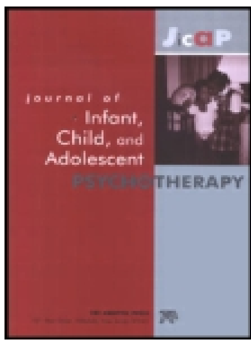

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The Art and Science of Observation: Reflective Functioning and Therapeutic Action

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This article aims to illustrate the central underpinning role that observation has had in the development of attachment theory and research, and in clinical work informed by attachment theory. Also, the paper aims to highlight reflective functioning in clinical practice and how it can be shown to ignite positive change processes, with illustrations provided from our ongoing trauma-informed clinical work with our Group Attachment Based Intervention or GABI in our work with vulnerable parents and their infants and toddlers. In pointing to how reflective functioning informs clinical practice in GABI, the paper aims to highlight what is proposed as fundamental to therapeutic action with infants, toddlers, children, adolescents, adults/parents and that is a strikingly new relationship with a benign, supportive other, who helps one practice novel ways of thinking, feeling and acting that may later become habitual across contexts.

In Bowlby's (1976) easily accessible and clinically relevant collection of essays "The Making and Breaking of Affectional Bonds" he cautions the enthusiastic clinician that facilitating change in our patients is hard won and is, in the best of circumstances, a non-linear process involving steps backward and forward, down and up, requiring a wide array of clinical tools:

> "How far therapy can and should be taken with any one family or patient is a complex difficult question. The main point perhaps is that a restructuring of a person's representational models and his re-evaluation of some aspects of human relationships, with a corresponding change in his modes of treating people, are likely to be both slow and patchy. In favourable conditions the ground is worked over first from one angle then from another. At best progress follows a spiral." (1976, p. 154)

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Recently, the search for relevant clinical tools has turned to the "toolbox"' of attachment research methods with fertile results for clinicians delivering infant-parent (Dozier et al., 2006, 2011; Bernard et al., 2012; Juffer, Bakermans-Kranenburg, & Van Ijzendoorn, 2008, 2006; Powell et al., 2013; Slade et al., 2005; Lieberman et al., 2005a, 2005b, 2006a, 2006b), child and family (Asen & Fonagy, 2012; Hopkins, 2000), adolescent (Bevington et al., 2013; Roussouw & Fonagy, 2012), and adult psychotherapy (Fonagy & Bateman, 2006; Bateman & Fonagy, 2009; Diamond et al., 2008). For example, out of the Strange Situation Procedure literature arose the Circle of Security Intervention (Powell et al., 2013), and out of the Adult Attachment Interview arose the measurement and validation of reflective functioning (Fonagy et al., 1991; Fonagy et al., 1998), with the follow on development of mentalization-based treatments for all range of clinical problems (Fonagy et al., 2002). The latter developments have extended our understanding of how representations of the object world, initially acquired in early childhood, lay the foundation for how we think and feel about the other, and about the emerging self. Reflective Functioning is defined as the capacity to observe and think about mental states, in oneself and in others, in the service of building realistic models of why people behave, think, and feel as they do. The ability to give meaning to our own psychological experiences develops as a result of our discovery that minds typically operate behind human actions, and are influenced by actions of the other. Reflective functioning is a construct not unlike insight or psychological mindedness and so has arguably been part of psychoanalytic thinking since its inception. It is linked to the main premises in psychoanalytic thinking (Freud, 1965; Mahler, Pine, & Bergman, 1973; Jacobson, 1964), specifically those approaches that focus on how self, object, and object relationships evolve with development; and to related fields such as cognitive developmental psychology that focus on theory of mind (Baron-Cohen, 1991; Harris, 1983; Wimmer & Perner, 1983) and the more contemporary neuroscience of memory (Addis, Wong, & Schacter, 2007). Mentalization has ignited the interest of clinicians because high reflective functioning capacities have been found to predict secure parent-child relationships (Fonagy et al., 1991) and patient-therapist relationship quality (Fonagy & Bateman; Diamond et al., 2008) and are linked to mental health in both child (Steele & Steele, 2008) and adult (Steele, Fonagy & Steele, 1996). This paper has two related aims. First, the paper aims to illustrate the central underpinning role that observation has had in the development of attachment theory and research, and in clinical work informed by attachment theory. Second, the paper aims to highlight reflective functioning in clinical practice, and how it can be shown to ignite positive change processes, with illustrations to be provided from our ongoing trauma-informed clinical work with our Group Attachment Based Intervention or GABI (Murphy et al., 2015) in our work with vulnerable parents and their infants and toddlers. In pointing to how reflective functioning informs clinical practice in GABI, the paper aims to highlight what is proposed as fundamental to therapeutic action with infants, toddlers, children, adolescents, adults/parents and that is a strikingly *new* relationship with a benign, supportive other, who helps one practice novel ways of thinking, feeling and acting that may later become habitual across contexts

THE CENTRALITY OF OBSERVATION IN ATTACHMENT THEORY AND RESEARCH

The field of attachment theory and research with its roots in psychoanalytic thinking, coupled with decades of empirical research, is underpinned by the conviction the importance of attending

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to the display of attachment behaviors either in behavioral or narrative terms. Observing attachment behavior provides important clues to an individual's ability to regulate affect, that is, do they have flexible access to inner feeling states or do they display propensities to minimize or maximize affect? This practice of observation, with an awareness of what the observed indicates about the inner organization of the individual, lies at the core of attachment theory (Bowlby, 1969/1982; Cassidy, 1994). This paying of careful attention to observed behavior led to the powerful attachment research tools that have informed thousands of large scale investigations around the globe, most notably but not limited to the Strange Situation Procedure (Ainsworth et al., 1978) and the Adult Attachment Interview (Main, Kaplan, & Cassidy, 1985). But why did Bowlby's attachment theory lead to these paradigmatic observational and interview measures? It can be no accident that attachment theory emerged out of various writings dating from the mid-20th century (e.g., Freud & Burlingham, 1943; Goldfarb, 1947; Spitz, 1945), all from a group of distinguished child theorists and clinicians who were intrigued with what they were observing in institutionalized children whose early experiences were not of an "average expectable environment." In 1944/1945, Rene Spitz, Anna Freud, and John Bowlby each published works outlining their astute observations of distressed children who were at the mercy of an environment devoid of typical parental care. The art and scientific practice of careful observation of children, and specifically of the parent-child relationship, most likely began with these mid-twentieth century efforts to observe and record how orphaned and separated children develop. One can imagine that observing children in these extreme contexts or 'natural experiments' (Cicchetti, 2004) exerted a powerful claim on the attention and resources of this first generation of psychoanalytic baby watchers. And, as a consequence of their efforts to record development in extreme atypical circumstances, their observational skills would be honed in a way that would thereafter inform both child psychotherapeutic training and developmental research programs aimed at understanding more typical variations in parent-child relationships.

