Repairing Links: Building Attachments in the Preschool Classroom

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> … to put one brick upon another
>
> Add a third, and then a fourth,
>
> Leaves no time to wonder whether,
>
> What you do has any worth.
>
> — Larkin, 1951/1989

I invite you to consider two scenes from a school for three- to five-year-old children:

> Forty preschoolers running wild on a playground while the teachers stand and watch, occasionally shouting, "Hey you!" when a child runs into another child.
>
> One teacher shouts at another teacher on the playground, including racial slurs, as the children watch with frightened expressions.

Over the last few decades, our understanding of child development, especially the essential contribution of secure attachment to the development of the mind (Fonagy, 1991; Fonagy and Target,1996; Lieberman, 1995), has increased exponentially. The challenge of the program described in this article is to find ways to take this rich theory out of the consulting room and into early education centers, especially those centers serving high-risk communities.[2] In this

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[1] The author is grateful for the helpful comments from Diane Ehrensaft, Richard Almond, and Judy Wallerstein and to Patricia Marra for her able editorial assistance.

[2] Fifteen years ago, the San Francisco Center for Psychoanalysis received a grant from the Peter and Miriam Haas Foundation to establish a therapeutic nursery, under the direction of Shahla Chehrazi, in one of the highest risk neighborhoods of San Francisco, Bayview/Hunters Point. Four years later, when the San Francisco Early Childhood Mental Health Initiative was formed, as a result of Dr. Chehrazi's work, psychoanalysts were viewed as valuable contributors to the improvement of the educational environment for young children in San Francisco and invited to participate in the initiative. We currently serve four preschool sites with mental health consultation. Recruited to lead the project in 1999, the author has developed the current consultation model in collaboration with the mental health consultants.

paper, I will show how the work of repairing and building links between children and the adults who care for them is crucial to early education.[3]

Because of the complexity of describing a program that moves beyond the bounds of the consulting room and a one- or two-person view, I organized this paper to first describe our model of consultation. I will go on to present our theoretical bases for the consultation project, including attachment theory, and the theories of mind of Winnicott, Bion, and Fonagy and his collaborators, with illustrative examples. Then, I will describe the different parties to the consultation work: the settings and communities, the staffs of the schools, the children, and their parents. Each of these will be elaborated with examples. Following will be a description of what we name "the anti-attachment system" operating at multiple levels in the sites we serve. I will conclude with a description of the major difficulties and the intense countertransferences we experience in serving these communities in these settings.

I. Our Model of Preschool Consultation

First, the word "preschool" refers generally to sites that, in addition to day care, provide early education to young children, generally three to five years of age. Usually, each classroom of around twenty children has one head teacher, three teaching assistants, and a manager overseeing the whole site. Sometimes social workers from the school district or from Head Start[4] are also part of the preschool staff. The staff of the preschools have different levels of training in early childhood education and vary widely in competence in caring for young children over a long day away from their families. The sites we serve are mostly in economically impoverished neighborhoods, with mixed populations of recent immigrants and chronically disadvantaged or lower working class families. It is not unusual for staff at the centers to have grown up themselves in the neighborhood the center is serving.

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[3] I am very grateful to our mental health consultants for their generous contributions of clinical material to this paper, as well as their skillful work in the communities we serve: Joanne Crawford, Ph.D., Jessica Herbold, Ph.D., and Mike Scott, LCSW, as well as to former consultants Chinita Trotter, Ph.D., and Claudette Heisler, Ph.D.

[4] Head Start is an early education intervention program established in the 1960s by the United States Federal Government.

Our consultants provide services to the preschools that include: individual consultation to site managers and staff,[5] group consultation for classroom staff, support services for parents, and group and individual therapeutic interventions for children. Because of a limited budget, we concentrate on consultation to staff, with the aim of improving the environment of the preschool in ways that will benefit all of the children. The consultant negotiates the distribution of her time with the staff and then works to maintain the consistency and reliability of her schedule, modeling the necessity for predictability to build security in young children.

We aim to build relationships with the staff of the sites over time, modeling the development of trust through continuity and predictability. We hope to develop greater flexibility in their thinking that leads to greater capacities for reflective mental functioning (Fonagy and Target, 1996). We believe this will lead to a more consistent ability to hold children in mind in the face of emotional challenges. We view ourselves as helping teachers recover capacities that are cut off from their ordinary functioning by defensive activity, as well as developing a greater appreciation in them for the minds of the children they serve.

Because of poverty and high levels of violence in the community, pressures on all staff, children, and parents at the sites we serve are intense. Hence, we expect that consultants will be the focus of highly emotional and demanding transferences, projections, and countertransferences. Our model of consultation requires group and individual supervision for consultants to help them regulate their own affective responses to the children and staff.

In our group consultations with classroom staff, we engage the teachers in thinking about large issues of child development and philosophies of child rearing, always thinking of our belief in the nature of relationships as crucial, which requires that we attend to the staff as well as the children. While we believe that children thrive in an atmosphere of emotional support and a network of reflective adults, many of the teachers we serve believe, instead, that children must be tough to survive in a hostile world. Coming from outside these communities, our consultants and are often viewed as "soft on children." We are confounded at times by the staff's conviction that

[5] Staff includes teachers, site managers, and support staff.

emotional support is "spoiling." Here is an example of a group of teachers, with many years experience with the consultant, permitting themselves to voice differing views of a child's behavior without splitting off the proponents of one or the other view.

