Working with Parents in Child Psychotherapy

Engaging the Reflective Function*

Arietta Slade

Introduction

This paper is about working with the parents of children we treat in psychotherapy or psychoanalysis. It is organized around several basic premises. The first is that virtually all child therapists work—in some way or other—with the parents of the children they treat in psychotherapy. As I will describe later, this work takes many forms, such as separate meetings with parents as an ongoing part of the treatment, direct work with the parents instead of work with the child, or inclusion of parents in the therapy sessions themselves. These are but a few of the many permutations that are typically part and parcel of this work, all of which arise in some organic way out of the process of an ongoing treatment. There is certainly no single way

* This paper evolved from a presentation originally made to the Canadian Association for Psychoanalytic Child Therapists in association with the Toronto Child Psychoanalytic Program, on September 28, 2002. Revised versions were presented to psychoanalytic institutes in and around the New York metropolitan area, including the Institute for Psychoanalytic Training and Research, the Postgraduate Center for Mental Health, the Westchester Center for the Study of Psychoanalysis and Psychotherapy, and the William Alanson White Institute. I would like to thank the many colleagues who helped shape my thinking along the way, particularly Steve Tuber, Arnold Zinman, Phyllis Beren, Mary Target, and Peter Fonagy.
of approaching this work that will be universally helpful to children and families. As child clinicians, we often find our way as we go.

We find our way as we go because, for the most part, there has been little articulated theory of the nature and purpose of this critical aspect of child treatment within the psychoanalytic literature,* and little comprehensive examination—within either the clinical or theoretical literature—of the complex issues involved in this work. Often we are guided largely by our intuition in translating our clinical and developmental knowledge into parent work. Intuition is not necessarily a bad thing; in fact, as seasoned clinicians know, intuition can be key. But it would certainly help to have more theory and attention to practice in directing these intuitions.

Notable exceptions to the relative absence of attention to parent work within the context of ongoing child treatment are the writings of Diana Siskind (1987, 1997) and Kelly and Jack Novick (Novick & Novick, 2001, 2002; Novick & Novick (2002a, 2002b). A slightly different approach has been described by Saralea Chazen (2003) and Kate Oram (2000), who have written about working concomitantly and sometimes jointly with parents and children. Pat Pantone (2000) and Linda Jacobs and Carol Wachs (2002) suggest seeing parents as an alternative to working directly with children. In her wonderful book Working with Parents (1997), Siskind puts it simply and pungently: “When we review the literature on the therapist’s work with the parents of child patients, it quickly becomes apparent that this is a neglected subject. It is surprising that this topic has failed to be represented as a complex and important treatment issue, one requiring a theoretical framework and careful discussion of its clinical application” (p. 4). Siskind wonders about “this shrinking away” from a difficult area of our work: “we write about everything that passes our consciousness” and yet, not this (p. 5). Indeed, it is very interesting to think about why this work has received so very little attention in the vast literature on child psychotherapy and psychoanalysis. My suspicion is that the failure of therapists to write about this complex topic is multidetermined: it is very messy, it is often fraught with counter-transferential feelings and impulses, and—for many therapists—it hits very close to home. Most therapists are parents, too, and may or may not be able to consider these issues objectively.

* The same could be said for virtually all child therapy approaches. See Target, Slade, Cottrell, Fuggle, & Fonagy, in press.
One of the great ironies of the relative absence of attention to parent work in the literature is the fact that experienced therapists—almost without exception—acknowledge that creating a working alliance with parents is crucial to successful work with a child. The more disturbed the child or the family, the more this is the case. We can all think of instances in which we have lost or bungled a case as a result of somehow failing to establish a meaningful, collaborative, and compassionate relationship with parents. This was a lesson I learned again and again during my training, and during my early years in practice. Even now, after nearly 25 years in practice, I sometimes have to learn it all over again.

Experienced therapists are also the first to acknowledge that parent work is often very difficult; in fact, generally speaking, work with children is easy relative to the work with parents. Child work can be fun, it can be tedious, it can be exhausting or it can be exhilarating, but we know what to do. Perhaps it is more accurate to say that we know how to play. But because of its inherent complexity, parent work is continuously challenging.

Most parents bring children to therapy so that we can fix them. They may or may not have any interest in trying to figure out who the child is and what makes him tick, and they may or may not have an interest in thinking about their own emotional life as it pertains to the inner life of the child. When they do, of course, the work can be enormously productive and inherently rewarding. The effect on the child is palpable. But so often the parent and therapist have subtly competing agendas: although we may view parent sessions as intrinsic to helping provide a more sustaining holding environment for the child (which may in some cases mean that we are working very directly to curtail a parent's toxic behaviors and interactions), the parents may view these sessions as open season to criticize and complain about the child. In addition, work with parents is often fraught with transference and countertransference issues, all played out within the framework of a relatively amorphous and poorly defined treatment situation. For instance, making a transference interpretation to a parent who is feeling rivalrous and inadequate in the face of the child's developing relationship with the therapist will be possible only in the most evolved parent-therapist relationships; and yet, these dynamics often come to the fore early in a therapist's relationship with a family. Similarly, the therapist's feelings of iden-
tification with the child and competitiveness with the mother can derail a treatment in very short order.

As child therapists, we are faced with a number of crucial questions with respect to parent work: What is it that we do with parents? What are we aiming for in this work? How do we see ourselves and our role within the framework of this process? How do we imagine this complex web of relationships: child, therapist, parents, separate, but profoundly interconnected?

My efforts to think coherently about this very complex topic began in my work with Michael, a boy who first came to see me when he was three, now over ten years ago. I have written about this work elsewhere (Slade, 1999b), but let me briefly talk about my work with Michael’s mother. I began by seeing Michael and his mother together in parent-child psychotherapy, an approach dictated by Michael’s age and the nature of his difficulties. As our work progressed, I also began to see Michael’s mother individually. The focus of these sessions was almost exclusively her relationship with Michael. For five years, I saw Michael once or twice weekly; I also saw his mother every other week. Slowly, Julie began to understand Michael and more importantly to understand her own complex dynamics as they pertained to her interaction with him. What began as a discussion of Michael’s biological disruptions gradually evolved into a textured discussion of the intersection of their inner lives. As her work deepened, and particularly as she began to be able to put into words the many meanings Michael had for her, he began to flourish in all ways, most notably in the development of the symbolic function.

