

Dissertation: Volume 2

Literature Review

Empirical Research Project

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DECLARATION

I declare that the material submitted for examination is my own work. The ideas and findings of others have been referenced in accordance with the guidelines provided and any work by others has been acknowledged.

I understand that anti-plagiarism software may be used to check for appropriate use of referencing.



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Impact Statement

The research and literature expand on the already extensively researched concept of mentalization and maltreatment. The literature review provides insights into how parental mentalizing is understood in the context of maltreatment, and proposes mechanisms through which intergenerational patterns of maltreatment might occur. The empirical study examines how parental mentalization in the context of 'at risk' families.

Both the literature review and the empirical study support how mentalization can serve as a protective factor against the risk of future psychopathology and intergenerational repetition of trauma. It supports research showing that the ability to mentalize traumatic aspects of past maltreatment can reduce its negative impact on one's mental health.

The research project was one of the first studies to look at parental mentalizing in the context of court assessments and 'at risk' families. It emphasises the relevance of the use of Parent Development Interviews (PDI) and Reflective Functioning Scale (RFS) for clinicians who are providing their recommendations for a child to remain in their parent's care. Parental mentalization capacities has time and time again been shown to mediate the impact of past traumatic experiences, as well as provide more thoughtful and emotionally attuned responses between parent and child. The parent's capacity to mentalize their children is an integral aspect in helping children with their emotional development and maturity. This research provides a small contribution to this already vast existing field, and reinforces its applicability to clinical work, particularly with court assessments. It also provides further support for mentalization based treatments and their effectiveness in supporting parents who have had past experiences of maltreatment.

Part 1: Literature Review

Title:

In what ways is Mentalizing related to Child Maltreatment?

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Abstract

Aim

Child maltreatment is still a serious and prevalent issue that is a primary cause for children being put into care. This literature review aims to gain an expansive and synthesised understanding of the relationship between parental mentalizing and parental maltreating behaviour. It makes links to intergenerational and repetitive components of maltreating behaviour and the different mechanisms by which these patterns of abuse might occur.

Methods

A methodical search of a variety of scholarly databases was conducted for this review. It included both qualitative and quantitative research and theoretical psychoanalytic literature.

Findings and Conclusion

The immense literature on parental mentalization and maltreatment highlighted the importance of mentalization as a protective factor against maltreating behaviours. Lower parental mentalizing capacities was associated with poorer psychological well-being and higher mentalizing capacities was associated with healthier psychological well-being of both parents and children. Specifically, parents who have the capacity to revisit and mentalize their past maltreating experiences, are less likely to exhibit maltreating behaviours towards their children. Literature on the effectiveness of mentalization based treatments, neuro-imaging results and emotional regulation reinforce this notion on the importance of mentalization in potentially reducing maltreating behaviours in parents.

In what ways is Mentalizing related to Child Maltreatment?

Child maltreatment is a serious problem, with the National Society for the Prevention of Cruelty to Children (NSPCC) reporting that, on average, over half a million children suffer from child abuse in the UK every year, with neglect being the most common form of abuse in England. It had been well established that child maltreatment could have devastating long-term consequences, impacting children's emotional, social, and cognitive development (Maguire et al., 2015), with these issues continuing into adulthood (Byrne et al., 2019; Norman et al., 2012). A systematic meta-analysis by Xiao et al. (2022) found that childhood emotional abuse and neglect had a positive association with various adult mental health conditions, such as anxiety, depression, substance abuse, suicidality, eating disorders, and further psychological disturbances. Risk factors associated with maltreatment include intergenerational patterns of abuse within the family, low socio-economic status, housing instability, substance abuse issues, mental health issues, domestic violence, young maternal age and low parental educational level (van IJzendoorn et al., 2020; Radford et al., 2013; Sidebotham & Heron, 2006). It has been well established, that parents who have experienced maltreatment are more likely to repeat this pattern of behaviour towards their own children (Bottos & Nilson, 2014).

Multiple theories have been proposed to understand the intergenerational pattern of maltreatment. In psychoanalytic theory, Fraiberg et al.'s (1975) highly referenced paper "Ghosts in the Nursery" highlighted the difficulties adults might have in facing their abusive past. Entering parenthood can bring these past painful and abusive memories to the forefront, which they manage by either defending against the traumatic pain via "repression" or "identifying" with the aggressor".

Repression here refers to the unconscious attempt to push out of consciousness the feelings and thoughts that are painful or threatening. Whereas, identifying with the aggressor, implies the defensive and unconscious attempt for a victim of aggression to adopt behaviours associated with their aggressor. Both defences serve to protect from emotional vulnerability and are seen as the more common forms of defensively managing contexts where maltreatment is prevalent, as described in Fraiberg et al.'s (1975) paper.

Bowlby's (1969) concept of attachment theory expands the narrative on Fraiberg et al.'s (1975) paper regarding the intergenerational aspect of maladaptive patterns of relating. Bowlby emphasised that the relational quality of the primary bond between the primary caregiver and the infant can be described with 'attachment styles'. A secure attachment is formed when the primary caregiver is responsive and consistent to the infant's needs. This creates a sense of comfort and safety for the infant. Insecure attachments may form when a primary caregiver is inconsistent, unpredictable or unavailable. Essentially, it suggests that the child consequently cannot confidently feel their caregiver will be there emotionally or physically available when they need them. These insecure attachments, that are later expanded by Mary Ainsworth, are known as: avoidance, ambivalent and disorganised (Ainsworth, Blehar, Waters & Wall, 1978). This builds on Fraiberg et al.'s (1975) ideas, specifically in relation to how potentially a caregiver's unresolved past trauma can impact the formation of a secure bond between child and caregiver, thus having an intergenerational impact.

Research has suggested that insecure attachments can impact attachment patterns in relationships later in life, implying that insecure attachment styles may repeat themselves (Riggs, 2010).

More recently, research surrounding mentalization has shown some promising results. Mentalization is defined as the attempt to understand and make sense of one's own and other people's mental states (Fonagy & Bateman, 2008).

Mentalization has been measured using the Reflective Functioning (RF) scale, an 11-point scale that quantifies the quality of mentalization in an attachment relationship (Fonagy et al., 1998). It is a manifestation of mentalizing in attachment-related narratives, for example, when individuals are talking about childhood experiences or caregiving relationships. High mentalizing capacities, signified by high RF scores, are known to promote more secure attachment patterns in the caregiver-child relationship and have been identified as a protective factor against maltreatment (Fonagy & Bateman, 2008; Berthelot et al., 2019). The capacity to mentalize has been shown to increase emotional resilience in parents who have experienced maltreatment, thus mitigating its intergenerational consequences (Berthelot et al., 2019). Fraiberg and colleagues' (1975) paper highlighted the "presence" of trauma having intergenerational consequences, whereas Fonagy's (1993) model of mentalization suggested there was an "absence" in mentalizing the abuse the parents endured, which increases the risk of intergenerational transmission.

Aims:

The main aim of this literature review is to understand the link between parental mentalizing and maltreating parental behaviour.

It is useful to look into the full cycle of maltreatment also known as the “cycle of violence”, from childhood to parenthood to understand how this specifically effects mentalizing capacities (Greene et al., 2020). The question of how intergenerational abuse can be transferred has been a topic of much research and speculation (Riva Crugnola et al., 2019). I will be alluding to different mechanisms by which intergenerational patterns of maltreatment might occur (neurobiological, attachment, parental RF, psychopathology) and applying meaning to them through a mentalizing lens.

When referring to the concept of maltreatment, this review will consider physical, sexual, emotional abuse and neglect, as defined by the World Health Organisation (WHO, 2022). The literature on parental mentalizing often focuses more on the maternal capacity rather than father’s. As this review will be focusing on parents it will take research that included both fathers and mothers into account. Adoptive parents and other caregivers will not be considered in this review.

Method:

This literature review was composed mainly through database searches from “PsychINFO”, “Taylor and Francis Online” and “PEP-Web”. The keywords used were as follows: Mentalization OR reflective functioning AND Maltreatment OR Abuse OR Neglect to research journal articles. Additionally, a follow up hand search was conducted from references from key papers. Empirical studies, theoretical and

clinical papers have been considered for this review, and it focuses on key papers in the literature and therefore does not aspire to be exhaustive.

The review will attempt to expand on the existing research from psychoanalytic perspectives, attachment theory and mentalization theory. It will take into account neurological underpinnings and further understanding of the psychopathology associated with maltreatment. The term maltreatment has generally been lumped together in research and it seems plausible that different forms of maltreatment will have different effects and levels of impact on parents mentalizing capacities.

However, in this literature review I will depict a broader perspective of maltreatment and on the research associated with it.

Intergenerational transmission of trauma – Theoretical underpinnings

Mentalization is the active pursuit in attempting to imagine another person's experiences. It is typically an unconscious process and a fundamental relational phenomenon between people, including crucially in the parent-child relationship. Research suggests that impaired mentalization is not only a consequence of maltreatment but also carries the potential for the intergenerational transmission of trauma (Fonagy et al., 2002). For instance, parents who have experienced adversity in childhood may struggle to regulate their own emotions as well as their children's, thereby increasing the risk of perpetuating the cycle of maltreatment. This section will examine how impaired mentalization has the potential to contribute to intergenerational trauma, highlighting how unresolved parental trauma impacts the next generation.

Various studies have revealed that that people who have experienced maltreatment as children have a higher risk of maltreating their own children when they become

parents (Dixon et al., 2005; Egeland, Bosquet, & Chung, 2002). The fact that exposure to maltreatment has an impact on people's emotional and physical health is well recognised in current research (Greene et al., 2020).

A systemic review conducted by Greene et al. (2020), examined 97 studies that looked at the associations of childhood maltreatment and parental behaviours. There was great variation in the reviewed studies, such as; how maltreatment was defined in various studies, the parenting populations, as well as a heavy reliance on self-report measures from parents. However, findings were consistently able to associate childhood physical abuse with direct or indirect maltreating parental behaviours, suggesting that parents had difficulty in their capacity to avoid negative parenting approaches versus positive.

This well recognised impact has increased research interest in the role of the intergenerational transmission of abuse or maltreatment, and the reasons behind the increased risk of maltreating behaviours when parents have experienced abuse in their childhood (Greene et al., 2020).

There have been some inconsistencies in research when it comes to defining intergenerational transmission of maltreatment. Since this review is specifically interested in parental mentalizing in the context of maltreatment, it will focus on the transmission from parents who experienced maltreatment to parents who perpetrate it (Greene et al., 2020).

Research has been able to show the causal relationship between childhood maltreatment and parental maltreatment. Psychoanalytic literature and its references to clinical work has posed their own understandings of the unconscious mechanisms

of the intergenerational impact of maltreatment. Lieberman and Van Horn (2008) have provided rich accounts in their clinical work on how parents who have survived trauma in their childhood may be predisposed to experience their children as objects of “transference”. This psychoanalytic term refers to how a parent might relate to their child based on previous unresolved experiences, that are unconsciously redirected to them in the present moment (Freud, 1963). Therefore, not relating to the child based on who they are, but projecting their pain and inadequate experiences from their own childhood onto them.

