The link between maternal mind-mindedness and effective coping: Attachment theory extends itself anew

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Abstract

The present study sought to establish a link between child coping and maternal mind-mindedness. A combination of methods was used including an already established measure of maternal mind-mindedness (Meins, 1998); and a doll-play story task using a vignette of everyday stressors to measure child coping. Child coping was assessed according to eight categories of coping, three of which yielded significant results: aggressive coping, avoidant coping, and instrumental coping. The mechanism of action for the influence of maternal mind-mindedness on aggression was proposed, which included the increased efficacy of maternal sensitivity and the facilitation of better problem solving skills in children. The latter was evidenced by the instrumental coping results. The avoidant coping results were not consistent with the general patterns of results. Thus, methodological limitations were discussed as an alternative explanation with respect to avoidant coping.

The potential advantages profited by one’s ability to successfully navigate through negative emotional events are both palpable and diverse. These advantages are especially important when considered in a developmental light because adaptive coping strategies are associated with the natural development of more complex self-regulatory processes (Compas et al., 2001). Conversely, the possible consequences of maladaptive coping strategies elicited by negative emotional events have a variety of implications for a child’s development. Most notably, psychosocial stress brought on from poor coping strategies is a potential risk factor for the development of psychopathology in children (Grant, Compas, Thurm, McMahon, & Ey, 2000). Moreover, the very focus of many intervention therapies for prevention of psychopathology in children is designed to augment the use of positive strategies and effective regulation as a means of enhancing coping and thereby reduce any negative impact on the child (Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997).

Negative events are intrinsic to everyday life and so it follows that appropriate parental responding is an important facet of a child’s emotional life. The present study will seek to examine a relatively new measure called maternal mind-mindedness and its relationship to both positive and negative child coping behaviors in a preschool age sample. Given the potential consequences of maladaptive coping strategies, focus needs to be turned to the antecedents of child coping. Compas et al. (2001) defined coping as the “conscious volitional effort to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances” (p. 89). An important theory that directly charts a developmental course for coping is the concept of attachment. Attachment theory, as conceptualized by John Bowlby (1982, 1969), has been developed into a highly influential theoretical framework for interpreting the processes underlying affect regulation (Mikulincer, Shaver, & Pereg, 2003). Attachment theory is concerned with the early relationship that an infant forms with his or her primary caregiver(s). The attachment relationship becomes the foundation of future relationships and later emotional and personality development. The theory specifies that new-
born infants are evolutionarily pre-wired with certain attachment behaviors whose goal is to seek proximity to and responsiveness from their caregiver, particularly in times of distress (Bowlby, 1982, 1969).

One of the most relevant empirical applications of attachment theory to date has been the categorization of attachment styles, whose differentiations were first demonstrated in the Strange Situation Test by researchers Ainsworth, Blehar, Waters, and Wall (1978). Based on this and other important research, four distinct types of attachment styles emerged: secure, anxious, resistant, and avoidant. A secure attachment style is thought to be the most healthy and adaptive of the four. The pillars of this attachment style are a “sense of attachment security, comfort with closeness and interdependence, and reliance on support seeking and other constructive means of coping with stress” (Mikulincer et al., 2003, p. 79). Therefore, attachment security is associated with constructive rather than maladaptive strategies for coping in situations of high emotional distress (Mikulincer et al., 2003).

Although this initial research has been extrapolated many times over and empirical data has served to further delineate various categories and models (e.g., Main & Solomon, 1990), the idea that a secure attachment style is the most favorable and positive of the attachment styles has been firmly established. Thus, a research imperative has developed to find the components that facilitate the formation of a secure attachment style. The idea that attachment styles are transmitted across generations, particularly through mother-child relations, has been widespread and the mechanisms that drive this transmission have been extensively hypothesized, but have yielded mixed results (Shah, Fonagy, & Strathearn, 2010; Fonagy, Steele, Steele, Moran, & Higgitt, 1991). During the original Strange Situation Test studies, Ainsworth et al. (1978) observed that maternal sensitivity is an important precursor in an infant’s development of attachment security with respect to his/her mother. Maternal sensitivity, as defined by Ainsworth et al. (1974), is a mother’s capacity to recognize her infant’s cues and to respond to those cues promptly and appropriately.

