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## ANGELS IN THE NURSERY: THE INTERGENERATIONAL TRANSMISSION OF BENEVOLENT PARENTAL INFLUENCES

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**ABSTRACT:** Fraiberg and her colleagues (1975) introduced the metaphor “ghosts in the nursery” to describe the ways in which parents, by reenacting with their small children scenes from the parents’ own unremembered early relational experiences of helplessness and fear, transmit child maltreatment from one generation to the next. In this article we propose that angels in the nursery—care-receiving experiences characterized by intense shared affect between parent and child in which the child feels nearly perfectly understood, accepted, and loved—provide the child with a core sense of security and self-worth that can be drawn upon when the child becomes a parent to interrupt the cycle of maltreatment. We argue that uncovering angels as growth-promoting forces in the lives of traumatized parents is as vital to the work of psychotherapy as is the interpretation and exorcizing of ghosts. Using clinical case material, we demonstrate the ways in which early benevolent experiences with caregivers can protect against even overwhelming trauma, and examine the reemergence of these benevolent figures in consciousness as an instrument of therapeutic change. Finally, we examine implications of the concept of “angels in the nursery” for research and clinical intervention.

**RESUMEN:** Fraiberg y sus colegas (1975) introdujeron la metáfora “fantasmas en la habitación” para describir las maneras en que los padres transmiten el maltrato infantil de una generación a la otra, por medio de poner en escena, con sus niños pequeños, situaciones de sus propias -si bien no recordadas- experiencias de miedo y falta de ayuda en sus tempranas relaciones en sus tempranas relaciones. En este ensayo, proponemos que “ángeles en la habitación,” experiencias del cuidado recibido, caracterizadas por un intenso y compartido afecto entre padre o madre e infante, en las cuales el infante se siente casi perfectamente comprendido, aceptado y amado, proveen a éste con un sentido central de seguridad y autovalor al que se puede recurrir cuando el infante se convierte en padre o madre, con el fin de interrumpir el ciclo de maltrato. Sostenemos que dejar al descubierto “ángeles” como una fuerza que promueve el crecimiento en las vidas de padres o madres traumatizados es tan vital para el trabajo de la sicoterapia como la interpretación y el exorcismo de “fantasmas.” Por medio del uso de material de casos clínicos, demostramos las maneras por medio de las cuales las tempranas experiencias benevolentes con quienes nos prestaban el cuidado pueden proteger aun contra el trauma abrumador. También examinamos la reaparición de estas imágenes benevolentes en la conciencia como un instrumento de cambio terapéutico.

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Finalmente, examinamos las implicaciones del concepto de “ángeles en la habitación” en cuanto a la investigación y la intervención clínica.

RÉSUMÉ: Fraiberg et ses collègues (1975) ont été les premiers à présenter la métaphore “fantômes dans la chambre d’enfant» pour décrire les manières dont les parents, en reproduisant avec leurs enfants en bas âge des scènes de leurs propres expériences inconscientes relationnelles d’impuissance et de peur, transmettent un mauvais traitement d’une génération à l’autre. Dans cet article, nous proposons que les anges dans la chambre d’enfant, des expériences de mode de soin caractérisées par un affect intense partagé entre le parent et l’enfant durant lequel l’enfant se sent presque parfaitement compris, accepté, aimé, offre à l’enfant un sens fondamental de sécurité et d’estime de soi qui peut être retrouvé lorsque l’enfant devient parent, pour interrompre le cycle de mauvais traitement. Nous pensons que le fait de découvrir ces anges en tant que forces de promotion de croissance dans les vies de parents traumatisés est tout aussi crucial pour le travail de psychothérapie que l’est l’interprétation et l’exorcisme des fantômes. En utilisant des cas cliniques, nous démontrons les manières dont de bonnes expériences précoces avec des modes de soin peuvent offrir une protection contre les traumatismes, mêmes les plus accablants, et nous examinons la réapparition de ces êtres bienveillants dans la conscience comme un instrument de changement thérapeutique. Enfin, nous examinons les implications du concept d’«anges dans la chambre d’enfant» pour les recherches et l’intervention clinique.

ZUSAMMENFASSUNG: Fraiberg und Kollegen haben 1975 die Metapher: Geister im Kinderzimmer eingeführt, um die Art zu beschreiben in der Eltern – indem sie mit ihren kleinen Kindern Szenen der Hilflosigkeit und der Angst wieder inszenieren –, die aus den nicht erinnerten frühen Beziehungserfahrungen stammen, Misshandlung von einer Generation zur nächsten weitergeben. In dieser Arbeit schlagen wir den Engel im Kinderzimmer vor: Betreuungserfahrungen, die sich durch intensiv gemeinsam empfundene Gefühle zwischen Eltern und Kind auszeichnen bei denen sich das Kind fast ideal verstanden, akzeptiert und geliebt fühlt. Dies gibt dem Kind ein grundlegendes Gefühl der Sicherheit und Selbstwert auf das zurückgegriffen werden kann, wenn das Kind selbst Eltern wird, um den Zyklus der Misshandlung zu unterbrechen. Wir behaupten, dass die Entdeckung von Engeln als Wachstumsfaktoren im Leben traumatisierter Eltern ebenso in der psychotherapeutischen Arbeit lebenswichtig ist, als die Interpretation und das Exorzieren von Geistern. Durch Verwendung von Fallgeschichten demonstrieren wir den Weg in dem frühe, hilfreiche Erfahrungen mit Bezugspersonen sogar gegen ein überwältigendes Trauma schützen können und überprüfen das Wiederauftreten dieser hilfreichen Figuren im Bewusstsein als ein Instrument der therapeutischen Veränderung. Zuletzt untersuchen wir das Konzept der „Engeln im Kinderzimmer“ im Hinblick auf Forschung und klinische Intervention.

