

Characteristics of mentalization patterns in parents of children with difficulties in realizing developmental objectives of the latency stage – qualitative analysis results

Karolina Dejko¹, Bernadetta Janusz^{1,2}, Bartosz Treger^{1,3}

¹Department of Psychiatry, Jagiellonian University Medical College
Head: prof. dr hab. J.K. Gierowski

²Family Therapy Unit, Department of Psychiatry, University Hospital in Krakow
Head: prof. dr hab. B. de Barbaro

³Home Hospitalization Unit, Department of Psychiatry, University Hospital in Krakow
Head: mgr R. Izdebski

Summary

Aim. The aim of the study was to answer the question about the ability to mentalize emotional states in parents of children with difficulties in realizing developmental objectives of the latency stage. The research was exploratory in nature; the aim was formulated on the basis of notions from the field literature indicating a correlation between the attachment style and the ability to mentalize in the parents and psychosocial functioning of their children.

Methods. The structured Adult Attachment Interview (AAI) was used as the main tool for the research. The analysis was performed with the Reflective Functioning Scale. Total of 9 narrations obtained through AAI were subjected to qualitative analysis.

Results. The conducted analysis showed that parents of children with difficulties in realizing developmental objectives of the latency stage are characterized by reduced mentalization skills. The mentalization pattern isolated in the analysis, characteristic for the studied group encompasses the tendency towards idealization, generalization, describing the relation at the behavioural level and avoidance of reflecting upon mental states experienced in the context of early attachment relations, and the lack of coherence. Difficulties in mentalization of relationships mainly concern the relation with the mother. Relations established later in life are better mentalized than the early relations with parents.

Conclusions. Observed disturbance in mentalization may suggest possible disturbances in the process of reflecting and containing in the early developmental stages of the examined persons. Mentalization skills were developed later in life of the examined persons. Idealization turned out to be the process that is most impacting and interfering with free reflections upon one's own emotions and emotions of the others (including those of one's own child).

Key words: child psychology, intergeneration relations, theory of mind

Attachment relations and the concept of mentalization

Mentalization is defined as the ability to attribute meaning to the actions of oneself and the others through referring to intentional mental states, i.e. understanding behaviour in terms of thoughts, beliefs, feelings, desires, etc. [1, 2]. The activity of the reflective self that is the inner observer of mental life reflecting upon mental states occurring at the conscious and unconscious level constitutes the basis of the mentalization process. The ability to identify mental states was described in detail from the cognitive-developmental perspective as theory of mind or metacognition. The innovative contribution of the mentalization concept supplements that description with a psychodynamic perspective where reflective functioning is at the centre of emotional control and personality integration processes [3]. The concept of mentalization is also present in Polish field literature [4–7].

In the context of parent-child relationship, mentalization is defined as the parents' ability to reflect upon mental states of their child [1], the ability and willingness to perceive the child as a subject, an individual with their own individual world of inner feelings and experience [8]. Mentalizing parent notices and accepts the autonomy of child's experience, is able and willing to contain¹ child's intense emotions and anticipate and take adequate actions towards his/her needs. The context of the interpersonal relationship constitutes the foundation for the development of reflective abilities in a child. At first, affective control is managed at the interpersonal level – a caregiver is responsible for calming a child down and naming the emotions a child is experiencing. Gradually, based on repetitive experience, this ability is internalized and transforms into an intramental process for a child. Reflective function, i.e. the ability to observe one's own mental states develops through observing mental activity of the caregiver as well as through the experience of being observed by them [3].

Research on mentalization was initiated as the attempt to establish the mechanism of the intergenerational transmission of attachment. Research results indicate that parental ability to mentalize is the key factor in the intergenerational transmission of attachment patterns [3, 9–13]. Parent's advanced ability to reflect upon emotions creates an environment for child's development where it is possible to develop attachment characterized by sense of security, stability, and willingness to explore, including exploration of mental states of one's own and the others.

