

# Having a Mind of One's Own and Holding the Other In Mind

Commentary on Paper by Peter Fonagy  
and Mary Target

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PETER FONAGY AND MARY TARGET'S CONTRIBUTION, "MENTALIZATION and the Changing Aims of Child Psychoanalysis," is a remarkable and important article. Fonagy and Target are continuing to report on an important body of programmatic research that they and their collaborators, notably George Moran and Miriam and Howard Steele, have been producing for more than a decade (Fonagy, 1991; Kennedy and Moran, 1991; Fonagy, Steele, et al., 1993; Fonagy et al., 1995; Fonagy and Target, 1995; Fonagy and Target, 1996). Their work is a part of a broad effort within psychoanalysis to integrate modern developmental research and thought into the psychoanalytic theory of development (Stern, 1985; Lyons-Ruth, 1991; Silverman, 1991; Slade and Aber, 1992; Diamond and Blatt, 1994; Main, 1995; Osofsky, 1995; Mayes and Cohen, 1996; Beebe, Lachmann, and Jaffe, 1997). Fonagy and Target provide us with an integrative article of the highest caliber: It pulls together a number of seemingly disparate ideas and findings and unites them in an overall conception of intensive treatment; its mode

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of operation; and, important to identify in an age of restrictive access to mental health care, the kind of patients most likely to benefit from such treatment. The synthesis presented in this article is novel and refreshing, and it opens up new ways of thinking about the complex clinical challenges that we all face daily. It is a vision of the future of intensive psychoanalytically oriented work with children that challenges our traditional ways of thinking.

In what follows I first attempt to address the originality of Fonagy and Target's vision by singling out for discussion those parts of their presentation that may be unfamiliar to most clinical readers. To be sure, I do not attempt to be exhaustive; instead, I emphasize what I think are the most interesting points and leave it to others to explore those facets of the presentation that I have left unexamined. Second, at the same time, I try to articulate my fundamental agreement with both the aims of Fonagy and Target's paper and their constituent arguments based on my own clinical and research experience, as well as that of others in the field. Despite the novelty of this article, it is also organically related to recent developments within the field of intensive psychoanalytically oriented intervention with children that hold great therapeutic promise. From a theoretical perspective it widens the lens of the applicability of psychoanalytic intervention, creating a space, both conceptually and technically, for working with children who historically have been considered not well suited to psychoanalytic intervention. Finally, I argue that a deeper appreciation of their work also has the potential to facilitate more constructive engagements with family systems in clinical work while preserving the integrity of the individual encounter with the child.

### **Therapeutic Efficacy**

I start with what may potentially be most unsettling about Fonagy and Target's presentation to traditional child psychoanalysts. They report on treatment outcome in a systematic, empirically sound way. Many child analysts are unaccustomed to being held to scientific accountability in this manner. Rather, the field has chiefly relied on individual

case reports, which are essentially anecdotes no matter how convincing they may be. But psychoanalysis is not just an investigatory tool for the study of the development of meaning-making; it is most importantly a healing art. Cooper (1993, p. 381) justly remarked that, as psychoanalysts and psychoanalytic psychotherapists, we do more than simply investigate; we charge fees and make implied promises that the investigation will be of some benefit to the child. This stance takes us into a realm of accountability that, as Cooper further noted, demands scientific documentation of our claims.

I am not arguing against the value of the individual case report. Case reports are enormously important for studying the intricacies of meaning-making in the individual child, but in and of themselves, they neither provide sufficient information for the field to understand the processes of development broadly conceived nor do they allow us to specify what in the treatment is truly efficacious. As Fonagy and Target note with an appealing wry sense of humor, *data* is not the plural of *anecdote*. In today's contracting economic environment, not to mention the context of renewed public debates about psychoanalysis in general, we will be left behind unless we have outcome data demonstrating the efficacy of intensive psychoanalytic treatment. Moreover, as thoughtful clinicians have begun to recognize, such systematically obtained outcome data represent the best avenue for bringing into clearer relief what we do that is most helpful to troubled children and their parents and why. It is worth noting that Fonagy and Target's research in many ways confirms aspects of the methodological vision of Anna Freud. For it was her foresight in insisting on detailed records at the Hampstead Clinic that made possible the subsequent research by Fonagy and Target that underlies the present communication.

What the data show is that intensive treatment, (i.e., child analysis conducted three and four times a week) did prove of benefit for children with single emotional disorders. However, it makes clear the fact that less intensive treatment conducted once or twice a week is equally beneficial to such children. Moreover, although the mechanism of therapeutic action that is perhaps most cherished by many analytically oriented clinicians—insight—did in fact seem to be of benefit to these children, it turns out that the children could also derive this benefit from the less intensive forms of treatment. Thus, there was no

differential advantage for child analysis, at least not for those children with single emotional disorders.

However, of equal or perhaps even greater import for child psychoanalysis is the further finding that the more intensive form of treatment was found to be of benefit for the more seriously troubled children, (i.e., children with pervasive ego deficits and multiple emotional and interpersonal difficulties). Why this should be the case and its implications for our continuing efforts to refine child analytic techniques I address shortly. Let us first note a further, quite unexpected finding that emerged from the research: The less intensive forms of treatment were actually disadvantageous to the more seriously disturbed children. Sixty percent of the time, such treatment actually made more than half of the children worse. This is a disturbing finding of course, but it is critical that we all know about it. Also to be noted, and for the experienced child analyst this may not be a totally unexpected finding, is that these more seriously disturbed children, even though they did well in analysis, did *not* seem to profit from insight.

Considered just as a report on outcome, though it is clearly much more than that, Fonagy and Target's article is consonant in a number of ways with what has already been argued by others with regard to adult treatment. I am referring to the repeated findings that psychoanalysis per se has not been shown to be differentially more effective than other forms of psychotherapy in general. But it is beginning to emerge that psychoanalysis with adults may be differentially more effective with *more* seriously disturbed patients, such as severely depressed patients or borderline patients, over the long haul. Here an historical note may be in order. It is to the credit of psychoanalysts, and not other clinicians, that they first identified the type of patients now characterized as borderline. They did so because they observed that there was a group of patients, seemingly presenting as hysterics, for whom analysis, at least as it was then conducted, was *not* suitable. Now it turns out, after several conceptual revolutions within psychoanalysis—in understanding disorders of the self, the common developmental antecedents of such disorders, and the special techniques they require in treatment—that it may be just these patients once thought to be “unanalyzable” who may be most helped by psychoanalysis, as compared to briefer and less intensive forms of treatment. Thus, one way of viewing Fonagy and Target's research is that they have

extended this way of thinking about the differential effectiveness of analysis for adults to analysis for children.

