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*Original Article*

# Validation of a Self-Report Measure of Mentalizing: The Reflective Functioning Questionnaire

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## *Abstract*

**Background and Aim:** Reflective functioning is an important psychological construct, but its measurement tools lack validation in Persian-speaking populations. This study aimed to assess the reliability and validity of the Reflective Functioning Scale in Persian, as validating this tool is crucial for enabling rigorous research and clinical assessment of mentalizing in Persian-speaking populations.

**Materials and Methods:** This study employed a cross-sectional design. Out of 70 initial participants, 60 met the criteria. After excluding 9 participants for various reasons, the final sample consisted of 51 participants. In this study, three instruments were used for assessments: the Revised Adult Attachment Scale (RAAS), the Reflective Function Questionnaire for Adults (RFQA), and the Eye Test - Revised Version. All testing procedures were conducted daily at a hospital in Shiraz.

**Results:** Reliability analyses showed good internal consistency ($\alpha = 0.78$), split-half reliability (0.77, adjusted to 0.79), and test-retest stability over three weeks ($r = 0.80$), while content validity was confirmed by expert review with a high content validity index (CVI = 0.81). Reflective functioning showed strong positive correlation with secure attachment ($r = 0.60$) and social cognition ($r = 0.65$), moderate negative correlation with avoidant attachment ($r = -0.45$), and weak to moderate negative correlation with ambivalent attachment ($r = -0.35$), supporting the RF tool's good convergent validity across attachment styles and social cognitive abilities.

**Conclusion:** This study demonstrated that the Reflective Functioning Scale has acceptable reliability and validity, making it a suitable tool for assessing mentalizing ability in Persian-speaking populations.

**Keywords:** Mentalization, Reflective function, Reliability, Validity

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# Introduction

The concept of reflective functioning (RF), often used interchangeably with mentalizing, gained prominence initially through research on borderline personality disorder (BPD) (1, 2) and parent–infant attachment relationships (3, 4). Mentalizing refers to the ability to consider and interpret internal mental states, such as emotions, desires, goals, and attitudes, concerning both oneself and others. Research indicates that this capacity typically develops within the context of secure attachment bonds. Conversely, disruptions in attachment—especially when combined with environmental and genetic vulnerabilities—have been linked to deficits in mentalizing (5). Such deficits are believed to contribute significantly to a range of psychological disor ders and maladaptive behaviors, including BPD (6,7), eating disorders (EDs) (8, 9), depression (10), and antisocial personality disorder (11). These insights have also paved the way for various mentalization-based therapeutic interventions, which have demonstrated empirical support through randomized controlled trials and naturalistic studies (12-17).

Brief self-report measures of reflective functioning have demonstrated solid psychometric properties across diverse populations. Research reported good internal consistency (Cronbach's $\alpha = 0.80$) and moderate four–week test–retest stability ($r = 0.70$) in both clinical and non-clinical Spanish samples, with exploratory and confirmatory factor analyses supporting a unidimensional structure (18). Another research further confirmed convergent validity in a sample of parents, finding significant correlations between RFQ/PRFQ subscales and interview-based Reflective Functioning Scale ratings ($r = 0.45–0.56$) and reporting Cronbach's α for the RFQ between 0.69 and 0.78 (19). Subsequent refinements have sought to optimize the measure's structure and content coverage. In an Italian adolescent cohort, a 6-item RFQ was derived by removing poorly performing items, achieving $\alpha = 0.75$, demonstrating measurement invariance, and linking scores to alexithymia and psychological symptoms (20). However, another study cautioned that the RFQ may predominantly capture hypomentalizing and overlap substantially with emotional lability, underscoring the need to add items or employ alternative methods—such as interview-based scales—to encompass hypomentalizing tendencies (21) fully.

While various self-report tools have been created to evaluate mentalizing-related constructs such as mindfulness, perspective-taking, empathy, theory of mind, alexithymia, and psychological mindedness (22, 23), there is currently no self-report Persian questionnaire specifically designed to assess reflective functioning (RF) (23). Despite the importance of reflective functioning in understanding psychological and clinical processes, no validated and culturally adapted instrument has been available for Iranian populations. This gap has limited researchers and clinicians in accurately assessing and studying mentalizing within the Iranian cultural context. Therefore, the development and validation of standardized tools in Persian is essential to enable more rigorous research and more effective clinical interventions in this domain.

