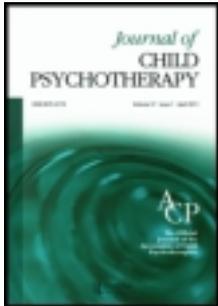


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Tessa Baradon^a, Peter Fonagy^a, Kirsten Bland^a, Kata Lénárd^a & Michelle Slead^a

^a London

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New Beginnings – an experience-based programme addressing the attachment relationship between mothers and their babies in prisons

TESSA BARADON, PETER FONAGY,
KIRSTEN BLAND, KATA LÉNÁRD &
MICHELLE SLEED

London

Abstract *Data about the quality of attachment between infants and parents in high-risk populations suggests that early intervention may be advantageous for positive developmental outcomes for the child. Mothers in prison represent a high-risk parenting population in terms of both attachment histories and economic and social risk factors. New Beginnings was constructed as a short term, experience-based programme for mothers and infants in the Mother and Baby Units of two UK women's prisons. It is based on the early intervention model developed at the Anna Freud Centre. The programme was piloted in 2004–5, with 27 participating dyads. This paper presents an overview of the pilot stage. Our aim is to introduce the thinking that went into the programme and to present initial observations concerning the effect of the programme. We describe the development of a framework for the programme and its preliminary evaluation using pre- and post-interview protocols concerning the mothers' thoughts and feelings about their babies. We used the Parent Development Interview, for both a qualitative analysis of the major themes in connection to child rearing and quantitative measures of reflective capacity in relation to the child on the part of mother-participants.*

Keywords Attachment; mothers and babies; high-risk; prison Mother and Baby Units; early intervention; reflective functioning; intergenerational transmission.

Introduction

In the 1960s, Mother and Baby Units (MBUs) were formally established by Her Majesty's Prison Service in England and Wales, and in 1971, the first designated accommodation block was opened (HM Prison Service, 1999). The purpose of the

Units is to enable the mother–baby relationship to develop, but only ‘if it is in *the baby’s best interests* to do so and safeguarding *child’s welfare*’ (Stewart, 2005: 4) (author’s italics). The baby’s best interests ‘in normal circumstances in the community . . . are seen as remaining with the mother’ (HM Prison Service, 2005). Each application for a place in an MBU is assessed on its individual merits by a multi-disciplinary team with leading input from the local social service department. There is an upper age limit for babies staying on MBUs of 9 or 18 months (varying between Units). Separations take place when it is considered in the best interests of the child and when the mother is serving a long sentence; it is policy to effect separation at around 6–9 months, if not earlier (HM Prison Service, 1999). The impact of separation between a mother and baby reaches beyond the individual dyad. It is intensely distressing for other mothers and babies and staff on the Unit.¹

The female prison population is characterised as high risk in terms of attachment disorders. In comparison with women in the general population, single and teenage mothers, ethnic minorities and foreign nationalities are over-represented (Caddle and Crisp, 1997). A study assessing mental health in MBUs found that 60% of the women had one or more of the five diagnostic categories of mental disorder (Birmingham, 2004). A number of other factors that characterise the female prison population are known to be associated with negative developmental outcomes for their children. For example, up to 50% of women in prison report having experienced physical, emotional or sexual abuse (Ramsbotham, 2003), and a third have had a history of being in care (Caddle and Crisp, 1997) – factors that are highly predictive of disorganised attachment in the child (van Ijzendoorn *et al.*, 1999).

Increasing emphasis is being placed on the need for specialised interventions that address the parent–infant relationship where attachments, and therefore infant development, are at risk (Lieberman, 2003; Lieberman *et al.*, 2005; Nylen *et al.*, 2006). For offenders who are mothers to babies, the MBU is the primary prison environment in which development takes place. Attachment theory and research, as well as findings about growth-promoting and growth-inhibiting emotional environments for the baby (e.g. Schore, 2001), would further suggest the need for treatment interventions in prisons.

The ‘*New Beginnings*’ programme

New Beginnings is an accredited learning and experience-based parenting programme that addresses the early attachment relationship between mothers and babies in prison and prepares them for separation should that occur. It was initiated, developed and delivered in collaboration between the Anna Freud Centre (AFC), a psychoanalytically oriented child mental health treatment, research and training centre and New Bridge, a prison charity specialising in making links between the offender and the community. The programme design was the product of the AFC’s research and clinical expertise in understanding early attachment and designing manualised intervention protocols, and New Bridge’s extensive experience of working in prisons.