Spitz (1945) was struck by the terrible statistics on infant mortality rates of institutionalized infants, some as horrific as 70%, leading him to undertake a long-term study of 164 infants residing in either low SES homes with mothers, or a Penal Nursery where infants resided with their mothers, or finally in a Foundling Home, most reminiscent of orphanage/institutional care. In addition to the large sample, the structured and stratified assessments of development, Spitz also was ahead of his time by including a total of 31,500 feet of film to preserve the results of the investigation. Spitz concluded that "it is true that the children in Foundling Home are condemned to solitary confinement in their cots. But we do not think that it is the lack of perceptual stimulation in general that counts in their deprivation. We believe that they suffer because their perceptual world is emptied of human partners, that their isolation cuts them off from any stimulation by any persons who could signify mother-representatives." (Spitz, 1945, p. 68). The agreement then is clear, there is something uniquely damaging to the attachment system, to be spending the first years of life in an environment so devoid of parental care that is most typical in its variants for most children." For Anna Freud and her colleagues, the children in the Hampstead War Nurseries (London) provide a "natural experiment" brought about by the events of World War II where children were temporarily and/or permanently orphaned. Anna Freud instituted as daily 24/7 practice, as it were, in the War Nurseries the principle that all staff, including anyone who interacted with the children, should observe and record on index cards any interaction that sparked the staff-member's interest as potentially meaningful. The index card was meant to include descriptions of observed behavior that may be later reviewed and discussed.

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Our understanding of children living in institutional care, albeit a high quality setting such as the one provided by Anna Freud and her colleagues, was enhanced by the pages of carefully construed observations of the children. Furthermore the teaching of the technique of writing up these observations could be seen to lay some of the groundwork for later psychoanalytic training and research (Sandler, 1962). Observation came to be seen as fundamental to providing effective treatment to children and adults. And therapists' training required an education in the theory which guides the observer to hone in on certain behaviors and to learn how to describe them accurately and without too much pre-judgment so that (later) a cautious application of theoretical constructs could be applied to the descriptions in the service of attributing appropriate meaning to the observed behavior. The observer's attention to notable behaviors, acts showing empathy, frustration, aggression, caring, responsiveness or lacks thereof, carefully noting what is seen and heard, who initiates an action, who responds, and how, with what follow-on consequences are the rudiments to our clinical interventions, and clinically relevant research.

Observing Attachment Behavior: The Attachment Research Tradition

In the domain of attachment research, pioneered by Mary Ainsworth, careful observations of parent-infant behavior, particularly on reunion with a caregiver after a brief separation, were elucidated in terms of infant proximity seeking, contact maintenance, avoidance, and resistance to being settled. Mary Ainsworth's ground-breaking work delineating the typical variations in maternal sensitivity, underpinning variations in infant attachment behavior, amenable to empirical study with the Strange Situation paradigm (Ainsworth et al., 1978). Ainsworth elaborated on Bowlby's theoretical constructs and also moved the study of attachment relationships into the domain of empirical research. The Strange Situation is widely regarded for its reliability and validity, and extensively employed, as an assessment of the quality of child-parent attachments (Ainsworth et al., 1978). This 20-minute laboratory-based assessment involves two brief separations and two three-minute reunions with the parent. Focus is upon the infant's behavior, especially during the reunions, where individual differences are measured in terms of the strategies employed to cope with this moderately stressful situation (i.e., introduction to an unfamiliar place, a novel person, and two brief separations from, then reunions with, the parent). Of the three originally identified major patterns of response, two are thought to reflect an insecure attachment to the parent (either avoidant or resistant) and one is understood to indicate a secure attachment to the parent (Ainsworth et al., 1978). Infants whose attachment is classified insecure-avoidant tend to appear non-distressed during separation and to avoid proximity to the parent upon reunion, appearing too busy with play. Infants whose attachment is classified secure may or may not be distressed by separation, but upon reunion are pleased to see the parent and, if distressed, are easily comforted, and return to joyful play follows. Infants whose attachment is classified insecure-resistant tend to be distressed by separation and to seek contact during reunion but rather than being settled by the parent's return, appear inconsolable, unable to be settled by the parent, and unable to return to play. Across the globe 55–60% of infants show security, 25% show avoidance and 10–15% show resistance, with some cultural variation in the frequency of insecure (but not secure) patterns (for a recent illustration see Archer et al., 2015).

Mary Main, a student of Mary Ainsworth's, shifted our understanding of infant emotional and behavioral responses to the Strange Situation with her description of infants who show

Disorganized-Disoriented responses in the presence of the parent (Main & Solomon, 1990), the term Bowlby (1982) had used to describe the natural human (and other animal) grief response to death of a loved one. This anomalous response is seen in 15% of community samples, but in 40–80% of clinical samples (e.g., depressed mothers, or infants where maltreatment is likely) as reviewed by Lyons-Ruth and Jacobvitz, 2008. A meta-analysis reported on the causes of infant-mother attachment disorganization in 851 families (Madigan et al., 2006), with robust findings linking infant-mother disorganization to frightened or frightening caregiving and/or abusive behavior (Cyr et al., 2010; Hesse & Main, 1990), to unresolved states of mind concerning past loss or trauma, and dissociative symptoms during adolescence, assessed via self-, peer-, and teacher-report (Carlson, 1998). More recent reports show via longitudinal research that disorganized attachments to mother in infancy predict children's externalizing problems (Fearon et al., 2010; Fearon & Belsky, 2011), internalizing symptoms (Groh et al., 2012), and Borderline Personality Disorder features in young adults (Lyons-Ruth & Jacobvitz, 2008) .

