

# The Four Modes of Relational Parenting

## *A Developmental, Psychodynamic, and Neurobiological Framework for Parents' Engagement with Adolescent and Young Adult Children*

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## **Section I: Adolescence and Young Adulthood as Relational and Psychological Re-organization**

Adolescence and young adulthood are often experienced by parents as a sudden disruption—an unsettling shift in mood, behavior, and relational connection that can feel confusing, alarming, and, at times, destabilizing. A child who was once accessible becomes more distant; cooperation gives way to resistance; emotional expression intensifies while communication paradoxically becomes more difficult.

While these changes are commonly framed in behavioral terms—defiance, risk-taking, withdrawal—they are more accurately understood as manifestations of a deeper developmental process. From a psychodynamic perspective, adolescence and young adulthood represents what Peter Blos (1967) described as the second individuation process: a reworking of the early developmental task of becoming a self that is separate, coherent, and internally regulated. This process extends into young adulthood as identity, autonomy, and relational capacities continue to consolidate.

This process is inherently conflictual. The adolescent and young adult must loosen longstanding psychological ties to caregivers while maintaining connection. This requires the internalization of functions previously provided externally: emotional regulation, judgment, self-reflection, and identity coherence (Fonagy et al., 2002). At the same time, the internal world becomes more complex and more visible—often expressed through heightened affect, inconsistency, and contradiction.

Neuroscience further clarifies this developmental period. During adolescence and young adulthood and into young adulthood, subcortical emotional systems—particularly within the limbic system—become highly active, while prefrontal regulatory systems are still maturing (Siegel, 1999, 2012; Steinberg, 2014). The result is a structural imbalance: emotional intensity increases before reflective capacity stabilizes.

Crucially, development is not simply maturation, it is integration. Emotional and reflective systems must become linked. This integration is not biologically inevitable; it is shaped through relational experience.

This places parents in a paradoxical position. At the very moment when adolescent and young adults appear most in need of guidance and control, they require something more developmentally precise: a shift in how they are related to.

When parents respond primarily to behavior, they often miss the developmental signal. When they respond relationally—aligning with the adolescent and young adult or young adult’s internal state—development is facilitated.

The Four Modes of Relational Parenting provide a framework for understanding this shift.

***The Development of Neural Integration in Adolescence and Young Adulthood and Young Adulthood***

To fully appreciate why such a shift is necessary, it is helpful to consider in greater detail the neurodevelopmental processes that underlie adolescent and young adult and young adult experience.

Contemporary neuroscience suggests that brain development—particularly of the prefrontal cortex (PFC)—extends well beyond adolescence and young adulthood into the mid-to-late twenties, with important variability across individuals. The PFC, which supports executive functions such as planning, impulse control, decision-making, and self-reflection, is among the last brain regions to fully mature (Casey et al., 2008; Steinberg, 2014).

During adolescence and young adulthood and young adulthood, subcortical limbic systems involved in emotion and reward processing become highly active, while prefrontal regulatory systems are still developing, reinforcing the functional imbalance described above: emotional reactivity often precedes regulatory capacity.

Structural maturation of the PFC involves processes such as synaptic pruning, which refines neural connections, and myelination, which increases the efficiency of neural transmission. These processes continue into the third decade of life and support the gradual strengthening of executive functioning. However, it is increasingly understood that “full development” is not a fixed endpoint but a dynamic process of increasing integration—particularly the coordination between prefrontal regions and emotion-processing systems (Siegel, 1999, 2012).

This integration enables the capacity to hold emotion and thought simultaneously, allowing for more adaptive judgment, self-regulation, and perspective-taking. In this sense, what is often referred to colloquially as “becoming an adult” reflects not simply behavioral independence, but the development of an integrated mind—one capable of experiencing emotion without being overwhelmed, and of reflecting on that experience in ways that guide decision-making and action.

Importantly, this process is shaped not only by biology but by experience, especially relational environments that scaffold reflection and regulation. The maturation of the brain is therefore not solely an individual achievement; it is, in a fundamental sense, an interpersonal one.

### ***The Four Modes of Relational Parenting***

If the central developmental task of adolescence and young adulthood and young adulthood is the integration of emotional and reflective systems, then the question becomes not simply what is happening in the brain, but what conditions support that integration. Neurodevelopment does not unfold in isolation; it is shaped, facilitated, and, at times, constrained by relational experience.

Adolescent and Young Adults and young adults do not learn to regulate, reflect, and decide independently of others, but through repeated interactions in which these capacities are scaffolded, modeled, and gradually internalized.

From this perspective, parenting is not merely behavioral management, it is participation in the development of neural integration itself. The ways in which parents respond to emotional

intensity, uncertainty, and conflict either support or interfere with the linking of affective and reflective processes. Acting too quickly may bypass reflection; responding only cognitively may miss emotional experience. What is required is not a single correct response, but a capacity to shift relationally in ways that align with the adolescent and young adult or young adult's developmental needs in the moment.

The Four Modes of Relational Parenting can be understood as a framework for this process. Each mode reflects a different way of engaging with the adolescent and young adult's or young adult's internal world—supporting, in distinct but complementary ways, the development of regulation, reflection, and ultimately, integration.

Parents do not relate to their children in a single, consistent way. Rather, they move (often unconsciously) between relational positions depending on context, internal state, and perceived need.

These positions can be understood as four modes:

1. **“Transacting” – Acting on the child or situation.**  
Transacting involves direct, external intervention—organizing behavior, solving problems, or imposing structure in ways that regulate the child from the outside.
2. **“Mirroring” – Reflecting and containing emotional experience.**  
Mirroring refers to the caregiver's capacity to accurately recognize and communicate the child's internal emotional state in a way that makes it feel coherent and tolerable. “Containment,” in this sense, describes the process by which overwhelming affect is received, metabolized, and returned in a more manageable form (Bion, 1962; Winnicott, 1965).
3. **“Observing” – Supporting reflection and mentalization.**  
Observing supports the development of reflection and mentalization—the capacity to think about one's own thoughts and feelings as meaningful and connected, and to understand behavior in terms of underlying mental states (Fonagy et al., 2002).
4. **“Serving” – Engaging in mutual recognition.**  
Serving involves differentiation and mutual recognition, in which the parent and adolescent and young adult or young adult engage as separate but connected minds, each capable of acknowledging the other's subjectivity. This reciprocal awareness forms the basis of more advanced mentalization and emotional intelligence (Benjamin, 2004; Goleman, 1995).

Each mode serves a developmental function. The task is not to eliminate any mode, but to develop flexibility in moving among them.

### ***Before Adolescence and Young Adulthood: The Developmental Origins of the Four Modes***

These modes do not emerge solely during adolescence and young adulthood and young adulthood—they are developmental processes present from the beginning of the parent–child relationship. What changes over time is not their presence, but their relative dominance,

sequencing, and complexity. The Four Modes function as a kind of relational grammar through which the child's mind is gradually organized.

In early childhood, Mode One (Transacting) appropriately dominates. Infants and young children require extensive external regulation for safety, physiological stability, and behavioral organization. From an attachment perspective, the caregiver serves as a regulatory system, modulating arousal, managing distress, and structuring the child's environment (Schoore, 2001; Tronick, 2007). Neurobiologically, this reflects the immaturity of cortical systems—particularly the prefrontal cortex—and the child's reliance on caregiver-mediated regulation of limbic and autonomic processes (Siegel, 1999). At this stage, the caregiver's direct action—feeding, soothing, protecting—is not only appropriate but essential.

However, development depends on more than action. If the child's experience is only managed behaviorally, without being psychologically represented, internal organization remains limited.

Mode Two (Mirroring) must therefore emerge. When caregivers consistently reflect the child's internal states—naming feelings, attuning to distress, and responding with affective accuracy—the child begins to experience their inner world as real, coherent, and shareable. Winnicott (1965) described this as the caregiver's capacity to hold the child's experience, while Bion (1962) conceptualized containment as the transformation of raw, unprocessed affect into something that can be thought about. Schoore (2001) further linked these processes to right-brain development, emphasizing that early relational attunement organizes affect regulation at a neurobiological level.

Through repeated experiences of being mirrored, the child develops what Kohut (1971, 1977) described as self-cohesion: a stable sense that internal experience is meaningful and can be tolerated. Without this process, affect remains either overwhelming or disavowed. With it, the foundation for later reflection is established.

As the child moves into early and middle childhood, Mode Three (Observing) begins to develop in increasingly sophisticated ways. Cognitive development, particularly the emergence of representational thought and executive functioning, allows the child to begin linking experiences across time and context (Piaget, 1954; Zelazo et al., 2004). At the same time, relational experience continues to scaffold this capacity.

Parents can now gently introduce observation:

***“I’ve noticed that when things don’t go your way, you get really upset quickly.”***

Such statements are not corrective but reflective. They help the child begin to recognize patterns in their own thoughts, feelings, and behaviors. Fonagy and colleagues (2002) describe this as the emergence of mentalization—the capacity to understand behavior in terms of underlying mental states.

Importantly, mentalization is not simply a cognitive skill; it is relationally constructed. It develops through interactions in which the caregiver treats the child's mind as meaningful and interpretable. Neurobiologically, this corresponds to increasing integration between prefrontal

regions and subcortical affective systems, supporting self-regulation and reflective functioning (Siegel, 2012).