While the programme capitalises on the early months as a time of potential fluidity in maternal patterns of relating, its hallmark is in positioning the baby as a

partner in the process and a participant in his own right. During this period, which is when the MBU endorses the mother and baby being together, the baby's attachment world is still being structured and the attachment relationship of mother to infant is being forged (Leckman and Mayes, 1999; Leckman *et al.*, 1999). The programme works directly with the baby's attachment needs and capacities through mirroring emotional states, verbalising experience and anxieties that are seen or assumed in the baby, and creating opportunities for intersubjective connectedness through play. In the broadest sense, the project aims to intervene in possible intergenerational cycles of disordered attachments in the high-risk prison population. Specifically it is thought that the programme could contribute to enhancing parent–infant interactions to give the baby a better chance of healthy development in the first months of life with his/her mother. This includes preparation for separation between mother and baby where that is anticipated, and processing of separations that have occurred.

The programme is predicated on a number of assumptions, which are drawn from theory, research and clinical experience from the mutually informing fields of psychoanalysis, attachment and infant developmental research.

The first assumption is that the individual mother's attitudes and behaviour towards her baby are rooted in her own experiences of being parented and the ways she has represented these experiences (Fraiberg *et al.*, 1975; Main, 2000). Some of the intergenerational repetitions that pose risk to the baby are available to conscious recall, but others are encoded in the implicit domain and are expressed through action rather than symbolically (Clyman, 1991; Davis, 2001).

A second assumption concerns the impact of the prison environment on the mother's state of mind and, thus, on her ability or otherwise to provide emotional containment and scaffolding of mental processes ('primary maternal preoccupation'; Winnicott, 1956). We assume that many troubling aspects of the mothers' histories are activated by the prison environment, thereby creating major problems for the establishment of caregiving bonds. For example, the officer–prisoner relationship may easily trigger a negative transference underpinned by unresolved conflicts within their own child–parent relationship. Moreover, the process of imprisonment and being in prison is likely to have a significant impact on a mother's psychological well-being. Some experiences in the prison probably provide containment – such as the singular care of some staff and the predictability of provision, whilst other experiences can be unsettling and frightening (e.g. being sent to prison straight from court without being able to go home first, flare-ups and crises on the wings, shut downs). In addition, prison procedures inevitably evoke enormous anxiety around separation from the baby as well as from other family members (e.g. partners and children). Our observations suggest that MBUs vary across time and place in terms of the balance between containing and disrupting functions that are offered to the mothers and babies in their care.

The third assumption concerns the reciprocal nature of the primary relationship between mother and infant. The transactional aspect of this relationship is generally accepted by developmentalists (Sroufe, 2005): the infant's responsiveness elicits more sensitive parenting behaviour, and caregiving behaviour in turn will strengthen the

infant's attachment. The early months are a sensitive period not just for the infant but also for the mother. In the light of this, it is essential that obstacles to the initiation of the benign cycle must be removed by any intervention.

In sum, taking a highly pragmatic approach, we assume that prison circumstances can interfere with the mother's attachment to her infant but these types of disruption *can* be addressed by the *New Beginnings* programme which is aimed at facilitating the naturally emerging processes associated with a parenting–attachment relationship.

Consultation with the prison authorities, the officers, and with the mothers, together with New Bridge's experience and the expertise of the AFC, all played a part in shaping the programme. A central issue concerned the relative influence of past experience and present circumstances on the mother–infant relationships in the MBUs. In particular, we had to identify effective foci for planned interventions that would moderate the negative impact of aspects of the immediate environment and address the maladaptive parenting patterns brought into the prison setting by the mother's past. The AFC (Baradon 2002, 2003; Baradon *et al.*, 2005) prepared a structured intervention programme to address the mother–baby relationship within a parent–infant group format (James, 2002; Woodhead and James 2007). To enable evaluation and replicability, the programme was manualised and certified by an authorised accreditation body and, therefore, deemed a 'course' for the purposes of education and skills during the term of imprisonment.

Design and content of *New Beginnings*

The central organising construct of the programme was the enhancement of the mother's attunement to her baby's needs and separateness (Stern, 1985, 1995). More specifically, the *New Beginnings* programme was geared towards making mothers more cognisant of their babies' intersubjective and attachment needs as separate from their own and, thus, towards increasing their range of contingent responses to the infant. Increasing the mothers' capacity for mentalisation (Fonagy and Target, 1997) may be facilitated by the discussion of dedicated topics that link past and present patterns of relating, and by the careful observation of, and reflection on, non-conscious behaviours between mother and baby. The mother's ability to produce a genuine narrative of the baby's thoughts, feelings, wishes and subjectivity in general has been demonstrated to be associated with secure attachment in a number of studies. The strongest evidence for this comes from observations that the inclination of mothers to take a psychological perspective on their child, including maternal mind-mindedness and reflective function in interacting with or describing their infants, is associated with both secure attachment and mentalisation (Fonagy and Target, 1997; Meins *et al.*, 2002, 2003; Peterson and Slaughter, 2003; Sharp *et al.*, 2006; Slade, 2005).

