Rethinking Psychological Mindedness: Metacognition, Self-reflection, and Insight

Article - April 2001
DOI: 10.1375/bech.18.1.8

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Psychological mindedness (PM) has long been considered to be an important mediator of therapy outcome. However, to date, definitions of PM have been typified by linguistic imprecision and lack of conceptual clarity. Further, most definitions and measures of PM have approached the task from a psychodynamic perspective, thus limiting the use of this construct by clinicians and researchers from other theoretical perspectives. In this paper, previous definitions and self-report measures are reviewed and a new definition proposed. It is argued that PM is best conceptualised as a form of metacognition: a predisposition to engage in metacognitive acts of inquiry into how and why people behave, think, and feel in the way that they do. A new model, based on this definition, suggests that PM may be assessed by measuring individuals’ metacognitive processes of self-reflection and insight, circumventing many of the problems associated with previous self-report measures of PM. Research into individual differences in propensity for PM, self-reflection, and insight may well provide the clinician with additional tools with which to facilitate purposeful, directed change in both clinical and nonclinical populations.
deficit, this article critically examines previous conceptualisations and existing self-report measures of PM, presents a new conceptualisation, and outlines a new model. This new model suggests that the problems associated with previous self-report measures may be circumvented by focusing assessment on individual’s propensities for self-reflection and insight. Potential avenues for future research are suggested, and the implications of this model for the practice of cognitive and behavioural therapy (CBT) are discussed.

Previous Definitions of Psychological Mindedness

The majority of clinicians are intuitively able to identify PM in clients (Conte & Ratto, 1997; Farber & Golden, 1997). However, despite (or perhaps because of) the prevalence of such intuitive understanding, conceptualisations of PM vary considerably between theorists.

Focusing on psychopathology, and working from a psychoanalytic perspective, McCallum & Piper (1990) defined “psychological mindedness as the ability to identify dynamic (intrapsychic) components and to relate them to a person’s difficulties” (p. 412).

Also defining PM in relation to pathology, although not specifically linking PM to a psychoanalytical perspective, Baekeland and Lundwall (1975) stated that PM is “the patient’s ability to … see himself in psychological terms, to use or to accept the use of psychological constructs, or to at least imagine psychological causes of his symptoms” (p. 756).

Psychological mindedness has also been defined without explicit reference to psychopathology. Hatcher and Hatcher (1997) argued that PM is the ability to achieve a psychological understanding of oneself and others, and is a complex capacity built on both cognitive and emotional skills. Wolitzky and Reuben (1974) viewed PM as a “tendency to understand or explain behaviour in psychological terms” (p. 26). Dollinger, Reader, Marnett, and Tylden (1983) also made no specific reference to psychopathology, and defined PM “as the ability to read between the lines of what a person does or says” (p. 183).

There is disagreement amongst theorists as to whether PM is best conceptualised as a self- or other-focused phenomena (Dollinger, 1997). For example, Appelbaum (1973) and Baekeland and Lundwall (1975) conceptualised PM in relation to the self. However, McCallum
and Piper (1997) argued that PM towards oneself differs from PM towards others, because the acquisition of self-knowledge can be impeded by dynamic defensive processes.

There are a number of problems associated with previous conceptualisations. Defining PM by reference to dynamic defence mechanisms of projection (Wolitzky & Reuben, 1974), denial (McCallum & Piper, 1996), and reaction formation (Tolor & Reznikoff, 1960), or defining PM in terms of an individual's receptivity to psychoanalytical explanations of how "presenting complaints are the manifestation of underlying psychic conflicts involving unmissable wishes, anxiety (or fear), and defence mechanisms mobilised to cope with anxiety and maintain repression of wishes" (McCallum & Piper, 1990, p. 412) clearly limits the usefulness of the PM construct to those from different theoretical backgrounds.

Defining PM in terms of the individual's use of "psychological constructs" (Baekeland & Lundwall, 1975, p. 756) or a capacity to achieve a "psychological understanding" (Hatcher & Hatcher, 1997, p. 66) is obviously circular and thus holds little explanatory power.

Definitions of PM that exclusively focus on psychopathology or engagement in therapy (e.g., Baekeland & Lundwall, 1975; McCallum & Piper, 1996) imply that one cannot be psychologically minded about nonpathological or nontherapeutic facets of human experience. This is clearly an unsatisfactory position. Firstly, it suggests that there is a clear and distinct line delineating the "normal" from the "pathological". Secondly, it implies that individuals lose the capacity to be psychologically minded once they have recovered from their difficulties.