> During a meeting with classroom staff, the group was discussing Nima, a child who is difficult to manage in the classroom. Our consultant talked with the team about trying to understand the difference between a lack, what we would refer to as a developmental deficit, and a regression. He introduced an understanding of Nima that included recognition of her fragility and lack of internal resources to help modulate the staff view of her as a bad, disruptive child. In response to the consultant's talk about fragility, the staff introduced another child, Roald, who came to mind in response to the consultant's different point of view about Nima. They described Roald entering the classroom in the morning, already upset, and acting out by randomly hitting other children and quickly disrupting the classroom. One teacher finally took Roald on her lap and consoled him. After a period of lap time, Roald was able to regroup and return to the play environment. A discussion of the teacher's strategy followed with the team raising these questions: Was the teacher coddling the child and reinforcing a behavioral problem? Or was she appropriately recognizing a need state that when addressed allowed the child to stabilize?

The consultant was impressed by the sophistication of the discussion as well as the willingness of the staff to consider a closer, more empathic model of relating to the children under discussion.[6] In this discussion, the consultant is modeling a reflective stance, helping teachers clarify their point of view, marking differences between points of view, and ensuring an atmosphere of safety for thinking and differences of opinion.

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[6] While we have experimented with educational workshops for teachers, we have not found these to be helpful as the staff are not emotionally ready to take in information. So, we concentrate on our weekly meetings with staff to build a secure relationship with the consultant that can gradually result in a more open emotional climate with a greater readiness to learn from experience.

II. Theoretical Bases of our Model of Preschool Consultation

Contributions of Fonagy and Target

Over the last fifteen years, Fonagy and his collaborators, especially Target, have developed a theory of mind that elaborates and expands a psychoanalytic approach to development (e.g., 1991, 1995, 1996) and treatment (1995). Their work integrates attachment theory, psychosexual theory, Klein's theories of early development, Bion's theory of thinking, and Winnicott's theories of the implications of the mother-child relationship for the development of the personality (Fonagy and Target, 1996). Briefly, young children normatively think in either psychic equivalence or pretend modes of thought, with a gradual supported development of symbolic thought, through repeated experiences with caretakers who view the child as having a mind and reflect with him about his mind, as well as their own minds. Mentalization is the capacity to envision mental states in self and others and is the outcome of the attachment system through repeated experiences of being reflected upon by attachment figures as having a state of mind(Fonagy and Target, 1996). In other words, an infant develops a mind because the mother has an idea of its mind.

The children we serve are three to five years old and spend long hours in the company of their teachers and other children away from their primary attachment figures. Our focus is on the particular need of these children for three qualities in their relationships with their teachers: 1) attuned, reflective responses from caretakers that indicate the caretaker's perception of the child as having a mind of his own with complex motivations; 2) the distinction between pretend and reality that facilitates pretend play with physical and psychological safety ensured by adults with whom the child has a secure bond; and 3) help in regulating intense affect states that includes an empathic understanding of the intensity and "realness" of the state in the child (Fonagy and Target, 1997). For example, we prefer that our teachers comfort a child who is crying for mommy with empathy and understanding, saying, for example, "You are sad because you are missing your mommy." Too often, we find instead that teachers are dismissive of the child's feelings, saying, for example, "Why are you always crying, you know your mother will be back." We would view the dismissive response from a teacher as possibly signaling that if she, the

teacher, knows mother is returning, then the child should also know this (teleological) or, more destructively, as signaling that the teacher is withdrawing from the child's affective state because it evokes unmanageable affects in herself, leaving the child without help in regulating his affective state of distress.

A teacher who can empathize with a child's sadness and also offer reassurance of her own comforting presence is more likely to promote continuing development of affect regulation, self-reflectiveness, and integration that will also result in the child being in an optimal position to make use of the wide variety of new experiences available in a preschool. Repeated recognition of the child's states of mind contributes to greater capacity for the child's self-regulation of affective states (Sugarman, 2006), which leads to greater controls and less use of action. It is crucial for children this age to have the support of adults in order to stabilize and develop their understanding of themselves and others.

Winnicott's Contributions: The Role of Mirroring

> What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and what she looks like is related to what she sees there.
>
> (Winnicott, 1971, p.111)

In his usual deceptively simple and direct manner, Winnicott captures what is essential to the development of a sense of self in the baby. Because this sense of self is highly consolidated at the ages of the children we serve, we believe these children continue to need to see themselves in the gaze of their caretakers. Instead, too often these children find in the caretaker's face the reflection of "her own mood or, worse still, the rigidity of her own defenses" (Winnicott, 1971, p. 111). For example, we commonly find that teachers are frightened by children's aggression, rarely seeing it as a normative expression of selfhood (Fonagy, et al., 1993). Instead, aggression, especially in boys, is quickly labeled by teachers as bad, sometimes resulting in a terrible downward spiral as the little boy begins to identify selfhood with aggression (p. 475), rather than

integrating aggression into a sense of self as potent and with agency. When the child meets not a reflection of him or herself but a defensively dominated theory of the child — for example, as stubborn and bad or, worse, dangerous — then that child is abandoned to his own resources. It is this that worries us in preschool caregivers: the child sees in his teacher's eyes, not himself, as a three-year-old boy who is excited and wild and frightened of his own wildness and needing help with regulation, but something from the caretaker's mind: a dangerous teen-age male? (There is a high level of gang activity in these neighborhoods.) Perhaps a frightening figure from her own past? A child who is annoying her and making her life difficult?

Main and Hesse (1999) have shown that disturbances in the mother's affects while relating to her child seem not to traumatize the child if the cause of the mother's disturbance is evident to the child — for example, her fear and anger following the child dashing towards the street. When the cause of the mother's disturbance is internal, as in dissociative states, the child is much more likely to be disorganized in his or her attachment, caught up in a need state in which the attachment figure is simultaneously the cause of the perceived danger. A child who is playfully chasing another child and meets a caretaker who shouts angrily at him experiences a disjunction between his internal experience of himself as playful and the view of himself in his caretaker's eyes as dangerously aggressive, a situation that causes anxiety in the child. To whom does he turn for help in regulating that anxiety? His teacher is the proximate cause of the anxiety but is also the adult in whose care his mother has left him.

