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MOTHERS' EXPERIENCES OF THE UBUBELE MOTHER-BABY HOME VISITING PROJECT

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DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: _____ Date: _____

ABSTRACT

The quality of the mother-infant relationship, and its effects on the development of the child has been covered extensively in the literature. Infants who experience sensitive and reliable care from their caregivers are more likely to develop secure attachment styles, which positively influences their ability to develop long and meaningful relationships in the future, as well as function healthily in their environments. Developed countries have been successful in creating interventions to improve mother-infant relationships and infant attachment, and there is a need for developing countries, such as South Africa, to adopt and tailor these interventions to suit their unique cultural needs. A project that has been piloted in Alexandra township in Johannesburg, the Ububele Mother-Baby Home Visiting Project, is one such intervention. It was considered important by the Ububele team to try and gain a better understanding of how the project was experienced and perceived by mothers who participated in it. This current research aims to do so by exploring the mothers' experiences of the project, under three overarching themes: (1) the mothers' experiences and perceptions of the project; (2) mothers' experiences and perceptions of the home visitors and (3) the mothers' experiences of the home visits. It was hoped that by exploring these experiences of the mothers, key areas that may have contributed to both the successes and failures of the project could be identified and considered for future projects. The form of the data consisted of eight semi-structured interviews of mothers who had completed the project, which were then interpreted and analysed to identify prominent themes. The results indicated that the project was generally well received by the mothers, who perceived it as a beneficial support system. Suggestions regarding some of the possible factors to consider when carrying the project forward or implementing a similar project in the future are provided.

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CHAPTER 1: INTRODUCTION

1.1 Introduction to the study's research aims and methodology

The aim of this research project was to explore the experiences and perceptions of mothers who participated in the Ububele Mother-Baby Home Visiting Project in Alexandra Township, Johannesburg. This was done by analyzing the transcriptions from semi-structured interviews that were conducted with mothers after they had completed the 10 week home visiting programme. Analysis of the transcriptions was conducted through a psychoanalytic lens, which was consistent with the theoretical underpinnings of the project itself. Three specific areas of the project were identified for analysis, and formed the overarching areas of focus. These areas of focus included: the mothers' perceptions and experiences of the project, their perceptions and experiences of the home visitors, and their perceptions and experiences of the home visits. In addition to the exploration of the above mentioned areas of focus, space was allowed for the mothers' conscious and unconscious feelings, fears and wishes to emerge and be incorporated into the analysis. The relationship between mother and infant, and the possible changes in that relationship as a result of the project, was considered important and included in the analysis. It is hoped that the study represents the true, lived experiences of the mothers who participated in the Ububele Mother-Baby Home Visiting Project.

1.2. Background and rationale to the study

1.2.1. Infant development research in developing countries

Although the majority of newborn infants are born into low income or "developing" countries each year, only 4% of major journals were found to address the experiences of these infants (Tomlinson & Swartz, 2003). This imbalance in knowledge about infancy is serious (Tomlinson & Swartz, 2003), and efforts need to be made to address the possible issues concerning infancy in lower income countries. In South Africa particularly, recent research has shown significant rates of attachment problems between mothers and infants (Tomlinson, Cooper & Murray, 2005), as well as a high prevalence of post-partum depression among mothers (Tomlinson, Cooper, Stein, Swartz & Molento, 2006). Developed countries have been successful in creating interventions to improve mother-infant relationships and infant attachment (Cooper, Tomlinson, Swartz, Woolgar, Murray & Molento, 1999), and there is a need for developing countries to adopt and tailor these interventions to suit their individual

specific needs. Internationally, home visiting projects have proven effective, and similar projects have been piloted in South Africa. These projects include one in Khayelitsha, Cape Town (Tomlinson et al., 2006) and the ongoing project in Alexandra, Johannesburg, around which this study is based. Although a large number of efficacy studies have been conducted around early intervention programmes internationally (Sweet & Appelbaum, 2004), very few of these programmes have included qualitative studies around the experiences of the programmes' participants. This study hopes to contribute to the literature in this regard.

1.2.2. The Ububele Mother Baby Home Visiting Project

Alexandra was established in 1912 and was, at that stage, one of the few urban areas in South African where black residents could own land under a freehold title. Throughout the years Alexandra grew from a small township into a residential area that currently has close to 166 000 residents occupying a total area of around $8km^2$. This area has been the site of many uprisings over the years, including the 2008 xenophobia attacks. Alexandra has a history of overcrowding and is characterized by high levels of poverty, crime and unemployment (Wilson, 2003). The Ububele Educational and Psychotherapy Trust is a non-governmental organization operating in Alexandra. This NGO offers psychological services to the community of Alexandra and a number of training services to mental healthcare workers, focusing on early childhood. These services are informed by a blend of Western psychoanalytic thinking and African indigenous knowledge systems. The centre is home to a variety of psychotherapeutic projects, such as: a therapeutic nursery school, the persona doll project and the Ububele Umdlezane parent-infant project (UUPIP). The Ububele Mother-Baby Home Visiting Project falls under the UUPIP project and is based on a Khayelitsha study which found that unqualified, community-based women could be trained as home visitors and make a significant difference in mother-infant relationships and attachment in a lower income community (Cooper, Landman, Tomlinson, Molento, Swartz & Murray, 2002). The Ububele home visiting project was initially piloted with 71 mother-infant dyads with the hope of promoting maternal sensitivity, infant emotional and cognitive development, and the management of maternal postnatal depression. Six women from the Alexandra community were trained as home visitors and employed to visit an experimental group of 42 dyads on a weekly basis for a period of 10 weeks. Over the 10 weeks, the home visitors observed the way in which mothers interacted with their infants, and focused on supporting the mothers and the mother-infant relationship. They were tasked with creating an environment where the

mothers could freely and openly talk about their experiences around being a mother. The mothers were encouraged to explore their relationships with their babies, in ways that may have seemed unfamiliar to them, and treat their children as separate individuals with their own growing personalities. The programme was evaluated by Dr. Mireille Landman at the end of 2012 and a number of changes have subsequently been made to the programme, which is now in its third year.

A quantitative study is currently being conducted into the general efficacy of the Ububele home visiting project, however, in order to gain additional, in-depth insights into the same project, a qualitative research element was needed. This study hopes to provide the beginnings of these more in-depth understandings of the project from the subjective perspectives of the mothers' involved. The narrative nature of this research allowed the researcher to describe and interpret the lived experiences of the participants (Gravetter & Forzano, 2012), and therefore to provide a clearer understanding of these individuals' experiences. By examining different elements of the project, from the perspectives of the mothers, the intervention can be more intricately refined, thus contributing to a possible increase in future programme adherence and effectiveness. It is also important to note that a similar qualitative research element was not included in previous studies concerning the effectiveness of home visiting projects in South Africa. The incorporation of both quantitative and qualitative methodologies provides a more holistic understanding of the research in that it allows the researcher to quantify variables as well as explain them (Barnes, 2012).

CHAPTER 2: LITERATURE REVIEW

The link between the caregiver-infant relationship and attachment style has been well documented over the years. Beginning with Bowlby's earliest writings on attachment theory (1973; 1980), researchers have expanded on the literature over the past 30 years and more recently focused on the concept of reflective function within the caregiver-infant relationship and on postnatal depression, and the effects these may have on the development of attachment styles in infants (Fonagy, Gergely, Jurist & Target, 2002; Tomlinson, Cooper & Murray, 2005). It is well known that insecure attachment styles are a precipitating factor for future pathologies, and that early intervention with at-risk caregiver-infant dyads can help instill healthier behaviours that continue to develop throughout life (Sweet & Appelbaum, 2004).

A popular intervention that has been implemented in hopes of nurturing the caregiver-infant relationship is that of home visiting projects (Brookes, Summers, Thornburg, Ispa & Lane, 2006). There have been two home visiting programmes focusing on the parent-infant relationship in South Africa programme (Bain, Esterhuizen, Frost & Hsiao, 2014; Tomlinson et al., 2005). This chapter will begin with a broad overview of attachment theory, focusing on the relationship between infant and mother. Concepts of maternal sensitivity and reflective function will be explored within the context of this relationship. Literature around postnatal depression will then be reviewed, specifically within the South African context. The literature around home-visiting projects is also covered, with a focus on the mother-home visitor relationship. For the purpose of this research, the primary caregiver will be referred to as the mother, although it is noted that there are opportunities for infants to develop similar relationships with other primary caregivers, such as fathers.

2.1 The mother-infant relationship

According to attachment theory, ways in which individuals respond to certain life events and the development of psychopathologies are related to earlier experiences and the quality of mother-infant relationships (Senior, 2009). Factors that influence mother-infant relationships include maternal sensitivity, postnatal depression, and poverty, amongst others (Ainsworth,

1979; Atkinson et al., 2005; de Wolff & van Ijzendoorn, 1997; Diener, Nievar & Wright, 2003; Tomlinson et al., 2006). There is substantial evidence to suggest that the quality of the mother-infant relationship results in a particular way of communicating and interacting with others, known as a pattern of attachment, and this pattern of attachment is consistent into adulthood (Ainsworth, 1979; Bowlby, 1969; 1973; 1980; 1988; Hamilton, 2000; Main, 1995; Senior, 2009).

The clinical observations of John Bowlby highlighted the importance of mother-infant relationships and the impact these have on the future development of the child (Bowlby 1969; 1973; 1980). Bowlby (1944) looked at the developmental impact on children who had been separated from their parents for long periods of time, and his work with these particular children led him to believe that early disruptions in the mother-infant relationship resulted in a range of emotional and behavioural problems. He believed that, like other primates, humans have developed an evolutionary-adapted behavioural system that allows the infant to safely explore their environment, by maintaining close proximity to their mother through the use of certain attachment behaviors (Bowlby, 1969). These attachment behaviours include babbling, laughing and gurgling (Senior, 2009). The reciprocating behaviours of the mother strengthen the attachment behaviours of the infant towards her (Fonagy et al., 2002). Infants learn from an early age which attachment behaviors may or may not prompt care and protection from their mothers (Senior, 2009). Bowlby (1973, p.203) hypothesized that these learnt patterns of behaviours develop into representational systems, which he termed “working models”, within the infant. Bowlby (1988) maintained that, although attachment behaviours were most noticeable in early childhood, they were observed throughout the lifecycle of an individual, especially in emergencies. Studies by Hamilton (2000) and Main (1995) further highlighted this point by illustrating a 68-75% correspondence between attachment patterns in infancy and attachment patterns in adulthood. In times of stress, or emergency, internalised patterns of attachment serve as either protective or precipitating factors in the development of psychopathology. These patterns of attachment also extend into parenting and influence the way that mothers interact with their infants (Fraiberg, Adelson & Shapiro, 1975; Bretherton, 2006, Simpson, 2014). It is believed that unresolved trauma within the mother influences the way in which they interact with their children, with Fraiberg et al. (1975, p.388) going so far as to say that mothers are “condemned” to repeat these unresolved trauma which then lead to insecure attachment styles. The Ububele Mother-Baby Home Visiting Project, and the

majority of other early intervention programmes aim at interrupting the transmission of these insecure patterns of attachment.

Expanding on the work of Bowlby, Ainsworth (1979) later developed a laboratory procedure called the *Strange Situation Experiment* to explore these attachment behaviours, and the impact of maternal responsiveness on infantile behavioural patterns. Through the *Strange Situation*, Ainsworth was able to distinguish three primary organised patterns of attachment: (1) secure attachment, (2) resistant attachment and (3) avoidant attachment (Ainsworth, 1979). Resistant and avoidant patterns of attachment can be placed within the broader category of insecure attachment. Securely attached children will use their mothers as a secure base, and develop the confidence to explore the world around them knowing that they will be helped and protected if needed. In early to middle childhood, children who have had secure attachments at an early age tend to have better peer relationships and find it easier to adjust to new environments (Schneider, Atkinson & Tardiff, 2001). As adults, these same individuals tend to have an optimistic view towards life and a positive self-image (Senior, 2009). They also tend to be able to deal with both everyday stressors and extreme levels of physical and psychological threat more effectively, and with more contained negative emotional responses (Mikulincer, Horesh, Eilati & Kotler, 1999).Studies have shown that securely attached children develop into adults that seem to be able to develop more constructive coping strategies and seek support from others in times of need (Mikulincer & Florian, 1998).

On the contrary, insecurely attached children are often anxious and cannot use their mothers as a secure base from which to explore the world (Senior, 2009). Adults who have adopted insecure attachment patterns may be more vulnerable to stressors in life (Carlson & Sroufe, 1995) and be prone to developing relationships with others which are not supportive and easily disrupted (West, Livesley, Reiffer & Sheldon, 1986). A recent study by Seedat, Stein, Jackson, Heeringa, Williams and Myer (2009, p.376) indicated that 25.9% of South Africans reported experiencing a “global negative life event”, including being a victim of serious crime, in the last 12 months prior to being interviewed. This high prevalence of stressful life events illustrates the importance of healthy and effective coping strategies amongst the South African population.

2.1.1 Maternal sensitivity and reflective function

Maternal sensitivity can be defined as a mother's ability to perceive and respond promptly and accurately to her child's signals (Evans, Moran, Bento & Pederson, 2007). The links between maternal sensitivity and attachment style have been documented extensively in the literature with the general consensus being that the more sensitive a mother is to her child's needs the more likely a secure attachment will form between them (Ainsworth, 1979; Atkinson et al, 2005; Beckwith, Cohen & Hamilton, 1999). A subject that is closely linked to maternal sensitivity is one of maternal reflective function.

Fonagy et al. (2002, p.1) describe reflective function as "the capacity to envision mental states in self and others". It is through this process of reflection that we "make sense" of each other and come to understand that other people have their own minds, and are driven by their own thoughts, desires and wishes (Fonagy & Target, 2003). The ability to envision the mental states of the self and others is a key determinant of self-organisation, and is acquired in the context of early mother-infant relationships (Fonagy et al., 2002). Mothers with high reflective functioning are able to view their infants as separate from themselves with their own thoughts, wishes and desires. The reciprocal nature of the mother-infant relationship means that as the mother acknowledges the infant as separate from herself, so the infant comes to realise that they have a mind independent of their mothers (Grienenberger, Kelly & Slade, 2005). This realisation influences the way in which they eventually come to experience the world and the development of a sense of self (Fonagy et al., 2002). Mothers who cannot understand and reflect on their infants' inner state of mind, affects and resulting behaviours, deprive them of a core psychological structure which is needed for the development of the self (Fonagy et al., 2002).

2.1.1.1 Role reversal: Links to decreased maternal sensitivity and reflective function

Theorists have noted a particular dynamic in the mother-infant relationship, where, in certain dyads, the emotional needs of the mother dominate over the needs of the infant (Kabat, 1996). Kabat (1996) continues to state that in some cases, mothers who had not had their own needs meet as an infant, begin to use their own children as selfobjects to meet those needs. As a result of this need to have her own needs met by the infant, a role reversal between mother and child may occur where the child behaves like an adult towards the parent (Bowlby, 1988; Main et al., 1985; Solomon, George & DeJong, 1995; Wartner et al., 1994).