The programme was constructed to promote the babies as active participants.² The rationale behind their active role was twofold: first, it was expected that being in the sessions would benefit the babies directly in terms of their development. A previous outcome evaluation of babies' participation in the AFC treatment model showed

significant increases in the babies' scores on the Bayley Scales of Infant Development (Fonagy *et al.*, 2002). Secondly, their presence provided a focus, which was vital for the engagement of mothers, and immediate (on-the-spot) information on the parent–infant relationship, which was available to the mother, the facilitators and the group as a whole.

The programme entailed eight two-hour sessions, run over four consecutive weeks, for up to six mothers and babies per MBU. Mothers were asked to commit to attending all sessions with their babies. The sessions were structured around eight topics each selected on the basis of research and clinical evidence for its potential to activate the attachment relationship. The subjects covered the history of the pregnancy, family tree of the baby, mother's representations of her own childhood experiences, her perceptions of her baby, experiences of motherhood, and aspirations for herself and her baby. Forced separations of mothers and their babies is a controversial and painful issue within the prison system and often evokes strong responses not only in the inmates but also in MBU staff. The Prison Service therefore requested that separation should also be addressed; the topic featured throughout the programme and one session was dedicated entirely to it. At the beginning and ending of each session, time was devoted to being with and playing with the babies. Throughout, mothers were asked to observe their babies with the facilitators and other group members in order to learn to track and understand their infants' communications. The group was encouraged to attend closely to the baby's communications as having meaning for the dyad and within the group, and their contributions to the processes of thinking and understanding were considered vital.

Illustrated handouts, worksheets and homework were part of the programme. The mothers were given folders for their work, as well as for any drawings, poetry or letters that they produced during the course. The folders served as personal records for the mothers and as a potential memento for the babies, who might later use the folders to recall this early period and their work on their relationship with their mothers.

Design of the evaluation

A key aspect of the programme was the systematic evaluation of whether the course was effective in relation to its aims; that is, did it improve the quality of mother–infant interaction and enhance the mother's capacity to think of her baby as an individual? Due to the unique nature of the programme and the population to which it was delivered, measures were taken to address the particular facets of the course, to explore change across a relatively brief intervention period, and also to ensure a minimal burden upon participants. It was also important that mothers felt able to decline to participate or to drop out at any stage without losing their place on the course – all of which was explained when informed consent was initially obtained.³

Crucial to the aim of modifying intergenerational cycles of disorganised attachment was the challenge of modifying the mothers' representations of their child and of themselves as parents. In order to assess this, the Parent Development Interview (PDI;

Slade *et al.*, 2004) was conducted with the mothers both before and after the course. Interviews lasted on average half an hour, and questions covered the mothers' experiences of both positive and negative interactions with their child, their feelings of guilt and anger and how these impact on their child, and their reflections on separation from the child. The transcripts were also coded for Reflective Functioning (RF; Fonagy *et al.*, 1998; Slade *et al.*, 2004) – the ability of the mother to reflect upon her relationship with, and accurately to attribute thoughts and emotions to, her child.

The other key measure addressed parent–infant interaction. In order to explore change in the mothers' and infants' interactive behaviours, a 10-minute video clip of the mother and child was taken by the researcher after conducting the PDI. The mother was asked to be with her child 'as usual' and the researcher filmed with a hand-held camera. The use of the video for evaluation with this population is complex, since it can be both intimidating and rewarding for the mothers (Woodhead *et al.*, 2006). Analysis of the interaction data will be explored in a future paper.

Implementation of the programme

New Beginnings involved a number of complex practical issues related to implementation - first, the impact of the setting on the facilitators. For example, each entry to a prison was accompanied by loss of contact with the outside world (mobiles relinquished at the gate, movement and departure conditional on escort by an officer with keys). Frameworks, although relatively flexible on MBU's in comparison to routines in other sections of the prison, were rigid in comparison to the 'outside' (e.g. times for meals, or lock-up). Visits, court appearances, health visitor's clinic were non-negotiable interruptions to the group.