Coincident in time with the introduction of the Disorganized Attachment Classification in Infancy, Main, Kaplan, & Cassidy (1985) introduced the Adult Attachment Interview, which signaled a paradigmatic shift in the field of developmental attachment research captured by the title of the 1985 paper, that is, "a move to the level of representation," beyond an exclusive focus on the behavior of preverbal infants with their caregivers (at home or in the Strange Situation Procedure). With the Adult Attachment Interview came a detailed pragmatic focus on the language provided by the adult in response to challenges to describe and evaluate his or her attachment history that would become the central focus of a generation of researchers, bridging the fields of developmental psychology and clinical psychology/psychoanalysis (Steele & Steele, 2008). Applying the AAI Rating and Classification system (Main, Goldwyn, & Hesse, 2008), a vast landscape was mapped by 2009 (Bakermans-Kranenburg & van IJzendoorn) concerning individual differences in patterns of response to the AAI from low-risk community respondents, and a range of clinical respondents (the majority of the first 10,000 responses). Widely appreciated is the way responses to the AAI, transcribed verbatim from audio recordings, reveal four or five typical broad patterns of response that resonate with psychoanalytic writings on the regulation of anxiety and guilt via lesser or greater deployment of defensive strategies: (1) the typical healthy response of autonomy, flexibility with regard to the regulation of anxiety and guilt (low defensiveness) and credible consistency in the narrative; (2) insecure-dismissing responses that typically deny anxiety and guilt, maintaining all is well and all was well despite evidence of childhood attachment difficulties that may be inferred from inconsistencies (excessive defensiveness) in the narrative; (3) insecure-preoccupying responses that present attachment difficulties but in a way governed by involving anger, passivity and immaturity, or unremitting fearfulness, despite an urgent wish to connect meaningfully with others that typically includes, or ends with, persisting disappointment (high defensiveness). Finally, many clinical respondents present their attempt at providing an autobiographical narrative that shifts dramatically from dismissal (e.g., derogation or idealization toward one attachment figure) at one point in the interview, to preoccupation at other points in the narrative (e.g., involving anger and unsettled resentment toward another attachment figure). While such shifts, or indeed multiple contrasting states of mind, are common in the context of treatment, their presentation in a 60- or 90-minute interview, are deemed to be a sign of a troubled mind that is unclassifiable in any singular way (Hesse, 1999). This picture is highly common in interviews from patients belonging to one or other clinical group and is often linked with past

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trauma or loss. Trauma or loss admittedly can arise in the course of typical (healthy) development, but in that case security and reflective functioning (Fonagy et al., 1991; Steele & Steele, 2008) are often also evident and the loss or trauma is discussed without the speaker slipping into lapses in the monitoring of speech or reason, or unusually detailed attention to the specifics of the loss/trauma, that is, signs of ongoing grief and unresolved mourning. This latter psychological problem, for example, referring to a dead person as if they are alive, or failing to monitor one's own speech in talking about the loss/trauma, is highly common in AAI respondents with PTSD and complex trauma difficulties (Bakermans-Kranenburg & Van IJzendoorn, 2009).

An example of the enhancement of both clinical theory and practice that can occur when a dialogue ensues between clinical psychoanalysis and attachment research is evident in the following quote by Philip Bromberg alerting us to understanding the difference between anxiety, perhaps of the type that is connected to insecure attachment patterns and overwhelming affect that results in response to exposure to frightening or traumatic behavior, for example in the case of disorganized infants:

> Trauma and anxiety differ not only in the "quantity" of the affect involved, but are qualitatively different with respect to the tasks required of the mind. In other words, traumatic affect is not anxiety with its volume turned up. It is an affective flooding intense enough to disrupt thought because it is *inherently chaotic.* The primary source of the chaos is a mental apparatus that is attempting to function beyond its capacity because the different self-experiences the mind is being asked to contain and resolve as internal conflict are non-negotiable for that person at that moment. When holding more than one self-experience at a time is too threatening, dissociation is enlisted by the mind as the most adaptive means of relieving affective chaos. (Bromberg, 2008, p. 416)

This nuanced description invites further exploration and discussion. Specifically, the role of frightening or frightened parental behavior (Main & Hess, 1990) in causing disorganized attachment in infancy, with the disruptive longer term links to externalizing and dissociative problems (cited above), may be more fully understood via applying Bromberg's ideas about trauma and anxiety. Bromberg's clinical description above highlights the possible process by which frightening experiences are inadequately internalized such that their chaotic nature remains overwhelming and difficult to metabolize. This has implications for our understanding of the process of internalization and the development of internal working models and possibly why, in the course of an Adult Attachment Interview, individuals who have endured traumatic childhood experiences slip into speech patterns that indicate unresolved mourning for past loss or trauma. The ability to provide coherent and organized narratives, punctuated by reflective functioning, is not available to many survivors of traumatic early histories. Past traumas are stored in the mind but are unmetabolized, not yet processed, and continue to exert a destabilizing influence on behavior in the present when traumatic memories are activated (e.g., by questioning in the AAI) or otherwise awoken, triggered, or elicited.

We have elsewhere elaborated (Steele & Steele, 2008; Steele, Steele, & Murphy, 2009) the ways in which the AAI has immense clinical usefulness, especially when administered early in the clinical treatment of an adult, as responses to the interview highlight the speaker's state of mind, and pattern of defenses deployed, with respect to the attachment-related difficulties of loss or trauma. In the developmental research domain, the AAI is the most potent predictor of parenting quality with robust empirical demonstrations of inter-generational patterns of attachment

(Main, Kaplan, & Cassidy, 1985; Steele, Steele, & Fonagy, 1996; van IJzendoorn, 1995). In particular, it is the close observation of narratives produced in relation to the AAI questions that alert us to features such as coherence and defensive maneuvers that capture the adult's attempts to make sense of and present their attachment representations. The Adult Attachment Interview also inspired the concept of reflective functioning, which has particular resonance amongst psychodynamic clinicians with its unique value in terms of examining therapeutic goals, and the techniques employed to establish this competency or attitude (Fonagy & Bateman, 2006; Rossouw & Fonagy, 2012; Steele, Murphy, & Steele, 2010).

THE CONCEPT OF REFLECTIVE FUNCTIONING

Reflective Functioning (RF) is defined as the capacity to envision and think about mental states, in oneself and others, in the service of building realistic models of why they behave, think, and feel as they do. The ability to give meaning to our own psychological experiences develops as a result of our discovery of the minds behind others' actions. It is a construct not unlike insight, or the self-observing capacity of the ego, and so has arguably been part of psychoanalytic thinking since its inception. RF is unique due in that there is detailed dimensional scoring procedure, outlined in a 60-page manual, applied to Adult Attachment Interviews (Fonagy et al., 1998) with relevance to other narrative material (e.g. psychotherapy transcripts).