Kerig (2003) describes role reversal between mother and child in terms of mothers relinquishing power and placing that power, and the inappropriate expectations associated with that power, onto the child. In this way, role reversal constitutes a form of boundary dissolution and may thus lead to a pattern of disorganized attachment between mother and infant (Macfie, Fitzpatrick, Rivas & Cox, 2008). As stated above, research has shown a relationship between disorganized attachment between mother and infant and maternal sensitivity and reflective function, with the mother being less sensitive and lees able to envision their infant as an individual separate from themselves in dyads with a disorganized attachment (Ainsworth, 1979; Atkinson et al, 2005; Beckwith et al., 1999; Fonagy et al., 2002)

2.1.2 Maternal reflective function and "play"

The development of mentalisation in children depends on the mother's ability to enter the imaginary world of the child, while at the same time maintaining reality distinctions (Slade, 2005). A common way in which mothers can engage with the imaginary world of their children and remain fixed in reality is through play. When engaged in play, both the mother and infant exist in a transitional space between their inner and outer realities (Winnicott, 1971). In effective reflective functioning programmes, parents were encouraged to observe their children playing in the hope of becoming aware of some of the emotions, thoughts and desires that underlie their children's behaviour (Slade, 2005). It was through this awareness, and the later participation in activities such as tea parties and blowing bubbles, that parents reported becoming more observant and appreciative of their children's experience (Slade, 2007).

Important when thinking about play between mother and child is the capacity for it to create an "as-if" experience, where mother and infant can begin to think about themselves in relation to the other person (Bram & Gabbard, 2001). Bram and Gabbard (2001, p.693) continue to illustrate how they feel reflective function and play, or potential space, are mutually facilitative in the sense that: (1) potential space cultivates reflective functioning by creating a space for the individual to learn the "how-to" of relatedness, which becomes the basis of reflective functioning; and (2) the greater the availability for reflective functioning in one or both members of the dyad, the greater the likelihood that potential space will develop.

It would seem as if through observing and interacting in their children's play, mothers are offered an opportunity to think what the experience may be like for their children and how their own behaviours may or may not differ in the same circumstances. The mother's own way of interacting or playing in a similar situation could be linked with an attachment style developed during infancy and maintained throughout adulthood.

2.1.3 The transition into motherhood

Stern (2006, p. 171) believes that with the birth of a baby, the mother passes into a new and unique psychic organisition, which he calls "the motherhood constellation". The motherhood constellation is characterized, by Stern (2006), as a temporary yet profound realignment with the mothers own perceptions of her caregivers, where Oedipal complexes are pushed aside to make space for the mother to think about herself in relation to her own mother as well as herself in relation to her new infant. With the arrival of the infant a new psychic triad develops, that of the mother's mother-mother-infant and, when interacting with her infant, a mother is reminded of her own experiences of being cared for by her mother, which in turn influences the way she interacts with her own infant through the reorganization of her own identity as daughter and mother (Stern, 1998).

During this stage, which can last months to years, several themes begin to emerge for the mother, namely: (1) Can she maintain the life and growth of the baby? The *life-growth* theme; (2) Can she emotionally engage with the baby in her own authentic manner, and will that engagement assure the baby's psychic development toward the baby she wants? The *primary relatedness* theme; (3) Will she know how to create and permit the necessary support structures to fulfill these functions? The *supporting matrix* theme, and (4) Will she be able to transform her self-identity to permit and facilitate these functions? The *identity reorganization* theme. Each of these themes involves a group of ideas, wishes, fears, memories and motives that will influence the mother's own feelings, interpretations and behaviours, in turn influencing her relationship with her infant (Stern, 1998).

2.1.3.1 Support during the transition into motherhood

The *supporting matrix* theme requires further mention as it is unavoidable for all mothers, given the great demands that both the baby and society place on the mother, without "providing her with the necessary preparation and means to accomplish them" (Stern, 2006,

p. 177). Stern (2006) distinguishes between the two main roles of the traditional supporting matrix in helping mothers overcome these demands: (1) to protect the mother physically, to provide for her vital needs and to buffer her from the external environment so that she can focus on the infant; and (2) in a more psychological and educative way, make the mother feel accompanied, valued, appreciated and aided. He places particular emphasis on the educative function of the supportive matrix stating that "learning to parent is at best an apprenticeship" (Stern, 2006, p.177). As the mother was, presumably, primarily parented by a female (her own mother), Stern (2006) believes that she will need and seek out a maternal figure as a crucial part of the supporting matrix when she has her own child. This links to Dugmore's (2013) idea of the grandmaternal transference.

Dugmore's (2013) hypothesis about the development of a grandmaternal transference developed out of her work with mothers and infants in parent-infant psychotherapies, and introduces the idea of the therapist *third* representing a grandmaternal rather than parental figure in the transference. Stern (2006) believes that the idea of a third, or substitute parental figure, can be of great importance therapeutically, especially when this substitute is able to make up for negative experiences with the parents. He continues to state that in such cases, it can be helpful to identify positive parenting experiences with these substitute parental figures that can then be used therapeutically as alternative models to influence and possibly modify the parent-infant relationship (Stern, 2006). Dugmore (2013) highlights three separate incidences where the recognition of grandmaternal transference in the therapy space allows for effective psychotherapy. She states:

> To recognize the grandmaternal transference allows for the prioritising (and shifting) of a preferred port of entry in healing or strengthening the mother–child relationship: accessing the mother–infant/child couple via the mother–therapist relationship; focusing on the child's communications (particularly play) as meaningful via the child–therapist relationship; or working with the mother–infant/child interaction via the mother–child–therapist relationship (Dugmore, 2013).

2.2 Attachment theory within the South African context

In developing countries, factors such as violence, poverty and instability may directly affect the parent's capacity to be responsive to their child, and thus result in a higher prevalence of insecure attachment (Tomlinson et al., 2006). Coupled with the idea that insecure attachment is linked to difficulties in moral development and the capacity for empathy (Fonagy & Target, 2003), it is clear why this topic is particularly relevant within the context of South Africa's high violent crime rate. According to Lockhat and Van Niekerk (2000) 40% of children living in Khayelitsha, who were exposed to violence at a young age, were found to have one or more psychiatric disorders. Tomlinson, Cooper and Murray (2005) found that 38% of infants living in Khayelitsha were insecurely attached, and while the study's findings regarding insecure attachment are comparable to other international populations, the higher prevalence of disorganized attatchment, in particular, in this sample illustrates the link between insecure attachment, impoverished living conditions, crime and psychopathology.

In another local attachment study, 51 mother-child dyads living in townships in Johannesburg were assessed on their attachment patterns. The study illustrated that 67% of children assessed were found to have insecure attachments (Minde, Minde & Vogel, 2006). This study suggests that attachment problems are prevalent in some high-risk South Africa communities, and that a home visiting project addressing the issues of maternal sensitivity in these areas could lead to more secure attachments between mother and infant. What was interesting to note in the above mentioned study is the fact that children in African communities are often evaluated and valued more according to their communal rather than their individual characteristics (Minde et al., 2006). This influenced the rating of attachment, which was carried out using a Western developed measure of attachment. This suggests that cultural phenomena influence attachment behaviours between mothers and children and supports the inclusion of a qualitative exploration of South African mothers' experiences of a western-based intervention aimed at improving attachment, as this may provide further essential understanding of these cultural nuances.

2.2.1 Postnatal depression in South Africa

Kearns, Neuwelt, Hitchman and Lennan (1997, p.296) state that although pregnancy and childbirth are popularly thought of as positive events in the life of a woman, they can be

profoundly “stressful”. Parfitt and Ayers (2009) continue to state that the transition into motherhood is a difficult time that involves major physiological, psychological and social adjustments that may have adverse effects on maternal mental health. The introduction of an infant into the home results in the redefinition of roles and a change in everyday behaviour for the family, both of which can influence the development of postnatal depression in mothers (Kearns et al., 1997).

Factors that have been shown to increase the likelihood of postnatal depression include genetic vulnerabilities, hormonal changes, insufficient social supports, life stressors and nutritional deficits (Miller & LaRusso, 2011). Many of these factors are more prevalent in lower socioeconomic communities and communities living in impoverished living conditions. In a recent study by Statistics South Africa (Lehohla, 2013), 58.6% of females in South Africa were said to live in poverty, and the adverse consequences of poverty have been linked to increased levels of postnatal depression (Tomlinson et al., 2005).

Tomlinson et al (2005) found that 35% of South African mothers living in the peri-urban settlement fitted the criteria for post-partum depression, and it is known that depressed mothers are significantly less sensitive to their infants’ needs (Cooper et al., 1999). Depressed mothers are less likely to breastfeed, interact with their children in a playful way and implement infant safety practices (Miller & LaRusso, 2011). Postnatal depression has also been shown to result in unresponsive and intrusive mothers (Tomlinson et al., 2005), both of which are factors that can result in insecure attachment styles. In addition to the development of insecure attachment styles, postnatal depression in mothers has also been linked to vulnerabilities with the infant’s cognitive development, with infants of depressed mothers being at a higher risk of cognitive delay between the ages of 15 months and 2 years (McFadden & Tamis-LeMonda, 2013).

2.2.1.1 Support as a protective factor against postnatal depression

Studies have shown that lack of social support is an important risk factor in the development of postnatal depression, whereas strong social support systems within the community tend to act as a protective factor against depression during the postpartum period (Xie, He, Koszycki, Walker & Wen, 2009). Support during the postpartum period is of particular importance, as it was also shown in the Xie et al. (2009) study that depression rates were 3.38% for women

with higher levels of prenatal support compared to 9.64% for women with low postnatal support. A mother's experience of being able to ask others for advice and having a sense of companionship during the first three months after the birth of their child helps reduce stressful symptoms after birth and the development of postnatal depression (Kearn et al., 1997).

Unfortunately, South Africa's high level of stress amongst mothers may indirectly influence infants by adversely affecting the relationship between the mother and her immediate support systems (Belksy, 1984; Burchimal, Follmer & Bryant, 1996). There may however, be a supportive factor weaved into the social fabric of South Africa, the idea of Ubuntu. The Xhosa proverb *Umtu ngumtu ngabantu* means: "A person is a person because of another person", and is a notion that is common to all African traditional cultures (Berg, 2003). In South Africa, "Ubuntu" and the idea that responsibility for the safety and development of infants and children in the community is collective in nature, serves as a form of social support for mothers and a possible protective factor against the development of postnatal depression (Tomlinson et al., 2005, p. 1051; Berg, 2003). In addition, the communal nature of many of the communities within South Africa, and the close dwellings in these communities, may mean that some of the adverse social consequences of poverty mentioned above do not arise (Tomlinson et al., 2005). The implementation of a home visiting project, where a lay counselor acts as another form of social support following the birth of a child, may aid in ameliorating the high rates of postnatal depression found in these populations and may contribute toward healthier mother-infant relationships for the above mentioned mothers.

In further research, the correlation between perceived social support at home and the engagement with progammes aimed at supporting the mother-infant relationship were explored, with Brookes et al. (2006) illustrating that the more perceived social support a mother has the more likely she is to engage with intervention programmes. They hypothesize the link between engagement and social support to the ability of the mothers to develop lasting and meaningful relationships with those around them, surmising that mothers with greater support systems can more easily form relationships and will therefore form a meaningful relationship with the home visitor (Brookes et al., 2006). This suggests that mothers who most require support may struggle to establish a meaningful relationship with a home visitor and thus, places a great deal of emphasis on the relationship between mother and

home visitor for the overall success of the intervention. This will be discussed further, later in this chapter.

2.3 Parent-infant psychotherapy in South Africa

Internationally, parent-infant psychotherapy is well recognized and regarded as a particular treatment model within the broader field of child psychotherapy (Barrows, 1997; Stern, 1998). The first major development of the field can be credited to Selma Fraiberg (1975), who introduced the term and incorporated infant mental health intervention training into the Department of Psychiatry at the University of Michigan in 1973 (Dugmore, 2011). The ground-breaking work of parent-infant psychotherapy as practiced by Fraiberg and colleagues (1975) is considered the seminal paper in the parent-infant field (Dugmore, 2011).

In South Africa the field is slowly developing and expanding, yet has not achieved the degree of awareness and recognition it commands internationally (Dugmore, 2013). This may be due to a number of reasons, including (1) an absence of any formal training for South African mental health professionals interested in working in the parent-infant field, and (2) disparities in the distribution of government resources between public health care, private health care and NGO health services (Dugmore, 2013). To give greater context to these disparities, 48.5% of the National Treasury's 2011 budget for healthcare was distributed to the private sector which accounts for only 16.2% of the population. The remaining 49.2% and 2.3% was split between the public sector and NGO's respectively. Traditionally, parent-infant interventions have been developed in association with and offered through government funded health services, which makes the implementation of such interventions that much more difficult in South Africa (Dugmore, 2011).

However, despite the above mentioned disparities in the allocation of resources, the South African field has developed without public health support with the majority of services being offered by NGO's and practitioners in private practice (Dugmore, 2011). With the help of international expertise, particularly from the London based Tavistock Clinic, a handful of passionate South African practitioners continue to develop the field of parent-infant psychotherapy in the country (Dugmore, 2011). Dugmore (2011, 2013) has written extensively on the development of parent-infant psychotherapy in South Africa, and attributes

much of the development to Astrid Berg's continual translation of predominantly international interventions into culturally sensitive South African parent-infant psychotherapies.

2.3.1 Transplanting Western ideologies into a South African field

Berg (2002; 2003) has highlighted and addressed particular difficulties with translating, or transplanting, Western parent-infant practices into the South African field. In her 2002 examination on parent-infant psychotherapy in a multicultural society, Berg describes the many challenges South African psychotherapists face on a daily basis. She states:

> In contrast to European and North American countries, western culture, although dominant in some areas, is the minority position numerically in South Africa. Despite this, professional training has been grounded in formulations that originated in the western world, where the emphasis is on the individual and the rational, the scientific and the body-mind duality. We have to be aware that this is but one model of the mind, and not the only model, nor necessarily the only *right* or *better* one (Berg, 2002).

Berg (2002, p.276) continues to explore the importance of ancestry in the South African community and how the reverence for the ancestors plays a significant role in the mother-infant relationship due to the collective images of "those who have gone before" that form the basis of the parental roles. Although the role of ancestry in mother-infant relationships is not within the focus of this study, it is important to note how the works of Berg (2002, p.276) have shaped and developed the field of parent-infant psychotherapy in South Africa owing to "look[ing] beyond the [mother-infant] dyad in the consulting room".

In conclusion Berg (2002) lists the following factors that she feels are essential in any intervention implemented across cultural lines: (1) team work with persons from the community who speak the language and are familiar with the cultural traditions and attitudes; (2) consistent an reliable presence and attendance in the community clinic and (3) an openness to the other culture with an awareness of the relativity of one's own culture. One particular intervention that can be argued to have implemented all of the above, in some form or another, is that of home visiting projects.