Mode Four (Selving) also has early precursors. Even in middle childhood, children begin to show curiosity about the internal lives of others:

*“Did you ever feel like this?”*

When caregivers respond in measured, developmentally appropriate ways—sharing aspects of their own experience without overwhelming the child—they introduce a critical developmental shift: the recognition of separate minds.

This marks the beginning of:

- empathy (the capacity to feel with another)
- perspective-taking (understanding another’s point of view)
- emotional intelligence (the integration of emotional awareness and relational understanding) (Goleman, 1995)

From an intersubjective perspective, this reflects the early emergence of what Benjamin (2004) describes as mutual recognition: the ability to experience oneself and the other as distinct yet connected subjects. At the neural level, this development is associated with the maturation of social cognition networks, including regions involved in theory of mind and perspective-taking (Blakemore, 2008).

What becomes clear, then, is that the Four Modes are not a ladder that begins in adolescence and young adulthood. They are a relational grammar present across development, shaping how the child learns to regulate, reflect, and relate.

Early childhood is not merely preparatory, it is formative. It is through repeated, patterned relational experience that the child gradually internalizes the capacities required for later autonomy. By the time adolescence and young adulthood arrive, the question is not whether these modes should be introduced, but whether they have been sufficiently practiced and integrated to support the far more complex psychological tasks that follow.

## Section II: The Four Modes

### **Mode One: “Transacting”**

#### *Acting on the Child and the Persistence of Symbiosis*

Transacting reflects the most evolutionarily ingrained form of parenting: the impulse to act in order to protect, control, and regulate the child’s environment and experience. This is the caregiving system in its most immediate form—what is often colloquially referred to as the “Mama Bear / Papa Bear” response. From an evolutionary and attachment perspective, this system is not learned but biologically prepared: a rapid, reflexive orientation toward detecting threat and intervening to ensure offspring survival (Bowlby, 1969/1982; Porges, 2011).

Neurobiologically, this response is rooted in subcortical survival circuitry, including limbic and brainstem systems that prioritize speed over reflection. The parent does not deliberate—they act. Across mammalian species, similar caregiving responses can be observed: parents intervene to protect, retrieve, or regulate their young in the face of perceived threat. This system is essential in early development, when the offspring lacks the capacity for self-regulation or independent action.

However, developmental theory and ethology converge on an important point: effective caregiving is not static, is adaptive and time sensitive.

In many species, there is a gradual shift from protection toward promotion of independence. Parents begin to tolerate increasing levels of distress, frustration, and risk in their offspring, allowing learning, exploration, and self-regulation to emerge (Hrdy, 1999; Sapolsky, 2004). In humans, this shift is more prolonged and psychologically complex, but the principle remains the same: external regulation must gradually give way to internal regulation (Blos, 1967; Mahler et al., 1975).

Mode One is therefore developmentally necessary—but developmentally limited when it persists as the dominant response beyond its appropriate window.

When parents continue to act on behalf of the child beyond developmental necessity:

- opportunities for internal regulation are reduced
- reflective capacity is underutilized
- the parent effectively becomes a surrogate regulatory system

Neurobiologically, repeated reliance on external regulation limits opportunities for integration between emotional and prefrontal systems. The child does not consistently engage the neural circuitry required for planning, inhibition, and self-reflection (Siegel, 2012). In this way, the parent’s brain begins to substitute for the child’s developing regulatory capacities.

#### *What This Looks Like in Everyday Parenting*

Transacting includes:

- enforcing rules
- correcting behavior
- solving problems
- intervening directly
- saying what to think, feel or do

It is often effective in the short term. It can produce behavioral compliance, reduce immediate distress, and restore a sense of order.

However, this observable effectiveness at the behavioral level can obscure its developmental limitations.

### ***Core Error***

The central error in overreliance on Transacting is the conflation of control with development. Behavior may improve, but internal capacity does not necessarily develop.

### ***The Relational Loop***

The persistence of Transacting is often maintained through a predictable relational cycle:

- **Child/Adolescent and Young Adult/Young Adult Distress**  
The young person experiences internal dysregulation—anxiety, frustration, uncertainty, or overwhelm. This may be expressed behaviorally as withdrawal, avoidance, irritability, or acting out.
- **Behavioral Expression (Acting Out or Avoidance)**  
The distress becomes visible through behavior:
  - o refusal (“I’m not doing that”)
  - o shutdown (“I don’t care”)
  - o impulsivity or reactivity
- **Parental Anxiety Activation**  
The parent experiences the child’s distress as urgent and potentially dangerous—psychologically or practically. The caregiving system activates rapidly.
- **Parental Acting On (Transacting)**  
The parent intervenes:
  - o solves the problem
  - o imposes structure
  - o removes the obstacle
  - o directs behavior
- **Temporary Relief**  
The immediate situation improves:
  - o distress decreases
  - o behavior stabilizes
  - o the parent feels effective

- **Developmental Cost (Often Invisible)**  
The child has not:
  - o regulated the emotion internally
  - o reflected on the experience
  - o generated their own solution
- **Reinforcement of the Pattern**  
Both parties learn:
  - o the child learns: “I don’t have to manage this—I will be managed.”
  - o the parent learns: “When I act, things improve.”

The loop then repeats under the next condition of distress.

### ***Key Developmental Consequence***

Over time, this loop maintains dependency and limits the development of:

- self-regulation
- reflective capacity
- autonomous decision-making

What begins as protection becomes, gradually and unintentionally, interference with development.

### ***The Central Parenting Shift***

Transacting is not the problem. The problem is remaining in the Transacting mode when the developmental task has shifted from external regulation to internal organization.

## **Mode Two: Mirroring**

### ***The Formation of the Self Through Empathic Recognition***

Mirroring represents the most critical developmental shift in parenting: the movement from acting on the child to understanding the child. It is the point at which parenting begins to move from external regulation toward the internal construction of the self.

If Mode One (Transacting) organizes behavior, Mode Two (Mirroring) organizes experience.

This shift is often the most difficult for parents, precisely because it requires inhibiting the deeply ingrained instinct to intervene. The parent must resist the impulse to fix, correct, or solve, and instead remain with the child's internal state long enough for it to become recognizable, tolerable, and meaningful.

More fundamentally, mirroring marks the transition from managing the child's behavior to participating in the formation of the child's mind.

### ***Defining Mirroring***

Mirroring refers to the caregiver's capacity to accurately perceive, reflect, and communicate the child's emotional experience in a way that allows the child to recognize it as their own.

It is not:

- advice
- reassurance
- correction
- problem-solving

It is the process by which an internal state becomes psychologically real, symbolized, and shareable. At its most basic level, mirroring answers the implicit question:

***“Do you see what I am experiencing?”***

Across psychodynamic and developmental traditions, mirroring is understood as a foundational mechanism in the development of the self. The child comes to know what they feel—and ultimately who they are—through having their internal states recognized and reflected by another mind (Fonagy et al., 2002; Kohut, 1971, 1977; Winnicott, 1965).

### ***Bion and the Process of Containment***

Bion's (1962) concept of containment provides one of the most precise accounts of how mirroring operates at a psychological level.

He proposed that children initially experience emotion in a raw, unprocessed form—what he termed beta elements. These are not yet thoughts; they are undifferentiated affective states that cannot be organized, symbolized, or reflected upon.

The caregiver's role is to receive these emotional projections, metabolize them, and return them in a form that can be tolerated and thought about—what Bion called *alpha function*.

In practice:

- the child experiences overwhelming affect
- the parent receives it without rejecting, minimizing, or escalating
- the parent reflects it back in a more organized, symbolized form

This is not merely empathy—it is psychological transformation.

The experience moves:

- from raw → to named
- from uncontained → to held
- from unthinkable → to thinkable

Without containment, affect remains either overwhelming or defended against. With containment, it becomes the basis for reflection.

### ***Vignette: Containment in Action***

Teen and Young Adult / Young Adult:

*“Everyone at school thinks I’m weird.”*

Common Transacting Response:

*“That’s not true—you’re overthinking it. Just ignore them.”*

Mirroring / Containment Response:

*“That felt really uncomfortable... like you were being seen in a way you didn’t want to be.”*

What changes here is not the situation—but the internal organization of the experience. The emotional intensity decreases because it has been received and processed, not corrected or dismissed.

### ***Winnicott, Kohut, and the Development of the Self***

Winnicott (1965) described this process within the holding environment—a relational space in which the child’s experience can exist without being prematurely altered, corrected, or withdrawn from. The caregiver’s attuned presence allows the child’s internal world to feel continuous and survivable.

Kohut (1971, 1977) placed mirroring at the center of self-development. He argued that the self is constructed through *selfobject experiences*—interactions in which the caregiver reflects the

child's emotional state with accuracy and attunement. Through these experiences, the child develops a sense of cohesion, vitality, and legitimacy of experience.

Across both perspectives, the conclusion is consistent: ***The self does not emerge in isolation—it is built through being experienced, recognized, and reflected by another.***

Through repeated experiences of mirroring:

- internal states become coherent
- emotional life becomes legitimate
- the self becomes cohesive

The child learns:

*“What I feel exists. It makes sense. It can be understood.”*

### ***Reflective Listening: What It Is and How It Works***

In clinical and applied settings, mirroring is most directly expressed through reflective listening.

Reflective listening is not repetition—it is translation and organization.