While there is an important causal link between sensitivity and attachment, the association is not as robust as was once thought (van Ijzendoorn, 1995). Thus, the current landscape of research in this field has shifted to a multidimensional approach rather than treating maternal sensitivity as an exclusive causal factor of attachment security (de Wolff & van Ijzendoorn, 1997). One construct that has emerged is that of maternal mental representations termed maternal mind-mindedness (hereafter referred to as MMM). Mind-mindedness, as exhibited by a mother, has traditionally been defined as a mother’s proclivity to treat her children as individuals with minds (Meins & Fernyhough, 1999) as opposed to just individuals whose needs must be catered to. Much of the seminal research advancing the MMM measure as a valid operational construct has been pioneered by Meins and Fernyhough (Meins, 1998; Meins & Fernyhough, 1999; Meins et al., 2003). The construct is gaining both theoretical and empirical ground in other areas of study such as linguistic acquisition (Meins & Fernyhough, 1999), and children’s theory of mind development (Laranjo, Bernier, Meins, & Carlson, 2010).

In regards to attachment, it has been proposed that the “clarity of a mother’s representations of her child’s mental states mediates between her state of mind with respect to attachment and her behavior with her child” (Fonagy & Target, 1997, p. 8). The previous point is perhaps further clarified by Laranjo, Bernier, and Meins’ (2008) argument that MMM exerts its influence on maternal sensitivity in the formation of attachment security by facilitating the appropriate interpretations of an infant’s cues through the correct attribution of an infant’s signals. It is not surprising that a positive inter-relation between maternal sensitivity, MMM, and attachment security between a mother and child, has been empirically established (Laranjo et al., 2008).
Given that MMM has been successfully amalgamated into the ever-expanding borders of attachment theory, it is the aim of the proposed study to now take a further step and link MMM back to child coping. Thus far, there has been little effort (if any) by developmental psychologists to do so. As was previously mentioned, MMM enhances a mother's ability to appropriately interpret her infant's cues, and thus, respond correctly to these cues. It follows that if a mother is able to appropriately respond to her child's needs following a negative emotional event, then the child will in turn develop more positive coping strategies. There is empirical data available from research adjacent to child coping that supports this suggestion. In particular, Lok & McMahon (2006) looked at MMM’s relationship to emotional availability. They found that high mind-mindedness was directly related to maternal non-hostility. The rationale behind their findings was that mothers with greater MMM would respond more appropriately to their child. This is put into context when considering that appropriate responsiveness fosters maternal sensitivity. Maternal sensitivity is implicated in the development of positive coping strategies; whereas, maternal insensitivity has been linked to negative coping in children, and in particular, to aggression (Alink et al., 2009).

While the present study did not research within this same vein, the product of this same appropriate responsiveness was assessed in a measure of child coping. I hypothesize that MMM fosters the development of positive coping strategies in children because this quintessentially cognitive maternal variable is intrinsically related to the mother’s behavior in her interactions with her child. Thus, the objective of this study was two-fold. First, it sought to establish a direct relationship between high MMM and positive coping strategies displayed by children in response to negative affective events. Second, it sought to explore the negative relationship between high MMM and negative coping strategies by children. The theoretical principle behind both hypotheses is that high MMM fosters more appropriate maternal responses, and thus, facilitates the use of positive rather than negative coping strategies by children.

Method

Participants

The participants consisted of ninety-two preschool age children (49 girls and 43 boys) and their mothers. The mean age of the children was 61.5 months (SD = 6.9) (girls with ages ranging from 48 to 74 months, SD = 7.0; and boys with ages ranging from 50 to 73 months, SD = 6.9). The mean age of the mothers was 39.0 years (SD = 4.8, with ages ranging from 22.2 to 47.8 years). The breakdown of the marital status categories was as follows: eighty-four mothers (91%) reported being married or living in a common-law relationship; and 8 mothers (9%) reported being either single, divorced, or separated. In addition, twenty-one mothers (23%) reported having one child; fifty-two mothers (57%) reported having two children; and nineteen mothers (20%) had more than two children.

The group of mothers were mostly well-educated: the majority of mothers (54%) reported having completed some form of post-secondary education such as college or university, and an additional 26% reported having completed (or are working towards completing) graduate school. Besides education level, the majority (62%) work full-time. The sample's cultural diversity was somewhat limited with the majority of mothers (53%) identifying themselves as being of either Anglo-Canadian or British descent. The remaining mothers were from various other cultural backgrounds, including European (18%), Jewish (13%), Asian (8%), and Other/Did not Identify (8%). In addition, most of the sample (73%) was born in North America.