Caregivers' attachment and mentalization and disorders in children's development

Research also indicate a relation between parent's quality of attachment, their mentalization abilities and psychosocial functioning of a child. Autistic children whose

¹ Containing is a psychoanalytic term used to describe the ability of the caregiver to understand and accept child's needs and emotions, that are experienced by the child as too intense or unacceptable, and whose object is caregiver.

parents had a secure attachment style had greater efficiency in interactions based on mutuality and symbolic play [14]. Sharp’s research results [15] indicate that psychosocial adaptation of children depends on the accuracy with which mothers anticipate child’s way of thinking. The results of a research conducted by Strassberg [16] demonstrated similar conclusions showing clear correlation between interpretational stiffness of the mother and social functioning of the child. Also studies on families with domestic violence indicate that the level of cognitive functioning of children is linked with the level of emotional control of the mother [17].

Numerous reports from different studies point to the relation between attachment in childhood and later development of social skills, the control of affect, cognitive resources and the risk of psychological difficulties [3, 12, 18]. Children who developed secure attachment style show greater competence in the theory of mind [19] as well as better developed cognitive functioning within the scope of executive functions [20]. Also the results of 30-year longitudinal studies point to the link between attachment and the development of independency, emotional control and social competencies. It has been observed that specific attachment patterns constitute an “organizational frame” for development and thus have significant influence on development both in normal and pathological course [21]. Studies’ results also point to the link between the level of ability to mentalize in a child and the risk of emotional and behavioural disorders [22–24]. The above described links were included in the model created by Sharp and Fonagy [8] (Figure 1).

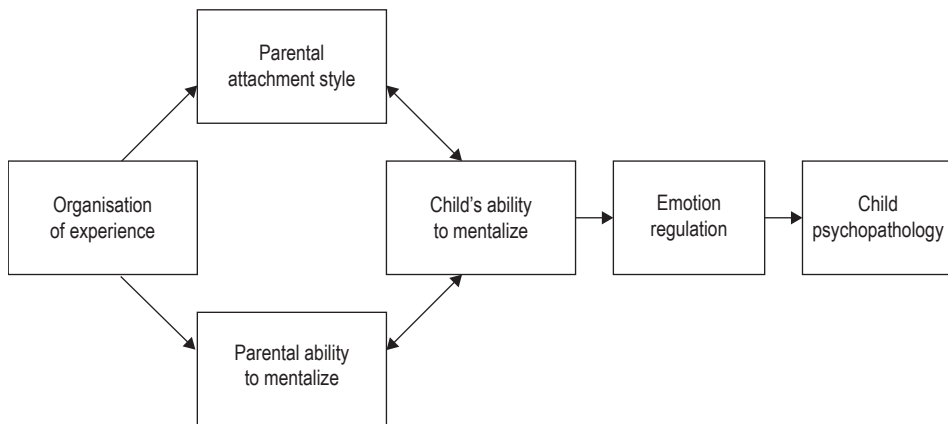


Figure 1. Model illustrating the relations between attachment, parental ability to mentalize, child’s ability to mentalize and the development of psychopathologies in a child

Latency stage in child development

Latency stage is a period in child's life between 6 and 12 and is characterized by new developmental challenges such as finding place in a peer group, realizing more and more complex cognitive activities and separating themselves in the relationship with parents [25]. Fulfilling the above mentioned developmental objectives depends to a great degree on sufficiently well developed ego function that is reflected in efficient emotional control, ability to cope with frustration, postponing gratification, and assuming perspective of other people. Development of controlling functions is realized in a special way in the described stage of development and at the same time is a continuation of the development of controlling structures formed in the early childhood. [26].

The above described study reports indicate significant dependencies between parent's attachment and ability to mentalize and child's ability to mentalize and psychosocial functioning. Based on the said reports a hypothesis about a link between parent's reduced ability to mentalize and lowered level of psychosocial functioning of children in the latency stage was formulated. Especially that latency stage evidently involves the increase of social requirements towards a child that requires inner control of child's emotional states. As it was previously mentioned, the ability of child's emotional control [3, 8] is connected with the ability to contain and mentalize emotional states of a child by a parent.