It involves:

- identifying the emotional meaning beneath the child's words
- organizing that experience into language
- offering it back tentatively and accurately

Importantly, reflective listening is:

- you-centered (focused on the child's internal experience)
- affect-oriented (prioritizing feeling over content)
- tentative (“it seems like...”, “it sounds like...”)

This tentativeness is essential—it preserves the child's ownership of their experience.

### ***Vignette: Reflective Listening vs. Correction***

Adolescent / Young Adult:

*“This is stupid. I hate this homework.”*

Transacting (Correction):

*“It's not stupid—you just need to focus and get it done.”*

Mirroring (Reflective):

*“You're really frustrated... it feels pointless right now.”*

Notice:

- no correction

- no instruction
- no argument

Only recognition and organization of experience.

### ***How Not to Do It: The Problem with “I Statements”***

A common error in attempts at mirroring is the use of “I statements” that subtly reintroduce parental authority and shift the focus away from the child’s experience.

Examples:

- “I think you’re overreacting.”
- “I feel like you’re making this bigger than it is.”
- “I understand, but...”

Even well-intentioned versions:

- “I know how you feel...”
- “I went through this too...”

These responses move the interaction back into Mode One (Transacting) because they:

- center the parent’s perspective
- reinterpret or correct the child’s experience
- move prematurely toward resolution

Mirroring requires the opposite move.

### ***Vignette: “I” vs. “You”***

Young Adult:

*“I don’t know what I’m doing with my life.”*

I-Statement Response (Derailing):

*“I think you’re being too hard on yourself. You’re doing fine.”*

You-Focused Mirroring:

*“You’re feeling really uncertain... like you don’t have a clear direction right now.”*

The second response:

- remains within the child’s experience
- does not resolve or reinterpret it
- allows it to become thinkable

### ***The Discipline of Staying with “You”***

Mirroring requires a disciplined focus on the child’s “you.” This is both linguistic and psychological. Instead of:

*“I think you’re stressed.”*

Use:

*“You’re feeling really overwhelmed.”*

Instead of:

*“I wouldn’t worry about that.”*

Use:

*“That’s been weighing on you.”*

This shift is subtle but foundational. One centers the parent. The other centers the development of the child’s mind.

### ***Vignette: Escalation vs. De-escalation***

Teen and Young Adult / Young Adult (angry):

*“You don’t understand anything!”*

Transacting Response:

*“That’s not true—I’m trying to help you.”*

Mirroring Response:

*“You feel really misunderstood right now.”*

In many cases, escalation stops here—not because the issue is resolved, but because the experience has been acknowledged and contained.

### ***What Mirroring Does Developmentally***

Mirroring:

- transforms raw emotion into organized, symbolized experience
- legitimizes internal states
- reduces escalation
- builds self-cohesion
- scaffolds the development of reflective capacity and later mentalization

Neurobiologically, attuned mirroring supports integration between affective and regulatory systems, contributing to the development of emotional regulation and prefrontal functioning (Schore, 2001; Siegel, 2012).

### ***The Developmental Cost of Skipping Mirroring***

When parents move too quickly into Mode One, mirroring is bypassed.

Instead of:

- *“That was painful”*

the response becomes:

- *“Here’s what to do.”*

The experience is replaced rather than processed. Over time:

- emotional awareness decreases
- reflective capacity is underdeveloped
- dependence on external regulation increases

### ***Vignette: The Subtle Miss***

Teen / Young Adult:

*“I bombed that test.”*

Parent (well-meaning):

*“Okay, let’s figure out how to fix it.”*

Mirroring First:

*“That feels really disappointing... maybe even a little embarrassing.”*

Only after the experience is mirrored does problem-solving become developmentally useful.

### ***The Central Parenting Shift***

The central developmental shift in parenting is this:

***The task is no longer to solve the child’s experience, but to help the child have their experience in a way that can be understood.***

Mirroring is the mechanism through which this becomes possible.

## **Mode Three: Observing**

### ***The Development of Mentalization and Reflective Capacity***

Observing reflects the emergence of mentalization—the capacity to understand one’s own and others’ thoughts, feelings, and behaviors as expressions of underlying mental states (Fonagy et al., 2002). It marks a critical developmental shift from *experiencing* emotion to *thinking about* experience.

If Mode Two (Mirroring) allows the child to feel and recognize their internal world, Mode Three (Observing) allows the child to reflect on that world.

At this stage, the parent becomes not a fixer or even primarily a witness, but a reflective partner—one who helps the child begin to see themselves.

### ***The Child as Actor, the Parent as Observer***

A useful way to understand this process is through the metaphor of a film.

The child is the central actor in the movie of their own life—fully immersed in the scenes as they unfold, often without distance or perspective. They feel intensely, react quickly, and experience events from within the moment.

The parent, by contrast, has been sitting in the theater, watching the child’s movie unfold over time. They see patterns, repetitions, emotional themes, and connections across scenes that the child cannot yet perceive.

The task of observing is not to interrupt the film or rewrite the script, but to occasionally and carefully say:

*“Here’s something I’ve noticed in your movie.”*

### ***From Mirroring to Observing***

Observing can only occur after sufficient mirroring.

Without mirroring:

- the child feels unseen
- emotional experience remains unregulated
- any attempt at observation feels intrusive, critical, or controlling

With mirroring:

- the child’s internal state is stabilized
- emotional experience becomes tolerable

- the child is more open to reflection

This sequence is essential:

**First: “You feel...” (Mirroring)**

**Then: “I wonder if...” (Observing)**

### ***Defining Observing***

Observing involves offering the child tentative reflections about patterns in their experience, helping them link:

- feelings
- behaviors
- situations across time

It is not:

- advice
- interpretation delivered with certainty
- correction or instruction

It is an invitation to think.

### ***Core Features of Effective Observing***

Effective observations contain four key elements:

1. **Tentativeness**  
 (“It seems like...”, “I wonder if...”)  
 → preserves the child’s ownership of their experience
2. **Linking Across Experience**  
 Connecting two situations, reactions, or patterns  
 → builds coherence and narrative
3. **Emotional Grounding**  
 Anchored in affect, not just behavior  
 → keeps the observation psychologically meaningful
4. **Absence of Judgment**  
 No lesson, no correction, no agenda  
 → maintains safety and openness

### ***Vignette: Basic Observation***

Teen / Young Adult:

*“I’m just not going to that class anymore.”*

**Transacting Response:**

*“You have to go—that’s not an option.”*

**Mirroring First:**

*“You’re really frustrated with that class.”*

**Observing:**

*“I wonder if when something feels overwhelming, you tend to want to step away from it pretty quickly.”*

The observation:

- links feeling (overwhelm)
- with behavior (avoidance)
- without judgment

***The Observing Ego and the Development of Self-Reflection***

From a psychoanalytic perspective, this process corresponds to the development of the *observing ego*, i.e., the part of the mind that can step back and reflect on one’s own experience rather than being fully immersed in it.

This capacity does not emerge automatically. It is ***stimulated through relationship***.

The child cannot simply decide to reflect; they must first experience another mind reflecting on them in a way that is:

- accurate
- nonjudgmental
- tolerable

Over time, this relational experience becomes internalized.

What was once:

*“My parent notices something about me...”*

becomes:

*“I can notice something about myself.”*

***Neurobiological Integration: Stimulating the Prefrontal Cortex***

From a neurobiological perspective, observing plays a direct role in brain integration. Siegel (1999, 2012) describes healthy development as the integration of:

- limbic systems (emotion)
- prefrontal systems (reflection, regulation, decision-making)

When a parent offers an observation, they are effectively stimulating the child's prefrontal cortex, inviting the child to:

- pause
- consider
- link emotional experience with thought

In this way, the parent functions as a kind of trainer of the brain, helping to “work out” neural pathways through relational interaction.

The key point is this: *the development of reflective capacity requires another mind.* It does not emerge in isolation.

### ***Vignette: Linking Across Time***

#### **Parent:**

*“It seems like when someone disappoints you, you don’t just get upset—you kind of shut them out completely.”*

Or:

*“Is this similar to how you felt last summer with your soccer team?”*

These observations:

- connect present to past
- build narrative continuity
- deepen self-understanding

### ***Common Errors in Observing***

Observing is difficult to do well. Common mistakes include:

- **Moving too quickly (skipping mirroring)**  
→ feels intrusive or critical
- **Lack of tentativeness**  
 (“You always do this...”) → experienced as judgment
- **Hidden agenda**  
Observations designed to change behavior  
→ becomes disguised Transacting
- **Overinterpretation**  
Assigning meaning the child is not ready to consider

***Vignette: Observation vs. Judgment***

Teen and Young Adult:

*“I’m done with him. I’m never talking to him again.”*

**Judgment (Disguised):**

*“You’re too rigid—you can’t cut people off like that.”*

**Observation:**

*“I’ve noticed that when someone really hurts you, it’s hard for you to stay connected to them.”*

*Same content—completely different impact.*

***What Observing Builds***

Over time, effective observing supports the development of:

- self-reflection
- pattern recognition
- emotional regulation
- decision-making
- accountability

These are precisely the capacities associated with:

- the **prefrontal cortex**
- the **observing ego**
- and **mature psychological functioning**

***Key Parenting Shift***

The task of Mode Three is not to tell the child who they are. It is to help the child begin to **see themselves**.