### Reflective-Functioning

To be truly useful to individual practitioners, the outcome findings need some interpretation. Here is where Fonagy and Target's analysis is both highly original and generative of new ways of thinking about child psychopathology and child intervention. They argue for a particular understanding of the kind of deficits shown by the more seriously troubled children—the very ones who will benefit most from intensive treatment and who may well get worse with less intensive treatment—and on the basis of that understanding they then proceed to a particular view of the mutative factors in analytic intervention. Specifically, Fonagy and Target draw our attention to an affective-cognitive processing function, which they identify as reflective-function, that is absent or deficient in these children. Further, they argue that the development of this capacity in intensive treatment is central to therapeutic transformation.

Reflective-functioning as Fonagy and Target define it entails the ability to understand mental states as essentially propositional and intentional, (i.e. as entailing beliefs and wishes). These two aspects of mental functioning are derived from well-established philosophical analyses. Let me explain them briefly by taking an instance from toddlerhood. There is a difference between being utterly repelled by a particular food such as spinach and recognizing that I as an individual am having a particular reaction to this food. Being utterly repelled is essentially a matter of perception that does not know itself as such. One feels menaced by the spinach; its repugnant qualities are apprehended as immanent truths of the universe. Having a personal dislike of spinach is different. One recognizes one's own state of mind as such; one is aware of one's own beliefs and intentional preferences. Implied in this recognition is the possibility that others may feel quite differently about spinach.

There is thus a kind of stepping back from or reflecting on direct experience that is involved in coming to appreciate one's own mind as

possessing beliefs and wishes—or in the language of philosophy as entailing a propositional or intentional stance (Dennett, 1978). An important corollary of developing this appreciation is that one also comes to grasp that mental states may be variable from one time to the next and from one context to the next. Further, mental states may also be fallible, and they may differ from one person to the next.

Very young children necessarily lack this ability to understand mental states as propositional and intentional. The clinical consequences of this lack can be far-reaching if circumstances are not favorable. Consider, for example, that this lack will have major consequences for a young child's understanding of a parent's negative affect and negative attributions. A two year old ordinarily cannot think of a parent's angry behavior as a consequence of the parent's bad mood. The child is even less likely to think that the parent's angry behavior stems from something that happened in his or her own past. The child cannot readily suppose that the parent is simply wrong. That is to say, the child cannot think, "My Mom is in one of those bad moods that she sometimes gets into and I am not really as bad a kid as she is saying I am." The child cannot say, "My Mom is wrong." He or she is simply stuck with the reality of a mother saying he or she is a bad kid; the child's inability to take a perspective on the attribution means that it is experienced as simply true.

The development of reflective-functioning is a gradual process. From a research standpoint, the child's growing capacity to understand his or her own and others' mental states can be assessed through standard procedures. Wimmer and Perner (1983) used the following task. They told a child a variation of this story: Max is in the kitchen helping his mother put some chocolate in a cupboard. When he leaves the room she takes all the chocolate out of the cupboard and puts it in a large bowl to make a chocolate cake. The child is asked, "Where will Max look for the chocolate when he returns to the kitchen?" A child who can grasp that Max will think wrongly, that the chocolate is still in the cupboard is providing evidence of reflective-functioning. That is to say, he or she can construct and hold in mind the experience of the other, in this case Max. He or she understands that Max will have a different state of mind or perspective based on a different set of experiences than he or she has had hearing the story. The child will also grasp the emotional consequence that Max will likely be very surprised and

disappointed indeed when he opens the cupboard and sees that the chocolate is gone.

The ability to understand another's state of mind as a state of mind, or the capacity to have a theory of mind as it has been referred to by philosophers and developmental psychologists, ordinarily only develops in the late preschool years. Its precursor may begin in the affective resonance of the first months of life (Stern, 1985), but its true origins begin once an infant can communicate intentionality, and, for this to be possible, a framework of meaning must be established spanning the interface between mother and child. This occurs roughly by the end of the first year of life (Bretherton, McNew, and Beeghly-Smith, 1981). It can be seen in an infant's capacity to share a focus of attention with another, as when the infant can follow the trajectory of a mother's pointing finger to discover what she is pointing at and, by implication, what she has in mind. Or the infant can point to something and try to get the mother—"Look Mommy"—to see what he or she has in mind. Further evidence of a child's dawning capacity to understand the state of the mind of the other can be seen in the second year as the infant begins to move from parallel play to cooperative play. The capacity to attribute a belief to another person that one does not hold oneself develops in the third or fourth year. In tests where a child is presented with a situation where another child has been excluded from having a critical piece of information, most children under the age of three are not able to take account of the other person's lack of information and they operate as if everybody has the same knowledge (Mossler, Marvin, and Greenberg, 1976; Wimmer and Perner, 1983). By age four most become able to keep in mind the fact that the other person is missing a critical piece of information, and that will inform their decision making. Veridical conceptual perspective taking, the capacity to understand another's state of mind with regard to the mind of a third person (e.g., being able to think about another person's thought about a third person's thoughts) does not mature until the sixth year (Mossler et al., 1976). Clearly, what is important clinically is not whether a child possesses the interrelated abilities to understand the states of mind of self and other in the abstract, but whether the child can utilize them to negotiate the world of emotions and interpersonal relatedness. A child may have the capacity to hold the experience of the other in mind in a relatively neutral situation but may not be able to hold onto the same

cognitive ability when the stimuli are emotionally laden or involve conflict.

How do these capacities develop? Developmental research from a variety of domains has converged on an understanding of these abilities as maturational possibilities that become activated in the context of parent-child and parent-sibling interactions. If, as Trevarthen (1987) put it, young brains are designed to learn from older brains, it is becoming clear that young *minds* first learn about minds—both their own and others’—by being exposed to the reaction of other minds to themselves. Winnicott (1967) put the matter elegantly: What does the baby see when he or she looks at the mother’s face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby and what she looks like is related to what she sees (p. 112).

But Winnicott’s famous metaphor of the mother as “mirror” deserves further elucidation. For the mother is more than a mirror in the sense of simply reflecting the infant’s behavior; she is rather something like a magical mirror, for she intuitively sees in the infant something that is only still potential, that she both recognizes and shapes, thereby creating a space for the infant to experience his or her mind as his or her own. Thus the mother’s ability to see the potential in the infant is what allows the infant to find it for himself or herself, in the face of the mother. (Just as the child’s understanding of his or her self is characteristically shaped by what the parents can and cannot find in their child, so, too, the child’s capacity to regulate affect is characteristically shaped by parental attunement and parental capacity to recognize and contain affect.)<sup>1</sup>

Just what the child observes in the mother’s face is, of course, widely variable, depending on, among other things, the mother’s own past experience and consequent capacity to understand and more or less accurately reflect and expand on the child’s experience. Optimally, the mother reflects something in the child that is easily and pleasurably integrated into the child’s experience. Consider the following example wherein a child discovers something new about his mind through his mother. A young toddler, barely two, is playing in the backyard; he

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<sup>1</sup>Perner, Ruffman, and Leekam (1994) demonstrated that siblings as well as parents influence the child’s developing understanding of other minds.



excitedly pulls at and sniffs some flowers while making excited but unintelligible utterances. His mother can see his pleasure, a pleasure that differs from her own, and smiles in recognition saying, "You really love those colors, don't you? You are a guy who loves flowers." Now, in addition to the flowers and the child's excitement, there is a third space (Ogden, 1994) where the boy moves from a spontaneous sensory experience to a discovery of the experience (of his enjoying colors and the flowers) in the intersubjective space as it is held in the mind of his mother. The child looks at the mother, sees himself, and smiles; there is a recognition and a discovery of a part of the self held by the other. By virtue of being sensitively met, the child comes to experience loving colors and flowers as a part of his notion of himself, and this notion has emerged in the transitional space created by the mother's attuned response. He has been met by his mother in an unobtrusive way such that her needs have not been imposed upon him; thus he has the experience of his own creativity.