As part of our work with the staff, we hope to introduce questions that can create some space for alternate views in the caretaker's mind. And, we hope to help teachers modulate their own projections in order to allow for a more realistic view of each child. To step back from the consideration of what the child sees in the teacher's eyes, we keep in mind what the teacher sees in our eyes, recognizing that the consultant must be able to hold the teacher in mind as well as the child. The consultant must be capable of resisting the pressures to identify only with one or the other (the child or the teacher) and hold both in mind.

Bion's Contributions

Bion's contributions to the psychoanalytic theories we are using are so seminal that it is artificial to describe them separately. Nevertheless, I will describe the three concepts from Bion that are linchpins in our understanding and execution of our consultation model.

1. Projective Identification as Communication

Bion made a leap from Klein's concept of projective identification as a pathological defense by emphasizing the crucial role projective identification plays in human communication (Bion, 1967; Ogden, 2008). This new understanding of how humans communicate — based on the model of the fragile infant with a mother who is able to stay in contact with the infant's distress without becoming overwhelmed or defensively withdrawing — has enriched our clinical understanding of the need for the presence of the other. At first, mother's physical presence is necessary. With good early care, the child begins to establish a secure good object inside and can tolerate longer periods away from mother.

Children arouse intense affective states in the adults who care for them, an arousal that signals to the adults their need for help in regulation. We see this as "projective identification," with children arousing affective states in their caregivers in proportion to their experience of being overwhelmed. Caregivers need a receptive mind, along with the emotional capacity to stay still and think about what they are experiencing, rather than react precipitously. Our aim in this consultation model is to provide the staff with emotional support and help with their own affect regulation, thus facilitating their emotional capacities to tolerate and help children regulate their own intense affective states. We conceptualize this as the consultant providing an open mind that is capable of receiving projections and using capacities for thinking to modify those projections, thus offering a different experience to the staff, which we expect to carry over to the attitudes of the staff to the children.

2. "Container/Contained"

Bion went on to develop a model of transformative communication, based on the mother/infant relationship, that he called "container/contained." Briefly, Bion articulated a theory of the infant/mother relationship that asserts that we, humans, need the company of another mind to think our hardest thoughts (Bion, 1967; Souter, 2009). While this is especially true for young minds, such as those of the preschool children we serve, it is also true for adults when confronted with our most painful thoughts. Following is an example that demonstrates the impact of loss on the teachers we serve, and the consequent diminishment of one teacher's ability to regulate herself and the children.

> "Lorraine" is the teacher I noted above who was frightening the children on the playground by shouting at another teacher. The site manager appropriately escorted Lorraine from the playground, though with trepidation and fear of becoming the target of Lorraine's anger. Lorraine angrily blamed the other teacher for the incident. After a couple of required days off, in a classroom meeting with our consultant, Lorraine disclosed that there had been a death in her family. The consultant and the team offered her sympathy and support as they listened to her express her grief. She confided later to the consultant that the site manager had not offered any words of consolation or even acknowledged her loss. This complex set of interactions — from the outburst on the playground to the disclosure of Lorraine's feeling of disappointment in the site manager — demonstrates a failed container with resulting escalation of affective intensity. Lorraine alienates her colleagues, including her boss, with her abrasiveness and outbursts, but then feels abandoned and neglected, which leads to her feeling the victim, while others see her as dangerous. In this situation, the consultant's ongoing role is to support the site manager in setting appropriate limits but also to help her keep in mind the teacher's emotional state.

The consultant's function in this meeting was to provide an adequate containment of the fear and grief that prevented communication between Lorraine and her colleagues. Having that experience of containment, Lorraine is less liable to angry outbursts toward other staff, as well as the children. We believe that the experience of containment, repeated over time in the staff member's relationship with the consultant, will result in a gradual internalization of a greater capacity for containing, rather than reacting to, intense affective experiences.

3. "Theory of Thinking"

Bion elaborated Freud's view of the presentation of thoughts to the mind (Freud, 1911) into a "Theory of Thinking." Thoughts, which for Bion are based on feelings, exist and humans develop minds in order to think thoughts that are presented. Bion locates the earliest challenge to thinking in experiences of separation and loss. The infant must learn to "think" a good object in the absence of the good object in order to overcome collapse into a paranoid experience of bad object present (Bion, 1967). We find that experiences of loss from ordinary (e.g., age-appropriate death of a parent) to extraordinary (violent death, traumatic separations) are ubiquitous in the communities we serve. As we would expect, defenses against the affects of grief and separation anxiety are prominent. Bion helps us understand the psychic defenses of the staff against such overwhelming loss. Exactly because of the age of the children these teachers serve, their own emotional capacities will be tested to their limits, as the children, appropriately, evoke intense affective experiences in their caretakers. As consultants we aim to support and strengthen the capacities of the staff for tolerance of these intense affects — staff who daily face a level of pain, loss, and threatened helplessness that is unimaginable to most of us fortunate to live in more benign environments. I continue with Teacher Lorraine to show the immediate good effects of the help provided to her in the example above.