When I began to think about what had happened in my work with Julie, I was helped by my background in attachment theory and research. I had from the beginning thought of my work with Julie as aimed at helping Michael feel more secure in relation to her, and as strengthening the flexibility and integrity of their attachment relationship. But what I began to realize was that I had in part done this by engaging her capacity for reflective functioning in relation to Michael. Over the course of our work, she had developed the capacity to mentalize his experience. This was what I came to think had been central in our work; without thinking about it consciously, I had been helping her think reflectively about her child. The more I thought about this, the more I began to think that much of what we do with parents generally is to try and engage their reflective...
mother can crucial ques-
th parents? tions, separate,
world with her together y Michael's essed, I also
Michael's ics as they a discussion to a textured r work deep-
to words the h in all ways, ion.
in my work nt theory and . with Julie as o her, and as chment rela-
in part done in relation to ed the capac-
to think had consciously, I lld. The more much of what their reflective capacities. Ultimately, I found this subtle reframing of the aim and function of parent work both helpful and organizing.

In this paper, I outline what I mean by the notion that parent work involves the development of mentalizing capacities in parents. I begin with a brief history of psychoanalytic notions of parent work. I then describe how the last two decades' advances in psychoanalytic theory—and specifically attachment theory—demand a paradigm shift in the way we think about working with parents, and in how we see ourselves in relation to this work. I specifically emphasize Fonagy and Target's work on the development of the reflective function (see Fonagy, Gergely, Jurist, & Target, 2002 for a complete review). In the final sections of this paper, I outline the relevance of these constructs to what we actually do in parent work.

I want to emphasize that I do not think this is necessarily a new perspective with regard to parent work. Whether or not we are conscious of it, most psychoanalytically oriented child clinicians have been profoundly affected by the theoretical shifts I describe later. Indeed, I am trying to describe what I believe many child therapists are already doing, but often intuitively and unconsciously. The uncon-
scious aspect of this is I believe, what needs to be remedied: articulated guiding constructs are critical to our finding our way through the complex maze of working with parents. Thus, it is my hope that by trying to make these processes more conscious, and by articulating basic principles and conceptualizations, we can actually begin to develop ways of thinking about parent work that are more clear, coherent, and conceptually grounded than what we have today. But first, I begin with a bit of history.

The History of Approaches to Working with Parents

Much of the neglect and confusion within psychoanalysis about parent work can be understood by examining the history of psychoanalytic theories of development and treatment. Child therapy and psychoanalysis were first described in the 1930s by Anna Freud (1966–1980) and Melanie Klein (1932). Consistent with their belief in the importance of addressing the intrapsychic conflicts of children as the means to promoting symptom relief, little attention was paid to the involvement of parents in the child's treatment. Mrs. Klein reportedly found any involvement with parents to be highly annoying
Arietta Slade

and irrelevant (Karen, 1997). Bruno Bettelheim believed that taking children away from their parents was crucial to recovery (Bettelheim, 1950). And according to what is likely an apocryphal story, Dorothy Burlingham was supposed to have suggested a set of guidelines for working with parents at the Anna Freud Center (Alice Colonna, personal communication, January, 2002). She purportedly suggested three routes to take in dealing with parents: (a) ignore them, (b) take the children away from them, and (c)—most difficult and least advisable—work with them. These ideas are obviously inconsistent with the child guidance model that was to emerge from the Anna Freud Center in the 50s; indeed, Anna Freud was well aware of the need to establish ongoing relationships with parents. However, there is nevertheless, even in more contemporary psychoanalytic thinking, an unwitting assumption about whether transforming work can really be done with parents as part of the child’s psychotherapy.

The child guidance model refers to a loosely defined approach to parent work, in which the therapist meets with parents in order to gather information on circumstances in the child’s everyday life, help caregivers understand their child’s development, develop strategies to manage behavioral problems and contextualize their child’s difficulties. But in this model—as it originally emerged—the work with parents was hardly an intrinsic part of the therapy. The therapeutic frame of the work with the child, the engagement with his interior life, was sacred. This thinking was embedded in an equation, a sacred notion, namely that the child could change while his environment did not, or that he could somehow change his environment as he progressed in treatment.

Not infrequently—as this model was so often simply not adequate—therapists would (and obviously still do) end up working in an analytic fashion with parents alongside the child’s therapy; the transmutation of the child guidance model reflects therapists’ need to bring the parent’s conflicts to the fore as a means of helping the child. But here, too, there was relatively little theory to guide this kind of work, and it often became two almost parallel therapies. Oftentimes, when this failed, the parent was referred for individual psychotherapy of his or her own as an adjunct to the child’s therapy. Although this is often an entirely appropriate and crucial recommendation...
parent's individual treatment cannot—for reasons that are described in the sections that follow—supplant parent work. *

The more traditional analytic view of the individual child, whose development could be largely described as a function of the tensions and conflicts that inherently accompany maturation, was to evolve dramatically over the course of the 1970s and 1980s. These changes occurred as the result of a confluence of factors: developments in the field of infant research (Stern, 1985; Tronick, 1998), advances in attachment theory and research (Bowlby, 1988, Ainsworth, Blehar, Waters, & Wall, 1978; Main, Kaplan, & Cassidy, 1985), and the development of self psychological, relational, and intersubjective perspectives within psychoanalytic theory and technique (Kohut, 1969; Mitchell, 1988; Winnicott, 1965).

These shifts in theory were to have an enormous impact on the way clinicians thought about the child and his development. Instead, contemporary psychoanalysts embraced the notion that the child's own sense of his mind and his self-experience are dyadically and triadically created, emerging directly from his experience of himself in relation to his primary caregivers. From this perspective, the child's internal world could no longer be viewed as distinct and separate from his ongoing experience in relationships.

