

## **Examining mentalizing ability in the process of psychiatric and psychotherapeutic diagnosis**

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### **Summary**

The present paper discusses the problem of examining ability to mentalize in the psychiatric and psychotherapeutic diagnosis process. It is proved by the research results indicating significance of mentalization in the psychosocial functioning of an individual, the relation between the level of this ability and the appearance of the specific mental disorders and problems, and its role in the treatment process. The paper describes and analyses the classic tool for studying mentalization – Reflective Functioning Scale. The present paper points to the advantages of this tool – good reliability, high criterion and theoretical validity, enabling studying complexity of a phenomenon, and introduction of non-specific therapeutic factors into the diagnostic process. The limitations of the tool are also mentioned – high cost borne by a researcher and an examined person, the complexity of the interview collection and analysis procedure and the inability of repeated application of the tool to evaluate treatment effects. The paper also presents an alternative method of studying mentalization that uses questionnaire tools. The text describes the advantages of the questionnaire in assessing a reflective function: first and foremost, its low cost and an easy repeatability of the test. The paper also shows the limitations of this tool in describing the subject phenomenon: inability to describe the complexity of the phenomenon, simplified results and low theoretical validity.

**Key words:** psychiatric diagnosis, narration, questionnaire

### **The significance of the measurement of the ability to mentalize in a diagnostic process**

Mentalization is defined as an ability to give meaning to our own actions and actions of other individuals through referring to intentional mental states, that is, understanding of those in terms of thoughts, beliefs, feelings, desires, etc. [1]. In other

words, mentalization is an ability to process emotions and organizing our own experience at a symbolic level. Mentalization constitutes the basis for a coherent and stable personality structure and plays a crucial role in the development of the self [2]. It is one of the mature and complex mechanisms of emotional regulation and adjustment; it improves the capacity of containing difficult, intense or conflicting emotional states, decreases the tendency of somatization and impulsive abreacting of emotions in action [1]. It supports adequate reality testing, which means accurate distinguishing between external reality and own beliefs constituting its representation [3]. Thus, it enables the acceptance of the existence of numerous perspectives and manners of understanding and experiencing of the same situations. An individual with a well developed ability to mentalize does not react impulsively, but reflects on the significance of the other person's behaviour and possible consequences of the undertaken actions. The ability to mentalize constitutes the basis for proper understanding of the complex social phenomena and the skills of adequate adaptation to the expectations set for human interactions. Social relations become more comprehensible and predictable [4]. It translates into increase of the sense of security within the context of interpersonal contacts and thus, increase in the sense of own control and agency. As a result, an individual becomes more autonomic, inner-directed, and independent [5].

Research has shown that high level of the ability to mentalize is a significant protective factor against mental disorders; on the contrary, low level of such an ability is a risk factor in developing such disorders [6]. A correlation between a low level of the ability to mentalize and a risk of developing borderline personality disorders [1, 7, 8], abuse of psychoactive substances [6], psychopathic and aggressive behaviour [9], psychosomatic disorders [10], anankastic personality disorders [11], panic disorder syndrome [12], and schizophrenia spectrum psychotic disorders [13, 14] has been observed. A more complex or ambiguous correlation between the level of the reflective functioning<sup>1</sup> and a development of a disorder has been noted in patients treated for chronic depression [6, 15], and eating disorders [6, 16, 17]. Research has shown significant correlation between the level of reflective functioning in a parent and a type of attachment pattern and the structure of behaviour in a child. This could partially explain why in children of parents suffering from a mental disorder, functioning disorders are more frequently diagnosed [18, 19]. The last significant function of mentalization in the clinical context is its impact on the ability to establish therapeutic alliance, to trust, and to cooperate with a specialist, to apply their recommendations and to adopt an active attitude during treatment. Research has shown that highly developed ability to mentalize constitutes an important factor that impacts the successfulness of the psychotherapy conducted in different paradigms and of other forms of psychiatric treatment [13, 20–22].

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<sup>1</sup> In the present paper, terms: “mentalization”, “to mentalize”, and “reflective functioning” are used interchangeably.