Most of the participants (84%) were drawn from a list of contacts within an already established research database wherein families who had already consented to be contacted for the purpose of developmental research at the University of Toronto were
recruited by phone. The rest of the participants (16%) were recruited via networking.

Measures

Maternal Mind-Mindedness Interview (MMM). Maternal mind-mindedness was assessed using a verbal descriptive measure developed by Meins et al. (1998). Mothers were asked, “Can you describe [their child’s name] for me?” Mothers were told to freely talk about the child’s characteristics for as long they found necessary, and that there were no right or wrong answers to the question. The mothers’ responses were audio-taped and subsequently transcribed verbatim in preparation for coding. Their descriptions were coded for mind-related descriptors or attributes with respect to the child’s mental life including, but not limited to, their thoughts and intentions, imaginations, and intellects.

The MMM scores were obtained by calculating the proportion of mental attributes to the total number of attributes described by the mothers. The scores were calculated as proportions in order to control for the mothers’ verbosity, with higher scores indicating greater MMM. All transcripts were coded by both a primary and secondary coder to ensure reliability. The percent agreement needed to be equal to or greater than 75%. This measure of maternal mind-mindedness has established validity and reliability (Meins et al., 2003).

Child Coping. Child coping was assessed using a doll-play story completion task with a vignette of every day stressors. The interviews consisted of seven different stories and the characters involved varied from story to story depending on the type of conflict (e.g., the “teasing” story involves a protagonist doll, Mom doll, and two peer dolls). Note that the sex of the doll that is the protagonist in the story corresponded to the sex of the child being interviewed. The interviewer narrated the story, provided the dialogue for each doll character, and doll animation appropriate to the vignette. The child was then prompted to answer a set of questions directly following the completion of each story. These questions pertained to how the child believed the protagonist was feeling, why the protagonist was feeling that way, what strategy the protagonist should have used in this scenario and how the protagonist would feel after the strategy was used.

The entire interview, including both the interviewers’ script and the child’s responses, were subsequently transcribed and coded. There were eight distinct coping strategy categories: emotion-focused support/comforting behaviors, cognitive restructuring/reappraisal, instrumental/problem solving behaviors, emotional expression (non-aggressive), avoidant strategies, distraction, aggressive/hostile behaviors, and failure to cope/no coping strategy generated. The first three were grouped into the positive/adaptive category, whereas the latter five strategies were grouped into the negative/maladaptive category. A child could only score in one coping category and a higher score corresponds to greater frequency of use and/or intensity of response with respect to any particular coping strategy. The same general rules for coding practices used in the maternal mind-mindedness measure were applied here.

Procedure & Analysis

Potential participants were contacted by phone and debriefed on the general details of the study. Upon agreeing to participate, a package was sent to them via regular mail or e-mail to be completed before the laboratory visit which was also be scheduled at this time. This package included informed consent forms and questionnaires. Upon arrival, the mother and child were greeted by the interviewers and briefly given an explanation about what the laboratory visit would entail. The interviewers consisted of eight trained individuals including the head of the study as well as seven thoroughly trained undergraduate psychology students. The procedures for the individual measures have already been alluded to above. Mothers were asked for their permission to be contacted in the event of a follow-up study. They
were also offered the opportunity to be informed about the results of the study. Upon completion, the mothers were debriefed and given the opportunity to ask questions. All of the mothers received a $5.00 Starbucks gift card and all of the children received a small gift (book or toy) as a gesture of thanks. The data analysis was conducted using SPSS version 18.0, a statistical psychology software program. The MMM results were compared with each of the child coping strategy measures.

**Results**

Due to the fact that maternal-mind-mindedness is a relatively new measure, the purpose of the present analysis was to explore the basic relationship between maternal-mind mindedness and various child coping strategies elicited in response to hypothetical negative events. As these specific relations have not yet been examined to date, this research is exploratory in nature and, therefore, it was considered prudent to confine this analysis to the bivariate correlations among the variables.