Fraiberg と彼女の同僚たちは、親自身が覚えていない早期の関係性体験である救いのなさや恐怖から、親自身が幼い子どもの光景を再現することによって、一つの世代から次の世代に虐待が伝達される、そのされかたを記述するために、「赤ちゃん部屋のお化け "ghosts in the nursery"」という比喩を導入した(1975)。この論文では、赤ちゃん部屋の天使、すなわち子どもがほとんど完全に理解された、受容された、そして愛されたと感じるような、親と子どもとの間の強い共有された感情によって特徴つけられる養育を受けている体験は、子どもが親になった時、虐待の連鎖を断絶させるために利用されることが安全と自己価値 self-worth の中核的な感覚を、子どもに与えることを、われわれは提案する。外傷を受けた親の生活の中で、成長を促進する力としての天使を発掘することは、精神療法の作業の中で解釈しておばけを追い払うこととおなじくらい重要であると、われわれは議論する。臨床症例の素材を用いて、早期の養育者との慈悲に満ちた体験は、圧倒的な外傷からさえも守ることができるということを、われわれは論証し、これらの慈悲に満ちた人物が、治療的変化の道具として、意識に再び現れること

を、検証する。最後に、われわれは「赤ちゃん部屋の天使」という概念が、研究と臨床的な介入に対してもつ意味を検証する。

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A grandfather observes from a distance while his son, a young father, attends tenderly to his own new baby. The joy he feels in watching them brings back a scene from long ago, when a surge of happiness washed over him as he looked at his wife playing lovingly with their then small son. Finding himself thinking at once about the present and about the past, he muses: “There are angels that pass on from one generation to another, but they are seldom noticed or talked about” (Harris, personal communication, April 23, 2003).

In reliving this moment, the grandfather came to the deep realization that his son’s delighted ease in ministering to the baby carried the imprint of the loving parenting his son’s mother had herself received as a child. The scene had evoked for him the memory of his wife’s tender mothering of their son and then led him to reminisce about the deep bonds between his wife and her mother. In this sequence, the seemingly unremarkable scene of a father caring for his baby becomes the carrier of the profoundly important protective intergenerational influences that foster the healthy development of children everywhere. In being observed, the scene also shows us four generations coming together, each with a very special role, in celebrating parent–child relationships.

In the spiritual tradition of many cultures, angels are benevolent spiritual beings who mediate between heaven and earth, acting as messengers from the divine and often serving as protective guardians (Murray, 1971). We propose that from a psychological perspective, angels emerge from childhood memories deeply connected to the phenomenology of care-receiving experiences that are characterized by intense shared affect between parent and child and provide the child with a core sense of worth and security. These messages of intrinsic goodness and unconditional love constitute the essence of the angel. As they enact scenes from their own past, parents unknowingly carry forth the angels from their childhoods into their babies’ nurseries. In this way, the message of the “angels in the nursery” is transmitted to the next generation in the form of benevolent influences that guard the course of development.

In ideal circumstances, self-affirming influences move silently in the lives of children, wrapping each successive generation in the security that comes from being loved, accepted, and understood. In darker moments, these “angels in the nursery” square off against their more famous siblings, the ghosts (Fraiberg, Adelson, & Shapiro, 1975), doing battle with them to keep intact the protective shield of parental love that surrounds young children and endeavoring to repair the damage when malevolent influences from the past break through. Ghosts and angels coexist in dynamic tension with each other, at times actively struggling for supremacy and at other times reverting to a quiescent state that allows the person to temporarily inhabit a “conflict-free ego sphere” (Hartmann, 1939) where adaptation to the external world takes precedence over intrapsychic preoccupations. Their host may or may not be consciously aware of their presence or their meaning because emotional states and frames of mind are usually felt in the moment, without reference to their origin in the person’s past experiences.

In this article, we examine the chiaroscuro of ghosts and angels in the nursery moving together to shape the development of children, and argue that the uncovering of angels as growth-promoting forces in the lives of traumatized parents is as important to therapeutic work as the containing, taming, and exorcizing of ghosts. Our clinical experience indicates that the recovery and integration into consciousness of early experiences of safety, intimacy, joy, and

other pleasurable experiences can promote a more nuanced appreciation of early relationships with primary caregivers and encourage a greater sense of self-worth and emotional investment in developmentally appropriate goals. This enlarged therapeutic perspective is relevant to the treatment of traumatic stress, which currently emphasizes a therapeutic focus on traumatic reminders and other triggers that blur the boundaries between remembering a traumatic event and reliving it (Marmar, Foy, Kagan, & Pynoos, 1993; Pynoos, 1997; Pynoos, Steinberg, & Piacentini, 1999). We propose that the parallel identification of “beneficial cues” (Harris, 2004) can hasten recovery from trauma by placing the traumatic cues within the larger perspective of nurturing and growth-promoting experiences. Our goal is to create a counterbalance for the prevailing tendency of relationship-based interventions in infancy to either focus primarily on current parent–child interactions or to explore the parent’s early experiences of pain, conflict, and alienation from caregivers (see Osofsky, 2004; Sameroff, McDonough, & Rosenblum, 2004; Stern, 1995). When the emotional polarities associated with early conflictful and benevolent experiences is brought to consciousness, object constancy can be attained and results in increased emotional integration and tolerance for ambivalence (Mahler, Pine, & Bergman, 1975). The recovery and full reexperience of loving early memories is an indispensable first step in this process.