The ability to mentalize is an important factor in maintaining and strengthening proper mental functioning of an individual. Therefore, its measurement should be taken into consideration within the frame of diagnostic procedure in psychiatric and psychotherapeutic treatment and implemented through appropriately developed and designed tools. The concept of mentalization seems to gain more publicity and appreciation in the Polish therapeutic community. Publications that have recently become available in Polish [23, 24] broaden understanding of mental phenomena in terms of the concept of mentalization. An important aspect of its practical application that has not yet been explored in the Polish scientific and clinical community is the manner of measurement, analysis, assessment, and ability diagnosis, which constitutes the aim of the present article. The chapters that follow describe two methods of examining the ability – narrative analysis and questionnaire, and critically analyze and discuss their application in practice.

### **Examining mentalization through Reflective Functioning Scale**

Reflective Functioning Scale (RFS) is a classic tool of examining a level of the reflective function to assess the ability to mentalize. The term reflective function is an operationalization of the mentalization phenomenon. The Scale is used in the analysis of the narration obtained through an Adult Attachment Interview [25]. The interview focuses mainly on the relations with the main caregivers<sup>2</sup> from childhood. The choice of such a subject could be supported by the fact that mentalization is strictly connected with the system of attachment developed in relationships with the object of attachment and to a great degree depends on the quality of this relation. Recalling particular memories from childhood activates the context in which the described ability was developed and realized. The ability to mentalize developed in the context of the attachment relation plays a crucial role in emotional regulation and maintaining coherent self representation and personality structure [2, 26]. The way the narration is conducted, rather than its content, is evaluated and this is consistent with the assumption that mentalization is a procedural and implicit ability, automated to a great degree and deeply embedded in a personality structure [2]. It is assumed that the narration of the examined person is organized on the basis of the perception of their self, other person, and relations. It can be presupposed that its structure reflects the structure of those perceptions, that is, their multiplicity, complexity, the way they are linked, their saturation with emotions (particularly with fear), and availability.

Highly developed reflective functioning presumes understanding of the complexity and intransparency of the nature of mental states, the character of their relation with behaviour, the impact of the family and developmental context on their creation and the ability to recognize, acknowledge, and lift the diversity of perspectives. It pro-

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<sup>2</sup> In the present paper, terms: “guardian”, “object of attachment”, and “parents” are used interchangeably.

vides readiness to understand one's own behaviour as well as behaviour of others, by referring to emotional states, knowledge, intention and readiness to reflect on one's own and others' emotions [25]. A fragment of the statement regarding a participant's mother's death may serve as an example: "I experienced it even stronger because I had no previous experience with human death. I saw it for the first time. Maybe that's the reason. Besides there was rather some anger, not even sadness, but anger that she didn't deserve it"<sup>3</sup>. The participant is trying to identify and differentiate emotions and to understand more deeply the reasons behind them. He/she is also trying to understand the emotions by referring to his/her earlier experiences and to his/her understanding of certain events. Other examples would be statements which indicate perception of developmental differences between one's own feeling and those of other people: "I slept together with my mum for a long time and my father used to get a bit angry then. At that point I didn't know why he was getting so angry" or which indicate awareness that the experienced feelings may or may not be openly expressed: "I was a nervous child, I was afraid very often, but I wouldn't show it."

An individual with a highly developed reflective functioning spontaneously and eagerly engages in the attempt to understand mental states based on behaviour observation, while a person with a low level of the ability avoids it in an active or passive way [25]. A low level of mentalization ability is exhibited in statements that are too general and schematic, despite a clear instruction given to the participant to describe a specific situation: "Q: Please, describe the earliest remembered situation of your contact with your parents. A: The parent was always around and the contacts were maintained. Obviously, mother was the closest contact. I think in relations the contact between a child and a mother is always closer". Another example would be avoiding a reference to the emotional level in the description of one's relationship with the caretaker: "*There were sunny days, warm days, there were no... the way I perceive it, there were no rainy days then (laughter), although there were cold days at times... .*" A different example would be an open rejection of a question that requires mentalization: "Q: Do you feel that the experience influences you now, when you are adult? A: Of course. For sure it does in some way... In one way or another... Just don't ask in what way... ."