Attachment theory played a significant part in moving latter day psychoanalytic theory toward this more relational perspective. While there are many ways to describe the implications of attachment theory for clinical work (see Slade, 1999a, 1999b, 2000, 2004a, 2004b), what I will focus on in the sections below are the ways that mentalization theory (Fonagy et al., 2002) provides a particularly useful framework for what should and often does happen in successful parent work.

From Fonagy's perspective, the parent's capacity to mentalize is intrinsically related to the child's sense of self and of her own mind. Thus, working to develop the parent's reflective functioning is hardly outside the purview of psychoanalytic child treatment. Indeed, this perspective would suggest that parent work may

* Likewise, family therapy is sometimes recommended in these circumstances (Asen, in press; Kerr & Bowen, 1988; White & Epston, 1990). Although this work is in principle different from parent work, it may—by virtue of its potential to disentangle the child from family projections and distortions—have similar positive effects on the child, and on the parent's capacity to see the child as having a mind of his own.
function as a central—rather than peripheral—agent of change in successful child treatment.

Reflective Functioning

The construct of reflective functioning (RF) was introduced over 10 years ago by a team of psychoanalytically oriented attachment researchers: Peter Fonagy; Miriam Steele, Howard Steele, and Mary Target (Fonagy, Steele, Steele, Leigh, Kennedy, Mattoon, & Target, 1995; Fonagy, Steele, Moran, Steele, & Higgitt, 1991; Fonagy & Target, 1996). Reflective functioning can be understood narrowly as the capacity to understand one's own and others' behavior in terms of underlying mental states and intentions, and more broadly as a crucial human capacity that is intrinsic to affect regulation and productive social relationships. In just over 10 years, Fonagy and his colleagues have developed an extraordinarily rich and complex body of theoretical, clinical, and research work that elaborates the central importance of mentalization (Fonagy et al., 2002) in promoting secure and healthy personal and relational adaptations across a range of contexts. The more that human beings are able to mentalize, or "envision mental states in the self or other," the more likely they are to engage in productive, intimate, and sustaining relationships, to feel connected to others at a subjective level, but also to feel autonomous and of separate minds (Fonagy et al., 2002).

Although all human beings are born with the capacity to develop the reflective function, early relationships create the opportunity for the child to learn about mental states, and determine the depth to which the social environment can ultimately be processed (Fonagy et al., 2002). A mother's capacity to hold in her own mind a representation of her child as having feelings, desires, and intentions allows the child to discover his own internal experience via his mother's representation of it. A mother's capacity to make meaning of the child's experience will make him meaningful to himself, and allow her to go beyond what is apparent, beyond the concrete, and to instead make sense of the child's behavior in light of mental states, of underlying, likely unobservable, changing, dynamic intentions, and emotion. This helps him begin to symbolize, contain, and regulate his internal experience, and to develop coherent and organized representations of himself and others.
of self and other. This also helps the parent contain and regulate her own internal experience as well as her behavior.

In many instances (and we see this often in our consulting rooms) this process is derailed, often with dire consequences for the child:

If the caregiver’s capacity is lacking in this regard, the version of itself that the infant encounters is an individual conceived of as thinking in terms of physical reality rather than mental states. If the child finds no interpersonal alternative where he is conceived of as mentalizing, his potential in this regard will not be fulfilled. In cases of an abusive, hostile, or simply totally vacuous relationship with the caregiver, the infant may deliberately turn away from the mentalizing object because the contemplation of the object’s mind is overwhelming, as it harbors frankly hostile or dangerously indifferent intentions toward the self. (Fonagy et al., 1995, p. 257)

Under such circumstances, the experience of holding the other in mind becomes fraught and terrifying for the child.

For purposes of exposition, I would like to make a distinction between reflective functioning—that is, the crucial human capacity central to the development and maintenance of a range of social relationships—and parental reflective functioning (Slade, 2005). The latter term refers to the mother (or other caregiver)’s capacity to reflect on the current mental state of the child and upon her own mental states as these pertain to her relationship with her child,* as opposed, for instance, to her capacity to reflect upon her childhood relationship with her own parents. These two different forms of reflective functioning are likely to be highly correlated. In our research, parental reflective capacities, as assessed via parental interviews (Slade, Belsky, Aber, & Phelps, 1999), are significantly correlated adult attachment classification, as measured by the Adult Attachment Interview (George, Kaplan, & Main, 1996). However, parental representations of the child appear to be more influential than attachment organization in terms of predicting positive outcomes—such as secure attachment—in the child (Grienerberger, Bernbach, Levy, & Locker, 2005). We have also found such parental capacities to be related to a range of crucial adaptations in the child, and to positive caregiving practices in mothers (Grienerberger, Slade, & Kelly, 2005). Parental reflective functioning is also predictive of the child’s capacity to play and symbolize (Fonagy &

---

* Reflective functioning, in this context, is often mistakenly equated with empathy. See Fonagy et al., 2002, for a full discussion of this question.
Target, 1996; Slade, 1999b). Thus, it would appear that this crucial parental capacity plays a number of vital roles in promoting child socioemotional development.

Evaluating Parental Reflective Functioning

In the next section, I briefly outline how we describe individual differences in parental reflective functioning, in both research and clinical settings. I do so because I believe that knowing a little bit about the scale is especially helpful in thinking about what to listen for and address within the context of parent work itself.

In Fonagy and his colleagues' original scoring system (Fonagy, Target, Steele, & Steele, 1998), as well as our adaptation of this scale for use with parental interviews (Slade, Bernbach, Grienenberger, Levy, & Locker, 2004), parental reflective functioning is scored along a continuum from absent to high. The lowest levels of the scale are used to score those descriptions of the self or the child that are devoid of mental state language, that emphasize behavior, physical traits, or personality, but fail altogether to consider internal experience. For instance: “my child is bad, pig-headed, stubborn, nosy, energetic, active, playful.” Or, when describing oneself as a parent: “I’m calm, patient, busy, too neurotic, and so on.” It is important to note that although some of these descriptions are positively tinged, none emphasizes emotional or internal life. Fonagy refers to this level of discourse as indicative of the physical stance—that is, an interpersonal stance that makes meaning of the self or other in physical, behavioral, or external terms (Fonagy & Target, 1996).