In developing our thesis, we begin by reviewing Fraiberg et al.’s (1975) formulation of ghosts in the nursery. In the sections that follow, we expand on the parallel concept of angels in the nursery, first exploring the ways in which parents recover a connection with these beneficent forces in their early lives. We then describe the ways in which early benevolent experiences with caregivers can work as protective forces even in the face of overwhelming trauma. Finally, we examine the reemergence in consciousness of these benevolent experiences as a powerful instrument of change in the therapeutic process. We conclude by examining some implications of the concept of “angels in the nursery” for research and clinical intervention.

The clinical material was gathered from child–parent psychotherapy with an ethnically and socioeconomically diverse sample of children aged from birth to 6 years and their parents. The children were referred because of symptoms associated with witnessing domestic violence, physical abuse, or traumatic bereavement. All the parents were exposed to traumatic stressors as adults, and for approximately half of the parents, the traumatic experiences began in childhood. Parenting difficulties in this group were pervasive and took the form of severe conflicts in the child–parent relationship (Lieberman, 2004; Lieberman & Van Horn, 1998). We reviewed clinical charts containing narrative notes of therapeutic sessions and assessment protocols that included transcripts of the Adult Attachment Interview (George, Kaplan, & Main, 1996), a quas-clinical interview where responders are asked to describe their childhood experiences with their parents. In the course of forming a therapeutic relationship, we asked parents to reflect on their early years, their relationships with their parents, and their thoughts on how these experiences influenced their hopes for their children’s future. We examined parental narratives in assessment instruments and clinical notes to identify early experiences of love, care, and nurturing that might stand out as sources of strength in the parents’ sense of themselves and ability to care for their children. In the course of the study, some of the clinicians were moved by the image of angels in the nursery to write down their memories of personal experiences evoked by this concept. All the examples have been modified to protect confidentiality.

### **GHOSTS IN THE NURSERY: IDENTIFICATION WITH THE AGGRESSOR**

The image of ghosts in the nursery has become a metaphor of unsurpassed power since Selma Fraiberg coined it nearly 30 years ago to describe the parents’ excruciating enactment with

their small child of scenes from the parents' own unremembered, but still painfully influential, early experiences of helplessness and fear (Fraiberg et al., 1975). The ghosts, representing the repetition of the past in the present, acquire corporeal form through punitive or neglectful caregiving practices. The parent fails to recognize the meaning of the child's signals of need, either ignoring or misconstruing them as evidence of the child's inherent badness and responding with anger and rejection. In these instances, the immediacy of the parent's visceral reaction takes precedence over the baby's developmental needs. As the recipient of the parent's negative attributions, the child progressively internalizes a sense of self as unworthy and undeserving of love that can derail the course of healthy development (Bowlby, 1980; Lieberman, 1997, 2000; Silverman & Lieberman, 1999).

In her seminal work with mental health disorders in infancy, Fraiberg (1980) attributed the havoc caused by the ghosts of the parental past not to the actual events but to the repression of the *affects* associated with terrifying early memories. She viewed repression and isolation of affect as providing "motive and energy" for the enactment of punitive caregiving patterns that represent "identification with the betrayers and the aggressors" (pp. 134–135). When enacted between parent and child, identification with the aggressor is formed to protect the vulnerable ego from external attack by acquiring the feared characteristics of the attacker (A. Freud, 1936/1966; Pynoos, 1997). The abused becomes the abuser because perpetrating pain is used as a protection against feeling it.

While providing the basis for influential clinical interventions, this theoretical model leaves unaddressed the question of why many parents do not repeat with their children the patterns of abuse and neglect they were subjected to while growing up. As expressed by Fraiberg (1980), the "unresolved mystery is why, under conditions of extremity, in early childhood, some children . . . do not make the fateful alliance with the aggressor" (p. 135). In the quarter century since she posed this question, the challenge of pinpointing how individual differences account for the vast variety of responses to similarly traumatic circumstances remains a lively area of exploration. In our clinical work with children and their parents traumatized by exposure to various forms of interpersonal violence, we have observed a broad range of parental response, from anger at the traumatized child to an exquisite attunement to the child's suffering and determination to restore the child's emotional health. A similar range of parental responses has been reported in nonclinical settings where the plight of traumatized children is brought to the attention of the authorities such as law enforcement (Osofsky, Hammer, Freeman, & Rovaris, 2004), the child protective system (Smyke, Wajda-Johnson, & Zeanah, 2004), and the courts (Osofsky & Lederman, 2004; Van Horn & Hitchens, 2004).

Parental anger at the child in need can often be understood in light of the "ghosts in the nursery" model. But what are the influences on parents who, despite their own childhood traumas, protect their child from a repetition of the past? We hypothesized that if we were able to identify these influences, we might be able to incorporate them into the repertoire of therapeutic techniques that enable maltreating parents to find empathy with their children's vulnerability and to discover their crucial role as the child's protectors.