As mentioned beforehand, the Fraiberg et al. (1975) “Ghosts in the Nursery” paper suggested how trauma can be passed onto the next generation because of defences that developed in response to their experiences of abuse. These were adaptive responses to the abuse, but changed into maladaptive in other contexts, such as when they had become parents. It described a rich account of encounters with patients who had suffered immense abuse and trauma, and how the psychotherapists attempted to work through the parent’s trauma (Fraiberg et al., 1975). “Identification with the aggressor” was one of the relevant suggested attempts to manage this abuse encountered in childhood, when their child is born. It is implied that parents manage the helpless feeling that is triggered by their children, by becoming the aggressor, which was a way of defending against the vulnerability of the abuse they encountered. It was the attempt to gain psychic control over the internalised abuser and by dissociating the aggressive intent to an unconscious aspect of the self (Fonagy & Bateman, 2008). This may provide some momentary relief, but the internalised experience would be processed internally rather than externally, leading to self-hatred (Fonagy & Bateman, 2008).

Another maladaptive response would be repressing and dissociating from the psychic pain linked with their abuse (Fraiberg et al. 1975). It is implied that parents are unable to sensitively attune and respond to their infant's needs, which makes it more likely for the continuation of this maladaptive response to be repeated across generations. Fraiberg et al. (1975) also suggested that making a conscious and active effort to not repeat the trauma and cycle of abuse, had to do with the personal readiness to remember the pain of the past trauma. Only then would there be a chance to not repeat the cycle of abuse (Fraiberg et al., 1975).

More research has been conducted to understand this transmission, with more evidence supporting neurological underpinnings, as well as measuring and understanding attachment patterns to explain this cycle of violence (Iyengar et al., 2019).

Defence Mechanisms in the Face of Maltreatment

A key aspect of understanding the relationship between mentalization and child maltreatment is examining an individual's response to managing trauma and distress. Defence mechanisms, as defined by A. Freud (1936), is the ego unconsciously attempting to manage external and internal conflicts. The defences serve to deny, distort, or manipulate the threatening aspect of the perceived reality, to decrease thoughts and feelings that evoked anxiety (A. Freud, 1936).

For individuals who have experienced maltreatment, these unconscious coping mechanisms can influence both relational patterns and emotional regulation, ultimately shaping the development of mentalization.

A study by Prunas et al. (2019) showed that there was an association between immature and primitive defences, such as splitting, projection, and denial, and

insecure attachment in adults. The defences described here are primarily unconscious and rigid, they are used to manage immense internal conflicts. Splitting, involves seeing things in all or nothing terms, with no room for flexibility; Projections, refers to assigning one's own difficult feelings onto another person; Denial, is when there is a refusal to accept a reality that is likely too overwhelming for the psyche to manage (A. Freud, 1936; Klein, 1946). The associations found in Prunas et al.'s (2019) study, were related to the anxious and avoidant aspects of the attachment relationship.

Conversely, another study demonstrated that sophisticated and adaptive defences had a significant influence in helping individuals who had been exposed to violence cope with their traumatic settings (Bain & Durbach, 2018). These defences served as more adaptive coping mechanisms that enabled resilience (A. Freud, 1936; Vaillant, 1992). Examples of these include repression, sublimation and intellectualization. Sublimation refers to transferring complex feelings into something that is socially acceptable, for instance managing aggression by playing sports, thus allowing this feeling to be released in a socially acceptable and controlled manner (Vaillant, 1992). Intellectualization, refers to the capacity to create meaningful narratives to one's own complex feelings or actions (A. Freud, 1936). Therefore, these defences provided the psychologically necessary space for individuals to express and create more coherent narratives of their complex experiences, and supported emotional regulation, ultimately, enhancing mentalization.

Additionally, taking into account the literature from Bowlby (1973) and the current research, secure attachments provides more opportunities to foster mature psychological defences that promote emotional regulation and reflective functioning.

Both of these are crucial aspects of effective mentalization in the context of child maltreatment.

Similarly, one can also consider that higher RF is associated with mature psychological defences as it involves a heightened awareness of both the child's and parents internal states. A study by Tanzilli et al. (2021) aimed to gain empirical evidence into the interaction between emotional regulation, mentalization and attachment. Their study showed that patients with secure attachment patterns had higher levels of reflective functioning, which correlated with defence mechanisms associated with achieving emotional regulation. Suggesting that the development of emotional regulation in the context of past relational experiences would have been achieved (Tanzilli et al., 2021). Emotional regulation can thus help the parent avoid to use impulsive and primitive defences, therefore exhibiting calmer responses to potentially triggering situations.

Emotional regulation in the context of maltreatment

Emotional regulation is an important factor contributing to fostering an ideal environment for mentalizing to take place (Wang, 2022). It refers to the capacity for an individual to manage and regulate their affective states in response to environmental stressors. Maltreatment in particular can disrupt this development in emotional regulation strategies, which may consequently impair the ability to mentalize (Cloitre, Stovall-McClough, Zorbas, & Charuvastra, 2008). This section will explore how deficits in emotional regulation influences impaired mentalization and contributes to the intergenerational transmission of maltreatment.

Entering parenthood can be a trigger for past traumatic childhood experiences of

maltreatment (Amos et al., 2011). The triggering aspect of the trauma can make emotional regulation more difficult to achieve for parents. It therefore impacts children, whose minds are in the midst of developing, as they are learning to navigate and master complex emotions. It is useful to consider how the child can achieve emotional equilibrium when faced with external demands (Wang, 2022). Parents social and emotional engagement plays an essential role to this achievement by how they mirror and tolerate their child's emotional responses to situations (Wang, 2022). With this in mind, research has shown that children may develop certain regulation patterns that are directed at remaining synchronised with their parents or caregivers (Wang, 2022).

Emotional regulation has been measured using neuroimaging, with the high activation in the amygdala being apparent with trauma patients with hyperarousal (Lanius et al., 2006). The amygdala, is an essential structure in the brain that detects threat, and has shown to play an important part in emotional processing and regulation. Hyperactivation in the amygdala in traumatised individuals has shown to reduce the capacity for emotional regulation, thus having the potential to inhibit mentalizing capacities (Pessoa & Adolphs, 2010).

These high activation levels make it more difficult to achieve emotional equilibrium. A study by McLaughlin et al. (2015) also found increased arousal levels in the amygdala of adolescents being exposed to negative emotional scenarios, who had suffered from past maltreatment. A systematic review by Crandall, Deckard & Riley (2015) showed that emotional dysregulation was linked with less attuned, strict and harsher parenting styles, suggesting how parents may be less responsive to their children's emotions. The lack of responsiveness suggested that there were less

attempts of mentalization, which required more curiosity and more proactive attempts at attunement. This may suggest that less opportunities for mentalization, resulted in less opportunities for children to achieve emotional regulation.

The neurological evidence expanding on the notion of emotional regulation showed that these brain regions were more likely to increase in their arousal if in close contact with stressful events (McLaughlin et al. 2015). It therefore implied that mentalization can be achieved when there is a higher tolerance for negative affects, which is understandably difficult given the triggering aspect past maltreatment and trauma can have, resulting in emotional dysregulation. This again highlights an aspect of the repetitive nature of maltreatment, and how these experiences in childhood can potentially become imprinted and be maintained into adulthood.

The research by Wang (2022) provided further evidence on how emotional regulation and mentalization are inextricably linked adding the research by Fonagy & Levinson (2004) and Allen et al. (2008). It showed that ideal mentalization levels are achieved when a moderate level of emotional arousal was in place, i.e. lower activation in the amygdala. It alluded to the triggering nature trauma and maltreatment can have on the mind, which can impact emotional regulation and inhibit opportunities for mentalization, and consequently made mentalizing capacities more difficult to cultivate.

Further Evidence from Neuroimaging

Neuroimaging studies provide significant evidence in linking how childhood maltreatment disrupts brain regions potentially involved in mentalization. Research has demonstrated that exposure to maltreatment can alter neural circuits associated

with social cognition and emotional processing, thus increasing the risk of psychopathology (Cowell et al. 2015; Teicher et al. 2016).

A study by van Shie and colleagues (2017) investigated the neural underpinnings of mentalization in individuals with a history of emotional, sexual abuse and neglect. Their findings suggested that individuals who experienced both sexual abuse and emotional abuse had increased activation in the left Inferior Frontal Gyrus (IFG), a region associated with processing and mirroring others' emotions. This signified potential impairments in the capacity to interpret emotional cues, a key aspect of mentalization. This study provides neurological evidence that maltreatment related impairments in mentalization can be measured at the neural level, demonstrating how adversity can disrupt the brains capacity in relational understanding (van Shie et al., 2017). This emphasises the relevance in neuroimaging studies in understanding the relationship between maltreatment and a lack of mentalizing capacities. This provides further evidence how childhood trauma could hinder the development of mentalization, potentially contributing to the difficulty in forming interpersonal relationships in adulthood.

Attachment theory

Attachment theory provides a useful framework in understanding the relationship between maltreatment and the development of mentalization.

As infants experience the responses from their primary attachment figure, they are continuously developing expectations about this relationship, as well as others, based on these interactions (Bowlby, 1980). The nature of these internal working models is crucially shaped by the caregiver's sensitive responsiveness, which plays

an essential role in fostering mentalization (Morton & Browne, 1998).

Children who are consequently maltreated will form certain representations of their attachment figures as unresponsive or rejecting and will as a result feel themselves to be unworthy to elicit the care they need (Morton & Browne, 1998). Ricks (1985) suggested that these representations of the infant will be imprinted and will compromise their future relationships, including with their own children.

This provides further evidence of how maltreatment can impact attachment patterns intergenerationally, particularly enabling more insecure and disorganized forms of attachment (Ricks, 1985). Enhanced mentalization capacities relies on stable attachment figures, with disruptions to these attachments relationships being associated with difficulties in understanding other's and one's own mental states. This highlights the link between maltreatment and later emotional and social difficulties.

Various studies have been able to indicate that children with insecure attachments have a higher risk of developing behavioural problems, poor cognitive performance and psychopathology (Cyr et al., 2010). A meta-analysis by Cyr et al. (2010) analysed 55 studies to understand the link between child maltreatment and disorganised attachment. It suggested there was a strong link between disorganised attachment and maltreated children when compared to non-maltreated children. However, it should be noted that demographic risk was also linked to insensitive parenting and disorganised attachment in children (Cyr et al. 2010). The meta-analysis suggested that this could be because children are observing their parent's distress, which might initiate their fear and attachment responses.

These findings align with research on the risk factors associated with socio-

economic issues and their impact on difficulties in mentalization and attachment patterns. Children who are raised in economically disadvantaged environments are more likely to experience inconsistent caregiving and parental distress, all of which can impact attachment patterns and mentalization (Luyten et al., 2020). Additionally, consistent stress over poverty-related issues has been shown to impact emotional regulation and executive functioning, both essential components of mentalization (Hackman et al., 2019). Moreover, research suggests that poverty-related stress alone could impair mentalization capacities, even where maltreatment is absent, highlighting the importance of considering poverty-related stress as potential confounding variables in studies on mentalization and attachment (Shonkoff & Garner, 2012).

Thus, when one explores the relationship between maltreatment, attachment and mentalization, it is important to consider the confounding variables associated with maltreatment such as demographic risk or socioeconomic status, as these circumstances may also contribute to attachment disorganisation (Berthelot et al., 2019).

Many studies have identified that attuned and sensitive parenting styles were more likely to instigate secure attachment patterns in young children (Harden et al., 2016). As a result, children were more likely to experience and use their parents as a secure base, and therefore felt safer in exploring their environment and more confidently used their parents for comfort and protection when they felt overwhelmed or distressed (Harden et al. 2016). In contrast, children who experience inconsistent, insensitive or harsh parenting styles were more likely to develop insecure or disorganised attachments, and therefore did not exhibit the same confidence in

seeking their parents out for emotional regulation during times of distress (Harden et al., 2016).

