Activating Mentalization in Parents: An Integrative Framework

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Working with parents has often been a neglected area in the field of child psychoanalysis. However, in the last three decades new conceptualizations regarding ways of working with parents have emerged in the field. This article explores ways of approaching our work with parents by integrating existing psychodynamic approaches under the conceptual umbrella of contemporary attachment research and practice.

The ongoing mutual narcissistic investments between parent and child matter not only at the start of therapy but have to be taken into account all along. When we disregard the parent, we leave out crucial parts of the child’s self, sometimes the best parts, and when we treat the parent and disregard the child, we commit the same mistake. (Furman, 1995)

Mr. & Mrs. M brought their 5-year-old adopted daughter, Melissa, for child psychotherapy as a result of her constant physical aggression primarily at home. Melissa, the only child, was adopted as an infant by the couple who, at age 42, had exhausted all possibilities to have a biological child. During our two initial parent assessment sessions I observed the tension between these parents regarding their understanding of Melissa’s behavior. Namely, Mr. M felt that the tantrums and other aggressive manifestations of the child were due to Mrs. M’s lack of discipline and consistency. He described how his wife would “lose it” as badly as Melissa and he would end up having to choose who to calm down first. In contrast, he described his daughter as much more contained and less aggressive when she was under his care. When asked as to how he understood this difference, he replied: “what is to be understood? It is quite simple, really, I had better parenting growing up and it shows.” In response to her husband’s comments, Mrs. M giggled nervously whilst lowering her eyes. In response to this interaction, I reflected out loud: “I wondered what just happened right now. . . . We were speaking of your daughter’s challenging behavior, trying to understand it together, but somehow, here we are thinking about whose fault it is, who is the better or worse parent, suddenly, I have completely lost sight of Melissa in our conversation.” Both Mr. and Mrs. M looked surprised, and I wondered about their thoughts regarding my comment. Rather quickly, Mrs. M replied, “I guess you are saying this is really not
about us, it is about her, what is bothering her, she is trying to tell us something with her tantrums, something we are not listening to.” To which Mr. M replied, “You see! She thinks too much, gives the kid too much credit, she is only 5! She will outgrow these behaviors, we all do!” In response, I said it was really about everybody involved, as behavior is indeed a communication, but it is best thought of in the context of relationships where everybody plays a role, small children, parents, teachers, grandparents, everybody informs and influences other’s behaviors. Small children, I added, since very early on bring their own temperament, their own emerging ideas of the world and how to respond to it behaviorally into the mix. So, really, I said, it is all about the relationship and how we understand others from our point of view and try to imagine how they understand the same situation, really what influences how we respond to each other. So, that is the work ahead of us, I concluded. I felt it was important to establish from the very beginning a clear social contract between me and Melissa’s parents one based on an integrative mentalization-based framework. The core of this contract was that I would help them develop new ways of understanding and responding to their daughter’s behavior and of communicating that understanding to one another while considering each other’s perspectives.

I met with Mr. and Mrs. M on another occasion prior to meeting Melissa, a rambunctious, smart, and quite sensitive little girl whose anxiety was palpable from the moment we met in the way she moved and used her mother’s body as a source of self-soothing. After two diagnostic sessions, I met with Mr. and Mrs. M again to provide them with a summary of my diagnostic profile of their child. Namely, I spoke to them about my understanding of Melissa’s current developmental functioning in comparison to normative expectations; I also communicated to them how I understood her behaviors in the context of Melissa’s internal representations and its interaction with the external world of relationships. During both my initial meetings and the follow up/feedback sessions, I had several aims in mind:

1. To begin developing a common language with Melissa’s parents that would enable a long-term dialogue regarding the child’s ongoing development, progress in treatment, shortcomings, and challenges in the context of a developmental psychodynamic frame (e.g., psycho-education regarding the role of mentalization in affect regulation). In this way, Melissa’s parents would feel as active partners in the process of therapy and in my own words: “help me work myself out of a job” so Melissa could go on about the business of growing up under their loving and mindful caregiving.

2. Second, to assess the M’s capacity for reflective functioning when challenged to think about their daughter’s difficulties from a different perspective. This was particularly important in the context of having to remember and share difficult and painful incidents with their daughter, which activated their attachment system. In other words, assess where to meet these parents so we could work therapeutically at a level which met them where they were in their reflective functioning.