As noted, there is some disagreement amongst theorists as to whether PM is best conceptualised as a self- or an other-focused phenomena. However, to argue that PM in relation to self and PM in relation to others are different phenomena is to argue that psychological insights into the self and psychological insights into others may not be related. If this were true, individuals could not apply information learnt about others to themselves and/or vice versa; this is clearly not the case (cf. Bandura, 1977).

Self-focused and other-focused PM could only legitimately be considered separate phenomena if the psychological mechanisms mediating behaviour, thought, and feelings in oneself differed significantly from those mechanisms in others. This is an unsatisfactory proposition as it implies that there are no psychological mechanisms common to humanity. Consequently, there would be no rational grounds for claiming to understand another individual, a situation that would make meaningful psychological theorising, research, or practice extremely difficult, if not impossible. Thus, for a definition of PM to be coherent, PM must be conceptualised in terms of both self and other.

Theorists also differ in their delineation of the dimensions of human experience that PM refers to. McCallum and Piper (1997) nebulously referred to "intrapsychic components" and "a person's difficulties" (p. 28). The majority of other theorists make some reference to behaviour (e.g., Baekeland & Lundwall, 1975; Dollinger, 1997; Hatcher & Hatcher, 1997; Wolitzky & Reuben, 1974). It is somewhat surprising that only Appelbaum (1973), Conte and Ratto (1997), and Farber (1989) explicitly defined PM in reference to thoughts, feelings, and behaviour. Given that human experience extends across behavioural, affective, and cognitive domains, conceptualising PM as providing insight into only one or two of the three human experiential dimensions is difficult to justify.

Psychological mindedness has also been variously and apparently somewhat arbitrarily defined as being an ability, trait, skill, capacity, preference, tendency, or predisposition. For example, where Hatcher and Hatcher (1997) defined PM as a complex capacity comprising cognitive and emotional skills, others construed PM as being both a disposition and an ability (e.g., Farber, 1985). Appelbaum's (1973) oft-cited definition includes both abilities and interests, proposing that PM is "a person's ability to see relationships among thoughts, feelings and actions, with the goal of learning the meanings and causes of his experiences and behaviour" (p. 36).
However, there are significant differences in the meaning of these terms; hence, this deficiency in linguistic precision has contributed to the overall lack of conceptual clarity. A skill is an ability or a capacity to perform complex, well-organised patterns of behaviour. On the other hand, preferences, tendencies, and predispositions are states in which the performance of a specific behaviour is likely to occur, and may indicate the presence of a specific trait, a trait being an enduring characteristic that can serve an explanatory role for behaviour (Reber, 1985).

The concept of predisposition (which is analogous to preferences and tendencies) incorporates both abilities and motivations. To be predisposed (i.e., to be ready or prepared) to do something requires that one has both an interest (i.e., is motivated) and the ability (i.e., the skills) to do it. Without the skills to perform a specific behaviour, one could only remain interested. Without the interest or motivation, one may be skilled, but would not be ready to engage in action. So when, for example, Fenigstein (1997) claims that PM refers to a preference rather than an ability, or Farber (1985) argues that PM is both a disposition and an ability, they employ terminology that inhibits conceptual clarity. To maintain clarity, PM should be defined in a way that distinguishes between intention and action.

As Hall (1992) noted, knowledge can be acquired through both affective and intellectual means. The affective approach is based on intuition, insight, and personal emotional experience. The intellectual approach is based on logic and reason. Russell (1929) argued for conjoint use of these approaches, a perspective supported by contemporary empirical research (Tobias & Everson, 1997). As both of these ways of knowing are important for the acquisition of knowledge, an accurate conceptualisation of PM should include explicit reference to both (Hall, 1992). Drawing on Russell, Hall defined PM by reference to the affective/intellectual dimensions:

accurate psychological mindedness is displayed by an individual to the extent that he or she displays both the interest in and the ability for reflectivity about psychological processes, relationships, and meanings, across both affective and intellectual dimensions (p. 138).

However, by defining PM by reference to “psychological processes” this definition is circular, and thus holds little explanatory power.

Psychological Mindedness as Metacognition

Metacognition is a higher order executive process and, in its broadest sense, is any knowledge or cognitive process that refers to, monitors, or controls any aspect of cognition (Moses & Baird, 1999).