***The parent observes so that the child can eventually become the observer of their own mind.***

## **Mode Four: “Selving”**

### ***Mutual Recognition, Differentiation, and the Emergence of the Other***

Selving represents the most advanced and developmentally complex of the four modes. It marks a profound psychological shift: the adolescent and young adult begins to experience the parent not as an extension of the self, but as a separate subject with an independent mind.

Up until this point, the child’s experience of the parent has been organized largely around what self psychology describes as *selfobject functions* (Kohut, 1971, 1977). A selfobject is not experienced as a fully separate person, but rather as an extension of the self—someone who provides essential psychological functions such as soothing, validation, mirroring, and stability. In early development, this is both necessary and adaptive. The child does not yet have a fully formed self and therefore relies on the caregiver to regulate, organize, and reflect their internal world.

Even as development progresses through mirroring (Mode Two) and observing (Mode Three), the parent is still largely experienced in terms of how they function for the child. The parent listens, reflects, and helps organize experience—but is not yet fully apprehended as an independent psychological being.

Selving marks the beginning of a shift out of this selfobject organization.

### ***The Emergence of the Separate Other***

In Mode Four, the adolescent and young adult begins to recognize that the parent has:

- their own thoughts
- their own feelings
- their own history
- their own limitations

This is the developmental emergence of separation and individuation in a more mature form (Blos, 1967; Mahler et al., 1975). It is also closely related to Bowen’s (1978) concept of differentiation, in which the individual becomes capable of maintaining a sense of self while remaining in emotional relationship with others.

At the same time, this shift reflects an expansion of mentalization (Fonagy et al., 2002). Previously, the child was developing the capacity to think about their own mind. Now, that capacity extends outward:

- from “*What am I feeling?*”
- to “*What are you feeling?*”
- and ultimately to “*How do our minds relate to one another?*”

This is a far more complex psychological task.

The adolescent and young adult must now hold simultaneously:

- their own internal experience
- the internal experience of another
- and the dynamic relationship between the two

### ***Mutual Recognition***

Jessica Benjamin (2004) describes this developmental achievement as mutual recognition—the capacity to experience oneself and the other as separate but equally real subjects.

This is not simply empathy, nor is it compliance. It is the ability to say, implicitly:

*“I am me, you are you, and we are in relationship.”*

This marks a fundamental reorganization of the relational field:

- from asymmetry → toward reciprocity
- from dependence → toward mutuality
- from function → toward relationship

### ***The Role of the Parent in Selving***

A critical feature of this mode is that it cannot be initiated by the parent. Selving must be invited by the child.

It often appears in subtle moments of curiosity, such as:

*“Did you ever feel like this?”*

*“What was it like for you?”*

These moments signal that the adolescent/young adult is beginning to:

- mentalize the parent
- recognize the parent as a person
- seek connection at a more reciprocal level

The parent’s task is to respond authentically—but with restraint.

### ***Vignette: Invited Selving***

Adolescent/Young Adult:

*“Did you ever feel this lost when you were my age?”*

### **Ineffective Response (Overtaking):**

*“Yes, and here’s exactly what you should do...”*

**Effective Selving Response:**

*“Yeah... I remember feeling really uncertain at times. Not exactly the same, but I can relate to that sense of not knowing.”*

This response:

- acknowledges the parent’s experience
- maintains differentiation (“not exactly the same”)
- keeps the focus on connection, not instruction

***Neurobiological and Cognitive Development***

Neurobiologically, Selving corresponds with the maturation of social cognition networks, including those involved in perspective-taking, theory of mind, and complex relational reasoning (Blakemore, 2008).

It reflects increasing integration across:

- prefrontal regions (reflection, regulation)
- limbic systems (emotion)
- and networks involved in understanding others

This integration allows for:

- perspective-taking
- empathy
- flexible relational thinking

***Emotional Intelligence and Mature Relating***

Selving provides the foundation for what is often described as emotional intelligence (Goleman, 1995):

- recognizing one’s own emotional states
- understanding others’ emotional experiences
- navigating relationships with flexibility and awareness

Importantly, emotional intelligence is not simply a skill—it is a developmental achievement built on the prior integration of:

- mirroring (feeling known)
- observing (thinking about experience)
- and now, selving (relating to another mind)

***Common Errors in Selving***

Because this mode is complex and easily misunderstood, several common errors occur:

- **Sharing too early**  
The parent introduces their experience before the child is developmentally ready, collapsing the distinction between self and other.
- **Over-identification**  
*“I know exactly how you feel”*  
→ eliminates differentiation
- **Teaching instead of relating**  
Using personal stories to instruct rather than connect
- **Emotional overexposure**  
Sharing in ways that burden or overwhelm the adolescent and young adult

In each case, the relational field collapses back into either Mode One (control) or Mode Two (over-attunement without differentiation).

### ***What Selving Builds***

When done well, Selving supports the development of:

- differentiation of self
- stable identity
- empathy and perspective-taking
- emotional intelligence
- mature, reciprocal relational capacity

### ***Core Parenting Shift***

The task of Mode Four is not to return to dependence, nor to collapse into sameness.

It is to establish a relationship between two minds that are both separate and connected.

The child no longer needs the parent to be an extension of the self—they are now ready to encounter the parent as *another person*.

### Section III: Moving Between Modes in Real Time

#### *Scaffolding Development Through Relational Flexibility*

Understanding the Four Modes conceptually is necessary—but not sufficient. The central challenge of parenting, particularly in adolescence and young adulthood, lies in real-time application: recognizing what is needed in the moment and adjusting one’s response accordingly.

This is not a static skill. It is a dynamic, moment-to-moment process that requires:

- self-awareness
- emotional regulation
- tolerance for uncertainty
- and the capacity to observe not only the child, but one’s own impulses

At its core, this process involves moving flexibly between modes, guided by the child’s response.

#### *The Ladder: Moving Up and Down*

The Four Modes can be understood as a *developmental ladder*:

- Mode One: Transacting (acting on)
- Mode Two: Mirroring (feeling with)
- Mode Three: Observing (thinking with)
- Mode Four: Selving (relating as)

In practice, the parent begins in the middle—not at the bottom. The default starting point is Mode Two: Mirroring.

From there, *the parent attempts to move up the ladder*:

- from feeling → to thinking → to mutual relating

However, movement upward is not imposed—it is tested. The parent offers a response and then looks carefully at the child’s reaction.

The child’s response provides *feedback*:

- If the child engages → you can stay or move up
- If the child becomes overwhelmed → you move down
- If the child resists or escalates → you return to mirroring or, if necessary, transacting

#### *The Trainer Metaphor: Optimal Stress and Development*

A useful analogy is that of a *trainer in a gym*.

A good trainer does not:

- lift the weights for the client (overfunctioning)
- nor abandon the client to lift weights that are too heavy (under-supporting)

Instead, the trainer:

- selects the right level of challenge
- observes form and response
- adjusts intensity in real time

Development occurs under conditions of **optimal stress**—not too little, not too much. This principle is well-established in developmental science:

- Vygotsky's *zone of proximal development* (1978)
- The Yerkes–Dodson law (1908), describing optimal arousal for performance
- Attachment and neurodevelopmental research emphasizing **regulated challenge within a safe relationship** (Schore, 2001; Siegel, 2012)

Too little challenge → no growth

Too much challenge → overwhelm

The parent, like the trainer, must continuously calibrate.

### ***Core Process***

#### **1. Awareness Before Action**

Notice your own impulse to fix, correct, or intervene.  
Pause before acting.

#### **2. Identify the Relational Need**

Ask:

- Is the child overwhelmed? → Mirroring
- Is the child regulated but stuck? → Observing
- Is the child inviting connection? → Selving
- Is there a real external problem requiring action? → Transacting

#### **3. Slow the Interaction**

Development requires time. Fast responses are often reactive rather than attuned.

#### **4. Move Up Before Moving Down**

Begin with mirroring. Attempt observing. Allow Selving if invited.  
Only move down to transacting if necessary.

### ***Vignette 1: Moving Up Successfully***

Teen / Young Adult:

*“I can't do this project. I'm just not going to turn it in.”*

**Parent (Mode Two – Mirroring):**

*“You’re feeling really overwhelmed by it.”*

Teen / Young Adult:

*“Yeah... it’s too much.”*

→ The teen / young adult stays engaged → Move up

**Parent (Mode Three – Observing):**

*“I wonder if when something feels this big, it’s hard to even know where to start.”*

Teen / Young Adult:

*“Yeah... I just shut down.”*

→ Reflection is happening → Stay here or gently scaffold

**Vignette 2: Moving Too High, Then Adjusting**

Teen / Young Adult:

*“I hate my coach. I’m quitting.”*

**Parent (jumps to Mode Three too quickly):**

*“I wonder if you’re reacting strongly because this reminds you of other situations...”*

Teen / Young Adult:

*“No. You don’t get it.”*

→ Feedback: **child is not ready for observing**

**Parent (moves down to Mode Two):**

*“Okay—this really pissed you off.”*

Teen and Young Adult:

*“Yeah. He embarrassed me.”*

→ Now the child is re-engaged → **Observing may come later**

**Vignette 3: When Transacting Is Necessary**

Teen/Young Adult:

*“I’m not going to school tomorrow.”*

**Parent (Mode Two):**

*“You’re really dreading going.”*

Teen / Young Adult:

*“Yeah, I’m not going.”*

→ Parent assesses: this is not just emotional—it requires action

**Parent (Mode One – Transacting, after mirroring):**

*“I hear how hard this feels—and you still need to go. Let’s figure out how to get you there.”*

This is **integrated responding**, not default control.