With regards to the programme itself, both content and format raised clinical and ethical questions. Being directed towards non-conscious mental processes that influence parenting behaviours, especially in an environment where negative developmental outcomes are more likely than usual, meant that the content of the programme touched upon not just strengths, but also conflictual and painful thoughts and feelings. Taking part in the research interviews, such as answering questions on the PDI, proved at times to be a very emotional as well as a thought-provoking experience. For example, mothers reported this as being the first time that they had thought about whether their baby could perceive certain emotions in them, and the first time that they had considered how their baby might feel about being left for the afternoon in the crèche without explanation. During the course, and in particular in the sessions dealing with childhood experiences, dynamically unconscious material, normally kept out of awareness because it is associated with pain and anxiety, could be aroused in this frequently severely traumatised group of women. Sometimes, the memories or dissociated feelings simply burst forth as though a dam was opened, despite an ethos of talking only about what each individual felt comfortable with. Indeed, this aspect of the programme evoked mixed responses. On the one hand, some of the mothers felt the programme provided them with an opportunity to be heard, which is an important experience in prison where '[t]he need to be heard had the same emotional quality as the need to be held' (Stevens, 1988: 8). On the other hand, there were mothers who felt 'left with stuff' that

remained deeply upsetting. Therefore, even where the mothers'/babies' behaviour might clearly have warranted intervention, the overarching need was to support the mothers' mechanisms for coping in the prison. This included containing as much as could be contained within the session, thinking about how they would attend to their babies and themselves after sessions, staff they may turn to if feeling disturbed, confidants on the Unit, etc.

Yet the programme also intended to open up thinking about their most maladaptive defences in relation to their child. The balance between supporting and challenging mothers and babies in a clinically informed intervention is always difficult. With this in mind, it was decided early during the pilot phase that the facilitators should have psychodynamic training and therapeutic experience.⁴ The facilitators inevitably had a major influence on both the individual and group process in relation to the course, and they quickly attracted intense emotions from the mothers and interest from the infants.⁵ What is more, the group itself often became part of the mothers' attachment system as a supportive and containing setting (James, 2005) and this attachment was encouraged by the protocol. However, talking within a group context posed particular issues in the singular prison environment. The group format meant that sometimes material was revealed that would not in the normal course of events be shared between the mothers; sometimes a mother could feel supported, but at other times she might well feel exposed.

Confidentiality and risk are highly sensitive topics in prison, especially when babies are involved. The success of the programme depended on the mother's trust that personal information either from the course or the evaluation would not affect her trajectory of imprisonment. On the other hand, the welfare of both mothers and babies at risk required attention, particularly in terms of emotional safety, boundaries and support of the mothers and the babies between sessions. Also, staff anxiety about the safety of what was taking place in the sessions, and their sense of exclusion, needed to be respected. The pilot phase laid the ground for the necessary working relationships between Governors and staff on the MBU and those administering the programme.

Preliminary results

The sample

Of the 27 dyads that participated in the groups of the pilot phase of the project, pre- and post-course PDIs were carried out with 15 mothers. Of the remaining 12 mothers, seven had been released or moved to another prison by the time of post-course follow up, and, unfortunately, for five, the recorded data quality was too poor to be used for comprehensive coding. The demographic characteristics of the sample population are displayed in the Table 1.

Thematic analysis

To understand attachment-related themes that preoccupied the mothers, we conducted a qualitative analysis of their PDI material and of the worksheets that were completed

Table 1 Description of study sample

Mean maternal age (range) in years	27 (19–40)
Maternal ethnic origin	
Black African	53%
White British	27%
Asian	20%
Infant gender	
Male	40%
Female	60%
Mean infant age (range) in weeks	15 (1–39)
Parity: % of mothers with at least one other child	47%

during the course. This continues work done at the AFC, where the clinical application of research tools is explored (e.g. Baradon and Steele, 2008; Steele and Baradon, 2004). Each PDI was read as a narrative and dominant themes were recorded. These were then grouped into unique categories of topics. The PDIs, conducted before and after the course, were examined separately in order to investigate whether the common themes emerging reflected change in mothers' representations of the child or parenting. The categorisation of themes followed a 'grounded theory' approach (Glaser and Strauss, 1967), with new categories for themes identified from the interview until no further themes emerged. The categorisation was replicated blind to the timing of the interview.

The following describes the primary themes that emerged from interviews conducted *before* the programme.