What happens when, due to her own anxieties, the mother responds to her child in a way that is out of synch with the child's experience? A typical example from early childhood is the reaction of an anxious mother whose toddler, after falling, is briefly startled but not frightened. The mother, in response to her own anxieties, panics and runs to the child with far more intense affect than the child originally experienced, picks him up, holds him, rocks him, and asks him where it hurts while lecturing to him about the need to be careful. This mother has partly responded to the child's experience of being startled when he fell, but she has intensified it almost beyond recognition, up-regulating the child's affect rather than helping him to contain it. The child in this intersubjective space is forced to incorporate into the experience of falling the additional experience of his mother's anxiety and hypervigilant defenses. The original reaction, although it may not be completely obliterated, gets both intensified and overshadowed by the mother's reactions, making it difficult for the child to differentiate his own experience from that of the mother.

For an extreme example, consider the experience of another child who discovers a litter of kittens and, excitedly picking one of them up, accidentally drops it. The mother in this case races toward him in horror and outrage, telling him that he is going to grow up to be a "killer." The mother has not met the child's sense of wonder and

discovery but has imposed her own fears on the child's experience such that she obliterates the child's original impulse. In its place the mother's fears, anxieties, and preoccupations have been substituted—only in treatment does the mother trace these back to traumatic physical abuse suffered from men in adolescence—with no way for the child to sort things out. Such repeated experiences can leave a child not only with a sense of inauthenticity, but also with impaired development of reflective-functioning and with little or no sense of having a mind of his or her own. The child is likely to take on these negative attributions—himself as “killer,” his mother as enraged victim—as alien introjects or presences that have not been worked over and metabolized. The self attributes are not made into his own as occurs in identification (Sandler, 1987), but they are enduring nonetheless. Such profound failures of mirroring when they occur over and over again lead to severe distortions in the sense of self and can lead to self-fulfilling prophecies.

The child who does not find his or her mind in the mind of the mother is left without an awareness of his or her own mind and without a personalized, authentic, and vitalized sense of self. At the heart of these disorders is a relative void where an experience of self should be found but where instead reside parental preoccupations that are experienced as alien unmetabolized introjects, leaving the child without a sense of him- or herself as a person in his or her own right. These children often appear devitalized, seem to have no blood in their veins, or act like automatons without an internally authorized sense of agency. Yet in other instances, children with very similar or even identical internal worlds present with an inauthentic overly bright pseudovitality. Not infrequently, this pseudovitality reflects the child's taking on of the mother's defensive attempt to compensate for her own depression (Stern, 1995).

But the polar examples of devitalized or overly bright children scarcely exhaust the possibilities. In fact, the clinical consequences can be enormously varied—as varied as the manifold developmental tasks the child faces and as idiosyncratic as a parent's specific traumatic heritage. A child whose reflective-functioning has remained underdeveloped and compromised by the parent's preoccupations and defenses will be prone not only to breakdowns in functioning around important general domains involving issues like separation, autonomy, and self-

regulation, or the management of aggression, but also to breakdowns around those particular affect–event experiences where the parent’s capacity to hold the baby in mind is profoundly compromised. The consequence in either case is likely to be the development of significant symptoms that are not simply symbolic expressions of conflict but rather repetitive enactments with primary caretakers who are experienced as unmetabolizable introjects or alien presences (Britton, 1992) (i.e., others who do not mirror the child’s self). One way of grouping the manifold serious disturbances that can arise is suggested by Fonagy and Target’s ad hoc differentiation of two types of disturbances among the group of seriously disturbed children in their sample. In one group, we find those children manifesting tenuous reality contact; magical thinking; and marginal ability to understand, anticipate, or empathize with others. In the second group, we find those children who show object hunger but who are anxious, moody, irritable, and explosive to the point that they compel responses from the environment. The cluster of symptoms in both groups rightly deserve to be understood, as Fonagy and Target argue, in terms of the basic failure to develop a mind of one’s own. A child, or for that matter an adult, who lacks the ability to understand the mental states of self and other is obviously going to live in a quite different experiential world. This world may be characterized by such things as schizoid detachment and quite magical means for maintaining self-regulation of a quite rudimentary kind. It also may be characterized by unmetabolizable emotions that can readily be experienced with traumatic intensity and impinging or impenetrably remote others who are of use only insofar as they can be pressed into service for purposes of self-management via enactments.

The converse possibility also deserves our attention. Consider the child who has a well-developed reflective-function in Fonagy and Target’s terms and can readily make use of it in situations that are emotionally charged, highly stressful, or both. It is still conceivable that such a child might become symptomatic if the nature of the stress exceeded his or her capacity to cope. Nonetheless, one would expect, first, that the resulting symptomatology would be of the nature of a circumscribed disorder and not entail serious ego distortions, and second, that the child would readily be able to use treatment, even circumscribed treatment, aimed at helping him or her relieve that distress and find more effective means of coping. We would expect

these children to behave more or less like the group described by Fonagy and Target as suffering from single emotional disorders and as being likely to benefit from child analysis but also from less intensive treatment.

Given what has just been said in regard to both prevention and treatment responsiveness, we might well consider the development of reflective-function from what might be called a public health perspective. That is to say, we would want to encourage those child rearing practices that fostered this capacity in the child, and discourage those that interfered with its development, provided we knew what these were. We could not eliminate all child psychopathology this way, but we could significantly reduce its risk and could significantly raise the proportion of children who would benefit from less intensive forms of treatment when and if they became symptomatic. In fact, we are beginning, though only just beginning, to acquire just this kind of knowledge. As I outline later, what we are learning has implications not only from a public health perspective, but also for how we conceptualize analytic intervention in relation to the ordinary processes of parenting.