Metacognition is generally construed as consisting of two closely-linked facets; metacognitive knowledge and metacognitive regulation (Schraw & Moshman, 1995). Metacognitive knowledge is abstracted from experience and primarily consists of knowledge or beliefs about one’s own or other individuals’ cognitive processes and the parameters that influence them (Flavell, 1979). Metacognitive regulation is comprised of two components, monitoring and control processes (Nelson & Narens, 1990), and involves activities such as planning outcomes, choosing strategies, and enacting plans.

In addition to a broad, domain-general view of metacognition, metacognitive activities can be construed as being domain-specific and central to a multitude of human experiences, including learning (Pintrich & Garcia, 1993; Winne, 1996), anxiety control and emotional self-regulation (Wells, 1995), memory recall (Strack & Foerster, 1998), and reality monitoring (Johnson & Raye, 1981).

The notion of PM as a metacognitive activity is implicit in all previous conceptualisations, despite differences in terminology and theoretical approach; understanding the causes and meanings of behaviour, thoughts, and feelings, whatever the preferred explanation, requires the individual to think about their cognitions.

Towards a Coherent Definition

The question remains: how may we define PM in a manner that captures the intuitive
understanding experienced by clinicians, yet provides the conceptual clarity necessary for sound research and practice? Given the issues previously raised, the definition should ideally:

• be described as a predisposition, thus incorporating both preparedness (ability) and motivation (interest);

• avoid circularity — psychological mindedness cannot be meaningfully defined (for example) by reference to “psychological constructs” or “psychological causes”;

• be atheoretical, allowing use by clinicians and researchers regardless of theoretical perspective;

• incorporate all three dimensions of human experience — behaviour, cognitions and affect;

• incorporate both affective and intellectual means of knowing;

• avoid reference to pathology, and be conceptualised in relation to human experience per se;

• refer to both self and others;

• not limit PM to the therapeutic situation;

• be explicitly defined as being separate from the actual act of inquiry, thus preventing conceptual confounds between intention and act.

Given these observations, the following definition is proposed:

Psychological mindedness is a form of meta-cognition: a predisposition to engage in acts of affective and intellectual inquiry into how and why oneself and/or others behave, think, and feel in the way that they do.

Before discussing how this definition can be applied to the advancement of knowledge of PM and the metacognitive changes that occur during therapy, it will be useful to present an overview of self-report assessment measures of PM.

Self-report Assessment of Psychological Mindedness

Despite the relative importance of the PM construct, relatively few self-report measures have been developed (see Conte & Ratto, 1997, for a review).

California Psychological Inventory

The most well known self-report questionnaire that purports to measure PM is the 28-item Psychological Mindedness (Py) subscale of the California Psychological Inventory (CPI; Gough, 1987). These items have low face validity (e.g., “I would like to hear a great singer in an opera”, “I do not have a great fear of snakes”, “A large number of people are guilty of bad sexual conduct”). This scale makes no attempt to specify the different factors that comprise PM. Not surprisingly, it is probable that the Py scale measures psychological factors other than PM. Test-retest reliability is rather low (r ranges from .46 to .65) and only one study (Yalom, Houts, & Zimerberg, 1967) has assessed the predictive validity of the Py scale. Pre-treatment scores were not correlated with interviewer ratings of improvement in psychosocial adjustment following dynamic group therapy. Given these factors, the Py scale should not be considered a valid measure of PM (Hall, 1992).

The Insight Test

The Insight Test (Tolor & Reznikoff, 1960) is a questionnaire that attempts to measure how well subjects identify defence mechanisms when they make a choice of the “best” and “worse” explanations of 27 hypothetical situations. The premise underlying this test is that PM can be assessed by determining the degree to which an individual accurately interprets the hypothetical situations. Problems with this test include the defining of PM as a skill, rather than a predisposition; the difficulty subjects often have in responding to the questions (McCallum & Piper, 1996); a relatively low coefficient alpha (r = 0.60); and, again, a reliance on a psychodynamic understanding.

Private Self-consciousness

Private self-consciousness has been regarded by some theorists as being synonymous with PM (Farber, 1989) and is assessed with the 10-item Private Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975). However, although both constructs involve an examination of one’s mental and emotional processes,
there are crucial differences between them. Where PM is a process directed at the explanation or understanding of one’s own and others’ behaviour, private self-consciousness is an awareness of one’s own thoughts, feelings, and behaviour. Thus, rather than being synonymous with PM, private self-consciousness is probably one of a number of constructs that combine to form PM.