Aim

The present analysis is exploratory in its nature and its aim is to identify specific mentalizing patterns in parents of children with difficulties in emotional control and functioning in home, school and peer environment.

Material and Method

Research group

Research group in the present study included total of 9 parents (5 mothers and 4 fathers)². The mean age was 37.5 (SD = 5.52); research participants differed in education and place of residence. Research persons were participants of the therapy clinical project in a model of the so-called multifamily therapy group conducted at the Department of Psychiatry of the University Hospital in Krakow. Parents with children in the latency stage (6–12 years old) were invited to participate in the project. The main criterion for the inclusion in the research project was the age of children and diagnosis

² Total of 10 people (6 women and 4 men) took part in the research project. Due to technical reasons, one of the interviews was excluded from the analysis.

of difficulties in realizing basic objectives of the developmental period: difficulties in taking up, performing and completing complex activities; lowered level of persistence while performing tasks, and difficulties in fitting into a peer group. According to nosological diagnosis, these were children diagnosed with behavioural disorders, ADHD, and children showing symptoms of anxiety (F90–F93 diagnosis as in ICD-10). Another criterion for the inclusion in the project was ineffective prior psychological, psychotherapeutic or psychiatric help provided to the children. Parents did not seek specialized help earlier to solve their own problems and difficulties.

Tool description

Presented conclusions are the result of a quantitative-qualitative analysis prepared on the basis of the Reflective Functioning Scale (RFS). Narrations obtained through the Adult Attachment Interview (AAI) [27]³ were assessed in the course of the project. AAI is a structured interview consisting of 23 questions, during which one describes his or her relationship with primary caregivers from childhood. Questions relate to the experiences which activate schemes related to attachment style and mentalization abilities – including experience of temporary or permanent loss of relationships, illness or concern. Questions also relate to the understanding of caregivers' behaviour from the perspective of adult and reflection on the impact of childhood experiences on personality development in adulthood. The participants' answers were recorded and later transcribed.

The analysis of the narrations was performed by two reliable raters⁴ using specific criteria of reflective function level such as: (1) Awareness of the nature of mental states – i.e. criterion is met when one shows awareness of the limitations on insight in one's and others' mental states; (2) The explicit effort to tease out mental states underlying behaviour – i.e. criterion is met when one adequately attributes mental states to one's and others' specific behaviours; (3) Recognition of developmental and systemic aspects of mental states – i.e. criterion is met when one shows awareness of developmental changes in experiencing emotions and understanding behaviours; (4) Mental states in relation to interviewer – i.e. criterion is met when one recognizes that interviewer perceives and experiences described situations from a different perspective.

Applied scale allows us to determine the level of capacity to mentalize, which is a quantitative indicator of described ability. Quality of the narration is assessed on a scale from – 1 (lack of reflection, anti-reflective attitude) to 9 (exceptionally well developed reflective skills) [28]. Scores between – 1 and 3 mean the lack or very low

³ Interview scheme was translated into Polish by the first two authors of the present article.

⁴ Reliable rater in an RFS research can be a person who took part in "Reflective Functioning Training on the Adult Attachment Interview" course organized by Anna Freud Centre in London and was awarded an appropriate certificate confirming reliability of the performed assessments. In the present research, two first authors of the article performed the roles of reliable raters.

level of mentalization abilities, scores between 5 and 9 mean good or very good level of mentalization. Qualitative comparative analysis allowed us to describe mentalization patterns, which is characteristic of the researched group metallization style in close relationships, with special emphasis on use of defence mechanisms. Reliability and accuracy of the used method were empirically verified [28–30]. More detailed description of the used tool can be found in the article of Dejko [7].

Results

Out of 9 analyzed interviews, 5 showed generally low level of the abilities to mentalize, 3 were assessed as being on the verge of low and average level and 1 was rated as evidencing highly-developed ability to mentalize. The most frequently observed mentalization styles was incoherent style, where reflective fragments intertwined with the rejection of reflection or a low level of it, and passively avoiding style characterized by forgetting, lack of effort put into reflecting upon memories, and avoiding answers. Table 1 presents scores attributed to individual narrations.

