Group Process as a Holding Environment Facilitating the Development of the Parental Reflective Function: Commentary on Paper by Arietta Slade

John F. Grienenberger, Ph.D.

Clinical Director, Reflective Parenting Program

Private Practice, West Los Angeles

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This discussion was informed by my work as Clinical Director of the Reflective Parenting Program, which was created by members of Wright Institute Los Angeles with the support of Family Service of Santa Monica. I would like to acknowledge the entire Reflective Parenting Program team, especially Paulene Popek, Natalie Levine, Deborah Alexander, Susan Stein, and Jessica Lehman. I would also like to acknowledge the Robert E. Simon Foundation for funding the grant that made the project possible.

In recent years there has been a significant increase in the creation of clinical intervention models that have integrated findings from the past three decades of developmental research. Attachment and infancy research, in particular, have sparked the minds of many psychoanalytically oriented clinicians. Research findings have influenced new approaches to intervention with infants, children, parents, and adults. Dr. Slade's paper provides an excellent description of two such programs developed by her and her colleagues at the Yale Child Study Center. What is unique about these two programs is that they are grounded in a single unifying theoretical construct; namely, the explicit attempt to engage and enhance parental reflective functioning.

Parental reflective functioning and affect regulation

Dr. Slade suggests that early intervention programs are effective to the degree to which they have successfully enhanced parental reflective functioning. She describes the operationalization of reflective functioning theory, including consideration of both the developmental stages of reflective functioning and the principles utilized by clinicians seeking to promote the development of a reflective stance in parents.

As Dr. Slade makes clear, reflective parenting programs do not emerge from a completely new model of conceptualizing child development or clinical intervention, as reflective functioning theory has deep roots within attachment theory and psychoanalytic theory. It builds on Main's (1991) concept of metacognitive monitoring and its relation to maternal sensitivity. Furthermore, it describes the significant role of the parental capacity to reflect upon, mirror, contain, and transform the child's affective experience, ideas that have been explored by various psychoanalytic developmental theorists for decades (e.g. Winnicott, 1960; Bion, 1962).

What the reflective functioning model adds is a detailed description and operationalization of these processes, as they exist within the parent-child relationship.

In reviewing the research supporting the centrality of parental reflective functioning in children's development, Dr. Slade concludes that parental mentalization helps children to better regulate their affect and arousal states and to develop healthy and sustaining relationships. She further states, "Presumably, it is the parent's capacity to tolerate and regulate her own internal, affective experience that allows her to tolerate and regulate these experiences in her child. I would concur, however it is important to emphasize the cyclical nature of this process. It is not only her capacity to regulate her internal states that allows her to reflect on and contain her child's affect, but it is also her capacity to reflect on her child's mental states, and to see them as separate yet connected to her own, that allows her to regulate her own affect and arousal during the "hot moments" Dr. Slade describes in her paper.

The child's distress is not overwhelming to the caregiver when she can see his distress response, fear, or aggressive behavior, as motivated by underlying thoughts, feelings, or intentions. They are his feelings, and are not necessarily equivalent to hers. She understands that her child's emotions are ***merely*** mental states, rather than concrete realities; and therefore they can change and become modulated over time. This understanding allows her to remain both emotionally engaged and sufficiently in control, so that she can contain her child's distress and transform it into a tolerable experience. With repeated containment, the child comes to know his own mind, to symbolize his emotions, and to develop a sense of mastery over his experience.

Parental reflective functioning helps caregivers to bridge an important paradox that is fundamental to the parental experience. The paradox involves the challenge inherent in the caregiver's attempt to reconcile the simultaneous separateness and interconnectedness of her

own mind and the mind of her child. The difficulties that can emerge in attempting to fully engage with the mental states of the child may be related to the caregiver's struggle to fully appreciate the strength of intersubjective experience *while at the same time* remaining aware of the child's separate existence.

