A developmental line for reflective functioning

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Topics to be addressed

- The developmental trajectory of reflective functioning (RF) from parent to infant through childhood and adolescence constitutes protection against, and recovery from, mental health troubles
- Disorganization of infant-mother attachment as a risk factor, inhibiting RF, making mental health troubles more likely
- High RF = recovery and resilience
- Mindfulness precedes, and follows, RF
- RF = mentalization

Data sources

- Summary findings from 100 families expecting their first child (in 1988) who volunteered to participate in the London Parent-Child Project & many were still involved with us in the research 17 years later
- A close look at one family, Harry, his mother & father
- Some findings from NYC comparing clinical (GABI participants) with a community age-matched sample
RF=mentalizing

- enables recognition of the possibilities and limits of thought
- ‘gosh....i think i drew the wrong conclusion’
- the reparation in the rupture and repair cycle
- permits an understanding of the nature of mind, links between mind and behavior, developmental considerations, and sensitivity to the present context

The London Parent-Child Project
(M. Steele & H. Steele)

- An urban, non-clinical, 70% university educated, middle class sample of 100 couples expecting their first child
- Assessed during pregnancy, 12 months, 18 months, 5 years, 6 years, 11& 17 years

Adult Attachment Interview (George, Kaplan & Main, 1985)

- What happened?
  - 5-adjectives for early relationship w/mother and w/father
  - Emotionally upset?
  - Physically hurt?
  - Separated? Rejected?
  - Abuse? Loss?
- What do you make of it?
  - Why do you think your parents behaved the way they did?
  - Has childhood influenced the kind of person you are today?
The AAI rating system (see Main, Goldwyn & Hesse, 2008, in H. Steele & M. Steele (Eds). Clinical Applications of the AAI)

<table>
<thead>
<tr>
<th>Probable Past Experience</th>
<th>Current State of Mind</th>
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<tbody>
<tr>
<td>(rated for experience with mother, father, other)</td>
<td>idealization</td>
</tr>
<tr>
<td>loving</td>
<td>derogation</td>
</tr>
<tr>
<td>rejecting</td>
<td>involving anger</td>
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<tr>
<td>neglecting</td>
<td>insists on inability to recall</td>
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<tr>
<td>role reversing</td>
<td>passive speech</td>
</tr>
<tr>
<td>pressuring to achieve</td>
<td>fear of loss</td>
</tr>
<tr>
<td>Final classifications: Dismissing Preoccupied Autonomous-Secure Unresolved/CC</td>
<td>coherence of transcript</td>
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<tr>
<td></td>
<td>coherence of mind</td>
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<tr>
<td></td>
<td>metacognition</td>
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<td>unresolved mourning</td>
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Ten Clinical Uses of the AAI (Steele and Steele, 2008)

1. Helping to Set the Agenda
2. Facilitating the Therapeutic Alliance
3. Uncovering Traumatic Experience
4. Identifying Defensive Processes
5. Identifying Continuity of Attachment States of Mind
6. Informing Placement, Custody Decisions
7. Identifying ‘Angels’ in the Nursery
8. Observation of Reflective Functioning
9. Selection and Training of Clinicians
10. Assessing Therapeutic Outcome

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Metacognition ----> Reflective Functioning:

- an understanding of the nature of mental states
- a relational perspective (mental states in one influence mental states in the other)
- a developmental perspective re ‘the there and then’
- an appreciation for demands of the current context, or ‘the here and now’
Example of ‘earned security’ and high RF

- As you think about your relationship to your mother during childhood as one in which you felt scared, what comes to mind?

- “…one thing…I’ve only realised since I’ve been an adult and which, once I realised, helped me to understand a lot of things, um, was that her way of keeping control was to be ill, so you, one was always scared if you did something wrong then she’d be ill and it was your fault, so that, that was the cycle that, that I remember very clearly…about five or six years old…you learn to cope with that as you get older but at that age, I remember being very upset and threatened”.

Indicators of past deprivation

- Prolonged separation (>3mos) from parents before age 11
- Single-parent family
- Low SES
- Paternal unemployment > 3 months
- Severe illness in mother or father
- Boarding school experience before age 11

Frequency of secure and insecure infant-mother classifications grouped by mothers’ past experiences of deprivation and present reflective-functioning (Fonagy, Steele, Steele, Higgitt & Target, 1994, Emmanuel Miller Lecture, Journal of Child Psychology & Psychiatry).
Mothers’ RF scores from their prenatal AAIs and 3 correlates:
with
1. infant-mother attachment at one year
2. child’s theory of mind & emotion at five years
3. child’s capacity to tell a coherent autobiographical narrative at age eleven years

Fathers’ RF scores from their prenatal AAIs and 3 correlates:
1. security of infant-father attachment at 18-months
2. fathers’ (and mothers’) lower reports of withdrawn, delinquent and aggressive behavior at five years (CBCL)
3. lower self-reported emotional, behavioral and peer problems at age eleven years

The Affect Task: a window upon the emergence of RF in the early school years, administered to the children in London at 6-years, and again at 11-years
“Very young children are even more alive to the significance of tones of voice, gesture, and facial expression than are adults”

John Bowlby (1956/1979, p.16)

“If parents unduly punish the facial expression of emotion or any particular facial affect, then this source of information may be lost to the individual as a guide to the perception of the same emotion in others . . .