A study by Slade et al. (2005) looked into intergenerational aspects of attachment in relation to a mother's capacity to mentalize. They demonstrated that the reflective functioning capacities of a mother played a significant role in determining how attachment patterns were passed down intergenerationally.

A study by Rosso et al. (2015) investigated whether maternal mentalizing and attachment security was linked with pre-adolescent mentalization. Their results confirmed that the children's mentalization skills were positively correlated with maternal mentalizing capacities. It was particularly the case when looking into the mother's capacity in mentalizing difficult or negative emotions. This is another study that exemplifies the intergenerational aspect of mentalization.

Since mentalizing capacities plays an essential role in attachment security, Milan et al. (2021) proposed that individuals who managed to develop mentalizing capacities despite having experienced maltreatment, may be more resolved and 'secure' when it came to their thoughts towards their own attachment patterns. Borelli et al. (2015) observed that a link between neglect and insecure attachment was stronger among individuals who have deficits in their mentalization. Essentially, these findings imply that increased mentalization capacities may act as a buffer against the negative impact of maltreatment on secure attachment patterns.

Reflective Functioning (RF)

Parental reflective functioning (PRF) is a term often used interchangeably with

parental mentalizing, referring to a parent's ability to understand both their own and their child's mental states. It is essentially a way to measure a parent's mentalizing capacities. As mentalization plays an essential role in caregiving, PRF has been extensively studied in relation to the intergenerational transmission of maltreatment and attachment security (Fonagy et al., 1991). Research suggests that higher PRF is linked to secure attachment, while lower PRF more likely contributes to insensitive caregiving, thus increasing the risk of maltreatment.

PRF was a concept developed over 20 years ago within attachment theory to decipher how parental mentalizing capacities shapes their children's attachment patterns intergenerationally (Fonagy et al. 1991).

A key method used to measure PRF is the Reflective Functioning Scale (RFS), which was initially used for the Adult Attachment Interview (AAI) (George et al. 1984; Fonagy et al., 1991). The AAI was developed to understand adult's internal representations of their attachment styles and relationships (George, Kaplan & Main, 1984). It involved going through a structured interview with a participant that investigated their early relationships and additional information regarding their attachment (George et al. 1984). The integration of RFS into the to the AAI allowed researchers to determine the extent to which a parents could reflect on their own mental states whilst discussing their own childhood experiences (Camoirano, 2017). It was suggested that having the capacity to recollect and understand one's own mental states could enhance attachment security in both parents and their children.

In the context of maltreatment, lower PRF may impair a parents capacity to interpret their child's emotional needs accurately, leading to inconsistent and potentially neglectful parenting. Suggesting that PRF can influence both individual attachment

patterns as well as playing an essential role in potentially transmitting trauma and impaired mentalization across the generations.

Parental mentalizing and maltreatment – Reflective Functioning, Attachment, Emotional Regulation & Psychopathology

Research suggests that low Parental Reflective Functioning (PRF) is linked with difficulties in emotional regulation and attachment security, whereas higher PRF potentially protects against the negative impact of maltreatment (Fonagy & Target, 2005). This section explores how PRF has been applied to the Parent Development Interview (PDI), as well as empirical findings on the ways in which PRF can impact attachment patterns, caregiving behaviours and intergenerational transmission of maltreating behaviours. Additionally, studies that examine the link between a parental capacity to mentalize their own traumatic experiences will be discussed, emphasising how PRF contributes to emotional resilience in parents and children.

More current research has applied the RFS to the PDI. This is a semi-structured clinical interview that contains a series of questions that helps measure parents' mentalizing capacities in relation to their child as well as the mental representations of themselves (Slade et al. 2004). It closely resembles the structure of the AAI, and allows researchers to assess how parents reflect on their own and their children's mental states, which is essential in understanding the role of PRF in maltreatment.

Fonagy and Target (2005) were initially the ones to suggest how the mentalizing skills of a mother allowed her to create both an emotionally and physically stable environment for her child that would promote a secure attachment.

They suggested that RF could help address the empirical gaps in understanding

parent-infant attachment, highlighting how the role of RF can impact attachment patterns in early caregiving experiences (Fonagy & Target, 2005).

This was researched by both Grienberger et al. (2005) and Slade et al. (2005b) in a sample that included 40 mothers during pregnancy and post pregnancy. They explored how maternal RF, using the PDI, is linked with adult attachment (Slade et al. 2005b). Measuring the attachment outcome of the pregnant mothers was able to predict the mothers RF when their infant was 10 months old.

A narrative review by Camoirano (2017), reviewed the positive impact of parental reflective functioning and the interventions that improve it. It reviewed many aspects of the research literature, including; the effect of parental RF on children's attachment security and emotional regulation, as well as looking at women with a history of maltreatment and their maternal RF capacities.

It reviewed 47 studies, and continued to support the existing literature on parental RF. This included, higher parental RF being linked with attachment security in children, and low parental RF being linked with children with insecure attachment patterns and difficulties with emotional regulation. Most importantly, in the context of maternal RF and maltreatment, research suggested that it was not the severity of the maltreatment that impacted parental mentalization, but rather the parent's capacity to mentalize their own trauma (Allen, 2013; Ensink et al., 2014). These findings highlight how mentalization has the potential to act as a buffer against the risk of intergenerational transmission of trauma.

Overall, the literature suggested that high levels of parental RF have been associated with sensitive parenting and good levels of attachment security and emotional regulation in their children, whereas low PRF has been associated with

emotional dysregulation, externalizing behaviours and heightened anxiety levels in children (Camoirano, 2017).

An earlier study by Fonagy et al. (1993) showed that both parents' reflectiveness about their own childhoods predicted the security of their infant's relationship to them. It was an essential empirical study that illuminated Fraiberg's theory, suggesting that conflict experienced in childhood could be predicted in the early stages of pregnancy and early infancy (Fonagy et al., 1993).

It seems that RF in mothers who have had a history of maltreatment in their childhood has been extensively researched, to gain further insight into how this form of parenting may be passed on intergenerationally and to put clinical interventions in place to end this abusive cycle (Camoirano, 2017). A study by Ensink et al. (2014) suggested that it is the mother's specific unresolved trauma and their lack of mentalizing about this trauma that essentially causes it to be passed on. Ensink et al. (2014) looked into the effects of mentalizing capacities of pregnant women who suffered maltreatment. The study showed that their mentalizing capacities in relation to their trauma was far less when compared to the mentalizing capacities in attachment relationships. It suggested that it was the mother's lack of mentalizing capacities concerning her specific past trauma rather than her general mentalizing abilities that effected the caregiving styles. This was displayed by the low RF scores of mothers who suffered abuse and neglect significantly correlating with being categorised as unresolved in the AAI regarding their trauma.

As stated beforehand, when looking at this through a mentalizing lens, this further confirms Fonagy's concept that it is the absence of mentalizing the psychic pain associated with the maltreatment that is repeated across the generations (Fonagy,

1993). Implying how mentalization can be a crucial factor in breaking the cycle of intergenerational trauma, thereby suggesting how increasing PRF may serve in breaking these patterns and fostering secure attachments in the next generation.

Reflective functioning capacities have been signified as an important asset to have in relation to traumatic experiences (Borelli et al., 2019). Researchers have argued that having this capacity to mentalize is the essential ingredient to the resilience process after an adverse experience (Borelli et al., 2019). As indicated beforehand, mothers with higher RF were likely to have infants with secure attachments, even if they had suffered maltreatment. Research looking into how one recovers from such trauma is still scarce (Borelli et al., 2019). A study by Berthelot et al. (2015) showed that parents being able to mentalize their specific trauma, also known as Trauma RF, was linked to a reduced risk of infant disorganisation. Another study by Borelli et al. (2019) aimed to expand on how Trauma RF could be understood and in a way to potentially interrupt the cycle of abuse. They investigated whether childhood sexual abuse (CSA) exposed mothers, who had a higher Trauma RF regarding their own abuse, would be related to a lesser likelihood of their children experiencing CSA. Their study showed there was a link between maternal Trauma-RF and reduced risk of CSA exposure in their children. This reinforced the notion of how a parent with unprocessed trauma that is difficult to mentalize had an intergenerational impact.

As previously mentioned, neurological underpinnings of mentalization have been proven to be useful in enhancing our understanding of the mechanisms of mentalization. Emotional regulation has been well researched in this regard and is a particularly important development in childhood. Some research on parental

emotional regulation has been established with some significant results. Parents with long term exposure to maltreatment in their childhood can have an adverse reaction when entering parenthood as their childhood trauma can be retriggered (Amos et al. 2011).

Research has shown that mentalization necessitates control on attentional switching, and experiencing distress will inhibit this because brain circuits are less active in these circumstances (Wang, 2022). Mentalization is able to occur in its best form when an individual feels safe with normal levels of emotional arousal (Wang, 2022; Allen et al. 2008).

Adults who are maltreatment survivors entering parenthood can likely be triggered when interacting with their child (Wang, 2022; Nolte et al., 2013). The study by Wang (2022) argues that this is likely linked with their inadequate acquisition of emotional regulation. He therefore hypothesises maltreatment during childhood was linked with emotional dysregulation and consequently linked to reduced parental mentalizing capacities. His study showed that there was a positive association between parental maltreatment and difficulties with emotional regulation. Intergenerational transmission of trauma and the way it is passed on is still a complex topic. There are many factors that can impact this and it should also be considered that there are few cross cultural studies of parental mentalizing and maltreatment (Wang, 2022).

Psychopathology and Maltreatment

The relationship between child maltreatment and later psychopathology has been widely established in the literature. From a mentalization perspective, Fonagy and Target (1996) suggested that children develop an understanding of themselves and

others through the relationship with their caregiver who provides feedback on their own and their children's mental states. When the parent-child relationship is compromised due to maltreatment, it can increase a child's vulnerability to emotional dysregulation and insecure attachment, thereby increasing the likelihood of psychopathology. If left untreated, this can increase the risk of behavioural issues and mental health disorders in adulthood.

A study by Belvederi Murri et al. (2017) found that adolescents who experienced maltreatment displayed deficits in mentalization and emotional regulation, which consequently predicted the severity of psychopathology, particularly depression. This further suggests the mediating role mentalization can play in the relationship between childhood maltreatment and future mental health issues.

In summary, the literature suggests that emotional dysregulation and insecure attachment styles play a significant role in parental mentalization capacities, which in turn, influences future psychopathology (Cyr et al., 2010). For instance, parents with personality disorders, may struggle with mentalizing, which can cause maladaptive caregiving patterns and enhance emotional and behavioural difficulties in both parent and child. This further underlines the importance of targeted interventions on strengthening mentalizing capacities, that could potentially break the intergenerational impact of maltreatment.

Borderline Personality Disorder & Mentalization

A substantial amount of research has been conducted on specifically borderline personality disorder (BPD) and its roots in mentalization. BPD patients are recognised as particularly vulnerable to mentalizing difficulties (Fonagy & Bateman,

2008). Neurological evidence as well as affect regulation and disorganised attachment styles have been at the forefront when studying people with this condition. There is suggestive evidence that patients with BPD have a history of disorganized attachment styles which impact their affect regulation and impulse control (Fonagy et al. 2008). This suggests that it is likely the interference of the formation of an attachment relationship combined with neurobiological development taking place that plays a role in the development of BPD (Fonagy & Bateman, 2007; Bartels & Zeki, 2004). More empirical support is needed to explore the causal link between childhood maltreatment to BPD.

