



## Parental reflective functioning is associated with tolerance of infant distress but not general distress: Evidence for a specific relationship using a simulated baby paradigm



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### ABSTRACT

Parental reflective functioning represents the capacity of a parent to think about their own and their child's mental states and how these mental states may influence behavior. Here we examined whether this capacity as measured by the Parental Reflective Functioning Questionnaire relates to tolerance of infant distress by asking mothers ( $N = 21$ ) to soothe a life-like baby simulator (BSIM) that was inconsolable, crying for a fixed time period unless the mother chose to stop the interaction. Increasing maternal interest and curiosity in their child's mental states, a key feature of parental reflective functioning, was associated with longer persistence times with the BSIM. Importantly, on a non-parent distress tolerance task, parental reflective functioning was not related to persistence times. These findings suggest that parental reflective functioning may be related to tolerance of infant distress, but not distress tolerance more generally, and thus may reflect specificity to persistence behaviors in parenting contexts.

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Parenthood represents a significant transitional stage in adulthood that is characterized by a number of psychological and neurobiological cascades of changes that facilitate adaptive and sensitive caregiving (Gonzalez, Atkinson, & Fleming, 2009; Rutherford & Mayes, 2011; Swain, 2011). These changes likely allow for the growth of critical faculties that support the emerging parent–child relationship. Understanding how the mind and brain are shaped by parenthood is important with long lasting implications for both parent and child development. Within this context, there is a growing body of research that has focused on the parent's capacity for reflective functioning, referring to the capacity to treat the infant as motivated by internal mental states, in explaining the intergenerational transmission of attachment and associated affect regulatory capacities. Yet, although research has convincingly demonstrated a relationship between parental reflective functioning and attachment in offspring (Fonagy, Steele, Steele, Moran, & Higget, 1991; Fonagy, Gergely, & Target, 2007; Sharp & Fonagy, 2008), there is less research on the role of parental reflective functioning and affect regulation, specifically in relation to infant distress. Therefore the purpose of this study was to investigate the relationship between parental reflective functioning and the capacity to tolerate infant distress in a group of recent mothers.

Mentalization or reflective functioning describes the capacity of an individual to recognize their own mental states, as well as the mental states of others (Fonagy, 1991; Fonagy, Gergely, Jurist, & Target, 2006). Mental states may include thoughts, feelings and intentions, as well as understanding the complexity and interplay of these mental states and their influence on behavior. This ability facilitates understanding of both self and other, allowing predictability in social interactions, the

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formation of social relationships, as well as effective navigation of the social world (Fonagy et al., 2006). Concurrently, encompassed in this definition of mentalization is the active interest in understanding mental states, recognition of the opacity of mental states, and the ambiguity and potential disguise of mental states in others.

By contrast, in circumstances where an individual is unable to mentalize, there may be evidence of pre-mentalization modes of thought; for instance, the belief that mental states accurately reflect reality (i.e., psychic equivalence) or that mental states are entirely separate from reality (i.e., pretend). Consequently, mentalization likely exists on a continuum, ranging from low to high levels. Individuals with low levels of reflective functioning may be unable to recognize even the crudest of mental states, whereas individuals with higher levels of reflective functioning can likely recognize and understand the complex and dynamic interplays of mental states and their influence on behavior.

The capacity to mentalize is of interest to parenting research when considering how parents respond to their infant's affective (and non-affective) signals during dyadic interactions. Early communication between the parent and their child is limited to a non-verbal level, and therefore parents interpret the infant's internal world through observation of their child's behavior and affective signals. Accordingly, while reflective functioning may represent a more generalized process, the capacity of a parent to think about their child's mental states based on these non-verbal signals likely represents a qualitatively different function (e.g., Luyten, Fonagy, Lowyck, & Vermote, 2012), which may become more refined through the emerging parent-child relationship (Slade, 2005). Furthermore, the capacity of parents to be aware of their own mental states and behavior at the same time they make room for understanding their infant's mental states and behavior is critical for sensitive and responsive caretaking. In mothers with lower levels of reflective functioning, there are increased disruptions in communication when interacting with their child (Kelly, Slade, & Grienenberger, 2005). For this reason, a number of intervention studies with families have chosen to focus on enhancing reflective functioning in parents to improve the parent-child relationship (Slade et al., 2005; Suchman, Decoste, Castiglioni, Legow, & Mayes, 2008), with increasing interest in infant mental states being central to parental reflective functioning (Slade, 2005). However, empirical investigation of the relationship between reflective functioning and affect regulation in parents has not previously been conducted.