Improving reflective functioning in caregivers helps to contend with this paradox. If the caregiver is able to develop an appreciation of her child's mental states, she will become increasingly aware of the uniquely subjective manner in which her child experiences the world. This will enhance her awareness of her child's separateness, which in turn allows her to tolerate the intensity of the closeness that is necessary for the healthy emotional development of her child.

A related early intervention program

In related work, a group of us at Wright Institute Los Angeles have developed a reflective parenting program that focuses on work with groups of parents in a range of settings. We have also developed an intensive training module for clinicians. One of the greatest challenges involved in training clinicians has been to distinguish interventions that engage and enhance the parental reflective function from those that attempt to "teach" parents about mentalization. When working with parents, therapists have a tendency to shift out of the clinical role that defines their work with patients, into a more didactic role in which they are seen as expert teachers of child development issues. Although we do not see parents as clinical patients in the traditional sense, we believe that parent work falls somewhere between psychotherapy and parent education. With these considerations in mind, it is important to highlight some of the clinical theory that underlies the interventions described by Dr. Slade. Without careful attention to these issues, there is a risk

of the work becoming educational or intellectual rather than providing a truly meaningful and transformative experience for parents.

One way of enhancing the reflective function in parents is to provide an experience for the parent that the parent is struggling to provide for her child. Thus, if the group leader responds to the parent's mental states in ways that are containing and non-judgmental, it is likely that the parent will begin to have a greater capacity to observe her own internal experience. This, in turn, can lead to an increased ability to look at her child's mental states, and to provide containment of his or her distress. Dr. Slade is clearly in agreement with this position, however her paper does not stress the importance of the group leader's role in fostering parental mentalization through her own example. Nor does she explore the role of group process in creating a container or holding environment for the parent's pain, anxiety, and distress.

We have found these factors to be essential to the emergence of reflective functioning in parents. When group leaders model a sense of calm, reflection, and comfort with difficult material, parents have an experience of being held themselves. Furthermore, when parents encounter a supposed expert in child development who can acknowledge that there are no simple answers when it comes to parenting, it frees them from the belief that they should always immediately know what to do. Thus, parents are less likely to respond in reflexive, concrete, or misattuned ways.

Parental reflective functioning and adult attachment

Another important consideration that was not addressed in Dr. Slade's paper involves the application of adult attachment theory to clinical work with parents. When applying attachment theory to clinical intervention, it is helpful to understand attachment organization as representative of various positions existing upon a continuum (Slade, 2004). In the context of

parent work, these positions represent the dominant mode of affect regulation, defense, and parenting style of a given parent (see figure 1).

(insert figure 1 about here)

In applying these constructs, attachment phenomena, rather than attachment categories, should be emphasized. Thus, it is important to consider the way that caregivers negotiate issues of separation and connection or autonomy and intimacy with all caregivers, regardless of attachment organization. On the Preoccupied side of the continuum are those caregivers who tend to be overly dependent on others, preoccupied with attachment relationships, and overwhelmed by uncontained affect. Moving further in this direction are caregivers who are Unresolved (with respect to loss or trauma) and who have developed a "helpless/fearful" parenting style, as child distress restimulates dissociated memories and affect (Lyons-Ruth, Bronfman & Atwood, 1999).

On the Dismissing side are caregivers who may be intellectualized, cut off from their emotions, and detached from others. At the extreme of this end of the continuum are caregivers who are Unresolved (with respect to loss and trauma), and who have developed a "hostile-intrusive" parenting style, as their children's vulnerability stimulates an identification with past aggressors as a means of warding off dissociated feelings of their own vulnerability (Lyons-Ruth et al., 1999). Free/Autonomous (Secure) attachment can be understood as existing in the middle of the continuum. It involves a balance between thinking and feeling, autonomy and intimacy, separateness and connection with others.