2.4 Home visiting projects, internationally and in South Africa

As mentioned previously, problematic behaviours and psychopathologies that develop later in life are often a result of poor early mother-infant relationships (Senior, 2009), and are more difficult to change or treat as the individual grows older (Sweet & Appelbaum, 2004). It is then assumed that it is best to intervene during early childhood so that healthy behaviours, and their associated positive outcomes, are instilled early on in the child's life and continue to develop through their lifespan (Sweet & Appelbaum, 2004). A popular intervention that has been implemented in hopes of nurturing the mother-infant relationship is that of home visiting projects (Brookes et al., 2006).

Home visiting projects have been providing services to families for many years, with the first published documentation dating back to the 1880's (Sweet & Appelbaum, 2004). In a study conducted by Gomby, Culross and Behrman (1999), it was estimated that more than 200 000 families were enrolled in home visiting projects in the United States alone. These projects are, however, not isolated to the United States, and have been implemented in various other countries, including the United Kingdom (Moss et al., 2011) and South Africa (Tomlinson et al., 2006). Although the numerous projects across the globe aim to target different aspects of early mother-infant relationships, they are all linked by three common aspects: (1) home visits are the chosen method of service delivery, (2) the central goal of all the projects is helping children by helping the caregiver / mother, and (3) they all focus on younger children (Sweet & Appelbaum, 2004). The underlying premise of all home visits is also the same, and is that the child's wellbeing depends on the wellbeing of their parents (Brookes et al., 2006).

From the Wendland-Carro, Piccinini and Millar (1999) study the importance of an early intervention in enhancing mothers' sensitive responses to their infants is highlighted. The Moss et al. (2011) study also highlighted improvements in parental sensitivity and a reduction in attachment disorganization after the initial home visits, while the van Doesum, Riksen-Walraven, Hosman and Hoefnagels (2008) study took this a step further to highlight the fact that the improved attachment styles witnessed after the home visits did not deteriorate after the completion of the intervention. This on-going effect (van Doesum et al., 2008) is an important factor for developing countries, like South Africa, that may not have the

infrastructure and capital to run the intervention for long periods of time or to follow up with dyads on an on-going basis.

Other than findings of the prevalence of insecure attachment styles in South African townships, Minde et al. (2006) found that the likelihood of secure attachment increased with the number of other available supports to the mother. These supports included neighbors and extended family, and can be said to create a positive holding environment where the mother feels validated, encouraged and supported (Stern, 2006). The creation of a positive holding environment is important for the maternal health of the mother and the development of a secure mother-infant attachment. Creation of a positive holding environment relies on effective techniques and a good relationship between mother and home visitor (Stern, 2006). The success of previous, international home visitor projects may therefore be due to the fact that members from the community were selected as home visitors and were therefore not viewed as outsiders (Cooper et al, 2002).

Studies on home-visiting in South Africa have shown that the introduction of a home-visitor intervention can have positive benefits for both maternal responsiveness and the children's emotional development (Cooper et al., 2002; Tomlinson et al., 2006). These studies were conducted on a home-visiting project run in Khayelitsha, an area that has been historically disadvantaged, and illustrate the importance of similar community-based interventions being offered in lower income areas in the future. In the Khayelitsha home-visiting project, members from the community were selected and trained as home visitors, which stands in contrast to many international programmes where the visits are conducted by professionals or paraprofessionals.

2.4.1 The home visitor-mother relationship

In certain interventions that aim at improving mother-infant relationships, a "home visiting model" has been applied where trained professionals or paraprofessionals offer services to mothers of a specific community in their homes, at agreed upon intervals over an agreed upon time frame (Brookes et al., 2006, p. 25).

According to Brookes et al. (2006, p. 26) there have been mixed results regarding the effectiveness of the model of service delivery, but one element that has gained considerable

interest over the last few years is that of the "affective relationship" between the home visitor and the mother. Many studies have shown that the relationship between the mother and the home visitor has implications for the overall success or failure of the home visiting project, and is therefore a critical element of study (Brookes et al., 2006; Olds et al., 2004; Roggman, Boyce, Cook & Jump, 2001; Sweet & Appelbaum, 2004). In psychotherapeutic terms, the home visitor-mother relationship can be viewed as a therapeutic relationship where the home visitor (psychotherapist) and mother (patient) engage with each other in the hope of effecting beneficial change in the mother. Also, as in the case of a therapeutic relationship between psychotherapist and patient, the relationship between home visitor and mother is reciprocal in nature with each party affecting and being affected by the other (Brookes et al., 2006).

It may be beneficial to examine the reciprocal relationship between home visitor and mother in terms of Bordin's (1979) concept of the working alliance. Bordin (1979) highlighted three components of an effective working alliance, namely: (1) a therapist-patient relationship that is focused towards certain desired outcomes or goals; (2) an agreement and acceptance of responsibility regarding the steps required to meet the above mentioned outcomes, or *tasks*; and (3) mutual trust and acceptance between the parties, or *bond*. The importance of all three of the above mentioned elements in home visiting projects has been highlighted by Dunst, Boyd, Trivette and Hamby (2002) who found that once a healthy working alliance was established, mothers were more likely to engage in the project and benefit from it.

Linked to the ideas of goal setting, task allocation and trust, is that of home visitor conscientiousness. In the Brookes et al. (2006) study, mothers reported having better relationships with home visitors who were dependable and consistent. Consistency, for the mothers, meant that home visitors should follow through on promises, show up on time for appointments and promptly return phone calls (Brookes et al., 2006). In psychoanalytic terms, it could be said that by remaining consistent the home visitors offer the mothers an experience of being held in mind. It could also be said that by remaining consistent, the home visitors set up an analytic frame that contributes to the development of a safe environment, good working alliance and holding space for the mothers involved in the project (Hoffman, 2006).

2.5 The Ububele Mother-Baby Home Visiting Project

The Ububele Mother-Baby Home Visiting Project falls under the umbrella of the Ububele Umdlezane Parent Infant Programme and was based on a study conducted in Khayelitsha which found that unqualified, community-based women could be trained as home visitors and make a significant difference in mother-infant relationships and attachment in a lower income community (Cooper et al, 2002). The Ububele home visiting project was recently piloted on mother-infant dyads with the hope of promoting maternal sensitivity, emotional and cognitive development in the infants, and the management of maternal postnatal depression.

The home visitors were tasked with creating an environment where the mothers could freely and openly talk about their experiences around being a mother. The mothers were encouraged to explore their relationships with their babies, in ways that may have seemed unfamiliar to them, and treat their children as separate individuals with their own growing personalities (Melanie Esterhuizen, Ububele Home Visiting Project Co-ordinator: personal communication). The home visitors also engage with the infants themselves, talking to them and commenting on their communications and behaviours and what these may signal about the infants' thoughts and feelings. This modelling for mothers of interaction and communication with the infants, in addition to comments from the home visitor regarding the mother and infant's interactions, it is hoped that mothers become more aware of their infant's signals and more responsive to them. Through providing essential psychological support to the mothers themselves, it is hoped that the mothers can find more emotional resources and internal space for their babies (Melanie Esterhuizen, Ububele Home Visiting Project Co-ordinator: personal communication). The project's general efficacy is currently being researched, which will hopefully add to the evidence-base required in order for changes to come about on a policy level in South Africa in the future.

CHAPTER 3: METHODOLOGY

3.1 Research Design

The study was framed as a qualitative programme evaluation, with the specific methodology being thematic analysis. Transcribed interviews from a previous study were used as data, and were analysed using guidelines for a thematic analysis stipulated by Braun and Clarke (2006). Psychoanalytic theory was then used as a *lens* to make sense of the findings generated from the analysis. As mentioned previously, the general ethos of Ububele is psychoanalytic in nature and the selected methodology, and interpretation thereof, allowed for the results to be communicated to the centre in a psychological language that was familiar to them.

The study investigated the effectiveness of the home visiting project from the perspective of the participants, by exploring the experiences and perceptions of mothers who had completed the 10 week programme. Richter and Tyeku (2006) state that there is no one correct way to conduct a programme evaluation and a methodology should be selected based on the context of the programme as well as the requirements of the commissioning parties. In the case of the Ububele Mother-Baby Home Visiting Project an interpretive approach to evaluation was deemed to fit best, as the organization wished to gain an in-depth, psychological understanding of the mothers' experiences. A qualitative programme evaluation allowed the researcher to explore critical elements that may have contributed to the success or failure of the programme, while at the same gain further insights into the lived experiences of the research participants (Georgu et al., 2012). The strength of the interpretive programme evaluation lay in the engagement of the researcher in the project (Richter & Tyeku, 2006). The researcher was able to focus on a number of issues relevant to the development of the project, but at the same time was flexible with regards to the incorporation of elements into the design that emerged from contact between the different parties involved (Richter & Tyeku, 2006). The foci of this aspect of the programme evaluation was decided in discussion with the project co-ordinator, Melanie Esterhuizen and the lead project researcher, Dr Katherine Bain.

3.2 Participants

Sampling was purposive in nature and consisted of mothers who had completed the entire 10 week mother-infant home visitor project. Both mothers from the original project, as well as those who were reselected for home visits from the initial control group were selected. A total of 8 mothers were interviewed, and those interviews were transcribed for the purpose of data analysis.

All the mothers interviewed in this research were black South Africans. Although by no means are the services at Ububele only accessed by black South Africans, this population group does account for the majority of services users. The criterion for participation was that the mothers had a fair grasp of the English language, enough to converse with the interviewer. Levels of English were determined by the home visitors through their interactions with the mothers. While this may not have been the ideal criterion, as it would exclude mothers who could not speak English, it was decided that because of the restraints of the research project this criterion would help maximize time available to both the researcher and the mothers. Once a list of prospective mothers was identified, they were assigned numbers and were randomly selected across the 6 home visitors. To avoid selection bias, this process was conducted by an Ububele staff member with no known links to the mother-infant project or research.

The randomly selected mothers were then approached by the home visitors and asked whether they would be willing to participate in research regarding the home visiting project. All the mothers agreed to be interviewed and interviews were set up on prearranged dates, decided upon by the researcher and home visitor. On interview days, the mothers were collected from their homes by the Ububele driver and home visitor, and brought to Ububele where the interviews were conducted. After completion of the initial eight interviews, no further interviews were conducted because evaluation of the transcribed interviews indicated that now new information was emerging and that the data had reached saturation (Fossey, Harvey, McDermott & Davidson, 2002). The initial eight interviews were thought to provide sufficient material to identify and explore prominent and important aspects of the mothers' experiences of the home visiting project (Fossey et al., 2002).

3.3 Interview Procedure

The interviews used as data for the current research were conducted by the current researcher (Darren Pininski) in his capacity as a research assistant on the original study lead by Dr Katherine Bain. The original study is an ongoing randomized control trial aimed at evaluating the impact of the Ububele Mother-Infant Home Visiting Project on a number of variables related to the quality of the mother-infant relationship (Bain et al., 2014). The qualitative data acquired during that study, in the form of in-depth interviews, was analysed for the first time during the current study.

The possibly of further qualitative analysis was taken into account when developing and conducting the original research interviews. The research aims and questions, the interview schedule, the process of the interviews as well as the position of the researcher during the interviews were therefore considered essential to the current study and included in the section below. It is hoped that through the inclusion of the information below, greater context and understanding will be given to specific methodology of the current study.

3.3.1 Research Aims and Questions

The exploratory nature of the research, as well as the possibility of the research assisting Ububele in evaluating the intervention and developing future interventions, influenced the development of the research questions. In order to provide a sense of context, the focus of the research needed to be on the mothers' experiences of the project as a whole, as well as their experiences and perceptions of the home visitors and the actual home visits. The following four research questions were developed to focus the structure of the interview schedule:

1. How did the mothers experience the Ububele Mother-Baby Home Visiting Project?

2. How did the mothers experience the home visitors?

3. How did the mothers experience the actual home visits?

4. Do the mothers feel as if the project had any influence on the relationship between them and their infants?

3.3.2 The interviews

Once the research questions were formulated, they were used as a guide in developing the interview schedule. The interview schedule was designed by all members of the research team, including: (1) the researcher, Darren Pininski; (2) the Ububele project co-ordinator, Melanie Esterhuizen; and (3) the lead project researcher, Dr. Katherine Bain. Cartwright's suggestion for an unstructured interview was adjusted to accommodate for the inclusion of a semi-structured section of the interview after an initial unstructured beginning, in order to focus participants' dialogue. Adhoc, open ended questions were asked in the semi-structured section of the interview to allow participants to communicate their experiences in their own words, thus clarifying the participants' meanings (Kanjee, 2010). Two pilot interviews were conducted in order for the original interview schedule to be tested. These transcribed interviews were then worked through by the researcher and his supervisor. Through discussions between the above mentioned parties, new question were included, old questions were reframed and further prompting responses formulated.

The technical and procedural guidelines for interviewing stipulated by Cartwright (2004) served as a basis for the interviews. Applied psychoanalytic interviews were conducted and Cartwright's guidelines were carefully evaluated and certain suggestions were selected and developed for the interview setting (Cartwright, 2004). The narrative mode of communication and the role and function of the transference-countertransference interaction were two guidelines that were applied and considered during the interview process (Cartwright, 2004). During the interviews, the researcher tried to keep the exchange as friendly and comfortable for the mothers as possible. Natural conversation, with the inclusion of jokes, anecdotes, etc. was allowed for and encouraged. The interviewer remained interested in the mothers' experiences of the home visiting project, while at the same time encouraged them to talk about their own experiences of being mothered and their current home situation. Throughout the interview, the researcher tried to remain cognizant of the social context, and the mothers' norms and use of language (Neuman, 1997). Anything of significance was recorded in the researcher's field notes.

All interviews were conducted at Ububele in one of the available therapy rooms. The mothers were asked to bring their infants along to the interviews, so that the interactions between the two could be observed. A blanket and toys were provided for every interview, and the

mothers had the option to sit on the floor with their infants if they wished. All but one of the mothers chose to sit on the chair while their infants played on the blanket. During that particular interview the researcher sat on the floor with the mother and infant, whereas in the other interviews he sat on the chair, taking his cue from the mother. The purpose of the research and the interview process was discussed at length with the mothers before the interview proceeded. The concept of confidentiality was explained to all the mothers before beginning the interview, and all questions resulting from the discussion were addressed by the researcher. The mothers were informed that they may choose not to answer the questions if they didn't want to, that there were not correct or incorrect answers, and that they may stop the interview at any time without any negative consequences. The mothers were encouraged to speak freely about their experiences of the project, and ensured that no information from the interviews would be made available to the home visitors, but that due to the fact quotes would be used, some material may be identifiable to the home visitors. An interesting dynamic emerged during data collection, where the home visitors seemed to perceive this study as some kind of evaluation of their home-visiting skills and two of the mothers did seem as if they had been prompted by the home visitor on what to say, and this was taken into consideration when thinking about possible limitations of the study.