1) *Idealisation of baby and self-as-mother*

In general, mothers tended to describe their babies, themselves and their relationships in stereotyped, idealistic terms. In relation to their babies, they used adjectives such as 'cute', 'funny', 'always happy', 'lovely', 'gorgeous' and 'wonderful.' Responses were seldom substantiated with specific examples or special memories, although mothers were prompted for these by the interview protocol. Thus, when asked for an example of when they found the baby so 'cute' etc., the usual answers were 'always', 'every day' and 'all the time.' To the question 'What do you like most about your baby', a typical answer was 'everything', and to the question 'What do you like least about him?', a typical answer was 'there isn't anything.'

Most of the mothers also described themselves as 'good mothers'. In some cases, it was an unquestioned statement ('I know I am a good mother'); in other cases it was expressed as a hope or a wish ('I hope I am a good mother'). Mothers who used unquestioned statements described themselves in a categorical way, such as 'loving', 'caring', 'understanding.' They did not elaborate or offer examples in these instances either, as in the following case:

Mother: I think I'm a good mum, loving with him, playful and yeah I think I'm doing alright yeah.

Interviewer: When do you feel like a particularly good mum? Are there certain times?

Mother: I feel, all the time. All the time.

In other cases, mothers expressed an intention to be a good mother to their baby:

I'm trying my best to be . . . like a good mum, a loving mum, and I'm always there sorta thing whenever she's upset or whatever I'm there . . . I really wanna be a good mum.

In a few cases, mothers gave specific examples:

I feel caring maybe when she's cries at night I will hold her. I won't sleep until she sleeps. I take good care of her skin. I'm concerned about her feeding.

We do not see idealisation of the baby and the wish to be a good mother as specific to the prison population. However, idealisation of the mother–infant relationship may have particular meaning in a prison environment in that it is the one aspect of the mothers' lives in which they do have influence and can more readily feel good about themselves. It may also be a defensive reaction to the guilt concerning the 'imprisonment' they have brought upon their babies (see below).

2) *Guilt about bringing the baby into prison*

A common theme in the interviews and worksheets was the mothers' guilt about depriving the baby of normal activities, contacts with their father and siblings, etc., through being in prison. The following is an exceptionally clear articulation of this theme:

With me putting her through this, she's missed out like on the first 18 months of her life that will be based within [name of prison] and I tell you I feel guilty sometimes cause I think why am I keeping her in here . . . not being able to take her to the park put her in that swing for the first time . . . slide her down the slide you know I wanted to do all those kind of things.

However, despite clear acknowledgement of their guilt, the mothers were less able to consider the effect that being in prison would have on the child. They often disclaimed adverse impact maintaining that the baby was impervious to the effect of prison (e.g. too young to remember), and to the impact of prison life on their own mothering (e.g. that they were able to disguise their own feelings from the child). One mother, for example, said:

I think for now she doesn't really know any different you know I don't think she knows I [feel bad] . . . I don't think she will know when I'm feeling guilty and most times when I when I do have thoughts like that it tends to be when she's in bed and I can't sleep.

Again we wondered whether this non-reflective attitude was in part associated with the discomfort of feeling that the prison environment was forced on the child by the mother's criminal conviction.

3) *The mothers' wish for their baby to have different, better experiences than their own*

Many mothers expressed the desire to provide an upbringing for their child that is better than their own had been, and to compensate in some way for the prison setting. For example:

I feel that I've let him down for being here, but I try to be as a good a parent as I can, while I'm here... I've got to get my life on track, I've got to do this because... she needs the best sort of start in life and that's what I want to give her. So I've learnt from my mum's mistakes so I, I've got a good idea how I'd like [baby's name] to grow up and be happy and things like that.

More promising from the point of view of rehabilitation, a few mothers spoke about needing to change themselves in order to give their baby a better life:

I just tell myself you know what everybody makes mistakes you'll never make this mistake again and it won't be for long. Until then I think I try to make up for it sometimes by being extra attentive, extra loving.

We view the ability to acknowledge damage and need for repair within themselves as fundamental to protecting their babies from intergenerational risk (Baradon *et al.*, 1999).

4) *Role of the infant in the mother's mind*

The mothers' interview material yielded rich information regarding the babies' consciously or unconsciously assigned roles. The most common roles were those of *rescuer* and *comforter*, where, in a reversal of roles, the baby was made responsible for the mother's state of mind, her moods, her self-esteem or her sense of social connectedness.

Many mothers saw their baby as someone who helped them to survive the unbearable time in the prison:

When I get depressed and down about this place... she just puts a smile on face, so I don't really get upset about it anymore cause she's by my side and I'm not losing her... I could be the only person in this prison and as long as my baby's there I'm really happy.

In many cases, the mother seemed to use the infant for her own emotional regulation – for 'comfort', as a 'playmate', as 'someone who helps me to calm down'.