In order to integrate adult attachment theory with reflective functioning theory, mentalization can be understood to vary in different ways across different parts of the continuum. Theoretically, two parents on opposite sides of the continuum could evidence either

equal or divergent capacities for mentalization. Currently, there is not enough data to determine whether there are demonstrable differences in parental reflective functioning across each of the three insecure categories. However, existing studies provide strong evidence suggesting that adults classified as Free/Secure have the highest levels of reflective functioning and are more likely to have Secure children relative to caregivers classified as insecure (Fonagy et al., 1991; Slade et al., in press). Preliminary results also suggest that mothers of Disorganized infants have the lowest levels of parental reflective functioning relative to mothers of children classified as organized (Grienenberger, Kelly & Slade, in press).

Thus, it may be useful to consider the potential issues or affects that are likely to pose particular challenges to a given caregiver's ability to mentalize. For example, mentalization is often more limited in caregivers with Dismissing styles around issues of dependency, intimacy, and the experience of distress, depression, shame or uncertainty. These caregivers often press clinicians for answers to childrearing questions. They want to substitute action for reflection. They may be able to think of their children as having separate minds, however they may fail to see the impact of their thoughts, feelings, and behaviors on their children's mental states.

By contrast, caregivers with Preoccupied attachment organization often exhibit breakdowns in mentalization when they feel overwhelmed by anxiety, insecurity, or fear of loss. They may beg others to tell them what to do, as if they cannot think for themselves. Their primary challenge involves seeing their children as having separate minds that are impacted by, yet not equivalent to their own minds.

Parents with Dismissive attachment organization may be relatively comfortable fulfilling their roles as authoritative figures, and may encourage independence and mastery in their children. However, their attachment styles are organized around the

avoidance of intense, needy, depressive, shameful, and vulnerable affects. These parents may report early experiences of loss, rejection, abuse, or abandonment. However, such reports are typically given without affect or acknowledgement of the impact of these experiences on subsequent development. Such failures of integration may lead to reenactments with their children, often taking the form of identification with the aggressor.

Interventions that focus on helping dismissively organized parents become more accepting of their children's needs for closeness and comfort may be useful. What is often more difficult is to challenge the caregiver's defenses by helping her access her emotions. In fact, empathy can be experienced as a direct challenge to these caregivers, as it brings to light the fact that emotions are involved, although the affect may be unconscious.

By contrast, Preoccupied attachment characterizes parents who can be sporadically empathic but are lacking a stable, well differentiated psychic structure. These parents can be distinguished by their tendency to experience heightened affectivity. Thus, they benefit from interventions that contain and organize affect. They may have a tendency to vacillate and become "lost" in thinking (i.e., rumination or "overthinking"). This is different from the obsessive thinking often seen in individuals with Dismissive attachment styles, which is characterized by diminished affectivity. Preoccupied attachment, by contrast, is a more fluid kind of thinking that is chaotic and disoriented. These caregivers typically have difficulty separating themselves from others, and thus they struggle to differentiate their own mental states from those of their children.

