The current rating system

In order to test his theory, he developed a scale to assess various aspects of reflective function (e.g., understanding a developmental perspective, understanding the opaqueness of mental states, and the possible defensive nature of mental states). Consistent with his theory, Fonagy found that caregiver reflective function predicted baby’s functioning in a laboratory procedure. In a later study, Fonagy and colleagues found that high reflective function acted as a buffer against the negative affects of traumatic experiences.

Subsequent clinical research using this scale has found that reflective function can improve during the course of psychotherapy even for severely disturbed patients with personality disorders (Levy et al., in press). Levy et al. (2005) also found that reflective function was related to a number of neurocognitive mechanisms including attentional capacities, executive functioning, and impulsivity. These neurocognitive capacities are central to the difficulties experienced by people with personality disorders.

Advantages

Fonagy created a scale that is both conceptually rich and practical, without research in the area of mentalization may not have been possible. The scale consists of an 11 point likert scale ranging from -1 (rejection of reflection) to 9 (highly sophisticated reflection). To increase precision and understanding, Fonagy’s manual offers an in-depth explanation of the theory behind reflective function and explanations what each level of reflection may look like to the coder.

Disadvantages

As beneficial as the reflective function concept has been for understanding a wide range of outcomes, research in this area has been hampered by problems with the current scale. The scale was developed to be used with the Adult Attachment Interview (AAI; Main, 1993), which is audio taped and currently has to be transcribed in order to use the coding system. Transcription of these interviews typically takes six to eight hours per interview. The scale’s dependence on this interview limits its applicability in psychotherapy process research and other areas of clinical research.

Additionally, despite the richness of this scale, it is cumbersome and only provides a single score. The single score limits our understanding of the complexity of reflective function and our capacity to examine the psychometrics of the measure (e.g., the factor structure). In order to better understand the validity of this promising construct a more applicable versatile, differentiated measure of reflective function needs to be developed.