> Tyree is a 4-year-old boy in his second year at a child development center. Four months into the new school year, Tyree still refused to take off his coat or back-

pack, cried inconsolably, and sat in his cubicle weeping and saying, "I miss my mommy." Though the teachers were aware of their concern for this child, they also described him as a "stubborn child, who only does what he wants" and complained of frequent tantrums. Even though his teachers noted that he had functioned well last year, they continued to state their belief that Tyree "just needs to learn to follow rules and to stick with his peer group" instead of pestering adults for attention. The teachers asked for the consultant's help with Tyree during the weekly classroom study team meeting, showing no awareness of their transparently contradictory views of the child. As described above, Teacher Lorraine, who had tried to deny the effect of the deaths in her family on her work, was helped by the group to recognize her emotional state and to express some of her grief. While discussion of Tyree was the lead-in, the group focused primarily on Lorraine.

In the next weekly meeting, Teacher Lorraine reported that Tyree had had a "great day," and attributed it to changes in her own interaction style with him. Lorraine now sat with Tyree for a couple of minutes in the morning, rubbing his back and sympathizing with his sadness. After that, Tyree was willing to join the class. Tyree began removing his backpack and joining in the group activities. Several weeks later, the coat and back-pack remain off, Tyree plays with other children and, during free-play, imitates Teacher Lorraine by reading a book to other children in the teacher's manner, doling out pretend discipline, and patting their backs to help them pretend sleep.

This brief vignette illustrates the therapeutic effectiveness of the classroom team meeting. Through the identification and expression of Lorraine's grief, and the team's empathic "holding" of her, she was able to recover her own capacities for empathy for the child, whose uncontained experiences of loss had been triggering her, as she struggled against being overwhelmed by her own losses. Once she had the experience of being helped by the team to feel sad without being

overwhelmed, she became able to access her usual skills in helping the child deal with his loss. Tyree responded beautifully to Lorraine's help by regaining his capacities to participate in and enjoy school with a clear identification with the helpful adult showing in his play with other children. This example shows how powerful a change in a teacher's attitude can be for a young child. We have found that, at best, a shift in the view of the staff towards a child can create an upward spiral as the child begins to see himself differently (Winnicott, 1971) in the teacher's eyes.

The linked examples above show how Lorraine's unthinkable grief interfered with her ordinary good ability to relate empathically to a child who was suffering unbearable loss. Lorraine, herself, was in a state of unbearable, unmentalized (Fonagy and Target,1995) grief/loss, leading to defensive reactions, such as chronic anger, which warded off her feared neediness amid expected abandonment. Because the consultant is a trusted figure, Lorraine chose to reveal something of her emotional state to her colleagues. Now, of course, all of them knew something was wrong, and most reacted by staying out of the way of Lorraine's rages, which led to increased deprivation and neediness and increased defensiveness on Lorraine's part. Through the containment offered by the consultant to the group, her colleagues, feeling safe, could offer sympathy and witness her grief. Lorraine then found her grief more bearable, in the company of others.

Bion's work helps us understand the defensive responses to children's pain that result in sometimes harsh treatment of children by teachers and their failures to respond to appropriate developmental requests for support. Additionally, we are helped to contain our own negative responses to caretakers, because our anger towards the staff is an occupational hazard of this work, as we observe sometimes harsh treatment of children.

III. The Setting

The preschools we serve are in low income neighborhoods that are subject to the harshest environmental pressures of inner cities, including high levels of violent crime, inter-generational trauma, and poverty. Even though many of the children we serve have working parents, incomes are low and jobs precarious. Our challenge in this consultation program is how to help adults, often compromised themselves by cumulative trauma (Khan, 1963; Altman, 1995; Twemlow, 2000), increase their capacities for emotional contact with children. We believe that adults in the high-stress environments we serve, far from being attuned, are often engaged in active defensive activity to avoid becoming aware of the children's suffering that taxes their own capacities for self-regulation.

The teachers we work with are understandably focused almost entirely on behavioral control. So, they are most likely to represent children's states of mind as stubborn or oppositional when the child doesn't comply with program structure. Thus, the child as reflected in the other's eyes is bad and disobedient. The child is seen as a "falling out" child, not a distressed child who appropriately needs adult help and scaffolding[7] to regulate affects intensified by the absence of primary attachment figures.

Recesses are treated as opportunities for physical discharge with little or no encouragement of pretend play. When pretend play is structured into the class schedule, it is often disrupted with intrusions of reality and even ridicule of the children. The children are expected to maintain pretend mode without help from adults, who seem to consider themselves as bystanders and intervene only when they see danger. The children appear to quickly learn that the adult attention they crave can be reliably gained through risk taking or aggression (Winnicott, 1971).

While the ABCs, numbers, and shapes are important, a good start in preschool rests on being able to develop trusting relationships with adults who are not primary attachment figures but who optimally function as reliable stand-ins, as well as relationships with other children. Children this age continue to need help from adults to regulate their affective states (container/contained,

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[7] **"**One person, who possesses more sophisticated psychological skills (an example of which is knowing how the mind works), comes to function in a prosthetic-like manner, creating the scaffold necessary for the evolution of capacities in the one with less developed or sophisticated psychological skills. As in the analytic situation, a pair creates capabilities beyond the limits of one alone" (Wilson and Weinstein, 1996, p.169).

Bion, 1967), which leads to greater trust in the self as the child internalizes the regulating functions of the other (Sugarman, 2006; Fonagy and Target, 1996). Adequate containment requires the sensitive attunement of adult caretakers to the emotional state of the child (Fonagy and Target,1996). Children, who are learning to share the concrete environment of toys and other children's imaginative worlds, as well as to include other children in one's own imaginative world, need adult help to ensure the safety of engagement in pretend play.

IV. The Teachers

Most of our teachers come into the profession because they want to work with children and see themselves as helping children learn. As in therapeutic work with the parents of children we treat, we find it crucial to hold onto this understanding of teachers' motivations, especially when we observe their harsh or insensitive behavior towards the children. Here, I will present an example of a consultant at work with a teacher.