***Vignette 4: Selving Emerging***

Young Adult:

*“Did you ever feel this unsure about everything?”*

→ This is an **invitation to Mode Four**

**Parent (Selving):**

*“Yeah... I remember that feeling. Not exactly the same, but I know what that kind of uncertainty can feel like.”*

→ Mutual recognition emerges

***Reading the Child’s Feedback***

The child’s response is the guide.

**Signs to Stay or Move Up:**

- engagement
- reflection
- elaboration
- emotional softening

**Signs to Move Down:**

- escalation
- shutdown
- dismissal (“whatever”)
- defensiveness

The parent must continuously ask:

*“Is this helping them organize their experience—or overwhelming them?”*

***Scaffolding and Internalization***

Through repeated experiences of this calibrated interaction:

- the child internalizes regulation (Mode Two)
- develops reflection (Mode Three)
- and eventually relates reciprocally (Mode Four)

This is scaffolding in action. Over time, what was once external becomes internal:

- the parent's voice becomes the child's reflective capacity
- the interaction becomes an internal process

### ***The Role of Mistakes and Repair***

No parent moves perfectly between modes. Misattunement is inevitable. What matters is **repair** (Tronick, 2007).

Example:

- Parent over-interprets → child withdraws
- Parent returns: *"I think I went too far there—let me come back"*

This repair:

- restores connection
- models reflection
- strengthens development

### ***Refined Guideline***

Begin with:

- **Mirroring (Mode Two)**  
Then attempt:
- **Observing (Mode Three)**  
Allow:
- **Selving (Mode Four)** when invited

Move to:

- **Transacting (Mode One)** only when necessary

### ***Key Insight***

The goal is not to eliminate Mode One. It is to **stop living there**. Development occurs not through control, but through *calibrated relational engagement*.

Parenting is not about choosing the right response. It is about continuously adjusting the level of support and challenge so that the child can grow.

## Section IV: Ambivalence About Growing Up: Regression, Activation, and the Relational Pull Backward

A central but often under-recognized feature of adolescence and young adulthood is ambivalence about development itself. While the adolescent or young adult is moving toward autonomy, independence, and identity formation, another part of them simultaneously resists this movement. They want to grow—and they fear growing. They seek independence, yet also long for the safety of dependency.

This internal conflict is not incidental; it is inherent to the developmental process described by Blos (1967) as *the second individuation*. Separation from the parent is not experienced as a simple gain in freedom—it is also experienced as a potential loss of safety, protection, and psychological containment. Mahler’s earlier work on separation–individuation (1975) similarly emphasizes that movement toward autonomy is always accompanied by regressive pulls toward reunion.

From this perspective, many behaviors commonly labeled as “acting out,” “procrastination,” “avoidance,” or “noncompliance” *can be understood not simply as oppositional, but as expressions of this ambivalence*. These behaviors often function—consciously or unconsciously—as attempts to re-engage the parent in a more active, controlling, or regulating role.

In effect, the adolescent/young adult creates conditions that pull the parent back into Mode One: Transacting.

Examples include:

- Not completing homework → triggering parental monitoring, checking, or discipline
- Avoiding responsibilities → eliciting parental problem-solving or intervention
- Escalating emotionally → provoking parental control or authority

When the parent becomes activated in this way, a predictable psychological shift occurs:

- *the parent moves into external regulation*
- *the adolescent/young adult is relieved of internal responsibility*
- *and the adolescent/young adult experiences a temporary psychological regression*

In that moment, the adolescent/young adult is no longer required to function as an emerging adult. They are, psychologically and relationally, placed back into the position of a younger child—externally regulated, managed, and contained.

### *The Neurobiological Correlate of Regression*

This regression is not only psychological—it is also neurobiological. Under conditions of stress, overwhelm, or relational activation, the adolescent/young adult’s developing prefrontal cortex

(responsible for planning, reflection, and self-regulation) becomes less engaged, while limbic and subcortical systems dominate (Siegel, 2012; Steinberg, 2014).

***When the parent assumes regulatory control, the adolescent/young adult’s brain is effectively permitted to “downshift”:***

- executive functioning decreases
- reflective capacity narrows
- behavior becomes more reactive and less intentional

This creates a powerful reinforcement loop:

- regression reduces internal strain
- parental control restores immediate order
- both parties experience temporary relief

However, the developmental cost is significant: the adolescent/young adult is not required to integrate emotion and reflection, and the very capacities necessary for adulthood are bypassed.

***“A Few Steps Forward, Then a Few Steps Back”***

This dynamic helps explain a common parental experience: development appears inconsistent. The adolescent shows moments of maturity, responsibility, and insight—and then abruptly regresses into avoidance, reactivity, or dependence.

This is not a failure of development. It is the structure of development. ***Progress in adolescence and young adulthood is inherently non-linear.*** It involves oscillation:

- movement toward autonomy
- followed by retreat into dependency
- followed again by renewed movement forward

The task is not to eliminate regression, but to understand its function and not reinforce it unnecessarily.

***Collusion and the “Failure to Launch” Dynamic***

At times, this regressive cycle becomes stabilized through what can be understood as relational collusion.

Collusion occurs when:

- the adolescent resists further development (fearing autonomy, responsibility, or separation), and
- the parent, often unconsciously, also resists the adolescent’s progression (preferring the child to remain dependent, connected, or “young”)

In this intersection, both sides—though for different reasons—maintain the status quo.

Clinically, this dynamic is frequently observed in cases described as “failure to launch,” where the young adult remains functionally dependent despite having the cognitive or developmental capacity for greater autonomy.

From a systems perspective (Bowen, 1978), this reflects a difficulty in differentiation within the family system. From a psychodynamic perspective, it reflects mutual investment in avoiding the anxieties associated with separation and individuation.

Importantly, collusion is rarely explicit. It is enacted through patterns:

- the adolescent avoids
- the parent compensates
- the system stabilizes around dependency

### ***Implications for Parenting: Managing Activation and Allowing Development***

This understanding introduces a critical shift in how parents interpret behavior and decide how to respond.

**The central question is no longer simply:**

“What should I do about this behavior?”

**But rather:**

“What function is this behavior serving in the developmental and relational system?”

### **When to Allow Activation (and Regression)**

There are moments when parental activation is appropriate and necessary:

- safety concerns
- clear external requirements (e.g., school attendance)
- situations beyond the adolescent’s current capacity

In these moments, regression is not problematic—it is protective.

### **When to Resist Activation (and Promote Growth)**

Equally important are moments when the parent must resist the pull to act. When the behavior reflects:

- avoidance of responsibility
- ambivalence about growth
- tolerable discomfort or uncertainty

*the developmental task is for the adolescent to experience that tension—and move through it. If the parent becomes activated too quickly:*

- the adolescent regresses
- the internal conflict is avoided
- development is interrupted

If the parent can tolerate not acting:

- the adolescent must confront their ambivalence
- reflective capacity is engaged
- development proceeds

### ***Reframing “Acting Out”***

From this perspective, acting out is not simply misbehavior. It is often an attempt to regulate the developmental process itself. It is a bid—however indirect—for:

- containment
- structure
- relief from the burden of growing up

The paradox for parents is this:

- responding relieves the adolescent—but may delay development
- not responding increases discomfort—but promotes growth

### ***Integration with the Four Modes***

Ambivalence about developmental progression influences all four modes.

- Transacting becomes the mechanism through which regression is enacted
- Mirroring allows the ambivalence to be recognized rather than acted out
- Observing helps the adolescent/young adult see their own push–pull dynamic
- Selving eventually allows the adolescent/young adult to reflect on this conflict with another mind

In this way, the Four Modes do not eliminate ambivalence—they provide a framework for working through it. The adolescent/young adult does not simply need to be pushed forward into independence. They must be allowed to:

- feel the desire to grow
- feel the fear of growing
- and gradually integrate both

This integration cannot occur if one side of the conflict is consistently resolved for them.

## Section VI: Neurodivergent Development: Adapting the Four Modes

Contemporary approaches to parenting neurodivergent children, particularly those with ADHD, autism, and sensory processing differences, have largely emphasized two domains: *behavioral management and skills acquisition*. Behavioral models focus on structure, reinforcement, and consistency (e.g., parent training models, applied behavior analysis), while developmental and occupational approaches emphasize scaffolding executive functioning, emotional regulation, and adaptive skills.

These approaches have generated meaningful gains. However, they often privilege behavioral outcomes and functional performance over the underlying relational processes through which the self develops. As a result, the internal experience of the child—how they come to understand, organize, and relate to their own mind—can remain underemphasized.

The Four Modes of Relational Parenting offer a different organizing framework. Rather than focusing primarily on behavior or skill acquisition, this model centers *relational processes* (regulation, attunement, reflection, and mutual recognition) as the mechanisms through which development occurs. ***It assumes that even when developmental trajectories differ, the core task remains the same: the gradual construction of a self capable of regulating, reflecting, and relating.***

Thus, the model remains fundamentally applicable across neurodivergent populations. What changes is not the developmental aim, but the pathway and pacing.

