The Whys and the Hows of Assessing Mentalizing in Social Science Research
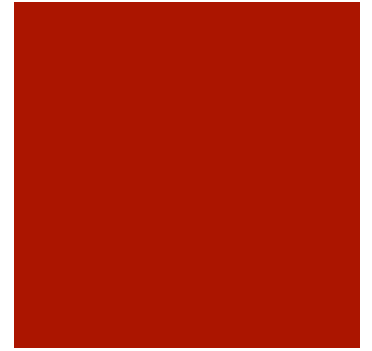
CRCF Research Seminar
November 26, 2014
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- *"dysfunctional mentalizing leading to disorders of self-experience occurs in all severe conditions leading to the referral to psychotherapy" (Fonagy, Bateman, & Bateman, 2011)*

Mentalizing

- "Thinking about thinking",

- Interpretation of behaviour in terms of intentional mental states,

- Relies upon secure attachment for development,

- Necessary for empathy, affect regulation,

- Fundamental for navigating social relationships

Characteristics of Good Mentalizing

- Security of mental exploration

- Curiosity

- Perspective taking

- Empathy

- Self reflection

- Comfortable with uncertainty

- Acknowledgement of opaque nature of mental states

- Acknowledgement of changeability of mental states

- Playful, engaged, flexible & not stuck
    - Adapted from * Luyten, P., Fonagy, P., Lowyck, B., & Vermote, M., (2012).

Characteristics of Bad Mentalizing

- Unreflective

- Rigid adherence to own perspective

- Unjustified certainty about self or other

- Automatic

- Distorted

- Overly focused on Internal of External factors

- Lack of interest in mental states

- Defensive attempts to avoid mentalizing

- Inability to regulate distress in relation to others
    - * Luyten, P., Fonagy, P., Lowyck, B., & Vermote, M., (2012).

Mentalizing and Trauma

- Strong associations childhood trauma and challenges with mentalizing

- Strong associations childhood trauma and challenges in interpersonal relationships

- Some empirical evidence for:
  - Mentalizing as a mediator between childhood trauma and later adverse outcomes
  - Mentalizing as a mediator between childhood trauma and later relationship distress (Fonagy & Bateman, 2006; Fonagy & Target, 1998; Stein & Allen, 2007)

- However—this evidence is limited (MacIntosh, 2013)
 - The reason for this is, primarily, related to measurement issues

Challenges with measurement
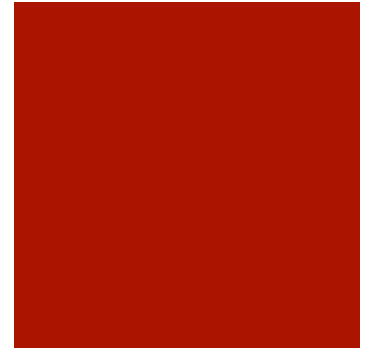
- Currently, only one validated method of measurement
    - RF Scale (Steele, Steele & Higgit, 1991)
    - Restricted to Adult Attachment Inventory transcripts

- Can one self report about their own mentalizing?
    - Attempts to develop self report measures-challenging

- Currently working on developing measures of mentalizing based on other forms of narrative
    - Transcripts from psychotherapy or research interviews

RF Scale (Steele, Steele & Higgit, 1991)

- Only validated measure

- Week long training followed by validation process
  - Also very expensive!

- Must administer AAI Interview
  - 1-1.5 hours

- All AAIs must be transcribed
  - Generally 2-3 hours to each hour

- All transcriptions must be scored
  - Generally 2-3 hours to each hour
  - Ideally would be scored by two independent raters

- Therefore—up to 20 hours per transcript and— only if you have AAI's
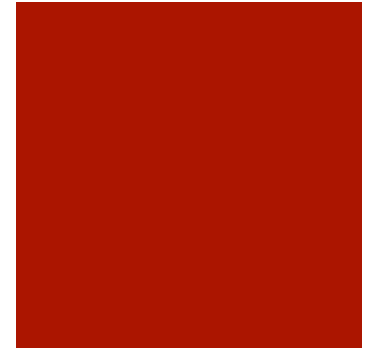
Novel approaches