# Methods

This cross-sectional study was conducted in accordance with ethical approval (IR.SUMS.REC.1397.639) granted by the Research Committee of Shiraz University of Medical Sciences. The study population comprised individuals with an initial and primary diagnosis of borderline personality disorder (BPD) who sought treatment at the Day Center of Hafez Hospital in Shiraz. Of the initial 70 candidates, 60 met the predefined inclusion criteria. Nine participants were subsequently excluded due to not meeting the inclusion criteria ($n = 2$), residing outside Shiraz and being unable to attend ($n = 4$), or declining to participate ($n = 3$). The final sample consisted of 51 participants. All screening and assessment procedures were carried out daily at the Day Center of Hafez Hospital.

Patients were selected through targeted sampling, and those who met the inclusion criteria were selected. Inclusion criteria were 1) being in the age range of 18, 2) having at least a primary school education, 3) having received a diagnosis of BPD by a psychiatrist, and 4)being primarily diagnosed with a disease for BPD. The exclusion criteria included 1) being dependent on a substance (but not substance abuse), 3) receiving any

psychotherapy treatment, and 4) being admitted to psychiatric wards during treatment. They were then informed about the study's objectives and signed a written informed consent form.

# Materials

Demographic questionnaire on age, education level, marital status and the type and dose of drugs. Participants completed the following questionnaires:

**Reflective Function Questionnaire for Adult (RFQA)**

The Reflective Function Questionnaire is a 54-item self-report questionnaire designed to measure one's own reflective functioning and that of others. The answers are graded on a 7-point Likert scale from I totally disagree to I totally agree. The internal consistency was reported to be 0.77 using the Cronbach's alpha method for the overall score. The correlation of each item with the total score for the whole scale ($r = 0.29$, $p \leq 0.001$) was at the desired level (24). This questionnaire was translated and validated in this study. The reliability of this scale was also examined through internal consistency, as measured by Cronbach's alpha, which was significant ($\alpha = 0.71$). Confirmatory factor analyses used to assess validity supported the one-dimensional model (RMSEA = 0.07).

**Revised Adult Attachment Scale (RAAS)**

Adult Attachment Scale Created by Collins and Reid (1990) and revised by Reid (1996). It has 18 items that are measured on a 5-point Likert scale, ranging from 1 (not at all my feature) to 5 (completely my feature). The lowest score on this scale is 18, and the highest is 90. This scale has three subscales: secure, avoidant, and ambivalent attachment styles. The internal consistency of Cronbach's alpha method in the original version was 0.75, 0.72, and 0.69, respectively. The correlation of each item with the corresponding factor was at the desired level (25). The reliability of the Persian version, as measured by the one-month test-retest method, was 0.81, 0.78, and 0.85 for secure, avoidant, and ambivalent attachment styles, respectively (26). In the present study, the internal consistency, as measured by Cronbach's alpha, was 0.72, 0.71, and 0.79 for secure, avoidant, and ambivalent attachment styles, respectively.

**Eye Test-Test Revised Version**

It is a 36-item measure originally developed to measure social cognition in adults. This test consists of 36 different states of players' and artists' eyes. Four words are assigned to each photograph to describe the mental states that share a similar emotional capacity. The respondent should choose the option that best describes the mental state in the picture, only with visual information. The maximum achievable score for choosing the correct words in this test is 36, and the minimum is 0. Test-retest reliability was significant ($r = 0.68$, $p \leq 0.001$). To evaluate the validity, correlation with social skills was used ($r = 0.43$, $p \leq 0.001$) (27). In the Persian version, the reliability, as measured by Cronbach's alpha, was significant ($\alpha = 0.72$). To evaluate the validity, correlation with social skills was used ($r = 0.27$, $p \leq 0.001$) (28). In this study, Cronbach's alpha was 0.72. Reliability of the instrument was evaluated using multiple methods. Internal consistency was assessed through Cronbach's alpha coefficient. The split-half reliability was calculated, and the Spearman-Brown prophecy formula was applied to adjust the split-half reliability estimate. Furthermore, test-retest reliability was examined by administering the instrument to the same participants after a three-week interval, allowing for the assessment of the measure's temporal stability. The content validity of the instrument was established through evaluation by a panel of experts, who reviewed the items for relevance, clarity, and representativeness of the construct. To assess convergent validity, the scores obtained from the instrument were correlated with those from the Eye Test-Test Revised Version (a measure of mentalizing ability) and the Revised Adult Attachment Scale (RAAS).