### Fostering Reflective-Functioning

Thus far, I have been presenting Fonagy and Target's conception of reflective-functioning as essentially consonant with similar and related conceptions of how the self develops and acquires a degree of autonomy and resiliency, which have been advanced by Winnicott, Stern, and others. This concept is indeed consonant with much of contemporary psychoanalytic theorizing. Fonagy and Target's theory builds on this previous work while offering us a more highly specific understanding of how structures are built and how our technique should be shaped to meet the individual child patient. If we can appreciate that, in the moment, the child does not "know" what he or she feels but only feels it, then we can begin to understand how the therapeutic task is neither simply to facilitate self-expression nor to offer interpretation aimed at promoting insight into internal conflicts. Rather, the therapeutic task is to provide the child with an experience of being understood—and even here we have to qualify further that being understood is not the

same thing as being responded to. Rather, being understood entails having the therapist reflect back to the child an understanding of what the child feels in a way that simultaneously reflects comprehension of the feeling and demonstrates a capacity to contain the feeling; in other words, the therapist must not only demonstrate that he or she appreciates what the child is experiencing but must also communicate this understanding in a way that implies that the child can potentially have a similar experience of mastery of the state.

A further note of clarification may be helpful here in regard to what it means for the child (or adult) to understand that the therapist understands his or her feelings. It is not enough that the therapist gets what the child intends (or would be intending if the behavior could be reflected on as intentional). The therapist must get what the child feels. And this kind of "getting" has to be immediate and direct. It must come about through a kind of affect contagion. It must accord with the real quality and intensity of the patient's affect. One might more accurately say that, rather than get the patient's feeling, what the therapist must do is let the patient's feeling get to him or her (i.e., take him or her over in a way that is recognizable to the patient). Speaking of work with seriously disturbed children, Fonagy and Target write, "Therapists' ingenuity and creativity are called upon to connect with these children at an emotional level. Words often fail without the analyst conveying, in the emotional coloring of their expression, both their appreciation of the child's affect and a capacity to cope with it." One cannot foster the development of a patient's capacity for reflective-functioning simply by standing outside the patient's emotional world and observing and commenting on his or her mind. In another context, Fonagy (personal communication) described the process that needs to unfold in the relation between patient and therapist as follows:

"One must permit and even in some circumstances encourage the patient to colonize one's mind and then recover to be able to offer the patient a fresh perspective upon their own mental functioning."

Let me use Fonagy's own example of a borderline man who threatens him with a clenched fist some few inches from Fonagy's face after he has made an interpretation referring "to the pain he was experi-

encing in relation to a canceled session." The patient lurched from his seat and shoved his fist under Fonagy's nose saying, "I'll show you what pain is, you little shit!" Fortunately I have heard him lecture on the same case and can add to the description of the written report what I learned from his imitation of both himself and the man; Fonagy's response was to grab the man's fist and very firmly, yet slowly, almost gently push it away from him while saying, "You know, as I get older I can't see things so clearly when they are too close to my eyes." At first, the example sounds like limit-setting accompanied by whimsy, and indeed, both are involved. But what was also present in the communication—by physical means and by the intonation of Fonagy's voice and the expression on his face—was that he was genuinely threatened in that moment. The experience of his own fear in turn helped Fonagy to get what the patient was feeling and how intensely his patient felt. Through affect contagion from Fonagy, the patient recognized that Fonagy got it. Fonagy met the man's sense of vulnerability with an intense sense of vulnerability of his own while stepping outside of the confrontation and creatively containing it. This interchange with Fonagy allowed the man to get hold of his own experience by seeing it in Fonagy's face and mind and by witnessing another way of handling it. In the moment of this recognition, the patient presumably felt known, respected, and envisioned as a person who could find a mind of his own.

On one level, one could say about this kind of interaction that there is finally a meeting of minds. But one could say with even more precision that a true meeting of minds requires a small mis-meeting of the minds if the patient is to be recognized and authentically met. It is this slight mis-meeting that allows a symbolic stance to occur and provides the "creative spark" allowing the man to begin to understand his own mind. In effect, by responding in a way that suggests a degree of freedom in relation to the affect, the therapist is providing an intentional stance of his or her own that invites the patient to do the same. Stern (1985) provided an essentially consonant vision of this kind of mis-meeting of minds in his description of how affect attunement also entails a degree of misattunement in a well-functioning mother-child dyad.

To return to the arena of treatment, the conception offered by Fonagy, Target, and their various collaborators offers a detailed and

sophisticated way of trying to appreciate—at the very border between intelligible and opaque interactions—what it is we do with patients, both children and adults, that leads to therapeutic improvement. Space does not permit a more detailed discussion here, but one would want to extend this same kind of reasoning more fully into a discussion of various play interactions with children as well as to other kinds of interventions. To some extent, Fonagy and Target have already started down this road in their article. To be sure, what they have to say about encouraging reflective processes in the child in relation to affects and the circumstances that provoke them will not by itself be novel to most child clinicians. Less familiar perhaps is their suggestion of the usefulness of inviting the child to consider the therapist's mind. But both of these processes, as they emphasize, must be continually adapted to the moment-by-moment unfolding of the child's experience and to the nuances of the relation to the therapist. As for the multitude of ways in which play can help strengthen impulse control and enhance self-regulation, one only wishes their article were longer. (In regard to the interaction of play in the therapeutic setting and the developmental vulnerabilities of a child's symbolic capacities, Fonagy and Target provided a more detailed and quite fascinating discussion elsewhere. A feature of that discussion, which has particular relevance for the clinician, is their technical recommendations for working with young children who do not understand the concept of pretend, and who thus are likely to misconstrue the meaning of symbolic play; (see Fonagy and Target, 1996). One also wishes that the authors had extended their discussion in other directions. For example, the variations in the development of reflective-function that they observe invite us to consider the various uses of fantasy more deeply, particularly as concerns the child who is moving from dyadic to triadic fantasies and is beginning to engage the conflicts seen in oedipal configurations.

Forgoing these and other discussions for lack of space, I instead focus on another aspect of their article that I believe to be important because it helps offer us a vision not only of how child analysis works, but also of how to situate it conceptually with regard to some of the processes mediating the origins of severe psychopathology in children. The latter feature, in turn, offers a new perspective for beginning to reconceptualize how best to work with families in conjunction with treating the child.