RF is linked to the main premises in psychoanalytic thinking in respect to the representational world and the notion of object constancy (Freud, 1965; Jacobson, 1964; Mahler, Pine, & Bergman, 1973; Sandler & Rosenblatt, 1962), specifically those theorists who focus on how self, object and object relationships evolve with development. Sandler (1976, 1987) elaborated on these notions with his model of the two-person interaction, where the direct influence of one on the other is accounted for by the evocation of particular roles in the mind of the person who is being influenced. In a similar way, Loewald (1978) suggests that self-reflection is based on internalization of the mirroring interplay of the mother-infant dyad, where the infant's perception of the other comes to be internalized as part of that representational domain that will eventually become the reflective part of the self. The behavior of the influencing person is seen as critical in eliciting a complementary response from the participant.

The capacity for reflective functioning is crucial to the development of the self, as both psychoanalytic and developmental theorists have connected the nature of the experiences within the parent-infant relationship and the ability to regulate affect (Fonagy & Target, 1997). Rene Spitz (1945), Greenacre, and others made specific reference to the role of mother—infant interaction in the development of self-regulation (Greenacre, 1952; Spitz, 1965). Early and influential research linked infant-mother attachment to concurrent symbolic play (Slade, 1987) and later pretend play (Main, 1983), but in this context of the development of reflective functioning, it is worth elaborating why one should expect a link between attachment security and pretend play? The parent with reflective functioning skills intuitively knows that engaging the child in age-appropriate pretend play invites, indeed requires, the child to imagine the existence of mental states. These connections are central to psychotherapeutic work and beg the question as how to promote the capacity for reflective functioning and coherence in both child and adult patients. This remains the *sine qua non* to understanding therapeutic action. And when reflective functioning or coherence is evident in the consulting room, what is the likelihood that these skills will generalize to other contexts in the day-to-day life of the individual?

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An important study by Everett Waters, Judith Crowell, and colleagues demonstrated discordances between coherence in one context (the AAI) and coherence in another salient but not attachment-related contexts, for example, when adults provide a narrative about their employment history and experience (Crowell et al., 1996). This helps us qualify the extent to which reflective functioning gains in the patient-therapist relationships may be expected to generalize to other contexts? Regarding the Crowell et al. (1996) finding, the skills needed in the world of employment may differ significantly from the skill set needed to function well as a parent. Transfer of skills from one intimate relationship to another are more likely, we would argue, across therapist-patient relationships, parent-child relationships, and adult romantic relationships—the domains that matter most to one's mental health.

Of relevance is the fact this it was our study of the transition to parenthood, a vital relationship domain, which gave rise to the concept of RF. We chanced upon the phenomenon by way of elaborating on Mary Main's rating scale for "metacognition"—stretching the scale so that it captured not only monitoring of one's own speech behavior but also all range of interactive behavior between the self and others, and reciprocal links to mental states, past, present, and future (Steele & Steele, 2008). To our surprise it was our rating of these phenomena we came to call reflective functioning in 200 Adult Attachment Interviews (from expectant mothers and expectant fathers) that linked up most significantly to infant-mother and infant-father attachment (Fonagy et al., 1991; Steele & Steele, 2008). We found evidence that one way of breaking the cycle of abuse was for the individual to demonstrate high reflective functioning, a capacity to monitor the contents of her mind alongside the perusal of the mind of the other. By putting oneself in the so-called "'shoes of the other" she can begin to understand the thoughts, feelings and intentions (or lacks thereof) that motivate actions (Fonagy et al., 1991). Clearly, for a victim of trauma it is liberating to realize one was too young, or too incapacitated, to be responsible in any significant way for what happened, lessening what might be the pernicious influence of guilt, deep absorbing anger, and (after Bromberg) yet to be metabolized trauma. Interventions that target the client's reflective capacities can assist the individual in coming to terms with or resolving the disruptive influences of past abuse (Bateman & Fonagy, 2006; Diamond et al., 2008).

THERAPEUTIC INTERVENTIONS AND FACILITATING MENTALIZATION

The capacity to reflect on one's own internal world and to appreciate the perspective of another individual is a crucial question in the mind of the clinician when assessing a patient for treatability. Often there are limited resources with which to offer psychotherapy services to those who seek it and could benefit from it. The question of how to assess whether an individual might make use of treatment is a critical one for the clinician, whether in public or private practice. A familiarity with the concept of reflective functioning might have a very important role to play in this challenging area of clinical practice. An example of an adolescent boy who sought psychotherapeutic treatment for anxiety, depression, and self-harming behaviors exemplifies a situation in which a capacity to reflect upon his painful situation was predictive of a good therapeutic outcome. Steven, at age 16, suffered from intense bullying by his schoolmates. This included being locked in a locker at school for a full hour and having a cigarette lighter held to his cheek. He was engaging in some self-harming behavior and was involved in a sado-masochistic relationship with his father with whom he battled on a daily basis. However, he was also able to comment at

the diagnostic stage of potential treatment, "My father will never be satisfied . . . even if I was the type of boy my father thinks he'd be happy with, he still wouldn't be happy with me." Indeed, over the course of psychotherapy that followed, Steven was able to explore both his own role in the difficult relationship with his father but also to see his father's contribution to the pathological situation.

The therapist attuned to a mentalization-oriented attachment perspective can be likened to the original baby watchers (e.g., Ainsworth, Bowlby, A. Freud, Mahler, Spitz) engaged in understanding the intricate dynamics of infant development and the nuances of parent-child relationships. Bringing a thoughtful curious mind to a patient's emotional dilemmas may spark in the patient a willingness to look beneath the surface of his overt behaviors and give words and thereby meaning to action. This is the point from which therapeutic change begins. A language of emotions comes to govern descriptions of oneself and important others with whom one interacts. In the case of working with parents and infants, this is done by utilizing a range of techniques, as the Bowlby 'spiral' quote at the beginning of this paper highlights, first from one angle and then from another.