Research has shown satisfactory psychometric properties of RFS. Reliability measured stands at 0.59–0.91, which means good or very good level [6, 18]. Criterion validity of this tool has been confirmed by the results of numerous research showing that in persons diagnosed with mental disorders the level of ability is lower than in healthy persons [27], and by analyses comparing obtained results with the results of other tools [18]. The concept of mentalization is well grounded in the psychoanalytical theory, attachment concept and developmental psychology; its assumptions were

<sup>3</sup> All the above examples come from own research.

formulated on the basis of numerous empirical studies [28]. The crucial advantage of the described tool is the fact that its application corresponds with theoretical assumptions concerning mentalization enabling the study of abilities of procedural character, i.e. to a great degree, those which are subconscious or automated. Moreover, interview allows for in-depth analysis of life experience of the examined person and the way they are elaborated on, that is, the way this experience is organized and what personal meanings are attributed to it. Moreover, this tool may play not only a diagnostic role, but also a therapeutic one, since during an interview the examined person is asked to describe their experience, i.e. elaborate on them at a symbolic level.

The first limitation of the practical application of the described tool is the cost incurred both by the person conducting an interview and by the examined individual. It includes the financial costs of the training as well as the time spent – the interview itself lasts about 45–75 minutes, its transcription and analysis may require another few hours of work. Additionally, the person preparing a diagnosis must possess highly developed reflective function himself [29]. Because the assessment of the interview is to a great degree subjective, and not all criteria are sufficiently well described, the researcher is expected to show great sensitivity and have experience in conducting this type of diagnostics. The cost incurred by the examined person includes time and emotional costs – during an interview difficult memories concerning abandonment, pain, and sadness are discussed. The questions listed in the protocol of the interview leave some space for recollection of positive experiences (care, protection, consolation), but they do not purposefully draw the attention to this type of experience. Another current limitation is a low popularity of the tool. It seems that due to the above-described reasons, RFS is not widely used, and in the near future may be available only in large clinical and research centres. The lack of widespread use and application may have a negative impact on the development of the concept and the examination method. The third limitation concerns the application of such a complex tool to evaluate treatment progress [1]. While due to aforementioned advantages, application of RFS in the diagnostic process is possible and seems beneficial, its application to evaluate changes in a therapy seems to be a bit troublesome. The questions about experiences that have been covered and elaborated on during the treatment may seem unnatural and in the end as a result generate data that will not reflect the current level of the ability. Additionally, emotional engagement of a therapist and multiplicity of information obtained during conversations and observations of a patient during a treatment may significantly distort their ability to objectively evaluate the material obtained during an interview. The last reservation against the application of this method in clinical practice concerns its usage in diagnosing persons with limited cognitive resources or with low ability to integrate own experience and tendency to decompensation

### Examining mentalization through questionnaire method

The above described limitations of examining mentalization through narrative analysis may indicate a need to develop more economic and easier to use tools. Such an attempt has been undertaken in a few centres which in the last years have published results of the studies concerning questionnaire for measuring mentalization ability. Presently, PubMed database includes reports from the studies on the following questionnaires: Mentalization Questionnaire (MZQ) [27], Reflection Functioning Questionnaire for Youths (RFQY) [30], and Mental States Task<sup>4</sup> (MST) [29, 31]. The field literature also mentions a questionnaire developed by the authors of the RFS and mentalization concept called Reflection Functioning Questionnaire (RFQ), however, there are no generally available source materials yet [30].

The reports from the studies on the psychometric properties of the questionnaires indicate a satisfactory level of reliability ranging between 0.66 and 0.81 (Cronbach's alpha). Data on the criterion validity of the described tools has also shown its satisfactory level [27, 29, 30]. Good psychometric properties are undisputable advantage of the described tools and constitute the foundation for further studies on their development. The economical properties of the method are another advantage. This concerns both financial and time expenditure incurred above all by the researcher and the level of emotional engagement that is required of the examined person. It is an easily repeatable method and can be used for frequent monitoring of treatment progress. The opportunity to reflect upon own behaviour and attitudes connected with mentalization constitutes additional source of information which is an important supplement of the data received from the observer's (diagnostician's) perspective. Another important advantage of the questionnaire tools is their helpfulness in examining persons who finds it difficult to participate in the interview (suffering from difficulties in verbal expression, difficulties in focusing attention on one task for a longer time, strong psychomotor agitation, etc.). It is not unlikely that questionnaires may become important tools for mentalization measurement, similarly as it has happened with the research on attachment patterns in persons suffering from schizophrenia [32].