A preliminary study by Quek et al. (2017) investigated the dynamics between BPD, RF and childhood maltreatment in a sample of adolescents. Their findings indicated that specifically emotional abuse was associated with higher risk factors of attachment anxiety and developing borderline pathology compared to neglect. It is suggested this may be because neglect may not instigate the same defensive coping mechanisms of inhibiting the capacity to think of other people's states as emotional abuse might do (Quek et al. 2017). The study also supports the MBT model as an effective intervention with adolescents who have BPD.

Overall research findings have suggested that people with BPD are more likely to have hyperactive attachment styles, that is likely linked to their early adverse childhood experience and biological predispositions (Fonagy & Bateman, 2007). It is likely that this is what inhibits their mentalizing capacities.

As previously mentioned, parental RF has been shown to predict the mentalizing capacities of children and RF in adolescence (Ensink et al. 2017). Various studies have demonstrated that children with insecure attachments, and whose parents have

low RF and emotional dysregulation, are at increased risk of developing a psychopathology (Camoirano, 2017). Further highlighting the intergenerational impact.

A study by Fischer-Kern et al. (2013) further supports the evidence that lower levels of mentalization can be associated with depressive disorders in adulthood. However, there are still not very many studies that have investigated the role of parental mentalization and its effect on child psychopathology. What has been investigated more thoroughly is emotional regulation and mentalization in childhood and adolescence (Camoirano, 2017). More studies including confounding variables such as socio-economic background or using community samples may give a more comprehensive oversight into maltreatment experienced in childhood and how this contributes to deficits in mentalization in adulthood (Berthelot et al. 2019).

Mentalization-Based Therapy (MBT) Interventions

From what has been mentioned already it seems evident that high risk families exposed to maltreatment have an increased chance of continuing this abusive cycle to the next generation. There is significant research into the effectiveness of clinical interventions being able to reduce this cycle of abuse. Looking at clinical interventions and how they are effective can provide more insight into how parental mentalizing plays a role in maltreatment. Seeing how clinical interventions may alleviate or process the psychic pain associated with maltreatment can provide us with more understanding of how the maladaptive or lack of mentalization capacities came to be. Therefore, improving parental mentalizing capacities could reduce the risk of them maltreating their child, further alluding the extent of how deficits in

parental mentalization play an important role.

Moreover, this is a field that is still undergoing continuous empirical testing, with some promising results. Mentalization and attachment theory have been useful concepts for clinical work, drawing on how getting patients to mentalize their trauma can help enhance their attunement and understanding their child's mental states. Mentalization Based Therapy (MBT) is based on psychotherapeutic principles, but specifically focuses on increasing the mentalization skills of the patient to allow them to reflect and manage mental states (Fonagy & Bateman, 2007).

A study by Berthelot et al. (2019) found that reflective functioning played an important role in reducing psychological symptoms in expecting parents who had suffered from childhood maltreatment. Reflective functioning also showed to improve the emotional investment the parent had towards their unborn child. This further supports how mentalization can act as a protective factor against the continuous cycle of maltreatment, and how MBT may be a useful targeted treatment in reducing the risk of intergenerational repetition.

A systematic review by Byrne, Murphy & Connon (2020) looked into MBT applied to families and children. Their results showed some indication that MBT can be effective for this population; however, there are still various shortcomings and further controlled studies should be conducted. The review did not find strong support for the effectiveness of various types of MBT, suggesting that there was not a significant difference between MBT and treatment as usual (TAU) (Byrne et al., 2020). Although the review seemed to indicate that MBT was effective in reducing behavioural difficulties in children. A pilot evaluation of MBT treatment for child maltreatment, led to some findings that suggested this treatment is effective in increasing sensitivity

and confidence in parents (Byrne, Sled, Midgley, Fearon, Mein, Bateman & Fonagy, 2019).

The mixed results of these studies shows the importance of considering what MBT is most effective for, in terms of which populations and how one measures its effectiveness. While certain studies reported improved sensitivity in parents and behaviour in children, other studies showed no significant change in parental mentalization or attachment patterns. The inconsistencies could be a reflection of the outcome measures or levels of risk in the participants (Byrne et al., 2020).

Additionally, it signifies broader challenges in how parental mentalization capacities are measured. For instance, the PDI relies heavily on verbal articulation and self-reflective skills, which may be inhibited in emotional stressful contexts (Slade et al., 2005). It is known that mentalization capacities are significantly impaired in situations of high emotional distress, particularly in traumatised or at risk populations (Luyten et al., 2020). This has the potential to complicate the evaluation of the real impact MBT has on such groups, as the improvements can be context specific, or subtle and therefore not immediately observable through these standardised assessments.

One should note that it seems studies looking into the effectiveness of MBT treatments are often conducted with very high risk and deprived families, which may make it harder to obtain fast and effective results (Byrne, 2020). As it is the attachment relationship itself that is so painful for the individual, this may mean that clinical intervention targeting this can initially be rejected or end prematurely. It is therefore important for future research to keep in mind how treatment initially can be tolerated and eventually lead to internal change. This may mean treatment needs to be longer and long-term implications need to be considered more thoroughly.

The Byrne et al. (2020) review did however seem to suggest that MBT is more effective for reducing borderline personality symptoms in adolescents. This coincides with other reviews on MBT and its effectiveness with BPD patients (Bateman et al., 2008).

These results are probably not surprising given that MBT had originally been developed for individuals with BPD. A population where, improvements in mentalization and affect regulation are mechanisms of change that are better defined and more steadily measured (Bateman & Fonagy, 2010).

Deficits in Mentalization

The concept of mentalization is multifaceted, and it is also important to note that gaps in mentalization capacities in the context of the parent-child interaction is also part of normal functioning (Bateman & Fonagy, 2013). However, its absence or featuring in inconsistent patterns has longer term mental health risks. The important aspects of mentalization is its durability during stressful situations and its and quick recovery during its lapses (Bateman & Fonagy, 2013). Another important aspect is its flexibility and dynamic structure, that promotes an adaptative and creative mindset, adding resilience to complex situations (Bateman & Fonagy, 2013). Having the capacity to mentalize provides the psyche with opportunities to resort to a place of empathy and thinking.

A study by Taubner et al. 2016, provided empirical evidence on the potential mediating factor of mentalization in relation to early maltreatment and the potential for violence in adolescence. Their study involved 161 adolescents from secondary

schools and youth psychiatry. Their results showed the direct impact maltreatment had on the potential for violence, and the moderately mediating impact RF had on the potential for violence. It shows how potentially deficits in mentalization could be a predictor of future maltreating behaviours, and how increasing mentalization could be a protective factor for this.

A recent meta-analysis by Baldwin et al. (2023) looking into the causal relationship between childhood maltreatment and mental health problems, found that the maltreatment categories falling under neglect and emotional abuse were more strongly related to mental health issues, than other types of maltreatment. Their findings were only based on three studies. However, neglect and parental absence could suggest it was the absence of mentalization having detrimental effects. In terms of emotional abuse, it is likely that the misattunement in mentalization may be the detrimental aspect, which the child internalises.

A study by Gervinskaite-Paulaitien et al. (2023) evaluated the effectiveness of a 12-week mentalization based parenting programme known as the Lighthouse Parenting Programme (LPP). It is an adapted and targeted intervention for parents of children who may be at risk of maltreatment. The aim of this programme is to improve parental mentalization and prevent child maltreatment. The 12-week programme had harnessed positive results, showing that parental adjustment, mentalization and family functioning improved, whilst riskier parenting practices decreased. Many therapeutic techniques such as psycho-educational input as well as the therapists 'modelling' mentalization with parents, are suggested to have contributed to these results. Another emphasised therapeutic technique was helping parents become

aware of how their responses to their children could be linked to their past relational experiences. Essentially, this study provides preliminary evidence of how MBT can reduce maltreating behaviours, and provided further evidence of the importance of mentalization and its protective features.

As indicated previously, this again highlights how the absence of mentalizing the psychic pain associated with maltreatment can lead to the repetition of these behaviours across generations (Fonagy, 1993). This is reinforced by studies that provide evidence for the effectiveness MBT interventions or highlighting how lower RFS in parents, in relation to their abusive past, increases the risk of insecure attachment patterns and lack of emotional regulation (Ensink et al., 2014; Gervinskaite-Paulaitien et al., 2023; Wang, 2022).

Mentalization is a complex process, and the specific aspects of mentalization deficits that lead to intergenerational maltreating behaviours is still being investigated. However, research has been able to clearly indicate that deficits in mentalization reduces the opportunities to tolerate or process complex emotions, making it a crucial aspect to breaking the cycle of maltreatment.

Conclusion:

It is evident that there is a rich and vast amount of research related to maltreatment and parental mentalization that can be followed back for decades. There are many different areas of research that explain how mentalization is compromised in parents who have experienced maltreatment in their early childhood. This literature review has looked at the whole “cycle of violence” from early childhood to adolescence to

adulthood to gain further understanding of how parental mentalization is linked to maltreatment across the ages. There is substantial research when it comes to attachment theory, emotional regulation and neurological influences. All these factors seemed to play a significant role to mentalization.

The literature gives a rich account of how internal working models and brain development are altered and compromised in the context of maltreatment and illuminates the intricate interplay between adverse experiences and the neurobiological impact. Additionally, it shows how individuals may resort to maladaptive coping strategies to manage external stressors, ultimately impacting their capacity to mentalize.

The literature continuously highlights that it is the specific psychic pain which is so difficult to process that compromises a parent's mentalizing capacities. This seems to support the notion of the early paper from Fraiberg et al. (1975) that maltreatment does not predict lack of mentalization, but rather not being able to work through specific painful experiences is what compromises parental mentalization. The study by Berthelot et al. (2015) provided some evidence to this suggestion that the children of mothers with Trauma RF were less likely to be exposed to CSA.

Attachment theory has played a significant role in this area of research as it showed how one could predict the future attachment styles of the children when the attachment style of the parent was known (Fonagy et al. 1993). It highlighted how internal representations of parents and how reflective they are of their experiences and others, plays an important factor in the realm of mentalization.

It is also important to consider that maltreatment is incredibly varied and there might be cultural differences in how maltreatment is defined. Also, social demographics are important to keep in mind as there seems to be evidence to show that this also

impacts mentalization. Future reviews might consider more cross cultural and social demographic studies and their impact on mentalization.

When it comes to considering the research on clinical interventions such as MBT, the research is not as straight forward. There is growing evidence of how MBT can be effective for enhancing RF in families, but more empirical evidence is needed to back this notion. Camoirano's (2017) review, also proposed whether verbal measures that are used for identifying mentalization patterns in parents, adequately represents their mentalizing capacities and responses to their child's emotional needs.

It is also interesting to note that specifically emotional abuse has been shown to have a more profound impact than neglect. This gives further insight into how different types of maltreatment can affect parental mentalization. Future reviews could possibly look into more specific types of maltreatment in relation to mentalization.

There have also been studies that discuss the impact of witnessing violence, and the potential psychological risk factors associated with this (Greene, 2020). It shows the difficulty in understanding which aspects of maltreatment, whether witnessed or experienced, that has the most profound psychological impact, and consequently mentalizing capacities.

It is important to keep in mind the complexity of maltreatment and how one may experience this individually. Also, that treatment implies the patient establish an "attachment" with the therapist, which is the very thing that patients may find difficult if they have experienced maltreatment.

Ultimately, it seems that various factors contribute to mentalizing capacities of parents in the context of maltreatment. It is the domino effect of experiencing

childhood maltreatment, adopting maladaptive patterns of coping, usually in the form of reduced mentalizing capacities, and passing on those maladaptive coping strategies to their children. The research highlights that parents, who have experienced maltreatment, likely get triggered by these early adverse experiences when they become parents, which again can inhibit mentalizing.

