems that Steven is experiencing have become much clearer as a result of using mental space diagnostics. Depression is in fact the *manifestation and appearance of* the problem behind it

(Derks, 2016). In the metaphor of the "dark cloud", Steven sees the world through that dark veil, which negatively influences his perception. The solution lies in the search for what lies behind those dark clouds, so that "light in the darkness" can shine once more.

The treatment process

First and foremost, obviously, a treatment process is always "made-to-measure", whereby the client's problems are central and therefore also determine the sequencing of "when are we going to do what".

In order to transform the limiting beliefs "I don't belong" and "I'm not important", we first addressed the so-called "structure of a belief" (Derks & Hollander, 1996) in order to clarify which facts and criteria underlie these beliefs. It was brought to light that the roots of these limiting beliefs lay in his youth. The (strict) Christian faith was a very decisive factor and has driven a wedge in the family of origin, who have been experiencing Steven as "loose sand". By means of the family panorama (Derks, 2002) we tackled these problems, and transferred resources to his ancestors, which enabled Steven to be more accepting, especially towards his mother.

In the next session we examined the positions of his current relationships in mental space. Who is in his inner circle, and who falls outside it?
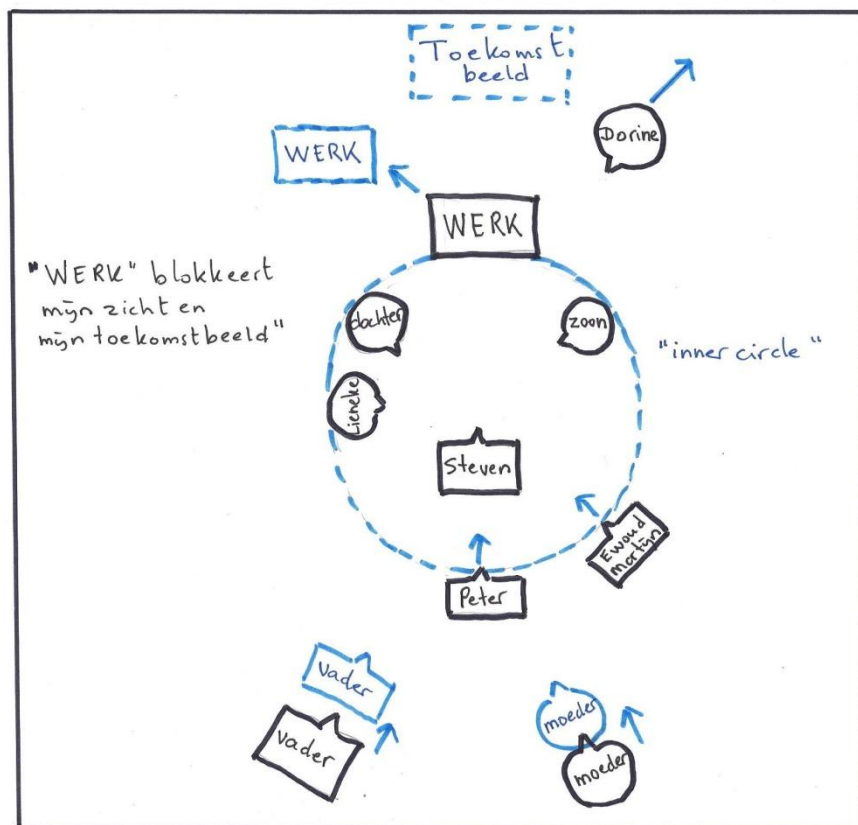
Steven's social panorama. The blue figures represent the shifts after the interventions

His wife Dorine is far away, outside the intimate circle. Moreover, she isn't in a place where you would normally expect a partner: close to him or by his side. The children (son and daughter) are close, though, and Steven and the children are focussing on and committed to each other. His

(female) friend Lieneke is also in his intimate circle. Steven cherishes warm, amorous feelings for her, but has no relationship with her. Even so, he's very good at talking to her.