### ANGELS IN THE NURSERY: THE TRANSMISSION OF NURTURING EXPERIENCES IN EARLY DEVELOPMENT

The pivotal role of human relationships in shaping the sense of self, beginning at birth with the mother–child bond, has been extensively elaborated. The importance of caregiver emotional availability and empathic responsiveness in helping the infant and young child to regulate affect and organize internal experience is a recurrent theme in these investigations, and efforts to describe the specifics of these processes have yielded terms that have become the coins of

the realm in describing different facets of these early interpersonal-affective experiences such as “mirroring” (Winnicott, 1971), “attunement” (Stern, 1985), “containment” (Bion, 1962), “security” (Ainsworth, Blehar, Waters, & Wall, 1978), “felt security” (Sroufe & Waters, 1977), “refueling” (Mahler & McDevitt, 1982), “secure base” (Ainsworth et al., 1978), and “mental-ization” (Fonagy, Gergely, Jurist, & Target, 2002), among many others. All these terms share the virtue of evoking in the reader an intuitive sense of their meaning, despite their highly technical definitions. In this sense, they do justice to the visceral quality of the processes they describe. Moments of particular connectedness, characterized by mirroring and intense shared affect, are not merely growth-promoting but become an integral part of the child’s identity. Kohut (1971) used the term “transmuting internalization” to describe the process by which interpersonal experiences become incorporated into self-experiences.

Phenomenologically, specific instances of these exchanges may be remembered as moments of heightened intimacy between parent and child, when the child felt (almost) perfectly understood, accepted, and/or protected. This allows for moments during which the interaction may unfold as if in an effortless dance where each partner unselfconsciously anticipates and responds to the moves of the other. Sometimes these experiences do not occur with the parent but with another adult who is seen as providing the kind of unconditional care that is not available from the parents, as shown in the following edited excerpt.

My aunt . . . she was just always a very gentle, very loving. . . . she’d brush my hair very gently and never pulled my hair, like my mom did. My mom was always in a hurry to get the hair brushed . . . get it over and done with, and my aunt would just take her time, and be so gentle. . . . She was like a warm blanket, she was just wonderful. . . .

The body-centered quality of these memories highlights the centrality of preverbal and nonverbal experiences in creating an enduring sense of well-being. The integration of bodily experiences is a primary building block in defining the physical boundaries of the self and its relationship with the world because the parent’s recognition of the baby’s physical and emotional needs is expressed nonverbally starting at birth and is a prerequisite for effective symbolization (Dennett, 1978; Stern, 1985). The following edited excerpt illustrates the enduring importance of nonverbal communication in evoking a sense of belonging together in a relationship.

Everything about my dad just was warmth. I mean, you just walked into his presence and you just felt like smiling. He used to like to sit on the couch when he’d get home and read the newspaper, put his feet up . . . he always had his arm like this, like arched around, and it was like that was your spot, and he’d just wait for you to come.

This narrative conveys a strong sense of being unconditionally embraced by the loving father. This is not to say that a parent’s behavior must be perfectly attuned to the child’s needs at all times. One mother spoke of her father as a man for whom it was not easy to spontaneously convey love for his child: “He didn’t know how to express himself. He could be loving, but it was hard for him to express it. That’s when you’d get the card that would say ‘I know I don’t express myself much, but. . . .’” In this example, the father’s insightfulness regarding his difficulty in expressing feeling allowed room for negotiation and repair, and generated in his daughter a grateful acceptance of the father’s limitations and of his effort to overcome it. This

recollection is reminiscent of the finding that a very high degree of maternal responsiveness to the infant's signals in the first months of life is associated with later anxious attachment whereas medium levels of coordination are optimal for secure attachment and easygoing temperament (Beebe & Lachman, 2003). Repairing mismatched communications may be as valuable in creating the capacity for intimacy as impeccably empathic parental responsiveness to the child's signals (Tronick, 1998). This process of recognition and repair in the development of the self is not restricted to infancy and early childhood but may continue throughout the lifetime, as shown in the following excerpt.

When my son was born, I immediately took to singing to him. One day, as I was rocking him to sleep and trying to remember the lyrics to favorite songs from my childhood, I found myself singing the 'I found a peanut' song while I cuddled him, gently rubbing his back and smelling his sweet scent. Instantly, I remembered sitting in my mother's lap in the rocking chair in our small den as a young child, hearing my mother sing the lyrics to this song as I snuggled against her, feeling tired but comforted and soothed in my sickness at the time. I then remembered several gentle, loving moments with her comforting me when I was sick, holding me, loving me.

Akin to the unknowing replaying of ghosts described by Fraiberg and colleagues (1975), there is an *effortless recapitulation* of loving interpersonal exchanges that brings back memories long forgotten. The mother in this case was not reflecting on her own past to remember scenes from her childhood. She "finds herself" singing, which "instantly" pulls with it the associated images of her being cuddled by her own mother. What is described here is not a vague sense of having being loved but rather specific moments, woven with recollections of sensory experience, expressed in words such as "warm," "cuddly," "rocking," and "smelling his sweet scent." The narrative brings us back to the present as she goes on to describe the intergenerational effect of such experiences.