The descriptive statistics for the variables are presented in Table 1, followed by Table 2, which lists the intercorrelations among the variables. Both maternal mind-mindedness and instrumental coping had normal distributions, whereas avoidant coping and aggression were negatively skewed. The latter results were due to the fact that many children scored a ‘0’ on the aggressive coping and/or avoidant coping measures.

An examination of the correlations among variables in Table 2 yielded several noteworthy findings. First, there were three significant correlations present between maternal mind-mindedness and a corresponding coping response including instrumental coping ($r(90) = .150$, $p < .10$), avoidant coping ($r(90) = .202$, $p < .05$), and aggressive coping ($r(90) = -.283$, $p < .01$). Note that their specific significance levels varied to different degrees of certainty. Second, while there was a pattern concerning the direction of the relationship between MMM and the responses corresponding to the positive coping group versus the negative coping group, this pattern is not absolute as there is an exception in both cases. More specifically, the positive coping response group was generally positively correlated with MMM with the exception of emotion focused coping which was negatively correlated though not significantly, $r(90) = -.049$, $p = .322$. Whereas, the negative coping response group was generally negatively correlated with MMM with

<table>
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<td>Emotion Focused Coping (+)</td>
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<td>Cognitive Restructuring Coping (+)</td>
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<td>0.0477</td>
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<td>Instrumental Coping (+)</td>
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<td>Aggressive Coping (-)</td>
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<td>0.38</td>
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<td>Avoidant Coping (-)</td>
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<td>0.00</td>
<td>0.38</td>
<td>0.0763</td>
<td>0.1055</td>
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<td>Venting/Emotional Expression (-)</td>
<td>92</td>
<td>0.00</td>
<td>0.50</td>
<td>0.0295</td>
<td>0.0738</td>
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<tr>
<td>Distraction Coping (-)</td>
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<td>0.00</td>
<td>0.60</td>
<td>0.1326</td>
<td>0.1455</td>
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<tr>
<td>No Coping (-)</td>
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<td>0.00</td>
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In the exception of avoidant coping which was a significant positive correlation, \( r(90) = .202, p < .05 \). Last, there were several significant correlations among the coping response variables themselves, though only one pattern is visibly distinct amid the results; avoidant coping was negatively correlated to every other negative coping strategy. Furthermore, this pattern of negative correlations was significant for three of the four coping strategies that fell under the negative response category, with the exception of the ‘no coping’ response.

**Discussion**

This study explored the relationship between MMM and child coping. The broad scope of the hypothesis was intended to accommodate the exploratory nature of this study. Not only has the relationship between MMM and children’s coping never been directly assessed, research on child coping for a preschool aged sample is also uncommon in the empirical literature. Despite this ambiguity, clear evidence and trends have emerged from the data in support of both hypotheses. The most significant finding, both statistically and theoretically, was the negative relationship between MMM and aggression; more specifically, that mothers who scored high on the MMM measure tended to have children who generated fewer aggressive behavioral strategies during the child coping task. This finding was consistent with the general trend of high MMM’s negative relationship with coping strategies considered to be both negative and maladaptive which also included emotional venting, distraction, no strategy generated, and a failure to cope, in addition to the aggressive coping finding. Thus, the data supported the second part of the initial hypothesis – that MMM is inversely related to negative coping strategies in children.

In addition, partial support was found in favor of the first hypothesis, which stated that there

| TABLE 2: Intercorrelations among maternal mind-mindedness and coping strategy variables |
|-----------------------------------|---|---|---|---|---|---|---|---|---|
| **MMM**                          | 1.00 |   |   |   |   |   |   |   |   |
| **Emotion Focused Coping**       | -0.049 (0.322) | 1.00 |   |   |   |   |   |   |   |
| **Cognitive Restructuring Coping** | 0.090 (0.196) | -0.036 (0.368) | 1.00 |   |   |   |   |   |   |
| **Instrumental Coping**          | 0.150 (0.077) | -0.260 (0.066) | 0.074 (0.241) | 1.00 |   |   |   |   |   |
| **Aggressive Coping**            | 0.202* (0.027) | -0.163† (0.061) | -0.068 (0.260) | -0.434** (0.000) | 1.00 |   |   |   |   |
| **Avoidant Coping**              | -0.283** (0.003) | -0.122 (0.123) | -0.198* (0.029) | -0.289** (0.003) | -0.113 (0.142) | 1.00 |   |   |   |
| **Venting/Emotional Expression** | -0.120 (0.126) | -0.078 (0.230) | -0.167† (0.056) | -0.231* (0.013) | 0.091 (0.193) | -0.068 (0.259) | 1.00 |   |   |
| **Distraction Coping**           | -0.032 (0.380) | -0.189† (0.054) | -0.080 (0.225) | -0.491** (0.000) | -0.024 (0.412) | 0.016 (0.438) | -0.097 (0.179) | 1.00 |   |
| **No Coping**                    | -0.041 (0.349) | -0.090 (0.196) | -0.053 (0.307) | -0.067 (0.262) | 0.089 (0.199) | -0.169† (0.053) | -0.011 (0.459) | -0.379** (0.000) | 1.00 |

