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Reflective functioning: A review☆

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HIGHLIGHTS

- The theoretical background and the development of the RF scale is outlined.
- Empirical studies of RF are reviewed.
- Directions for future research are discussed.

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ABSTRACT

Reflective functioning offers an empirically grounded framework for the assessment of mentalization. This article briefly outlines the theory of mentalization and the development of the Reflective Functioning (RF) scale (Fonagy, Target, Steele, & Steele, 1998). It then offers a review and discussion of empirical studies of parental RF regarding the role of RF in linking adult and child attachment and parental RF in the context of psychopathology. Furthermore, empirical studies on RF in relation to different psychiatric populations and to the role of RF in psychotherapy process and outcome are reviewed and discussed. Although research on RF is still relatively limited, evidence seems to support the relevance of RF as an empirical measure in the fields of attachment, psychopathology and psychotherapy research. However, the RF scale has certain limitations due to the extensiveness of the measure, which future research should take into account.

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1. Introduction

Reflective Function (RF) is the operationalization of the mental processes that underpin the capacity to mentalize and provides an empirically grounded framework for understanding this complex human ability. RF is the result of a combination of the increasingly popular psychoanalytic concept of mentalization and the well-established empirical research traditions of attachment theory. Since the original development of the RF scale (Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Fonagy, Target, Steele, & Steele, 1998), the instrument has shown its usefulness in the study of parent–infant attachment, psychopathology and psychotherapy. This review article outlines the theory and the development of the scale and reviews empirical findings from the various studies that have used the RF scale, ranging from developmental to clinical psychology. Only results directly related to RF will be examined. For a more exhaustive survey of the different studies, please consult the individual references.

2. An outline of the theory behind RF

Mentalization, or RF, has been defined as the capacity to understand and interpret – implicitly and explicitly – one's own and others' behaviour as an expression of mental states such as feelings, thoughts, fantasies, beliefs and desires (Fonagy, Gergely, Jurist, & Target, 2002). It is conceptually related to other psychological constructs and shares a great deal of overlap with concepts such as, for example, empathy and metacognition. However, mentalization, and RF, is concerned with the appreciation of mental states not only in relation to others, but equally in relation to the self thereby distinguishing it from empathy (Allen, Fonagy, & Bateman, 2008; Choi-Kain & Gunderson, 2008). On the other hand mentalization is more limited in scope than metacognition, defined as "cognition about cognition" (Smith, Shields, & Washburn, 2003, p. 318), given that it only refers to thinking and feeling about mental states, while at the same time encompassing an implicit component which extends it "beyond thinking in its deliberate sense" (Allen et al., 2008, p. 49).

The theory of mentalization is based on two different but complimentary theories — the social biofeedback theory (Gergely & Watson, 1996) and a theory of the development of psychic reality (Fonagy & Target, 1996). The social biofeedback theory focuses on the early caregiver–infant interaction and how this constitutes the affect-regulatory aspects of this early relation. This theory argues for a complex bio-social system in which infants instinctively communicate dynamic affective changes through its behaviour and the mother responds to these by mirroring the infant's affective state *markedly*. It is essential that the affective mirroring is *marked*, as this communicates to the infant that the mother's reaction is not representative of her own affective state. This bio-social system contributes to the constant regulation of the infant's affective states. By internalizing the caregiver's representations of its primary affective states as *secondary* representations, the infant incorporates these into its own representation of self.

The theory of psychic reality focuses on the three modes used by the young child to represent psychic reality and the integration of these modes into a mentalizing capacity (Fonagy & Target, 1996; Fonagy et al., 2002). *Psychic equivalence* mode refers to the young child's experience of the world in which the internal world is equated with the outer reality. The world *is* how the child perceives it, given that the child has no understanding of thoughts and feelings as mental representations. In *pretend* mode, on the other hand, the young child can separate internal and external reality; however, this is only possible if the two are kept strictly apart, such as in play. *Teleological* mode refers to an experience of the world in which mental states are not represented and consequently must be expressed in action. In normal development, these modes of thinking are integrated into a mentalizing capacity in which the child begins to understand thoughts and feelings as mental representation expressed through behaviour. Although the ability to develop the capacity to mentalize is innate, the capacity to mentalize is a developmental achievement, which depends on the quality of caregiving a child receives. Pathological development interferes with the integration of these different modes of thinking, resulting in an inhibition of the mentalizing capacity.

3. The development of the RF scale

While reading transcripts from the Adult Attachment Interviews (AAI; Main & Goldwyn, 1990) collected as part of the London Parent–child Project, Fonagy et al. (1991) noticed a great variation in the extent to which participants' responses included attempts to understand the behaviour of themselves and others in terms of mental states (Steele & Steele, 2008). At first, this particular phenomenon seemed mostly captured by the metacognitive monitoring scale on the AAI, which measures the ability to monitor and reflect on one's own speech and thought processes. Nevertheless, the metacognitive monitoring scale has a much more restricted focus, in that it only measures the interviewee's "on-line" reflection on his or her own discourse, such as for instance commenting on a contradiction or noting that one has changed perspective on something. Therefore, their work soon led to the development of a separate scale originally termed the Reflective Self, and later renamed as the Reflective Function scale (RF) (Fonagy et al., 1998). The coding system developed from this process was based on the following dimensions: (1) an awareness of the nature of mental states (2) the explicit effort to tease out mental states underlying behaviour (3) the recognition of developmental aspects of mental states and (4) mental states in relation to the interviewer.

RF is coded by assigning ratings depending on the level of reflection on the different passages in the AAI with the questions that directly encourage the subject to reflect ("demand" as opposed to "permit" questions) carrying more weight. The eight demand questions refer to questions of (a) to which parent an interviewee felt closer, (b) whether he or she has experienced rejection from the parents, (c) how he or she interprets the caregiver influence on his or her development, (d) if there were any setbacks, (e) why parents behaved as they did, (f) how he or she reflects on the experience of death and loss, (g) how the relationship to the parents has changed from childhood to adulthood, and (h) how he or she reflects on the quality of the current relationship to the parents and partner (Taubner, White, Zimmermann, Fonagy, & Nolte, 2013). Finally, a global score is given, based on the different individual ratings combined with a consideration of the interview as a whole. Ratings fall on an 11-point scale between −1 and 9 with −1 referring to a *systematic dismissal*, *derogation* or *hostility at any attempts at reflection*. A score of 9 refers to an *exceptional sophistication in the understanding of complex mental states*, whereas a score of 5 is given to interviews, which show convincing indications of a *coherent model of*

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