In some instances, the baby was seen as a parent-carer or husband substitute ('For me my children they bring a comfort to me and they console me... because I don't

have parents I'm an orphan'), or as someone who pulls the otherwise broken family together. In the following case, the mother found a connection with her mother through her baby:

My mum is an alcoholic and my mum's getting counselling now for her drinking... she ain't done it for me, she's done it for [baby's name]... she's like she's brought the family together.

Another dominant theme in the mothers' narratives was their need to be needed by their infants. There are different aspects to this:

- (i) The gratification of feeling special:
I'm the only thing she's got and that it makes me feel a lot more special that she is a hundred percent depending on me and that just makes me feel a lot more special.
- (ii) A sense of strength:
That's the best thing about it... knowing that instead of me having people to depend on I've got someone to depend on me which is good.
- (iii) Being acknowledged and validated through this:
He knows me a lot, when he sees me he smiles... you know, he know, he knows me, that I'm his mother.

In some cases, there seemed to be confusion between the mother's own needs and those of her baby, with a lack of differentiation in the mother's mind between her baby and herself. For example:

He is not happy without me... if he is out of the prison I want him back... she cannot stay without me... cannot sleep without me.

5) *Expression of anger and hostility*

Most mothers expressed anger. Often this was associated with the fact that they were in prison and was mainly directed at the prison system and officers, but sometimes at other family members who were felt to have been harmful.

Anger was seldom openly expressed towards the child. More often, covert hostility towards the baby could be inferred from the narratives. For example, describing a four-month old baby as '*lazy*', or clinging behaviour as '*attacking*.' Some mothers described their babies' behaviour as driven by negative intentions, attributing hostility to them. For example, one mother responded to the question about her baby's 'favourite times or things to do' with 'destroying my room'.

These negative descriptions were frequently found in the narratives of mothers who at the same time idealised their infants as 'always cute and lovely'. The contradictions were not apparently noted by the mother.

In addition, the effect on the child of the parents' anger was mostly denied. For example, a mother had just described leaving her daughter to cry until 'her [the baby's]

voice was gone'. Asked whether she thought her baby ever felt rejected she replied: 'I don't think so'.

Change over time

The pre- and post-course PDIs were analysed and coded by trained and reliable raters, all of whom were blind to whether the interviews were pre- or post-course. They were also given RF scores. Key changes in the thematic material were explored in qualitative analysis of the transcript. There was a significant increase in the mean overall level of RF from pre- to post-course (Pre: mean = 2.7, SD = 0.88; Post: mean = 3.4, SD = 1.1, Monte Carlo significance on Wilcoxon Signed Ranks test (one-tailed), $p = 0.003$). After the course, mothers were able to reflect more freely on how their emotions and behaviours might affect their infants, and the mothers were able more accurately to attribute their own and their infant's behaviour to internal mental states. Although the sample size was too small to explore this comprehensively, age and gender of infant, age of mother, and whether this was a first-born child, appeared to have no significant influence on the overall change in RF scores. In other words, for this sample, the effects did not appear to be moderated by any obvious variables.

Looking more specifically at the questions that were central to the overall changes in pre- and post-course RF scores, the greatest degree of change appeared in responses to two particular questions. The first asked mothers to reflect upon a positive experience: 'Can you describe a time in the past week or so when you and your child have really "clicked"?' The second question referred to a potentially upsetting experience: 'Does your child ever feel rejected?' Change in RF was recorded in relation to both.

For example, initial responses to the 'rejected' question often involved the mother refuting the notion that their child could feel that way – a definite 'no' being the common answer. This inevitably led to a very low RF rating, as the mother proved herself unable to think about the child's potential mental state. Following the course many of the mothers still replied 'no', but did, however, go on to qualify their response, describing times when the child may potentially feel rejected: 'maybe she feels a bit lost when I leave her'. They also reported behaviours that acknowledged the baby's thoughts and emotions, for example telling their baby where they were going when they left the room, or explaining why they were leaving them for a short while.

The narrative themes in the PDI material before and after were analysed by a researcher blind to the changes in the PDI scores and the timing of the interview. The question was whether the mothers were able to think about the baby, themselves and their relationship in a more realistic and complex way following the course. Analysis of the post-course PDIs revealed that some mothers gave a more vivid, realistic description of their baby than they did during the first PDI, and substantiated their descriptions with more examples. For example, pre-course responses to the question 'What do you like least about your child?' usually consisted of denials, that there was nothing they did not like about the child. After the course, some mothers' need to preserve an idealised image of motherhood was modified and they were able to admit that there were certain things they did not like about their babies, such as when the child was fretting, or when the child woke them up early in the morning. In addition, the relationship itself was

described in more realistic terms, allowing a measure of doubt and mixed feelings to punctuate the idealisations:

The night I came back actually I just felt like . . . usually I know what's wrong with him, I just didn't cause he was just crying, crying . . . he wouldn't have his bottle and I didn't know what . . .