3.4 The position of the researcher

Interviewer process notes were kept throughout the interview stage of the research. These process notes kept a record of the interactions between researcher and participant, and served as a log of observations, analytical ideas and personal impressions of what was happening during each individual interview (Farquhar, Parker, Schulz & Israel, 2006). The notes included where the interview took place, who was present, the general interactions between mother and infant, the researcher's impressions of attachment between mother and infant, and other information deemed important to create a sense of the interview. The documentation of researcher impressions during each interview served as a valuable tool by allowing the researcher to be aware of what role he may have played in the interviews.

3.4.1 Self Reflexivity

According to Greene (2000) one of the critical dimensions in any qualitative programme evaluation is the researcher's acknowledgement that they are an influential part in the process

of inquiry. The “acknowledged self” (Greene, 2000. pp. 539) in the research process allowed the researcher to become a subjective partner in the creation of meaning. The social nature of the research and the individual characteristics of all parties concerned required the researcher to remain reflective throughout the interview process. For the purpose of this research, intersubjective theory was used to think about the researcher in relation to the participants, and vice versa.

Intersubjective theory makes the assumption that when two individuals meet, they bring with them their own subjectivities which then interact with each other on an unconscious level. The interaction between these subjectivities is believed to co-create a space for “mutual recognition” where both the therapist and patient can experience the other as a “like subject” with a mind that can be felt as similar yet distant from themselves (Benjamin, 2004, p. 5). Once the two subjectivities become attuned to each other through “playing”, a transitional quality is created in the room where the therapist / researcher and patient / participant find themselves in a space of simultaneous creation and discovery (Benjamin, 2004, p. 18). A shared space where both therapist / researcher and the patient / participant recognise each other as involved in the creation of the space yet, at the same time, separate from it. Benjamin (2004) describes this shared space as complementarity, and a place where the therapist / researcher and the patient / participant can negotiate differences and connect in a more empathic manner. The negotiation of difference during the interview process was considered to be crucial for the research. The section to follow gives a first person account of the researcher’s countertransference experience of being *different* to the participants.

The following is an extract of the researcher’s field note from the first interview:

> *The infant, whose name I did not know at the time, was walking around the Ububele hall with nobody in particular watching her. She interacted well with the three females in the room, but was initially shy of me. I was unsure of myself around her and the shyness to interact was definitely shared. It was at this moment that I became fully aware of the differences between myself and the population who I would be interviewing. The divide between us felt stark and blatant at this moment, and without warning I felt my “white, maleness” in the room. It was terrifying.*

> *I wondered if the mothers would be willing to share their stories of motherhood with a white male from a suburban area. I panicked and looked around the room for reassurance from somebody, and was met with the faces of the three home visitors (all black, females) eagerly watching the interaction between myself and the infant. I was not comforted, and looked back at the infant hoping that she would somehow alleviate the anxiety I was feeling. Instead she looked at me with bewilderment, perhaps acknowledging the same difference between us.*

As the interview continued, the researcher remembered wondering whether his being a white male would result a particular mode of interaction, or communication, between him and the mothers.

> *The fact that I would never be able to experience what it feels like to be a mother made me doubt my ability to hold these women in the room. Would the thought that I will never truly understand what it means to be a mother sit in the back of their minds and influence the way we interact? Would this same thought sit in the back of my mind during the interview process? I wondered if they would take me seriously, being so young and so white. The township of Alexandra is very different to the suburban area of Randpark Ridge where I grew up. Would the mothers resent me for my perceived privileged upbringing, and if they brought it up during the interview would I feel the need to justify my own upbringing in a way that may jeopardise the interviewee-interviewer relationship?*

Differences, as experienced by the researcher in the above extract, have the potential to influence the validity of the research, and were therefore reflected upon during the interview and analysis phases of the research. Supervision sessions with the researcher's supervisor, and discussions with the project co-ordinator, as well as the team of home visitors at Ububele, allowed the researcher to openly reflect upon his feelings, fears and fantasies regarding himself and the research participants. Through supervision, the researcher's feeling of being *male* and *white* were discussed and thought about. He was then able to acknowledge potential bias that may have influenced the process of the interview and outcomes of the research (Parker, 1994).

3.5 Data Analysis

Data analysis was conducted using guidelines set out by Braun and Clarke (2006). Important themes within each mother's narrative were identified and analysed. While some of these identified themes were shared across interviews, some were not, but were included in the results section when deemed to be an important aspect of the mother's narrative and meaning-making around the project as a whole. A description of the theory guiding the analysis, as well as the process of the analysis follows below.

3.5.1 Thematic analysis

Thematic analysis was conducted on the transcribed interviews. In using thematic analysis, the researcher was able to identify, analyse and report themes which occurred in the interviews conducted with the mothers. According to Braun and Clarke (2006), and Fossey et al. (2002), the flexibility of thematic analysis allows for rich and detailed themes to be identified in the data, which was thought to be the case in the current study.

An inductive approach to identifying themes within the data was employed so that the themes were driven by the data rather than being prescribed by the researcher's theoretical interest (Ezzy, 2002). Themes were considered to capture important information about the data in relation to the research question, and represented some level of patterned response or meaning across the interviews (Braun & Clarke, 2006). Themes were identified at a latent level, with the researcher paying particular interest to the underlying assumptions, ideas and conceptualisations the mothers' made regarding the Ububele Mother-Infant Home Visiting Project (Braun & Clarke, 2006). Thematic analysis is not wedded to a pre-existing theoretical framework, and therefore has the flexibility to be used within different theoretical frameworks (Braun & Clarke, 2006). This was considered to be important for the current research, as the final step in the data analysis phase was to explore and interpret the themes using psychoanalytic theory.

The researcher acknowledges himself as a having played a role in the identification of themes, in that he selected themes which were of interest to the current research and discussed them in this report (Braun & Clarke, 2006; Greene, 2000).

3.5.2 Process of analysis

Analysis was conducted first on paper, and later using a legal, purchased version of ATLAS.ti 7.1.4.

Braun and Clarke's (2006) six phases of analysis were also used for the current research to allow for the identification of common themes across the participants. The first phases set out by Braun and Clarke (2006) is *familiarising oneself with the data* and requires the researcher to immerse themselves in the research data. Data collection was conducted by the researcher (which included the actual interviews as well as transcription of the interviews), which means that the researcher actively engaged with the data and had prior knowledge of it before beginning the analysis. Transcribed interviews were read and re-read, and notes were made regarding possible important themes. This phase of analysis formed, what Braun and Clarke (2006) would call, the bedrock of the analysis and acted as an important platform for the remainder of the process.

The second phase of analysis, *generating initial codes,* was conducted after a thorough exploration of the transcribed interviews. Through this process of coding, the researcher reviewed previous notes from the first phase of analysis, and spent time again with each individual interview, and looked for as many points of interest / possible themes as possible. Each participant was assigned a colour so that in the next phase of joining codes into themes, it was evident which extract belonged to which mother. It was at this stage that all data was entered into ATLAS.ti.

When *searching for themes,* the researcher grouped together codes that were similar in meaning. Preliminary themes were generated by looking at the broader level which the codes represented, and overarching themes were developed in order for different codes to be grouped together. Within each overarching theme, subthemes were identified so that the organization of data extracts would be more fluid. Once the overarching themes, together with their subthemes, were identified, the data was explored in a more meaningful manner. Significant experiences of the mothers' were beginning to be identified and examined in greater detail. Themes were then allocated to the three overarching aims of the study, which included: (1) the mothers' perceptions and experiences of the project; (2) the mothers'

perceptions and experiences of the home visitors and (3) the mothers' perceptions and experience of the home visits.

In the next phase of *reviewing themes*, the researcher focused on ensuring the coherence of extracts within the themes, as well as looking for differences between them. The dataset was reviewed to determine if the themes represented the content of the dataset and any additional abstracts which then suited the themes were added.

Defining and naming the themes entailed the researcher focusing on what each theme, and subtheme, represented about the data and then combining the respective data extracts in a coherent and consistent manner with the use of a narrative. They were then re-read and thought about, in order to ensure that there was no repetition between themes and that what was being written about was focused on answering the research questions.

The final phase of analysis resulted in the *production of this report*. Identified themes and subthemes were viewed using psychoanalytic theory as a means to relate them back to the relevant literature, as well as the research questions (Braun & Clarke, 2006). The researcher was confident that the themes and subthemes, identified and written about, represented the narratives of the mothers and would be helpful in answering the research questions.

3.6 Trustworthiness of the research

Lincoln and Guba (1985) posit that trustworthiness of a qualitative research study is important to evaluating its worth, and can be established by addressing three constructs when conducting the research. These constructs include: (1) credibility, (2) dependability and (3) conformability (Lincoln & Guba, 1985).

In qualitative research, *Credibility* refers to the process of ensuring that the study addresses what it actually intended to address. Two techniques which Lincoln and Guba (1985) suggest to ensure credibility, include peer debriefing and negative case analysis. These techniques help the researcher acknowledge possible bias as well as revise, broaden and confirm themes emerging from the data (Lincoln & Guba, 1985). For the purpose of this study, supervision served as a space for the researcher to debrief and acknowledge possible bias that may

influence the analysis of the data. A particular negative experience of one of the mothers was examined during the analysis phase to gain further understanding of the broader themes present across the interviews.

Dependability, similar to reliability in quantitative studies, refers to a research findings consistency and repeatability (Lincoln & Guba, 1985). Although somewhat more difficult to achieve in qualitative research Lincoln and Guba (1985) suggest that by reporting the methodology in detail, future researchers should be able to repeat the study, if not necessarily to gain the same results. In this study dependability was achieved by reporting on the research design and implementation, as well as the operational details of data collection. Further steps were taken to ensure dependability by a reflective appraisal of the project in the limitations section of the report.

A final construct in addressing the trustworthiness of a qualitative study includes assessing its *conformability*; the extent to which the findings of the study are shaped by the participants and not researcher bias, motivation or interest (Lincoln & Guba, 1985). The researcher's acknowledgement of himself as a subjective partner in the creation of meaning (Greene, 2000) and supervision sessions safeguarded against researcher bias.

3.7 Ethical considerations

Ethical clearance to conduct the interviews was gained as part of the bigger project, headed by Dr. Katherine Bain of Wits University. Ethics clearance no: M120823. All participants signed a letter of consent for both themselves and their infants to participate in the study and all ethical considerations were adhered to during the interview process. While the mothers' anonymity could not be protected due to the nature of the data collection, their confidentiality was protected to the best of the researcher's abilities when writing this report. Pseudonyms were chosen for the mothers (Mary, Patricia, Maggie, Norma, Rebecca, Sadie, Cindy and Dina), and used throughout the data analysis and report writing phases of the research. It is important to keep in mind that although these pseudonyms were used, the home visitors may be able to identify the mothers through extracts used in the analysis because of their knowledge of the mothers' personal histories. These limits of confidentiality were mentioned to the mothers.

The need for recording the interview, what would happen to the recordings and transcripts, as well as the efforts made to protect the security of their recordings and transcripts were explained to the mothers. Permission to use direct quotations was asked. Participants were also informed that there were no risks or rewards to their participation in the study. Participants were informed that if they felt that the interview had caused them any emotional distress or highlighted any issues in their relationship with their infant, they could be referred for counselling. The nature of the study and the interview schedule was not intended, nor expected, to harm or distress the participants in any way. One of the mothers, who reported having a distressing experience of the project, was felt by the interviewer to be distressed during the interview and was reminded of her right to end the interview or not answer questions if she chooses. She chose to continue with the interview. The procedure for seeking out psychological services, which may have been beneficial to this mother and her infant, was explained after the interview and all necessary contact details were provided.

Data from the proposed study was kept securely locked away in the offices of the researcher (Darren Pininski) and research supervisor (Dr. Katherine Bain), and was only available to them. When writing up the findings, all identifying data was excluded from the report. Participants were offered a brief summary of the findings over the telephone upon completion of the research report. A summary has been provided to Ububele as well as the names of the mothers who wished to receive feedback. Feedback will be given by a staff member at Ububele, who can speak an African language and who is not a home visitor and who was already involved in the original project and thus aware of the mother's identities.

CHAPTER 4: FINDINGS AND DISCUSSION

The data collected in the form of semi-structured interviews was analysed using guidelines set out by Cartwright (2004). Keeping the three research questions in mind, core themes and ideas were grouped into three overarching areas of focus: Perceptions and experiences of the project, Perceptions and experiences of the home visitors, and Perceptions and experiences of the home visits. These three themes will be discussed in the above mentioned order and will further be divided into sub-themes, as will be seen below.

4.1 Perceptions and experiences of the project

When interviewing the mothers who participated in the home visiting project, exploring their perceptions and experiences of the project in its entirety was considered crucial. It emerged that the mothers' past experiences of support in relationships may have influenced their experiences in the project and that these past experiences might be crucial in determining the extent to which mothers felt that they could engage with the home visits.

Through the analysis it became clear that some of the mothers experienced initial confusion as to what the project entailed. However, overall, the project was well received by most of the mothers, who viewed it as a learning experience for both themselves and their infants. One mother, however, reported having a different experience, characterized by inconsistency and disappointment.

4.1.1 "I didn't really understand…a lot of people approaching you": The initial encounter

The majority of the mothers who participated in the project were recruited from Alexandra clinic. There were a few mothers, who are personal acquaintances of the home visitors, who were approached outside of the clinic and asked to participate in the project. Some of the mothers who were not known to the home visitors, who were approached at the clinics found this experience to be strange and uncomfortable. The fact that they are approached by a number of people for a variety of projects at the clinics resulted in them being skeptical of the home visitors during the initial encounter. One mother, Mary, who was particularly skeptical of the initial encounter said:

> "You know, when she approached me the first time, I didn't understand…I didn't really know what is going on and I was like…at the clinic there are a lot of people approaching you about different things, blah, blah…"

Mary's initial interaction with the home visitor seemed to leave her confused as to why she had been approached and what the project entailed. She continued to mention that her lack of understanding regarding the details of the project left her feeling reluctant to take part and resulted in her declining, the first time she was approached. It was after the second time she was approached at the clinic that she decided to participate in the project, despite still not fully understanding what it entailed. She said:

> "And then the second time I was at the clinic, they approached me again and I was like, 'Ok, why not?' I didn't understand really what was going on, so I was like, 'Ok fine, why not?'"

Although only mentioned by one mother, Patricia's comment regarding the reality of child theft / kidnapping at the clinics, may provide a clue as to why the mothers were initially reluctant to engage with the home visitors. In the most recent publication by Missing Children South Africa (2013), 8% of missing children cases were a result of kidnappings, with the majority of them occurring within the Gauteng province. Patricia commented that her husband had had the same reaction when he heard about the project. She said that her husband had become enraged when he heard about her wanting to bring a "stranger" into his house and repeatedly questioned her about them stealing his child.

Patricia's husband's reaction to the thought of a "stranger" coming into his house was one that was shared by some of the mothers. The dialogue with Mary below highlights her thoughts on having a stranger in her house:

> *Mary*: "When she mentioned visiting me I was like, 'Mmmm', you know I was like having a stranger in my house…and the other thing about her being a stranger, so what are we going to be talking about? You know, you might be like, 'Hmmm''
> *Researcher*: "So it was something about her being a stranger?"

