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Building a Bridge Out of Suffering: Using Attuned Relationships to Promote Affect Regulation with Mentors of At-Risk Children

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ABSTRACT

A psychoanalytic model of intervention with mentors of traumatized children is presented which uses emotional attunement to promote emotional regulation and attenuate trauma. Neurological research and theorizing are applied to the explication of the healing power of attuned relationships. Three mediators for promoting emotional regulation are applied in this setting: stress management, or containment; strengthening the capacity to pay attention; and reflective function, or mentalization.

... the angry boy held onto me while I hummed.
I was his counselor and we were touching
what is raw and aching somewhere in us all
but concentrated in his life and in that hour ...
I'm moved by something awful I can't name:
it is a grace. I'm learning more
about the complicated laying on of hands that heal
through a mercy of the fearless
(Forrest Hamer, "Touched" Hamer, 1995)

"You're an idiot, that's why you're not going to pass third grade! I hate this stupid class and everyone in it!", 9-year-old Eric shouted at a classmate. Eric's volatility, aggression, and bullying led to his being identified as needing the extra help of a nonprofit that provides full-time paid mentors for at-risk children in San Francisco, Friends of the Children (FOC). Eric came from a painful home where he experienced physical and sexual abuse at the hands of his father, and, as he confided to his mentor, Kendrick, Mom told him, "if you don't like me as a mother, you can have a different mother," and "I don't know how long I can put up with this." Kendrick was thoughtful and then responded, "it must hurt to hear your mom sometimes say she doesn't want to be your mom, you can feel she's given up on you." Eric cried and seemed more relaxed, and Kendrick asked him if he felt better, not bottling up his emotions. Eric said yes, and then the two of them talked about how Eric can reach out to his teacher when he feels upset.

We see here how Kendrick's gentle accessibility allowed Eric to share his pain, and then how Kendrick distilled the emotional essence of Eric's anxieties with his reflection, "sometimes you can feel your mom has given up on you." How does this human connection, this "complicated laying on of hands that heal," create a grace that calms the spirit and promotes emotional growth? I hope that by identifying specific factors which an attuned, emotionally responsive attachment relationship provides, those working with traumatized children can attenuate trauma and promote affect regulation.

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Several years ago, I wanted to bring my psychoanalytic understanding of relationships to work with children in challenged communities. I found the nonprofit Friends of the Children (FOC), which identifies the most at-risk kindergarten children in the Bayview-Hunter's Point neighborhood of San Francisco and employs full-time paid mentors to spend 4 hours a week with each child, from kindergarten through 12th grade. In my monthly case conference at FOC, I bring containment and reflective function to this program, helping the mentors recognize and connect with children's inner worlds, promoting emotional regulation.

Trauma

Poverty, often linked to intergenerational racial trauma and disenfranchisement, is an anvil that weighs upon the lives and spirits of all families enrolled in FOC, with attendant traumas of child abuse and neglect, family disruption, addiction, incarceration, and homelessness marbled through family life. All FOC families are ethnic minorities: 50% are African American, 40% are Latino, and 10% are Asian or Pacific Islander. Most San Francisco FOC children live in single caregiver homes; all families live below the poverty line, and over 80% live in government subsidized housing. In one public housing community where many of the children live, 79% of adult residents are unemployed.

Trauma is an overwhelming experience of fear and danger that disorganizes the self; feelings burst their banks inside the traumatized child. Schore (2011) notes that trauma produces overwhelming fear and helplessness that lead to a right, or emotional brain-mediated inability to regulate the intensity of emotions. Caregivers, who are often themselves traumatized, may be the source of trauma for the child, or be unable to help children to calm themselves, resulting in prolonged negative affect for the child. The right brain imprints these dysregulated states of traumatic arousal.