> In one classroom, consultant Dr. M was approached by a teacher, Sarah, with concerns about Demae, a 4-year-old girl who lives with her father. Teacher Sarah was worried because Demae's drawings had changed. Dr. M welcomed the teacher's comments, and they looked at the drawings together. Dr. M agreed with Sarah that the drawings were an indication of trouble because they were like a toddler's drawings and all in black. Sarah then shared some of her own extreme fantasies of the child's father as possibly abusive. Her very negative fantasies had stopped Sarah from the ordinary next step of communicating her concerns about Demae to Demae's father. Sarah hovered on the edge of a psychic equivalence mode of reasoning (Fonagy and Target, 1996). While she "knew" that these were her fantasies about what might be going on and that there was no external corroboration, she also acted on her fantasies as if they were reality, leading her to avoid the "abusive" father. Dr. M helped Sarah understand that Demae was likely under stress and regressing to an earlier mode of functioning, indicating her need

> for support. They talked about ways of providing comfort and reassurance rather than telling Demae to "act her age" as Sarah had been, a response based on the teacher's anxiety rather than attunement to the child's state of mind. Dr. M then wondered if it might be helpful to the child (appealing to Sarah's self identification as a "helping teacher") if Sarah knew more about what was going on at home, if she then might be able to be a better teacher for the child. Sarah reluctantly agreed to talk with the father. Her reluctance was understandable given her failure to adequately differentiate her fantasies from the reality of the child and the child's unknown circumstances. Sarah, scaffolded by the calm reception of her fantasies by Dr. M, especially Dr. M's assumption of these as fantasies and not reality, did overcome her fear and talked with Demae's father. Sarah found that Demae had suffered a significant loss of a trusted caretaker. Sarah also found a parent who wanted help, who was worried like herself, with whom she could collaborate on providing the most support possible to the child and the family under these difficult circumstances.

This multi-layered intervention addresses several levels of relationship: between child and teacher, between consultant and teacher, between teacher and parent, and between parent and child. Our consultant made a good connection with the teacher by receiving her fears about Demae's regression and validating her concern and judgment. This led to the teacher opening up the source of the barrier to her ordinary next step, talking with the child's parent. Through the consultant's containment, Sarah's anxiety was modified, so that she could go to the father, thus coming into contact with a reality that was very different from her fantasies. We believe an informed and sensitive preschool teacher, collaborating with a parent, can help a child withstand the stress of a significant loss. Next, I present a much more challenging situation.

> In this classroom, the head teacher, Ms. R., is quite paranoid and suspicious. Dr. D, our consultant, finds the degree of rigidity in the classroom disturbing, though she also appreciates the developmental support a clear structure gives to young

children. Ms. R. runs hot and cold in her attitude towards Dr. D. She grudgingly accepts the consultant's presence, making it clear she has nothing to learn, but the kids "might benefit." Over the course of eighteen months, Dr. D has persistently shown up, with a cheerful attitude, continuously sought conversation with her about the children, won her cooperation in establishing a play group, and, yet, each week, Dr. D still feels, as she enters the classroom, that she doesn't know if she'll get a nice welcome or an irritated dismissal. Last week Dr. D came at the time set for the play group to find the children engaged in an art project with an outside person. She decided to join the children at the table rather than pulling the four children in the group out as she usually would, a decision that in hindsight we feel was made because of her unconscious fear of the teacher's rage. Ms. R said loudly and aggressively, "No, no, Dr. D, you and I do things very differently" and packed them off to do the group. When Dr. D returned with the children after the group, she approached the teacher and gently asked, "What are these differences?" Ms. R. responded in an aggressive tone, "You always talk to the children!" But, then she added in a softer voice, "I'm not feeling well today."

While this may seem inconsequential, it is the first time this teacher has shown an opening to some tiny bit of insight into her own mind (Fonagy and Target, 1996; Music and Hall, 2008), saying that she was "not feeling well" rather than that Dr. D had simply screwed up. These tiny moments are very welcome to a consultant dealing in a predominantly hostile and projective atmosphere. This moment with Ms. R gives us hope that some measure of Dr. D's calm, reflective attitude is beginning to have an impact on Ms. R, which will be a building block in developing a reflective rather than projective/teleological theory of mind. Our approach to Ms. R is informed by our clinical understanding of her defensiveness and hostility that result in her expectation of retaliatory aggression from others.

V. The Children

The children's receptivity, flexibility, and accessibility to emotional contact and progressive development are a welcome relief from the discouraging entrenchment of highly defended, aggressive, and at times paranoid styles of relating commonly encountered in the staff. Our consultants offer play groups to three to four children from one classroom with whom the consultant meets once a week for ten months. We aim to facilitate adaptation to school by encouraging reciprocal relationships between the children, increasing their capacities for cooperative play, and providing them with consistent recognition of meaning in their play.

We follow Fonagy and Target's (1996) idea of three modes of functioning that facilitate the development of mentalization, or reflective functioning. First, children who engage in joint pretend play are better at reading the mind of the other and understanding emotions. To provide scaffolding for the other children, we try to make sure at least one child we include in the group is already good at pretend play. Second, talking about feelings and reasons behind actions facilitates the development of reflective capacity (Fonagy and Target, 1996; Sugarman, 2006). Here we are also influenced by Winnicott's contributions toward understanding how much impact symbolization can have in containment and we would argue transformation to alpha thought through conveying an understanding to a distressed child. Here is one example from Winnicott(1971):

> A mother is talking with Winnicott while her young daughter plays quietly by herself. Mother begins crying hard, the girl's play is disturbed and Winnicott addresses the child, saying, "Mommy is crying because she's thinking about your brother." The little girl nods, says "hole in the heart" and returns to her play(p.45).