> *Mary*: "Ja, something like that. When someone mentions 'I'm going to be visiting you in your house', blah blah, you think like…you know… it's kind of creepy"

Therefore, the actual approach used by the home visitors during recruitment may need refining, both with regards to ensuring the project stands out from the other requests, but also with regards to providing clarity for mothers as to what the project involves.

Not all the mothers were hesitant of the home visitor or the project at first. Maggie, a first time mother, was at work when *her* mother was approached by the home visitor at the clinic. She said that her mother had spoken to the home visitor and "had found out about [the project] and was interested". Maggie had then returned home and her mother told her about the project, after which she was "interested". Maggie said that:

> "…these people, [the home visitors], are here to help you with the child if you've got any problems with the baby, they will see how the baby is growing. Because it my first child I wanted to hear everything…the advantages and disadvantages of raising a baby. That is why I [was] interested."

Although enthusiastic about the project, Maggie's understanding of the home visiting project as a service that monitors the growth of the baby, and educates mothers on the advantages and disadvantages of raising a child, is not entirely correct. In fact, analysis of the data revealed that there seemed to be a general misunderstanding, across all the mothers, of the kind of "support" the project offered. This misunderstanding, or miscommunication, led to some disappointment for a few of the mothers.

4.1.2 "They should have told me": Disappointment

As mentioned, one mother reported having a particularly disappointing experience of the home visiting project. Rebecca had been part of the control group in the initial study and thus had received delayed intervention, only being visited in the second round of home visits. She had been upset by the fact that she hadn't been selected for the first project, and was further upset by the fact that she had not been informed of her exclusion. She described her first experiences with the project as follows:

> "…they introduced us at the clinic and then I was interested so I went there to see what they offered. She called me 2 or 3 days after and told me that she was going to come around. And then she came after a week and explained, not thoroughly, but ok…and then, ja. Then it was the visit here and then there was no visit at all. They couldn't even tell me that there was no visit. Then maybe after 10 months they called and told me that they've got a new [*inaudible*] here and have taken people from the last audition. Ja, and then the visits started."

Her statement highlights the importance of clarity early on in the project as it appears that without this, mothers may project their own particular vulnerabilities into the meanings they make of the programme. Her use of the word 'audition' may be significant. Although it is possible that language difficulties may play a part, her choice of this particular word suggests that she may have imagined that she was found lacking is some way or seen to be 'not good enough' for the first round of visits. Interestingly, Rebecca's experience of the programme seemed similar to her experiences with her own mother. When talking about her mother Rebecca said:

> "My mother doesn't know how to treat us, she didn't care about us. There has been a lot of wrong stuff in my life and if I had a good mom maybe it would have been different …When I eventually saw her clinic card I saw that it had five children were dead and two alive. So we asked her what happened, she said it was a miscarriage, a miscarriage, an abortion… she doesn't want to talk about it".

The intergenerational transmission of attachment has been widely documented in research (Bretherton, 2006; Fraiberg et al, 1975; Simpson, 2014), with the consensus being that unresolved trauma within mothers' influences the way in which they interact with their children. Fraiberg et al. (1975, p. 388) believes that these mothers are "condemned to repeat the tragedy with [their] own babies in terrible and exacting detail", which may lead to patterns of insecure attachment. Specific factors that contribute to the transmission of insecure attachment styles include the death or handicap of previous children and difficulties in conceiving or retaining pregnancies; all of which "shake" a mother's belief in her capacity as a mother (Simpson, 2014, p. 184). Rebecca's mother suffered through five previous deaths

of children, according to Simpson (2014), may have resulted in her projected her own feelings of inadequacy into Rebecca who may have internalised them.

Once visited over the ten week period, Rebecca had been visited by three different home visitors (due to staffing problems on the programme) and felt that this inconsistency had stopped her from forming the connection to her home visitor that she desired to have. When asked about the change of home visitors, Rebecca said that she couldn't "share [her] personal stuff" with them because she felt as if they were not "listeners" In the end, Rebecca reported having a "tough" time with the project and growing "bored" of the experience. She said that:

> "Uh, it was…I couldn't share my personal stuff with them, and I kept it all to myself. Because I thought the home visit was all about sharing what's… what's bothering you with them. So I couldn't because there were three of them, and ja…[home visitor] is not a listener… Sometimes I felt ok….but I got bored because it wasn't what I expected".

While it seems unfortunate that this particular mother had such a difficult experience with the home visiting project, it does highlight the importance of the participants' own experiences of mothering, and the implications this may have on their experiences of the project. It seems as if, for Rebecca, the unconscious desire behind the project was to have an experience of a 'mother' with whom she might be able to resolve some of her own attachment trauma's from childhood.

Rebecca's report of her experience of mothering in relation to the home visitor supports the research conducted by Stern (2006) and Dugmore (2013) regarding the motherhood constellation and the grandmaternal transference. It can be hypothesized that if Rebecca had experienced the home visitor as different to her perceptions of her own mother – uncaring and 'bad'- she may have been able to work through some of her previous childhood traumas (Stern, 2006; Dugmore, 2013). Unfortunately what occurred was a reliving of her previous experience of a 'mother' who she may perceive as unavailable and 'not good enough'; a compulsion to repeat the trauma through the transference/countertransference relationship with the home visitors (Freud, 1914; 1920). In future studies, the idea of transference/countertransference between the home visor and mother may need to be further

explored and explained to the lay counselors, in the hope that they will be able to notice the development of transference and address it when needed.

4.1.3 "I think it has helped me": Experiences of support and learning

Other than Rebecca, the rest of the mothers felt as if the project had benefitted them in some way. Overall, the mothers felt as if the project had been a learning experience for both them and their children. Sadie said that the project had been "fun" for her because she had learnt a lot about "what was best" for her daughter. Cindy stated that she "saw it was good and was happy for it", while Patricia said that the project was "very, very good". One mother, Norma, expressed a wish to share the knowledge she had gained through the project with fellow mothers in the community.

Norma spoke fondly of the project and the learning experience it provided both her and her child. For her, the home visits and Ububele seemed to represent support from the community in raising her child. A sense of having strong social support during the first three months postpartum can act as a protective factor against the development of postnatal depression in mothers (Tomlinson et al., 2005; Xie et al., 2009). This sense of increased social support is particularly important for mothers living in lower socioeconomic areas, such as Alexandra township, where the prevalence of postnatal depression is higher than those living in higher socioeconomic areas (Miller & LaRusso, 2011). It would seem then, for Norma, the programme may have served as a protective factor against the development of postnatal depression.

She spoke about her own childhood and how she had been raised by her grandmother to always help those in need, and through this had developed a love for the community. As in the case of Rebecca, Norma's own experiences of being mothered seemed to have influenced her uptake of the programme, albeit it in a more positive light.

> "My grannie, she used to say…because we differ in culture to, compared to you guys [white, male researcher]…so back home there are people who are really, really disadvantaged. There are people who are mentally sick, so we grew up… she told us that if someone who is mentally disturbed or who is hungry, we must accept him and prepare something for him or her. We mustn't leave someone to leave our house

> without helping him. It helped me a lot because now I am very humble really, maybe you won't see it but I can reach out to someone… I have that heart to reach out to someone. So it helped me a lot because by that I have learnt a lot."

Throughout the interview Norma mentioned the importance of living in a community, as it provided not only protection for her children when she was not around, but also a way of gaining and distributing knowledge. She mentioned that it "takes a village to teach a child", and felt that the project offered her infant a way of learning about the importance of community from somebody other than herself. Her experiences of the project, and the community in which she lives, seem to echo the notation of Ubuntu as highlighted by Berg (2003). Norma explained:

> "For her to come in and give us that visit it was a good experience and I really enjoyed it. I don't have someone… because kids, they are sensitive. They love to be with their parents, especially with their mothers but they need to be, see someone different from other family to come and see that they are loved not only by their parents but by someone… someone that they don't know, or they are not choose to come and show love and show kindness to them. By that way they…especially my baby, this baby…he doesn't have a problem with other people…so maybe during that time, he learnt something".

While Norma seemed to really appreciate sharing the 'load of motherhood' with her home visitor, her unfinished sentence that she "doesn't have someone" seems to suggest that the visit was meaningful for her, not only as another form of stimulation or opportunity for learning for her child, but also as a support to her. This suggests that the emotional comfort of a trusted 'other' is important, as is the prospect of gaining knowledge. Stern (1998, p.177) talks about the need for mothers to create a "supporting matrix" that acts as a benign support network which helps the mother accomplish the first two tasks of motherhood, namely keeping her child alive and promoting psychic-affective development in the infant. He continues to state that traditionally the role of the matrix has been filled by grandmothers, midwives and other female members of the family, all of which cannot be adequately replaced by any medical or health structures (Stern, 1998). However, Norma's experience

suggests that the Ububele Mother-Baby Home Visiting Project was able to provide the same supportive role as traditional members of the matrix.

A second important function of Stern's (1998) supporting matrix is more educative in nature, with the mother learning from a more experienced 'other'. Maggie, a "first time mom", illustrates the importance of this educative function. Maggie said that she was "always welcome to institutions" that could help her learn about raising her child in the correct way. She said that she would listen to "whatever" other mothers told her and think about their suggestions when raising her child. Over the course of the project, Maggie felt as if she had learnt a great deal about her infant and how to take him "seriously". She said:

> "Well I think it was nice because they taught us a lot of things. Like some things I wasn't aware, like you should do to your baby… Some of us don't take it like seriously, like the baby understands everything but after she told me I could see the difference. Maybe reading to her, show her like some mirrors and what is his reaction. So I started doing those things as well..."

Norma spoke of a similar experience of the project and how it helped her incorporate new ways of thinking about her infant when he is trying to communicate with her:

> "I am just trying to encourage him…I think it's good for him, even though I don't understand what he is saying…say "yes, ok, sure" alright you can go…I don't understand but I see that he is trying to communicate, trying to say what he wants to say but at his age he doesn't know. I need to respond, I need to respond whether he is saying what…he knows what he wants to say but I don't understand so I need to respond".

Although the three mothers' undoubtedly experienced the programme in their own unique ways, an overarching theme for all of the mothers suggests that by having a sense of support from a community member they were able to share some of the 'load of motherhood', which in turn allowed them to focus more closely on their infants. It seemed that through the supportive and educative functions of the project, the mothers' were able to be more sensitive

to their infant's thoughts, desires and wishes, thus increasing their capacity for reflective functioning.

4.1.3.1 Experiences of their children learning

One of the most rewarding aspects of the project for some of the mothers was the realization that their child was able to learn new skills. For Maggie, realizing that her child was capable of doing things that she never thought possible made her "aware" of her child's potential. She recalled a time during the project where her son was given a toy to play with and how he had shocked her by the way he had played with it.

> "…when they were giving him toys to do something and then he did it. There was this… round thing, like you have to put… it has alphabets in it and you have to take them out. They told me to put them one-by-one in…because he was so young at the time, I think he was five months…then they told me that I should put them in and see if he would be able to follow. I started putting them in and he started doing the same things, and it was his first time doing that"

The fact that her son had interacted with the toy in an unexpected way made her "happy". Driven by the realization that her child was capable of learning new things, Maggie said that she "want[s] to teach him a lot of things" and will continue to do so throughout his life. She said:

> "Like, if I teach him something to do then he is going to follow me. So I started like… I thought, like, if I taught him a lot of things, then he would know it. It made me happy… I think it is much easier for him to learn if I teach him [and] that makes me want to teach him a lot of things."

According to Fan and Chen (2001), Maggie's desire to be more involved in her child's learning could be an indicator of academic achievement. The study found that parent's aspirations and expectation for their children's educational achievement appear to have the strongest relationship with children's academic performance later in life (Fan & Chen, 2001). For Maggie, the idea that her child was able to learn and play with toys in a unique way, different to what she had expected, seemed to bolster her sense of her child's potential, and

encouraged her to continue being involved in his learning. Both of these are positive indicators of continued academic success for her infant (McFadden & Tamis-LeMonda, 2013).

The interaction between Maggie and her child is also interesting because it highlights yet another aspect of the project that is considered important, that of an increased awareness of her child as an individual. We know that a mother's capacity to view her infant as a separate individual, with their own thoughts and desires is a key determinant of self-organization in the infant (Fonagy et al., 2002). It can be postulated that when Maggie noticed her child playing in an 'unexpected' way, she came to see him as a different to her and in doing so recognized the separateness of them. Due to the reciprocal nature of the mother-infant relationship, it can further be hypothesized that if Maggie continues to see her child as separate to herself, he too will begin to realise the separateness and the fact that he has a mind of his own and start to develop a sense of self as an individual (Fonagy et al., 2002; Greinenberger, Kelly & Slade, 2005).

4.1.4 "You just want to reverse time…": Experiences of worry and concern

Although the above section highlights the benefit of the project in increasing maternal sensitivity, the same mothers also expressed a concern that perhaps the attention they now gave their children came too late for their previous children. Norma spoke freely about her concern that perhaps she had missed something. She continued to state that most mothers don't pay attention because they don't understand what it entails to be a mother and end up "ignoring [their children]". In this regard, the project seemed to elicit some anxiety about being a mother and perhaps some guilt around not paying attention to her child in the past. In a powerful extract from the interview Norma compares herself to the home visitor, who she feels is more experienced than her; an experience that seems to elicit a feeling of inadequacy:

> "You know sometimes when you see someone more experienced than you, you just want to reverse time as if you can start like this one because you don't know. Where did you, or how did you, or where did you miss? You have that concern… maybe I have missed…for example, maybe I didn't give an eye and ear because they are sensitive really, especially when they are young. You need to give an ear to listen, to

> maybe…I worry, maybe there is a lot that I have missed…maybe what I have missed, they will need it in future."

As the interview with Norma continued, this sense of guilt unfolded and expanded into the relationship with her eldest child. She said that the project gave her an experience of being "closer" to her second child, a closeness that she felt may have been lacking with her eldest. She stated that:

> "It gave me an experience that I never had, just to get closer to my baby. Maybe the first one I didn't get this close so it helped me to be much more close to him. Not because I was doing it for the project or for [the home visitor] or for what so ever but it was just… it gave me that experience to get much more closer to my baby."

The experience of becoming "closer" to her youngest child was both positive and negative for Norma. Reflecting on her experience with her eldest child, she felt in some way that her time had been 'stolen' and she worried that she would not get 'that time of bonding' back.
As mentioned previously, Norma values interactions with the community and feels that although her first child may have received enough 'love' from the people around him, he did not receive the 'love' that her youngest received through interacting with the home visitor. She explained the difference between the two children as follows:

> "Yes, um… ok, concerning the project. I think the project played a big role to him because yes, of course he [*Points to her eldest child*] was surrounded by love and the family love and a little from the community…that's different for him. And yes we were going to the neighbours and blah blah, but he didn't have this experience. So though he learnt something… maybe there are some things…but from his experience [*Points to her youngest*] is totally different."