Bucci (2007) states that in the absence of the calm required to think through situations, the amygdala, or fear center-based brain system, stores this distressed emotional information unfettered to time and space reality concerns, untied to assessing the real danger of a situation; all the child knows is physiological arousal, and fragments of frightening memories. When one element of a situation is reminiscent of traumatic events, the emotions associated with that element put the child right back in that trauma, that "emotional schema," as Bucci identifies it (Bucci, 2007, p. 173), experienced as sensory, bodily processes. Schore (2016) notes that unaddressed overwhelming emotions lead inevitably to shame, as children feel cut off from emotional support, and feel that their distress and needs are unacceptable.

These children, Herman (1997) observes, are unable to form an inner representation of a trustworthy, reliable caretaker, which interferes with the development of emotional stability. Fragmentary images aren't robust enough to provide emotional calming, as "they are too meager . . . too prone to transform to images of terror" (Herman, 1997, p. 107). Stien and Kendall describe how trauma induces biochemical changes that interfere with the maturation of the brain's coping systems, leading to problems with emotional regulation, relationship management, processing cognition, and identity formation (Stien & Kendall, 2004).

Harris (Bucci et al., 2016) identifies the lifelong impact of adverse childhood events, as well as possible ameliorative interventions that can mitigate the psychic and physical tolls of trauma. She found that children who experience multiple traumas often grow to be adults with multiple severe physical and mental health problems. Harris describes how oxytocin, a neurotransmitter released during emotional bonding, promotes relaxation, trust, and psychological stability; oxytocin is the biological counterforce to the fight-flight hormones released during trauma that are thought to contribute to these medical sequelae (Harris, 2019; Neumann, 2007). At FOC, I try to help mentors make these emotional connections with their children that power bonding and bring calm.

Dissociation

Children experiencing highly distressed and dysregulated states do what they can to survive, often using dissociation: disruption of thinking, memory, and processing of experience, and use of action to discharge terror (Bromberg, 2011; Herman, 1997; Van Der Kolk, 2014). Schore (2011) points to the critical role of affect regulation in the organization of the self: when children dissociate to avoid being overwhelmed, they turn attention away from their emotional state, protecting themselves from facing pain and distress, but losing self-continuity, also a function of the right brain. Bucci (2007) describes how in states of mental health, communication exists between three dimensions of experience, enabling us to both feel and think about our experiences: sub-symbolic, bodily based emotions; imagery; and symbolic, verbal representations. We can have an experience, think about it and remember it, storing it with similar memories. Due to the risk of being overwhelmed, traumatized children can't let themselves perceive and reflect upon threatening perceptions. As feelings and thoughts are separated from experience, the child is either emotionally removed or is caught in "the affective core of terror associated with flee, attack or freeze responses" (Bucci, 2007, p. 175).

Friends of the children

It is into the lives of these struggling children that FOC mentors step. Mentors are selected for their cultural sensitivity, in addition to their skills with children, and most are themselves people of color, some coming from backgrounds that overlap with the community served. Each mentor has 8 children in their care, and each child spends 2 hours of classroom-support time and 2 hours of outing time with their mentor each week. The mentors establish relationships with parents in order to arrange outings, but there is no direct family intervention built into the model. The intervention focusses on providing support and building strengths as mentors guide children in developing "Core Assets," research-based qualities to promote social and emotional development: growth mind-set, belonging, hope, problem solving, perseverance, self-management, self-determination, finding your spark, and positive relationship building.

Before beginning with FOC, I spoke with the program director, Frederique Clermont, who saw a need for mentors to find ways to engage and work with children's trauma to promote healing, and I saw a role for myself. I began leading a case conference shortly after the first cohort of children had been selected in 2016, thinking that reflective function could add to this intervention. When I began working with FOC, I consulted with Eileen Keller, a psychologist who worked with preschoolers in this community (Keller, 2011). The most memorable insight Eileen imparted to me was: "there is a lot you can't affect, but one thing mentors can do for their children is create the experience of being in a secure attachment relationship."

83% of FOC youth graduate high school, 93% avoid the juvenile justice system, 98% avoid early parenting, in spite of 80% being born to teen parents. The program is nationwide, with chapters in cities across the United States. We see from this data how true it is that being in a responsive relationship places a child on the path to inner stability and healthy coping.