### **Transmission of Attachment Security and its Relation to Reflective-Functioning**

The idea of reflective-functioning did not emerge on an ad hoc basis from the data set to which it is currently being applied in Fonagy and Target's article. It comes out of a synthesis of psychoanalytic theory of object relations (Bion, 1962; Sandler and Rosenblatt, 1962; Winnicott, 1965, 1971; Bretherton, 1985) and attachment research (Bowlby, 1973, 1980; Ainsworth et al., 1978; Main, 1995). Within attachment research, moreover, it comes out of a series of studies of the mechanisms in the transmission of security from one generation to the next (Main and Hesse, 1990) that Fonagy and his colleagues have adapted in such a way as to make it highly clinically relevant. One of Fonagy's specific contributions has been to take a look at the microprocesses involved in the intergenerational transfer of secure and insecure attachment from one generation to the next. What he has found to be particularly relevant from a clinical standpoint is a component of parental sensitivity—sensitive parenting has previously been linked to secure parent-child attachment (Ainsworth et al., 1978; Haft and Slade, 1989)—which goes beyond affection, concern, and affect attunement and involves the capacity to hold in mind the mental state of the other (Fonagy et al., 1991). This capacity in the parent is potentially critically involved in the transmission of security from one generation to the next, whereas its absence is associated with the development of serious psychopathology. This is a most important strength of their work.

To appreciate the ways in which the concept of reflective-functioning intersects with attachment research requires some background in the latter. Here I review this area of research quite briefly. The study of internal working models of attachment—begun by Bowlby, operationalized by Ainsworth at a behavioral level, and more recently investigated at the level of representation by Main—has opened up the possibility of understanding how object relations are constructed in early development and has provided the first powerful empirical window on how intersubjective experience becomes transformed into intrapsychic structures. Current research finds that children can be reliably classified as securely or insecurely attached to specific caregivers as early as one year of age and that these differential relations



reflect not only the child's previous experience with the particular caregiver in question but the strategies that have been successful in maintaining proximity to that caregiver (van IJzendoorn, 1995). It has become clear that the quality of the attachment bond, whether secure or insecure, is likely to endure across the first years of development and to be very highly correlated with a host of personality variables, with children who have secure attachment relationships with their caregivers having the most favorable outcomes.<sup>2</sup> These strategies for maintaining proximity to the caregiver can now be reliably related to psychological processes in the caregiver which can be independently assessed thanks to the pioneering work of George, Kaplan and Main (1985) in developing the Adult Attachment Interview (AAI).

The foregoing may be familiar to most readers, but the full implications of this work may not be. Of importance, is that insecure attachment in the child is not the same thing as psychopathology, and secure attachment, either in the child or in the adult, is not the same thing as mental health. To appreciate the significance of a particular working model of attachment, one must put attachment in relation to psychopathology. Perhaps the simplest way of relating the two domains is to say that an insecure attachment style plus severe stress is very likely to result in psychopathology. Insecure attachment is not the same as psychopathology, but it does raise the risk of it. Conversely we could say that, in general, secure attachment status is a protective factor against the development of psychopathology so that, for secure child, the stress has to be much greater to produce psychopathology.

Main and others (Main, Kaplan, and Cassidy, 1985; Kobak and Sceery, 1988; Kobak et al., 1993; Cassidy, 1994; Diamond and Blatt, 1994; Slade, in press) view both secure and insecure styles of attachment as a means of regulating a variety of behaviors including affect. The regulatory styles are useful in highlighting differential outcomes of secure and insecure patterns of attachment. Securely attached children are thought to regulate affect in an open, direct, and flexible way. The avoidant strategy, which develops in the relational context of consistent parental rejection of a child's attachment behaviors, appears to reflect the child's efforts to tamp down the attachment system by

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<sup>2</sup>When there is great change in the family situation or context, one would not expect the quality of attachment to endure.

minimizing emotional expression of distress (Cassidy, 1994). Such a child typically neither protests a parent's departure nor is reassured by the parent's return in an experimental situation, the so-called Strange Situation, that is tailor-made to elicit these behaviors. The ambivalent/resistant strategy, which develops in the context of inconsistent parental response to the child's attachment behaviors (i.e., response that is governed more by the parent's needs than by the child's), appears to represent the child's attempt to activate the attachment system by maximizing emotional expression of distress, but without achieving a satisfactory resolution (Cassidy & Berlin, 1994). Such a child is visibly upset by the parent's departure in the Strange Situation, but fails to calm down after the parent's return. The third category of insecure attachment, the disorganized-disoriented style, is behaviorally different from the two previously described categories. Disorganized-disoriented attachment, the relational context for which I examine in greater detail next, represents a breakdown in a consistent strategy for managing attachment motivation so that the child does not fit the secure, avoidant, or ambivalent/resistant styles, but instead exhibits contradictory behaviors simultaneously or in rapid succession. Disorganized attachment represents a truly grave risk for the development of psychopathology. Even in the absence of frank symptoms, a child who has been disorganized with respect to attachment will inevitably attempt to forge a resolution of this critical state through the adoption of more or less severe distortions of the self, distortions that will allow the attachment system to reorganize in some more coherent form.

Thus far, I have been concerned with the different styles of attachment (secure, avoidant, ambivalent/resistant and disorganized-disoriented), which can be measured in the infant and toddler and which gradually consolidate over time into intrapsychic regulatory structures as the child develops toward adolescence and adulthood. But, one can also turn matters around and work from the other direction. That is to say, one can begin with the parents' attitudes toward their own attachment experiences and the ways the parents integrate these in their conceptions of self and seek to predict how their children will behave in the Strange Situation as one year olds. In other words, if the child's attachment strategy represents his or her cumulative experience

of the real characteristics of the parent, one should be able to predict the former from the latter and, in so doing, see how the parents' attitudes toward attachment are transmitted to their children. In fact, this is how Main's AAI (George et al., 1985) was first constructed (i.e., with a view to predicting the transmission of attachment security from one generation to the next).

The AAI is a semistructured interview that takes about one hour and includes 18 questions that deal directly with memories of early attachment experiences. Subjects' responses are primarily categorized according to the degree to which semantic memory of the adults' own experience with significant caretakers is integrated successfully with episodic memories of the same figures to form coherent discourse. In scoring the AAI, persons are categorized as being either autonomous or insecure (a category that is further subdivided into three styles: dismissive, preoccupied/enmeshed, and unresolved with respect to loss or trauma). It is the quality of the adult's narrative and his or her ability to integrate disparate memories while staying in meaningful relation to the interviewer that determine the categorization of secure and insecure, not the specifics of the memories themselves. Thus it is possible for a person to have had a highly distressed or traumatic childhood and at the same time be judged autonomous as an adult, and thus be likely to have children who are themselves securely attached.

Autonomous adults are easily able to recall early relationships; they speak about attachment in a way that suggests prior reflection and integration and do not unrealistically override idealize their parents or past experiences. They are able to provide convincing event or episodic memories supporting their semantic generalizations about their relationship with their own parents. They demonstrate "autobiographical competence" (Holmes, 1995). They are unencumbered by pervasive defensive processes such as blanket denial or manic reversal of affect, and their style of regulating affect is flexible. Their past experiences can be remembered and reflected on flexibly and openly, sometimes resulting in a change of opinion or judgment during the course of the interview. This capacity to consider and reflect Main (1991) termed "meta-cognitive monitoring." One way of thinking about meta-cognitive monitoring, as suggested by Main and Hesse, is that it entails the ability to move back and forth between maintaining a coherent

dialogue with the interviewer and accessing one's own memories, memories that may in some cases be painful and upsetting.