- EFT & CSA Reanalysis
  - Coding for:
    - Moments of positive or negative mentalizing
    - Looking at therapist interventions and impact

- Coding by trained raters

- Analyzing qualitatively
  - Observing trends and themes

- Analyzing quantitatively
  - Statistical analyses of correlations between codes and time points

- **EFT Interventions**

- **Definition of Problematic Event**
- The problematic event is defined/redefined in terms of the emotions and needs underlying the positions taken in the relationship.
- The therapist elicits the couple's ideas/theories/beliefs about why the problematic event had developed
- The therapist clarifies and elaborated the basic positions taken by the partners in the relationship.
- The therapist asks the couple to disclose biographical data that may be relevant to explaining why the relationship is the way it is, such as how the parents' marriage influenced their own.
- **Attacking Behaviour**
- The therapist validates or develops the positions implied by negative behavior such as name-calling; such behavior is interpreted in terms of underlying needs and feelings.
- Negative behavior such as blaming or name calling is immediately stopped with authority on the part of the therapist and/or is defused by asking the blamer's theory on how he/she was attracted to and got involved with such a person.
- **Process Focus**
- The therapist probes for and heightens emotional experience, especially fears and vulnerabilities, clarifying emotional triggers and responses and focusing upon inner awareness.
- The therapist avoids and suppresses affective interchange, and/or behavioural interpretation, or confrontation. No feeling or behavior is accessed, confronted or interpreted.
- The interacting sensitivities underlying behavior are clarified and the meaning of individual emotional experience is interpreted in terms of the other partner and the relationship.
- The therapist invites the couple to speculate about general explanation they might consider for couples with similar problems and/or offers a possible theory to trigger the partners' thinking.
- Therapist keeps a focus on what is occurring in the present between partners.
- Therapist takes what is happening in the present and brings it back to the past, to their parents' relationship, to their background and upbringing.
- **Resolution of Problematic Event**
- Therapist facilitates expression of affectivity based needs and wants to the partner.
- Therapist helps each partner identifying and express to the therapist his/her expectations form the other partner without basing them in feelings
- Therapist helps clients to share their new perspective of each other and/or of the relationship, and to explore their new feelings in response to this new perspective.
- Therapist asks each partner to disclose opinions/thoughts/ theories about what throughout the sessions has led to improvement.
- **Other**
- 17.   Psychoeducation
- 18.   Containing Affect
- 19.   Reframing the problem in terms of the trauma
- 20.   Reframing the couple's interactional cycle in terms of the trauma
- 21.   Other…describe

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Preliminary thematic Findings

- Dual trauma couples:
  - One derails the other
  - Inverse relationship between partners at times of distress

- Single trauma couples:
  - As one increases capacity (non-trauma), they are able to scaffold the trauma survivor in maintaining some level of mentalizing in distressed states
  - As he mentalizes, she can join him but if he loses it, she can't maintain it


- Therapists
  - In response to failed mentalizing therapists increase cognitive interventions and utilizes larger diversity of interventions
    - i.e. less reliance on affective heightening as primary intervention mode

Summary mentalizing coding process

- Is it more applicable
    - Could be applicable to any psychotherapy process
    - Trauma survivors more applicable

- Is it more cost effective?
    - Each coder must be trained and checked
        - 8-10 hours?
    - Each transcript must be coded
        - 2 hours
    - So—somewhat

- Is it less onerous?
    - Well, we have had many, many coders who have come and gone,
    - We have paid 5 coders
    - We are still not done with 9 couples and an average of 15-20 sessions each

- What is the output?
    - Well, that is hard to say
    - Once one has all of the data, what does one do with it?
    - Currently we are trying to do both thematic and quantitative analyses—looking for patterns between codes but…
        - It is taking a long, long, long time!

