

TREATMENT OF A TRAUMATIZED ADOLESCENT MOTHER AND HER TWO-YEAR OLD SON*

Hillary A. Mayers¹

ABSTRACT: This paper will describe selected aspects of the treatment of a traumatized adolescent mother and her two-year old son to illustrate how strengthening secure attachment, response flexibility, stress regulation and reflective function can be used therapeutically, to intervene in intergenerational cycles of despair and dysfunction. This strengths-based intervention makes use of videotapes, and individual and dyadic therapies in the context of the Chances for Children Teen Parent Infant Project, a collaboration between a local Department of Education infant-care program and a psychoanalytic training institute, the Institute for Child, Adolescent and Family Studies (ICAFS).

KEY WORDS: attachment; parent–infant psychotherapy; teen parenting.

INTRODUCTION

This paper will describe aspects of the treatment of a traumatized adolescent mother and her two-year-old son in the context of *the Chances for Children: Teen Parent-Infant Project*, a collaboration between a local Department of Education infant-care program and a child, adolescent, and family psychoanalytic training institute (Institute for Child,

¹Correspondence should be directed to Hillary A. Mayers; email: hillamay@aol.com.

*An earlier version of this paper was delivered at the 2004 NMCOP Conference in New York. The *Chances for Children Teen Parent-Infant Project* has been made possible by funding from the Pinkerton Foundation, Guttman Foundation, Far Fund, World Childhood Foundation, van Ameringen Foundation, Viola W. Bernard Foundation, Dammann Fund, Hedge Funds Care, The Philanthropic Initiative, New York Community Trust, The Cummings Memorial Fund.

Adolescent and Family Studies, ICAFS). The goal of the program is to support young, low-income, inner-city families by intervening as early as possible in the cycles of destructive parent-child interactions and poor mother-infant attachments that often lead to despair and abuse. Depression, loss, and chronic post-traumatic stress are epidemic among the mothers in this project, all of whom are teenagers attempting to finish high school. Our project is located in local high schools where teen mothers attend school and babies are cared for in on-site nurseries.

Our interventions have been influenced by the work of many mother-infant treatment specialists, in particular Beebe (2003), Beebe and Lachman (1994), Cramer (1997), Greenspan (1994), Lieberman and Pawl (2000), McDonough (2000), and Trout (1986) and by the current wealth of information available to us through neuroscience and infant research. Our point of departure is that *secure attachment, stress regulation, response flexibility, and reflective function* are key components of mental health (Ainsworth, Blehar, Waters and Wall, 1978; Fonagy and Target, 1997; Schore, 2001a, b; Siegel 1999; Stern, 1985). Therefore, our interventions seek to develop these characteristics in the mothers and infants we treat. The constructs of *attachment security, stress regulation, response flexibility and reflective function* are closely linked to one another. I will look briefly at each of these in turn before turning to clinical material.

The critical element in *secure attachment* is a responsive caregiver whose availability is consistent and predictable (Bowlby, 1969, 1973, 1980) and who provides the child with a sense of "felt security" (Sroufe and Waters, 1977). Such children will have experienced successful management of their negative arousal states and will come to internalize a model of effective self-regulation. Human infants, unlike many of their mammalian counterparts, begin life entirely dependent on adults for regulation. This includes their physical states, their social and emotional reactions to the varied circumstances of their environments, and their attentional patterns. The mother-infant dyad is also sharing the regulation of moment-to-moment stimulus-response interactions that Stern calls "affect attunements" (Stern, 1985). The type and intensity of arousal is repeatedly modulated during these interactions. Schore (2001a) believes that a recurrent experience of affective rhythms, appropriately and sensitively regulated that consistently lead to homeostasis, underlies the formation of attachment bonds. Therefore, he characterizes attachment theory as essentially a regulatory theory. He views the regulation of affect as the central organizing principle of development, motivation, and resilience.

A key component of regulatory development is *the regulation of stress*. There is growing evidence from current neuroscience studies in both rodents and primates that when conditions in care giving environments produce stress in the mother that alter her care giving behaviors, there are alterations in infant brain development that affect the infant's capacity to respond effectively to stress. The same research also suggests that nurturant care giving is protective against these consequences (National Research Council and Institute of Medicine, 2000). Though these findings are based on animal studies, it is not difficult to imagine that such processes may also operate in humans (see Schore, 2001b), and we proceed on the assumption that an internalized model of stress regulation derived from early regulating experiences with a nurturant caregiver will indeed act protectively and effectively to regulate stress in the future.