A parent with a dismissive style is predicted to foster an avoidant attachment relationship with his or her child. Such parents in the interview minimize the importance of their early experiences in shaping their current behavior and often tend to describe their childhood relationships in globally positive and idealized terms (e.g., "It was great"). In general, however, they dismiss attachment relationships as being of little concern, value, or influence, and they often have great difficulty remembering specific early relationship experiences or describing them with any feeling or insight. It is thought that a dismissive style is likely to consolidate in a context of parental rejection with the further implication being that this style obscures the reality of that rejection and thus softens or obviates the memory of disappointment and hurt. When negative memories do surface during the interview, the common strategy for regulating affect is to minimize and discount such memories as unimportant. These adults seem detached from the feelings that are activated by these memories.

From the point of view of narrative coherence, the representation of early memories offered by dismissive subjects is judged to be unpersuasive because the negative aspects of them are not integrated into the narrative. Either semantic generalization (e.g., "My childhood was just great") is discrepant with the apparent reality of the relationships being described or else episodic memories are simply not available to support the semantic generalizations. This strategy of minimizing the impact of attachment experiences preserves the individual's sense of autonomy but compromises his or her capacity for intimacy. The children of such parents will exhibit much the same strategy in their behavioral reaction to the Strange Situation (i.e., they will act hyperindependent and will not seek comfort when the parent returns after an absence). Yet, the appearance is deceiving; when studied closely, their cortisol levels reveal that such avoidant children are in fact highly stressed (Spangler and Grossmann, 1993).

Individuals with a preoccupied/enmeshed style as categorized by the AAI are still preoccupied with their parents and memories of their relationship with their parents and are still actively struggling to please them, still angrily struggling against them, or both. Narrative incoherence in describing early experiences is highest in this group and affect is

maximized in their narratives. Such a parent is often flooded with memories of early affect-laden experiences but lacks the capacity to place these in any perspective. It is thought that in general, a preoccupied/enmeshed style is constructed in the context of often intense but highly inconsistent parental attunement. Emotional availability is determined primarily by the parents' needs and not by the needs of the child.

Unlike parents judged to be dismissive, parents judged to be preoccupied/enmeshed are able to access their emotional memories. What they have difficulty doing is accessing their memories and simultaneously organizing them in such a way as to allow them to maintain a relatedness with the interviewer in the sense of getting closure and returning the conversational turn. They seem at times to be drowning in their feelings, and often the interviewer feels the same way. Put another way, these parents seem to be ambivalently attached to their own emotional histories, just as one would expect their children to be ambivalently but intensely preoccupied with them in the Strange Situation.

Parents who are unresolved with respect to trauma or abuse are considered by Main to differ from both autonomous parents and those with dismissive or preoccupied attachment styles in that they are unable to prevent breakdowns in their attempt to maintain a coherent strategy *vis-à-vis* their attachment experiences. The AAI has specific questions with regard to trauma, loss, and abuse, and some individuals who would otherwise be classified as secure (or insecure) will show momentary lapses in responding to these questions that seem to reflect the intrusion of typically sealed-off memories or else an unusual absorption in these memories. Talking about a dead parent as if he or she were still alive is an example; lapsing into eulogistic speech is another. The lapse in metacognitive monitoring is suggestive of a momentary state change triggered by the memory; it is as if the person is suddenly somewhere else. There is growing evidence that affect in these individuals is partly regulated by dissociation (Main and Hesse, 1992; Liotti, 1995; Schuengel et al., 1997). However, in the interview situation the person quickly regains his or her composure, and the conversation resumes. More recent evidence suggests that in individuals with histories of abuse during childhood, the lapses appear to be more pervasive and also show a more global lack of organization in

comparison with individuals burdened with unresolved loss (Hesse, 1996).

Attachment researchers have found that unresolved loss of significant attachment figures through death and also unresolved experiences of physical and sexual abuse in the parent's history are linked to disorganized/disoriented behavior in children. Main and Hesse (1990) have put forth the hypothesis that "the traumatized adult's continuing state of fear together with its interaction/behavioral concomitant (frightened or frightening behavior or both) is the mechanism linking unresolved trauma to the infant's display of disorganized/disoriented behavior" (p. 163).

Very recent studies from Leiden University (Schuengel et al., 1997) carry this work even further by directly testing Main and Hesse's transmission hypothesis. The Leiden researchers studied a group of mothers known to have had important losses and made direct observations of their frightening, frightened, and dissociated behaviors while interacting with their children. These observations were correlated with the mothers' AAI status. The results showed first, as expected, that among insecurely attached mothers the presence of unresolved loss led to a *greater* incidence of frightening maternal behaviors and a correspondingly greater incidence of infant disorganization. But the second finding, far less intuitively obvious, is that securely attached (autonomous) mothers with unresolved loss actually showed less frightened and frightening behaviors than did securely attached mothers without this history of unresolved loss. This fascinating finding demonstrates the important protective role of a secure attachment and suggests that unresolved but otherwise secure mothers must call on some mechanism, some strategy, to protect their children from the impact of their disorganized and dissociated states. It seems likely that securely attached mothers with unresolved loss must be more vigilant than their counterparts with no unresolved loss in preventing their own affective experience from contaminating their child's experience. It also seems likely that the mothers must be able to regulate intense negative affect even when the child may be the direct stimulus to activating their affect. Fonagy's theoretical proposals provide a powerful explanation for how this might come about. Fonagy would argue that securely attached mothers despite their unresolved traumas are able to hold their child's experience and needs in mind in such a way

that prevents them from discharging or dumping their own unresolved fears and anxiety onto the child. The study of the micromechanisms involved in these processes will be an important avenue for future research.

The remarkable achievement of attachment researchers is that they have been able to demonstrate beyond all doubt—and do this cross-culturally—that security of attachment is an intergenerational phenomenon. That is to say, the security of attachment in the child is directly correlated with the parent's state of mind in relation to attachment in a way that suggests that working models of attachment are often handed from one generation to the next. Statistically, the clearest concordance is between autonomous adults and their securely attached children on one hand and between insecure adults, taken in aggregate, and their insecurely attached children, also taken in aggregate, on the other hand. (It is important to remember, however, that though the child of an autonomous parent is likely to be securely attached to *that parent*, he or she will not necessarily display the same pattern in relation to the other parent or other attachment figures.) The degree of concordance between parent and child within the various insecure subcategories is somewhat less impressive—a matter still under investigation. Nonetheless, it does appear that, as predicted, parents classified as dismissive in general tend to have children exhibiting an avoidant style and, also as predicted, that parents classified as unresolved tend to have children exhibiting a disorganized–disoriented attachment style. But in addition, a sizable minority of parents classified as unresolved who would otherwise have been classified as secure except for a few momentary lapses on the AAI do in fact have securely attached children.