He perceives his friends Peter, Ewoud and Martijn as "supportive". They are just outside his intimate circle, but Steven would like them to come a little closer.
His work is in a prominent place: right in front of him, and in fact it blocks his "view" of the future. When you are depressed, you do not have a vision of the future, either. So, his work also gets "in the way", as it were.
Work was also very decisive for the perception of his identity: Steven IS his work (identity level), instead of DOING his work (behavioural level). Subsequently, we worked on shifting these so-called personifications** (Derks, 2002) that would be desirable in this social panorama. The awareness of the positions of these personifications already helped Steven a great deal to bring about changes - "spontaneous" shifts took place, as it were. His friends were allowed to come a little closer, and he wished Dorine either "to leave" from his social panorama or, on the contrary, come and stand beside him (the partner position). This wasn't yet quite clear to him.

It was also important for his vision of the future that work was "put aside", so that it is no longer focussed on exclusively. Through the people in his intimate circle he experiences feelings of love, affection, being seen and his self-esteem. These feelings should grow even more.
After this intervention there was more "air" and he could envisage his future more clearly.

The field of tension between "distance and proximity" can be one of the causes of his depressive feelings - for, because of his high-giftedness, Steven has difficulty with too many stimuli from his social environment, which is why he likes to withdraw.
Obviously, the fact remains that, as a social being, he also needs affection and love.
As a role model for the relief of his depressive feelings he mentioned the physicist Richard Feynman, who was very intelligent, a good storyteller, and was good at maintaining social contacts, and had also made peace with the person that he is inside. The conviction he embraced was: "I am a good person" - something that Steven also wanted to believe.
By transferring these abilities to his "younger Self", Steven became more in balance with himself and felt lighter and happier.

The result
Steven has had a total of 12 therapy sessions of about 1.5 hours each. He has adjusted his goals: his goal now is to be himself - always and everywhere - and *job satisfaction* in particular is much more important. He feels less lonely, is more cheerful and his nagging worries have disappeared. In addition to the cognitive and mental space interventions, we worked during the process with Mindfulness (MBCT) to calm down his mind and body. The stress reactions of his body were reduced as a result, he slept much better and did not have any nagging thoughts anymore.

Steven has made the decision to quit his job and now works as a self-employed person on a project basis, whereby he can hire himself out to large organisations. This suits him much better; he is now in charge himself and has found a much better balance between work and private life. Work is no longer prominent in the foreground, and he now experiences himself as "Steven 2.0".

Therefore, Mental Space Diagnostics

Mental Space Diagnostics gives you, as a therapist, the insight to understand psychological processes from a completely different angle, whereby "unconscious knowing" becomes conscious. The paradigm of Mental Space Psychology lucidly shows the patterns in which people represent their relationships, emotions, skills and psychological problems in their mental space. By making use of this in psychotherapy, a whole new world opens up and the treatment sessions become faster and more effective.

Literature

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About the author

Christine Beenhakker has attended various training courses, including NLP, applied psychology, Social Panorama and IEMT. Since 2008 she has had an independent practice, Reflecta, for integrative psychosocial therapy and mindfulness. She offers therapy to adults for stress, burn-out and overstrain, anxiety, depression and relationship problems. She also gives Mindfulness training MBCT and the 2-day training MSP & Depression at the Dutch Academy for Mental Space Psychology. Since 2016 she has been a board member of SOMSP and coordinator of the MSP Depression research.

https://reflectacoaching.nl/
https://www.msp-academy.nl/

footnotes:

* for privacy reasons, the names of the persons involved have been changed

personification: Where we locate others in mental space, determines the relational-emotional meaning of that relationship. The emotional influence of these images creates experiences such as support and confrontation, power and powerlessness, love, aversion, adoration, proximity and distance. These mental constructs are called personifications.