**Toronto Alexithymia Scale**

The absence of psychological mindedness is often subsumed under the construct of alexithymia (Taylor, Bagby, & Parker, 1989). Alexithymia, as measured by the Toronto Alexithymia Scale (TAS 20; Bagby, Parker, & Taylor, 1994) consists of three factors: (a) difficulty identifying feelings, (b) difficulty describing feelings, and (c) externally orientated thinking. However, although there is overlap between PM and alexithymia, there are significant differences between them. On one hand, alexithymia is a narrower construct in that it is predominantly focused on the emotional domain, whereas PM encompasses all three (emotional, cognitive, and behavioral) dimensions of human experience. On the other hand, alexithymia can be considered to be a broader construct in that it additionally taps individuals’ ability to report on their emotional processes, where PM is a simply a predisposition.

**The Psychological Mindedness Scale**

A self-report measure that shows promise is the Psychological Mindedness Scale (PMS; Conte, Plutchik, Jung, & Picard, 1990). The Psychological Mindedness Scale is a five-factor, 45-item self-report scale, designed to assess patients suitability for dynamically orientated psychotherapy.

Conte et al. (1990) proposed that there are five factors that comprise PM: willingness to try to understand oneself and others, openness to new ideas and capacity for change, access to one’s feelings, belief in the benefits of discussing one’s problems, and interest in meaning and motivation of own and other’s behaviour. However, a key shortcoming of the PMS is that it is explicitly orientated towards engagement in psychoanalytic therapy. Thus, the PMS is probably assessing an individual’s preparedness or ability to engage in and benefit from psychoanalytic therapy.

**The Complexity of Psychological Mindedness**

As Conte and Ratto (1997) noted, the development of reliable self-report measures of PM have been hampered both by the imprecise definitions that have guided work to date, and the complexity of the PM construct. In order to accurately assess PM, the various factors that comprise PM need to be delineated and measured. Identifying these factors is not an easy task. Conte and Ratto proposed that there are five key factors that comprise PM, framing these from a psychodynamic perspective.

From an alternative perspective, PM can be understood as being composed of both cognitive and motivational factors. The cognitive factors include metacognitive abilities, the ability to recognise causal relationships, and the ability to categorise events according to theory. The motivational factors are more difficult to identify and probably vary considerably between individuals. Although theoretically these could include factors motivating any aspect of human behaviour, it is probable that anxiety reduction and constructs such as self-actualisation, need for cognition, and desire for social acceptability are central factors. Given the complexity of the task of measuring the individual factors that comprise PM, and the limited success to date, it may well be that investigators have been using the wrong approach.

**A Metacognitive Model of Psychological Mindedness**

The definition of PM presented in this paper lends itself to the construction of a metacognitive model of PM and its relation to self-reflection and insight in the change process (see Figure 2).

As in Hall’s (1992) approach, the key components of PM in this new model are affective and intellectual interest in being psychologically
minded, and affective and intellectual abilities and skills to be psychologically minded. However, Hall proposed that individuals’ interest contributes to and limits the existence of their ability to be psychologically minded (see Figure 3). Hall’s proposed unidirectional relationship between interest and ability is an oversimplification of these relationships. This is because one’s ability to perform a task mediates one’s interest in performing that task, and one’s interests stimulate one’s abilities — a multidirectional relationship.

To rectify this shortcoming, the new model explicitly delineates multidirectional relationships between the affective/intellectual and the ability/interest domains. The model also represents insight as being the product of the act of reflective inquiry (cf. Appelbaum, 1973), and shows a feedback loop in which new information can impact on an individual’s PM (cf. Flavell, 1979).

**Application to Practice and Research**

The proposed model of PM is of relevance to clinical practice because the self-monitoring and self-evaluation of one’s cognitions, emotions, and behaviours is central to the successful practice of CBT (cf. Clark & Fairburn, 1997). Such self-reflective practices have been incorporated into the clinical treatment of a wide range of disorders, including social phobia ( Rapee, 1998), generalised anxiety disorder (Butler, Fennell, Robson, & Gelder, 1991), and depression (Williams, 1992). Further, self-reflective cognitive and behavioural techniques have been used with nonclinical populations. For example, in a randomised, controlled study with the long-term unemployed Proudfoot, Guest, Carson, Dunn, and Gray (1997) found that exposure to cognitive and behavioural techniques resulted in enhanced mental health and greater success in job finding.