These moments came full circle for me when my parents were visiting three weeks after my son was born. During the one night of his early months that he cried incessantly through the night, I was at my wits' end trying to soothe him with my own songs and rocking him. Nothing was working. My mother woke up and came in, asking if she could help. I willingly offered him to her, and she began rocking and singing to him in much the same way that I had been doing for the last few weeks. I felt warmed by her ability to tolerate his cries and attend to him so lovingly, realizing she had done this many nights with me when I was little. I felt joined with her that night in a surprising, delightful way as we shared in the experience—both the trials and delights—of mothering across generations. I realized she had this capacity to offer unconditional love to me in times of distress, sickness, or injury, if not in the conditions of everyday life. . . . Despite my continued sadness over what she didn't give me emotionally growing up, becoming a mother and finding myself enacting some of the moments of love and delight with my son that I know my mother had with me feels like a gift that she gave to me in helping me develop a sense of trust and comfort with others.

When this young woman recalls her childhood memories and connects them with the forgotten affect that accompanied them, she is able to recognize the effect that such experiences had on her. Fraiberg (1980) described the process whereby ghosts in the nursery might prevent a mother from hearing her baby's cries, due to her own unmet childhood needs. Like ghosts, angels deal with the particulars of life and etch themselves into memory and personality, leading

to an identification with the parent that provides “motive and energy for repetition.” One young mother described herself as having a sense of “*déjà vu*” when dancing with her baby across the room. She felt herself as a baby and as a mother at the same time, leading her to reflect that she was now repeating with her baby a pattern learned long before she could speak.

### ANGELS IN A TRAUMATIC PAST: IDENTIFICATION WITH THE PROTECTOR

The traumatized parents and children that we treat manifest a broad range of reactions to their life experiences. Some of the parents grimly reenact the troubled experiences of their past with their own children. A large number are empathic with their children despite the hardships they have endured. As postulated by Fraiberg and colleagues (1975), many of these empathic parents have access to memories of painful early affect, which makes them attuned to their child’s fear and sadness and motivates them to change the child’s life for the better.

This sequence, however, is not always in place. Many parents vividly describe abusive and neglectful acts perpetrated against them and retrieve memories of the intense terror they felt at the time, but this does not lead to improvements in their parenting of their child. The affect, while not repressed, does not serve to enhance parental emotional resonance with the child’s affect.

In such cases, the child may instead come to represent figures from the parent’s childhood on whom the parent projects unacceptable and disavowed feelings of hatred and rage (Lieberman, 1997, 2000; Silverman & Lieberman, 1999). Particularly during affectively charged interactions, the parent does not see the child as a separate person whose behavior is motivated by individualized internal states but reacts as if the child were a participant in the parent’s memory (Fonagy, Target, Steele, & Steele, 1997). In so doing, the parents limit their ability to adapt flexibly to the child (Cicchetti & Tucker, 1994). The child, in turn, becomes frightened by a parental response that is incompatible with his or her own inner state, and is left ill-equipped to understand and modulate feelings or to empathize with others. This process may set in motion the first steps in relationship disorders and the perpetuation of psychopathology from one generation to the next.

Our review of clinical interviews and narrative notes of child–parent psychotherapy sessions suggests that traumatized parents who can mobilize themselves to alleviate their child’s fear and pain tend to have access not only to their early feelings of vulnerability but also to memories of feeling cared for and protected by a benevolent attachment figure. These early nurturing experiences alleviated terror, offered hope, and provided an alternative model of intimate relationships as a source of comfort and security. Instead of having no recourse but identification with the aggressor to feel secure, these parents could model themselves after “angels in the nursery” perceived as both powerful and benign. This process resulted in a health-promoting “identification with the protector.” The child’s internalization of the caregiver’s qualities that evoked feelings of being loved and valued is instrumental in breaking the cycle of maltreatment. The following example illustrates this process.

#### *Therapeutic Vignette*

Susan, 2 years old, and her mother were referred for treatment after the mother, Lisa, left Susan’s father following several incidents of severe domestic violence. Lisa reported that her mother was an alcoholic who was frequently gone for days at a time, forcing Lisa, who at age 6 was the oldest of six children, to care for her siblings. Lisa had ready access to the affective experience of her childhood, and she trembled with tears and rage as she described scene after

scene of drunken rages, maltreatment, and neglect. Despite her early history and subsequent experiences of domestic violence, Lisa's care of Susan was sensitive and loving. When the therapist asked how she had learned to be such an attentive mother, Lisa replied, "My mother wasn't always drunk. Before my first sisters were born, she spent every minute with me and took me places. I remember when I was sick once, she held me on her lap and hummed this little lullaby while she gave me ginger ale to sip from a cup." As she spoke, Lisa held Susan tenderly and stroked her hair.

This recollection of a severely impaired parent as also having the capacity to provide experiences of deep emotional connection and well-being is a recurrent finding in clinical work with traumatized children and adults. It also helps to explain the frequent research finding that although a majority of abused infants and toddlers form insecure attachments, a proportion of them are securely attached (Cicchetti & Barnett, 1991; Shonkoff & Phillips, 2000). Although there is a tendency to highlight the prevalence of insecurity among maltreated children, it is important to acknowledge that this outcome is not inevitable. Maltreated children who are securely attached may be able to register simultaneously the "bad" and the "good" parts of their parents, showing a capacity for integration of affective polarities that is one of the building blocks of mental health.