### ***A Developmental Reframe***

Neurodivergence, including autism, ADHD, and sensory processing differences, introduces variability in how children:

- process information
- experience and regulate emotion
- interpret social cues
- access reflective capacity

(American Psychiatric Association, 2022; Barkley, 2015; Pellicano & den Houting, 2022)

These differences are not simply deficits, but alternative patterns of brain development and information processing. Accordingly, the task for parents is not to abandon relational principles, but to ***apply them with greater precision, flexibility, and sensitivity.***

The Four Modes remain intact, but they function less as a fixed sequence and more as a dynamic, calibrated system.

### ***Mode One: Transacting — Extended but Still Limited***

In neurodivergent development, Mode One (Transacting) often remains necessary for longer periods and across a broader range of situations.

Children with ADHD frequently experience delays in executive functioning, particularly in inhibition, working memory, and self-regulation (Barkley, 2015). Autistic children may encounter heightened sensory sensitivity, difficulty with transitions, and challenges in rapidly interpreting social environments (Lord et al., 2020).

In these contexts, parental action—providing structure, setting limits, organizing environments—is not over-functioning; it is *scaffolding*. However, the same developmental risk remains. When Transacting becomes the dominant mode, external regulation can substitute for internal development.

A common parental misstep is: *“Because my child needs more structure, I must remain in control.”*

A more developmentally accurate stance is: *“My child may need more structure—and also needs relational experiences that build internal capacity over time.”*

### ***Mode Two: Mirroring — Foundational and Often Amplified***

If any mode becomes more central in neurodivergent development, it is Mode Two (Mirroring).

Many neurodivergent children experience differences in identifying and expressing internal states. For example, alexithymia—difficulty identifying and describing emotions—is relatively common in autistic populations (Bird & Cook, 2013). Additionally, these children often experience chronic misattunement in social environments, where their internal experiences are misunderstood or corrected without being recognized.

As a result, mirroring becomes not simply supportive, but *corrective and foundational*.

In practice, mirroring may need to be:

- more explicit
- more concrete
- more anchored in observable cues

For example:

Instead of:

*“That must have been overwhelming.”*

A parent might say:

*“I noticed your body got tense and your voice got louder—maybe that means you were feeling overwhelmed?”*

This form of mirroring:

- links observable behavior to internal experience
- builds emotional vocabulary
- supports interoceptive awareness

A frequent clinical error is assuming that atypical emotional expression reflects a lack of emotional experience. More often, the issue is *translation, not absence*.

### ***Mode Three: Observing — Scaffolded Access to Reflection***

Mode Three (Observing) remains essential, but often requires more deliberate scaffolding.

Mentalization—the capacity to understand one’s own and others’ minds—may develop differently across neurodivergent profiles. In autism, perspective-taking may emerge more gradually or through alternative pathways (Baron-Cohen, 2000; Frith & Happé, 1999). In ADHD, reflective capacity may be present but inconsistently accessible due to impulsivity and attentional variability (Barkley, 2015).

Thus, the issue is not absence of reflection, but *variability in access*.

Parental observations may need to be:

- more situationally specific
- more immediate
- less abstract

For example:

Instead of:

*“You struggle with criticism.”*

A parent might say:

*“When your teacher corrected you just now, I noticed you got quiet—I wonder what that felt like inside.”*

The core principles remain unchanged:

- tentativeness
- emotional linkage
- absence of judgment

What changes is the *entry point into reflection*.

### ***Mode Four: Selving — Expanding Forms of Mutual Recognition***

Mode Four (Selving) remains a developmental goal, but its expression may differ from neurotypical expectations.

Emerging research challenges the assumption that neurodivergent individuals lack empathy or relational depth. The “double empathy problem” (Milton, 2012) suggests that difficulties in social understanding are often reciprocal, arising from mismatches between neurodivergent and neurotypical ways of processing experience.

As a result, mutual recognition may emerge through:

- nonverbal attunement
- shared interests
- parallel engagement
- alternative forms of communication

Parents may need to:

- model perspective-taking more explicitly
- tolerate different forms of reciprocity
- avoid imposing neurotypical standards of relational expression

A common error is expecting: spontaneous curiosity about the parent’s inner life when connection may instead be expressed through:

- shared activity
- presence without verbal exchange
- interest-based engagement

Selving, in this context, becomes less about achieving a particular relational form and more about recognizing *authentic connection in its actual expression*.

### ***Core Reframe: Precision Over Progression***

In neurodivergent development, the goal is not simply to move “up” the modes in a linear sequence.

Instead, the task is to:

- expand each mode
- calibrate it to the child’s profile
- move flexibly without rigid expectations

The Four Modes function not as a ladder, but as a *dynamic relational system*.

### ***Final Integration***

The strength of this model lies in its focus on relationship rather than behavior, making it inherently adaptable across developmental profiles. What changes is not the developmental aim, but the pathway.

Neurodivergent children may:

- require more sustained support in Mode One
- depend more heavily on Mode Two
- access Mode Three differently
- express Mode Four in nontraditional ways

But the underlying goals remain constant:

- regulation
- reflection
- connection
- and the development of a coherent self

The model does not lose relevance in neurodivergence. It becomes more precise.

## **Section VII: Psychiatric Disorders and Substance Use: Applying the Four Modes Under Conditions of Dysregulation**

Parenting an adolescent or young adult with a psychiatric disorder or substance use problem introduces a level of complexity that fundamentally alters the emotional and relational field. Anxiety intensifies, stakes feel higher, and the margin for perceived error narrows. Parents often experience a persistent sense of urgency: something must be done—and quickly.

Under these conditions, it is both understandable and predictable that parents become increasingly reliant on Mode One: Transacting—acting on the child to restore safety, stability, or control.

At times, this is not only appropriate, but essential.

However, the central clinical challenge remains: even in the presence of significant psychopathology, development does not proceed through control alone. Emotional regulation, self-reflection, and identity formation still depend on *relational experience*, not just behavioral containment.

The Four Modes model remains applicable—but must be applied with heightened precision, flexibility, and tolerance for ambiguity.

### ***A Neurodevelopmental Lens: Dysregulation and the Adolescent and Young Adult Brain***

Recent advances in neuroscience (Casey et al., 2008; Koob & Volkow, 2016; Steinberg, 2014) provide a deeper understanding of why psychiatric symptoms and substance use are particularly disruptive during adolescence and young adulthood.

Adolescence and young adulthood are periods of:

- heightened limbic activation (emotion, reward, threat)
- ongoing maturation of the prefrontal cortex (regulation, decision-making)
- increased sensitivity to reward and social context

This developmental imbalance creates a brain that is:

- more reactive
- more reward-driven
- less regulated

Psychiatric disorders amplify this imbalance:

- Depression constricts reward sensitivity and increases withdrawal
- Anxiety heightens threat detection and anticipatory fear
- Trauma disrupts integration and fragments experience

- Substance use directly alters dopaminergic reward pathways and stress systems, reinforcing compulsive patterns and impairing executive function (Koob & Volkow, 2016)

From this perspective, symptoms are not random or purely behavioral; they reflect *disruptions in regulation, integration, and meaning-making*.

### ***A Foundational Reframe: Symptoms as Adaptation***

Psychiatric symptoms are best understood not simply as problems to eliminate, but as *attempts to regulate internal states under conditions of overwhelm or dysregulation* (Khantzian, 1997; Koob & Volkow, 2016; Linehan, 1993):

- Depression → withdrawal from overwhelming affect
- Anxiety → amplification of threat detection
- Substance use → externally induced regulation or emotional numbing
- Behavioral escalation → breakdown of internal organization

Without this reframe, parents are pulled into a reactive stance:

*“How do I stop this?”*

With it, the question shifts:

*“What is this behavior trying to manage internally?”*

This shift is not merely conceptual—it is clinically transformative. It allows parents to engage the adolescent and young adult’s internal world rather than only their behavior.

### ***Mode One: Transacting Under Conditions of Risk***

In the presence of psychiatric instability or substance use, Mode One (Transacting) often becomes unavoidable.

Parents may need to:

- enforce boundaries
- restrict access to substances or environments
- ensure safety (e.g., suicidality, self-harm, intoxication)
- intervene decisively

These actions are not optional—they are necessary. However, the risk is that Mode One becomes *chronic rather than situational*.

When parents remain in a constant state of:

- monitoring
- controlling

- correcting

the relationship often shifts toward:

- surveillance
- resistance
- secrecy

A common parental belief is:

*“If I don’t stay in control, everything will fall apart.”*

While understandable, chronic control often produces:

- increased concealment
- reduced communication
- diminished trust

The clinical task is not to eliminate Mode One—but to ensure it is *paired with relational modes that preserve connection and support development*.

### ***Mode Two: Mirroring in the Presence of Intense Dysregulation***

Mode Two (Mirroring) becomes both more difficult and more essential in the presence of psychiatric symptoms.

Parents are often confronted with:

- extreme emotional states
- distorted or rigid thinking
- behaviors that feel frightening or irrational

The instinct is to:

- correct
- challenge
- reassure

However, these responses often fail because they bypass the adolescent and young adult’s internal experience.

### **Example:**

Adolescent / Young Adult:

*“Nothing matters. I don’t care if I live or die.”*

**Common Response:**

*“That’s not true—you have so much to live for.”*

**Mirroring Response:**

*“It feels really hopeless right now... like nothing is making sense or feeling worth it.”*

Mirroring does not validate the belief—it validates the *experience underlying the belief*.

Research across attachment and emotion regulation demonstrates that accurate attunement reduces emotional intensity and supports regulation, even in high-risk populations (Linehan, 1993; Tronick, 2007).