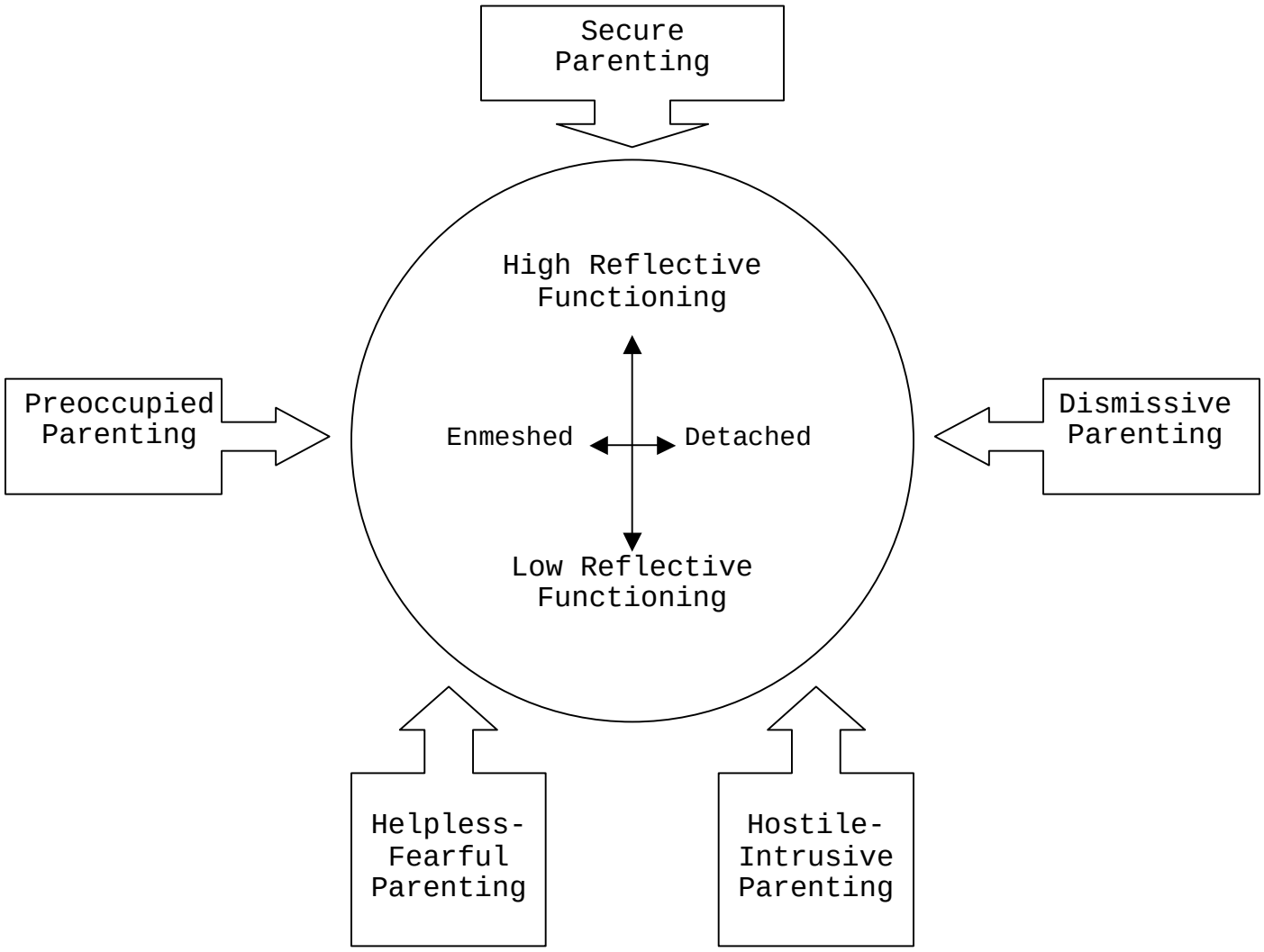
It is often helpful to provide cognitive structuring to allow these caregivers to slow down and think about difficult feelings. Stabilizing their affect and arousal level becomes a prerequisite to mentalization, and thus it is critical to facilitate containment by regularly clarifying, acknowledging, and helping to facilitate organization and integration of feelings. It is also important to develop awareness of the opacity and separateness of their children's minds. This helps to work against the tendency toward blurred boundaries and a lack of differentiation between what is part of the self and what is part of the child.

Returning to the fundamental premise of engaging with parents as we would like them to engage with their children, it is critical to stay close to parents' thoughts and feelings in the moment so that this work can be carried forward into their relationships with their children.

Concluding remarks

In conclusion, I would like to emphasize the clinical utility that is provided by the contributions of Fonagy, Target, Slade, and others who have developed theory and research in the area of reflective functioning. These ideas are central to the development of effective interventions with parents. In my discussion, I have focused on the roles played by the group leader and the group process in the creation of a safe holding environment for parents' affective experience, with the idea that the elaboration of these observations will further understanding of parental reflective functioning as a living process rather than as a principle to be taught.

Figure 1: Adult Attachment, Parental Reflective Functioning, and Parenting



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John F. Grienenberger, Ph.D.
11340 W. Olympic Blvd., Suite 245
Los Angeles, CA 90064
Phone (310) 477-6008
Email grienenberger@ca.rr.com