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GROUP ATTACHMENT BASED INTERVENTION

In developing our psychotherapeutic approach to helping vulnerable parents most of whom carry a heavy trauma burden to retain custody of their children, learn to be sensitive caregivers who promote and maintain securely attached children, we allowed attachment theory and research to both inform and, in some important ways, determine the therapeutic model and practice (Murphy et al., 2015; Steele et al., 2010). We have called this parent-infant treatment modality Group Attachment Based Intervention (GABI). At its core, GABI involves the art and science of observation. A central therapeutic goal is to have parents observe their infants and develop the ability to put themselves in their children's shoes, and to accordingly be more empathic, and more capable of shared positive emotion. The format of GABI is very much in line with working the psychotherapeutic ground from many different vantage points. It is an intense intervention where parents and their children, aged 0–3 years, are invited to attend three times a week for two hours each session with two to eight families in attendance. Each session includes three distinct therapeutic modalities: (1) dyadic psychotherapy with parents and children; (2) simultaneous but separate parent group and child only groups; and (3) parents and children reunited. Sessions are video-filmed, which provides important information for the refinement and checks on adherence of the intervention as well as providing the fodder for the video-feedback of parent-infant interactions in the parents only groups (Steele et al., 2014).

Parent-infant psychotherapies all have in common the therapeutic aim of improving the parent-infant relationship, and for many the goal is to promote attachment security. This is most often accomplished by working either with the parent and infant together or with the parent alone with the emphasis on bringing about change on the side of the parent, often in terms of an increase in a mentalizing capacity. The clinical evidence to date (e.g., Steele et al., 2014) is that the therapeutic action we see in the families we engage in GABI emanates from the range of therapeutic tools delivered moment by moment, across the different contexts such as the parent-child, child only, parent only, reunion, and video-feedback in the parent-only sessions. Heavily informed

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by attachment theory and our attachment research toolbox, our repertoire of psychotherapeutic skills is at once wider and more flexible, permitting a stronger and enriched intervention. GABI is informed also by mainstream developmental research and the micro-analytic perspective (e.g., Beebe et al., 2008; 2010; Tronick, 2007; Tronick & Weinberg, 1997; Feldman, 1997, 2007) who use micro-analytic techniques to study the intricate minutae of parent-child interactions. From these sources, we learn that "it is only through the interface of synchronous behavioral exchanges that the parent's physiological systems and mental internalizations can impact the infant's biological organization and emerging consciousness" (Feldman, 2012a, p. 155).

One of the unique features of GABI is the inclusion of the "child only" modality. In this way, the child, paired with a clinician is offered an opportunity to experience interacting with an adult who is sensitively attentive, often following the infant's leads, responding with empathy and providing a context of developmentally appropriate interactions, typically not available to the infant from prior experience at the beginning of participation in GABI. The infant's exposure to an adult who has them in mind, with someone who is adopting a mentalizing stance and who is trained to provide an optimal experience may provide the infant with expectations that can help elicit this response from the caregiver who may be hearing in the parent-only session about the importance of following the child's lead, not frightening the child, and engaging in joint attention, shared positive affect and pretend play with the child. In this way, new emotional experiences are encouraged and supported from one side, and the other. In GABI every interaction is viewed as potentially providing a therapeutic moment. The following vignette is offered as an example of the subtle therapeutic input.

Over the past few weeks, one clinician has noticed that two-year-old Seth has had difficulty separating from his mother as they transition from the parent-child to the child-only sessions. The mother and child live in the context of violence, domestic and neighborhood. Seth has been the witness on several occasions of his father being violent with his mother. There is a court issued order of protection to prohibit the father's contact with this family, which is often not adhered to as the mother allows father access. With this in mind, this clinician working with this dyad, solicited from Seth's mother two family photos as part of a strategy for helping him with the separation. It was thought that by providing him with a representation of his attachment figure, he could be helped to work toward object constancy and allow for the short separation. After his mother leaves, Seth observes another clinician engrossed in play with another child, Jonah. Seth approaches the pair and provocatively whips out a knife-that is, a plastic toy play-dough knife in his hand. The clinician asks if Seth would like to join the play, but Jonah emphatically says "NO" indicating that he has no interest in inviting his aggressive peer to join in his play with his therapist. Seth retreats, rushing to the door of the playroom, as if in pursuit of his mother. Seth's clinician in a quiet voice, calls Seth's name, physically adjusting herself so that she is kneeling down to his level. Seth jabs the toy knife in a threatening manner towards the clinician's face. She looks directly into his eyes and takes his hands in hers. Her touch and gaze together, hold Seth in a suspended state of "relatedness". As Seth's aggression escalates and turns physical towards the clinician, their 'conversation' unfolds as follows:

Clinician: I don't like that. That hurts. Ouch. I don't like that. (clinician points to the door) You want to go outside. You're telling me you want to go outside.

Seth: No! *Seth spits in the clinician's face.*

Clinician: I don't like that either. Can you calm your body?

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The clinician constantly maintains a tone of voice that conveys gravity without an overtone of anger or blame. When Seth aggressively spits, the clinician remains unruffled and neither wipes her face, nor turns away from the child. The clinician does not attempt to remove the toy knife from the child's possession, nor does she draw attention to it.

The clinician tries to negotiate with Seth about going outside the playroom for a walk. In order to refocus his attention within the playroom, she redirects Seth to the photos she had set out earlier at a little table, suggesting they look at them together, and perhaps bring the photos with them on their walk. The clinician kneels behind Seth as he sits at the table, lightly encircling his body with her arms. Together they examine the photos and point out the family members. As Seth becomes calmer and focuses on the photos, the clinician quietly asks him who is in the photo. Using the toy knife to point to the people in the picture, he says "Mommy," and the toy knife slowly drops out of his hand and is placed on the table.

In this scenario, the photographs created a representational reunion for the child, supporting the building and reinforcement of internal representations of reunion with the mother. This redirected the child away from threatening behavior, and allowed the child to regulate his arousal state. We can describe this sequence in terms of the many different aspects of therapeutic action that were achieved. The clinician's ability to stay close to the child conveying in verbal and non-verbal means her commitment to staying the course with him, despite his aggressive attempts to ward her and any else away. The compelling moment when she asks if he can calm his body results in him being able to do just that. For this young child to have an experience of intense negative affect that gets modulated in the presence of another, we believe is what will help him towards an improvement in regulating his own affect. And, we also expect that when such moments are delivered in the intervention, moment by moment, session by session, week after week, it creates a change in his internal working model and representational world-that is a change is his experience of himself and himself in relation to his object world.