Despite the increasing interest in the clinical and nonclinical use of self-reflective and insight-enhancing cognitive and behavioural techniques, little is known about the individual differences in PM or individuals’ propensity for self-reflection and insight that mediate or moderate the effectiveness of CBT.

Contemporary CBT now draws on a wide range of self-reflective and insight-enhancing techniques, including mindfulness/attentional training for stress (Shapiro, Schwartz, & Bonner, 1998), binge eating disorder (Kristeller & Hallett, 1999), and depression (Teasdale, Segal, & Williams, 1995), as well as the more
traditional behavioural self-monitoring techniques. Enhanced understanding of the role of PM, self-reflection, and insight in purposeful behaviour change would facilitate the clinician’s judicious use of the ever-developing range of cognitive and behavioural techniques. Indeed, the proposed model serves to remind clinicians to explicitly assess and seek to enhance client’s propensity for self-reflection and insight, and suggests that such activities may well be associated with enhanced treatment outcomes.

The new model of PM outlined in this paper suggests that measurement of PM and changes in PM may be better accomplished by assessing the end products (the degree of engagement in reflective acts of psychological inquiry and insight) rather than attempting to accurately measure the complex and multidimensional factors that comprise PM. Of course, this approach to the assessment of PM is limited, in that an individual may be interested in psychological issues, yet engage in little reflectivity and exhibit minimal insight, a fact recognised in this model’s explicit distinction between PM (a predisposition), reflectivity (the processes of psychological inquiry), and insight (the outcome of an act of inquiry). Nevertheless, the development of reliable measures of reflectivity and insight would provide investigators with useful reference points from which to assess individual’s levels of PM, to validate potential measures of PM, and to investigate the role of insight and self-reflection in purposeful behavioural change.

There are a number of potentially fruitful avenues for future clinical research. Such a research agenda could include exploring the following hypotheses. Firstly, do higher initial levels of self-reflection and insight predict greater (or faster) responses to CBT interventions? Given that contemporary CBT utilises self-reflective and insight-building strategies, individuals who initially already have a high propensity for self-reflection and insight may reasonably be expected to benefit faster than those with low levels of insight and self-reflection. Support for this hypotheses could lead to the development of a measure that could screen clients as to their suitability for short-term (or long-term) CBT, allowing clinicians to optimise treatment delivery.

Secondly, it would be useful to know the relationship between self-reflection, insight, and psychopathology. One working hypothesis could be that high levels of insight are associated with reduced psychopathology. Such an inverse relationship should occur because the individual knows how and why they think, feel, and behave in the way that they do. In contrast, high levels of self-reflection may well associated with increased psychopathology (c.f. Wells, 1995). This hypothesis is based on the notion...
that those who spend a large amount of time in self-reflection are in fact ruminating or checking rather than engaging in constructive thinking processes.

A third avenue for research would be to investigate the extent to which individuals’ propensity to engage in the metacognitive activities of self-reflection and insight altered over the course of CBT-based treatment. Such metacognitive activities are central to cognitive and behavioural interventions, yet little is known about this issue. Are such metacognitive acts cognitive skills that can be taught over the course of therapy, or are they more akin to personality traits that remain relatively stable over time? Such research would give us valuable insight into the cognitive processes that are involved in facilitated behaviour change.

Summary

To date, PM has been predominantly defined from a psychodynamic perspective. These definitions have, on the whole, been conceptually unsound or limited in applicability, inhibiting research. A recent advance has been the development of Hall’s (1992) model, although this model oversimplifies the causal relationships between various subcomponents.

This paper advances on Hall’s (1992) conceptualisation, presents a new metacognitive model, and argues that PM is most coherently understood as being a form of metacognition, a predisposition, that is comprised of both abilities (skills) and motivations (interests). As yet, we do not know exactly what abilities and motivations contribute to PM. However, assessment of individual’s PM may be estimated by assessing the extent to which they engage in reflective acts of psychological inquiry, and their level of insight. Research into individual differences in propensity for PM, self-reflection, and insight may well provide the cognitive and behavioural clinician with additional tools with which to facilitate purposeful, directed change in both clinical and nonclinical populations, and further our understanding of the cognitive mechanisms involved in facilitated behaviour change.

References