3. To plant the seeds for a strong therapeutic/working alliance with Melissa’s parents based on an integrated developmental and psychodynamically informed framework (e.g., ego development as illustrated in the concept of developmental lines and the contemporary concept of “emotional muscle” coined by Novick & Novick, 2005) and mentalization-based principles, which provided a common language.
I found these aims to be fundamental in establishing a working alliance not only with parents but also with schools, grandparents, and other service providers involved in the child’s life. Creating a clinical narrative that makes sense from which to begin in our efforts working not only with the child but also with parents and the other caregivers and systems surrounding the child is, in my opinion the key to successful child psychotherapy.

Fonagy and colleagues (Fonagy, Gergely, Jurist, & Target, 2002; Slade, 2008) define reflective function as an individual’s capacity to mentalize, that is, to envision mental states in the self or the other, to use an understanding of mental states (intentions, feelings, thoughts, desires, and beliefs) to make sense of, and even more important, to anticipate another’s (or her own) actions. Research from the field of attachment (Crittenden, Lang, Claussen, & Partridge, 2003; Howard, 2010; Hautamäki, 2010; Oppenheim, & Koren-Karie, 2002, 2009; Steele & Steele, 2008) supports the notion that a parent’s capacity to make sense of her own and her child’s mental states as separate and influenced and interacting with their own is crucial in parents development of flexible and adaptive means of regulating themselves in the process of parenting.

In this article, I will focus on how an integrative mentalization based approach (Malberg, 2013) can help us in achieving such goals in the context of working with those who love and support children. I will use examples both from my work in private practice and my work in the community in the context of a home visiting program. My model of work with parents has been strongly influenced by the work of Jack and Kerry Novick (2005) on parent work as well as that of Arietta Slade (2005, 2007, 2008) and Miriam and Howard Steele (2008) on applications of attachment theory to working with parents. All these authors have published in this journal and elsewhere contributing significantly to the way psychodynamically informed child psychotherapists work with parents and face the challenges this work represents. My intention with this paper is no other than to apply and integrate their thinking to commonly faced clinical situations in both our work in the consulting room and the community with children and adolescents and those who care and support them. The main of this work is to create a mentalizing community which promotes the child’s progressive development (e.g. parents, teachers, extended family, social workers, pediatrician).

CO-CONSTRUCTING A THERAPEUTIC/WORKING ALLIANCE INFORMED BY A MENTALIZING STANCE

In an earlier issue of this journal, Novick and Novick (2000) describe what they called their revised version of the therapeutic/working alliance as it applies to all the people involved in a treatment: “The therapeutic alliance does not constitute the whole of the therapeutic relationship, but we hope to demonstrate that it functions as a lens that helps us see how to enlist parents of a child and adolescent patients in the work of treatment, to promote growth and change in parents during their child’s treatment, and as a critical technical vantage point for accessing the internal parenting functions of adult patients.” In this way, the Novicks invite us to think about our work with parents as a parallel process of growth and transformation itself, one that allows parents to achieve their full potential in the phase of psychological parenthood. I believe that the work of contemporary attachment theorists and practitioners has provided us with the construct of reflective functioning as a strong theoretical frame in the process of assessing and tailoring our interventions with parents in order to set realistic departure points and clinical goals. In this
way we can pursue the main aim of parent work describe so eloquently by the Novick’s (2000),
that of providing parents a shared arena in the parental therapeutic alliance through the different
phases of treatment within which to work on interferences with aspects of psychological parent-
ing. According to these authors, the transformative tasks of the therapeutic alliance, beginning in
the evaluation phase, are designed to help parents gain or regain some feeling of competence as
parents and love for their child as a separate person.

Seen from an attachment lens, establishing a strong working alliance offers a potentially new
developmental experience for parents by co-creating a secure base from which to explore new
ways of being, psychologically, with their children, thus engaging in a process of relationship
building with parents from a mentalizing stance, promoting an atmosphere of trust, inquisi-
tiveness and curiosity. Findings (Crittenden et al., 2003; Slade, 2003; Steele, Hodges, Kaniuk,
Hillman, & Henderson, 2003; Svanberg, 2009) provided by attachment research in the last
30 years support empirically the value of this approach in the context of all therapies. However,
the centrality of this way of working is particularly poignant when attempting to provide a work-
ing environment for parents and other significant adults in the life of children which promotes the
identification and change to generationally transmitted patterns of relatedness and their impact
on children’s emotional growth and well-being. Attachment contexts provide highly desirable
conditions for fostering mentalizing. Secure attachment relationships, where attachment figures
are interested in the child’s mind and the child is safe to explore other’s minds safely (namely
the attachment figure), allow the child to explore other subjectivities, including that of his/her
caregiver. (Fonagy & Allison, 2014) In this way, when a child finds him/herself represented in
the mind of a caring adult as a thinking and feeling intentional being, the discovery ensures that
the child’s own capacities for mentalizing have the potential to develop.