Table 1. Results of the qualitative-quantitative analysis of the obtained narrations

Item	Sex	Quantitative score	Mentalization level	Mentalization style
1	M	3	Low	Incoherent
2	F	4	Low/Average	Incoherent
3	F	3	Low	Incoherent
4	F	4	Low/Average	Incoherent
5	F	4	Low/Average	Incoherent
6	M	6	High	Coherent, complex
7	M	2	Low	Passively avoiding
8	F	3	Low	Incoherent
9	M	1	Low	Passively avoiding

As a result of the performed qualitative comparative analysis the following mentalization patters, present in all narrations, characteristic for researched group, were identified:

1. Tendency to idealize relations with the mother indicated by the description of this relation mainly with regards to positive emotions, with the omission of the reflection upon negative feelings. Tendency to idealize the mother often co-occurred with the description of the mother as a distant, task-oriented, and emotionally absent person. Idealization of the relation with the mother often coincided with the devaluation of the relation with the father;

2. The relation with the mother was described mainly on a behavioural and concrete level (e.g. closeness as being together). Understanding of the relations through references to mental states appeared in the narrations significantly less frequently;
3. Tendency to generalize, evidenced by the description of relations based on schemes and difficulty in recalling memories of specific situations. The tendency to generalize appeared more frequently in the fragments of the narration describing the relation with the mother than with the father;
4. Descriptions of the relation with the father contained more fragments referring to mental states than the descriptions of the relation with the mother; these were mostly references to one's own mental states. The relation with the father was described as difficult, saturated with fear, anxiety and neglect. These regularities appeared both in the narrations of women and men;
5. Description of relations with other people (grandparents, spouses) contained more mentalization fragments than the description of the relation with the parents;
6. Description of the relation with own child contained more mentalization fragments than the description of the relation with the parents;
7. Description of the events from later years contained more frequent references to mental states of one's own and the others than the description of the events from earlier years.

Discussion

In the research group of parents of children referred for specialized treatment, the idealization of the relation with the significant object is clearly visible. Idealization plays the role of a defensive mechanism preventing free thinking or experiencing the said idealized relation. Mental representations in this research group are characterized by the reduced level of coherence and complexity as in many areas conflict experiences or negative emotions were blocked and excluded. The observed clear disturbance, the idealization, in mentalization of the relation with the mother as well as focus on behavioural phenomena may be linked with the disturbances in the reflecting and containing process at the early developmental stages of the interviewed people. This may particularly apply to the emotions of sadness, anger, loss, regret, disappointment, etc. [1, 2]. Attachment pattern modelled in such a way, where the access to negative experiences is clearly limited, is activated also in the context of the relation with own child. It is possible that it prevents accurate detection, naming, and thus control over negative experiences of a child and in consequence it may constitute a risk factor for a development of emotional functioning disorders [8].

Described clear disturbances in the relation with the father and simultaneous greater scope of mentalization of this relation indicates that the researched persons must have performed an inner work to cope with difficult experiences. It is perplexing that such inner work was done with regards to experiencing the relation with the father to a greater

degree than with regards to the relation with the mother. It may be related to the fact that the mother as an object of attachment for the majority of the researched persons was the only support in the relation with the father that was saturated with negative emotions and the feeling of absence. Due to difficult experiences in the relationship with the father, who was experienced as someone threatening or neglecting, mother figure was experienced as the only stable, secure base. Such experiencing probably was not the result of real life experience, but rather of the child's need to have a secure object. The consolidated tendency to idealize the perception of the mother figure may also be the result of such a process. Idealization of the mother provided the sense of security but at the same time also hindered free reflection upon the experience in the context of the mother-child relation.

The observation indicating that the research persons better mentalize relations in the adult life than at the early stages of development ties with the previous conclusion concerning difficulties in mentalization of early relations with mother. Development of mentalization abilities probably occurred at the later stages of life of the researched persons in the context of peer and partner relations or relations with other significant objects. This observation is in line with the assumption of the mentalization concept which states that mentalization is a dynamically developing ability that is a resultant of individual predispositions and the nature of the relation in which a given person exists [1, 2].