In some cases, the focus of the mother's mind shifted from her own issues towards the child's inner state. For example, a mother was asked to describe her baby with three words. Before the course, she described the baby in relation to herself: 'She is my joy, she brings happiness and joy to me.' After the course, however, she answered: 'She is cheerful, gorgeous and loving.' Although these descriptions are still somewhat idealised, there is clear movement towards seeing the baby as a separate person with her own attributes. In another example, responses to the question '*What do you like most about your child?*' were 'that he smiles' (before the course) and 'to see him happy' (after the course).

In relation to the painful issue of separation, most of the mothers found it hard to let the baby out of the prison and thought that the baby, too, did not enjoy the time apart. Yet, in some cases, following the course, the mothers were able to consider the baby's experience separately from their own and to realise that perhaps the child enjoyed spending time with another member of family.

Discussion

Clearly there are major limitations to the evaluative component of this pilot programme. Results should be interpreted with caution as the sample size was small and the follow-up period was short. Also, without more extensive data from units where no intervention took place, we cannot rule out the possibility that some of the changes discussed are due to effects of time – that mothers have had four or five weeks between the first and second interviews to get to know their baby and their baby's needs more intimately and effectively. Experience with the interview may also be a factor in the increased score. Second, although the post-course RF scores are significantly higher than those pre-course, it must be noted that even these scores are still below what would be categorised as normal levels of RF. However, the results are sufficiently promising to warrant discussion and further inquiry.

Time spent in the MBU is extremely complex in terms of its effect on the mother–baby relationship. It is clear that the event of imprisonment, the very act of being taken to prison – the first days of induction, possible separation from the baby until a place in an MBU is secured, separation from older children and/or partners – is highly traumatic. In many cases, it repeats losses and separations from the mother's childhood. It is also a blow to the mother's self-representation and esteem at a most vulnerable point in her life: early motherhood. The ongoing situation of imprisonment deprives both mother and baby of their normal physical and emotional environments and rhythms of living. For the baby, it also means being separated from other attachment figures who might contribute to his/her experiences of self and other, and yet, at the

same time, there are features of provision and routine in the MBUs that can offer safety, stability and an opportunity to be with the baby – all of which were not always possible ‘on the outside’. As Steward (2005: 9) describes: ‘With a set routine, the company of other women, sympathetic staff and protection from abusive partners, some women thrive in prison.’

The material reported in the PDIs and derived from the analyses of them casts light on the population we have been working with. Material we have analysed from these interviews confirmed our suppositions about the level of emotional deprivation and abuse that these mothers have experienced in their childhoods, the unresolved status of their pain and rage, and the insidious invasion of the past into current relationships with their babies. Using the common mechanism of dramatically dividing ‘good’ from ‘bad’, these mothers try to protect their babies from their own rage and disappointment through the process of idealisation. In parallel, the babies are felt to be crucial in helping them get through their sentences. The shallowness in their representation of their babies and the lack of differentiation between self and baby, echoed in the extremely low ratings for RF, represent the very limited capacity for mentalisation in this often traumatised, group. Low RF is highly correlated with disorganised attachment (Fonagy *et al.*, 1991; Slade, 2005; Slade *et al.*, 2005), as is role reversal (Lyons-Ruth *et al.*, 2005) – indicated in the mothers’ reliance on their babies to rescue them, for comfort, etc.

A further risk factor for the baby that emerges out of the PDIs is the high levels of anger, hostility and negative attributions in the mothers’ discourses. These emotions, perceptions, expectations and described behaviours clearly form part of the mothers’ internal working models. Although denied in the mothers’ reports, we captured on video many interactions between mother and child that meet Main and Hesse’s (1990) criteria for frightening behaviours, and negative-intrusive behaviours outlined in the *Atypical Maternal Behavior Instrument for Assessment and Classification (AMBLANCE; Bronfman et al., 1999)* – both coding systems that look for maternal behaviours associated with disorganised infant attachment.