The first type of limitations of the application of questionnaire tools for examining mentalization are limitations of a practical nature. Presently, the results of the first study on psychometric properties of the described tools are available; within the frame of this research, analysis was conducted on a few homogeneous samples and it is necessary to replicate this on more diverse and larger samples [27, 29, 30]. Moreover, their application in clinical practice will be possible only after making necessary adaptations and normalizations to questionnaires for the Polish conditions which seems a rather distant

<sup>4</sup> MST is a tool created on the basis of the Mental States concept developed by S. Lecours, M.A. Bouchars et al. which to a large degree overlaps with the concept of mentalization by P. Fonagy, M. Target, H. Steele, M. Steele. There are, however, some differences between the two conceptualizations [31].

perspective. The second reservation is of substantial nature and concerns the range of the phenomenon measured by questionnaires. It seems that a simple, consisting of several items questionnaire does not allow effective measurement of the phenomenon of mentalization. For example, the results of the MZQ psychometric analyses indicate that the tool is not able to capture the complexity of the diagnosed ability when it is realized at a mature level [27]. Furthermore, we obtain information on the level of the ability, but we do not know why it occurs at this particular level. Based solely on questionnaire results, we can neither measure how a given level of mentalization impact the ability to organize experience, the level of emotional regulation, and the validity of reality testing. The sense the examined person gives to the communicated answers and what meaning can be ascribed to the lack of answer to particular questions is another important data that cannot be obtained through questionnaire. The third reservation concerns theoretical validity of the described tools. It is possible that the processes correlated with mentalization are measured. Questionnaires which are being described include such items as: "Most of the time I don't feel like talking about my thoughts and feelings with others", "Talking about feelings would mean that they become more and more powerful", "Often I can't control my feelings", "Often I don't even know what is happening inside of me", "If I expect to be criticized or offended, my fear increases more and more" [27]. Certainly, questionnaire examination does not allow a measurement of the ability that is procedural, automated and above all subconscious in its nature, which by definition and presented assumptions mentalization is [2]. The fourth reservation concerns possible distortion of answers. Due to changing social approval, impact of the defensive mechanisms, lack of insight [33], low motivation, preserved attitudes, needs or pathologic process [27], the subjective assessment formed by the examined person may be strongly distorted. Perhaps the assumption underlying the questionnaire method that examined person possesses ability for proper self-evaluation in relation to emotional experiences in the context of close bonds is unsubstantiated. Górska-Michałowska [33] shows that because of that, currently experimental ability tests and trails are mostly used in the emotional competence and self-regulation ability test.

### **Recapitulation**

In assessing the possibilities and benefits of application of different tools for measuring mentalization, substantive and practical criteria need to be taken into consideration.

First of all, in addition to examining the criterion validity and reliability, it should be consider whether a given tool has sufficient theoretical validity, i.e. whether it measures the ability as it is described and defined by the theory. Mentalization is a very complex ability, of a procedural nature, largely automated and specific in the context of given experience and relations. These types of assumptions are met within the frame

of RFS method, and to a small extent in the questionnaire examination. It should be emphasized that the satisfactory criterion validity is not sufficient to determine the helpfulness of the tool in the measurement of a given phenomenon.

Secondly, technical criteria such as efficiency, simplicity, and economic value of a tool indicate the advantage of the questionnaires over the narrative analysis. In terms of availability of the tool, currently, both measuring tools are equally difficult to access, although the future might bring a change in favour of questionnaire method. Another practical criterion concerns the dilemma between effectiveness and thriftiness of the measurement and the complexity of expected results. The solution of the dilemma certainly depends on the reality of clinical practice (for example, time allocated for a diagnosis). On the other hand, recognizing and reinforcing therapeutic aspects already present in the diagnostic process speaks in favour of measuring mentalization through interview and its analysis.

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