# Results

All of the participants were diagnosed with BPD and were residing in Shiraz. The age range of subjects was between 18 and 27 years old, with an average of 22.61 and a standard deviation of 2.38. Additional demographic information is provided in Table 1. The mean and standard deviation of the participants' questionnaire scores are shown in the Table 2.

**Reliability**

Reliability of the instrument was evaluated using multiple methods. Internal consistency was assessed using Cronbach's alpha coefficient, which yielded a value of 0.78, indicating good reliability. The split-half reliability was calculated, yielding a coefficient of 0.77. The Spearman-Brown prophecy formula was then applied to adjust this estimate to 0.79, confirming the instrument's consistency. Furthermore, test-retest reliability was examined by administering the instrument to the same participants after a three-week interval. The correlation between the two administrations was 0.80, demonstrating adequate temporal stability of the measure.

**Validity**

The content validity of the instrument was established through evaluation by a panel of experts, who reviewed the items for relevance, clarity, and representativeness of the construct. The experts confirmed that the items adequately captured the essential aspects of reflective functioning, resulting in a high content validity index (CVI) of 0.81. Secure Attachment: This positive and relatively strong correlation (r = 0.60) indicates that reflective functioning (RF) is appropriately aligned with the secure attachment style. Theoretically, individuals with secure attachment are typically more capable of understanding, interpreting, and regulating both their own mental states and those of others. This finding supports the high convergent validity of the RF tool, as mentalizing ability is expected to be directly related to interpersonal security.

Avoidant Attachment: The moderate negative correlation (-0.45) between RF and avoidant attachment is consistent with theoretical foundations. Individuals with an avoidant attachment style tend to avoid introspective and reflective processes, often distancing themselves from their own and others' emotions. Therefore, this negative correlation indicates that the RF tool accurately identifies lower levels of mentalizing ability in individuals with avoidant attachment, further supporting good convergent validity.

Ambivalent Attachment: This weak to moderate negative correlation (-0.35) also aligns with theoretical expectations. The ambivalent attachment style is characterized by emotional turmoil, cognitive confusion, and contradictory dependency, which can disrupt reflective functioning. Hence, this correlation also suggests the RF tool's ability to detect reduced mentalizing capacity in this attachment style.

Social Cognition: This is the highest reported correlation coefficient (0.65), indicating a strong relationship between reflective functioning and the ability to understand others' mental states. Since social cognition and mentalizing are closely related and overlapping (though not identical) constructs, this strong correlation further confirms the high validity of the RF tool in measuring a relevant and fundamental psychological construct (Table 3).

Taken together, these correlation coefficients suggest that the Reflective Function Questionnaire (RFQ) demonstrates good convergent validity. Strong positive correlations with related constructs (such as secure attachment and social cognition), and moderate negative correlations with insecure attachment styles (avoidant and ambivalent), indicate that the tool effectively reflects reflective functioning within a psychological context. This pattern of associations is particularly valuable in clinical and developmental research due to its diagnostic and investigative significance.