In some instances, parental representations of the child and his experience are manifestly self-serving and even bizarre. For instance, here is a description offered by the parents of their five year old child during their first evaluation session with me: “There’s something rather inhuman about him—there’s an absence of warmth, human feeling, fellow feeling. He has deformed the family life and marriage. On a bad day, he’s violent, ungovernable, and underemployed.” “He is without that current that passes between parents and children...Never a moment where there’s a bond...he’s attached in a way that doesn’t strike us as normal...” “He’s an animal, a psychopath.”
Aside from the obviously troubling quality of these descriptions, there is no suggestion in any of these comments of an interest in the child’s mind.

The next level of the scale is characterized by descriptions that evince some recognition of mental states; although such statements can be banal and superficial, they receive a slightly higher score. There is some recognition of one’s own or the child’s feelings, thoughts, and intentions: “He’s sad.” “He likes bananas.” “She knows I’m gonna’ feed her.” The description of mental states is in and of itself not an indication of reflective functioning, however. Nevertheless, it is a crucial building block in the development of a reflective stance, and for some parents accurately recognizing even the most basic mental states in themselves or in the child can be an enormous accomplishment.

The development of the reflective or intentional stance is marked by the capacity to see behavior as a function of underlying mental states or intentions. The parent achieves this score once they manifest the capacity to link the child’s or her own internal state to behavior or to other internal states. “He threw a tantrum in the store (behavior) because he was tired and hungry (physical state), and I’d been dragging him around all day and he was sick of it (mental state).” “She didn’t sleep all night because she’d been so frightened by how angry I’d gotten at her.” When work with parents in child psychotherapy is going well, we begin to see such shifts from a behavioral to a reflective stance. For instance: “Oh, so maybe he’s been running away from me when I pick him up at school because he doesn’t want me to know how much he’s missed me!” rather than “How can I get him to stop running away when I’m trying to get him in the car after school?”

The reflective stance refers to the capacity to understand the nature of mental states, as well as to appreciate their dynamic nature and interpersonal functions. Thus, for instance, a reflective individual understands that mental states, by their very nature, can be disguised, or opaque to the observer. They understand that mental states change over time. They understand the dynamic nature of mental states: my feelings can affect the way my child feels, and vice versa. In addition, with reflectiveness comes increased accuracy in the capacity to make sense of mental states. So many times parents misread intentions and motivations; often our work results in their becoming more accurate and sensitive readers of their children’s feelings and desires. Finally, the capacity to maintain a reflective stance...
(or at least have that as a goal) can be inherently regulating for the parent, and helps them to contain and modulate their own intense feelings and fantasies.

For example, imagine the following: It is early evening, and a mother has just finished work. She stops to pick up her 3-year-old child up from daycare, where he has spent the whole day. She has nothing to prepare for dinner, and so stops at the supermarket to pick up a few things. Even as she pulls her car into the supermarket parking lot, her child is starting to fuss and whine.

Let us imagine Mother #1, who quickly recognizes (probably long before they even get to the supermarket) that her child is hungry, tired, and just wants to get home, and that his fussy behavior is indicative of these underlying affects and desires. He has missed her, and is not happy about having to run an errand, one which will only further distract his already harassed and distracted mother. Because she recognizes the meaning and intention of her child’s “mis”behavior, she will probably start trying to regulate his distress long before it escalates. She will verbally acknowledge that he doesn’t want to go to the store, and that he just wants to go home and eat dinner, and that he has had a long day and misses her. She will give him something to eat as soon as he starts asking for food (rather than worrying about his spoiling his dinner. He is hungry now.) She will recognize right away that this will have to be a very short shopping trip. If he starts to tantrum despite all these efforts to anticipate his dysregulation, she will stop and try to settle him down by comforting him physically, giving voice to his feelings, trying to in whatever ways she can balance his needs with the reality of her mission. This does not mean that she will abandon her own goals, but that she will attend to the regulation of his needs along with her own.

Contrast this with Mother #2, who feels angry as soon as she picks up on her child’s displeasure about the shopping trip, and so does little to anticipate or regulate his building distress. Thus, by the time he starts to fuss, she is already agitated, and denies all of his (increasingly annoying) requests for food, demands to get out of the cart, and so on. She is determined to get all the things she needs, and as she moves methodically through the aisles, his distress escalates. Within moments, the child is in a full tantrum, arching his whole body back, poised for a complete meltdown. In complete frustration, she mutters (or yells) “You’re doing this on purpose. You’re trying to drive me crazy. You never let me do what I need to do.” Her grip is too tight. When they finally get to her consulting room, she distinctly out of her skin.

Obviously, the child’s current dysregulations in part mirror a history in which he had great difficulty understanding the mental states and feelings of others and how she handled them. Thus, he is using his mother’s emotional state to regulate his. Much of what we do in therapy is to help parents to recognize and regulate their own emotional states, and thereby to help the child regulate his. The high emotional awareness we are capable of developing is a surprising link between mental states and behavior. For instance, in therapy, we do not let a parent say that he is not really feeling angry (mental state), but that he is absolutely furious (behavior). Sometimes we don’t let him say that he wants to be a certain way (mental state), but that he does want that way (behavior). Sometimes we don’t let him say that he is in the moment and cannot anticipate the future (mental state), but that he will anticipate the future (behavior). Sometimes we don’t let him say that he is not really being persecuted by his boss (mental state), but that he is being persecuted by his boss (behavior).

We do not let him say that he is not really in this room (mental state), but that he is in this room (behavior). Sometimes we don’t let him say that he is not really in love with his partner (mental state), but that he is in love with his partner (behavior). Sometimes we don’t let him say that he is not really having an affair (mental state), but that he is having an affair (behavior). Sometimes we don’t let him say that he is not really doing this for his partner (mental state), but that he is doing it for his partner (behavior).