Contemporary attachment theorist, Peter Fonagy and collaborators (Fonagy & Allison, 2014;
Fonagy & Luyten, 2009) have recently point out to the evolutionary value of mentalization,
specifically in the context of the development of epistemic trust. That is, trust in the authen-
ticity and personal relevance of interpersonally transmitted knowledge. Epistemic trust enables
social learning in an ever changing social and cultural context and allows individuals to benefit
from their social environment. When we build strong a strong therapeutic alliance with parents
and other adults supporting a child (e.g., grandparents), we are promoting the development of
epistemic trust in a way that promotes social learning for all parties involved. In the following
pages, I provide examples of how maintaining a mentalizing therapeutic stance in the process of
working with parents and other important attachment figures for children such as teachers, social
workers, older siblings and grandparents parallel to our therapeutic work with children or in the
context of dyadic or family work is central to positive therapeutic outcomes such as significant
progressive development in the child, shifts in parents relational patterns as couples, behavioral
management of child’s behaviors and improvement in home/school communication to name a
few. By creating an environment of epistemic trust, when parents are invited to share and reflect
on their own thoughts are feelings and how they impact those of their children, their capacity to
think of their children as separate and intentional beings emerges as well. Seen from this per-
spective, our work with children and their families can be viewed differently, not so much as a
series of separate and parallel processes but as a series of interrelated relationships. Parallel with
the child’s internalization of the therapeutic alliance is the parent’s internalization of ways of
functioning that foster and maintain mutual respect, support, love and continued growth. (Novick
& Novick, 2000)
Attachment theorist and clinician Arietta Slade (2007) has pointed out in an early article the importance of working at level parents can manage when it comes to developing parenting programs and specific treatment goals. She proposes a scaffolding approach to working with parents from an attachment-based perspective, which begins with the assessment of a parent’s current reflective functioning capacity. This is a process that begins with the assessment interviews and continues throughout the whole therapeutic endeavor. Knowing where to start is important, as we often begin work with parents assuming too much regarding their capacity to think about feelings. The result? A mismatch between what we expect to achieve and the motivations and expectations parents bring to the work with us. Often, this state of affairs ends up in a sense of helplessness for all involved, and to the often-asked question: Why did the treatment break down? Influenced by the work of writers in the field of developmental psychoanalysis, I approach my work with parents from an integrative mentalization based framework as a process in which three levels can be identified:

1. **Exploring, teaching and learning:** I try to assess parent’s current reflective functioning and understanding via the exploration of their own relational histories. In addition, I seek to learn from them about their expectations of their children and relationships in general, their curiosity regarding their child’s development and their expectations of themselves as parents. I provide the parent with a map of their child’s developmental lines (Freud, 1965) in order to assess their response in terms of narcissistic investment and capacity to think of their children developmentally. Parallel to this, I introduce the concept of mentalization and make the links between the capacity to think about feeling and the long term benefits to their child and their ever developing relationship with their child. In addition, by framing parenting as a developmental process, I introduce parents to the concept of what being good enough means (Winnicott, 1965) in the hopes to infuse the capacity for forgiveness and benign interpretation of their behavior as parents and of children developmental manifestations. Finally, by explicitly creating a developmental framework away from a medical one (e.g., fix my child), we slow down the process and set the stage for a horizontal and collaborative therapeutic relationship with parents. With parents with a traumatic history, further exploration of their projections onto the child and the role of the child’s personality might be important in facilitating the capacity to mentalize their own experience before being able to mentalize their child. Sometimes, unbeknownst to us, we provide parents the first ever experience of someone trying to truly understand them, their thoughts and feelings in a contained and genuine manner. In this way, we set the foundation for a containing, holding and creative relationship in our work with parents.

2. **Emergence of Mentalization:** We seek for parents to become open to social communication in interactions, first with us and then with their child. In our work with parents we often discover that when unable to mentalize their child they have often been blighted by what Fonagy and Luyten (2009) call epistemic hypervigilance. This way of functioning consists of a vigilance that is self-protective and naturally occurring in all humans, as a way to protect ourselves from believing everything indiscriminately. So when this vigilance relaxes in the context of a holding and secure therapeutic alliance, it allows parents to accept that what we are told matters to us. As a result, the parent shows increased
interest in the therapist’s use of thoughts and feelings to help them think about their child. Consequently, this stimulates and strengthens the parent’s capacity for reflective functioning.