It is interesting to reflect upon what it is that may be happening within the therapist-child interaction that is helping to create change. In Beebe's work, not only are mother-infant face-to-face-interactions at four months coded, frame by frame across a range of modalities, including vocal rhythms, gaze, touch, self-touch, head movements but also, Beebe studies face-to-face interactions between infant and stranger. This added feature is critical as it allows for the comparison of the infant's expectancies towards a partner he is a familiar with and one he is not. Beebe found that infants indeed respond differently to the stranger (Beebe et al., 2000). She poignantly describes an infant interacting with her differently that he did with his mother with whom there were many instances of intrusive and mis-attuned interactions. Infants as young as 4 months are able to adjust their behavior to match those of the partner with whom they are interacting and shift their expectancies from the ones that are in place with mother to another. By the second year of life, these diverse experiences are well consolidated as distinct relationship patterns reflecting past experience, e.g. with mother as distinct from with father (Steele et al., 1996).

We know from longitudinal studies that parent-child relationships are linked to the child's orientation to relationships with others, making it even more salient to address these early attachment relationships early on so that development of future relationships can be negotiated in developmentally appropriate ways. The child only component of GABI provides important experiences with age-mates, which we believe will foster not only children's abilities to notice and respond to adults who are sensitive and responsive to them but also gives a different opportunity to safely explore relationships. One filmed interaction between two toddlers seems particularly relevant to

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this paper's theme concerning ways in which therapists can subtly, over time promote reflective functioning. Therapeutic moments frequently arise in the child only GABI sessions when conflict appears between children, and they are helped to resolve the tension on their own without obvious interference from the adult. This would appear to contribute to feelings of self-efficacy and resilience within the inner world of the developing toddler or child.

In one parents and children session, two toddlers both fastened on the two ears of a large pair of plastic scissors. Each child (two girls) declared a most urgent personal need for the scissors.

> 'I need them!' said one girl.
>
> The other replied, 'I want them!' And each repeated in a louder voice their claim to having sole possession. We can imagine in most other typical contexts at home, school or playgroup, an adult would declare 'we have to learn to share' or 'take turns!'

But the lead therapist in this GABI session looked with sympathy at the face of the first girl and simply said clearly 'you need them!' then turning to the other girl and looking with sympathy into her face saying 'but you want them!' The therapist's face seemed to ask 'what are we going to do?' This stand-off continued for some further seconds, but before long the girls themselves decided to scale down their claims and permit one to have the scissors first, while the other girl would wait for her turn. The solution to this conflict came from the girls themselves. Accordingly, with repeated experiences of this kind, children may learn to occasionally yield, occasionally compromise, occasionally insist, and frequently feel genuinely involved in the world with a sense that what one does matters, and can mostly satisfy one's needs.

Beebe and her colleagues (Beebe et al., 2000) compel us think about how it is that this type of change can and does happen. We would argue that therapeutic interventions that work to enhance mentalization in parent and child are helping to create opportunities for different ways of thinking and feeling about the self and the other. As Beebe posits:

> Systems can shift into new forms only if the system is sufficiently variable and flexible that perturbations can shake up old forms. The openness of the system leads to "preparedness" to pick up on perturbations. Change happens only when there is sufficient variability to explore options, and there is the opportunity to find new patterns. A small change can build on itself, exponentially, in a nonlinear way. (p. 115)

We would argue that GABI provides important opportunities for change to come about as the space provided to act, speak, and reflect on is open but contained such that therapeutic moments or opportunities are offered to parents and their children in several different contexts. By introducing these families to different ways of 'being' we know that various levels of functioning are impacted including a growing capacity to engage and nourish reflective functioning capacities. We know from our neuroscience colleagues that once the bio-behavioral regulatory system is changed, behavior, thoughts and feelings also change with increases in the experience of joy and decreases in negative affect (Feldman, 2012). With the vulnerable families who are so in need of change, working the therapeutic ground over to include an attachment perspective seems imperative. Exploring the meaning of actions of others is crucially linked to the child's ability to label and find meaningful his or her own experience. This is the pathway to positive organizing influences upon all range of vital emotional and cognitive developmental domains including affect regulation, impulse control, self-monitoring and the experience of self-agency.

Bowlby (1969) recognized the significance of the developmental step entailed in the emergence of "the child's capacity both to conceive of his mother as having her own goals and interests separate from his own and to take them into account" (p. 368). We can also conceive of these aspects of human functioning as defining what we mean by the term 'mental health' and what clinicians aim to achieve in their clinical work with both children and adults.

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REFERENCES

Addis, D., Wong, A., & Schacter, D. (2007). Remembering the past and imagining the future. *Neuropsychologia*, *45*, 1363–1377. doi:10.1016/j.neuropsychologia.2006.10.016

Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: Assessed in the strange situation and at home*. Hillsdale, NJ: Lawrence Erlbaum.

Archer, M., Steele, M., Lan, J., Jin, X., Herreros, F., & Steele, H. (2015). Attachment between infants and mothers in China: Strange situation procedure findings to date and a new sample. *International Journal of Behavioral Development*. doi:10.1177/0165025415575765

Asen, E., & Fonagy, P. (2012). Mentalization-based therapeutic interventions for families. *Journal of Family Therapy*, *34*(4), 347–370. doi:10.1111/joft.2012.34.issue-4

Bakermans-Kranenburg, M., & Van IJzendoorn, M. (2009). The first 10,000 adult attachment interviews: Distributions of adult attachment representations in clinical and non-clinical groups. *Attachment & Human Development*, *11*, 223–263. doi:10.1080/14616730902814762

Baron-Cohen, S. (1991). Precursors to a theory of mind: Understanding attention in others. In A. Whiten (Ed.), *Natural theories of mind: Evolution, development and simulation of everyday mindreading* (pp. 233–251). Oxford, England: Basil Blackwell.

Bateman, A. & Fonagy, P. (Eds.). (2006). *Mentalization based treatment: A practical guide*. Oxford, England: Oxford University Press.