Attachment

FOC mentors enter their children's worlds with consistency, attunement, and support. We know that the mind of the child is fundamentally interpersonal, oriented toward building and using relationships (Seligman, 2018; Stern, 1985) The growing child needs to have their emotions met with an emotionally engaged other in order to bear, regulate, and make meaning out of their emotional experiences.

Schore (2016) describes how development of the prefrontal cortex, which guides reasoning, problem solving, motivation, and response flexibility, is dependent on responsive interactions with an emotionally attuned caregiver. Stien and Kendall (2004) cite research that demonstrates how secure attachment builds neuronal connections and integrates brain systems, developing the child's ability to

cope with stress, whereas trauma induces biochemical changes that interfere with the development of the brain's capacity to manage stress. Co-regulation of stressful states, where the caretaker shares the child's feeling and yet also has a calming perspective on that state, has life-long benefits, affecting the development of the brain's stress response system (Schoore, 2006, 2016; Siegel & Bryson, 2012). This co-regulation, seen in secure attachment relationships, is what I encourage the mentors to practice.

Affect regulation: Sharing emotions

Schoore states that an essential attachment function is to “promote the synchrony or regulation of biological and behavioral systems” through caretaker attunement and responsiveness (Schoore, 2006, p. 306). He identifies “state-sharing,” where caregivers “match emotional states and adjust social attention, stimulation, and arousal in response to the partner's signals” (Bromberg, 2011 p. xii). Siegel states that emotional upset registers in the right brain as it receives and interprets emotional signals. He advocates “right brain to right brain” communication where caretakers feel with the child, using their right brain to empathize, setting up a resonance that calms children (Siegel & Bryson, 2012). Fonagy explains how the caregiver's reflections to the child about the state of the child shape emotional awareness and control (Fonagy et al., 2004; Fonagy & Target, 2002, 1996; Target & Fonagy, 1996). These synchronies of attunement and reflection mediate the attachment bond.

FOC children have many experiences of interactive non-repair of both interpersonal ruptures and of personal emotional distress, overburdening their emotional systems. As Schoore states, “the ultimate indicator of attachment capacity is resilience in the face of stress” (Schoore, 2016, p. 387); our mentors look to build that capacity in their traumatized children with emotional attunement and responsiveness.

Schoore states, “regulation of high or low levels of affective-autonomic arousal facilitates the repair and reorganization of the right brain” (Schoore, 2011, p. 91), meaning that when mentors help their children to calm acute distress or move from a frozen emotional state to one that is more engaged, healing occurs. He describes how moments of high emotion are potential mediators of change, as children enact their pain and have a corrective emotional experience where the caregiver shares emotion with them and helps them to regulate that emotion. Schoore states, “emotions are deepened in intensity and sustained in time when they are intersubjectively shared” (Schoore, 2011, p. 90); when mentors share emotions with their children, memories are more fully anchored and emotions gain significance. He notes that the building blocks of attachment are the reestablishment of security after a dysregulated experience and also the interpersonal amplification of positive emotions. These interactions of emotional sharing create safety, allowing children to be open and curious, feelings previously eclipsed by fear and upset. As Bucci (2007) states, the responsiveness of emotions to social context reveals the inherently relational nature of emotional experience.

These theories build upon pioneering work done by Winnicott on mirroring, where the parent reflects back to the child what the parent sees in that child, consolidating a sense of identity and agency (Winnicott, 1971); and Bion's work on container-contained, where the caregiver receives the child's state of upset and modifies it so that it can be returned to and integrated by the child (Bion, 1967). As Birch observes, the adult has to think that the child's behavior means something, and that the caregiver can digest and reflect back that meaning (Birch and Zorrah, 2012).