Essentially, when parents have difficulties in mentalizing, they can consequently have difficulties in understanding their own emotional experiences, as well as those of their children. These misunderstandings can lead to mis-attunements to their child's needs. If a parent had experienced past maltreatment, their unresolved trauma may inhibit their mentalizing capacities and ultimately impact their parenting approach and thus, contribute to the cycle of intergenerational maltreatment.

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Part 2: Empirical Research Project

Title:

Examining Parental Reflective Functioning in Parenting Assessments for at Risk
Families

Word Count: 8545 words

Abstract

Background and Aim

This cross-sectional mixed methods design study aimed to examine parent's mentalizing capacities, using the Parental Reflective Functioning (PRF) scale on the Parent Developmental Interview (PDI). The study comprised of participants in an at-risk parenting population, where a clinical recommendation and a court decision had been made on whether a child remained within their parent's care. It aimed to look at the relationship between parental RF scores and the clinical recommendation for a child to either remain or be removed from their parent's care. Moreover, it looked at the underlying factors provided through the PDI's and RF scores that were relevant in informing clinical judgement on parental capacities.

Methods

Phase 1 of the study measured the extent PRF scores were aligned with the clinical recommendation for a child to either be removed or remain in their parent's care.

Phase 2 of the study used Braun and Clarke's (2006) thematic analysis on a sample of 3 PDI's to explore the caregiver's representations of the child related to clinical recommendations.

Findings and Discussion

Results of Phase 1 showed that a higher to moderate PRF score was associated with a clinical recommendation for the child to be remain with their caregiver, and lower PRF score was associated with the clinical recommendation for removal.

Phase 2 of the study looked at PDI's with higher to moderate PRF scores and the underlying factors associated with this. Three interconnected themes with eight subthemes were generated: 'Integration', 'Intergenerational Awareness', and 'Commitment to the Child'. Themes captured the significant protective factors of

mentalization and their contribution to the clinical judgement in children remaining in their parents care. Implications for the clinical use of PDI's and RF scores are considered.

Examining Parental Reflective Functioning in Parenting Assessments for at Risk Families

Mentalization is the active process of attempting to understand another person's mental states and the reflective process of how this affects one's own mental states (Fonagy et al. 1998). This can include one's thoughts, feelings, beliefs, and intentions (Sharp & Fonagy 2008).

Parents are usually the first to help their child make sense of the world around them and it is in this dynamic relationship that this capacity for mentalizing emerges (Fonagy et al. 1995). This process starts during infancy, where an attuned parent mirrors the thoughts and feelings evoked by their child (Sleed et al. 2020). These interactions provided opportunities for the child to discover their own mind and consequently shape their inner world (Sleed et al. 2020).

As a result, this capacity to mentalize stems from attachment relationships, primarily through relationships with caregivers and then, later on through other important relationships such as with peers, teachers etc. (Berthelot et al. 2019).

Attachment theory has provided a useful framework in developing an understanding of the intricacies of mentalization (Fonagy et al. 1998). Fonagy and colleagues (1998) proposed that these attuned interactions between parent and child can only occur within the context of a secure relationship. With the establishment of a secure attachment between parent and child, thoughts and feelings can be received and tolerated (Slade et al. 2005). This also highlights the intergenerational aspect of mentalizing capacities. A literature review by Camoirano (2017) indicated that if children have experienced this mentalization they are able to apply it in their own social-emotional environment later in life. Consequently, parental mentalization

difficulties predict the following adverse outcomes for children: attachment insecurity, less optimal socio-emotional development, and poor affect regulation (Slade et al. 2005). It has also been a predictor of psychopathology for children in later years (Camoirano, 2017).

Reflective Functioning

The Reflective Functioning (RF) scale has been used to quantify the quality of mentalization in an adult by producing a numerical score, with a higher RF score signifying higher mentalizing capacities and lower signifying less capacity (Katznelson 2014; Camoirano, 2017). The RF scale (Fonagy et al., 1991) was originally developed for the Adult Attachment Interview (AAI) and more recently applied to the Parent Developmental Interview (PDI) (Slade et al. 2004). The PDI is a semi-structured interview comprised of questions that draw on the parents own representations of their parenting, their child, and the parent - child relationship (Slade, 2005).

Parental reflective functioning (PRF) is the capacity for the parent to understand the impact of their own mental states and how this could developmentally impact their child (Camoirano, 2017). Essentially, RF coding of the PDI assesses the competence of the caregiver's quality for mentalization (Sleed et al. 2020). Research has shown that more attuned and sensitive caregivers have higher RF scores, and their children are more likely to have secure attachments (Grienenberger et al. 2005).

A study by Sleed et al. (2020) assessed the validity and reliability of the RF scale on the PDI. The outcome showed that the PDI RF coding system was reliable and valid

for measuring RF levels for parents from high and low risk families and different socio-economic backgrounds.

This growing research on mentalization and attachment theory has more recently provided clinical guidance for working with vulnerable children and adults (Midgley et al. 2017; Steele & Steele, 2017). A systematic review by Malda-Castillo et al. (2019) identified that Mentalization-Based Therapy is an effective clinical intervention particularly for Borderline Personality Disorders, adolescents who self-harm and addictions. Evidence also suggested its effectiveness for alleviating depression and eating disturbances, however the evidence is still limited (Malda-Castillo et al., 2019). Another recent study by Ensink et al. (2023) showed that the mentalization of attachment relationships, where child maltreatment had occurred, had a mediating effect on Post-traumatic-stress Symptoms (PTSS). This provides further evidence of the protective function of mentalization in decreasing the chances to develop psychopathologies.

The main assumption from this is that the impact of trauma, or more specifically relational trauma, reduces the individual's capacity to mentalize (Allen, 2012). This suggests that adverse experiences inhibit the capacity to provide meaning and understanding about one's experiences and therefore limit capacity to reflect on one's own thoughts and feelings and those of others (Allen, 2012). Mentalization requires thoughtful reflection and insight, and therefore it can be impaired during emotionally challenging situations (Byrne et al., 2019).

A recent study by Rosso et al. 2022, looked at mentalizing capacity in two groups of parents, one group that had been referred to the 'Courts for the Child and Custody and Parent Plan Evaluation' and had maltreated their children and a 'non-clinical' group. The study showed that, in the first group, 83.3% had significantly impaired mentalizing capacities and low RF, whereas the non-clinical group only had 12.5%. Parents in the first group had a tendency to exhibit negative RF and demonstrated distorted or self-serving attitudes. The study concluded that these impairments likely stem from the parents' early childhood experiences and a hindered capacity to adequately care for their children.

Intergenerational Patterns of Mentalization

The research mentioned sheds light on how mentalization difficulties can contribute to the continuation of intergenerational patterns of abuse (Fonagy, 1993; Ensink, et al. 2014). Not all maltreated adults end up maltreating their own children (Rosso, 2022; Berthelot et al., 2015; Ensink et al., 2016; Milan et al. 2021). Growing evidence has shown that mentalization can serve as a protective factor against potential aggressive behaviour in later life (Taubner & Curth, 2013; Berthelot et al. 2015; Milan et al. 2021). Mentalization difficulties have been observed in parents who had experienced maltreatment in their early life (Berthelet et al., 2015) and in parents of abused children (Ensink et al. 2017; Ensink et al. 2016). Byrne et al. (2019) describes how parents with difficulties in mentalizing are more likely to attribute negativity and hostility towards a child's intentions, potentially resulting in physical and emotional abuse.

Milan et al. (2021) suggested that individuals who demonstrate the capacity to mentalize even when they have experienced maltreatment, are more likely to have had at least one secure attachment relationship.

Children in Care

There are a variety of reasons why children may be removed from their primary caregivers. This includes various forms of abuse; emotional, sexual, physical, psychological and neglect, or other circumstances that do not allow adequate care from caregivers to take place (Jones et al. 2011). Children are placed into care either voluntarily or subject to care order directed by the court (Jones et al. 2011). There is a strong link between entering care and deprivation, poverty and parental unemployment (Jones et al 2011). Court decisions to place children into care or to return them to the care of their parents require various forms of processes, such as social care assessments, information gathering and professional input.

In 2019 the Department of Education in England reported that 63% of looked after children in England were put into care due to neglect or abuse (DfE, 2019).

Additionally, parents who have had involvement with family courts and social services have often experienced adverse childhood experiences themselves (Broadhurst & Mason, 2020). The evidence of the importance of mentalization capacities and their potential for intergenerational transmission suggest their significant role in understanding parent-child relationships in the context of care proceedings.

Rationale and aims of the study

There is a growing body of evidence to suggest that 1) parental mentalizing may be a crucial factor in the intergenerational transmission of abuse, and 2) that a parent's capacity for mentalization may be a protective factor that enables them to parent sensitively.

Despite this, little research has examined how PRF relates to parenting capacity in high-risk families where there are questions about potential child removal.

Further research looking at whether or not PRF is associated with clinical assessments of risk is needed.

This will have implications for understanding the factors that support or impinge on a parent's capacity to care for their child safely and sensitively.

It will also provide valuable insights into the potential usefulness of PDI and RF coding for practitioners doing assessments for the family courts.

Research Questions

This study aimed to answer the following questions:

- Is there a relationship between parental RF scores and whether a clinician recommends removal or not? My hypothesis based on the research surrounding parental mentalizing, is that low PRF will more likely be associated with the clinical recommendation for removal and average to higher PRF will more likely result in the recommendation for the child to remain in the primary caregiver's care.
- What factors provided in the PDI's and RF scores are relevant for informing clinical judgement of parental capacity and the child's safety?

Methods

Design

This is a cross sectional mixed-methods design study that draws on data from clinical services that provide parenting assessments and recommendations for the family courts. Part of these parenting assessments included the use of PDI's that have been coded for PRF. This study will endeavour to understand how the PRF scores are linked to the recommendation for removal or non-removal, as well as any factors may have contributed to this. The study will have two phases:

Phase 1

The first phase of the study aims to measure to what extent the PRF scores were correlated with clinicians' recommendations of child removal from parental custody. This is in line with the hypothesis that low PRF will likely have a recommendation of child removal and parents with average or higher RF scores would less likely have a recommendation of removal following an assessment.

This will inform whether the RF score is an important factor in the recommendation for a child to be removed from their caregiver or not.

All of the clinicians conducting the assessments did have access to the PRF scores at the time of making their recommendations to the court. Therefore signifying that RF scores and clinical recommendation were not independent of one another.

Before conducting a t-test, the key assumptions were tested. The visual inspection of the histograms suggested approximate normality and the Levene's test indicated homogeneity of variance ($p > .05$), supporting the use of an independent t-test. All analyses were conducted on SPSS.

Phase 2

The second phase of the study was informed by the outcome of the first phase of the study. A thematic analysis (Braun & Clarke, 2006) was conducted on a selected sample of PDI's to explore the outcome of phase 1. The aim was to explore in more depth how the caregiver's representations of the child would potentially relate to clinical judgement of recommending child removal. See results section for further details on case selection.

Ethics

Ethical approval was granted by the University College London Ethics Committee (9593/003). All participants provided written consent for the transcript of their Parent Development Interviews to be shared for research purposes. The collaborating clinicians fully anonymised all data before transferring it to the research team. All data has been stored on password protected computers.