A key misconception is that mirroring reinforces pathology. In reality, it reduces escalation by allowing the adolescent and young adult to feel understood rather than opposed.

**Mode Three: Observing and the Restoration of Reflective Capacity**

Psychiatric symptoms often impair *mentalization and reflective capacity*.

- Depression narrows thinking
- Anxiety rigidifies interpretation
- Substance use disrupts executive functioning
- Trauma fragments narrative continuity

Mode Three (Observing) becomes a mechanism for *re-introducing reflection*, but it must be carefully calibrated.

Observations should be:

- simple
- present-focused
- emotionally grounded
- non-confrontational

**Example:**

*“I’ve noticed that when things feel overwhelming, you tend to pull away or shut down. I wonder if that’s happening right now.”*

This:

- links behavior and emotion
- invites reflection without pressure
- supports gradual reintegration of thought and feeling

Neurobiologically, this process supports re-engagement of prefrontal systems, helping the adolescent and young adult begin to think about, rather than be overwhelmed by, their experience.

A common mistake is pushing insight too quickly:

*“This is why you’re doing this.”*

Under conditions of dysregulation, this is experienced as criticism, not reflection.

The goal is not immediate insight—it is the *restoration of the capacity to think*.

### ***Mode Four: Selving in the Context of Vulnerability***

Mode Four (Selving) remains possible but is often fragile and intermittent. Psychiatric symptoms can limit the adolescent and young adult’s capacity to:

- consider another’s perspective
- tolerate relational complexity
- engage in mutual recognition

However, when moments of openness emerge, they are clinically significant.

#### **Example:**

Adolescent / Young Adult:

*“Did you ever feel this out of control?”*

Parent:

*“Yeah... there were times I felt overwhelmed in ways I didn’t understand. It was really hard.”*

This kind of response:

- normalizes experience
- introduces perspective
- maintains connection

Without overwhelming or shifting focus.

A common error is turning these moments into teaching:

*“Let me tell you what I learned...”*

This collapses the interaction back into control.

Selving must remain:

- invited
- contained
- developmentally appropriate

### **Substance Use: A Dual-Level Understanding**

Substance use in adolescence and young adulthood cannot be adequately understood through a single lens. It is neither purely a moral problem nor solely a neurochemical disease. A clinically useful understanding requires simultaneous attention to two interconnected levels of experience:

- the neurobiological effects of substances on the developing brain
- the psychological and relational functions substances serve internally

Without integrating both dimensions, parents and clinicians are pulled toward incomplete formulations that either overemphasize behavioral control or minimize the profound biological realities of addiction.

The Four Modes framework offers a way of holding these dimensions together without collapsing into either oversimplification or helplessness.

#### ***The Neurobiological Dimension: Addiction as Dysregulation of Reward, Motivation, and Control***

From a neurodevelopmental perspective, adolescence and young adulthood already involve heightened sensitivity to reward, novelty, emotional intensity, and peer influence. The dopaminergic reward system is highly active during this period, while the prefrontal systems responsible for judgment, impulse regulation, planning, and self-monitoring remain under construction (Steinberg, 2014).

Substances exploit this developmental imbalance.

Repeated substance use alters neural pathways involved in:

- reward processing
- stress regulation
- motivation
- salience attribution
- inhibitory control

Over time, the brain increasingly prioritizes substance-related cues while simultaneously weakening the individual's capacity to regulate urges, tolerate distress, and sustain reflective decision-making (Koob & Volkow, 2016).

This helps explain why substance use often appears irrational, repetitive, or self-defeating even when consequences become severe.

Parents frequently ask:

*“Why would they keep doing this when they know it’s hurting them?”*

From a neurobiological perspective, this question misunderstands the nature of compulsive behavior. Addiction progressively shifts behavior from voluntary reward-seeking toward compulsive regulation of distress and avoidance of withdrawal—both physiological and emotional.

Importantly, this does not eliminate responsibility. But it reframes behavior within the context of altered motivational systems rather than assuming simple defiance, selfishness, or lack of caring.

This distinction matters enormously relationally.

When parents interpret substance use solely as:

- disrespect
- laziness
- manipulation
- or moral failure

interactions often become organized around anger, punishment, surveillance, and escalating power struggles.

Conversely, when neurobiology is overemphasized to the exclusion of agency, families may become passive or hopeless:

*“They can’t help it.”*

Neither position is clinically sufficient.

A developmental approach must hold both truths simultaneously:

- substance use changes the brain
- and the adolescent or young adult still requires support in rebuilding agency, reflection, and responsibility over time

### ***The Psychological Dimension: Substance Use as Regulation***

While neurobiology explains the compulsive properties of addiction, it does not fully explain why substance use begins, why it persists in particular forms, or why certain individuals become dependent while others do not.

Psychodynamically and developmentally, substances often function as attempts at regulation under conditions of internal dysregulation or emotional overwhelm (Khantzian, 1997).

Substances may serve to:

- numb unbearable affect
- reduce anxiety or hyperarousal
- quiet shame or self-criticism
- create temporary coherence in fragmented states
- counter loneliness, emptiness, or deadness
- facilitate social connection or belonging
- induce relief from intrusive memories or traumatic activation

In this sense, substance use is often less about pleasure than about relief.

This distinction is clinically essential.

Parents frequently focus on the external behavior:

*“They just want to get high.”*

But internally, the experience may feel more like:

*“I can finally stop feeling overwhelmed.”*

*“I can shut my mind off.”*

*“This is the only time I feel normal.”*

*“This is the only thing that helps.”*

From this perspective, substances become maladaptive solutions to developmental and emotional problems that the adolescent or young adult cannot yet regulate internally. The substance is not the primary problem at first—*it is the attempted solution.*

Over time, however, the solution becomes its own organizing pathology.

The tragedy of addiction is that substances initially appear to solve dysregulation while progressively worsening the very emotional, relational, and neurobiological instability they were used to escape.

### ***Substance Use and the Collapse of Reflective Function***

One of the most clinically important consequences of substance use is the gradual erosion of reflective capacity.

As compulsive use intensifies:

- self-observation diminishes
- emotional awareness narrows
- thinking becomes concrete and immediate
- denial increases
- internal states become difficult to name or tolerate

The adolescent and young adult increasingly shifts from:

*“I am using substances because I feel overwhelmed”*

to:

*“I just need it.”*

This collapse of reflective function is often profoundly confusing and frightening for parents. They may feel as though the person they knew has disappeared or become unreachable.

Under these conditions, families often respond with escalating confrontation:

- lecturing
- fact-based persuasion
- logical arguments
- repeated attempts to force insight

However, insight cannot be forced into a nervous system organized around immediate relief and survival. Under conditions of high dysregulation, the brain becomes oriented toward reducing distress in the present moment rather than reflecting on long-term consequences, patterns, or meaning.

For this reason, purely confrontational or insight-driven approaches often fail during periods of acute instability. ***Relational approaches remain essential***—not because boundaries are unnecessary, but because emotional regulation and reflective capacity are restored through experiences of safety, attunement, and connection, even while firm limits are maintained.

### ***The Four Modes Applied to Substance Use***

The Four Modes model helps parents respond to substance use without collapsing entirely into control, panic, or emotional disengagement.

#### ***Mode One: Transacting — Safety, Limits, and Containment***

Substance use often requires clear behavioral intervention.

Parents may need to:

- set firm boundaries
- restrict access to money, vehicles, or environments
- require treatment participation
- respond to intoxication or unsafe behavior
- create external structure when internal structure is compromised

Under conditions of significant addiction, containment is often necessary because self-regulation is impaired.

However, when Mode One becomes the entirety of the relationship, the adolescent and young adult increasingly experiences themselves as:

- managed
- policed
- controlled
- defined by pathology

This frequently produces:

- secrecy
- lying
- defensiveness
- shame
- relational withdrawal

Mode One is necessary for safety—but insufficient for transformation. Behavior may temporarily change under pressure, *but identity development and emotional regulation require more than external control.*

### ***Mode Two: Mirroring — Understanding the Emotional Function of Use***

Mirroring allows parents to engage the emotional reality underneath substance use without endorsing the behavior itself.

Example:

Adolescent / Young Adult:

*“I just needed to get out of my head.”*

Parent:

*“It sounds like things felt so overwhelming that using felt like the only way to shut it down for a while.”*

This response does not approve of substance use. Instead, it communicates:

*“I am trying to understand what the substance is doing for you emotionally.”*

This distinction reduces shame and opposition while increasing the possibility of honest dialogue. Without mirroring, conversations about substance use often become organized around accusation and denial:

*“You don’t care.”*

*“You’re ruining your life.”*

*“You’re lying again.”*

Mirroring shifts the interaction from adversarial confrontation toward emotional understanding.

Paradoxically, adolescents and young adults are often more able to examine harmful behavior once they no longer feel reduced to the behavior itself.

### ***Mode Three: Observing — Building Awareness of Patterns***

Substance use disorders are frequently characterized by fragmentation and repetition without reflection. Mode Three helps restore the ability to observe links between:

- emotions
- triggers
- relationships
- stress
- shame
- loneliness
- and substance use patterns

Example:

*“I’ve noticed that when conflict builds up or you start feeling trapped, that’s often when using becomes harder to resist.”*

This type of observation:

- invites reflection rather than defensiveness
- organizes experience into patterns
- supports integration of feeling and behavior

Importantly, observations must remain tentative rather than interpretive.