3. Re-emergence of Social Learning: The relaxation of the parent’s hypervigilance via the first two levels of work enables the parent to become open and confident to practice newly acquired social learning. This allows the parent to apply his/her new mentalizing and communicative capabilities in the context of parenting. This final part of the process depends upon the parent having a sufficiently benign social environment (supportive and nonjudgmental) to allow him/her to gain the necessary experiences to validate and bolster improved his/her mentalizing, and to continue to facilitate relaxation of epistemic mistrust in the context of his/her child’s challenging behaviors. Home visiting projects with their ecological lens and wrap around interventions are particularly helpful when we are trying to help parents sustain the gains in reflective functioning they obtained via dyadic and individual therapeutic work in the context of physically and psychologically impoverished environments.

These three levels, can also be applied to the work with schools, specifically teachers and other social supports (e.g., grandparents, social workers) attempting to understand and manage the child’s emotional and behavioral needs and manifestations. In this way, by assessing the adult’s reflective functioning, we are able to determine realistic goals for our work. So, how do we introduce and model a mentalizing therapeutic stance? In the next pages I hope to define and illustrate what I mean by a mentalizing stance in the context of my work with parents and other caregivers. Furthermore, I hope to illustrate the usefulness of this approach by giving example of commonly faced clinical situations which lend themselves as opportunities to further building epistemic trust with parents from a mentalizing stance. I hope to highlight the importance of working with the multiple systems supporting caregivers and children in an effort to mentalize the system so it can mentalize the child.

CHARACTERISTICS OF AN INTEGRATIVE MENTALIZATION BASED THERAPEUTIC STANCE

What do we mean when we speak of building a therapeutic alliance by maintaining a mentalizing therapeutic stance? As explored earlier in this paper, the main idea here is to “create a space” in which the rhythms of mentalizing can occur, a safe place where caregivers and mental health provider can collaborate in creating a more flexible and adaptive meaning about what is getting in the way of effective understanding and management of the child’s internal world and its external manifestations. By creating a safe space where empathy, genuineness and respect promote the emergence of an attachment between parents and psychotherapist, we are facilitating a mentalizing environment leading to epistemic trust.

Much of the mentalization based literature (Fearon et al., 2006; Fonagy, 2006; Fonagy & Bateman, 2011) highlights some of the characteristics of a mentalizing stance in the psychotherapist. I have chosen to highlight the following as I feel they are central to the process towards effective mentalization and the benefits it can bring to our work with parents and other significant attachment figures in the child’s life:
a. A stance of active “wondering” and “not knowing.” That is, one does not presume to know what is going on until the other person explains it. Parallel to this, one insists in inviting alternative perspectives to the discussion. In this way the therapist models an “inquisitive stance” based on the understanding that mental states of others are “opaque” and that an attitude of curiosity and one where one attempts to “imagine” what the other thinks and feel followed by recruiting the other to figure it out often results in improvement of affect regulation and overall quality of interpersonal relationships.

b. Monitor one’s own mistakes. The therapist acknowledges his/her inability to really know what is in the other’s mind and speaks of his/her mistakes (use of self), for example, I am sorry, I think I misunderstood you.

c. Genuine curiosity about other’s experience (inquisitive stance), for example, I wonder how you feel when you have to hold your child down so she stops kicking you, what goes through your mind at that moment?

d. Staying in the Here and Now instead of moving to the past. For example, I can imagine your childhood trauma makes dealing with these issues with your child challenging, however, I would like to stay for a minute with what you just said regarding your fight with your child yesterday and what you experienced just now when you were telling me about it. However, at times this is difficult when the strength of the past trauma is keeping the parent away from thinking psychologically out of fear and anxiety. It is important during these times in the work to really slow down and allow for exploration of these issues.

e. Identify mentalizing impasses by inviting the parents to “Stop and rewind” to the moment before. For example, what do you think just happened here, just now?

f. Lowering arousal levels. Simmering down the affective temperature in the room by bringing it back to you. This commonly happens during early sessions with parents which are often characterized by defensive or sometimes openly aggressive behaviors.

g. Paying attention to nonverbal ways of communication Help parents become aware of the power of non-verbal communication. Identify facial and bodily cues often used that communicate affective shifts in the parent. Think with parents about how they are experienced by you and how they might be experienced by the child. At times, we ignore culturally driven non-verbal expressions which have been passed on from generation to generation which carry profound meaning in families. We also tend to overly invest in words and explaining things to children when at times all they need is a calm physical presence from their caregivers.

h. Keep a developmental focus as the main explanatory lens whenever possible identify the difference between child and adult thoughts and feelings. At times, utilizing a psycho-educational approach to understanding a behavior helps parents create “benign explanations” of children’s behaviors.