We do not let him say that he is not really in love with his partner (mental state), but that he is in love with his partner (behavior). Sometimes we don’t let him say that he is not really doing this for his partner (mental state), but that he is doing it for his partner (behavior). Sometimes we don’t let him say that he is not really having an affair (mental state), but that he is having an affair (behavior). Sometimes we don’t let him say that he is not really in love with his partner (mental state), but that he is in love with his partner (behavior). Sometimes we don’t let him say that he is not really in this room (mental state), but that he is in this room (behavior). Sometimes we don’t let him say that he is not really doing this for his partner (mental state), but that he is doing it for his partner (behavior). Sometimes we don’t let him say that he is not really having an affair (mental state), but that he is having an affair (behavior). Sometimes we don’t let him say that he is not really in love with his partner (mental state), but that he is in love with his partner (behavior). Sometimes we don’t let him say that he is not really in this room (mental state), but that he is in this room (behavior). Sometimes we don’t let him say that he is not really doing this for his partner (mental state), but that he is doing it for his partner (behavior).
...ing for the wn intense
...ing, and a 3-year-old
ay. She has
...market to
supermarket
...bably long
is hungry, 
ior is indica-
her, and is
ll only fur-
Because she
's "behavior,
ng before it
ant to go to
er, and that
meth to
ying about
gnize right
If he starts
regulation,
him physi-
says she can
es not mean
tend to the
as she picks
.nd so does
y the time
is (increas-
of the cart,
eds, and
escalates.
g his whole
frustration,
're trying
'." Her grip

is too tight and her jaw clenched when she lifts him out of the cart when they are ready to leave. By the time they get to the car, both mother and child are completely exhausted, dysregulated, and distinctly out of sync.

Obviously, Mother #1 was from the start able to reflect on her child's current mental state and adjusted her behavior and expectations in accord with that mental state. Mother #2 found the dysjunction between their distinct desires and intentions intolerable, and had great difficulty holding her child's (equally legitimate and understandable) intentions in mind. As she overrode her child's mental state, his distress escalated, as did hers. Finally, in her anger, she handles him roughly and misattributes malevolent intent to him. Thus, not only does she behave insensitively (because she is not using his mental states to guide her behavior), but she also obliterates his self experience by projecting her own feelings and desires onto his. Much of what we do in our work with parents, I believe, is try to help parents behave and think more like Mother #1 and less like Mother #2, by helping them mentalize or reflect upon the meaning and intention of their child's behavior.

The highest points on the scale are used to describe parents who are capable of making sophisticated, complex, and sometimes surprising links between their own and their child's internal experience. For instance, here is a highly reflective mother describing an interaction with her toddler:

Sometimes she gets frustrated and angry (child mental state) in ways that I'm not sure I understand (understands the opacity of her child's mental state). She points to one thing and I hand it to her, but it turns out that's not really what she wanted (child mental state). It feels very confusing to me (mother mental state) when I'm not sure how she's feeling (mother's mental state affected by child's), especially when she's upset (child behavior). Sometimes she'll want to do something (child mental state) and I won't let her because it's dangerous, and so she'll get angry (transaction between mental states). I may try to pick her up and she obviously didn't want to be picked up because she's in the middle of being angry (appreciation of the process of child's mental state) and I interrupted her. In those moments it's me who has the need to pick her up and make her feel better, so I'll put her back down (distinguishes own needs from those of child).

We do not usually hear talk like this from parents in our consulting rooms, at least in the early phases of treatment; when we do, it is likely that we are dealing with a relatively flexible and healthy family system, one that permits more complex and dynamic work. I
Arietta Slade

recently had the experience of meeting a mother who—within minutes of our first session at the start of an evaluation of her 5-year-old son—described the child’s current behavior in light of traumatic events he had experienced in his early childhood. It was instantly clear to me that this mother saw her child as a psychological being, despite the fact that her child’s behavior was enormously troubling and infuriating to her, and that she felt guilty for her own part in her child’s unhappiness. As I have gotten to know this mother, I have been impressed again and again with how eager she is to understand her child, and how readily she is able to adapt her behavior and expectations in line with these insights. Sadly, it is more often the case that mothers and fathers find it very difficult to enter their child’s experience as a means of understanding them. Instead, they resort to primitive means of blocking out or distorting their child’s internal life, resulting in distress and dysjunction all around (see Coates, 2004).

Working with Parents

The trend within psychoanalysis toward a more relational, interpersonal, and intersubjective view of child development necessarily changes the way we think about parent work. In particular, it implies that a significant aspect of what we do is help create the context for the emergence of healthy, sustaining attachment relationships. We do this by facilitating the parent’s engagement with the child’s true self (Winnicott, 1965), and by helping the parent become more sensitive, more of a secure base, more able to regulate and contain the child. In my view, such developments in the parent are often directly linked to the therapist’s success in helping the parent to reflect upon the child’s mental states.

Thus, when I work with a parent, I am trying to create a context in which he or she can slowly shift from a physical to a reflective or mentalizing stance. That is, I hold the child in mind for the parent as a mentalizing being, as a person whose feelings and behaviors are inextricably interrelated, and whose feelings and behaviors are inextricably intertwined with theirs as a parent. Most importantly, I see the child’s behavior as meaningful. Hopefully the parent will come to internalize this view of the child, which will in turn allow them to hold this in mind for the child. The child can then begin to
—within min-
of her 5-year-
it of traumatic
was instantly
usly troubling
wn part in her
other, I have
is to under-
t her behavior
: is more ofen-
t to enter their
. Instead, they
their child’s
around (see
lational, inter-
t necessarily
ular, it implies
neral, it implies
reaf the context for
he child’s true
ome more sen-
def contain the
often directly
t create a context
to a reflective
nd for the par-
and behaviors
l behaviors are
st importantly,
the parent will
in turn allow
then begin to
experience himself as a meaningful, connected, and feeling person,
who then can begin to symbolize, rather than act. Although this may
sound simple as a schematic, it is actually a very complex process.
So—in an effort to try to formulate it—I describe in the sections
below what I think are some of its component parts.