Affect regulation, which includes the regulation of stress, is closely linked to *response flexibility*, which Siegel defines as "the capacity of the brain to respond to changes in internal or external environments with a flexibly adaptive range of behavioral or cognitive response" (Siegel, 1999, p. 87). Siegel postulates that *response flexibility develops* within a context of attachment relationships, in which people become connected to one another through shared appraisal and arousal states (Siegel, 1999, p. 142) seen in "contingent, collaborative communication" (Siegel, 1999, p. 266), which is also an important part of *reflective function*.

Reflective function is the capacity to reflect on the mental states of oneself and others so that actions and experiences become meaningful. Fonagy and Target (1997) argue that reflective functioning contributes to "affect regulation, impulse, control, self-monitoring and the experience of self-agency." It too is closely associated with attachment (Fonagy, 2001a), as *secure attachment* derives from the caregiver's successful regulation and containment of arousal states. This occurs, they argue, when the caregiver is able to reflect accurately the child's mental state back to him/her in a modulated state. From this experience the child gains a model of self-regulation that can be internalized. In addition, s/he discovers that s/he is perceived as a being with thoughts, feelings, and desires, that is, a being with mental states. Further, the child learns that mental states can be communicated, shared, and understood by others—what Siegel calls "contingent, collaborative communication" (Siegel, 2001).

The case presentation of Janie and Nikko that follows makes use of these four constructs, *attachment security*, *stress regulation*, *response flexibility*, and *reflective function* in our treatment. Our project has a three part structure: treatment of mothers and infants through

dyadic, individual play and group therapies, a parenting curriculum, and support for the nursery staff who care for the infants. This paper will describe aspects of these treatments.

CASE PRESENTATION: BACKGROUND AND HISTORY

Janie is 19-years-old, recently married, and in her final year of high school. She is playful and energetic, with a ready smile, bright eyes and her hair pulled tightly into a ponytail. Her son Nikko is 2-½ and has deep, alternately sad and empty eyes. Nikko rarely speaks, but seems to know about 12 words. He is quiet and solitary, playing endlessly with his cars. He often appears dissociated and only sometimes responds to his name. He has poor body boundaries, seems to have no idea of his place in space, said is often aggressive with other children. The staff of the nursery is worried about his aggression, lack of speech, and disconnection from the other children. Additionally, they note that he always seems hungry.

Janie, herself, was a hospital boarder baby for the first month of her life, abandoned by her crippled mother who had other children to care for. An elderly aunt and uncle rescued Janie from the hospital and raised her. She was close to her aunt and uncle and says they spoiled her. When Janie was eight, her uncle died. She has no memory of crying, but says she simply sat by his coffin all day talking to him and stroking him. She does remember telling her aunt she was going with him. Janie doesn't remember her aunt crying either.

When Janie turned 14, her aunt abruptly returned to her country of birth in South America, leaving Janie with her birthmother and stepfather. Janie remembers a terrible year with them. "He hit me in the head with a hair brush; he treated me real bad. My mother didn't mind—or stop him. My mother never minded about anything. When I was 15, my mother said, 'Chico doesn't want you here no more,' so I moved in with my boy friend." Janie soon became pregnant, and her boyfriend became abusive. Janie then fled to her sister's apartment, but it was already crowded with her sister's boyfriend and several other roommates.

Janie's recollections of her son's birth are fuzzy; her narrative confused. She says she slept through his birth, but does not remember being given any drugs. Because, Janie was only 16 when Nikko was born, the hospital refused to allow her to return to her sister's home and insisted she return to her neglectful and abusive mother. Six weeks later, Janie's mother hurled a pot of boiling water at Janie, who was heating a bottle for the baby, and both Janie and Nikko were taken into foster care. They moved around in group homes for a few weeks, but were finally placed with a foster mother and her family. Janie and four-month old Nikko thrived. But, sadly within a year and a half Janie left this home to marry a 21 year-old family friend.

TREATMENT

I met Janie after she had been married 8 months; Nikko was now 2½. In relating her history, Janie told me she had tried to kill herself several times,

but that each time she had been "found out" and stopped. "I feel that no one cares about me so, I don't care about myself; no one ever cared about me."