Participants

Data was collected from three organisations across the UK that provide parenting assessments for family courts. There was no access to further demographic data to ensure anonymity. For phase 1 of the study a total sample of 23 PDI's (22 mothers and 1 grandmother) were obtained from collaborators along with the clinical recommendation to the court. For phase 2 of the study a thematic analysis was conducted on the PDI's of three respective participants (Braun & Clarke, 2006). This number was considered appropriate for a thorough implementation of a thematic

analysis. Participants were chosen based on their RF scores, who had moderate to higher reflective functioning. RF scores range from -1 to 9, and participants with scores that were 5 and above were selected. Two of the selected PDI's were mothers and one was a grandmother. Again, please refer to results section for further details and rationale on the selection of participants, which was informed by Phase 1 of the study.

Instruments

The Parent Development Interview (Slade et al., 2004) is a semi-structured clinical interview that provides a picture into the parent's view of their own children, their relationship with their child and themselves as parents (Slade et al., 2004). The PDI's were conducted and transcribed verbatim by clinicians working for the family courts. All 23 PDI's were coded with the use of the RF coding system (Fonagy et al., 1998) that had been modified to be applied to the PDI (Slade et al., 2004).

Collaborators had provided the PRF scores of 12 PDI's that were RF coded by several accredited and reliable coders. The remaining 11 PDI's were RF coded by myself, as I am also an accredited coder.

This modified coding scheme has an 11-point RF rating scale -1 (negative or bizarre RF) to +9 (high RF). RF scores that are 3 and below are considered low; scores between 4 and 6 are moderate and scores that are 7 or above are high (Fonagy et al., 1998). These scores apply for the overall RF and to the demand questions, which are designed to directly measure RF (Sleed et al., 2020). The original coding of RF types which still apply to the PDI are: “(1) *awareness of the nature of mental states*, (2) *explicit effort to tease out mental states underlying behaviour*, (3) *the*

recognition of the developmental aspects of mental states, and (4) the recognition of mental states in relation to the interviewer” (Fonagy et al., 1998). However, the modified scale is applied specifically to the current and live status of the parent-child relationship (Slade et al., 2004). The second instrument of this study was the clinician’s recommendation to the family court as an outcome of the assessment. This was given as a simple dummy variable of recommendation for removal or parental reunification.

Analysis

For phase 1 of the study a *t*-test and estimate of effect size (Cohen’s *d*) was conducted and calculated. The purpose of this was to test the hypothesis that parents for whom the recommendation was child removal would have lower RF scores than parents for whom the recommendation was reunification. Data of the clinical recommendation and PRF scores was first inputted into SPSS and an independent samples *t*-test was run.

Phase 2 of the study focused on a sub-sample of the cases that were purposively sampled to reflect findings from phase 1. A thematic analysis was used due to its flexible approach allowing one to work within a framework that is most appropriate for the current study (Clarke & Braun, 2017). All selected interviews were re-read to search for patterns and meanings (Braun and Clarke, 2006). All interviews were inputted into a spreadsheet and extracts that characterised the outcome of phase 1 of the study were highlighted with an assigned code. Similar codes across all participants were then collated which led to the identification of themes and

subthemes. In the final stage of analysis, a structure of the main themes and subthemes was produced that best depicted the participant's responses in relation to the research question.

Phase 2 of the study assumed a critical realist epistemological position, with the recognition that participants narratives in their respective PDI's are representative of internal mental states as well as broader contextual factors. The thematic analysis adhered to Braun and Clarke's (2006, 2019) six-phase framework. The selected PDI's were re-read to gain familiarity with the material. Engaging line by line with PDI's and coding semantically and latently, aligning them to the findings from phase 1. Trustworthiness and reflexivity was ensured through systematic coding and regular supervision meetings with allocated research supervisor. As a clinician in training and a PRF coder, I brought potential bias and insight to the interpretation of parental responses.

Results

Phase 1

For phase 1 of the study an independent samples t-test was conducted. This would test whether parents, for whom the recommendation was removal, had lower RF scores than those for whom the recommendation was not removal.

This test was found to be statistically significant $t(21) = 9.85, p = 0.005$. The effect size for this analysis ($d = 1.14$) was found to exceed Cohen's (1988) convention for a large effect ($d = .80$). Parents where the clinical recommendation was to remove the child ($M=3.20, SD=0.68$) had significantly lower RF scores, compared with parents

where the clinical recommendation was for the child to remain with the parent ($M=4.13$, $SD=1.72$).

This suggests that caregivers who were given at least a moderate score of being able to reflect on their child's mental states were more likely to be seen as fit for their child to remain in their care.

From the 23 parenting assessments, 8 resulted in recommendations for reunification and 15 in recommendations for removal. Although the groups were unequal in size, the difference in PRF scores between them was large enough to generate a statistically significant result. While these results are consistent with the hypothesis that lower PRF is linked with recommendations for removal, it is still important to consider the range of other possibilities that may influence both RF scores and clinical recommendation. For example, high levels of stress, mistrust in professionals, language barriers or demographic factors that may have influenced the parents engagement with the PDI.

Phase 2

The results from phase 1 of the study confirm the predicted hypothesis that higher to moderate PRF scores are more likely to be associated with a clinical recommendation for the child to be reunified or remain with their family.

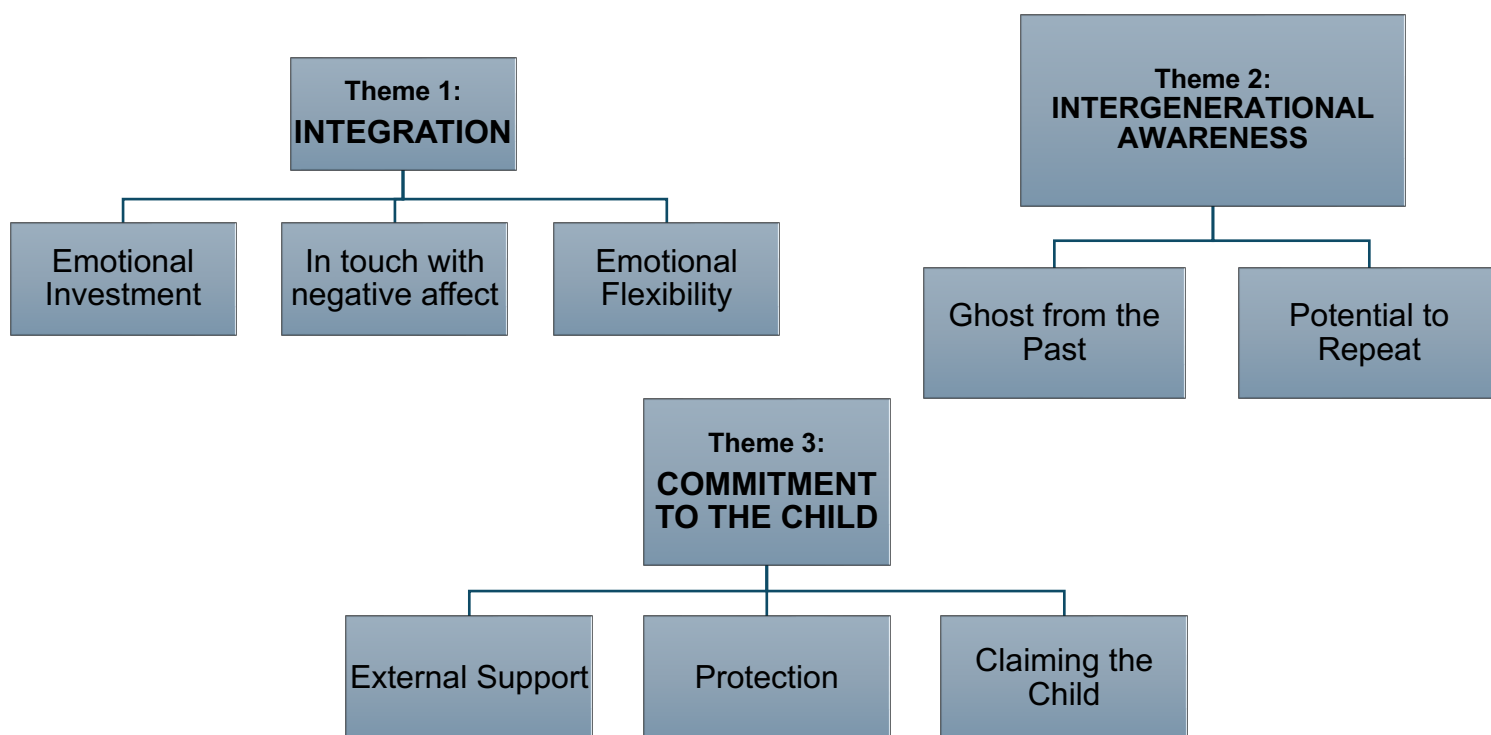
Three participants were selected from the sample that showed the highest level of RF and where there was a recommendation that the child remain in their care.

Participants with moderate to high PRF scores were selected to gain an understanding what patterns might be present in the interviews with parents who were deemed to have a higher capacity for mentalization and consequently viewed more favourably in the clinical recommendations. Although moderate scores on the

RF score is between 4 to 6, participants with scores of 5 and above were selected for the thematic analysis. Scores of 5 and above were included, because a score of 5 is considered definite or ordinary, which means that its likely to reliably show good enough mentalizing (Slade et al., 2005). This conservative threshold was to ensure a clearer demonstration of reflective functioning, with the intention to capture a more richer understanding of mentalizing responses that would be appropriate for the thematic analysis. The intention was to explore how reflective functioning potentially manifests itself in nuanced ways within the PDI's. Three participants were selected in line with Braun and Clarke's (2013) guidance that small, in depth samples are appropriate to conduct this exploratory analyses, particularly as the PDI data is very rich. This decision to select three participants was also pragmatic, taking into account time constraints and external training demands, ensuring a thorough analysis could take place.

The thematic analysis produced three themes, two of which have three subthemes and one that has two subthemes described in the figure below (Figure 1).

Figure 1. Thematic structure of themes and subthemes from three selected participants



Selected Participants

Three participants were selected from the sample: Carol (Mother) who scored 7 on her RF, Meryl (Mother) who scored 5 on her RF and Nana (Maternal Grandmother) who scored 5 on her RF ¹. Both Meryl and Nana would be considered to have a moderate score of RF. Suggesting average reflecting capacities that are not particularly elaborate. Carol's RF score of 7 suggests she has a more complex and interactive level of mentalization and reflective capacities. This is a score that is less

¹ For the purpose of this study, when referring to 'parent's it is meant in the broad sense of individuals who have caregiving responsibilities for the child rather than only birth parents. Although one participant is a grandparent I will refer to them as parent, and when addressing their grandchild, I will refer to them as 'their child' because they are the ones with caregiving responsibilities.

likely to be present in an at risk population. All three selected participants had the clinical recommendation that the child remain in their care. Note that these names are pseudonyms.

Themes and Subthemes

Integration

The selected participants were all able to display a capacity for holding an integrated view of their thoughts and emotional experiences. The description of their thoughts and feelings was in touch with the complexities of parenting, able to draw on both negative and positive experiences rather than skewing toward a one-sided perspective. This moderate stance seemed developmentally appropriate for the children's emotional needs. This also demonstrates a flexible rather than a rigid disposition towards their children's experiences. Also, depicting an open and honest description of the uncomfortable feelings associated with uncertainties in their approach to parenting. Three subthemes were evident within this broad theme: emotional investment, in touch with negative affect and emotional flexibility.

Emotional investment

All three participants demonstrated a sense of pride and positive depiction toward their children's behaviour such as life skills, reaching developmental milestones, or doing well academically. The attention to detail and emotional investment in these achievements was age-appropriate and not distorted by unrealistic claims and expectations. It depicts a positive attachment between caregiver and child. The

apparent enthusiasm and pride evoked in the participants reflect a natural extension of their own narcissism towards the children.