† p < .10     * p < .05     ** p < .01
would be a direct relationship between high MMM and positive coping strategies. Support for this was provided by the positive relationship between MMM and instrumental coping. This finding, coupled with the general trend of MMM to be positively correlated with more positive coping strategies, is also evidence in support of the hypothesis. The only result that presented somewhat of a theoretical quagmire is the avoidant coping variable. It is inconsistent with both hypotheses and with the general schema of results with respect to the category trends. No immediate statistical reasoning is available to qualify this result and so theoretical and methodological considerations were employed to support an alternate hypothesis for the avoidant coping results. Notwithstanding the avoidant coping data, the results generally followed the theoretical trends outlined and predicted in the introduction.

Avoidant Coping

The avoidant coping result presented a challenge because it did not correspond to the other findings of the study with regard to the general trend that MMM was negatively related to maladaptive coping strategies. Instead of arguing that MMM is positively related to avoidant coping (which is highly suspect), it is necessary to consider alternative theoretical explanations and methodological limitations related directly to an avoidant coping response that may have confounded the subsequent findings. From a theoretical perspective, one possible explanation for the result is that avoidant coping may not always be a maladaptive response per se; it is not an inherently negative response and cannot be evaluated in the same way as an overtly negative coping response like aggression. It is only when avoidance becomes a constant and pervasive pattern of responding that it becomes maladaptive (Compas et al., 2001).

Another possible explanation is a methodological one, and it is based on a consideration of the types of answers the child would have had to provide in order to be coded as ‘avoidant’. The avoidant strategy was coded for when the child’s answer involved avoiding dealing with the immediate problem. There were three categories of avoidance: behavioral, cognitive, and wishful thinking. Given this definition and type of response, there are two alternative explanations for an ‘avoidant’ response. One possibility is that avoidant coping answers were due to ambiguity in the child’s understanding of the task and that their corresponding responses cannot necessarily infer avoidant coping behavior in real life situations. This point can be clarified by contrasting it with the aggressive coping measure. Consider the parameters of what would have been denoted as an ‘aggressive’ response in the context of this study. An aggressive coping strategy was meant to categorize what would generally be seen as “problem behaviors” including both verbal and physical hostility in an attempt to either hurt or threaten. I contend that it is easier, both in theory and in practice, to code aggressive responses rather than avoidant responses due to the overtly negative nature of aggressive responses.

Another possibility is that the child was unable to take the perspective of the character in the story and, therefore, gives a less focused answer that lends itself to be coded as avoidant. This alternative explanation is supported by theory of mind research, which indicates a tendency for children to take an egocentric view of the world (Laranjo et al., 2010). Considering the age group of the participants, it is indeed possible that a subset of the participants had not developed a full capacity for perspective taking.

In either case, the avoidant coping response highlights some of the limitations of the present studies’ methodology. Hypothetical negative events do not necessarily elicit the coping strategies that the child would actually use in a real situation. Therefore, the external validity of the results is tenuous. However, if future studies confirmed these results and were based on a combination of observational, verbal and other types of coping studies, this convergence of operations could increase the external validity of the results.
Aggression

Aggression has long been the focus of research for developmental psychologists and their clinical counterparts because it is typically associated with poor developmental outcomes and is a precursor for the future development of various problems, not the least of which may include conduct disorder and poorer academic performance (NICHD, 2004). Given the consequences, any variable that significantly relates to aggression – either as a predictor or inhibitor – should be properly assessed. Consequently, the value of this novel empirical data indicating a reduced likelihood for aggressive coping in children with mother’s high in MMM has great potential.