THE MENTALIZING THERAPEUTIC STANCE IN WORKING WITH PARENTS: A CLINICAL EXAMPLE

Let’s return to Mr. and Mrs. M and their 5-yearold daughter Melissa in order to illustrate the process of setting the building blocks of a therapeutic/working relationship in which a focus
on development of epistemic trust can result on mentalizing capacities in parents. The following excerpt is from an early parent session with the M’s:

“Mr. M came into the session looking quite somber; he sat in the couch far away from his wife who looked quite anxious, fidgety, a frozen smile on her face. I wondered about this and said I thought today they seem to bring a lot on their shoulders. Mrs. M smiled: is it that obvious? I smiled back: “a little am I right?” (Inquisitive stance) Mr. M remained silent. Nervously, Mrs. M broke the silence by producing her phone from her bag and asked me if it was ok to show me something. I said yes. Mrs. M got close to me and showed me a video of Melissa crying, screaming with a red face and hitting her mother’s legs by kicking. In the background, one could hear mom’s nervous pleads with the child: “Please stop sweetie, please stop, I don’t want to have to be mean to you!” The short video came to an end and with it; the silence in the room became colder and tense. I comment on this: “This must be so difficult and painful for you to share; it seems to me you can’t bear to speak about it.” Mrs. M broke into sobbing and sat close to her husband who proceeded to hold her. I spoke of her needing him right now, his support, and his belief that it is going to be ok and that she was genuinely doing the best she could when she was probably feeling so hurt and angry with Melissa. Mr. M looked at me helplessly: “What do we do? This can’t continue like this! She is destroying or marriage and our family, she was supposed to bring us together not break us apart!” I wondered if we could stay with that comment for a minute (here and now) and both the sadness and the anger it contained. I said I would probably feel very similarly if I was in his shoes. However, I added, it is a lot of responsibility to put on a 5-year-old child (developmental perspective). I wonder if we could stop for a minute and think together about this video clip, perhaps looking at it together once more and then going back helping Mrs. M recall how Melissa got to that point. Mr. M replied: “So, basically, you are not going to tell us what to do!” I replied: “Respectfully... I am afraid I don’t have the magic wand” (appropriate use of humor) . . . Mr. and Mrs. M smiled and seemed relaxed. I added, but I do have some really curious ears and eyes. Mr. M replied: “Fair enough.”

I sat in the play table in my office with Mr. and Mrs. M and together we looked at the video several times. I wondered what they saw in their daughter’s face and body. Mr. M said: hatred! Mrs. M said: I see fear and yes, anger too. I wondered how they felt when they saw this video several times. Mr. M spoke of feeling angry and frustrated; Mrs. M spoke of feeling really sorry for herself and for Melissa. I invited both parents to comment on the other’s reactions. Mr. M said his wife was better at being generous when people were mean and out of control and probably that is why she could love him because he could be a bit of a bully. I wonder if Mrs. M agreed. She said she had grown with a very mean mom and so she grew to understand that her mom could not help it. However, she added, she felt her husband was aware of his temper, unlike her mom and really worked hard at controlling himself. Mrs. M thought that Melissa got confused with them because sometimes they could be really mean with her and sometimes, probably both of them were too weak and would give in to her demands to avoid being mean like their parents. Mr. M agreed with that. I asked them to look at the video with me once more and then ask them: what do you see? Mr. M burst into tears: “She is so afraid. I know how that feels!” (Child’s state of mind as separate, yet naming identification with the child) Mrs. M told us that prior to this massive outburst; Melissa had been playing with her favorite cousin Nina and was upset when she had to leave. Mom had managed to distract her by inviting her to play something with her but then had to talk to a colleague on the phone minutes after Nina’s departure. Melissa had begun by grabbing her mother’s hair and then had proceeded to make annoying sounds, mom tried to address
the needs of her child by holding her while talking on the phone and continued to hand her toys and try to redirect her. In response, Melissa became more and more dysregulated and began to kick mom who had to end her work call abruptly and was by now enraged with Melissa. She told Melissa this was very bad behavior and that she was not going to have any screen time that evening. The tantrum in the video was Melissa’s response which culminated in Mrs. M placing her daughter in her room by carrying her and then locking the door. The tantrum lasted almost an hour. Mr. M had come home to find an exhausted and depressed Mrs. M and a red faced, sleepy child who woke up three hours later with what she described as a terrible nightmare.