Both mothers Carol and Meryl, directly expressed their pride in their children's achievements. They enthusiastically emphasised small details of the child's development and growth, that are subjectively perceived as significant which further demonstrated their emotional investment.

"The way my kids are, the way I've obviously watched them grow up, and their personalities, I'm so proud of them, so that gives me joy. Just the way they are (Carol)".

"Proud because of how much she's come along... and noticing the change in her hand writing and then I was reading her book and I couldn't believe the size of the words like jumping from primary two to primary three and I'm like oh my they're big words B. So yeah I feel proud in watching her doing it. I was chuffed how easy she done it when I actually encouraged her and went you can do this (Meryl)".

Here Meryl is describing her 4-year-old daughter and simultaneously crediting herself with her daughter's achievements. Given her daughters' age, the level of narcissistic investment seems developmentally appropriate, where parent's and child's achievements is perceived as a shared experience, as separation individuation is still in its early stages.

"His personality. He's just funny and he's comical and he's a very loving little boy and he's caring. Although, he started pushing people, which is not ok (Nana)".

Nana elaborated on her child's favourable traits was able to do this whilst maintaining the reality of his challenging behaviour. Her comment demonstrated an appropriate level of emotional investment in her child's achievements whilst simultaneously holding complex aspects of his personality in mind.

In touch with negative affect

All participants were able to illustrate complex and negative emotions either felt by themselves or by their child. Their descriptions touched upon challenging realities of raising children which, highlighted their tolerance for these emotionally charged exchanges. They were also able to demonstrate curiosity and reflection in these moments, by considering their own and the child's negative emotions. Feelings associated with guilt seemed to be central in their descriptions of daily life with their children.

Carol was able to honestly describe examples of emotionally charged interactions with her child.

Interviewer: "How do you think she felt during that 15 minutes of torture?"

Carol: "Probably rubbish, probably like I was the worst mummy ever because I was making her do her homework".

Later in the interview, Carol talks about her own difficulties of separation from her child.

"Just now being away from them... and them not fully understanding what went on. Not watching them grow up, I'm missing things like B's first wobbly tooth. Missing things like milestones and my fear of them thinking like this was my fault. I don't want them thinking that I don't want them that's my worst fear probably (Carol)".

Carol shows concern for her children's experience of separation and for the potential misunderstandings that come with it. She is reflective of her own emotional distress as well as her children's in relation to being separated.

Both participants Nana and Meryl were able to reflect on how a negatively perceived behaviour by their child affected them. They showed curiosity as to why the child was upset, and were able to help the child make sense of their distress.

They also engaged in reflecting on how their own thoughts and behaviours impacted the child's emotional state.

This is an example of an integrated and reflective position in an emotionally challenging situation.

"I don't like when he's shouting, when he's overly tired and he's shouting, because that upset me that he's upset and shouting 'I'm not going to bed' and you just think oh you're so tired and it's hard to explain to you that really you're just tired and that upsets me so I'd say I don't like seeing him upset like that. But apart from that I can handle anything else he does and it's fine. It's just child development in it..."

Interviewer: And is there a time recently when you've felt really guilty as his carer?

I feel guilty every time I have to have him screaming when I'm putting his cream on. (Nana)".

"I do feel because I have had moments in my life where I worry or get anxiety that he worries a lot. Like if I'm worried he's worried. Like he'll sense it... I don't think it effects them my guilty feelings because they don't see it but like I don't know they're just sad because they're not with me and I'm sad because I'm not with them so (Meryl)".

All three participants openly acknowledged experiencing guilt in regards to certain feelings towards their children. As seen with Nana, implementing important boundaries, such as sleep, was still accompanied by difficult feelings, although she was able to remain empathetic to his experience. The capacity to continue to relate and understand a child in these emotionally charged experiences, demonstrates a capacity for integration.

Emotional Flexibility

All three participants describe their child's feelings with a flexible mindset. Language like "I think" or "probably" when used to describe their child removes the rigidity and concreteness of their statements. It facilitates a mental space for more imaginative thinking about the potential feelings that are present in these carer-child interactions.

"I think he likes it because he's understanding that he now knows what the weeds are which ones are weeds and he can help me because he can do that because he's big (Nana)".

"Probably extremely annoyed at his mum (laughs). But...he was just probably annoyed at me (Meryl)".

"So I feel like she's left hanging she doesn't know what's going on or it's obviously this is what I think anyway like she must feel different from everybody because she had said things a couple of times (Carol)".

These excerpts highlight how the participants are able to demonstrate playful and adaptable responses to the children's emotional experiences. This emotional

flexibility allows more psychic tolerance and space for a diverse range of possible emotional experiences.

Intergenerational Awareness

All participants expressed an awareness of how past experiences potentially impact a child's development. Nana and Carol were able to derive meaning from their own past experiences with their parents. Also demonstrating an awareness of their parents parenting approaches, and how this differs from theirs. Participants were able to describe which parenting styles felt more suitable and which approaches they preferred not to continue with their own child. The emergent subthemes are described below.

“Ghost” from the Past

The ‘Ghost’ mentioned in this subtheme alludes to the unresolved issues from the past that can manifest themselves in more current situations (Fraiberg et al., 1975). Both Meryl and Carol demonstrated a capacity to retrospectively recollect their traumatic past experiences and recognise its influence in their current circumstances. They exhibit an attempt at emotionally processing these experiences.

“I can’t handle it, it used to be like everything bad that’s happened to me has happened to me back home... like I was in care myself and I was abused and that (Meryl)”.

Meryl openly shared the abuse she had experienced and was able to introspectively revisit these difficult phases of her life. Later on in the interview, she talks about spending time with the “wrong” crowd and the influence and consequences of this.

Carol described a particularly painful experience of witnessing her mother being upset and tearful:

“It’s not until recently I have sat and looked back on that and went, I hated that, when my mum was crying, I hated it, it was horrible. And I’m like see the amount of times B saw me crying. I’m like oh my god. But it’s only now that I realised that. This past seven, eight months I’ve looked back and I realised a lot (Carol)”.

Carol described being in a position where she dedicated time to attempting to understand her difficult past experiences, specifically seeing her mother upset and how this had impacted her. She was aware of the presence of this past emotional baggage, i.e., a 'ghost'. It showed an attempt at processing and a motivation to change the current circumstances.

Potential to Repeat

All participants demonstrated an awareness and understanding of how parenting experiences in childhood can remain influential in their current parenting approaches. They could specifically describe an awareness of its repetitive quality by acknowledging parallels between their own parenting experiences and this potentially unfolding repetition in their children lives. As already mentioned in the previous theme “Ghost from the Past”, there is a recognition of how certain parenting styles or situations can be repeated in current parenting experiences.

“My mum was soft with me... she gave me everything I wanted, she wasn’t consistent with me or follow through with me. So there’s one thing. My dad wasn’t really in my life as a teenager, didn’t care back then but after doing work with [therapist] and looking back and actually thinking I didn’t care then but I

care now. So it affects me now, like he's not here for me like physically. So I didn't have like a man there either to put boundaries in place or anything like that so that's probably why I struggled with boundaries with my own children to be honest because I didn't know them"(Carol).

Carol was able to specifically describe some of the parental approaches her own parents struggled with and how this might impact her parenting towards her own children. In this case, her reflections on her absent father and the lack of established boundaries in her upbringing allowed her to acknowledge how this impacted her own ability in setting boundaries with her children. The awareness of this internalised experience, provided a desire to address this parenting approach.

In the example given below we see how Meryl expressed concern that patterns of behaviour can repeat themselves.

"...just that I don't want them to end up like in this situation like I don't want them to have issues when they're older because of their childhood. Like that is my main worry like my oldest daughter S even though she's with my mum and dad she is very similar to me and she says silly things to me she's like I'm going to leave school soon and I'm going to have a baby and I'm like no you're not. So I just don't want patterns repeating itself. Like I want them to grow up and just have a different future than me" (Meryl)".

This quotation exemplifies Meryl's recognition of the potential for patterns to repeat themselves intergenerationally, and her consequent resolve to ensure a different outcome for her child.

Nana, being a grandparent, did not specifically describe her own childhood experiences of parenting. However, she acknowledged the profound influence of

early childhood relationships impacting relationships in adulthood. Below Nana is describing her daughter in law, who is the child's biological mother. These are Nana's observations of the more erratic behaviour this mother may have displayed, and how this may be linked to her past childhood experiences.

"So that was what was driving her jealousy; she was insecure about things. I think she's always been insecure with relationships because she didn't have stable family relationships as a child I think it all goes back to her own childhood...(Nana)".

Both Carol and Meryl demonstrated the capacity to articulate the impact of their parents parenting approaches, and the potential risk of these approaches repeating themselves with their own children. Nana was able to depict an awareness of the influence of early relational experiences. This awareness could reduce the likelihood of repeating these experiences.

Commitment to the Child

All participants showed a determination to claim as well as prioritise the child's safety. This commitment to the child's well-being likely motivated the parent's willingness to engage with external support, especially in the case for Carol and Meryl. The participants' priority aligned with an activated parental instinct to be close to their children as well as protect them from harm. Ultimately, this apparent commitment led them to take an active approach in claiming the child. Three subthemes were evident, as described below.

External Support

Carol and Meryl were able to described how they benefitted from external support. They demonstrated trust towards professionals, especially in situations where they were struggling. It showed they recognised needing help and had the initiative to utilise the support offered.

“I used to just put it to the back of my head. Emm but now I will ask for support I’ll phone somebody or just completely remove myself from that situation. That’s the way I feel is best for me to cope with it (Carol)”.

Carol acknowledged how she used to cope with her difficulties, and how she replaced this with seeking support.

“But I have being going to CBT as well. So that’s been helping me make change the way I think about things so to speak, normally if I speak about R or G and that I used to get really worked up about it but now I’m just like I can talk to them (Meryl)”.

Meryl described how engaging in a therapeutic intervention helped her improve emotional regulation when exposed to circumstances that used to get her “worked up”.

Nana took a different approach from both Carol and Meryl. Having been a support worker for children in the past she described her account of the job and the activities she did with children.

“I’m a support worker for the children. So we help with their tasks, help with their personal care, support them to do PE, horse riding anything”.

Even though Nana does not directly talk about accessing support, she highlighted an awareness of external support services, which could indicate a degree of receptivity to such interventions. It is evident that Carol and Meryl, both the mothers, were more active in their pursuit of engaging with external services.

Protection

A prominent component of the data showed how the parents displayed commitment to protecting their child. Having the ability to be in touch with their difficult experiences also seemed to allow them to cultivate an understanding of how difficulties may affect their children. There was a drive and motivation to not replicate these difficult experiences again and emphasis was put on taking on the responsibility of keeping their children safe.

Carol exhibited a strong sense of commitment to protecting her child. She demonstrated this by her motivation and desire for her child to have a different and safer experience.

“But then I have to keep telling myself well it’s your job to protect your children you don’t want them going up to a jail, you don’t want them listening to that, you don’t want them to be treated like that (Carol)”.

Meryl similarly emphasises her children’s safety as imperative, demonstrating her profound sense of obligation to this as evidenced below.

“Just knowing that at the end of the day that when I put my children to bed that they’re safe and I’ve protected them ... But like with J, I should have just ran for

the hills when he first laid his hand to me but I was so young and just naïve to the whole situation of it all. Like I know now that if something was ever to lay their hand on me again I would never entertain it you know (Meryl)”.