An initial step in the assessment of this relationship concerns a reflection on the possible mechanisms of action by which MMM could exert a subsequent influence on the child’s coping response – in other words the ‘how’ of the equation. In order to determine a possible mechanism of action for MMM, it is useful to draw on the empirical data, which denotes possible causal factors of aggressive coping. For example, Alink et al. (2010) recently found that the relationship between negative discipline and aggression is moderated by maternal sensitivity (or rather insensitivity). Perhaps the functioning of MMM is connected to maternal sensitivity. Recall that maternal sensitivity has already been empirically linked to MMM; mothers who have better representations of their child’s mental life tend to show higher sensitivity in their interactions with their child (Demers et al., 2010).

In order to situate MMM within the context of an interaction that may elicit aggressive coping, consider a 2004 study by the National Institute of Child Health and Human Development. Part of their study employed an interesting methodology to look at maternal sensitivity’s relationship to aggression. Interactions between a mother and child were observed while the child was trying to complete a puzzle. If the mother pointed out the child’s mistakes in a negative or hostile way, this was an indicator of maternal insensitivity and was a precursor of high levels of aggression in the child (NICHD, 2004). Consider how MMM might function in this situation to facilitate the efficacy of maternal sensitivity and thus reduce frustration and anger in the child. Picture Jean Piaget himself as the embodiment of paternal mind-mindedness and think of what he would do in such an interaction with one of his daughters. Drawing on the knowledge of both the child’s abilities and limitations, he would perhaps help the child to establish the border of the puzzle, orient the pieces in a helpful manner, and use appropriate mind-related comments to encourage the child. Appropriate mind-related comments are an example of characteristic behavioral manifestations of MMM’s functioning in mother-child interactions (Sharp & Fonagy, 2008). In all of the above examples, MMM seems to function as a cognitive component, which fuels the efficacy of maternal sensitivity. This increased efficacy could serve as the mechanism by which MMM actively reduces aggressive coping. Before continuing with this line of reasoning, another application of MMM’s functioning must be evaluated.

Instrumental Coping

This other application concerns MMM’s relationship to instrumental coping; namely that mothers who were high in MMM tended to have children who displayed more instrumental coping/problem solving behaviors. Instrumental coping was defined in this study to be an active attempt by the child to either master or control the source of stress within the proposed situation. In particular, it employs a problem solving strategy on the part of the child. Recall the above example of the puzzle-solving task. It is likely that the same functioning of MMM in facilitating maternal sensitivity could also then fuel the development of instrumental coping behaviors in children. As the mother actively helps facilitate the successful completion of the puzzle, she does so by modeling problem solving behaviors that can be learned and adopted by the child and employed in future situations (e.g. completed the border of a puzzle before...
the inside pieces). This line of reasoning follows from Vygotsky’s theory of a zone of proximal development, which states that a child’s potential problem solving capacity is increased under the guidance of an adult (Vygotsky, 1978). It is not surprising that the MMM construct was first conceptualized within the Vygotskian framework, from a cognitive developmental point-of-view (Meins, 1997; Sharp & Fonagy, 2008).

To summarize, there are two mechanisms by which MMM may exert an influence on reducing aggressive coping: 1) by increasing the efficacy of the functioning of maternal sensitivity in mother-child interactions by behaviors such as appropriate mental-comments; and 2) by furthering the child’s problem solving capacity as evidenced by the instrumental coping results. These two processes could combine as component processes which attempt to explain high MMM’s negative relationship to aggressive coping. The proposed structure of this mechanism of action is visually summarized in Figure 1. Note that yet another process, which must be considered within the context of the mother-child interaction, is the child’s own mentalizing capacity (see Sharp & Fonagy, 2008 for discussion). This, however, extends beyond the empirical reach of the present study and so it must be addressed in future research.

Conclusion

This study has attempted to broadly assess the relationship between maternal mind-mindedness and various child coping strategies. I obtained encouraging results supporting the hypothesis that there is a relationship between MMM and child coping. It is the task of future research efforts to clarify the nature of this relationship. As I see it, the most important finding was the negative relationship between MMM and aggression. Based on the above discussion, a model describing the nature of this process was proposed (Figure 1.). It is within this vein, that the ever-expanding reach of the maternal mind-mindedness construct can be extended.

References


Compas, B.E., Connor-Smith, J.K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and