My early impressions of Nikko were gleaned from my observations in the nursery. He appeared very active, aggressively taking things from other children and throwing them with no sense at all of what was around him. Other times he would retreat into isolation, sucking his pinkie for comfort. He seemed to need to keep moving, even to keep his toys always moving. I wondered if his constant coming and going was a reflection of his repeatedly, shifting living situations. I was struck at how much his style of relating mirrored his mother's. Janie also needed to keep moving; our first encounters were only minutes long before she fled. I thought of Janie and Nikko as the "butterfly family," landing gently and alluringly before quickly taking off.

I needed to find some way to net these two butterflies. I began by working with mother and toddler separately. I felt both needed a calm, controlled haven in order to begin to connect to me. The beginnings of each treatment continued to parallel one another—both butterflies were reticent, hesitant, and took flight at a second's notice. I began by playing with Nikko while he was in the nursery; I began talking with Janie, walking outside with her as she smoked a cigarette. After two short sessions both were ready to come inside my room.

Our program makes use of parent-infant videotapes. Before we went to make Janie and Nikko's first tape together, I suggested to Janie that she might tell Nikko that she was going out of the nursery, would be back very soon, and together they would go to play in Hillary's room. "What?" said Janie. "Tell him? But, he doesn't understand." I wondered if Nikko had internalized Janie's expectation of his lack of comprehension, or whether language had no meaning for Nikko because his mother had never spoken to him meaningfully. Perhaps to this chronically traumatized pair, language meant nothing and words were insignificant.

The videotape of Janie and Nikko's free play that we made at the beginning of the school year offered a striking example of their relationship. Their connections consisted of constant motion and physical collision punctuated with cries of "Hey!" and "Gimme!" For 10 minutes they raced, crashed, and bumped cars at one another, at the walls, at and over the other toys. Both mother and child acted rather than spoke, yet Janie and Nikko shared many excited and joyful exclamations. Both of them seemed fully engaged, laughing and shouting energetically with clear, shared communication and many reciprocal moments. At one point, Janie created an imaginary construction site, a brief moment of elaboration and structure in an otherwise chaotic exchange. "You can't go that way; they're doing construction; you gotta go around," she said. Later, she attempted to interest him in Duplo building, but Nikko could not get engaged and persisted with his cars. In the last two minutes of the tape, Janie created a story for Nikko using his fire truck and the Duplos. "Look it's a tower," she said. She told him they needed to rescue the baby from the burning tower. "Come on! Come on, Nikko! You rescue the baby!" She had caught Nikko's attention.

Nikko and I met by ourselves in the subsequent session. He explored every toy he and his mother had previously touched and quietly began ordering-things, parking cars, lining up animals, all silently. His play was perseverative, non-verbal, without eye contact. He displayed neither an interest in me, nor did he elaborate any story. Rather Nikko appeared to retreat to a very

faraway almost dissociated place. His behavior seemed to reveal distinct features of autistic spectrum disorders.

In the nursery, these withdrawn qualities in Nikko alternated with aggressive attacks on others and high-energy movement that had no sense of the surrounding physical space, his own or anyone else's body boundaries. Other than an occasional "Hi" or "car," Nikko still rarely spoke. I began to wonder if his delay was better understood as a pervasive developmental disorder or as a response to chronic trauma, a posttraumatic stress disorder with a delayed language overlay. As a means of stress regulation, to comfort and soothe himself Nikko sucked his pinkie and rubbed his nose. At these moments, his eyes would glaze over and he was "gone." His other solution to stress was repetitive car play during which he tuned out everybody and everything. He seemed not to hear, not to see, not to notice his own physical discomfort (if, for instance, he ran into another child or a piece of furniture); he remained completely silent, "safe" in another world. Yet, these two regulatory strategies precluded the development of relationships with either peers or adults.

As Nikko tuned out the world, Janie tuned out his developmental delays. She knew he did not speak like the other children, but would become very angry if anyone attempted to discuss it with her. She would rein in her anger with denial and suddenly have too many pressing things to think about to deal with Nikko's problems. All attempts at securing early intervention services for Nikko had been sabotaged by Janie. Both Janie's and Nikko's responses to stress illustrate how both reflective function and response flexibility shut down under intolerable stressors.