Statements like:

*“You’re using because you can’t handle emotions.”*

are often experienced as shaming or intrusive.

The goal is not to impose meaning, but to support the adolescent and young adult’s growing ability to recognize internal processes themselves. This gradual restoration of reflective functioning is central to recovery.

### ***Mode Four: Selving — Preserving Identity Beyond Addiction***

Perhaps the most important long-term developmental task in recovery is helping the adolescent or young adult experience themselves as larger than the addiction itself.

Substance use disorders often produce identity collapse:

*“I’m the addict.”*

*“I’m the problem.”*

*“I’m a failure.”*

*“This is who I am now.”*

When relationships become organized entirely around symptoms, monitoring, and crisis management, the self narrows further.

Mode Four helps preserve mutual recognition and humanity within the relationship.

Example:

Parent:

*“I know substances have taken up a huge amount of space lately. But I also know that’s not the entirety of who you are.”*

Or:

*“I still see parts of you that are trying, even when things feel stuck.”*

These moments matter profoundly because addiction frequently erodes not only regulation—but hope, coherence, and continuity of self.

Recovery is not simply the cessation of substance use. It involves:

- rebuilding identity
- restoring reflective capacity
- developing tolerable emotional regulation
- re-establishing relational trust
- and recovering the capacity to imagine a future self

### ***A Core Clinical Principle: Connection Without Collusion***

One of the most difficult balances for parents is learning how to remain emotionally connected without enabling or collapsing boundaries.

Parents often fear:

*“If I stay empathic, I’m excusing the behavior.”*

But empathy and permissiveness are not the same thing.

The Four Modes help differentiate:

- connection from rescue
- understanding from approval
- boundaries from rejection

A parent can simultaneously say:

*“I understand this is helping you manage overwhelming feelings.”*

and:

*“I also cannot allow behaviors that are unsafe.”*

This integration is psychologically far more regulating than either punitive control or boundaryless accommodation.

### ***Recovery as Developmental Reorganization***

From a developmental perspective, recovery is not merely abstinence.

It is the gradual reorganization of:

- affect regulation
- self-reflection
- identity
- relational capacity
- and meaning-making

Substances temporarily substitute for functions the developing self cannot yet fully perform internally. As recovery progresses, these capacities must be rebuilt through:

- relationships
- reflection
- experience
- structure
- and emotional integration

This is why relational experience remains central to long-term change.

Not because relationships alone cure addiction, but because sustained recovery ultimately depends on the restoration of the self capacities that addiction progressively undermines.

Substance use requires simultaneous attention to:

- neurobiology
- psychology

Neurobiologically:

- repeated use alters reward pathways
- increases salience of substance-related cues
- weakens inhibitory control
- reinforces compulsive patterns

(Koob & Volkow, 2016)

Psychodynamically:

- substances often function as self-medication
- regulating affect, anxiety, or trauma

(Khantzian, 1997)

Without this dual understanding, parents may oscillate between:

- moralizing (“*This is a bad choice*”)
- controlling (“*I need to stop this*”)

The Four Modes provide a framework for integrating both:

- **Mode One** → safety and containment
- **Mode Two** → understanding emotional drivers
- **Mode Three** → building awareness of patterns
- **Mode Four** → supporting identity beyond the behavior

### ***A Core Principle: Relationship as Primary Intervention***

Across psychiatric disorders and substance use, one principle remains consistent: ***Behavioral control alone does not produce psychological change.***

Research across attachment, trauma, and addiction demonstrates that ***relational experience is central to recovery and development*** (Cozolino, 2014; Khantzian, 1997; Siegel, 2012).

This does not replace:

- therapy
- medication
- structured interventions

But it clarifies the parent’s role: ***Not as a manager of behavior—but as a regulator, reflector, and relational partner in development.***

### **Final Integration**

When psychiatric symptoms or substance use are present, the stakes are higher, and so is the complexity.

But the developmental task remains unchanged:

- to build regulation
- to restore reflection
- to maintain connection

- and to allow the self to continue developing

The Four Modes do not lose relevance under these conditions. They become more demanding—and more essential.

## Section VIII: Conclusion

Adolescence and young adulthood are often experienced by parents as a disruption—something that has gone off course and requires correction. A child who once felt accessible becomes more distant, more reactive, less predictable. Communication becomes strained, and parents are left trying to make sense of behavior that no longer fits within familiar patterns. ***The natural response, under these conditions, is to intervene more forcefully***—to restore order, to reassert control, to bring things back to what they were.

But adolescence and young adulthood are not deviations from development. It is development, unfolding in a form that is more complex, less stable, and often more difficult to tolerate. What appears on the surface as opposition, withdrawal, or emotional volatility is frequently ***the outward expression of a deeper internal reorganization***. The adolescent and young adult is engaged in the task of becoming a more differentiated self—one that is no longer organized primarily around parental regulation, but around an emerging internal structure that is still forming.

This process cannot be managed solely at the level of behavior. It takes place within the mind, and it is shaped through relationship.

The capacities that define psychological maturity—the ability to regulate emotion, to reflect on experience, to understand others as separate subjects, and to maintain a coherent sense of self—do not develop through instruction or correction alone. ***They are constructed gradually, through repeated relational experiences in which the child feels seen, understood, and able to think about their own internal world without becoming overwhelmed by it.***

*The Four Modes of Relational Parenting* are best understood in this context—not as techniques for producing specific outcomes, but as a way of organizing the parent’s own psychological stance toward the child.

They offer a framework for recognizing what is being asked of the parent in a given moment, not simply at the level of behavior, but at the level of development. At times, the situation requires action and structure. At other times, it calls for restraint, for listening, for the capacity to stay with an experience rather than resolve it. Still other moments invite a more reflective engagement, or, eventually, a recognition of the child as a separate person with their own perspective and inner life.

What becomes clear over time is that development is less a function of getting any single moment “right” than of ***maintaining a consistent orientation toward the child as a developing mind***. Parents will intervene too quickly at times. They will misread situations, become frustrated, or fall back into patterns of control. These moments are inevitable. What matters more is the capacity to return—to reconsider, to re-engage, and to repair when necessary. It is through this ongoing process that the relationship retains its developmental function.

As adolescence and young adulthood unfold, subtle changes begin to occur. The child who once reacted immediately may begin, occasionally, to pause. The young person who struggled to

articulate their experience may begin to find language for it. The relationship itself begins to shift, not necessarily becoming easier, but becoming more reciprocal. The parent is no longer only a regulator or authority figure, but *gradually becomes someone who can be known and, in time, understood.*

The aim of parenting during this period is not to eliminate conflict or to restore an earlier stage of development. It is to remain engaged in a process that is, by its nature, uncertain and at times disorienting. The Four Modes provide a way of navigating this uncertainty—not by offering fixed solutions, but by helping parents stay oriented to what is being built over time.

*In the end, the task is not to shape the child into a particular outcome, but to participate in the conditions under which the child's self can emerge.* This process does not move in a straight line, and it rarely feels complete in the moment. It unfolds gradually, often unevenly, within the space of a relationship that can hold both connection and difference.

Adolescence and young adulthood, in this sense, are not developmental periods to be resolved. They are instead phases to be lived through and negotiated—by both parent and child—as they move, together and separately, toward a more complex form of being.

## References

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teen and young adults through the twenties. *American Psychologist*, 55(5), 469–480.
- Barkley, R. A. (2015). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed.). Guilford Press.
- Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *The Psychoanalytic Quarterly*, 73(1), 5–46.
- Bion, W. R. (1962). *Learning from experience*. Heinemann.
- Blakemore, S.-J. (2008). The social brain in adolescence and young adulthood. *Nature Reviews Neuroscience*, 9(4), 267–277.
- Blos, P. (1967). The second individuation process of adolescence and young adulthood. *The Psychoanalytic Study of the Child*, 22, 162–186.
- Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.
- Casey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent and young adult brain. *Annals of the New York Academy of Sciences*, 1124, 111–126.
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. Other Press.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
- Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. *Harvard Review of Psychiatry*, 4(5), 231–244.
- Kohut, H. (1971). *The analysis of the self*. International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. International Universities Press.
- Koob, G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. *The Lancet Psychiatry*, 3(8), 760–773.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.
- Lythcott-Haims, J. (2015). *How to raise an adult: Break free of the overparenting trap and prepare your kid for success*. Henry Holt and Company.

Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. Basic Books.

Padilla-Walker, L. M., & Nelson, L. J. (2012). Black hawk down? Establishing helicopter parenting as a distinct construct from other forms of parental control during emerging adulthood. *Journal of Adolescence and Young Adulthood*, 35(5), 1177–1190.

Pellicano, E., & den Houting, J. (2022). Shifting from “normal science” to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*, 63(4), 381–396.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.

Schore, A. N. (2001). Effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1–2), 201–269.

Segrin, C., Woszidlo, A., Givertz, M., Bauer, A., & Murphy, M. T. (2013). The association between overparenting, parent–child communication, and entitlement and adaptive traits in adult children. *Journal of Family Issues*, 34(10), 1–24.

Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. Guilford Press.

Siegel, D. J. (2012). *The developing mind* (2nd ed.). Guilford Press.

Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence and young adulthood*. Houghton Mifflin Harcourt.

Tronick, E. Z. (2007). *The neurobehavioral and social-emotional development of infants and children*. W. W. Norton & Company.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. International Universities Press.