Psychoanalysis in the community

While a variety of community settings have benefitted from analytic insights, a prerequisite for such benefits is community understanding and involvement. Altman (Altman, 1995), in his work at a mental health clinic in the Bronx, flexibly develops client- and community-centered interventions, confronting and reevaluating his biases to clear a path to perceiving and responding to cultural situations with which he is unfamiliar. Twemlow (Rudden & Twemlow, 2013) brings psychoanalytic insights into school and institutional settings, where the goal of community engagement is to deepen

relationships among community members and create a trusting environment where members identify problems to be solved. Smaller attends to the “forward edge” in his work in an inner-city school: the child and family’s longings, aspirations, and ambitions are the foundation for therapeutic partnership (Smaller, 2012, p. 139). Keller, in her work in inner-city preschools, identifies an “anti-attachment system” (Keller, 2011, p. 743) in teachers’ attitudes toward children’s distress as a response to trauma in the community. Her intervention promotes stable empathic relationships between consultants and teachers, which enables teachers to connect with the children’s experiences. All these interventions have as their foundation an attuned mentalizing relationship where practitioners think about themselves and others’ minds and experiences, and build that capacity in the communities they serve.

Three mediators to develop emotional self-regulation

Fonagy and Target (2002) identify three aspects of how an attuned relationship promotes emotional regulation and attenuates trauma: aiding in stress management, or containment, where the goal is to calm overwhelming feelings; strengthening the capacity to pay attention; and reflective function, or mentalization, the capacity to reflect upon one’s own and others’ feelings and motivations.

Stress management/containment

Stress management, or containment, refers to how adults help children manage strong emotions. Schore (2011) notes that it is exactly at the point of great upset that repair of right brain dysregulation can occur through an attuned relationship. Bowlby (1980), the pioneering researcher who dedicated his life to studying attachment, states that one of the attachment system’s key functions is the regulation of a child’s fear and distress, echoed by Schore, quoted earlier. When a child is distressed, they need the external support of an adult to understand and soothe their instability and, we now know, to establish brain connections that buffer stress. FOC children have the burden of multiple traumatic stressors and need predictable empathic understanding of their acute distress.

In the conference, I advocate “leaning in,” naming the intensity and quality of the child’s acute distress, helping our children to bear those states. Children who can’t bear their feelings are compelled to use action, often aggressive or disruptive, to dispel their feelings, often sadly resulting in more conflict and less support. Children who can, with mentors’ help, bear their feelings, can communicate, and use that warm connection as an antidote to the stress points of their traumas.

As adults working with traumatized children, it can be painful to bear the child’s upset, and we hear about many very distressing events in these children’s lives. In my 3-year tenure at Friends, there have been 7 murders, two of fathers, and 5 of neighbors. Mario asked his mentor Jose, “Is the devil stronger than God?” In these circumstances, it’s a natural adult response to push the distress away, but it strengthens the relationship and the child’s coping to be able to join the child in bearing and naming the distress. Jose responded by talking with Mario about different religious conceptions of the devil. I discussed with Jose talking with Mario about how scary it is to have such terrible things happening, to see people getting so upset and being violent, to encourage Mario to bring his scared feelings to Jose so that they can be calmed in the relationship.

An example of containment occurred with a mentor, Lisa, who told the group about a desperately insecure girl, Anna, who was thrown into paroxysms of jealousy when she saw Lisa with another child. Lisa told us that she needed to spend 20–30 minutes trying to reassure Anna after each school hallway encounter. Lisa had given Anna a “memory rock” that she could hold onto as a reminder of their relationship, but this proved to be frail grounding in the face of Anna’s tsunami of insecurity.

I suggested to Lisa that instead of trying to reassure away Anna’s pain, she could tell Anna that she understood what a horrible, terrible feeling it was to see Lisa with another child, as Anna felt that she had lost Lisa’s care and love forever, and that was a disaster that hurt so much to feel, she couldn’t stand it. To Lisa’s surprise, Anna settled down and hallway encounters were much calmer.

Another method of containment I recommend is joining, or accompanying the child in a feeling, saying, for example, “I understand how you feel, I have felt something like that too,” or “I understand that you feel sad, that makes me sad too.” This state-sharing (Bromberg, 2011) helps the child to feel companionship with a difficult feeling, calming distress as feelings are shared.