**Table 1.** Descriptive characteristics

| **Variable** | | **Total** | |
|---|---|---|---|
| | | **Mean** | **Sd** |
| Age | | 22.61 | 2.38 |
| Sex | Male | 11 | |
| | Female | 25 | |
| Marriage | Single | 29 | |
| | Married | 3 | |
| | Divorced | 4 | |
| Education | Diploma | 5 | |
| | BM | 24 | |
| | MA | 7 | |

**Table 2.** Mean and standard deviation and test-retest correlation coefficient with an interval of 3 weeks

| Variable | Test | Re-Test | Correlation coefficient |
|---|---|---|---|
| | Mean ± SD | Mean ± SD | |
| Secure attachment | 19.80±4.08 | 19.01±4.21 | 0.86 |
| Avoidant attachment | 17.94±3.15 | 17.59±3.89 | 0.80 |
| Ambivalent attachment | 21.47±4.37 | 20.98±4.13 | 0.79 |
| Reflective function | 144.32±41.82 | 142.29±40.57 | 0.80 |
| Social cognition | 19.71±2.70 | 20.38±3.01 | 0.87 |

**Table 3.** Correlation coefficient

| | Reflective function | Secure attachment | Avoidant attachment | Ambivalent attachment | Social cognition |
|---|---|---|---|---|---|
| Reflective function | 1 | - | - | - | - |
| Secure attachment | 0.60 | 1 | - | - | - |
| Avoidant attachment | -0.45 | -0.42 | 1 | - | - |
| Ambivalent attachment | -0.35 | -0.30 | 0.22 | 1 | - |
| Social cognition | 0.65 | 0.55 | -0.35 | -0.25 | 1 |

$p < 0.01$

# Discussion

In this study, first, the demographic characteristics of the participants (n = 36), all diagnosed with borderline personality disorder (BPD) and residing in Shiraz, were described. The mean age was 22.61 years (SD = 2.38), with a range of 18 to 27 years, indicating a relatively homogeneous sample in terms of age. The majority were female (n = 25), single (n = 29), and held a bachelor's degree (n = 24). This distribution reflects the typical clinical BPD population and limits the generalizability of the findings to similar age and educational groups.

**Reliability**

Internal consistency (Cronbach's α = 0.78): An alpha above 0.70 in psychological measures indicates adequate internal cohesion and sufficient inter-item correlation. Recent reviews suggest that α ≥ 0.70 is acceptable for early-stage research, and values approaching 0.80 are preferred for applied settings. An α of 0.78 thus indicates adequate item homogeneity without redundancy. When corrected via the Spearman–Brown formula, split-half reliabilities above 0.75 are considered satisfactory in psychometric research. The close correspondence between 0.79 and the α coefficient further supports the consistency of the tool (29).

Split-half reliability (0.77; Spearman–Brown corrected = 0.79): These values confirm that a random division of items into two halves yields acceptable consistency between halves, and the Spearman–Brown prophecy formula estimates overall test reliability at approximately 0.79. Guidelines for clinical self-report measures classify correlations of 0.80–0.89 as high temporal stability, indicating that the instrument reliably captures a relatively stable construct over a moderate interval (30).

Test–retest reliability (r = 0.80): Measured over a three-week interval, the high correlation (r = 0.80) between the two administrations demonstrates good temporal stability of the questionnaire. Because all reliability coefficients exceed 0.75, the instrument can be considered to have acceptable reliability. Guidelines for clinical self-report measures classify correlations of 0.80–0.89 as "high" temporal stability, indicating that the instrument reliably captures a relatively stable construct over a moderate interval (31).

**Validity**

Content validity: Evaluated by a panel of experts in psychotherapy and attachment theory, the items were judged for relevance to the constructs of Reflective Function (RF) and Social Cognition. The resulting Content Validity Index (CVI) was 0.81, exceeding the 0.80 threshold and indicating comprehensive coverage of the theoretical domains. Methodological studies recommend a Scale-level CVI of at least 0.80 when

evaluated by expert panels. A CVI of 0.81 indicates that domain experts judged the items to represent adequately the constructs of Reflective Function and Social Cognition (32, 33).

Reflective Function and Secure Attachment (r = +0.60): A strong positive correlation indicates that participants with greater capacity to understand and reflect upon their own and others' mental states report more secure attachment styles. This finding aligns with attachment theory, which posits that a secure base fosters the development of reflective functioning.

Reflective Function and Avoidant Attachment (r = –0.45): The moderate negative correlation suggests that the emotionally distant, self-reliant stance characteristic of avoidant attachment is associated with reduced reflective functioning.

Reflective Function and Ambivalent (Anxious) Attachment (r = –0.35): A weak to moderate negative correlation suggests that anxiously attached individuals—whose preoccupation with abandonment drives constant reassurance-seeking—may exhibit less stable reflective functioning, with contextual factors exerting a greater influence.