Computerized Text Analysis
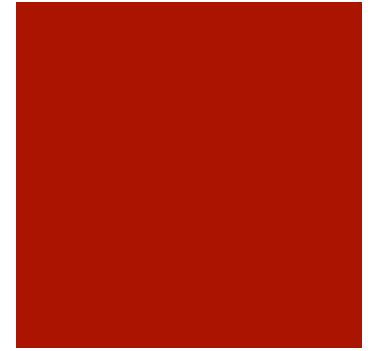
- Computerized text analysis of couple therapy sessions
  - Best and Worst sessions rated by participants
  - These sessions transcribed
  - Separating each participant in transcription
  - Analyzing sessions for high and low mentalizing

- Preliminary Results
  - *Thanks to Toni's help in figuring out the ins and outs of the software and exploring options for analyzing the data!*

	Groups	N	Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
CRF	Partner	18	1296.22	606.245	142.893			
	CSA	18	2148.17	687.987	162.16	-3.942	33.47	0
CRF>high	Partner	18	618.44	293.69	69.223			
	CSA	18	1029.33	351.861	82.934	-3.804	32.947	0.001
CRF>low	Partner	18	677.78	321.742	75.835			
	CSA	18	1118.83	345.028	81.324	-3.966	33.835	0

	Groups	N	Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
CRF	CSA W	9	2203.89	778.55	259.517			
	CSA B	9	2092.44	626.651	208.884	0.335	15.301	0.743
CRF>high	CSA W	9	1039	405.236	135.079			
	CSA B	9	1019.67	314.105	104.702	0.113	15.063	0.911
CRF>low	CSA W	9	1164.89	377.534	125.845			
	CSA B	9	1072.78	325.062	108.354	0.555	15.655	0.587
	CSA W	9	3595.89	1348.395	449.465			
Total	CSA B	9	3439.89	1067.927	355.976	0.272	15.202	0.789

	Groups	N	Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
CRF	PW	9	1589.67	677.583	225.861			
	PB	9	1002.78	357.968	119.323	2.298	12.143	0.04
CRF>high	PW	9	757.33	335.512	111.837			
	PB	9	479.56	165.282	55.094	2.228	11.667	0.046
CRF>low	PW	9	832.33	355.807	118.602			
	PB	9	523.22	199.074	66.358	2.274	12.562	0.041
Total	PW	9	2647.22	1115.317	371.772			
	PB	9	1661.11	589.983	196.661	2.345	12.152	0.037

What might this mean?

- No "cut offs"
  - Can only measure concrete numbers of high and low
  - This gives you information relative to others in sample but no "norms" as yet

- So, all we can say is:
  - CSA survivors use more (in total numbers) RF words in sessions than partners
    - That is high and low RF
  - CSA survivors do NOT use more high or low RF words in best or worst sessions
  - BUT—Partners DO use more high and low RF words in worst sessions than best

- And—Well, we could suggest that survivors are always struggling to mentalize in All sessions whereas partners are only "working' hard to mentalize in "worst" sessions

- But..,because we have no norms or cut offs, we can only speak to our own sample
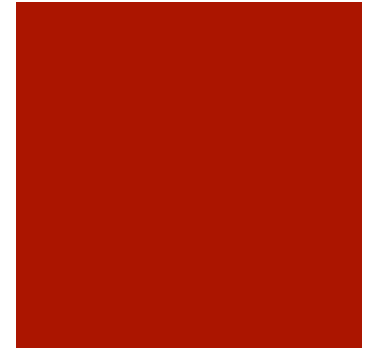
Summary CTA

- Is it more applicable
    - Could be applicable to any psychotherapy process
    - Could be applicable to any transcript

- Is it more cost effective?
    - Each session must be transcribed and then each participant segregated
    - The software is free and the analysis is pretty easy
    - So, overall, yes, much cheaper

- Is it less onerous?
    - The transcribing is really the only onerous aspect and this is something you would be doing for any psychotherapy process research
    - Certainly more onerous than a valid self report measure but…

- What is the output?
    - Well, that is hard to say
    - What do the numbers mean?
    - They mean something in relative terms but, what do they mean in and of themselves?

Next Steps

- Continue to hone procedures

- For Mentalizing Coding
  - Work towards developing a method of identifying key moments and coding that requires less intensive time commitment
  - Work towards developing a method of data analysis that identifies patterns between codes

- For CTA
  - Work towards developing means and cutoffs for high, medium and low mentalizers in different populations and settings