Damien is a 7 year old who was assigned male at birth, whose favorite book is *10,000 Dresses*, about a trans girl who dreams each night of the beautiful dress she will wear the next day, in spite of parental rejection of her femininity. Damien plays with girls and says he wishes he had long hair, and a high pony tail. He draws blueprints of his dream home, complete with glitter. Mentor Kendrick was on the playground and witnessed a boy who approached Damien and invited him to play. Damien said no, and the boy asked Damien, with disappointment, “Why don’t you play with us, why are you hanging with the girls?” Damien became angry and chased the boy, saying to Kendrick, “He told me I play with girls all the time.”

With this eruption of unmanageable feelings, we discussed how to increase Damien’s capacity to tolerate upsetting feelings in order to bring the feelings under control. I recommended speaking to Damien’s hurt feelings and promoting an identification with Kendrick, saying something like, “I can see that really hurt your feelings. People have said things to me that hurt me too, I know it feels awful. I’m sorry you feel so bad.” This provides comfort and offers a shared experience so Damien feels joined in his pain. Once the soothing and empathic bond is achieved, Kendrick and Damien can build on their connection to think about the hurt feelings triggered by the incident, and ways Damien can find support at school from his teacher when he feels hurt.

Antone asked Kendrick, “Do you have 2 daddies?”, meaning a biological father and a stepfather. Kendrick knew that Antone’s biological father had recently been released from prison and was on house arrest with an ankle bracelet, and Antone’s stepdad was frightening and dominating., so he suspected that Antone had many feelings about his dads. Kendrick told Antone that indeed, he also had 2 daddies. In the seminar we talked about how Kendrick could open up the dialogue, saying something like, “Yeah, I know, each daddy can be kind of different, I noticed that with my 2 dads,” showing that Kendrick shares some of the experience, and inviting Antone to tell Kendrick about his feelings and stresses in his relationships with his two dads.

Attention

Trauma disrupts the capacity to pay attention. Schore, Bucci, Herman, Van der Kolk, and Bromberg (Bromberg, 2011; Herman, 1997; Van Der Kolk, 2014) cite how dissociation splits off disturbing events and feelings from awareness. This interrupts the continuity of attention, thinking, memory, and identity. Children at FOC often use acting out or shutting down to ward off disturbing feelings, and this damages their capacity to attend. In addition, when parents are traumatized, it can be distressing and overwhelming for a child to attend to the adult in that state, so it can be adaptive for the child to turn away from adults, to protect internal stability.

Mentors offer a relationship where children feel important and enjoyed, which makes paying attention rewarding. The more mentors offer the calming affirmation of emotional attunement, the more the children turn to them, which builds attentional capacity. Children who have secure attachment relationships pay attention to caregivers and show greater emotional control (Fonagy & Target, 2002). Sustaining attention is correlated with social competence, empathy, and diminished aggression (Fonagy & Target, 2002).

Attention begins in babies with orienting to the caregiver; followed by “effortful control,” meaning sustaining attention in the face of distractions; then inhibiting behavior as appropriate to maintain focus; and lastly, being attuned to situations, called “perceptual sensitivity,” where children are settled enough in themselves to have room to take into account other people and situations (Fonagy & Target, 2002).

Adults can also regulate children’s attention to manage distressing stimuli. While struggling with a difficult math problem, Ava said to mentor Sara, “I have a rotten brain.” Sara assured Ava she didn’t think her brain wasn’t rotten, Sara thought she could do the work, can they break it down to little bits

she can really do? In response, Ava seemed despondent and hopeless. In this situation, Sara could “connect and redirect” (Siegel & Bryson, 2012), meaning first connect with the feeling and then shift attention away. Sara could say, “That is such a hard way to feel about yourself, I can feel how much that hurts you.” Then Sara could use attention to modulate the painful feeling, saying “let’s play a game of catch for a few minutes, then we can go back to that problem and I’ll help you with it”.

An example of help derived from paying attention occurred with Damien. Tragically, Damien’s cherished neighbor, with whom he had planted a garden in front of their shared duplex, was killed in a targeted shooting. Hesitantly, Damien told Kendrick that his uncle had talked about going after the shooters. Kendrick told Damien that he didn’t think revenge was the answer, and he told Damien about the concept of karma. Damien was attentive, quiet, and thoughtful. Here Damien turned to Kendrick to help him with difficult feelings, knowing that if he attended well, he could be calmed and given a new perspective on his struggles.