The Creation of a Playspace

All work with parents begins with the creation of an environment
of reflectiveness; that is, we create a context for symbolization and
meaning making on the part of the parent. As we know from Winn-
icott (1971), helping the parent feel safe enough to mentalize, to envi-
sion, name, and play with mental states, depends upon the creation
This is an odd term to use in thinking about parent work, which
sometimes feels like a war zone, but it is actually a helpful word to
keep in mind.

Creating this playspace begins with our inviting the parent to
participate in the treatment. This means that from the beginning, we
frame the therapeutic process to parents in such as way that they see
their sessions with us as intrinsic to the treatment as are individual
sessions with the child. This often means that we have to confront
our own desires to keep the child all to ourselves, and challenge our
implicit rescue fantasies, both of which inherently disparage the
parent. These sessions need to be regularly scheduled, and frequent
enough to move beyond reporting and catching up. Involving parents
in this way raises a number of complex issues regarding confidential-
ality and boundaries. Although it is of course crucial to preserve the
safety of the child’s relationship with the therapist, such exigencies
cannot be used as a justification for avoiding work with parents.

Understandably, many parents come to treatment with the fantasy
that the therapist, as the expert, is going to either tell them what to do,
or point out their abject failures in parenting. Upending this expect-
tation of both advice and judgment is crucial, because under the best
of circumstances the parent and therapist are collaborators in dis-
covering who the child is and what he thinks and feels. In very real
ways, parents know the child better than we ever will; it is our job to
bring that knowledge and understanding into their relationship with
the child. Most parents want help in improving their relationship
with the child. They have come to us often because they feel lost, helpless, worried, and guilty, or because they are overwhelmed by feelings for the child that they cannot manage or articulate. If we can keep this in mind in inviting them to participate in the treatment, they can see us as helpful and facilitating, not judgmental.

In my experience, it is often difficult for less experienced therapists to incorporate parent work into child treatment in an ongoing way. This is often because they can be intimidated by parents, unsure of what to do, or just overwhelmed by keeping track of all the pieces of the work. It may also have to do with the fact that they are often not yet parents themselves, and so are more identified with the children, and less certain about how to establish a connection with the parents (Pantone, 2000). Many therapists (and not just beginning ones) struggle with countertransferential feelings in these situations, such that they inadvertently side with the child as victim of parental distortions and cruelty. Although aspects of this identification with the child are crucial to his finding safety in the therapeutic relationship, the therapist's relationship with and empathy for the child should not preclude attempting to establish a working relationship with the parent.

Holding the Parent in Mind

Creating an environment in which the parent can begin to hold the child in mind depends upon our capacity to first—and perhaps for a very long time—hold the parent in mind. Parents who are unable to reflect upon their children's internal experience have often had disrupted and traumatizing early relationships themselves, and our capacity to bear these parental distortions within the countertransference depends upon our remembering this. We must first be able to hear and tolerate the parent's experience of the child; creating an empathic bond that evolves from an understanding of the parent's intersubjective experience of parenting is critical to the formation of his or her capacity to recognize the child as separate and having a mind of his own.

Parents' feelings about the child make sense to them in a profound way. Parents often come to treatment feeling very badly about their children (and themselves as parents) and we need to sit with these awful feelings and understand them. We don't try to talk them out of them; rather, we accept their pain and their fear and they can begin to understand it better. We need to listen and to be with them in their suffering.
they feel lost, overwhelmed by uncertainty. If we can elucidate. If we can contemplate, the treatment, we need therapists in an ongoing way. 

ent, unsure of all the pieces of the puzzle are often not with the parents, with the parents, (beginning ones) situations, such as parental disorientation or the parent's relationship with the child should begin with the parent's willingness to hold the child in mind is often the end rather than the beginning of the process. As my colleague Steve Tuber put it (personal communication, November 2002), it can be an act of generosity for a parent to contemplate the child's mind, and they must be supported and heard in order to take this leap. This means that we must listen to what it is like for them in hot or difficult moments with the child. It will also involve our learning—at some point, or at multiple points—their own story, so that the meaning of their own failures in holding and empathy become a crucial part of the dialogue, and of our own understanding.

Model the Reflective Stance

Both creating a playspace and keeping the parent in mind are first steps in establishing a solid working alliance with parents. Most essential to the work, however, are the ways in which we use our meetings with parents to model the reflective stance. We struggle to penetrate the opacity and complexity of the child's experience, and we try to symbolize it. We play with it, we wonder about it, we search for the right metaphors to make the child sensible to the parent. And we iterate—again and again—the essential aspects of reflective awareness. We talk about feelings, we link them to behavior, again and again, continuously underscoring the links between behavior and mental states (“Maybe he's up in the middle of the night because he was so afraid when you were away.”) We talk about the transient nature of feelings: they will change (and become more tolerable) over time. We note the relations between a parent's mental state and those of her child. (“So maybe your daughter is so angry and hurtful to you because she has been frightened by your sadness and depression.”) We try to be accurate in our descriptions of mental states (“So enraged doesn't really capture what you were feeling; you were frightened and helpless and so frustrated.”) We understand what
we don’t know about another’s internal experience. And we model curiosity and openness to discovering it—there are no easy answers, there is only a process of discovery.

One of the things we hope to accomplish by re-presenting the child to the parent in a reflective way is to mobilize their appreciation and recognition of the child’s mental experience. Providing metaphors for the child’s experience is one way that we bring the child alive for the parent, galvanizing both the attachment system as well as more sensitive caregiving. Let me provide a brief example. I was working with the parents of 6-year-old Luke. Their marriage was disintegrating in brutal and—for Luke—terrifying ways. I was trying to communicate to the parents how their increasing acrimony was shattering his basic sense of integrity, leaving him open to intense and frightening internal experiences and fantasies. In the effort to avoid each other, both parents were taking off for days at a time without notice; such random and unexplained comings and goings were quite disorienting for Luke. I hoped to articulate Luke’s experience in a way that would override their hatred for each other and mobilize their concern.