Given the role of reflective functioning in how parents respond to their children's affective and non-affective signals, this capacity may have important implications for child development. For example, it has been proposed that effective mirroring of the infant's affect by their parent lays the foundation for attachment security, affect regulation, self-control, as well as the emergence of mentalization in the child (Fonagy et al., 2006). Consistent with this notion, Fonagy et al. (1991) found that prenatal reflective functioning in parents predicted their child's attachment security at 12 and 18 months. Thus, parental reflective functioning may help promote the emergence of attachment security as well as mentalization in the child, and suggests a potential route for the intergenerational transmission of mentalization from parent to child. Critically, if parents are unable to mirror their infant's emotions, or parental affective responses are not contingent to their infants' affective signals, this may significantly impact the infant's capacity to learn to represent emotion and self-regulate. Indeed, this difficulty may be observed in parent-child dyads where the parent is overwhelmed by negative affect in response to their infant's distress, and the increased levels of arousal may hinder their affective mirroring and reflective functioning capacity (Fonagy et al., 2006). Thus the importance of the parent to the child's emerging sense of self, self-regulation, and mentalization supports the necessity to study parental reflective functioning independently of other relationships (Slade, 2005).

Variability in parental reflective functioning may be related to the parent's capacity to maintain a well-regulated state while caring for their distressed infant. However, there has been little empirical work investigating parental capacity to tolerate infant distress. Independent lines of research have examined more generally the capacity of individuals to tolerate varying levels of physical and psychosocial distress in experimental settings. Heterogeneity in distress tolerance has been examined in both adolescent and adult samples, and is thought to be a factor in the emergence and maintenance of a number of clinical disorders (Leyro, Zvolensky, & Bernstein, 2010; Zvolensky, Vujanovic, Bernstein, & Leyro, 2010). Generally, a high capacity for distress tolerance is thought to be adaptive in managing stress; however, decreased levels of distress tolerance may be associated with more maladaptive responding to stress, including seeking opportunities to escape or avoid negative affect (e.g., addiction; Brown, Lejuez, Kahler, & Strong, 2002). Distress tolerance is relevant to parenting when considering a parent's persistence in soothing their distressed child. Parents may need to attempt multiple strategies over an extended period of time to provide relief to their dysregulated infant. Therefore, they will need to both maintain their own regulated state as well as seek to help soothe and regulate their infant. Consequently, a parent's capacity to mentalize may prove a critical factor in tolerating their infant's distress: fundamental to parental reflective functioning therefore is interest and curiosity in mental states, willingness and motivation to understand the mental states that underlie the child's behavior (including difficult behavior), and the absence of tendency to make malevolent attributions.

## 1. The current study

The central objective of this study was to examine whether parental reflective functioning was related to tolerance of infant distress. Parental reflective functioning was assessed by employing the Parental Reflective Functioning Questionnaire (PRFQ; Luyten, Mayes, Nijssens, & Fonagy, submitted for publication). The PRFQ is a multidimensional assessment of parental reflective functioning, suitable for mothers and fathers of young infants and children. The PRFQ was designed to lessen the burden of an interview and assesses parental reflective functioning across three domains: (1) capturing *parental interest and curiosity* in mental states, with the view that active involvement in understanding an infant's mental states evidences adaptive reflective functioning (Slade, 2007); (2) *certainty of mental states*; specifically assessing the parents awareness that

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