I wondered what went through Mr. M’s mind when hearing the story from his wife. He told me his first thought two days ago was: for this we are paying all that money for therapy? I wonder what he thought that was about. He said it was easier to be angry with me that one of “his girls.” I smiled and said I could understand that, he wanted me to just fix it! He nodded in agreement. I wonder what his thoughts were right now and those of Mrs. M.

Mr. M spoke of thinking about how difficult it must be for Mrs. M who gave up a lucrative career for a part-time position to be a better mother to Melissa and also for Melissa who has no siblings and was feeling sad about losing Nina after having such a great time. He spoke of how Mrs. M always hides how she really feels with a smile (opaque ness of mental states). Mrs. M interrupted: I probably should have spoken to Melissa about Nina leaving instead of pretending it did not happen. I said, why do you think you chose the latter? Mrs. M spoke of feeling afraid of how Melissa reacts when she tries to put into words what she thinks she is feeling. I wonder if she thought she really needed words. Mr. M said Melissa responds well to a cuddle or a pat on time to help her redirect. Mrs. M agreed, poor thing all she probably needed was a hug and a “so sad, but Nina will be back in three days” (using her fingers). Mr. M added: she is so bright we forget she is like a dog, time is different (we all laughed). Well... I said maybe not exactly like a dog, but I get your point. Mr. M interrupted: Now, now, Dr., have a sense of humor! I added: fair enough. Mrs. M seemed relaxed, held by the atmosphere in the room.

One could focus on the fact that Mr. M seemed at times very defensive and quick to project his own aggression onto the child or ally with Mrs. M’s evident masochism. However, looked through an attachment lens, we focused on different aspects of this session. For instance, we stayed with the current affective state produced by the video clip and explored together our affective reactions and the cognitive associations it brought to Mr. and Mrs. M without necessarily interpreting or asking direct questions about their pasts, yet inviting their free floating thoughts and feelings in response to the video clip. Also, I tried to introduce quite early in the session how I imagine the experience of this 5-year-old child and invited parents to do the same. The use of appropriate humor with these parents proved to be a beneficial tool because it facilitated the process of simmering down and it communicated implicitly the fact that expression of aggression, though humor and other appropriate means was acceptable in the context of our work. Later on in our work this also helped us explore Mr. M’s image of himself as a bully and his projection of this aspect of himself onto Melissa. As our work progressed so did Mr. and Mrs. M’s capacity to mentalize when in the face of Melissa’s aggression parallel to their own emerging capacity to acknowledge what Mr. M called: “our ugly parts”, namely their anger and frustration over Melissa not being the fantasy child they longed for many years. Most importantly, they were both able to speak freely about the impact years of infertility had in their relationship and their capacity to work together to create a safe and predictable environment for their daughter.

Parallel to my work with these parents, I worked twice weekly with Melissa and consulted regularly with her teachers, who proved to be strong support for me and Melissa’s parents. In the
words of Mrs. D, a 25-year veteran kindergarten teacher: “Melissa is bright and very fast but she is also very hungry for attention and love, which is not always good for us slow adults, as long as we understand that all she wants is to be loved and that she needs a bit more than other kids, we will all survive!” In this comment, we can evidence this teacher’s capacity for seeing Melissa and her ability to hold in mind the needs that motivate the child’s behaviors. Most importantly, this teacher believed in surviving children’s challenging behaviors and loving them just the same, she understood well the plight of being a 5 year old and her responses to her students carry in them structure, love and genuine firmness. Mrs. D created an atmosphere of safety which children responded to. Both Mr. and Mrs. M had estranged relationships with their mothers, so Mrs. D became a wonderful grandmother for Melissa and a wonderful new developmental object for these parents since she was always supportive, kind, and nonjudgmental toward them.

Both Mr. and Mrs. M accepted my invitation to enter their child’s experience as a means to understand her. Acknowledging the different agendas in the room was central to the process of developing a strong working alliance. In response, both parents began to move away from their use of primitive means of blocking or distorting their child’s internal life and began to make use of their internal experience as a guide to develop more sensitive responsiveness to their child, hence truly keeping their child in mind.