I searched for a metaphor that would aptly communicate how important it was for them to create a predictable and organized world for him, and how intolerable their overt hostility was for him. In order to do this, I used a vivid and emotionally charged metaphor that I hoped would crystallize for them just how much pain he felt at the great uncertainty, rage, and chaos in his life. As he himself said, when I mentioned that his parents’ comings and goings were so hard to understand, he looked at me and said “It’s MORE than I can understand.”

In my meeting with the parents, I told them about an interview I’d seen on TV in which a firefighter had described his experience of trying to orient himself in the immediate aftermath of September 11th. He was among those desperately struggling to free a small group of firefighters buried in the rubble that had once been the base of a central stairwell. He radioed to the trapped men for help in locating them; he wanted landmarks, orienting points. His trapped comrade radioed out: “We’re right at the corner of West Street and Franklin. That corner, right there.” The firefighter wept in recounting the story: “I knew that neighborhood like the back of my hand. I know where West and Franklin is. It wasn’t there. It was gone.” The basic landmarks that would lead him in this desperate situation had completely disintegrated. “It’s like that for Luke,” I said. “Everything
that he knows is gone. And you have to give him the anchors, to create the order out of a universe that for him has exploded completely.” It was my hope that—by using such a vivid metaphor to describe the depth of Luke’s disorientation—I might be able to evoke their desire to nurture and protect him.

It is very common and natural for parents to ask for advice during the course of their work with us. Within the framework of a reflective model, advice always derives from understanding. In effect, I tell parents: “What you do with your child, or what I suggest you do with your child, depends entirely upon how we understand the emotional context of a particular situation. What I am helping you do is develop a way of thinking about and understanding your child; what to do will flow easily from that.” Sally Provence, a wise and gifted child analyst, put it this way: “Don’t just do something. Stand there and pay attention. Your child is trying to tell you something.”

We are always trying to help parents wonder what that something is. For most parents, curiosity about their child’s experience, and recognition that such experiences are separate from their own, emerges slowly, and often comes in moments of suddenly wondering: “Gee, I wonder why he did that? Oh, so maybe that’s how she was feeling.” Because it leads to understanding, the simple act of imagining the child’s experience—even briefly—can be momentous and transforming of a parent’s representation of the child. And it is only after the parent is engaged in wondering that developmental guidance and knowledge takes on real meaning and vitality.

Marie came to me in complete and abject despair. She felt as if she had really begun to hate her 3-year-old daughter, Leslie, who she described as intensely aggressive, provocative, and hyperactive, traits that were especially pronounced in their relationship. I met several times with Marie to try to get a sense of what was going on, wondering to myself what might have gone so quickly wrong in this dyad. When I finally met Leslie, I was indeed impressed with her energy, intensity, and willfulness. But both Marie and I were surprised when Leslie refused to let her mother leave the room. She clung to Marie and whimpered; her mother, of course, did not leave, and Leslie proceeded to play out a range of fears, notably abandonment. This child—who wished to be so big and scary, and who was in fact often so very frightening to her mother—turned out to be very frightened herself. The mother looked quite astonished, and did not for a second miss the implications of her daughter’s play.
I scheduled an appointment with the mother for the following week. As I returned to my desk, however, I happened to glance out my office window. I saw the following scene unfold in the parking lot: Marie had buckled Leslie in her car seat, but—having forgotten something in the waiting room—pulled up to the office door, thinking Leslie was safe in her car seat. While Marie got out of the car and walked to the office door, Leslie quickly darted out of her car seat and jumped out of the car. By the time Marie got back in her seat, Leslie was standing directly in front of the car, a large SUV. Just as Marie engaged the engine, she saw her (small) daughter, directly in the car’s path. She immediately jammed on the brakes and flew out of the car. In a terrified fury, she screamed and roughly yanked her daughter to the side and practically threw her into her car seat. The terrified mother was also terrifying.

When the mother returned the following week, we had two different things to talk about: how frightened her daughter was, and how frightening she could be in her anger. Marie, who had largely seen herself as a victim of Leslie’s torments, could begin to appreciate her role in frightening her daughter and in provoking her acting out. What was most striking, however, was the change in her affect as we talked. She softened, she relaxed, and she began to see her child more sympathetically and more psychologically. She began to wonder what went on in her mind. Leslie was no longer a demon to her, but a frightened child.

Working at a Level the Parent Can Manage

It is crucial to work at a level the parent can manage. Some parents never use mental state words to describe their children, or their descriptions of their children’s emotional life are full of distortions and misattributions. A parent’s capacity to reflect upon the child’s mental experience often begins with the simple understanding of their child’s particular way of physically regulating himself; that is, while they cannot talk about mental states, they may be able to talk about physical states. This aspect of the child’s internal experience can be approached with some neutrality, and can often be very helpful to parents, who may find it difficult to recognize even physical states, or levels and trajectories of arousal in their children. Thus, for instance, a parent experiences her child as being wild and out of control, without knowing how to describe it. Development can be a starting point. Slade, 1999b

With parents, a child’s internal experience is often on “hot” or “cold” moments” in mother–infant interactions from Main’s (Main et al., 1985) discussion or recoups or reenactments. Discussions with parents are nitty-gritty or slow balancing or regulatory this understanding of the child’s mental state.