Bateman, A. W., & Fonagy, P. (2009). Randomized controlled trial of outpatient Mentalization- based treatment versus structured clinical management for borderline personality disorder. *American Journal of Psychiatry*, *166*(12), 1355–1364. doi:10.1176/appi.ajp.2009.09040539

Beebe, B., Jaffe, J., Buck, K., Chen, H., Cohen, P., Feldstein, S., & Andrews, H. (2008). Six-week postpartum maternal depressive symptoms and 4-month mother-infant self- and interactive contingency. *Infant Mental Health Journal*, *29*, 442–471. doi:10.1002/imhj.v29:5

Beebe, B., Jaffe, J., Lachmann, F., Feldstein, C., & Jasnow, M. (2000). Systems models in development and psychoanalysis: The case of vocal rhythm. *Coordination and Attachment.Infant Mental Health Journal*, *21*(1–2), 99–122.

Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of a randomized clinical trial. *Child Development*, *83*(2), 623–636.

Bevington, D., Fuggle, P., Fonagy, P., Target, M., & Asen, E. (2013). Innovations in practice: Adolescent Mentalization-Based Integrative Therapy (AMBIT) – A new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health*, *18*(1), 46–51. doi:10.1111/camh.2013.18.issue-1

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment*. London, England: Hogarth Press and the Institute of Psychoanalysis.

Bowlby, J. (1976). *The making and breaking of affectional bonds*. London, England: Routledge.

Bromberg, P. (2008). Mentalize this!" In E. Jurist, A. Slade, & S. Bergner (Eds.), *"Mind to mind: Infant research, neuroscience, and psychoanalysis*. New York, NY: Other Press.

Carlson, E. A. (1998). A prospective longitudinal study of attachment disorganization/disorientation. *Child Development*, *69*(4), 1107–1128. doi:10.1111/j.1467-8624.1998.tb06163.x

Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. In N. Fox (Ed.), The development of emotion regulation, *Monographs of the Society for Research in Child Development*, *59*228–249.

Cicchetti, D. (2004). An odyssey of discovery: Lessons learned through three decades of research on child maltreatment. *American Psychologist*, *59*(8), 731–741. doi:10.1037/0003-066X.59.8.731

Crowell, J. A., Waters, E., Treboux, D., O'Connor, E., Colon-Downs, C., Feider, O. . . . Posada, G. (1996). The discriminant validity of the adult attachment interview. *Child Development*, *67*, 2584–2599. doi:10.2307/1131642

Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, *22*(01), 87–108. doi:10.1017/S0954579409990289

Diamond, D., Yeomans, F., Clarkin, J., & Levy, K. (2008). The reciprocal impact of attachment and transference-focused psychotherapy with borderline patients. In H. Steele & M. Steele (Eds.), *Clinical applications of the adult attachment interview* (pp. 339–385). New York, NY: Guilford Press.

Dozier, M., Bick, J., & Bernard, K. (2011). Attachment-based treatment for young, vulnerable children. In J. Osofsky (Ed.), *Young children and trauma: Intervention and treatment*. New York, NY: Guilford.

Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S. . . . Levine, S. (2006). Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. *Journal of Social Issues*, *62*(4), 767–785. doi:10.1111/josi.2006.62.issue-4

Fearon, R. P., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Lapsley, A. -M.,& Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A meta-analytic study. *Child Development*, 81, 435–456.

Fearon, R. M. P., & Belsky, J. (2011). Infant-mother attachment and the growth of externalizing problems across the primary-school years. *Journal of Child Psychology & Psychiatry*, *52*(7), 782–791. doi:10.1111/j.1469-7610.2010.02350.x

Feldman, R. (2007). Parent-infant synchrony and the construction of shared timing: Physiological precursors, developmental outcomes and risk conditions. *Journal of Psychology and Psychiatry*, *48*, 329–354. doi:10.1111/j.1469-7610.2006.01701.x

Feldman, R. (2012). Bio-behavioral synchrony: A model for integrating biological and microsocial behavioral processes in the study of parenting. *Parenting: Science and Practice*, *12*, 154–164. doi:10.1080/15295192.2012.683342

Feldman, R., Greenbaum, C., Mayes, L., & Erlich, S. (1997). Change in mother-infant interactive behavior: Relations to change in the mother, the infant, and the social context. *Infant Behavior and Development*, *20*, 151–163. doi:10.1016/S0163-6383(97)90018-7

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalization and the development of the self*. New York, NY: Other Press.

Fonagy, P., Steele, M., Steele, H., Moran, G., & Higgit, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, *12*(3), 201–218. doi:10.1002/(ISSN)1097-0355

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, *9*(4), 679–700. doi:10.1017/S0954579497001399

Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). *Reflective-functioning manual, version 5.0, for application to adult attachment interviews*. London, England: University College London.

Freud, A. (1965). *Normality and pathology in childhood*. New York, NY: International Universities Press.

Freud, A., & Burlingham, D. (1943). *Infants without families*. London, England: G. Allen and Unwin.

Goldfarb, W. (1947). Variations in adolescent adjustment of institutionally-reared children. *American Journal of Orthopsychiatry*, *17*, 449–457. doi:10.1111/j.1939-0025.1947.tb05018.x Greenacre, P. (1952). *Trauma, growth and personality.* New York, NY: Norton.

Greenacre, P. (1952). *Trauma, growth and personality*. New York, NY: Norton.

Groh, A. M., Roisman, G. I., Van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., & Fearon, R. P. (2012). The significance of insecure and disorganized attachment for children's internalizing symptoms: A meta-analytic study. *Child Development*, *83*(2), 591–610. doi:10.1111/j.1467-8624.2011.01711

Harris, P. L. (1983). Children's understanding of the link between situation and emotion. *Journal of Experimental Child Psychology*, *36*(3), 490–509. doi:10.1016/0022-0965(83)90048-6

Hesse, E. (1999). *The adult attachment interview. Handbook of attachment: Theory, research, and clinical applications*, 395–433.

Hesse, E. (1999). The adult attachment interview: Historical and current perspectives. In J. Cassidy and P. Shavers (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 395-433). New York, NY: The Guilford Press.

Hesse, E., & Main, M. (1990)

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Hesse, E. and Main, M. (2000). Disorganized infant, child, and adult attachment. *Journal of the American Psychoanalytic Association*, 48, 1097–1127.

Hopkins, J. (2000). Overcoming a child's resistance to late adoption: How one new attachment can facilitate another. *Journal of Child Psychotherapy*, *26*, 335–347. doi:10.1080/00754170010003633

Jacobson, E. (1964). *The self and the object world*. London, England: The Hogarth Press.