Mary reported a similar experience. She also started to pay more attention to her older child's communication since being involved in the project. Mary said that she 'wanted to know what [her daughter] likes and dislikes', because she felt as if she had 'never paid much attention'. She stated:

> "I think because I never paid much attention…You know, if she is not crying she is fine and if she is crying…but you never pay much attention, and that lady asked if I can tell that she likes this. Can I tell if she doesn't like things? How she communicates with me and things like that, that's why I started paying attention to those things".

Although the project helped both Norma and Mary become closer to their youngest children, they were also left with feelings of regret and concern that they may have 'missed' some important developments with their older children. Stern (1998) talks about new mothers and their experiences of interventions aimed at the relationship between them and their children, and warns about the propensity of this group to feel judged and inadequate as a mother. Although not first time mothers, the project seemed to elicit some feelings of guilt and fear of judgment regarding Norma and Mary's perceived lack of attention to their first born children. After talking through their concerns with the interviewer, both seemed to realize that their feelings stemming from the project were normal and that it was important to remember that no mothers are perfect, they can only be "good enough" (Winnicott, 1953).

In the case of both Norma and Mary, it would seem as if there were positive behavioural changes (increased maternal sensitivity), but also that the experience may have left them feeling as if their 'wrongs' had been corrected by the home visitors. Although perhaps not ideal – Stern (1998, p.156) suggests that these changes leave the mother with a behavioural "cure" based on the mother's avoidance of negative reinforcement in the intervention – the experience of having an individual to discuss and explore their feelings of guilt with seemed to be beneficial to both mothers. Linked again to the idea of a grandmaternal transference, the home visitors may have represented a non-judgmental parental substitute for the mothers to safely explore worries and concerns (Dugmore, 2013).

4.1.5 Sharing the knowledge

As a result of the project, and the above mentioned learning experiences, Norma said that she wanted to share the knowledge that she had learnt with others. She suggested starting a mother's group where mothers of different ages could get together and talk about their experiences. She was particularly concerned for teenage mothers as they have more

"baggage" than mothers who "[chose] to wait". Norma described her imaginings of a mothers' group as:

> "…it was my wish for them to be the part of the project if they would want to. According to my experience, maybe they will learn one or two things… Try to involve more mothers because, as we are not…we are different in ages, there are teenage mothers, there are mothers like me who at least tried to wait to get kids in life. I think those teenage mothers, they need more of these projects…really, they are in need of it because they are young and have school, so there is a lot of baggage. It will help them, especially the teenage mothers, so if the project will help us and maybe they will learn from our experiences besides the project…we will share experiences, we will exchange experience with them. We will listen to their sides, point of view, and they will…maybe doing some sort of debate like, so we hear from their side and they hear from our side. Then we try to see life as it is…we are learning from their side, trying to understand maybe they've got a problem or…because surely they need us because we have tried to wait in life, to get a family. To try to understand what the problem is, maybe the project will have a…to understand their problem, their root of problem and will stretch to the community because I've heard the project going to Alex and blah blah blah. So, maybe trying to…they will teach us some things and they will learn from us as well. Get to understand the root…what is the problem, the real problem of getting, seeing themselves getting to this um…experience. Because it is a hectic experience for them…".

Norma's wish to spread the knowledge she gained through the project may attest to her experience of the programme as beneficial and as having empowered her, allowing her to imagine herself in the position of 'helper' as opposed to 'needing help'. However, her perceptions of teenage mothers as being so different from mothers like her 'who chose to wait' seems to contain an element of 'othering', which suggests a possible vulnerability to being judged herself by others. This theme appeared in other interviews and will be discussed later in this chapter.

4.1.6 Summary of perceptions and experiences of the project

One aspect of the project that was mentioned by all the mothers was the initial confusion regarding the project itself and the outcomes / expectancies of the project. In a review of the literature, the importance of clarity regarding the outcomes / expectation of the home visiting intervention is often not considered and overlooked by other aspects of effective service delivery, such as mother-home visitor relationship and social support (Brookes et al., 2006). This is not to say that the above mentioned factors are not important to the effective service delivery of home visiting interventions, but does suggest that further research is warranted regarding the initial encounter with prospective participants. It is possible that the need to have clarity on who is approaching them at the clinics, and the motives behind these approaches, is linked to South Africa's high levels of crime and child kidnapping (Missing Children South Africa, 2013), with mothers initially skeptical of 'strangers' wanting to visit them in their homes.

Rebecca's experience of the project is considered to be of great value to the evaluation of the Ububele home visiting project as it gives an account different to all other mothers involved in the research. Contrary to the other mothers, Rebecca's reported a poor experience of the project due in part to the inconsistency of home visitors and the lack of clarity regarding the process of the intervention. For her, the constant change of home visitor meant that she couldn't form a meaningful relationship with any of them which left her feeling rejected and disappointed. Brookes et al. focused on a similar topic in their 2006 evaluation of two separate home visiting interventions.

What they labeled as "building programme loyalty" emerged from one of the interventions they evaluated in an attempt to ensure that parents would remain engaged in the programme despite changes to home visitors (Brookes et al., 2006, p. 37). In order to try and keep family's involved, even when a home visitor was changed, the organization used 'back-up' home visitors who occasionally made home visits with the primary visitor, and would provide home visits to that family when the primary home visitor was unavailable (Brookes et al., 2006). Mothers in the study reported that they appreciated the 'back-up' home visitors and the intervention was considered a success. Is it possible that if Rebecca had experienced a 'back-up' home visitor from the start of the project, her experience may have been different.

The final area that deserves mention regarding the mothers' perceptions and experiences of the project is that of experiences of support and learning. Seven of the mother, again barring Rebecca, experienced the project as a form of social support from where they could learn about themselves and their infants. For Norma in particular, 'sharing the load of motherhood' with the home visitor meant that she could reflect on her infant in ways that she may not had done in the past, thereby increasing her ability for maternal reflective function (Fonagy et al., 2002). The experiences of both Norma and Maggie highlight the importance of support in increasing maternal sensitivity, which was considered to be an important goal of the Ububele Mother-Baby Home Visiting Project.

4.2 Perceptions and experiences of the home visitor

Through the analysis of the interview material it became clear that the mothers' experiences and perceptions of the home visitors played an integral part in the overall success or failure of the project. The relationship that the home visitor built with the infant was also important for many of the mothers, who felt that they could trust the home visitors with their children. The majority of the mothers reported having a positive relationship with the home visitors, whom they perceived as 'friendly' and 'kind'. Cindy said that she was 'comfortable' with the home visitor because she was "friendly…very friendly". Patricia described the bond between her and the home visitor like that of a mother and daughter, saying that "she was like my mother to me". The fact that the visitors were mothers themselves and a part of the same community seemed to create a familiarity that helped strengthen the mother-home visitor relationship.

4.2.1 "It was like, you know, a friendly environment": Experience of the home visitor as a friendly person

As mentioned, the majority of the mothers that participated in the project experienced the home visitors as friendly and easy to form a relationship with. Linked with their friendliness was the perception of the home visitor as 'talkative' and yet accommodating, and not impinging. Sadie said: "She's talkative. It's easy to talk to her if you have a problem". Cindy said the following when thinking about the home visitor: "…what can I say? She is like my sister…we talk to each other". Two other mothers, namely Mary and Norma, also talked about instances in the project where they felt the home visitors were accommodating, friendly and talkative.

Mary remembered one visit where her home visitor arrived while she was making breakfast for her crying daughter. After the home visitor had offered to hold her child while she made the breakfast, they had the space to talk to each other and Mary enjoyed the conversation. She remembers the conversations being general in nature and how these helped build familiarity between her and the home visitor. She said:

> "Like, we really talked about stuff…I looked forward to it because we talked, 'So this and this happened,' and she would ask 'What happened this week? What did you guys do? Blah, blah, blah' and we would talk about these things. So I kind of got used to her…it made it easier for me to open up because she is friendly and she laughs. It made it easier…she is a friendly person so we talked. It was nice really, we talked about anything".

Mary continued to talk about the importance of the home visitor allowing her to carry on with her daily life and not impinging in any way. She talked about how she did not feel as if she had to "get ready" for the home visitor and instead was allowed to carry on and "just talk". She said:

> "The fact that she used to say 'Don't get ready for me'…you know like I should be ready for [the home visitor]…just do whatever you are doing, I will just come and talk to you while you are doing whatever you are doing. That made my life easier because I didn't really worry about I have to do this and that… Sometimes she will find me cleaning, and then I'll be cleaning and she will be there just talking. She used to say, 'Don't stop what you are doing, just do what you are doing and we will talk while you are doing whatever you are doing' so we just talked and talked."

This acceptance of the mother and the reality of her busy life seemed to be an important and appreciated feature of the mother-home visitor relationship. Not having to 'get ready' or tidy up mess for the home visitor may have symbolically allowed mothers to be more authentic and share their difficulties more openly, feeling that the home visitor was able to tolerate 'mess', be it emotional or more concrete. Norma experienced the home visitor in a similar way to Mary, and also remembered the freedom to talk about anything that she wanted to.

She also described an experience of learning through the conversation she had with the home visitor. She stated:

> "As we talk in the car, you listen to someone when she speaks…you take some tips, some words and value them. So when someone speaks, they are things that you take that will build you and mould you and help you from now and in the future. It went like that for me and [the home visitor]…we talk when she visited and blah blah blah. She will ask me if we can talk about some things…maybe if something is bothering me, maybe there is something that makes my day to not enjoy it. We will talk, just talk and talk…really they will ask of me, if there are some things that I need to share with them and…yes, there are some that I have shared with them…we are mothers"

Norma's use of the phrase 'we are mothers' implies that through her interactions with the home visitor there was a process of identification. She continues to state that she was able to 'mould' herself, and her own parenting style, through conversing with the home visitor. This experience of 'moulding' suggests that some mothers, such as Norma, were able to internalise parts of the home visitors, and the unique parenting styles they brought with them. In this way, these mothers seemed to experience the home visitor as a friendly individual from which they could learn and adapt their own mothering styles accordingly. Norma was able to take parts of the conversation with the home visitor and 'build' and 'mould' herself, both in the moment and in the future. The fact that Norma explicitly states that she will be able to use the experience in the future, further lends itself to the idea that some mothers were able to introject aspects of mothering from the home visitors.

4.2.2 "...they do one thing, it is playing with the baby": The importance of play between home visitor and infant

Psychologically, the importance of play has been widely documented with Winnicott (1971, p.54) stating that "in playing and only in playing [can] the individual child or adult [be] creative and use the whole personality, and it is only in being creative that the individual discovers the self". Winnicott (1971) believed that through playing, a transitional space was created where the infant could negotiate both inner and outer worlds, and bridge the gap between subjective experience and objective reality. In doing this, the infant moves from a state of being merged with the mother to a state of being in relation to the mother as

something outside and separate (Winnicott, 1971), thus creating a sense of self within the infant.

Cindy described her home visitor as "very containing" and "loved the way" in which she would "be with" the baby. She spoke about her feelings of happiness when she watched the home visitor and her child playing together. The dialogue below illustrates Cindy's feelings towards the home visitor and the relationship she had established with Cindy's child:

> *Cindy*: "…and [the home visitor], she is very containing. What else can I say? She is good with the baby… She likes the baby. When she was at home, she used to play with the baby and other time maybe feed the baby. They would play together. I was happy with her."
> *Researcher*: "Why were you happy with her? What did she do?"
> *Cindy*: "Um… She especially used to play with the baby. Feed the baby, be with the baby. I love the way she treated the baby."
> *Researcher*: "Ok. So it was her interactions with the baby that you really liked?"
> *Cindy*: "Yes"
> *Researcher*: "And how did you feel when [the home visitor] and your child were playing?"
> *Cindy*: "I was happy, I felt happy."

The fact that her child and the home visitor were able to play together, and that she was happy about them playing together, created a "comfortable" atmosphere for Cindy. A point of interest in the above excerpt relates to the mother's use of the word 'contain', which is a notoriously well-used psychoanalytic term. While the mother may have heard the word used by the home visitor (who would have learned it during her training), it was instances like this that alerted the researcher to the possibility that certain home visitors may have been 'priming' the mothers with what to say, on the way to the interview. Despite this suspicion, however, it was felt by the researcher that the mother's enjoyment of the home visitor's interactions with her baby, was authentic. The importance of play in the home visitor-infant relationship was further highlighted by Maggie, who scheduled her baby's play time around the home visits. She experienced a "connection" between her child and the home visitor when they played together.

> "Like when… she came around 12:00 every day so that time is her play time. They will play together and give her some toys and ask her to do some things like say 'bye-bye', and say 'hello'… She was very nice… Like I think they connected together, he started recognising her. Every time she came he would laugh with her and all that."

Sadie recalled how her daughter would play with the home visitor, despite not having many toys to play with. While recalling the play between the home visitor and her daughter, there was a sense that she was appreciative of the fact that they could play regardless of the limited amount of toys available. Sadie continued to mention that she did not have enough time to play with her eldest child when he was growing up and felt bad about this. There was an instance during one of the visits when the home visitor started playing with her eldest child and she, again, was appreciative of this.

The appreciation of the home visitors playing with their babies that most of the mothers mentioned is interesting, and may suggest that the mothers themselves do not feel as if they are able to offer their children the type of play they require. Mary, for example, remembered feeling as if she needed to play with her child in a specific way when observed by the home visitor:

> *Mary:* "You know, you just think, what do they think of me? Am I doing it right? things like that, you know. But I think it's kind of…when someone is not watching you, you are at home and relaxed in your own space. You play with your baby in whatever way, you don't mind. But when someone is watching you, you are like, Ok!?"
> *Researcher*: "All of a sudden you get a bit nervous?"
> *Mary:* "You get a bit nervous. It's an easy thing to do but at that moment it gets difficult."

Mary's experience of the home visitor did however change as the project moved on, with her mentioning that eventually she became comfortable playing with her child around another person. It can be hypothesized that the initial reluctance to play around the home visitor may have stemmed from early experiences of the mothers as infants who were not encouraged to

freely play and be creative. An effective transitional space can only be created with the help of a devoted mother who adapts and is attuned to her infant's needs. Through encouraging the infant to engage in fantasy play, and not questioning the interplay between inside and out, it allows the infant the opportunity to stay within their fantasy of co-creating the external world while paradoxically allowing them to face reality (Winnicott, 1953).

4.2.3 "She was kind of helpful with things like that": Support from the home visitor

Stern (1998), like other attachment theorists, suggests that it is mothers who in most families play a crucial role in determining the emotional development of the infant (Stern, 1998). He conceptualised the "motherhood constellation" as a "new psychic organization" (Stern, 1998, p. 112) which develops at, or prior to, the birth of the infant. This constellation ensures that most mothers having given birth are preoccupied with protecting their newborn (Stern, 1998). This constant monitoring of the newborn's wellbeing is emotionally and physically draining and requires a good holding environment (Stern, 1995; Winnicott, 1953) and reinforces the need for a supportive social context. Most of the mothers spoke about the support they felt they received from the home visitors. The type of support mentioned in the interviews ranged from emotional support to physical support, such as feeding and holding the baby.