### ANGELS IN THE NURSERY AS THERAPEUTIC AGENTS

In our treatment of stressed and traumatized infants, toddlers, and preschoolers and their parents, we are confirming and extending to younger ages findings about the importance of two key ingredients in the treatment of trauma: (a) supporting developmental progress and (b) encouraging the (re-)discovery and practice of pleasurable emotional investment in the self, others, and the world through the affective experience of interest, enthusiasm, joy, elation, self-confidence, reciprocity, intimacy, and love (Lieberman, Compton, Van Horn, & Ghosh Ippen, 2003; Marmar, Foy, Kagan, & Pynoos, 1993; Pynoos & Steinberg, 2004; van der Kolk, 2003). Traumatized children and adults engage in defensive maneuvers such as overreacting to internal or external stimulation or withdrawing from engagement with activities of daily living. There is substantial empirical evidence that resilience, as defined by the ability to withstand and cope effectively with adversity, is fostered by secure attachments, positive emotional bonds to supportive and competent adults, confidence in oneself, and motivation to act effectively on the environment (Heller, Larrieu, D'Imperio, & Boris, 1999; Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Osofsky & Thompson, 2000). The therapeutic setting should provide a protective sphere not only to explore painful events but also to retrieve and integrate experiences that promote self-worth.

What accounts for the repression of angel-like early experiences? Memories of early well-being may bring about a sense of despair over its loss from the perspective of later adverse circumstances. The unfulfilled wish for a happier life course can trigger grief and mourning for missed opportunities. The reexperience of lost goodness can make the loss even more painful, making the retrieval of angel-like memories a destabilizing emotional experience. On the other hand, when the baby or small child becomes the evoker of good memories, the parent's ability to do well by the baby can become an incentive and a reward. The parent may think that "I can be good to my baby even when I cannot be good to myself." This can become the starting point for being good to the baby as a way of being good to oneself. The therapist's support in making this transition is an essential ingredient in this process. The following clinical vignette is an edited verbatim transcription from narrative session notes.

### ***Therapeutic Vignette***

“I conduct weekly Spanish-speaking support group for monolingual Spanish-speaking Latina mothers residing at the shelter. At the end of every group session we have a ritual where each of us briefly says a phrase or a word that holds special meaning and elicits inner strength. In this session, three of the mothers had a very difficult time coming up with a phrase or word. When they did, they used words they had heard from others as a way of encouraging them, such as *esperanza* (hope) and *fortaleza* (endurance). These mothers did not show significant emotional reactions or changes in their facial expressions and body language when explaining why they chose these particular expressions. Indeed, their affect was flat and constricted. The fourth mother, Mrs. Romero, responded very differently. The word that came to her mind was ‘*guagua*,’ a Quechua word that means ‘baby.’ She said that this word literally ‘fills her up’ with wonderful memories about being loved and cared for by her mother. While she was describing the personal meaning this word had for her, her affect immediately shifted from sorrow and sadness to joy and pleasure. Her body language and facial expressions reflected peacefulness and joy. The room was literally lit up with the big smile she had on her face. She explained that whenever she gets distressed or depressed, or whenever her one-and-a-half-year old son gets angry or frustrated or does something that makes her upset, she is able to use the word ‘*guagua*’ to regain her inner balance and re-establish a more harmonious interaction with her son. By saying ‘*guagua*,’ she vividly remembers the patience her mother had, and how her mother was able to calm her down and comfort her when she was sad, upset, scared, or angry. She concluded by saying that the word ‘*guagua*’ reminds her that she is a *good person and mother* who can care for herself and her child. It clearly speaks to her sense of self-efficacy as a mother.”

This mother consciously relied on her benevolent early experiences to guide her behavior toward her son. When these memories are not spontaneously available, the therapist’s emotional availability can serve as a reminder that enriches the parent’s ability to take care of the child, as in the following example.

### ***Therapeutic Vignette***

Mrs. Arenas participated with her 4-year-old daughter in child–parent psychotherapy following separation from her husband due to domestic violence. Mrs. Arenas had been abandoned by her alcoholic parents at an early age, spent her childhood in several foster homes, and was adopted at age 8 by a family who could only provide intermittently adequate care. Nevertheless, she felt intense, if ambivalent, love for her adoptive parents, and struggled courageously to be a good mother to her daughter.

During the session described next, the therapist arrived for a home visit to find both mother and child in an angry mood. The child, Nancy, greeted the clinician by sticking out her tongue and promptly hiding behind an armchair and refusing to engage with her. The mother busied herself around the kitchen, barely acknowledging the therapist’s presence. When the therapist inquired about what was happening, the mother said: “I am just bored.” The therapist replied playfully, “Well, I can keep you company and we can be bored together, or if you prefer we can do something that you all like.” Nancy said in a whiny tone that her mother had put her on time out for messing up the string of a kite they were trying to fly in the back yard. The mother confirmed this, saying in an irritated tone: “The last thing I want to do is sit with that damn string and untangle it.” The therapist approached the mother and said, out of the child’s

hearing: “If you want, I can try to untangle it. You’ve been taking care of Nancy all day, and I can see that you need a break.” With the mother’s relieved permission, the therapist untangled the string to shrieks of delight from the child and a pleased expression from the mother. When they all went to the backyard to fly the kite, the mother’s mood became unexpectedly bright and warm. She encouraged her daughter to fly the kite, saying “Run, Nancy, run!” and giving her useful pointers about how to keep the kite in the air as she ran alongside helping unobtrusively. After about 20 min of this play, she sat out of breath next to the therapist on the back steps to the house, saying wistfully: “My father taught me to fly a kite. We would do it every weekend during the summer. It was so much fun.” Once back inside the house, the mother brought out the family album and showed the photos to the therapist and to Nancy, patiently explaining the identity of each person. The child pointed to the photo of her parents’ wedding day, saying “Her got married!” The mother corrected her grammar gently, and went on to comment that this was the first time she had looked at the photos in a long time.