The face one sees is not so different from the face one lives behind”

Sylvan Tomkins 1964/1995, p. 227
% of six-year olds correctly recognizing basic (line drawn) facial expressions of emotion

Number of 11-year olds correctly labeling emotion faces grouped by insecure vs. secure infant-mother attachment

Steele, Steele & Croft, 2008, Attachment & Human Dev
### 6-year olds’ responses to Affect Task; who showed an understanding of sequential and mixed emotions?

- No reference to either faces or words (n=12)
- Reference to faces or words with no explanation (n=20)
- Words or faces with only some explanation (n=5)
- Reference to words and faces in the context of a full verbal justification (n=26) — significantly over-represented in this group were those 6-yr olds who had been securely attached to their mothers & whose mother provided autonomous-secure AAIs prior to the children’s birth

* Steele et al., 1999, Social Development, 8, 161-178

### Attachment & mental health at age 11 and age 17

- Direct tests of the influence of early attachment security on later mental health in a low-risk community sample
- Attachment security in the Strange Situation with mother/father, and each parents’ Adult Attachment Interview response from pre-birth
- Strengths and Difficulties Questionnaire (Goodman) self-report at age 11
- Youth Self-Report (Achenbach) at age 17
- Adult Attachment Interviews (AAIs) at age 17

### London Parent Child Project 17 yr follow-up

* Steele, Pires, Segal & Steele, 2016*

- Proximity seeking to mother at one year (averaged for both reunions) correlates .27 (p < .05) with reflective functioning of the 17-year old in his/her Adult Attachment Interview (n=49)
- The finding that maternal availability in infancy predicts mentalization skills or reflective functioning 16 years later is akin to Karlen Lyons-Ruth’s findings that maternal withdrawal in infancy predicted borderline symptoms in adolescence
Correlations between prenatal maternal AAI and self-reported mental health N=51 (YSR) at age 16+

- Reflective functioning of mother in pregnancy AAI correlated negatively -.37 (p < .01) with self-reported externalizing score at age 16
- Insistence on inability to recall in AAI during pregnancy correlated positively .31 (p<.05) with self-reported aggressive problems at age 16 (.60, p < .001 for the 28 girls)

A developmental line for RF

- Descriptive language by parents of infants/toddlers promotes emotion-recognition
- Ironic humor promotes, and expresses, RF as it points in two directions at the same time
- An understanding of sequential emotions precedes an understanding of mixed emotions (ambivalence) -- BOTH core features of RF
- Narrating experience, with reference to plausible links among thoughts, feelings and interactions is RF in action --> mental health & resilience
- High RF makes observation, conversation and a valuing of relationships difficult to resist

John Bowlby’s 1956 lecture ‘Psychoanalysis and Child Care’.

“A principle criterion for judging the value of different methods of child care lies in its effects, beneficial or adverse, which they have on a child’s developing capacities to regulate his conflict of love and hate and, through this, his capacity to experience in a healthy way his anxiety and guilt” (p. 3)

“In our early years it is the rule and not the exception that towards both our siblings and our parents we are impelled by feelings of anger and hatred as well as those of concern and love” (p. 4)
London —> New York

- Group Attachment-Based Intervention (GABI)
- Single group open enrollment stage
- Illustration of a task that asks parents to set limits for their toddlers
- Surprising links to Reflective Functioning in the parent?

Unresolved loss/trauma:

Integrating the work of Mary Main, Chris Brewin, and John Bowlby

- situationally accessible memories (SAM)
- verbally accessible memories (VAM)
- SAM ---> absorption/flooding AND/OR numbing/distancing (with fear defensively disconnected from source)
- VAM ----> integrates, organizes past loss/trauma so that it belongs to the past
- In the AAI, lapses in the monitoring of discourse or reason, excessive attention to detail, absorption, preoccupying guilt: disorganization/disorientation

Setting Limits

- The average toddler hears a prohibition every 11 minutes
- Setting limits keep children safe
- Setting limits is the foundation of socialization, enabling self-regulation of emotions and behaviors
- The child whose aggression is not limited will be vulnerable to unlimited aggression (Joseph Sandler, 1983)
Maternal limit setting task: Mother and toddler enter an empty playroom, but for a computer keyboard on floor
• **Mother is told:** You will be in the room for 3 minutes; over that time neither of you should touch the keyboard

• Do whatever you would normally do at home in order to to keep your child away from a new objet in the room.

Maternal limit setting coding: Erica Rosenthal (PhD student New School) led a team who rated and classified the children and mothers on criteria including:

• 4-point ratings of extent of child’s negative (non-compliant) behavior and emotion
• 4-point ratings of dyad’s shared positive affect and mutual responsiveness
• Classifications of child’s behavior as (i) disengaged; (ii) engaged or (iii) compliant
• Classifications of mother’s behavior as (i) non-facilitative or (ii) facilitative

Rating scale differences between GABI (n=18) and community comparison groups (n=20)
• Community pairs were rated as showing significantly more a ‘mutual responsiveness orientation’ (after Kochanska, 2002) & mothers were more ‘facilitative’ with higher levels of ‘child engagement/compliance’
• Children’s negative affect was higher in GABI/clinical group
• Clinical exceptions were linked to high RF in mothers’ AAIs
From Steele & Steele (2008) ‘On the origins of reflective functioning’

"The RF literature provides a model of how the healthy/reflective parent encourages in the infant an efficacious belief in the ability to initiate, and respond to, repair of miscues or ruptures in interactions. By contrast, the parent with longstanding attachment difficulties, and a corresponding impoverished ability to reflect on these deficits in experience and character, will be at risk of frequent ruptures in communication between self/parent and baby that are not repaired, leaving parent and child exceedingly vulnerable to feelings of fragmentation, isolation, anger and despair." (p. 137)