Reflective Function and Social Cognition (r = +0.65): A strong positive correlation between these constructs underscores the close link between the ability to parse and interpret mental states (RF) and the capacity to understand and predict social behavior.

The observed correlations fall into the moderate-to-strong range, aligning with theoretical expectations regarding mentalizing and attachment constructs (32). Overall, the pattern of correlations fits well within the person-centered psychotherapy framework and mentalization theory, confirming that the Reflective Function instrument is a valid measure of mentalizing skills and attachment styles in BPD patients. Future research with larger samples and control groups could further refine and extend these findings.

A recent validation of the Spanish RFQ-8 reported good internal consistency (α = 0.80), moderate test–retest reliability (r = 0.70), and supported a unidimensional structure. These results align closely with our findings (α = 0.78, r = 0.80), reinforcing the reliability of brief self-report measures of reflective functioning across populations (18). Another study found moderate correlations (r = 0.45–0.56) between self-report RF measures and interview-based RFS scores, with Cronbach's α ranging from 0.69 to 0.78 (19). These results, comparable to our convergent validity findings (r = 0.60), support the validity of self-report RF tools. Another study validated the RFQ in Italian adolescents, identifying a two-factor structure (hypomentalizing and hypermentalizing). After removing two weak items, a 6-item version showed good reliability (α = 0.75), measurement invariance, and valid associations with alexithymia and psychological symptoms. Their findings highlight the importance of item refinement to improve psychometric properties—an approach we also endorse (34). Another research found that the RFQ primarily assesses hypo mentalizing and overlaps with emotional lability, showing weak associations with hyper mentalizing. Their study suggests that self-report tools like the RFQ may need to be supplemented with additional items or interview-based methods to capture the full range of reflective functioning (35). Overall, the results of this study are consistent with previous research regarding the reliability and validity of the instrument. Validating the RFQ in Persian provides a reliable, culturally appropriate tool with both theoretical and clinical relevance. Theoretically, it facilitates research on mentalizing, psychodynamic processes, and the associations between reflective functioning and psychological constructs such as emotion regulation, personality traits, and trauma in Persian-speaking populations. Clinically, it allows therapists to assess patients' reflective capacities, identify areas for targeted intervention, and monitor changes over the course of treatment, supporting evidence-based practice and enhancing the effectiveness of interventions such as mentalization-based therapy. The study sample was limited to Persian-speaking individuals who sought treatment at the Day Center of Hafez Hospital in Shiraz, which may not fully represent the broader Persian-speaking population. The sample size was relatively small, although it is acceptable for preliminary psychometric studies. The instrument was assessed solely through self-report, which may be subject to response biases.

Examine the reliability and validity of the RFQ in larger and more diverse Persian-speaking samples. Employ multi-method approaches, including clinical assessments and observational measures, to enhance the tool's validity. Evaluate the psychometric properties of

the RFQ in both clinical and non-clinical populations to increase generalizability.

# Conclusion

The results of this study provide robust support for both the reliability and validity of the Reflective Function Questionnaire (RFQ). Convergent validity was demonstrated by significant positive correlations with secure attachment and social cognition, as well as moderate negative correlations with avoidant and ambivalent attachment styles—patterns consistent with theoretical expectations and previous findings. Reliability of the instrument was confirmed through multiple methods: internal consistency was acceptable (Cronbach's alpha = 0.78), split-half reliability was 0.77 (adjusted to 0.79 using the Spearman-Brown formula), and test-retest reliability over a three-week interval yielded a strong correlation of 0.80, indicating good temporal stability. Additionally, content validity was supported by expert evaluation, resulting in a high content validity index (CVI = 0.81), affirming the clarity, relevance, and theoretical representativeness of the items. Taken together, these findings indicate that the RFQ is a psychometrically sound tool. Given the consistency of results in the Iranian sample, the RFQ appears to be a suitable and applicable instrument for assessing reflective functioning in both clinical and research contexts within the Iranian population.

# Conflict of Interest

The authors declare that they have no conflict of interest.

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