Janie's ambition was to go to college to study mortuary science. She was fascinated by dead bodies and described sneaking into funeral parlors to look at dead people when she was a child. Horror movies were favorites of hers. When I first met Janie, she and Nikko watched these films together. She seemed to have no understanding that Nikko, or she, could be distressed by the content. For example the previous night they had seen a movie about a serial killer, Janie began to talk about her fear of the violent part of herself, and her attempts to hold everything in. "I think I was traumatized," she said, but thought it was her fault that people had hurt her. She thought she must have been bad. "I'm spoiled," she said, "My aunt did everything for me, so I want to be taken care of, I'm lazy."

Janie and I watched the videotape of her with Nikko that we had made together. We talked about how much fun they have together and how he imitates her energy and mood. I wondered aloud whether she could teach him other kinds of play that might be less problematic in a classroom. We noted a remarkable thing in the tape: whatever she said, Nikko imitated. Furthermore, in a startling exchange Janie asked, "You like it?" and he responded, "I like it!" (I played the tape again and again because I could not believe I heard him say "I.") Janie beamed and laughed as we talked about the tape and I commented on their strengths. She had become interested. (See McDonough, 2000 for strength-based interventions using videotapes).

By the end of our first month together, the butterflies were settling down, Janie and I met in my office, and Nikko came easily to "special time," grabbing my hand and heading for the door saying, "Cars, cars, play!" We had established a routine, and he relaxed within a consistent structure that he

could accurately anticipate. Nikko had begun to imitate many words and reveal a budding sense of humor. I introduced little doll people into our play and pretty soon he began to carry people back and forth from the sessions instead of cars.

Janie, who was embarrassed and disturbed by Nikko's aggression in the nursery, had begun to understand that horror movies fueled his anxiety and aggression, and she began to protect him from these and other overwhelming environmental intrusions. Janie was able to talk about Nikko's delayed speech now in the context of her more recent mothering successes and had decided she would be the one to teach him to speak. She began to talk to him all the time and to explain things. "I never knew you were supposed to talk to them," she said, "I've never been a mother before." She was beginning to provide him with an attachment figure who would predictably protect him.

Now, Nikko began playing with baby dolls in session. He fed them, diapered them, and wrapped them, but he could not seem to carry them. He would drop them and rewrap them and drop them again, over and over. Nikko worked hard to care for his doll. Janie too wanted to be able to hold Nikko in a secure world, but often she did not know how and sometimes she too psychologically dropped him. Nevertheless, she continued to struggle to repair earlier ruptures with him. At the same time, Janie also began to test me to see whether I could hold *her*, whether I was reliable and trustworthy, but she felt overwhelmed by the extent of her own neediness and looked for reasons to flee.

As Janie began to face some of her own sadness about abandonment, first at the hands of her mother and father and then through the deaths of her aunt and uncle, she tried to make me feel alone and left out also. She began calling her foster mother on my phone during sessions, and came in one day asking me for the other social worker. "Is Carmen here today...because, I have something to tell her...I need to tell her that I am sad," said Janie. "You're sad?" I asked, "I don't want to talk about it," she answered. "Can I help?" I asked, "I need to tell Carmen that I'm sad, but I don't want to talk about it." I waited. "I'm supposed to say what I'm feeling, but I don't like talking. Remember? I *TOLD* you. *Now* you get it?" she demanded. Later as we discussed this episode, she came to see that she wanted me to feel left out and abandoned as she did.

We talked about how it can help to share difficult feelings, and our dialogue together began to include her painful feelings. Janie no longer had to put on a happy face or to hide in the bathroom when she was upset. I believe she felt that we had survived an attunement rupture and had repaired it together. I hoped that this experience of shared painful feelings with me would translate into her relationship with Nikko, and his sessions gave evidence of this. As Janie became capable of tolerating difficult feelings with me, Nikko began to play with my mad, sad, glad puppets in his sessions. As Janie found her own mental states tolerated and contained, she began to think of Nikko as having his own mental states, beliefs, thoughts, and feelings.

Until this point I had been seeing Janie and Nikko separately, Janie once per week and Nikko twice. Early on I felt that Janie would have trouble sharing me and needed time alone with me, and that Nikko also needed his own therapy that could speak to worries he had that Janie could not yet face. I saw my role with Nikko as two-fold. First, to go back with him to early relationship-building types of play like peek-a-boo, mirror play, tactile body and

singing games, and secondly to help him to use his symbolic play abilities to differentiate himself from the traumatic impingements that had been his life since before birth, *in utero*, when his father beat his pregnant mother.