Damien told Kendrick that he got aggressive when kids teased him about his femininity. Kendrick said, “I can see where you got triggered and upset. Next time I think you should handle that by finding a safe place in the classroom and looking at the affirmation cards we made.” Affirmation cards are a component of support that the FOC program employs. Damien quietly said “Oh,” and the following week told Kendrick, “I tried using the affirmation cards.” Kendrick asked how that worked for him, and Damien said it made him feel calmer. Here, Damien described how, when he faced stress, he oriented and attended to an internal picture of Kendrick in their time apart: “I tried your suggestion.” In a state of distress, Damien turned to an internal picture of Kendrick because of the comfort and calm that Kendrick’s understanding provided. Damien’s attention to Kendrick’s suggestion reflects his hope that, using his relationship with Kendrick, he can make things better for himself.

Reflective function

The third aspect of how a strong relationship promotes self-control has been described by Fonagy and Target as “reflective function” or “mentalization” (Fonagy et al., 2004; Fonagy & Target, 2002, 1996; Target & Fonagy, 1996). Fonagy and Target have extensive research supporting their findings that when a child is reflected upon by a caretaker as a person who has thoughts, feelings, and desires which influence their behavior, that child has greater self-understanding and behavioral control. One learns to know oneself by being reflected upon, and to control oneself by knowing what is going on inside.

In addition, seeing oneself as driven by one’s thoughts and feelings leads naturally to seeing others’ behavior as driven by their thoughts and feelings, which also warrant consideration. The child sees actions as a meaningful indication of internal states in self and others. This makes others comprehensible as motivated individuals, promoting social competence and collaboration. Fonagy uses the term “interpersonal interpretive mechanism” (Fonagy & Target, 2002, p. 308) to describe how a reflective child or adult evaluates the social environment. Using concepts from neurodevelopmental perspectives cited in this article, we might say that when an adult communicates to a child that their feelings and actions are comprehensible to that adult, a right brain emotional resonance is established, which calms and adds significance to emotional experience.

One of my mantras with the mentors is: “All behavior is motivated; all behavior is an attempt to solve an inner dilemma.” If mentors can connect with the drivers of behavior, they create conditions for self-reflection, the first step to self-management. The feeling of personal importance that comes from having one’s specific feelings recognized and the personal mastery associated with better emotional control heal feelings of insignificance and helplessness that accompany trauma.

An example of reflective listening involves John, who is aggressive toward peers and has fantasies of hurting them. John is in the custody of relatives, and John often tells his mentor Steve that mom will be coming to take him to Chuck E. Cheese this weekend, but this never seems to happen. When John told Steve about his hopes for mom, Steve said he hoped mom would be coming this weekend, but he privately felt despairing about the prospect of that outcome. In the group, we discussed talking with

John about how it hurts to miss mom, John wants her close, to give her hugs and to feel her hugging him. This feedback recognizes John's need for his mom, even in the face of her disappointing him.

Then Steve can say that it can be upsetting to see that sometimes mom has trouble doing what she says she will do, that can hurt. This emotional synchrony, described by Schore (2006), helps John to bear his pain and therefore to be able to face the reality of mom's weaknesses, while allowing room for John to see that other adults may be different and able to do what they say they'll do. We hope that by reflecting the sources of John's pain, we offer a foundation of understanding and care, so John doesn't feel alone in his pain and need to dispel feeling unloved and abandoned by acting out.

Children begin to internalize being reflected upon, reflecting upon themselves. When Damien's father returned home from prison, Damien spent the weekend with dad and told Kendrick that he and dad stayed in the apartment all weekend, with dad smoking and watching TV. Damien asked Kendrick, "Why does my real dad not take me out? You're my mentor and you take me places and come to my school, my dad never does that, that's why sometimes I wish you were my dad." Kendrick answered that that sounds like a hard weekend, but Kendrick is his mentor and they do lots of things together. In the seminar we discussed how Kendrick can connect with the pain Damien expressed, saying it hurts to want so much to be with dad, and to feel dad's mind seems to be somewhere else. Often mentors find that when children's pain is named and shared, children move toward the mentor in positive ways, for example wanting to play a game together, creating a new positive experience.