Winnicott helped the little girl understand her mother's state of mind and mother's consequent distress, enabling the child to go on playing. These kinds of moments in a child's day should be too frequent to count, as children go about the business of playing to learn about themselves and about others. We hope to increase the frequency of such illuminative moments. Third, peer group interaction gives opportunities for children to experience and imagine an other's experience, to "walk a mile in someone else's shoes." Children who cannot make use of these

opportunities in the classroom are at a disadvantage socially, a disadvantage that can negatively impact their future school experience as well. Here is an example from one of our play groups:

> *The Defeat of the Tiger*
> In this group of two boys and two girls, the girls quickly developed a play relationship involving family theme enactments, working well together but rarely interacting with the other two children except when one of the boys, who usually plays Batman by himself, is recruited to play a male family figure. The other boy plays by himself with small animals. After several months in the group there was an exciting development. The solitary boy went under the table to fight a tiger. Feeling frightened and outmatched, he recruited the other three children to help him. The children decided that each child would choose a special toy that would provide them with courage to confront the tiger. They went under the table together to face the frightening object (the tiger) and helped each other through bonding together.

This is a critically important moment in the group. The children discovered the security and strength that can be drawn from bonding together to combat frightening or dangerous situations. This shift in the children's relationships to each other and the group leader creates a building block in each child's mind toward a sense of security and trust that has broad implications for both intellectual and emotional development, as well as broad implications for the community where, too often, bonding is achieved through the criminal activity of gangs. We want the children in our sites to experience school as a benevolent and safe world where relationships are mutually beneficial. Instead, we often find a more paranoid atmosphere where it is considered a sign of weakness to seek contact and help from others. So, when something like this develops in our groups, we are very encouraged.

VI. Their Parents

We find that many of our parents have negative memories of school and teachers, as well as an avoidant reaction that does not serve their children well. If we can help engage the parents with their children's teachers and schools, this will positively influence their child's success at school over time. In addition, establishing reciprocally positive relationships between parents improves the emotional environment for their children. Following is an example of sensitive work over many months with one suspicious mother.

> Early in the school year, Riley was identified as a child who, although apparently capable, was obstinate, defiant, and prone to outbursts that disrupted the classroom. Our consultant, Dr. R, noted that Riley wore a sad expression and had difficulty making eye contact. Dr. R began making informal contact with Riley's mother, who was elusive and seemed suspicious of the consultant. Dr. R hoped to refer Riley for mental health services at a community clinic, but was unable to engage his mother in this referral. Our fallback in this not unusual situation is to continue making frequent, casual contacts with the parent and to continue discussing the child with the classroom staff. Over several months of persistent, non-judgmental, and friendly contacts, Riley's mother warmed up a bit to Dr. R and accepted a couple of invitations to attend a family event we hold several times a year. During one of these "over the fence" conversations with Riley's mother, Dr. R learned that she worried about being considered a "bad mother." Here we have a situation where it seems the mother is seeing her projection of herself as a bad mother in the consultant's eyes (Winnicott, 1971) — a projection often confirmed by others, such as Riley's teachers. When she confides this worry to Dr. R, she is testing reality and permitting some fresh air into her usual closed way of relating. Dr. R responded by highlighting ways she was working to help Riley in his school adjustment. As these occasional contacts were made, our consultant continued to discuss Riley with the classroom staff, and Riley made steady improvements in his classroom behavior, participating more in activities and making better eye contact. He appeared less depressed and was beginning to

display the academic and cognitive potential that his teachers had thought present at the beginning of the year. By the end of the year, although Riley did not enter formal therapy, it was clear that his behavior had improved — he no longer had a predominantly sad expression and his mother was attending some school activities.

This example shows the delicate, persistent work needed to make contact with parents who are difficult to reach. We also find that the support of the supervisor and other consultants is necessary backing for the consultant in the field who is moving against such tremendous resistance and hostility. We believe that the consultant in this case, through her own work to contain feelings of inadequacy evoked by repeated rejections from Riley's mother, was able to persevere and offer to this mother a different view of herself in the consultant's eyes and in her own (Winnicott, 1971).

In addition to our work with the parents of children who are identified by teachers as "at risk," we also run a weekly parent support group that provides a safe environment for parents as well as opportunities for connection with other parents. The structure is open while facilitated (and held) by our mental health consultant. Here is one example of work parents accomplish within the secure environment of the parent support group.

Whupping: Good for Children?

A young mother was discussing her daughter's school behavior with the group. She talked about feeling she should "whup her with a belt" as her own mother did to her and told her to do to her daughter. She shared with the group that her mother complained about the effects of official mandates that tie the hands of parents because they might get reported[8] and how that interference has emboldened children. She went on to say that her mother ranted about parents who didn't know how to control children and went soft on their children and how this has created a generation of misbehaving children. Another group member

[8] Each state in the US has child abuse reporting laws. Teachers as well as therapists, including psychoanalysts, are mandated reporters.

talked about how she learned to give consequences, even when she felt like "whupping" her daughter. She learned that her relationship with her daughter improved, that she was still in control and able to get the desired behavior using consequences. A grandmother in the group, caring for her young grandchildren, told the group she "whupped" her own children while raising them. In this group, she is learning to talk to her grandchildren and has discovered that this different approach really works. She expressed regrets about her harsh treatment of her own children and gratitude for having learned a different way to raise her grandchildren. The group provided the first young mother with emotional support, acceptance, and understanding of her dilemma and examples from their own experience of struggles with the same issues. We feel this experience is therapeutic on many levels. The group contains the guilt and regret of the grandmother raising her grandchildren differently than she had raised those grandchildren's parents. The young mother's struggle to stand up for her own maternal instincts against her mother's conviction about "whupping" is understood and supported without splitting off her mother who "whups." This "whupping" mother too is understood and recognized within the group.