At this point in the year, Nikko's play continued as an endless repetitive barrage of little people, puppets, animals, and cars slamming into one another. No comments that I made about "the lion who seemed very mad today" got any response. I wondered aloud about why the lion might feel so mad, how we might help the lion. I took the part of the victimized animal, person or car, sometimes retreating, sometimes fighting back. I playfully interfered in his scenarios in attempts to move the play in a new direction. Nothing I said or did had any effect at all. Nikko went right on chasing and bumping and growling and crashing, sometimes laughing and sometimes blankly alone in his private far-away world. I used one of the little people to give voice to a running commentary on the play. Nikko gave no sign of hearing me. When, however, the play would become too intense for him, he would grab my hand and say "Go, go, shoes" and pull me to the door. During this period, Nikko could not find a flexible response to regulate his own over-arousal other than to flee, nor could he allow me to help him.

While Nikko's play appeared repetitive and driven like post-traumatic play, it was curiously not grim. Often the characters seemed to be having fun. But, my own feelings remained grim, and needed an explanation. I took a chance on what I had suspected for some time was part of Nikko's anxiety. I said, "Sometimes, Nikko, when mommies and daddies are playing around together, chasing each other, it looks like they are bumping and smashing into each other just like these toys, especially when they are in bed. I bet sometimes you worry that mommy is hurt." Nikko finally made eye contact with me. Though he said nothing, I knew I had reached him with this interpretation.

This was confirmed in the next session when Nikko came in, took two dolls, undressed them and clearly played out various forms of sexual intercourse. Having done this, Nikko froze and could not play at all. During the next week, he kept noticing the dolls, getting frightened and asking to leave. At the same time, he began calling me by name for the first time and using more and more words. His language seemed to be unlocking. As our play sessions continued, Nikko appeared to learn, as had his mother, that we could stay connected and communicative during painful affective states as well as during positive ones. He seemed to realize that I could help him regulate his affect and that I would not abandon him.

After Christmas break Janie unexpectedly became pregnant. She reported that she had thought she could not conceive due to a medical problem, but she also did not believe in abortion and therefore would have the baby. Because, she was very worried about her financial situation, she decided to take an after-school job working from 5 until 11. This decision had grave consequences for Nikko, as she became less predictably available and their tenuous attachment was further strained. Janie left Nikko in the care of her sister (whose own child had been removed from her by Children's Services) until Janie's husband got home from work at 7:30 and picked him up.

Soon Nikko began to fall apart. His language gains collapsed; he would burst into tears suddenly for no obvious reason, and as he sucked his fingers more and more, he disappeared into his faraway place. I worked hard to stay connected to him during this time, playing baby games and holding him

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frequently. During the time Janie was working, I initiated sessions with all three of us together. In these hours, Nikko regained his center. Janie and Nikko discovered the joys of bubbles, blowing, catching, bursting, balancing them on their noses, taking turns, sharing, and helping each other. I began to sit back more and more and enjoy them enjoying each other. I listened to Janie sensitively reflect Nikko's desires and responses. My presence and attention allowed her to put her own playing needs aside in favor of his. Nikko resurfaced and recouped. The feeling in the room was calm, relaxed, and safe. Fortunately, Janie was able to see the toll her working was taking on Nikko and after about two months quit her job.

In March, Janie went away for three days as part of her school program, leaving Nikko with her sister again. He spent much time in his sessions letting me know how angry he was at his mama and played about looking for her in the dollhouse; however, he did not regress this time. Instead he maintained eye contact, vocabulary, AND greeted friends in the nursery with big hugs on his return to school. By now, he called all the people in the nursery by name, though still could not answer when asked his own name.

In April, Janie had a sonogram and began to think about the new baby. Though sorry she was pregnant, I was glad for the chance to work with her at this time and think together with her about the lack of protection and care she had had as a child, despite the close relationship she had with her aunt. As we continued to create a narrative of her past, I hoped that it would set the stage for a more secure relationship with her new child.

Janie spoke to Nikko about the new baby. He put his head on her belly, listened, and said, "baby." In sessions alone with me, he played all kinds of baby scenarios. He fed the baby dolls and climbed into large boxes pretending to be a baby himself. He staged great fights with the mommy puppet and threw her across the room.