Later in the interview, Meryl goes on to say:

“...his mum and dad tried to pressure me into keeping him in my life. But then it just got to the point where I’d had enough so I just went to the police and reported everything”.

Meryl’s reflections demonstrated her ability for introspection regarding her past abusive relationship and the consequent risks of this for her children. Her engagement in processing these past experiences helped her gain clarity on what constitutes a safe environment. Moreover, she recounted an instance where she had reported abusive behaviour, which showed empowerment and her resolution to avoid any such situations again.

Nana also clearly described an incident that she interprets as unsafe and “unhealthy” for the child.

“It wasn’t safe for him plus that’s not a healthy atmosphere for a child to be in. They pick up on vibes as I call it because they do. I thought I don’t want him sitting there and he’s trying to feed him and he’s so tense and angry that he’s associating food with not feeling secure or the scent of this person makes me feel like this. So I thought, do you know what? No. I mean I tried to accommodate because I’ve got experience with behaviours but you have to prioritise (Nana)”.

She is describing her child’s biological father’s mental health difficulties and his abrupt and unpredictable behaviour that included him shouting at her child. There seemed to be a clear boundary in Nana’s mind as to what is emotionally appropriate

or not for a child. This excerpt showed there is a more active role in keeping her child safe.

All three participants demonstrated a protective function in their interviews. This is highlighted in their concern for the child's safety, their awareness and recognition of an environment that is unsafe, and their commitment to safeguarding themselves and their children from harm.

Claiming the Child

All participants described a sense of claiming their child in a way that displayed their emotional investment. This appeared specifically related to their desire to have the child returned to their care, or a conviction that, despite difficulties they remain emotionally invested in them.

Nana described this in the context of how time consuming and challenging raising a child can be, but suggested that despite this she would not change her circumstances. She acknowledged the difficulties of raising a child, but made a point in saying she would not want to change this.

“Oh I don’t have a moment to myself (laughs). That’s how it’s changed me I’m more tired than I expected to be... but I would never swap him (Nana)”.

Carol highlighted her commitment to her parental role by stating she would never be like her father who abandoned her. This depicts a reflective recognition of not wanting to re-enact something she had experienced from her parent (as described in the potential to repeat), as she actively stated she does not want to become an abandoning parent. She claimed her child with intense determination.

“...how I’m like my dad as a parent? I can’t answer that. I can answer I’m unlike him because I keep fighting for my children and I won’t give up and I would never leave them. Whereas he did (Carol)”.

Meryl also showed a determination to claim her child through her commitment to continuing her own therapy sessions.

“Well I could actually stop (CBT) but I’ve said that I wanted to keep going until I get the kids back.. and then I want to do a couple of months after they’re back and then I’ll see how I feel (Meryl)”.

This evidenced Meryl prioritising her parental responsibilities and her resolve to get her children back in her care, whilst also proactively looking after her mental health needs.

All three parents exhibited ‘claiming’ the child by their active assertion in their parental roles and responsibilities as well as their desire in providing the best care, despite the challenges they may face.

Discussion

This study aimed to gain an enhanced understanding of how the Parent Development Interview (PDI) and concept of parental reflective functioning (PRF) relates to clinically assessed risk.

The first phase of the study revealed an association between higher PRF scores and the clinical recommendation for the child to remain in the parent's care. This could be indicative of a link between higher mentalizing capacities serving as a significant and protective factor when it comes to childcare, which consequently informs clinical judgement.

The second phase of the study used a thematic analysis to explore in depth the narratives of parents who demonstrated a good capacity for parental mentalizing (high PRF scores) and the factors that might have led to the recommendation that the children remain in their care. Three main themes were identified: "Integration", Intergenerational Awareness", and "Commitment to the Child". This discussion aims to evaluate how PDI's positively inform clinical judgement and therefore how PDI's with RF scores could contribute to clinical practice within the context of high-risk families and court assessments.

Discussion of Themes

Evidence of an integrated state of mind was apparent in all participants. This theme highlighted how parents were able to manage and maintain flexibility in their ideas and emotional attributions. The use of the word integration in this context it is being defined as a dynamic process of organising and synthesising past and current experiences (Steele, 2009), an important component of mentalization. More

polarised and “split” states of mind have been associated with difficulties in mentalization capacities (Fonagy & Target, 2006). Splitting is seen in the early years of childhood before mentalization takes place, and has also been associated with various forms of psychopathology (Fonagy & Target, 2006). Kernberg (1967) and Rosenfeld (1978) for instance identified how BPD patients operate on these primitive defences that include splitting objects into good or bad, idealisation, denial and omnipotence. A therapeutic experience such as MBT aims at helping achieve a reorganisation and synthesis of past experiences and in the current relationship with the therapist (Steele, 2009). Ultimately, these participants were able to show signs of having achieved a stance where they are able to tolerate highly complex emotions and provide emotional insight without overly rigid and engrained views. Achieving integrated perspectives of life experiences can potentially facilitate the recollection and processing of past experiences.

The participants seemed to display a narcissistic investment towards their child that seemed appropriate to the developmental needs of the child. Anna Freud’s (1981) developmental lines highlighted this parental narcissistic extension in their child. It alluded to the developmental appropriateness of this parental feature, particularly in an early stage in toddlerhood where separation individuation occurs. Manzano et al. (1999) also implied how narcissistic elements in parenting, that are not excessive, can potentially help structure the child’s psyche. They also suggested that it is imperative that the child’s individuality is also recognised by the parent alongside the potential narcissistically motivated projections of the parents.

There was evidence from all participants of an understanding of the impact of past experiences as well as being able to verbally recollect particularly emotionally challenging past experiences, alluding to the subtheme ‘in touch with negative affect’. Fraiberg et al. (1975) highlighted how trauma can be passed intergenerationally when the parent cannot attribute emotional meaning to difficult past experiences and when identifying with their aggressor.

It was evident participants had processed some of their past traumatic experiences, and most importantly had the awareness of its potential intergenerational impact, i.e. ‘emotional flexibility’ and ‘ghost from the past’.

Parents’ reflective capacities and awareness in their “potential to repeat” harmful behaviours experienced from their own caregivers could predict a lower risk of its repetition and intergenerational impact.

Repetition compulsion was a concept originally proposed by Freud (1914), who suggested that we may be unconsciously motivated to repeat experiences, even if they were abusive, as a way of gaining mastery over them. Therefore having this awareness reach the consciousness may hinder this compulsion to repeat.

The “ghosts” referred to in Fraiberg et al. (1975) paper, built on this concept. They suggested that it is usually a result of unmetabolized trauma that remains part of the parent’s unconscious and has the potential to repeat itself. In the case of these participants, it demonstrated their capacity for insight and awareness, and likely reduced the risks of “ghosts” reappearing.

All these themes mentioned to this point help explain how the caregivers showed a commitment and provided a protective base for their child. The emotional processing of past experiences that participants displayed may have been the outcome of a

therapeutic intervention. Likewise, creating the psychic space in one's mind to work through difficult experiences may incline someone to reach out for external support.

The theme 'commitment to the child' particularly highlighted the strength of the parental motivations and engagement with professionals.

The subtheme "protection" is particularly essential, especially in the context of a making a clinical decision of removal or non-removal. The participants, usually driven by avoiding a repetition of their own difficult parenting experiences, strongly professed their motivation to protect their children. Their desire to protect their children potentially demonstrated the various elements in mentalization that can serve as a protective factor, particularly when it comes to their reflective capacities. Moreover, their motivation promises to lead them to approach their parenting differently.

A study by Berthelot et al. (2019) showed that reflective functioning played a part in mediating the link between childhood abuse and psychological symptoms during pregnancy. It also predicted psychological investment in the unborn child, further evidence of how mentalization may reduce the emotional barriers in relating to their child.

Fonagy and Bateman's (2016) research has shown evidence that adults who had mentalizing capacities, even in the face of past traumatic events, were the most resilient. Mentalization provides meaning and a comprehensible narrative to difficult past events, which is an essential component for recovery (Ensink & Normandin, 2011). The study by Rosso et al. (2022) also provides evidence of maltreating

parents having severely impaired RF. It suggested how the devaluation of their own children's attachment needs may have been acquired defensively in their childhood in order to prevent the pain of their emotional weakness entering their consciousness (Rosso et al., 2022).

The themes that highlight core components of mentalization and tolerance for complex emotional experiences, shows how it increases the psychic space for awareness and motivation to protect the child from harm.

Clinical implications

This study is the first to provide insight into the relevance of the use of PDI's as a standardised assessment to help inform clinical judgment and formulation with an at-risk parenting population. It is evident that the RF scale can provide insight into how a parent thinks about their child and how their attitude to the child can be seen as developmentally appropriate or emotionally skewed. As mentalization difficulties have been linked to the potential to repeat harmful patterns of behaviour, it could inform and predict the level of the child's safety.

With higher PRFs in the PDIs' there is potentially increased attunement and regulation from the caregiver towards the child. It highlighted how mentalizing capacities can serve as a protective function specifically against maltreatment, which is a reason a child may be taken into care (Berthelot et al. 2019; DfE, 2019).

The thematic analysis of the PDI provides depth to various scenarios and contexts that the clinician can work with to get an integrated view of the caregiver's personality and state of mind. It is likely, as the participants were engaging in

external support services, that this increased a sense of trust towards professionals, including the clinician conducting the interview. This trust may have permitted them to be less defensive and more receptive to their own feelings and they could therefore demonstrate their optimum mentalization capacities. The timing and external circumstances of when these interviews took place, may be imperative to capturing a coherent sense of these participants' state of mind. The interview also provides open ended questions where other experiences can be explored and contemplated. Although there is a structured approach to the interview, there is also flexibility to build questions from the parents' narratives.

Strengths and Limitations

This study is one of the first to look at parental mentalizing and its features in the context of court assessments. It contributes to the understanding of how PDI's can be used and their relevance within clinical settings. It provides further insight into how mentalizing can be seen as a protective function and how imperative it is to emotional development. Since the absence of mentalization appeared to be associated with concerns around risk, it shows its relevance when working with vulnerable families. The study's limitations include its small sample size, as a larger one may provide more reliable results regarding the relationship between RF scores and the clinicians recommendation. Ultimately, the court makes the final decision as to whether a child is removed from care; however, it is difficult to know whether the clinician's recommendation was actually the correct and most suitable, as one would need to look into the long term impact of this decision.

Clinicians were also using the PDI, amongst other sources of information, to make their decision; this implies these measures were not independent of each other, and that the PDI's RF scores are one small part of the decision making process.

However, the fact there is a correlation does still suggest that the measure is important. The current study primarily focused on caregivers' perspectives; however, future studies may want to consider exploring clinicians' viewpoints which would provide further depth and insight into how these complex clinical decisions are made. This study primarily focused on caregivers with higher RF scores; however, future studies may want to look at the relationship between low RF scores and child removal and the factors that may contribute to this.

It is important to note that all participants in this group were being subjected to a court assessment, which means there is a context of more heightened emotional anxiety which consequently may be reflected in the PDI's. This could be demonstrated by caregivers wanting to prove their capability as a result of potentially feeling scrutinised or worried about the court outcome.

Conclusion

This study is a small contribution to a field that needs more exploration and research. It provides some insight of the value of the use of the PDI interviews and RF scores by clinicians working with a high risk population. It further confirms an indication of the relevance of mentalization in the context of the emotional development of the child. Moreover, it provides insight into the risk factors associated with parenting. Further research will need to be conducted to gain a better understanding of how relevant PDI's and RF scores are within the mental health field, or particularly with at risk families.

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