Flexibility

There is no such thing as a prescribed flexibility; but rather a way that we may decide how child’s permission dyadic and interactive to with parent and parent. Sometimes we may become critical of the issues and clinical situations. The issues they are capable of shifting with ways to accommodate shifting situations. Stern (1985) psychotherapeutics. It characteristic. But we
the following
to glance out
n the parking
ing forgotten
e door, think-
of the car and
d of her car seat
k in her seat,
: SUV. Just as
er, directly in
; and flew out
ly yanked her
·
car seat. The
ad two differ-
was, and how
l largely seen
appreciate her
r acting out.
her affect as
see her child
egan to won-
lemon to her,

Flexibility

There is no single format for conducting parent sessions. Rather, *reasoned* flexibility is key. This is not a monolithic or simple approach, but rather a way of *thinking about and framing* the work. Sometimes we may decide to bring a parent into the child's session (with the child's permission, of course). Sometimes we will want to alternate dyadic and individual sessions. Sometimes we will meet alternately with parent and child, or have regular, concomitant sessions with the parent. Sometimes the moments of transition in the waiting room become critical moments of translation and reformulation. Many of the decisions about which of these approaches is suitable in a given clinical situation, will rest upon the developmental stage of the child, the issues they are dealing with, and an assessment of the parents' capacities. But because we are—among other things—trying to create shifts within the relationship, these variations remain dynamic ways to accomplish such work. In his book, *The Motherhood Constellation*, Stern (1994) notes that once you introduce parents into the psychotherapeutic situation, the work can seem messy, impure and chaotic. But when theoretically guided, carefully thought out, and
respectful both of the child's boundaries and needs, as well as the parent's need for support and understanding, this work is not messy, but developmentally appropriate.

There are of course times when it is nearly impossible to do any productive work with parents at all. I have had experiences in which I realized that bringing the parent into a session with the child was toxic to the child, and that—no matter what my intentions—I could not protect the child. I have worked with parents whose narcissism and fundamental detachment from the child (whether manifest in entanglement or disengagement) meant that I couldn't engage them in even the most basic wondering. The story is set, the die is cast; my attempting to shake or challenge this story would disrupt my relationship with the child and threaten the treatment. In these cases, I do what I can with the child and hope that they can grow up and away very soon. I hope that the parents will catch my reflective stance, and I look for little windows to get through to them. Sometimes this seems like so little, but I try to keep in mind the understanding and pleasure that can come out of a single moment of true reflectiveness.

What Reflective Parent Work Is Not

Before closing, I think it is important to briefly consider what this type of parent work is not. It is not individual therapy for the parent. One of the most common occurrences in working with very disrupted families and disrupted relationships is that the therapist refers the parent for her or his own separate individual therapy. Although this may sometimes be very necessary, and can actually help a parent separate her experience from that of her child, it cannot replace the parent's work with the child's therapist. To do so obscures critical opportunities to work on the relationship and specifically to address the parent's capacity to come to know the child through the therapist's eyes, and his or her particular vision of the child. Individual therapy is usually about the parent, and not the relationship. Although individual treatment may be helpful, what the parent also needs is to find a way to understand the child, and the child's individual therapist is in a unique position to facilitate this discovery. We are not conducting an individual psychotherapy with the parent; we are trying to directly intervene in facilitating the parent-child relationship, using our understanding of the child as the lynchpin.
Parent work is also not primarily about understanding the parent’s conflicts in relation to the child (Novick & Novick, 2001, 2002; Novick & Novick, 2002a, 2002b). Although such understanding may well, and perhaps always should, emerge from the parent’s struggle to understand her child, such insights are secondary to the processes described here. Similarly, while a couple’s dynamics may become an issue when working with a mother and father together, one is generally trying to use one parent’s understanding of the child to inform the other’s, rather than focus upon discrepancies in their views, and the conflicts that are the result of these discrepancies. Although a couple’s conflicts will of course be an issue in certain circumstances, they can hopefully be addressed in such a way that the child’s mind—as it exists in dynamic relation to the minds of his parents—can remain the focus of the work.

Parent work is not the same as family therapy. Family therapy is inherently about understanding and thus changing family systems. Although family systems are certainly affected by reflective parent work, it is the particular relationship that a child therapist has with a child and with his mind that is central to change in this model. The parent develops a different understanding not only of the child’s affects and intentions, but also of his development, as it underlies and indeed motivates certain desires and beliefs. Such are the unique contributions of this sort of approach. From a technical and theoretical point of view, its closest cousin is infant–parent psychotherapy (Fraiberg, 1980; Lieberman, Silverman, & Pawl, 1999). In fact, the reflective model I described here can be applied to many aspects of clinical work with infants and their parents. As an example, interdisciplinary teams at the Yale Child Study Center have been applying these same principles in developing mother-infant reflective parenting programs for both high and low-risk families (Slade, 2006; Slade, Sadler, deDios-Kenn, Webb, Ezepchick, & Mayes, 2005; Slade, Sadler, & Mayes, 2005; see too Grienenberger et al., 2004).

There are multiple ways to extend this model to work with adults. Fonagy and his colleagues (Allen & Fonagy, 2006; Bateman & Fonagy, 2004; Fonagy & Target, 2005) have introduced a range of mentalization based therapies for use with children and adults. And, although there may be certain circumstances in which we meet the families of our adult patients with similar goals in mind, the model I described here seems most suitable to work with children and their parents, largely because of the continuing impact disruptions in
parental mentalization have upon the child's capacity to grow and develop autonomously. Given the permeability of their boundaries, children and adolescents are especially vulnerable to their parents' minds and intentions.

Conclusion

In a paper, Sheldon Bach (2001) described the child's experience of being held in mind by a parent in a most poetic way:

A person's specific memories and experiences are like individual beads that can achieve continuity and gestalt form only when they are strung together to become a necklace. The string on which they are assembled is the child's continuous existence in the mind of the parents, which provides the continuity on which the beads of experiences are strung together and become the necklace of a connected life. We know, for example, that many people whose parents were actively involved with them, but took a primarily negative view of things, tend to string their experiences on a negative filament, so that each new event is assembled and viewed from its negative aspect—just as was the parents' habit. But the most difficult therapeutic issues arise in those cases in which the parent was emotionally absent or uninvolved, for then the string of continuity on which to assemble experience is missing, and the child is left clutching a handful of beads or memories that form no discernible pattern. This feels similar to the momentary experience many of us have had when a necklace or bracelet suddenly breaks, and what had been a coherent pattern or gestalt a moment before becomes a confusion of separate elements, rolling every which way on the floor. (p. 748)

When we work with parents, we are helping them gather the pearls that they have dropped or perhaps not even seen, and to once again or even for the first time string them together in a single, coherent, strand. This gift to the child is the necklace of a connected life.

References

Working with Parents in Child Psychotherapy