4.2.3.1 Experiences of emotional support

Sadie recited a touching story about a time during the project where her home visitor offered her "hope" that everything would be ok in the future. Sadie's daughter had been ill ever since she was born and had been in and out of hospital. She described her daughter's illness as "scary" and wondered "what [was] happening". Throughout the project Sadie's home visitor had acted as a support structure for her, and tried to reassure her that her daughter would be fine. The dialogue below illustrated the impact the home visitor had on Sadie:

> *Researcher*: "Do you think you relationship with [your child] is different because of [the home visitor]?"
> *Sadie*: "Yes"
> *Researcher*: "Why?"
> *Sadie*: "I think it is different because it made me strong. To be a good mother and all these things."

> *Researcher*: "How did she make you strong and a good mother?"
> *Sadie*: "The time I met [the home visitor] with this project it's like I didn't have the hope that [my child] is going to be ok, and all that stuff. Because the time I met [the home visitor] with this project is like I was discharged from the hospital."
> *Researcher*: "And then [the home visitor] came and that gave you some hope?"
> *Sadie*: "Yes"
> *Researcher*: "And now? Do you still feel that you have that hope after the project?"
> *Sadie*: "Yes, I still feel that I have that hope..."

Another mother also spoke about the support she felt she received from the home visitor when her baby was ill. As previously mentioned, Maggie is a first time mother and was concerned about a rash that had developed on her child. Maggie was comforted by the home visitor's personal experiences of a similar rash on her own child. Maggie stated:

> "…there were like times when she came around and [my child] had sores all over him… So she told me that her daughter also used to have little sores. She took the baby to the doctor and they used to tell her that it was because of the baby is big… you know, they just taking them from outside…from inside to outside, but when they heal they never come back… So she just told me, 'You know what? You don't have to worry about it, it's not a big thing. It happens to most kids'. And then after time they did go away and they never come back, like she said"

When reviewing the extracts from both these mother's, it can be assumed that for them the home visitors successfully functioned as the second role of Stern's (1998) supporting matrix, that is providing them with psychological and emotional support. Both Maggie and Sadie experienced their respective home visitors as support systems upon which they could rely on when emotionally distressed about the health of their infant. Staying with Stern's (1998) concept of the supporting matrix, it is possible that Maggie experienced her home visitor as an experienced mother from whom she could learn, thus fulfilling the educative function of the supporting matrix.

4.2.3.2 Experiences of physical support

Physical support was experienced by almost all of the mothers who participated in the home visiting project. This physical support was, more often than not, in the form of feeding the child, and mothers spoke fondly about the home visitor "feeding the baby". Mary remembers getting advice about the move to solid foods with her child, while Rebecca remembers the home visitor showing her "how to deal with [her] baby, and how to feed [her] baby."

Mary spoke freely about the physical support she received from the home visitor and how it had made her "life easier". On two or three occasions the home visitor had visited her while she was busy getting ready in the morning and had offered to hold her child while she continued with her daily life. The first time her home visitor had offered support was when she was trying to make her child's breakfast in the morning.

> "…she was helpful because if she comes and I am busy with something she will even hold [my child] for me for some time. There was a day when she came early, it was like 8:30 I think and then I was starting to making [him] cereal and he was crying so she helped me. She carried her while I was making the food. She was kind of helpful with things like that"

Mary recalled another instance during the project where her home visitor had offered support. This time she was outside doing the washing and wanted to finish it up as soon as possible because she knew that once the visitor left she would "be left with the baby and the washing." In this instance the home visitor allowed her the space and freedom to finish her daily chores, feeling that her baby was being cared for by the home visitor which freed her up to concentrate on other tasks. Her interaction with the home visitor highlights the level of trust that developed as the project progressed. She stated:

> "It helped me a lot most of the time because there are two or three visits when she came and I was outside doing the washing. I would just give her a chair and she would just sit there holding [my child] while I'm washing so it made my life easier. I would try make it as fast as…I would try do the washing as fast as I can because I know the one hour is going to be gone fast and I would be left with the baby and the washing."

Both the emotional and physical support experienced by the mothers seemed to create positive holding environment which, according to Stern (2006), is the psychological framing and contextualisation of the mother in such a way that she feels validated, supported and encouraged. In order to create a rapport with her new born infant the mother needs to have the appropriate holding environment as well as the support of others to do so (Winnicott, 1953; Stern, 1998), which for the majority of the mothers in the project came in the form of the home visitor. Different to the experiences of emotional support by two of the mothers mentioned previously, Mary reported experiences of physical support from her home visitor, suggesting that the home visitor was incorporated into her supporting matrix as an individual who functioned as physical protector and buffer against the external reality for a short amount of time (Stern , 1998).

4.2.4 "Oooo, I'm going to miss you when you go": Wanting more

Mary's realization that the visits were limited, to both an hour per visit and ten visits per mother-baby dyad, brings up another theme that emerged throughout the analysis, that of wanting more. With the exception of one mother, all the mothers who were interviewed felt sad that the end of the project meant the end of the relationship with the home visitor, and the possible end of a friendship that had developed. They all felt as if the number of visits, and the time allocated per visit, was too short. Norma said that she felt "sad" once the project had ended and "wish[ed] the time was extended for the project". When talking about the end of the project Maggie, in her interview with the researcher, said:

> "Well it was sad that she was not going to come back anymore, but it was nice… it was always nice, but it was a bit sad that it was the last visit… I was also happy to come here again. I thought maybe they were looking for older kids, no and she said 'No, it's just an interview…"

The friendship that developed between the home visitor and Mary was important for her, and she expressed a wish for it to carry on after the project had finished. At the end of the project she told the home visitor that she would like to continue the relationship, that she still "want[s] to talk to [her] on Thursdays. She was reassured that she could call the home visitor if she wanted to. Mary also mentioned the loss of the relationship between her child and

home visitor at the end of the project that left her with feelings of disappointment. Her comment about a thought that she had about the possibility that the project might be 'looking for older kids' also seems to express a sense of hope that the relationship may be able to continue, even in an altered form. Commenting on her child's reaction to her home visitor when collected to be taken to Ububele for this research interview (a while after the home visits), Mary said:

> "You know what, [my child] loved her. She smiled when she saw her and I thought, 'Ok, why not?' She smiled. We were talking about it just now in the car and I was like, 'She doesn't know you anymore. She used to love you and now she is looking at you like 'What!?'…she is nervous. She didn't even want her to carry her by the stairs so I was like 'She doesn't know you'…".

This comment may also, however, have reflected some of the mother's own feelings of a lack of familiarity with the home visitor after time having passed, which highlighted a sense of sadness and loss for her.

4.2.5 Summary of perceptions and experiences of the home visitors

Drawing on the works of Stern (1998), the research illustrated the experiences' of the mothers and their need to build, what he calls, a supporting matrix. Examining the two main functions of the supportive matrix –physical support and psychological / educative support – the mothers were able to give prime examples of when the home visitors filled one or both of these functions over the course of the intervention. The physical support experienced by Mary illustrates Stern's (1998) first function of the supporting matrix, that is an object that provides physical support to the mother during the first months after giving birth. She stated that having the home visitor around 'made life easier' for her.

For Sadie, her home visitor offered her 'hope' when her child was ill by acting as a holding object that listened to her concerns about the 'scary" experience of not knowing whether her child would be fine. During this particular interaction, the home visitor offered her 'hope' by explaining that she (the home visitor) had had a similar experience with her own child, who was now healthy. Stern (1998, p.177) believes that when developing her supportive matrix, the mother seeks out a maternal figure from who she can learn from in the form of an

“apprenticeship”, which seemed to be the case for Sadie. This sentiment of having an ‘experienced’ home visitor was shared amongst the majority of the mothers, who all felt as if they could learn something from their home visitors.

For two mothers, Cindy and Maggie, the learning they experienced came in the form of watching their children play with the home visitor. The ability to create a potential space, and its link to the development of the self and reflective function has been highlighted in the literature (Bram & Clarke, 2006; Fonagy & Target, 1997; Fonagy et al., 2002; Winnicott, 1953). For the above mentioned mothers, their experience of watching their children play with the home visitor seemed to highlight the fact that their children have thoughts, feelings, desires, etc. of their own. The mothers acknowledgement of their children as individuals, separate to themselves, illustrates an increase in maternal function (Fonagy et al., 2002), and overall success of the intervention.

One of the most important aspects of any home visiting project is the relationship between mother and home visitor (Brookes et al., 2006). This relationship has been widely documented in previous research, with the consensus being that the better the ‘fit’ between the two the greater the likelihood of engagement with the intervention (Brookes et al., 2006; Brooks-Gunn, Berlin & Fuligni, 2000; Klass, 1996). The importance of this relationship was highlighted in this research, with the mothers acknowledging how the friendly and supportive home visitor shaped their experiences of the project.

An area of this relationship that seems to have been missed in previous research is the idea of the development of a grandmaternal transference between mother and home visitor (Dugmore, 2013). The grandmaternal transference can be a powerful experience for the mother where they are confronted, often unconsciously, with memories of their own experiences of being mothered (Dugmore 2013; Stern, 1998). If acknowledged and interpreted, the transference can be used as a tool for the mothers to work through previous trauma’s they may have experienced with their own mothers (Dugmore, 2013; Stern, 1998). In stating this it is clear why the acknowledgement of this transference is so important for the home visitors, who can use it when visiting the mothers, and needs to be considered in the supervision process for the home visitors in projects going forward.

4.3 Perceptions and experiences of the home visits

When talking about their experiences of the actual home visits, the mothers mentioned the first visit, and the anxiety surrounding it, as well as the experience of being video recorded as some of the most influential aspects of the visits. The reactions of the community and the support from their immediate family members were also considered factors that influenced the mothers' experiences of the actual home visits.

4.3.1 "I was kind of curious about the whole thing": The first visit

The mothers' experiences of the first visit with the home visitor ranged from welcoming the visit to excited anxiety. The majority of the mothers spoke about a sense of not knowing what was expected of them and curiosity as to how they would get on with the home visitor. Patricia welcomed the first visit by saying, "Come!", Maggie felt "uncomfortable" and Sadie was excited by the fact that she was told that if she had anything to ask, the home visitor would help because "it was her job."

Mary was "curious" about the visit and recalled a nervous conversation she had with her husband the morning of her first visit. The experience, for her, was "very fast" and the sense of not knowing exactly what she should be doing on the first visit left her feeling anxious, but excited at the same time. She said the following about her first visit:

> "I couldn't stop thinking about it, I was talking to my husband about it and kept on saying 'Ok, she is coming today but I don't really know what to do?' I didn't know what to say, and I walked up to her and it was happening very fast. Then she called for the addresses and everything, then I gave her directions and by the time she called she said 'I am here by the gate.' I was like, 'Ok, this is it'…"

Norma also felt anxious before her first visit, but tried to "be cool" for her child and herself. The perceived value of the project, for her and her child, outweighed the "different atmosphere" she experienced during the first visit. She explained the atmosphere of the first visit:

> "The first visit, obvious when you…ok, when someone first introduce something to you, you don't know what to expect. I was getting nervous and the atmosphere is different so I didn't know what to expect or what to… you know, so I was nervous at first. I tried to be cool because I do it for my baby, I do it for my experience and his experience, so nothing will harm me from this instead it will help me somehow. But at first I was nervous."

Like the mothers above, Maggie initially felt "uncomfortable" during the first home visit but was eased by the attitude of the home visitor, who made her feel quickly at ease. She stated:

> "At first, it was uncomfortable but she is a very nice person. After she…she is the kind of person that makes you be yourself, and be comfortable. She has got that thing just to make you comfortable, so it was fine with time. At first it wasn't like comfortable but with time then it became fine."

4.3.2 "Knowing someone is watching you, you are like 'Ahhh!'…": Being observed

The fact that they were being observed, and video recorded for a short time each visit by the home visitors, was daunting for some of the mothers. Knowing that someone was "watching" them made the mothers feel as if they had to perform during the visits. Maggie said that during the visits she "thought maybe [she] should do something", and continued to say that she felt "nervous because [she] didn't know what was expected of [her] to do". However, as the project progressed the mothers felt as if they could "relax" and "do everyday things" during the visits.

4.3.2.1 Experiences of being recorded

For some of the mothers a great deal of the anxiety around 'performing' for the project was present and appeared to stem from the fact that they were being recorded by the home visitors. For the first time mother, Maggie, being recorded while she played with her four month old child was "[un]natural" and made her "try harder". The dialogue below illustrates the pressure she felt whilst being recorded:

> *Maggie:* "It was not really easy to play with a 4 month old"
> *Researcher:* "Ja, that's true"

> *Maggie:* "So I tried, but it is not easy knowing someone is watching you"
> *Researcher:* "Ja"
> *Maggie:* "You know, it's easy playing with my baby on my own because it comes natural. Knowing someone is watching you, you are like 'Ahhhh!'…"
> *Researcher:* "Do you think you try harder when someone is watching you?"
> *Maggie:* "You try harder, you definitely try harder"

Mary also commented on the difficulty of playing with her child while being recorded, and on her worry of being criticised for "doing it incorrectly". For her there also seemed to be something about "not being relaxed" in her natural environment. She said:

> "You know, you just think 'What do they think of me? Am I doing it right?', things like that, you know. But I think it's kind of…when someone is not watching you, you are at home and relaxed in your own space. You play with your baby in whatever way, you don't mind. But when someone is watching you, you are like [am I] ok!?"

As the project went on for Mary she became used to the camera and started asking the home visitor to see the recordings to see what other people involved in the project would see. Being able to see the footage seemed to alleviate some of the initial worries she had:

> "…she used to say 'Ok, I'm going to come and start taking the video now' [and] after a while I actually got used to it. She would take the video and I wanted to see. I would watch it and be like 'Ok'…we are playing there, that's fine."

For Norma, the worry about being recorded had more to do with the "shame" she felt about her living environment. At the beginning of the project, she would set up a blanket outside of the house and play with her child there.

> "At first I was having this problem of being ashamed of my place because my place is not a pleasant place to be recorded. I was ashamed but I told myself 'Ok, this is still…. It's life, it's a learning curve… it's a phase… no, not a phase but a way that I need to go first before I go up'. Somewhere everyone, maybe most of the people, they start somewhere in life before you go up. So I said, 'This is where I am starting so I

> don't mind… for that matter, I don't care I must do this thing because it will…I'm at this stage of my life and I am going up'. So I really get used to it, it didn't give me any much more problem because it's life. It's another natural thing, you become nervous and getting scared of… 'Ok, this thing I wish I could change it to be a nice place so that they can see…' at first, but I get used to it."

Klein (1946) believes that when individuals are confronted with aspects of themselves that they perceive as unbearable, they unconsciously place those aspects into another through the mechanism of projection. For Maggie, Mary and Norma, the difficult feelings mentioned above (shame, inadequacy and the anxiety around having to 'perform') seemed to have been experienced as a result of their own judgement that they may have projected into the home visitors and the Ububele project itself. Mary's desire to see the footage after being recorded seemed to alleviate some of her anxieties. It is interesting to note that the alleviation of her anxieties came in the form, of what appears to be a judgment of herself, in the way she plays with her child.

