

ASSESSING CHANGE IN MENTALIZATION IN PSYCHODYNAMIC CHILD PSYCHOTHERAPY



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INTRODUCTION

Mentalization is defined as the ability to perceive and interpret one's self and others' behaviors with regard to the underlying mental states –such as feelings, needs, wishes, beliefs or purposes (Fonagy & Target, 1998).

Research shows that child and adolescent psychopathology may be associated with difficulties in mentalizing (Ensink, Bégin, Normandin, & Fonagy, 2016). Children with behavior problems have significantly lower child reflective function (CRF; Bizzi, Ensink, Borelli, Mora, & Cavanna, 2018) and externalizing children are more likely to use distorted and pseudo-mentalization, which refer misattribution of intentions to others.

There is a limited research that found significant change in mentalization after psychodynamic psychotherapy in a single case study with neglect (Ramires, Schwan, & Midgley, 2012) and in a sample of adolescents with depression (Belvederi et al., 2017).

Since the concept of mentalization is strongly associated with the use of mental state words in discourse or thinking, mentalization was operationalized as mental state talk in this study.

AIM OF THE PRESENT STUDY

Purpose of the present study was to investigate gains in mentalization capacity at the end of psychodynamic psychotherapy with outpatient Turkish children. This study aimed to find

- improvement on appropriateness
- improvement on causal connections in children's mental state talk after treatment.

METHOD

PARTICIPANTS

62 Turkish children, ages 4-10 years old

- Aggressive, rule-breaking behaviors (38%)
- Anxiety, depressive problems (36%)
- Social problems (26%)

TREATMENT

Psychodynamic play therapy; once a week therapy sessions

MEASURES

Background information: Intake forms

Trauma history measure: *Adverse Childhood Experiences (ACE) questionnaire* (Murphy et al., 2007; Dube et al., 2003)

Attachment measure: *Attachment Doll Story Completion Task* (Bretherton, Oppenheim, Buchsbaum, Emde, & the MacArthur Narrative Group, 1990)

Mentalization measure:

The Coding System for Mental State Talk in Narratives (CS-MST; Bekar, Steele, Steele, 2014)

Assessment of mentalization capacities through different dimensions of mental state talk in narratives (i.e., emotion, cognition, perception, physiological, action-based mental state words)

- Mental state words were coded as impaired (inappropriate) if the narrator shuts down genuine thought about mental states despite using mental state words and/or makes inappropriately hostile and negative attributions to mental states
- Mental state words were coded as causal if the narrator uses mental state word within a cause-and-effect relationship (e.g., conjunctions such as "because", "so", "that's why")

PROCEDURE

The parents and children were invited for a meeting to administer the research protocol by master's level research assistants in both pre and post-treatment. The parents filled out the Background Questionnaire, and the ACE. The children were administered the ASCT. All the assessments were videotaped, transcribed and coded for ASCT security ratings and CS-MST by trained coders.

ANALYSIS & RESULTS

A repeated-measures ANCOVA was conducted to compare pre and post treatment mental state talk variables.

- Because some associations was found between age, gender, attachment security, adverse experiences and mental state talk variables, we controlled for these variables in the analysis.
- In order to ensure that mental state talk categories were not affected by overall verbosity, word count was controlled by dividing each child's mental state talk frequencies by the total word count.

A repeated-measures ANCOVA revealed that children demonstrated significant reduction in using impaired mental state talk, $F(1, 56) = 5.05, p < .05$, while their ability to establish causal connections did not significantly change, $F(1,56) = .843, p = .36$, from pre-to-post treatment, after controlling for children's age, gender, attachment security and adverse experiences.

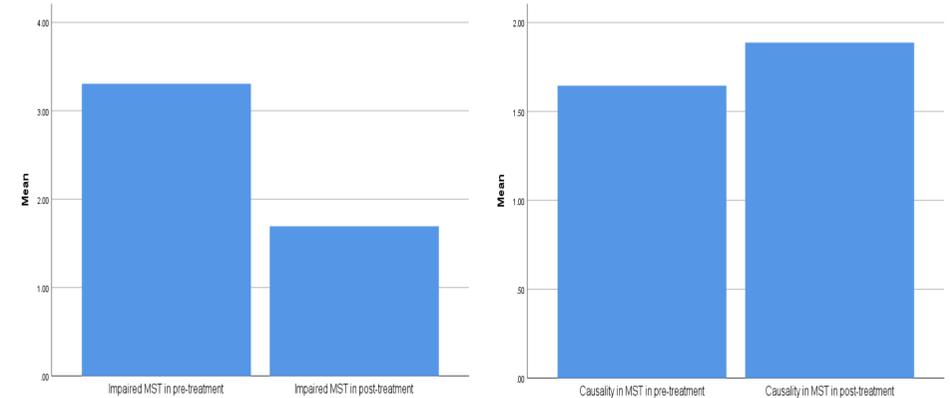


Figure 1. Means of impaired and causal mental state talk variables before and after therapy (n=62)

DISCUSSION

- Considering the restricted amount of process research within the child psychotherapy literature, these findings provided preliminary support that children with mentalization deficits may benefit from psychodynamic psychotherapy especially with respect to making more appropriate attributions to themselves and others.
- This results support that the function of pretend play in psychodynamic child therapy might be a fundamental area for facilitating the development of genuine mentalization in parallel with previous literature which has shown positive associations between mentalization skills and pretend play (Garner, Dunsmore, & Southam-Gerrow, 2008).
- Therapy may promote inquisitive approach as to the awareness of the opacity of mental states through pretend play and better affect regulation capacity, which in turn supports children's capacity to make more appropriate attributions to themselves and others.
- Using causality in mental state language may also be related to language development of children. Causal statements are often complex words, i.e., conjunctions, and developmentally late emerging forms (Lahey, 1978). Accordingly, even if young children can make connections between mental states and behaviors, using causal words may be a subsequent ability.
- This study further highlights multidimensional nature of mentalization by examining its different dimensions (i.e., appropriateness, causality).

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