One day, Nikko wriggled his hand into the boy puppet. On his other hand he placed the baby. "Hi baby, You want to play?" the boy-puppet said. "Play!" said the baby-puppet. And the two of them played hide and seek around a chair leg. I said the brother was wondering if the baby was going to be fun to play with, and Nino showed me how sometimes the brother wanted to kiss the baby and sometimes wanted to hit him. Nikko had finally begun to use symbolic play with language attached to it. He had begun to display a capacity for play that included psychosocial themes and demonstrated a budding capacity to mentalize.

Meanwhile, Janie was busy thinking about names for the new baby. Her fantasies about the baby, the new family relationships, and her husband led to sorting through more of her past and to the creation of a more coherent narrative. She became more comfortable with her son's sadness and anger. She let him cry in her arms and comforted him gently. She put words to his anger for him and had more realistic expectations about his behavior.

At the same time, Janie was gearing up for graduation. She was accepted into two colleges and received a special award of achievement given to students of her ethnic background. She planned to enter college the following January. She and her husband scraped together money to attend her graduation prom.

In June, Janie and Nikko made a final videotape together. In it, Janie sat on the floor leaning up against a wall. Wearing overalls and a T-shirt, 7 months pregnant, she was already quite big. Nikko took a baby doll, a baby bottle, and blanket and brought them over to Janie. He started to try to wrap up the baby.

"Oh, you want to wrap him up?" said Janie, "Here I'll help you." Nikko made it clear he did not want help. "Oh, you want to do it yourself," said Janie. "Look we'll burp the babies like we did with Titi's baby. Look, Papi!"

For the next several minutes Janie and Nikko copied each other, each one with a baby doll, wrapping and burping the babies. "This is what I used to do for you, Nikko," said Janie, "just like this for you, and I'd cuddle you all up like this, all in my arms."

At this point Nikko began sucking the baby bottle. "No," said Janie. "No bottles for Nikko. Nikko is a big boy; he doesn't drink from bottles. Nikko uses a cup. Look like this."

Nikko persisted with the baby bottle. "Hey, big boy," said Janie, "no more bottle. You're a big boy. No more bottle. No more." She watched him continuing to suck and then with a sudden change said, "You want to be a baby? How come you want to be like a baby? Is it because Mama's having a baby?"

Nikko looked at Janie and walked away, but Janie persisted. "OK, Nikko, come be my little baby and drink a bottle." Gathering him into her lap, she gently fed him the bottle, then still holding him, she reached for a baby doll and another bottle. "Here you and baby drink together like this. Now Mama's got two babies. See? Oh you want to burp too? Ok, we'll do that too." she said laying Nikko over her shoulder, "All finished?" "OK!" Nikko said, "Take off shoes. Now blanket."

Nikko is going to sleep now?" asked Janie, "Like this?" She wrapped him up, face to face with the doll who was also all wrapped up and put her arms around both. Then she started to giggle. "I see you!" she said; "I see you laughing! You're not sleeping; you're laughing! You're so funny!" Nikko jumped, throwing off the covers. "No more sleeping? You woke up? OK!" Finally Nikko was satiated with the play and, done being a baby, could move on to play with older children's toys.

In this small play segment Janie and Nikko have played out a scenario in the present that linked what will come in the future, their new baby, to what has happened in the past, Janie's care of Nikko as an infant. Janie has narrated the story to Nikko as they played, preparing him for the birth of his sibling and sensitively responding to his worries that he will be displaced as her baby. Siegel (Siegel, 1999) stresses collaboration as a critical element in secure attachment. This kind of collaboration can be seen in the "contingent communications" of Janie and Nikko in which the child feels understood and the mother derives fulfillment from knowing she has met his need. Janie was able to share Nikko's states of mind with him verbally, showing him that it is possible to understand another person's experience. "Oh, you want to be a baby too? Is it because Mama is having a baby soon?"

A rupture of attunement occurred in the play when Janie's need for Nikko to be a "big boy" and renounce the bottle conflicted with Nikko's wanting the bottle. Nikko, however, persisted in his demand without losing his connection with Janie, indicating to us that he had indeed internalized that ruptures could be repaired and contingent connection restored, in short a more *flexible response*. Janie at last understood that Nikko needed to be her baby just then and was able to participate in his drama. Janie was able to repair this rupture with Nikko as we had repaired ruptures in our relationship. The narrative that Janie and Nikko created helped Nikko to connect past, present, and future in a way that would support his internal sense of going-on-being even in the face of a new baby.