To summarize, it should be noted that the researched parents were able to mentalize their childhood relations with attachment figures and indirectly also themselves to the lesser degree than the relations with their own children. The main question should be about the role the parents' understanding of themselves and mentalization of own emotional states play in controlling of child's emotions; especially that this dimension turned out to be the most disturbed. This dimension may play a significant role in controlling of child's emotional states in the preverbal phase which, as research show, significantly impacts development of child's sense of self and their psychosocial functioning [31].

The present research project is exploratory in its nature and therefore the presented results and conclusions only serve the role of hypotheses which should be verified as part of future research aiming to fully describe the representations of mental attachment relations in parents of children with difficulties in emotional and social functioning. Further research focused on the analysis of the relations between the quality of mental representations of parents, their ability to mentalize and functioning of children and the risk of disorders is necessary. It would allow us to establish and implement therapeutic interventions in the treatment of children that would aim to change mental representations in parents and improve their mentalization abilities. Previous research and meta-analyses [32] show that caregivers' failures in mentalization of children's experiences make painful emotional states difficult to cope with by children. While

thinking about possible therapeutic interventions for the parents of children with difficulties in psychosocial functioning, we should not only consider helping to understand the child and working on the mutual relation, but even more so we should think about helping parents to understand themselves and their history.

References

1. Fonagy P, Gergely G, Jurist EL, Target M. *Affect regulation, mentalization, and the development of self*. London: Karnac; 2002.
2. Allen JG, Fonagy P, Bateman AW. *Mentalizing in clinical practice*. Washington, DC: American Psychiatric Publishing, Inc; 2008.
3. Fonagy P, Steele M, Steele H, Moran GS, Higgitt AC. *The capacity for understanding mental states: the reflective self in parent and child and its significance for security of attachment*. *Infant Ment. Health J.* 1991; 12(3): 201–218.
4. Adamczyk L. *Mentalizacja. Cz.1: Wprowadzenie do zagadnienia, wymiary mentalizacji*. *Psychoterapia* 2013; 3(166): 25–36.
5. Adamczyk L. *Mentalizacja. Cz.2: Neurofizjologiczne podłoże mentalizacji, pojęcia zbliżone zakresem i znaczeniem do mentalizacji, przedmentalizacyjne tryby funkcjonowania psychicznego, ocena mentalizacji*. *Psychoterapia* 2013; 3(166): 37–46.
6. Górska D, Marszał M. *Mentalizacja i teoria umysłu w organizacji osobowości borderline – różnice pomiędzy afektywnymi i poznawczymi aspektami poznania społecznego w patologii emocjonalnej*. *Psychiatr. Pol.* 2014; 48(3): 503–513.
7. Dejko K. *Examining mentalizing ability in the process of psychiatric and psychotherapeutic diagnosis*. *Psychiatr. Pol.* 2015; 49(3): 575–584.
8. Sharp C, Fonagy P. *The parent's capacity to treat the child as a psychological agent: constructs, measures and implications for developmental psychopathology*. Oxford: Blackwell Publishing Ltd.; 2008.
9. Fonagy P, Steele H, Steele M. *Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age*. *Child Dev.* 1991; 62: 891–905.
10. van Ijzendoorn MH. *Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the adult attachment interview*. *Psychol. Bull.* 1995; 117(3): 387–403.
11. Fonagy P, Target M. *Bridging the transmission gap: An end to an important mystery of attachment research?* *Attach. Hum. Dev.* 2005; 7(3): 333–343.
12. Slade A, Grienberger J, Bernbach E, Levy D, Locker A. *Maternal reflective functioning, attachment, and the transmission gap: A preliminary study*. *Attach. Hum. Dev.* 2005; 7(3): 283–298.
13. Main M. *Metacognitive knowledge, metacognitive monitoring, and singular (coherent) vs. multiple (incoherent) model of attachment. Findings and directions for future research*. In: Parkes CM, Stevenson-Hinde J, Marris P. ed. *Attachment across the life cycle*. Florence: Routledge; 1993. p. 127–157.

