

Multimethod Assessment of Mentalizing and its relations with Somatic Symptoms in Adolescents with Primary Headache

Fabiola Bizzi (1), Simone Charpentier Mora (1), Marta Tironi (1), Anna Riva (2), Renata Nacinovich (2)

(1) Department of Educational Science, University of Genoa, Italy (2) Child Neuropsychiatry Clinic (San Gerardo Hospital), Monza, Italy

Background

Difficulties in mentalizing (i.e., the ability to reflect on self and others' internal mental states, operationalized as **reflective functioning [RF]**; Fonagy et al., 2012) have been associated with psychological symptoms (Luyten et al., 2020), including somatic symptoms (Bizzi et al., 2019). **Primary Headache (PH)** represents one of the most **common somatic complaints in children and adolescents**. The general prevalence of this disorder in childhood is estimated by a fairly recent study to be about 60% (Wöber-Bingöl et al., 2013). PH has a severe impact in terms of quality of life (Dyb et al, 2015) and it seems to be **related to mentalizing capacity, metacognition, attachment and alexithymia** (Faedda et al., 2017; Natalucci et al., 2018; Bizzi et al., 2020). Research also found that **difficulties in identifying feelings contributed to the prediction of the somatic symptomatology** (Cerutti et al. 2017), indeed psychopathological disorders associated with headaches in youth are predictors of a poor disorder outcome (Guidetti et al., 1998). Therefore, although the **assessment of mentalizing dimensions may be clinically relevant for young patients with somatic symptoms, studies** are relatively few in developmental age and use especially self-report measures, **lacking in multi-method methodology**.

Objectives

This study aimed to **assess RF with a multi-method approach, exploring its relation with somatic symptoms** in adolescence.

Methods

Participants

48 adolescents diagnosed with PH (M age=14.83, SD=2.81; 67% females) were recruited from an Italian Child Neuropsychiatry Clinic, selected on the **diagnosis of PH following the ICHD-3 beta criteria** (40% with **migraine**, 40% with **tension type headache**, and 20% with **other PH disorders**).

Measures

RF was measured through both:

- **Child and Adolescent Reflective Functioning (CRFS;** Ensink et al., 2015; Bizzi et al., 2021) a scale applied to the Child Attachment Interview (CAI; Shmueli-Goetz et al., 2008) transcripts that assess child's mentalization in the context of attachment relationship with both parents;
- **Reflective Functioning Questionnaire (RFQ;** Fonagy et al., 2016; Bizzi et al., 2021) a self-report investigating certainty or uncertainty about one's own or others' mental states (8 statements, e.g. *"I always know how I feel"*)

To measure the perceived severity of somatic symptoms was used a self-report:

- **The Children's Somatization Inventory (CSI-24;** Walker et al., 2009; Cerrutti et al., 2017) assesses the nuisance of multiple somatic symptoms

Results

Preliminary analyses did not reveal any gender- or age-related effects.

The different relations with somatic symptoms depended on the methods used to evaluate RF.

1. Relation between **CRFS and PH: no significant correlations** were found with any of the CRFS subscales (General, Other, Self; $p < .05$).
2. Relation between **RFQ and PH: a significant negative correlation** was found with the **Certainty about mental states subscale (RFQ_C;** $r = -.46, p = .016$).
3. All the **subscales of CRFS were negatively correlated with RFQ_C** ($p = .05$), but not with the other RFQ subscale (Uncertainty about mental states; RFQ_U, $p > .05$).

Discussion and conclusions

In line with literature in the field (Luyten et al., 2012; Zunhammer et al., 2015; Bizzi et al., 2019), although still scarce, the results highlight the presence of an **association between somatic symptoms and mentalizing, especially with the certainty side**, i.e. a greater awareness of mental states is linked to a decrease in the severity of the symptom and this **emerges through the conscious, self-rated assessment of the RF**. When it is **indirectly investigated**, however, **this relationship is missing**. It is assumed that other significant factors, such as attachment dimensions, played a relevant role in this association (Tarantino et al., 2017; Williams et al., 2017; Esposito et al., 2013). In addition, including different types of PH, with different etiologies and characteristics, may have influenced the results. Although the **multimethod approach** (Eid & Diener, 2006) has found wide acceptance in clinical and research settings, **there are still few studies exploring the construct of reflective functioning using this methodology**. Our study suggests how **different measures may lead to different dimensions of the same construct**; thus, a multi-method assessment of RF would be advisable in clinical practice and further studies are needed to understand these aspects, in the light of a better understanding of the symptom and its meaning.

Main References

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Corresponding author: fabiola.bizzi@unige.it