Herman describes how, in order to preserve the relationship with a neglectful or abusive parent, children often feel that they are to blame, constructing a system of meaning that justifies the abuse and allows hope (Herman, 1997). Here, Kendrick's careful attention to Damien's internal states gives Damien the feeling that he deserves attention and involvement, which helps Damien to tolerate, recognize, and reflect upon painful deprivations in his life.

We also use reflective functioning in our approach to the core assets. I keep an index card with core assets written on it to help me keep them in mind. When we see a child demonstrating a core asset, I encourage Friends to give the "back story" of what went into the exercise of that asset. For example, Ayesha saw a child who was left out and invited her to play (core asset: relationship building). Mentor Lisa was struck with Ayesha's compassion and generosity. I suggested that Lisa fill in how Ayesha decided to invite the other child to play: "You saw Tiffany standing alone, you thought she might be lonely and you wanted to help her so you invited her to play with you. That was very thoughtful and caring. And look how happy that made her, and you had fun playing."

Challenges in the work

I am a white analyst, seeing primarily middle and upper class patients, coming into a diverse disenfranchised community. I'm conscious of ways that racial difference can complicate the synchrony and rapport mentors may feel with me, and I listen very carefully to their experiences and perspectives. Acknowledging the limitations of my own experience and deferring to mentors in this way have been hugely beneficial. The ways that mentors apply the framework I offer often surprises me with their attunement to the environments in which their children live, and their understanding of dynamics within these communities. I've found it useful to maintain a balance between selucidating dynamics at play in an interaction, and deferring to the expertise and experience of mentors.

Sometimes when I have asked questions, for example, "What do you think the child is feeling?" I experience myself as too bookish, perhaps intimidating, and I feel a distance from the mentors, who can be quiet in response to my inquiry. I shifted to a more emotional focus, where I lead self-revelation using prompts. For example when a mentor left the program, I said that I thought we could go around the room and each share an experience of loss, to help us understand what the children in the care of the mentor might be experiencing. I led with a story about losing my father and what that meant to me. Mentors came forward with accounts of absent parents, losing relatives

to death, and moving, which helped us to connect with each other and to bear the experience of loss, expanding empathy with the children.

Conclusion

These three elements fold into a sequence: when children can share their pain and trauma with attuned adults, helplessness, isolation, and insignificance shift to feeling helped, joined, and important. Neurodevelopmental research shows how this attunement creates patterns of emotional synchrony, allowing feelings and traumas to be borne, fulfilling the proverb, “a burden shared is a burden halved.” With this support, children can attend to their inner state and to the helping adult. They are then in a position to reflect on the feelings and reasons for their behavior, promoting behavioral control. When these capacities are internalized by the child, the child’s repertoire for self-calming, thinking, and problem solving is increased.

I’d like to end with a story about Carlos, who has been in the program for 2 years now. When Jim began working with Carlos, Carlos screamed and cried through outings, repeatedly kicked Jim in the crotch, and was a master puppeteer, bullying kids to hit other kids at school. Jim met these provocations with patience and engaged support, building Carlos’ trust. Carlos shared with Jim his fascination with leprechauns; the two of them now search for 4-leaf clovers (that takes perseverance, a core asset!). Jim uses counting leprechaun sighting accounts to teach Carlos math. In August, Carlos told Jim that when the school year began, he intended to set his alarm for 5:30 am in order to have lots of time to prepare for school.

Carlos confided to Jim, “I know leprechauns aren’t real, but I think they’re real.” Carlos’ capacities reflected in his comment thrill us: in the face of the painful realities of Carlos’ life, he has a place in his mind for nourishing and hopeful creative fantasy, and maybe most importantly, Carlos has found something magical he can believe in, which is the transformative power of a healing relationship.

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