The findings in relation to the disorganized–disoriented attachment style are of the greatest importance in working with seriously disturbed children from an object relations perspective. A characteristic style in attachment relationship reflects an amalgam of the child's history with the parents. Thus, encapsulated within a particular style is not only whether a parent has been able to function as a secure base for the child, but how he or she has managed the inevitable disruptions in the attachment relationship, no matter whether these have been brought on by actual separations, negative affective reactions in the child, or factors within the parent. That is to say, we have within each style

characteristic strategies for managing negative affect and characteristic patterns for negotiating situations of disruption and repair. To put it another way, in the child's reactions to the parent in the Strange Situation we have, in a single episode, the cumulative history of the child's experience of the disruption and repair (Beebe et al., 1997) of his or her relationship with that particular caregiver, a history moreover that is now evidenced in the child's intrapsychic organization. Where the child exhibits an insecure form of attachment, it is an indication that the history is one of systematic failures to meet the child empathically. Even more important, where the child exhibits a disorganized-disoriented attachment style, it is a signal that that history has been so fraught with contradiction that the child has been unable to find any stable means for working out a strategy for regulating his or her attachment needs in the context of that relationship.<sup>3</sup> Moreover, the greater likelihood is that at least one parent of this child is insecurely attached and unresolved for loss or abuse; rather than reacting to the child, he or she is likely, in matters large and small and over a greater or lesser extent of time, not responding to the child at all, but is responding instead, whether consciously or unconsciously, to the reactivated memories of his or her own past.<sup>4</sup>

Clinicians, however, have been slow to appreciate the importance of this research into the intergenerational transmission of attachment security. It is here where the programmatic research of Fonagy, Target, and their colleagues is, in my view, particularly valuable. To begin with, following the suggestion of Miriam Steele, they have been able to accurately predict the attachment status of first born infants at 12 months in 75% of cases by assessing the mother's security of attach-

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<sup>3</sup>Space does not permit a fuller discussion here, but the reader should be alerted to the fact that attachment researchers ordinarily assign a secondary classification (i.e., secure/autonomous, avoidant/dismissive, ambivalent/enmeshed), on a best fit basis both to children classified as disorganized/disoriented or adults who are classified unresolved. Though undoubtedly important, the clinical implications of the various different types of combinations of primary and secondary classifications remained to be explored.

<sup>4</sup>The theory that has generated—and often confirmed—these powerful hypotheses is still, however, relatively young, and our understanding of the complexities of adults' state of mind in relation to attachment is as yet unrefined. Among many of the interesting areas currently being researched is the question of multiple working models of attachment in children and adults and the related issue of how and under what circumstances these are integrated.



ment during pregnancy. This is a remarkable accomplishment in its own right, not only in the history of psychoanalytic research but also in developmental research in general. We have an incontestable demonstration that the child's sense of security is, in fact, a function of measurable psychological characteristics in the parents. For the clinician who proceeds on an object relational basis, this demonstration has been long overdue.

Second, Fonagy and colleagues have been able to show that in the child the development of reflective self-functioning is, in fact, a demonstrable correlate of secure attachment. That is to say, children who are securely attached to at least one parent develop a theory of mind earlier, and they are better able to use it in situations that are emotionally charged. Conversely, children who are insecurely attached to their parents develop this dimension more slowly, and it is more subject to disruption in situations that are laden with emotional conflict. Thus, Fonagy and Target's suggestion that the more severely disturbed children suffer from a lack in reflective-function whereas the less severely disturbed children possess it to a greater or lesser degree falls in line with what has otherwise been learned about the relation of attachment security and insecurity to the presence or absence of psychopathology.

Third, and most important, Fonagy and colleagues have been able to demonstrate that the presence of reflective-functioning in the parents is highly protective for the next generation. That is to say, parents who themselves have suffered significant loss or abuse in childhood but who are high in reflective-functioning tend to have children who are securely attached. Such parents coming from a disadvantageous past, when they lack this capacity, are at significant risk to pass on patterns of abuse or the sequelae of unresolved loss to their children.

In a separate study relating to adult psychopathology, Fonagy and his colleagues (Fonagy et al., 1995) showed that where there is a preexisting history of abuse and this is coupled with low reflective-functioning, the overwhelming likelihood is that the adult will meet the criteria for a diagnosis of borderline personality disorder. By demonstrating that this epidemiological finding explicates the phenomenology of typical borderline transference constellations in significant ways, Fonagy and colleagues have made a major contribution to our understanding of borderline psychopathology.

Taken together, the findings in regard to attachment suggest that reflective-functioning is not just a philosophical or developmental concept but rather an essential, if heretofore unrecognized, aspect in the transmission of attachment security from one generation to the next. Moreover, it is of particular relevance in those situations where the existence of loss or abuse in the parents' histories might otherwise work to derail the normal functioning of the attachment bond. Conversely, its absence is of particular relevance in those situations that lead to severe psychopathology in the child. Thus, not only have Fonagy, Target, and their colleagues advanced attachment research generally, but they have done so in a way that is directly relevant for clinicians.

In this context, one can offer a reconceptualization of Fonagy and Target's recommendations pertaining to technical interventions in child psychoanalytic psychotherapy by comparing these interventions with processes ordinarily found in the secure attachment bond. Fonagy and Target are suggesting that the therapist provide experiences that will strengthen the development of reflective-functioning in the child and thereby repair defects that have accrued from the child's attachment history. In this way, the therapist enables the child to catch up with other children who presumably have had these experiences provided for them by their parents. Since Winnicott, we are familiar with the analogies between the analyst and the "good enough" mother. The transformative feature of therapeutic process that Fonagy and Target theorize can be seen as a more refined estimate of "good enough" specifically tailored for the therapeutic encounter. Experiences that promote reflective-functioning, one could argue, are that facet ordinarily found in secure attachment relationships that can in fact be provided in intensive therapy. I believe that it is a measure of the validity of this overall vision of how therapeutic activity might relate to ordinary "good enough" parenting that Fonagy and Target are able to delineate their understanding in terms of specific technical recommendations.

### **The Widening Scope of Child Psychoanalysis**

The foregoing brings us to another way of appreciating what Fonagy and Target and their colleagues are bringing to the psychoanalytic

table. They are inviting us to understand the more severely impaired child in terms of what is known about attachment processes in general and what can be inferred about his or her personal attachment histories in particular. To be sure, in their article Fonagy and Target do not discuss the two types of severely disturbed children who show profound deficits in reflective-functioning explicitly in terms of their attachment histories. The possibility of adopting such a vantage point is only implied, though it has been addressed more directly in their other publications. Yet, the implications are there to be drawn, and I think it is important to begin to draw them out.