KEEPING PARENTS IN MIND: COMMON CHALLENGES TO MENTALIZING IN OUR WORK WITH PARENTS

Informative articles and books have been written, many in this journal (Novick & Novick, 2000, 2005; Rosembaum, 1994; Slade, 2007) exploring the reasons why parent work has been such a neglected aspect of child psychotherapy, so I will not refer to the historical and philosophical reasons behind this phenomena here. Suffice to say, even though when asked, most child psychotherapists will agree with the premise that working with parents is central to our work with children and young people, many neglect this aspect of their practice. We are very good at justifying this action theoretically and under the guise of being part of our clinical formulation. For example, one often hears colleagues speaking of parents as too “impinging” and the need to protect the child’s therapeutic space, therefore following a more classical stance and referring parents to work with other colleagues. Whilst there is times when this might be justifiable, the question remains, how do we expect to fully understand and imagine the experience of children in the context of the family if we fail to face our own feelings of helplessness and dare I say, our fear of the level of threat some parent’s behaviors represent to our own capacity to mentalize? In this last section of this paper, I would like to illustrate some of the common clinical challenges we face in our work with children which may contribute to the tendency in our field of “outsourcing” parent work or at times simply approaching it without a clear theoretical framework and clinical formulation to guide it.

“I AM JUST HERE BECAUSE SCHOOL KEEPS CALLING ME!”: NAMING AND NEGOTIATING MULTIPLE AGENDAS

Parents and other caregivers such as grandparents and foster parents refer children for assessment and possible treatment for a diverse number of reasons. Exploring what motivates a referral
serves as the first opportunity for explorations of the preexisting beliefs, intentions, thoughts and feelings and how they inform the expectations bringing the parent/caregiver to us. Introducing and adhering to a focus on assessing and modeling a mentalizing stance since the very beginning proves extremely helpful. The following short vignettes illustrate this point:

*Sofia,* a 25-year-old mother of twins, called asking for help with her twin boys, age 3. She was referred by the preschool’s director due to concerns regarding her boy’s stubborn aggressiveness toward the staff. During our initial phone conversation, she made sure to tell me that there were no problems at home since the children were under her care and that of her mother when they were not at school and they were both really good at distracting and keeping them busy. Rather quickly, Sofia spoke of her belief that her children were being scapegoated by the school who were not able to manage very smart, active children. In response to this initial presentation, I asked: *So, if I hear correctly you are calling me because you want to be cooperative, but in reality you don’t feel your children need to see a therapist. Did I get that right?* Sofia replied: *I guess so. . . . Can you see them? I would like to meet with her in person and with her mother (father was absent and leaving in a different state) to hear more about her boy’s development and how they understood his behavior being so different at school. After that, I said we could decide if she felt the way I worked was something she felt comfortable with. I added: It must have been difficult to make this call. She agreed and said: I suppose there is always room for learning about your kids and who they are, but I have to warn you, I may be a working mom, but I really know my kids. I said: That really helps! I look forward to learn about your kids from you and grandma, let’s see how we can help the school and your boys so things can feel easier for everybody. Sofia seemed ok with this and made the point of asking me what he should tell the boys to prepare them for their visit with me. I said once I got to know them better through her, we could think of that.*

Although Sofia’s initial presentation on the phone came across as blaming and defensive, her capacity to shift both affectively and cognitively in response to my emphatic comment regarding how difficult it must have been to make the call was hopeful. Including grandma meant a lot for this young mother who felt quite judged and alone without the support of the boy’s father. The inclusion of other significant family members sharing the caregiving during initial parent sessions is often extremely helpful in identifying generational transmission of defensive maneuvers often standing in the way of epistemic trust and mentalization. Many times, grandparents prove to be the source of significant aspects of psychological parenting for children. Other times, they can be significant obstacles for parents in achieving their own progressive path in the developmental line of parenting. Because of this, as in this case, *mentalizing the generations* in the context of our work with parents proves often challenging yet beneficial.

By inviting Sofia to be curious about the difference in behavior between home and school, I was extending an invitation for joint ownership of the process, which she accepted when asking what she should tell her kids about coming to see a “feeling doctor.” Regardless of her initial defensiveness, Sofia was already thinking with me about how her children would experience my initial sessions with them and what it would mean for them. In my mind, this represented her recognition of her children as separate with their own minds and their own ways of making meaning from experiences. It also showed her awareness of her role as a mother in buffering and sometimes translating experiences with her kids’ developmental needs in mind. Both of these behaviors in parents are important indicators of reflective functioning. In Sofia’s case these characteristics helped us overcome together the defensiveness she displayed which had caused difficulties in communicating and working collaboratively with school. Once we were able to
identify what lay behind her defensive behavior, namely her sense of guilt over not providing a valuable father for her children, we were able to mentalize her experience and create a therapeutic environment where she could do the same regarding her boy’s behaviors. Parallel to this process, together we were able to create a common language with school that resulted in significant improvement both at home and school in the twins behaviors.