Finally Janie's respect for Nikko's needs and lack of intrusion into his evolving story allowed him both connection and autonomy. It set the stage for the next play segment in which Nikko placed a number of little people in a bus and rode away from Janie. She respected his need for solitude and did not chase after him or interfere. Soon Nikko returned and took out the small dollhouse, ready to be together with Janie again. While they played at setting up the furniture in the small house, Nikko bumped against Janie. "Scuse me please," he said, indicating an increasing sense of his own boundaries and the space around him.

DISCUSSION

The theoretical constructs of *attachment*, *stress regulation*, *response flexibility* and *reflective function* guided and anchored me as I faced the challenge of working therapeutically with Janie and Nikko. As described earlier, these concepts are frequently shaped by and linked with one another.

Attachment and Stress Regulation

In the case of Janie and Nikko, a more *secure attachment* evolved in tandem with more effective regulation of affect and stress. When I first met Nikko, he was easily overwhelmed by stimulation or stress and had meager resources to rely upon. His mother's defenses were also minimal, and largely relied upon denial, repetition of traumatic events, projection, and projective identification. She had great difficulty helping her son regulate his own reactions. Fortunately, Janie had had a very close relationship with her aunt and uncle and again later with her foster mother and had felt connected. When she became a mother, she missed these feelings of connection, and she looked for it with her son. In addition, her intelligence allowed her a capacity for reflection and permitted pockets of insight. Her maternal comforting abilities were present, but she could not tap into them without receiving emotional support herself. As our work together reduced her feelings of shame and humiliation, she could begin to ask for what she needed and mourn her childhood losses without "falling apart" or feeling she was "going crazy." When Janie was able to regulate herself, she was also better able to regulate Nikko. Many times I stood by and saw her get angry, take a deep breath, and regroup before approaching him.

As Nikko felt more predictably understood, contained, and soothed, he looked more frequently to his mother for comfort. In a parallel process, when I first sat in the room with Janie and Nikko while they played together, I felt like the mother of two toddlers, but as time

passed and they began to hold and comfort each other, I began to feel more like a benign aunt and felt comforted myself. At this point, Nikko absorbed the experience of being held by Janie and finding himself reflected back while I held the dyad and reflected back to Janie her own "being-as-a-mother." This holding environment enabled Janie to find herself in this new way.

Response Flexibility and Reflective Function

As Janie and Nikko found new ways of being together and as Janie found ways of responding more flexibly to her child, Nikko also found new ways of being with others and his *response flexibility* grew. Early in the year when looking for a way to join a group of children sitting with the teacher, Nikko would go over and uncomprehendingly hit one of the children with the car he was holding. Now, when a child in the nursery cried, it was Nikko who went over to pat the child, offer comfort, and even offer a toy.

Janie's and Nikko's capacities for *reflective function* nourished one another. In the vignette above Nikko shows a budding capacity for primitive reflective functioning: he has begun to understand the behavior of others in terms of their feelings and thoughts, Janie's *reflective function* grew in the context of our relationship as she began to understand that her behaviors, thoughts, and feelings affected me, that I too, was a person with mental states. This also was communicated to Nikko. In a call I made to them over the summer when I had not seen Nikko for many weeks, I asked Janie how she and Nikko were doing. She handed Nikko the phone. "Hi Hillary!" he shouted, "You O.K.?"

Janie and Nikko were on their ways to a more *secure attachment*, better *stress regulation*, *response flexibility*, and *reflective function*. All of this was demonstrated on the final videotape we made together. Janie's unresolved grief over the betrayal and abandonment by her own mother, the loss of her uncle when she was nine, her abusive boyfriend, and finally the death of her aunt only two weeks after the birth of Nikko created a traumatic situation that made it difficult for Janie to offer her baby a soothing connection for the development of a secure attachment. Instead, it is more likely that Nikko found his caregiver to be inconsistent and even at times, frightening causing confusion in him, and ultimately withdrawal even from the use of language.

Therapeutic intervention altered this negative, self-perpetuating cycle. Janie's capacity and willingness to reflect on her history and to enter into a collaborative relationship with me allowed her to build a narrative that strengthened *self-regulation*, *response flexibility* and *reflective functioning*.

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Hillary A. Mayers
hillamay@aol.com