The *New Beginnings* programme is structured to offer this high-risk population a ‘thinking and behaving space’ where entrenched attitudes and ways of relating can be reviewed. Capitalising on the developmental pull and the particular timing of maturational attachment processes (Panksepp, 2001; Schore, 2003) and on the specific benefits of the setting, *New Beginnings* addresses crucial impingements on the mother’s internal world, impingements that distort her bonding with her baby. *New Beginnings* also uses the group to help mothers reflect on and model other perspectives. Essentially the programme is a model of increasing mentalisation and use of thought for trial action. For this reason, its focus is on the unconscious and implicit domains of the mind. Furthermore, the programme privileges work with representations and modes of relating that are part of the mother’s personality structure, and which could pose a risk to the baby’s normal development under many circumstances, let alone under the stressful circumstances of imprisonment.

The results of the preliminary study suggest that the *New Beginnings* course does benefit some women and babies. The RF analysis showed that there was a significant increase in the mothers’ ability to think about their own internal states and those of their babies after the course. The qualitative analysis gave further insight to the areas in

which change, when it occurred, took place. One is that of their defensive idealisation, which gave way to a more complex, multi-dimensional depiction of themselves and their babies in relation to each other.

A second area in which change took place was in a shift towards understanding the baby as a person with a separate, and therefore different, mind. There were indications that after the course some mothers perceived that while they may feel one way, their baby could feel differently.

We hypothesise that a number of factors may have played a role. The facilitators constantly model to the mothers and the babies an alternative way of being with the other in which an empathic, reflective stance is the locus of the relationship. For many of the mothers this may be a powerful experience of being heard, understood and cared for – a procedural corrective emotional experience (Beebe *et al.*, 2005). Also, through the nascent elucidation of their internal working models of attachment, some of the mothers' negative transferences and attributions to the baby and projections of repudiated aspects of the self (Fraiberg, 1980; Silverman and Lieberman, 1999) may have been modified. This was, for some, facilitated by the group format, which helped to 'normalise' aspects of their inner world that are normally kept hidden. Talking within a group enabled sharing, checking out and de-stigmatising of 'bad' feelings, thoughts and fantasies.

There remains a question, however, about those for whom there was no change. Comparison of the PDI material of those mothers whose level of RF improved over time and those whose didn't suggests that psychological rather than demographic factors may play a role. For example, when analysing change in RF the subgroup of mothers facing separation from their babies (total of five) compared with the subgroup of mothers who were not facing separation (total 10), we found that mothers with impending separation showed *no* significant difference in RF after the intervention, whereas mothers not separating showed a significant difference in RF after the intervention. These numbers are too small to draw definite conclusions, but the question of what enables some women to engage well and benefit from the intervention and not others is of great clinical importance, and it warrants further investigation.

A second phase of the programme has now been introduced through a partnership between the AFC and HM Prison Service. The design of the course and its evaluation protocol have been refined in light of the experience of the pilot phase. Through longer-term evaluation, we hope to address the question of for whom this model can make a difference. We also hope to identify those dyads that are unable to make use of the programme in the way that we would hope for, and what should be done to further sensitise the programme to their needs.

Tessa Baradon
The Anna Freud Centre
21 Maresfield Gardens
London NW3 5SD
 UK

e-mail: tessabaradon@annafreud.org

Peter Fonagy
Sub-Department of Clinical Health Psychology
University College London
Gower Street
London WC1E 6BT
UK
e-mail: p.fonagy@ucl.ac.uk

Kirsten Bland
The Anna Freud Centre
21 Maresfield Gardens
London NW3 5SD
UK

Kata Lénárd
Department of Psychology, University of Pecs, Hungary
Her work was supported by the Eotvos Scholarship,
the Hungarian Fellowship Committee

Michelle Slead
The Anna Freud Centre
21 Maresfield Gardens
London NW3 5SD
UK

Notes

1. The issue of separation has been debated and challenged in many countries where babies are allowed to remain with their mothers in prison. When constructing the *New Beginnings* programme, a decision was made (by the first author) to work with the experience of the mothers and babies in the system as it currently operates and not to adopt an adversarial role regarding the ethics of separation. This article has been written in similar vein. However, since the programme has been running the team has been invited to work also with the staff in some Units around issues of attachment and separation.
2. Excepting activities such as baby massage, it is unusual for there to be dedicated activities or programmes for mothers and babies together in the Units.
3. Two mothers who participated in the course did not complete the research arm.
4. Initially prison visitors experienced in running New Bridge's 'Family Matters' courses in prisons were recruited to facilitate the *New Beginnings* programme and received a 'top-up' in Parent Infant Mental Health. It was concluded that this was not sufficient grounding for the *New Beginnings* course and therapeutically trained facilitators were recruited.
5. The work of the facilitators and relationships with them will be discussed in a forthcoming paper.

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