How can we understand this sequence of events? The therapist had the distinct impression that the angry and distant mood at the beginning of the session had been triggered by the child’s unwitting entangling of the kite’s string, which for the mother was associated with one of the few pleasurable memories she had of her adoptive father. The therapist had restored the intactness of the memory by untangling the string and by making possible a joyful reliving of kite flying, this time with the mother guiding her child as her father had once guided her. This spirited physical reenactment had, in turn, allowed the mother to integrate her adoptive family into her present family, sharing with her daughter and with the therapist the people who were important in her childhood and the pivotal picture of her wedding, an event that was at the center of her conflict over her infidelity and her struggles to form the kind of family she had never had.

The capacity to integrate the good and bad parts of a love object into a sturdy sense of object constancy has long been considered the hallmark of the adult capacity to love (Fairbairn, 1954; S. Freud, 1923/1966; Kernberg, 1976; Klein, 1932; Mahler et al., 1975; Winnicott, 1965). Such integration is particularly difficult to achieve when the same parent is simultaneously attacker and protector, the source of fear as well as the provider of safety and well-being. It is possible that having a realistic sense of the danger posed by the abusive parent while holding on to the loving and protective aspects might be an indicator of a traumatized person’s capacity to recover from trauma. In this sense, we might think of the ability to retain loving memories as one of the building blocks of psychological health. The poet Tom Clark (1971) wrote: “Angels carry messages—like DNA?” (p. 41). We can extend this image by proposing that the messages carried by ghosts and angels may form a “double helix” where opposites come together in a life-supporting integration.

The metaphor of ghosts and angels is not restricted to the inner experience of adults. Children can give us perhaps the most illuminating glimpse into the ability to contain opposites. In the following transcript of a therapeutic session with Rowena, a young girl, we see her struggling with her simultaneous love for and fear of her father as she arrives at a solution through the medium of play.

### *Therapeutic Vignette*

Rowena, age 5 years, had been living with her paternal aunt pending reunification with her father, from whom she was removed because of severe neglect and rages related to his alcoholism. The father, Mr. Smith, had been sober for the past 3 months and Child Protective Services initiated overnight visits as the first step toward reunification.

Rowena often expressed joy at the prospect of spending time with her father and said that

she wanted to live with him; however, in the therapeutic session described here, her play suggested more mixed feelings. The treatment took place in the home, with the therapist bringing a bag of toys that were used during each session. Rowena started the session by pretending to call her aunt on the toy telephone and said:

I get very scared when I sleep with my daddy. I have nightmares when I sleep with my daddy. I want to sleep in the living room, but my daddy won't let me. He makes me sleep in the same room with him.

When the therapist asked what made her scared about sleeping with her father, Rowena remained silent and did not respond. Instead, she prepared a small bed in a corner of the room and put a doll to sleep on it, saying "the baby is sleeping here." She then pulled out about 20 plastic animals, one at a time, and she lined them up in front of the bed, near the baby's head. She explained that the lions and tigers were trying to attack the baby, but the other animals made a row to protect her. She was very engaged in the play, carefully moving the different animals to make sure they were aligned very close to each other in a solid protective layer. She then said, "The animals are like the fairy godmother, taking care of the babies." She then climbed on her bed (The session took place in the child's bedroom.) and asked the therapist and the aunt to line up all the animals to protect her. They did so, commenting that she was protected and safe.

This child's fear of sleeping with her father gave rise to concerns about possible sexual abuse, but there was no evidence that this was the case. We hypothesized that the child was demonstrating a developmentally appropriate effort to establish the proper role boundaries between herself and her father, and that the desire to sleep separately might be further intensified by the lingering fears of her father's drunken rages during the night while he was still drinking. We also hypothesized that the animals represented the concerted efforts of her aunt and other relatives to keep her safe. In the absence of a reliable mother figure, this child needed to array a veritable battalion of protective forces to feel secure, but it was to her advantage that she had the creativity and inner resources to do so.

The process of psychotherapy may evoke suppressed memories not only of painful experiences but also of supportive ones. These newly emerging memories can be conducive to a radical reorganization of the self in relation to attachment figures. In child-parent psychotherapy, parents may be unexpectedly reminded of aspects of their childhood that had long remained outside awareness by the child's developmental stage, changing physical appearance, or evolving developmental milestones. The parent's sense of self may then become enriched by the integration of a more generous and compassionate view of the attachment figure.

### *Therapeutic Vignette*

Mr. Robertson and his son, 4-year-old Martin, came to treatment because Mrs. Robertson believed that the father-son relationship was becoming damaging to family harmony as the result of Mr. Robertson's excessive teasing, ridiculing, and disciplining of the child. Mrs. Robertson reported that Martin had become increasingly clingy, fearful, and dependent on her as the result of his father's behavior. This situation had worsened considerably after the birth of the couple's second child, who was now 6 months old. Mrs. Robertson had hoped that the relationship between Martin and his father would improve after the birth of the baby because they might join forces while she busied herself with the child, but the opposite had occurred. She reported that she had decided that the father and son needed what she termed "couples'

therapy” on an afternoon when the father returned home from work unexpectedly early. Martin, who had been in an excellent mood until the father’s arrival, became subdued and insisted on staying in his room reading a book.