We chose this from many wonderful examples of the development of community in our support groups because of the central idea, strange to many of our parents, that talking to children is a good thing. Reflective talk by an attachment figure to a child about that child is central to developing a child's sense of self and capacity to understand oneself as having states of mind that influence behavior (Fonagy,1991; Fonagy and Target, 1997; Sugarman, 2006). While we are happy to have parents learn about non-violent strategies for achieving obedience and control, we are even happier to learn that talking is being used to improve relationships.

VII. **Anti-attachment Systems in the Preschools**

The first task of the mental health consultant is to establish a link with the staff. This is done through providing constancy (a predictable schedule), maintaining a non-critical, interested engagement, and modeling through interaction with the children. To our surprise, consultants are frequently challenged to disrupt their schedules — for example, being informed the group cannot use a designated room as the consultant stands at the door of the room with four small children, or having regularly scheduled classroom meetings disrupted. The consultant is regularly subjected to the same challenges to developing a sense of security at the site as the children and staff. Keeping all this in mind, we want to describe what we have come to name as an "anti-attachment system." We find elements of this at all of the sites we serve, though some are more entrenched than others.

The communities we serve are split and fragmented in response to multiple stresses of violence, poverty, and repeated losses. The "anti-attachment" reaction to these stresses plays out at several levels through the schools, families, staff, and children. For example, when we came to one site, we found that the teachers were holding small socialization groups, something we felt very enthusiastic about. Then we learned that the teacher for the group and participating children were systematically changed in random ways with the specific aim of preventing attachments from developing. We find that children are frequently not called by name. Calling a child by his name is a simple strategy for reinforcing his sense of himself as a self. Referring to children only by vague referents ("Hey, you!") deprives them of a sense of being seen and known as an individual.

While we recognize that there is a belief system in these communities that children need to be toughened up to deal with a hostile world, we also feel something deeper is going on: specifically, that *empathy with small children in desperate circumstances severely tests adult capacities for emotional regulation*. We think that without realizing it, adults working in this environment rationalize their defensive responses to the children with the aim of keeping the children at an emotional distance as a way of keeping their own emotions at a distance.

Teachers' schedules are chaotic, and children are expected to sustain themselves regardless of the presence or absence of a trusted adult. The staff find it surprising that the consultant wants to know when they are taking vacations. They are reluctant to inform the children or even their colleagues of a planned absence. Of course, when the main classroom teacher disappears with no explanation, the children are upset, demonstrated in actions that make the classroom chaotic. The teachers again seem surprised when the consultant wants to explain to the children where Teacher A is and that she will return. In one classroom, as graduation approached with many children moving on to another school, our consultant was sitting with a group of children at a small table. The classroom was reaching boiling point as many children were wandering, some were arguing, and teachers were beginning to shout. Dr. S spoke clearly and firmly to the whole room saying "I think everyone is thinking about graduation and people leaving." There was a palpable shift in the anxious atmosphere of the room. Children quieted down, teachers stopped shouting, and one teacher approached the consultant, saying, "I think you are right, everyone is a little upset." In this situation, the consultant was able to accurately identify the source of the increasing disruption and communicate it to the teachers, while offering the children understanding as well.

At the larger system level, staff and children are moved without notice to different classrooms to deal with staffing issues, with little or no recognition of the negative impact on the children. Parents often seem too overwhelmed by pressures of work and family to take the time to notice how little support their young children are receiving during long days at preschool. Or, they can't let themselves notice because it would be too painful and they don't have better choices. Teachers are the mainstays for children this age, and forming trusting relationships with particular teachers helps children sustain themselves without resorting too much to destructive defenses or despair (Bowlby, 1958; Winnicott, 1987). At the same time, teachers make their own work more difficult by distancing themselves from the children. Predictably, the absence or inadequacy of adult scaffolding (Wilson and Weinstein, 1996) results in behavior disturbance, sleep disturbance at nap time, fighting on the playground, disruption during class time, and what the teachers call "falling out." Though teachers dismissively and angrily name tantrums and

breakdowns as "falling out," what we see are inconsolable children who are not holding up under the strain of separation from their mothers, partly because they do not receive appropriate developmental support from the staff. If we can provide emotional support to teachers, through empathy, as well as offering a reflective point of view, teachers will develop (or often recover) a better capacity for relating to the children.

VIII.Major Countertransferences Common to Work in Preschools

> When Monique, whom I know well, enters the room where I am, and walking straight ahead, acts as if she doesn't see me, as if I didn't exist, I feel rejected. More than that, I feel negated. As if she turned a blind eye toward me. I can scarcely stop myself from crying out: I exist!
>
> — Pontalis, Windows, 2003, p. 24

At one of our sites, G, the site manager, gives the consultant, Dr. S, a blank stare when she arrives, ignoring the consultant's greeting. This evokes in the consultant a sense of invisibility and a feeling of apprehension, of being "in trouble" with G. Dr. S goes about his work in a state of heightened anxiety. Dr. S knows that he may have to search for the toys he uses for play group. He also knows that he may have to work very hard to hold his groups for children at the agreed upon times, as this site's staff often disrupt his schedule with the children. Dr. S's emphasis on consistency is disturbing to the staff in several ways: one, it highlights their own inconsistency, which they may (we hope) feel guilty about; two, the staff are subjected to inconsistency from their own leaders and may resent children having the benefit of something they feel deprived of; three, even though one would assume that children's programs are oriented toward children's needs, we have found that is not necessarily so. At this site, children are regularly scrambled into different classrooms with different teachers, with no apparent regard for the disruption this creates for the children. When the consultant holds up the mirror of his own efforts to secure consistency and predictability, it can be uncomfortable for staff.