14. Seskin L, Feliciano E, Tippy G, Yedloutsching R, Sossin KM, Yasik A. *Attachment and autism: parental attachment representations and relational behaviors in the parent-child dyad*. J. Abnorm. Child Psychol. 2010; 38: 949–960.
15. Sharp C, Fonagy P, Goodyer IM. *Imagining your child's mind: Psychosocial adjustment and mothers' ability to predict their children's attributional response styles*. Br. J. Dev. Psychol. 2006; 24: 197–214.
16. Strassberg Z. *Levels of analysis in cognitive bases of maternal disciplinary dysfunction*. J. Abnorm. Child Psychol. 1997; 25(3): 209–215.
17. Samuelson KW, Krueger CE, Wilson C. *Relationships between maternal emotion regulation, parenting, and children's executive functioning in families exposed to intimate partner violence*. J. Interpers. Violence 2012; 27(17): 3532–3550.
18. Iniewicz G. *Zaburzenia emocjonalne u dzieci i młodzieży z perspektywy teorii przywiązania*. Psychiatr. Pol. 2008; 42(5): 671–682.
19. Fonagy P, Redfern S, Charman T. *The relationship between belief-desire reasoning and a projective measure of attachment security (SAT)*. Br. J. Dev. Psychol. 1997; 15: 51–61.
20. Lippe A, Eilertsen DE, Hartmann E, Killen K. *The role of maternal attachment in children's attachment and cognitive executive functioning: A preliminary study*. Attach. Hum. Dev. 2010; 12(5): 429–444.
21. Sroufe LA. *Attachment and development: A prospective, longitudinal study from birth to adulthood*. Attach. Hum. Dev. 2005; 7(4): 349–367.
22. Hill J, Fonagy P, Lancaster G, Broyden N. *Aggression and intentionality in narrative responses to conflict and distress story stems: An investigation of boys with disruptive behavior problems*. Attach. Hum. Dev. 2007; 9(3): 223–237.
23. Sharp C, Croudace TJ, Goodyer IM. *Biased mentalizing in children aged seven to 11: latent class confirmation of response styles to social scenarios and associations with psychopathology*. Oxford: Blackwell Publishing Ltd.; 2007.
24. Ostler T, Bahar OS, Jessee A. *Mentalization in children exposed to parental methamphetamine abuse: relations to children's mental health and behavioral outcomes*. Attach. Hum. Dev. 2010; 12(3): 193–207.
25. Akhtar S. *Comprehensive dictionary of psychoanalysis*. London: Karnac Books; 2009.
26. Edwards J. *Kings, queens, and factors: The latency period revisited*. In: Hindle D, Smith MV. ed. *Personality development: psychoanalytic perspective*. London: Routledge; 1999. p.71–91.
27. George C, Kaplan N, Main M. *Adult attachment interview*. Unpublished manuscript; 1985.
28. Fonagy P, Target M, Steele H, Steele M. *Reflective-functioning manual. Version 5*. London: Anna Freud Centre; 1998.
29. Taubner S, Hörz S, Fischer-Kern M, Doering S, Buchheim A, Zimmermann J. *Internal structure of the Reflective Functioning Scale*. Psychol. Assess. 2012; 25(1): 127–135.
30. Coppola G, Vaughn BE, Cassibba R, Costantini A. *The attachment script representation procedure in an Italian sample: associations with adult attachment interview scales and with maternal sensitivity*. Attach Hum. Dev. 2006; 8(3): 209–219.
31. Stern DN. *The interpersonal world of the infant*. New York: Basic Books, Inc.; 1985.

32. Allen JG. *Mentalizing in the development and treatment of attachment trauma*. London: Karnac; 2013.

Address: Karolina Dejko
Department of Psychiatry
Jagiellonian University Medical College
31-501 Kraków, Kopernika Street 21a.