PLEASE FIX MY CHILD!: MANAGING AND HOLDING HELPLESSNESS FOR AND WITH PARENTS

Another challenge we commonly encounter in our work with parents is contagious helplessness in response to child symptomatology. Very often, parents seek help in response to the pressure from other family members, school, or primary health providers. We tend to experience helplessness in our countertransference in different ways. Maintaining a mentalizing therapeutic stance can aid us in the process of retaining our capacity for reflective functioning when our own attachment systems are activated in the context of parent work. The following vignette illustrates this point:

“... five months into once weekly treatment, Amy, age 4, walked in with her mom Nancy. I noticed Amy was hiding behind Nancy. I wondered what was going on today and asked mom if she had any ideas. Mom looked at me and shrugged her shoulders. I said it seemed like Amy was having a difficult time saying goodbye to mom today. Looking obviously annoyed, replied: Well, maybe it is because she is worried about you finding out she has had many “bumpy roads” this week, maybe she will not be able to come and play with you anymore if she keeps behaving like that. As Nancy spoke, I felt a surge of frustration as we had just been thinking together during our last parent session with Dave (Amy’s dad) about their tendency to forget the impact of things they said out loud on Amy’s self-esteem and view of herself in relationships. Nancy and Dave had divorced a year ago and Amy, the youngest of two, had suffered the most. Working with divorced parents always presents the risk of splits and stronger identification with the child’s experience of being “caught in between.” I spoke to both Amy and Nancy: I think you are both letting me know how angry, sad and embarrassed you both feel about not being able to help each other stay away from the “bumpy roads” (an idea I usually introduce to think with kids and parents about sequencing together how we get into cycles of nonmentalizing in families). I wondered if Amy was worried about coming in and playing with me, if she thought it was our last time (child’s experience), I invited mom to “check” with Amy. Mom asked Amy, are you worried? Amy nodded and hid her face in mom’s lap (nonverbal cue). I noted Amy’s nonverbal communication. Mom looked very upset, her affect shifted as she looked at me as if asking for help. I wondered if today it would be easier if mom walked in with Amy and then she could come out and read the magazines when Amy felt safe enough to stay alone ....... During our follow up parent session, Nancy and I were able to think together as I shared with her my experience of that day’s scene (use of self) and invited her to share what she imagine her daughter’s experience was and link it with other instances where she tends to attribute negative intentions to Amy’s behaviors and respond accordingly (awareness of her own internal experience). Furthermore, when I invited Nancy to think with me about her conscious decision to “break the therapeutic frame” we had agreed upon by shaming her child in the waiting room, we were able to think about her own feelings over Dave breaking their marital contract by asking for a divorce. What was Nancy hoping I could fix? Was she letting me know about her helplessness having to witness
and hold her child while struggling with her own mourning over the loss of her marriage and her family? Naming these internal struggles whilst staying close to how they impacted Nancy’s capacity to mentalize her child’s internal experience in a way that facilitated a different way of understanding and responding to her challenging behaviors was crucial. Of importance in this example is the use of my own experience in a way that facilitated building an atmosphere of epistemic trust where mom could feel held and understood.

CONCLUSION

I have touched on just a few of the many ways in which work with parents and other caregivers can pose a conscious and unconscious challenge to our capacity to mentalize as psychotherapists. In this paper my aim was to illustrate the value of using an attachment theoretical framework, an integrative mentalization-based approach, to formulate and think about the work with parents as an integral part of the consultation and therapeutic processes. I believe the clinical vignettes shared here show the importance of building a holding therapeutic environment that fosters epistemic trust and allows for the emergence of reflective functioning in parents and other adults in the child’s life.

Attachment figures not only provide children with the basis for feelings of security and exploration, ideally, they also provide opportunities for children to acquire and practice the ability to mentalize, that is, the capacity to understand ourselves and others in terms of intentional mental states. When we create a space for and with parents to explore safely the whole array of feelings and thoughts emerging from encountering the developmental task of parenting, one where inquisitiveness, playfulness, and genuine exchange can be experienced; we create the path for real growth and change across generations.

REFERENCES