Consultants also often feel hopeless and useless. We understand these feelings as projective identifications with the communities we serve — from the staff, to the parents, to the children. At times our consultants are overwhelmed by the entrenchment of defenses in the teachers that result in emotional distance from the children, the rigid defenses in the children, and the lack of attuned adults to give developmentally appropriate help. Through individual supervision and regular staff meetings, our model is aimed to help process and contain these affective states for our consultants. Our theoretical understandings of the nature of the emotional impairments are crucial for containing our own psychic pain when we come into direct contact with so much loss, grief and cumulative trauma.

Many of the staff we serve exhibit thick-skinned narcissistic traits with the vulnerable "thin-skinned" parts of the self often projected into the consultant (Bateman, 1998; Rosenfeld, 1964,1971; Twemlow, 1996). Even sturdy consultants are subject to violent crises of confidence that, uncontained, can lead to destructive collusions with staff with the consultants losing access to their own observing egos and capacities for facing difficult situations.

As a part of our on-going collaboration in this work, we rely on the group of consultants and the program director to provide perspective and alert us to countertransference enactments that inhibit our effectiveness. Our most common challenge is dealing with the excessive hostility that can lead to a collapse of holding the children in mind, as well as the staff. We pay close attention to containing the consultant in these situations because of the risk of collapse in the face of unrelenting hostility. Placating aggression is common, as above when Dr. D hopes to avoid Ms. R's anger by not taking the children to group. We specifically watch for opportunities to deal with the aggressions of the staff in a non-placating and non-retaliatory way. Here is an example of a type of bully situation that is frequently faced by our consultants in the field.

> Ms. A, one of the teachers and also a parent, was hired by our project to act as a liaison to parents and help the consultant develop and support the parent group. While giving lip service to the job requirements and the aims of the group, Ms. A

regularly disrupted the group, coming late, loudly talking with a friend, while the group was engaged in check-in,[9] disregarding the consultant Dr. O's efforts to bring her into the group. Instead, she would sit at the back of the room, eating the dinner provided and loudly talking with a friend. Over a period of months, the Program Director worked with the consultant about the blocks to containing this destructive behavior. The membership of the group began to fall off and the tone of the group shifted to casual conversation, rather than the formerly intimate discussions. While the negative impact of this teacher's behavior was very clear to Dr. O, he found himself unable to confront her. He felt the teacher held some power at the site that insulated her from criticism or demand, and he was frightened that she would somehow be able to disrupt his work at the site, maybe even get rid of him. Failing to persuade her to fulfill her responsibilities as the parent liaison, Dr. O felt helpless, angry, demeaned, and frightened. In turn, the Program Director felt frustrated, angry with the consultant, and impatient, and needed to reflect deeply on her own reactions to avoid duplicating the bully/ victim situation. As Ms. A's bullying increased, her apprehension of any interactions with Dr. O increased. She, rightly, was afraid he would confront her about her destructive behavior. When he failed to make any reference to it, she, from our point of view, was hung out to dry with her uncontained aggression. With encouragement as well as insistence from the Program Director, Dr. O tried to engage Ms. A in a conversation about her failure to perform the requirements of her position as liaison — quite gently, from the Program Director's view. Ms. A responded by quitting, refusing to engage in any further discussion with Dr. O. While this was a great relief in some ways since Dr. O could then go about rebuilding the confidence and security of the group, it was also a failure because the teacher was uncontained and opted out of work with our consultant.

[9] "Check-in" is a ritual used to begin the support groups. Recognizing the tremendous economic and familial pressures these mothers are under, as part of this ritual we choose to focus on the mother's emotional state first.

Unless we are able to contain our own emotional pain and the temptation to avoid the pain by becoming angry and seeking someone to blame, or placating to avoid aggression, we will fail in our attempts to facilitate change.

IX. Summary

I have described a psychoanalytic model of preschool consultation, born out of conviction that psychoanalysis has powerful tools to tackle some of our most difficult and entrenched community problems. We know that trauma impacts our ability to think reflectively and symbolically (Fonagy and Target, 1995). In our work with cumulatively traumatized staff (Khan, 1963), the clinical methods of psychoanalysis — including container/contained, the capacity to hold alternate points of view, as well as the capacity to reflect empathically with teachers in the face of their at times harsh and insensitive treatment of the children— are crucial to the success of the work.

Carefully attending to the transference and countertransference relationships that are ubiquitous in school systems, with judicious interpretation, allows us to gradually increase capacities for containment, affect regulation, and reflective functioning in the staff who serve the young children. Our psychoanalytic models help us keep complex networks of teachers and families in mind as we work to build collaboration with staff on achieving care that adequately substitutes for parental care during the long days of preschool. We aim to facilitate the development of secure relationships in the preschool setting that include recognition of children's emotional complexities, adequate containment of heightened emotional states in children and staff, cooperative links between staff and parents, as well as mutually respectful relations between staff members. We do this work in atmospheres that can easily push adults into fearful, self-protective states that interfere with their contact with the children's states of mind. Our emphasis on keeping children in mind while also keeping adults in mind helps us provide a modulating influence and foster the development of reflective functioning in children and adults.

I hope this paper helps demonstrate that this form of consultancy is not a diluted version of psychoanalytic work, but, rather, it describes another clinical context in which thinking and working in the transference is at the heart of the encounter.

(Cregeen, 2008, p. 173)

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