During the initial assessment, Mr. Robertson’s description of his relationship with his father resembled in precise ways what Mrs. Robertson had described in his treatment of Martin. Mr. Robertson, Sr., now deceased, had been an extremely accomplished businessman who had exacting standards for his son. Mr. Robertson, Jr. could match most of these standards because he was very intelligent and loved school, but he could not match his father’s expectations in the area of sports. He was not well coordinated and his peers teased him and shunned him when a teammate had to be chosen. His father compounded this experience of humiliation by yelling at him to “try harder” and calling him a “mamma’s boy” and a “weakling” in public when he failed at a sport. Physical punishments were frequent and frightening, although they did not seem to involve reportable incidents. The child–parent psychotherapy sessions focused on helping Mr. Robertson give Martin the space to play freely, without admonishing him about doing things wrong and without directing the play to make it more coherent or adultlike.

On one particular session, Martin was able to tell his father what he needed from him. As he was trying unsuccessfully to complete a puzzle, his father asked: “Why don’t you ask me for help?” Martin replied: “I ask for help when I can get help.” This candid answer hurt the father deeply, but it made him understand, for the first time, that Martin did not perceive him as helpful when he offered suggestions to improve the child’s performance. This session was followed a few weeks later by an individual session with the father where he spoke bitterly about his own father’s simultaneous unavailability and authoritarianism. He seemed to find nothing to like about his father; inquiries from the therapist about moments when he could rely on his father were met with angry denial. During the following child–parent session, however, Martin turned to him and said: “Now you can help me, daddy.” Mr. Robertson, who had been watching him with a blank expression, smiled brightly and said: “What can I do for you?” Martin replied: “You can put the baby to sleep.” Mr. Robertson took the baby doll and put it on the crib, humming softly. Martin huddled against him, and the father put his arms around his son.

Mr. Robertson later reported that this exchange suddenly brought to mind scenes from his childhood when he and his father would lie in bed together on Sunday mornings watching Martin’s favorite children’s program. He said “I used to be still sleepy, and my father would cuddle with me and I remember how strong he felt and how he smelled—I remember wanting to smell like him when I grew up.” This memory was in sharp contrast with his previous denial that his father had done anything loving for him while growing up, and it became the first of other positive memories that counteracted his one-sided negative perception of his father and enriched his own relationship with his son. This sequence illustrates that the therapeutic process may help in the recovery of positive memories from the past that were covered over due to the normal process of forgetting or as the result of unconscious motivations.

### **CONCLUSIONS: IMPLICATIONS FOR RESEARCH AND PSYCHOTHERAPY**

“Angels in the nursery,” representing the repetition of benevolent past experiences in the present, can serve as agents of positive influence in the lives of parents and children. Within the therapeutic context, these benevolent early experiences can be used to foster loving parent–child relationships in the face of adversity by supporting a sense of self-worth and facilitating an unencumbered engagement in caregiving interactions. Together with the exploration of painful memories, the retrieval and identification of “beneficial cues” and other protective

childhood memories may be especially valuable in creating a therapeutic space that maximizes the potential for growth in parent–child relationships.

Though these hypotheses emerged from clinical experience, they open the possibility of empirically testing the utility of incorporating the notion of “angels in the nursery” to the therapeutic process. This could be studied by examining whether clinical interventions that emphasize the integration of *both* loving and painful childhood memories are more effective in promoting a positive treatment outcome than interventions that do not include this therapeutic component.

The potential usefulness of this point of view also can lead to more systematic ways of eliciting benevolent childhood memories. Instruments currently used to study adults’ working models of parent–child interactions, both in the present and in the past, could prove helpful in the quest to identify the presence and importance of “angels in the nursery” and for an assessment of their predictive value. Clinically informed instruments such as the Adult Attachment Interview (George et al., 1985), the Working Model of the Child Interview (Zeanah, Benoit, & Barton, 1993), and the Parent Development Interview (Slade, Aber, Bresgi, Berger, & Kaplan, 2003) are currently being used to study mothers’ recollections, thoughts, and reactions linked to experiences within attachment relationships. The data could be used to test whether parents who display the ability to integrate both negative and positive experiences from their own childhoods are better equipped to mirror and empathize with their children in the present. There is preliminary empirical evidence that this is the case from work that Slade, Belsky, Aber, and Phelps (1999) did with the Parent Development Interview. They found, in a sample of toddler boys and their mothers, that mothers whose representations of their sons were imbued with joy, pleasure, and coherence had more positive parenting behaviors, fewer negative parenting behaviors, and were more likely to be classified as *Autonomous* using the Adult Attachment Interview than mothers whose representations of their sons were more colored with anger or separation distress.

The critically important clinical question, however, is how benevolent childhood experiences can best be used in the course of the treatment of each dyad. A therapeutic stance that gives equal importance to supportive early memories and to memories of conflict, abuse, or neglect should be established at the outset of treatment because the initial therapeutic sessions shape the client’s perception of what the therapist considers worthy of attention. Cultivating a frame of mind where experiences of joy, intimacy, pleasure, and love are considered to be as worthy of therapeutic attention as negative experiences can be of great assistance in promoting momentum toward psychological health. Constricted and rigid images of the parent may then be rounded out into more humane and flexible perceptions that incorporate an understanding of the older generations’ circumstances and the conditions that shaped their behavior. Intergenerational transmission may then move backward as well as forward to encompass both the older generations and the young into a process of recognition and acceptance that can result into the intergenerational transmission not only of trauma but also of forgiveness and compassion.

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