If what distinguishes the more severely disturbed children from those who have single emotional disorders is, in fact, a deficit in reflective-functioning, and further, if the development of reflective-functioning is ordinarily contingent on the ongoing functioning of the attachment relationships and the continuing negotiation of situations of disruption and repair in that relationship, then what we encounter in the more seriously disturbed child—the very child for whom analytic intervention may be differentially helpful—are distortions in his or her sense of self that have arisen in the context of a severely impaired or derailed attachment relationship. If this is true—and the data increasingly converge around this understanding—then there are profound implications not only for how we work with these children individually but also for how we work with their families.

In this respect, Fonagy, Target, and their colleagues have revived Fraiberg, Adelson, and Shapiro's (1975) classic and brilliant understanding of "ghosts in the nursery" while extending it in a way that potentially offers a much more detailed understanding of the micro-processes involved. What Fraiberg et al. observed clinically was the phenomenon of intergenerational transfer of trauma. That is to say, experiences in the lives of parents were being replayed in the next generation, leaving the child highly traumatized. For Fraiberg, the critical aspect of this transfer of trauma from one generation to the next was the mother's inability to recall her own affect from when she was a child. This incapacity rendered the mother unable, as Fraiberg poignantly put it, to hear her child crying.

To Fraiberg's conceptualization, Fonagy, Target and their colleagues have now added a second variable involved in the transfer of trauma—the mother's deficits in reflective-functioning. Besides the mother's inability to appreciate, let alone contain, the child's affective

experience, they have identified the mother's further inability to keep her child's mind in mind. Combined, these deficits lead to repeated failures to grasp the child's own incipient effort to establish himself or herself as an intentional being in his or her own right. But these deficits can arise in more than one way and in more than one context. Here the conceptualizations that have been operationalized in attachment research offer a scaffolding that can enable the psychoanalytic clinician to frame increasingly detailed and subtle hypotheses as to what is going on, and has gone on, in a particular family.

To take a pertinent example, in the classic article by Fraiberg and her colleagues (1975), one can see what is clearly a dismissive and perhaps a dissociated style in the parent. The mother does not hear her child crying because she does not recall her own feelings. Having been herself traumatized but lacking the prophylactic ability to see her child's mind apart from her own, the dismissal of her own emotional memories, which is characteristic of a dismissive style, leaves her unable to grasp what her child is going through. But there can be other parents who do the opposite, who lose themselves in ongoing rumination about their parents and in an absorption in their emotional memories and yet who do not really hear their child cry either. Moreover, there can be parents who simply are unable to maintain a coherent style consistently. A mother who otherwise adopts a dismissive style may lapse into quite different mental states when memories of trauma and abuse are triggered. In these moments, she is after a fashion no longer in her "right mind." More important, in these moments, she no longer provides her child with a mirror in which he can see himself or herself as an incipiently intentional and propositional being, as someone potentially with a mind of his or her own. Thus, what registers as an unresolved classification on the AAI becomes in the nursery the basis for a disorganized-disoriented attachment style in the child and the beginnings of severe distortions in the child's self, distortions that not only will require intensive psychotherapeutic intervention at a later date, but will be perpetuated in the ongoing relationship between parent and child.

In general, I argue that the new research not only allows us to frame more refined hypotheses, as to the etiology of the child's difficulties, but also suggests new avenues for framing collateral work with parents. To begin with, it now becomes possible to try to understand parents in

terms of their general orientation toward attachment and to see how their attachment styles have informed and fostered particular defensive strategies in the child, especially in the realm of affect regulation. Moreover, in some subgroups of otherwise well-functioning parents the failures in mirroring and affect containment can be observed to be specifically triggered by certain behaviors in the child (often a particular child) and in at least some instances can be most efficaciously addressed in that context. Consider for example the mother I mentioned earlier who screams at her child that he is a "killer." The roots of this mother's panic—a severe assault in early adolescence—can of course be addressed in her own treatment. More than likely, however, her treatment will take time, perhaps a great deal of time, and as Fraiberg pointed out (Fraiberg et al., 1980), it cannot be done fast enough for the rapidly developing child. From a child analytic perspective we need to help this mother to see that her panic is triggered whenever her boy does something that is assertive or aggressive and to help her work in a focal way on the unresolved trauma that his behavior is reactivating in her. From my own experience in working with traumatized children and their parents, this focal work can create surprisingly rapid changes in both the mother (and/or father) and the child. Moreover, insofar as this work is successful, it enables the mother (and/or father) to become an ally of treatment in a new way—by recognizing whatever it is that is triggering the inability to mirror the child's intentions in a way that helps the parent to see the child's experience more accurately and, in turn, to help the child to have a mind of his or her own.

Widening the scope of treatment along these lines is essentially consonant with recent innovations in psychoanalytically informed approaches to parent-child intervention. The past few years have seen a proliferation of exciting new approaches to working with parents (Cramer and Stern, 1988; Hopkins, 1992; Lieberman, 1992; Seligman, 1994; Stern, 1995; Slade, in press) that are based on the recognition that having the child in treatment can permit one to access the parents' difficulties more directly and often much more efficaciously than simply seeing the parents in their own treatment. This does not take away from the value of direct intensive psychoanalytic treatment of the child—far from it. The whole point of Fonagy and Target's articles, with which I am entirely in agreement, is to underline how

vitaly important intensive analytic intervention is with these children. But in future work, we need to begin to determine how the child's treatment can be supplemented and perhaps greatly enhanced by work with the parents. I am suggesting that as we begin to grasp the extent to which the child's difficulties are the sequellae of a derailed attachment system, we can become more sensitively attuned to the specific places where work with parents can be most profitable.

Fonagy and Target close their presentation by noting that what they are arguing for is not radically new. Indeed, it is not. Their suggestion that severe disorders in children require modifications of technique in the direction of prioritizing the enhancement of reflective-functioning, specifically through the relationship with the therapist but also through other means, is in line with much current thinking. Ultimately, Fonagy and Target's claim is a modest one: If their conceptualization and terminology enjoy a relative advantage over what has been advanced by others, this consists in the harmonization with the findings of contemporary developmental psychology. But I believe the authors are being too modest. From my point of view, the empirical link to attachment research allows this approach to become highly generative in a way that goes beyond our traditional conceptualizations. For by cross-correlating our clinical intuitions and observations with what is now known about parenting and early development, both in health and in illness, we can begin to frame far more detailed hypotheses about what is creating serious psychopathology in the children that we work with. Potentially we can also begin to generate technical interventions with parents that can be thought about more selectively and fruitfully than before. This is a major challenge to our field, but it is a challenge in the very best sense; it opens up the possibility for theoretical and technical creativity as we try to find out under what circumstances and with which cases and at what ages such interventions will prove most efficacious. This work will take many thoughtful clinicians to explore its many implications.

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