Juffer, F., Bakermans-Kranenburg, M., & Van Ijzendoorn, M. H. (Eds.). (2008). *Promoting positive parenting: An attachment based intervention*. New York, NY: Taylor & Francis.

Lieberman, A. F., Ghosh Ippen, C., & VAN Horn, P. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *45*, 913–918. doi:10.1097/01.chi.0000222784.03735.92

Lieberman, A. F., Van Horn, P., & Ghosh Ippen, C. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized control trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, *45*(8), 913–918. doi:10.1097/01.chi.0000222784.03735.92

Lieberman, A. F., Van Horn, P., & Ippen, C. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, *44*(12), 1241–1248. doi:10.1097/01.chi.0000181047.59702.58

Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, *44*, 1241–1248. doi:10.1097/01.chi.0000181047.59702.58

Loewald, H. (1978). Instinct theory, object relations,and psychic structure formation. *Papers on Psychoanalysis*, (pp. 207–218). New Haven, CT: Yale University Press.

Lyons-Ruth, K., Bronfman, E., & Parsons, E. (1999). Maternal frightened, frightening, or atypical behavior and disorganized infant attachment patterns. *Monographs of the Society for Research in Child Development*, *64*, 67–96. doi:10.1111/1540-5834.00034

Madigan, S., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Moran, G., Pederson, D. R., & Benoit, D. (2006). Unresolved states of mind, anomalous parental behavior, and disorganized attachment: A review and meta-analysis of a transmission gap. *Attachment & Human Development*, *8*(2), 89–111. doi:10.1080/14616730600774458

Mahler, S., Pine, F., & Bergman, A. (1973). *The psychological birth of the human infant*. New York, NY: Basic Books.

Main, M. (1983). Exploration, play, and cognitive functioning related to infant-mother attachment. *Infant Behavior and Development*, *6*, 167–174. doi:10.1016/S0163-6383(83)80024-1

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. T. Green- Berg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the pre-school years: Theory, research, and intervention* (pp. 161–182). Chicago, IL: University of Chicago Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton, & E. Waters (Eds.), *Growing points in attachment, monograph of the society for research in child development*, *50*(1–2), 66–104.

Main, M., Goldwyn, R. & Hesse, E. Studying differences in language Usage in recounting attachment history: An Introduction to the AAI. In H. Steele & M. Steele (Eds.). *Clinical applications of the Adult Attachment Interview* (pp. 31–68). New York, NY: Guilford Press.

Main, M. & Solomon, J., (1990). In Greenberg, M. T., Cicchetti, D., & Cummings, M. (Eds.), *Attachment in the preschool years*: *Theory, research, and intervention* (pp. 121–160). Chicago, IL: The University of Chicago Press.

Murphy, A., Steele, M., Dube, S. R., Bonuck, K., Meissner, P., Bate, J. . . . Steele, H. (2013) Adverse Childhood Experiences (ACE) Questionnaire and Adult Attachment Interview (AAI): Implications for Parent Child Relationships, Child Abuse and Neglect.

Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). *The circle of security intervention*. New York, NY: Guilford Press.

Rossouw, T., & Fonagy, P. (2012). Mentalization-based treatment for self-harm in adolescents: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *51*, 1304–1313. doi:10.1016/j.jaac.2012.09.018

Sandler, J. (1962). Research in psycho-analysis. The Hampstead Index as an instrument of psycho-analytic research. *International Journal of Psychoanalysis*, *43*, 287–291.

Sandler, J. (1976). Countertransference and role-responsiveness. *International Review of Psycho-Analysis*, *3*, 43–47.

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Sandler, J. (1987). *From safety to superego.* New York, NY: Guilford Press.
Sandler, J., & Rosenblatt, B. (1962). The concept of the representational world. *Psychoanalytic Study of the Child*, *17*, 128–188.
Slade, A. (1987). Quality of attachment and early symbolic play. *Developmental Psychology*, *23*(1), 78–85. doi:10.1037/0012-1649.23.1.78
Slade, A., Sadler, L., De Dios-kenn, C., Webb, D., Currier-Ezepchick, J., & Mayes, L. (2005). *Minding the baby: A reflective parenting program. The psychoanalytic study of the child* (Vol. 60, pp. 74–100). New Haven, CT: Yale University Press.
Spitz, R. (1945). Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. *Psychoanalytic Study of the Child*, *1*, 53–73.
Spitz, R.A. (1965). *The first year of life: A psychoanalytic study of normal and deviant development of object relations*. New York, NY: International Universities Press.
Steele, H., & Steele, M. (2008). 10 clinical uses of the adult attachment interview. In H. Steele, & M. Steele (Eds.), *Clinical applications of the adult attachment interview* (pp. 3–30). New York, NY: Guilford Press.
Steele, H., Steele, M., & Fonagy, P. (1996). Associations among attachment classifications of mothers, fathers, and their infants. *Child Development*, *67*, 541–555. doi:10.2307/1131831
Steele, H., Steele, M., & Murphy, A. (2009). The adult attachment interview: A clinical tool for facilitating and measuring process and change in psychotherapy. *Psychotherapy Research*, *19*, 633–643. doi:10.1080/10503300802609698
Steele, M., Murphy, A., & Steele, H. (2010). Identifying therapeutic action in an attachment based intervention. *Journal of Clinical Social Work*, *38*, 61–72. doi:10.1007/s10615-009-0257-6
Steele, M., Steele, H., Bate, J., Knafo, H., Kinsey, M., Bonuck, K. . . . Murphy, A. (2014). Looking from the outside in: The use of video in attachment-based interventions. *Attachment & Human Development*, *16*, 402–415. doi:10.1080/14616734.2014.912491
Tronick, E. (2007). *The neurobehavioral and social-emotional development of infants and children*. New York, NY: Norton.
Tronick, E., & Weinberg, K. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L. Murray & P. Cooper (Eds.), *Postpartum depression & child development*. New York, NY: The Guildford Press.
van IJzendoorn, M. (1995). Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117(3), 387–403.
Wimmer, H., & Perner, J. (1983). Beliefs about beliefs: Representation and constraining function of wrong beliefs in young children's understanding of deception. *Cognition*, *13*(1), 103–128. doi:10.1016/0010-0277(83)90004-5 (PMID 6681741)

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