As similar mechanism may have been employed by Norma, who seemed to experience shame regarding her home environment as a result of her own projected judgment into the home visiting project. However, as Norma became more comfortable she moved the sessions into her house and started to view her living situation as a "phase" in her life. The section of transcript above shows how she eventually came to terms with her "shame" by viewing it as a "phase" in her life. While she did not explicitly state that it was the safety of the relationship that was developed and the and non-judgemental attitude of the home visitor that allowed her to accept her living situation and trust that she would not be judged for it, it is possible that the quality of relationship (as discussed previously) established with her home visitor allowed for this.

4.3.3 "Is it like a counsellor or something?": The reactions of others

Reactions from the mothers' families and community members differed greatly. Some of the mothers said that there was a lot interest from the community about the project, and ones similar to it, while others mentioned no interest at all. Most of the mothers currently live with the father of their child, except for Rebecca and Maggie who both live with their mothers.

The support for the mothers' participation in the project from these immediate family members influenced the mothers' experience of the project in one way or another.

4.3.3.1 Unsupportive families

The reactions of the participating mothers' immediate family members towards the project were mostly positive, with the exception of Patricia's husband who became enraged over the possibility in his mind of the home visitor "stealing" his baby. Patricia spoke freely about his anger and the physical abuse she suffers at his hands. Patricia said that, although he "take[s] care of [her]", he "drinks too much" and abuses her when he is drunk. The lack of support from the community and the police has resulted in her looking for a new place to live with her child. Patricia said the following about the abuse:

> "He hits me strong! Sjoe, every weekend I go to the police station… Everybody is laughing…when I fight with him, everybody is laughing. You see, so I am looking for a place to stay with my child."

The importance of the father in the mother-infant dyad has been illustrated by Winnicott (1965, p. 147) who stated that "in the simplest case the man, supported by a social attitude which is itself a development from the man's natural function, deals with the external reality for the woman, and makes it safe and sensible for [the mother] to be temporarily in tune and self-centred [towards the infant]". Winnicott's (1965) statement highlights the importance of the father of the infant's function as an object that creates a safe space for the mother to care for and think about her infant. A sentiment further strengthened by Stern's (1998) idea of the husband as an object that protects the wife after the birth of the child. In Patricia's case, her husband reportedly creates an unsafe environment, characterised by abuse and violence, which leaves her in a space where she has to focus on the physical safety of her infant and possibly miss out on the more discreet forms of communication from her infant regarding his needs. This interaction thus has severe implications for maternal sensitivity and the development of reflective functioning in the infant.

Another mother who experienced a particularly difficult home environment is Rebecca. She said that after falling pregnant with her first child, her mother "stopped caring about [her]" and mentioned that she had a "problem[atic]" home life in the interview. She wished to share

her troubles and concerns with someone during the home visits, however, due to the unfortunate need for her home visitor to change mid-way through the programme, she seemed to have been disappointed:

> "My mother doesn't know how to treat us, she didn't care about us…I don't even know if I am my mother's child. She said that I might not be her child. I needed someone to share that with, but that's over now…"

Both these mothers, when asked about the future of their children wished for them to support them in their older age. These experiences are of particular significance for the study as they highlight how problematic attachment between mother and infant may result in a role reversal, with mother feeling as if the infant has to become a source of support in times of need, which is consistent with research conducted by Bowlby (1988), Main et al. (1985), Solomon, George & DeJong (1995) and Wartner et al. (1994). Rebecca's explicit mention of disappointment and "boredom" with the home visits resulted from a perceived lack of support from the home visitor, a support that she also doesn't experience from her mother at home. This desire for support then seemed to have infiltrated their relationships with their infants and may mean that the dyads are at risk of attachment disruptions, especially when the child does not meet the mothers' need for support or learns to minimise their own needs in order to prioritise those of the mother (Macfie et al., 2008).

4.3.3.2 Supportive families

The respective husbands, boyfriends and fiancés of the remaining mothers were supportive of the project and the mothers' involvement in it. Maggie said, about her boyfriend:

> "Ah, he was fine. He was happy about it because I told him how the project is doing and the benefits of it. How it was educating and he was fine with it."

She also freely talked about the relationship with her own mother growing up, and how it influences the relationship she has with her own child. After the birth of her child, Maggie said that she "listened to everything that [her mother] said because [she] *(Maggie)* didn't know anything". Her wish to learn as much as possible from more experienced mothers

translated into viewing the home visits as an opportunity to "get as much information as possible".

Mary's husband was supportive of the project and wanted to experience the visits for himself. On one occasion he stayed off from work in order to meet the home visitor and even agreed to play with his child while being recorded. He was surprised by what happened during the visits as he was under the impression that "serious stuff" occurred. Mary recalled the visit:

> "Because I was like to him, '[the home visitor] is coming and she normally takes a video of me and [my child] playing, so how about you do it today? You play today.' He was like 'Uh, what should I do?' and I was like 'No, she just takes a video' and he said 'We'll see when she gets here'. So he was expecting someone who was going to come with those big cameras…all professional, and when she got there I just introduced them and said 'Ok, can you explain what you are doing because I am not explaining it properly' and [the home visitor] explained to him. He agreed to play with [his child] while [the home visitor] was taking the video…So he was surprised because you know what happened…[the home visitor] came and she just sat there, we started talking and then the one hour was gone. When I came back from opening the gate for her, then he said 'Is that all you do?' and I was like 'Yes!' [He] expected that maybe someone was going to come with I don't know what and do serious stuff. I was like, 'Nothing was happening' and he was like 'Ok, whatever'…"

4.3.4 Summary of perceptions and experiences of the home visits

A predominant theme when asked about their experiences of the home visits was the mothers' experiences of being observed, with two of the mothers stating clearly that the camera recording made them feel anxious and put pressure on them to 'perform'. The idea that mother's project their own sense of judgement onto the project, or the home visitors, has not been explored in previous research and may warrant further investigation. From this research it would seem as if the feelings of shame and embarrassment associated with these projections influenced the interactions between mother and infant – as in the case of Mary who had to check her recorded play to make sure that she was 'doing it [correctly]' – and may have influenced the validity of the project itself.

Previous studies have shown that refusal of immediate family members to allow home visits can pose a significant obstacle to the mother's engagement with the project (Daro & Harding, 1999). What was found in this research was that, with the exception of two, all the other mothers received support and encouragement from immediate family members indicating the potential for greater engagement with the project. Mary's husband was so supportive that he chose to stay off work on one occasion to meet with the home visitor, which is a similar experience to a family interviewed for Brookes et al., (2006) qualitative evaluation of two international home visiting projects. Brookes et al., (2006) continue to state that when fathers in particular felt involved in the project, their respective partners/wives were more likely to engage with the intervention.

CHAPTER 5: CONCLUSION

This chapter gives a synopsis of the study, highlighting the significant findings of the research. Challenges or experiences that were considered to be specific to home visiting projects in South Africa were of particular importance to the study and are explored throughout the section that follows. It is hoped that this section will provide valuable insight into the general effectiveness of the project, and be taken into consideration for similar projects in the future.

The strengths and limitations of the research study are then presented, and finally the clinical and practical implications of the findings and direction for future areas of research are explored. Finally, suggestions to consider regarding the project are offered to the Ububele Mother-Baby Home Visiting Project team.

5.1 Significant findings

5.1.1 Maternal sensitivity and reflective functioning

Two mothers spoke about their experiences of the project and how it helped them think about their infants in different ways. They mentioned that through the initial interview with the Ububele team, and throughout the home visits, they started to become aware of the subtle communication between themselves and their infants. A mother's ability to perceive and understand these subtle communications is known as maternal sensitivity (Evan et al., 2007), and is strongly implicated in the development of a secure attachment between mother and infant (Smith & Pederson, 1988). Norma spoke about the initial interview with an Ububele team member, and how it made her reexamine her role in the mother-infant relationship. She said that after that initial interview she "really concentrated" on what her child was trying to communicate, despite often not having an idea of what he was saying. Maggie also reported an increased sensitivity towards the subtle forms of communicating in her infant. She stated that before the project she had "never paid much attention" and thought that "if [her child] was not crying she was fine".

For both these mothers, the project seemed to offer them an experience of thinking about their children as separate individuals, with their own thoughts and feelings. For Fonagy et al.

(2002) this ability of a mother to think about their child as separate, and with a mind of their own, is crucial for the development of the child. The mothers' ability to comprehend the developing mind of the child, increases the child's capacity for introspection (Fonagy et al., 2002) and vicarious introspection, or empathy (Kohut, 1959). A child that is able to interpret their own mental state through introspection, and empathically attribute mental states to others, is able to give meaning and predictability to their world (Fonagy & Target, 1997). Fonagy and Target (1997, p.684) continue to state that by being able to explore the meaning of others' actions children are able to label and find meaning in their own psychological experiences, which underlies the capacity to for affect regulation, impulse control and the eventual organization of the self. A central aim of the Ububele home visiting project was to promote maternal sensitivity, and the above mentioned mothers' accounts of becoming more aware of their infants communication illustrate that for some mothers this aim was achieved. One way in which the mother's felt that this was achieved was through the use of play, both watching the home visitors play with their children and then eventually through their own play with their children.

5.1.2 Reflective function and play

As discussed in the previous chapters, the importance of play in the development of the infant's sense of self has been documented extensively by Slade (2005) and Winnicott (1971). For the mothers in the project, the experience of having the home visitor play with their children was perceived as a positive one and, in the case of Cindy and Sadie, allowed them to feel free enough to play with their own children in different ways. It also allowed the mothers to become more aware of their infants own emotions, thoughts and desires separate to their own, and created an "as-if" experience where both the mother and infant could think about themselves in relation to the other person (Bram & Gabbard, 2001).

An interesting finding in the study was the mother's reluctance to play with their children in front of the home visitor for fear of being judged. It can be hypothesized that some of the mother's involved in the project may not have themselves had the experience of being allowed to engage freely in play as infants. As in the case of Maggie and Mary, a pattern of reluctance to play may have been linked to a sense of them being judged, which was then projected onto the project resulting in feelings of shame and inadequacy. Their reluctance to play with their infants in the presence of the home visitor, and especially whilst being

recorded seemed be alleviated once they were able to view themselves on the camera and judge themselves as “ok”.

Interestingly, as the project continued and as a result of watching the home visitor play with her child, Maggie was able to engage in more free play with her infant. It would seem that by observing the home visitors playing with their children, she eventually came to allow herself to engage in play both within herself and in relation to their infants. This experience of observing the home visitor play with the child was deemed important by both Maggie and Cindy.

5.1.3 The South African context

As mentioned in chapter 2, South Africa’s high levels of violence, poverty and instability may directly affect the parents’ capacity to be responsive to their child (Tomlinson et al., 2005). Maltreated children, or children from hostile family environments, are at risk of failing to find their own intentional being within the mind of the caregiver and are at risk of poor development of reflective function (Fonagy & Target, 1997). Patricia spoke of the physical abuse from her husband when “he drinks too much”, and how she is unable to find support in the community, even from the local police station. In Patricia’s case, instead of creating a safe environment for the mother-infant dyad to develop, the father of the child instilled a sense of fear in them causing her to seek alternative accommodation. It is no doubt then that Patricia finds it difficult to be sensitive to the more subtle forms of communication from her infant when her primary concern is that of the safety of them both.

Although not explicitly stated, this type of home environment is common among the lower socioeconomic communities of South African communities and has implications of the reflective functioning capacity, as well as the development of postnatal depression in mothers (Tomlinson et al., 2005).

5.1.4 Postnatal depression in the South African context

Tomlinson et al (2005) found that 35% of South African mothers living in peri-urban settlements (lower socioeconomic conditions) fitted the criteria for post-partum depression, and it is known that depressed mothers are less sensitive to their infant’s needs (Cooper et al., 1999). Looking at factors that have been shown to increase the likelihood of postnatal

depression in mothers, poverty and lack of social support can be said to be two of the most prevalent in the South African context (Miller & LaRusso, 2011).

However, just as poor social support can act as a risk factor in the development of post natal depression, it can also act as a protective factor in communities with a strong sense of social support (Xie et al., 2009). In South Africa, the idea of "Ubuntu" serves as a form of social support for mothers and a possible protective factor against the development of postnatal depression (Tomlinson et al., 2005, P. 1051). Unfortunately, the majority of the mothers did not report having received much support from the community and therefore valued the emotional and physical support offered by the home visitor. For many mothers the difference in feeling supported was slight and only required the home visitor to handle their child while they carried on with their daily chores. For other mothers, they required a more personal relationship where they felt supported through being able to talk to and speak with home visitors, both as previous mothers with expertise as well as friends in the community.

5.1.5 The home visitor-mother relationship

As in all therapeutic relationships, the interactions between the parties as well as the transference that develops is of great importance (Rogers, 1957; 1961). This is no different when concerned with home visiting interventions, with research illustrating that the relationship between the mother and the home visitor has great implications for the overall success or failure of the project (Brookes et al., 2006; Olds et al., 2004; Roggman, Boyce, Cook & Jump, 2001; Sweet & Appelbaum, 2004). Dunst et al. (2002) found that a healthier working alliance between mother and home visitor resulted in better engagement in the project and therefore more benefit in the future.

The majority of the mothers involved in the Ububele home visiting project experienced the home visitors as friendly and helpful, thus resulting in a healthy working alliance and better results. In these cases, the home visitor seemed to create positive holding environment which, according to Stern (2006), makes the mother feel validated, supported and encouraged, which then allowed the mothers to engage more freely and safely with their infants thus increasing their ability to be sensitive to more subtle needs. One mother, Rebecca, reported having a poor experience of the project, and found it difficult to engage with the number of home visitors she received. For Rebecca, it was difficult to establish a healthy alliance with the

home visitors as they were inconsistent in their service delivery. Although this case was one of unfortunate circumstances (the maternity leave of one home visitor and the resignation of another), one must however wonder to what extent the mother's previous relationships with their own primary caregivers played a role in the difficulty she experienced developing a working alliance with the home visitors.

5.1.5.1 (Grand)maternal transference

Transference is a concept that refers to individual's unconscious tendency to respond to certain situations in unique ways, predetermined by earlier experiences usually within the context of the primary attachment relationship. In their seminal paper, Fraiberg et al (1975) speak of the "ghosts" of impaired mother-infant relationships which have the power to create situations where a parent and child are unconsciously forced into a re-enactment from another time with another set of circumstances.

While it is possible that Rebecca's reaction to the project was influenced by the unfortunate change of home visitors that she experienced, it could also have been a result of a negative maternal transference that developed throughout the project. Rebecca spoke about her mother "abandoning" her after the birth of her child and it is possible that the experience of "being abandoned" after the initial interview (as she was in the control group) could have reinforced her views of maternal figures as inconsistent and unreliable. This would have then had major implications on Rebecca's perception of the next home visitor she encounter, who may have unconsciously become the vessel for her projections of shame and abandonment (Klein, 1946). Thus, perpetuating a cycle of abandonment for Rebecca.

All the other mothers reported a very different experience to Rebecca with regards to the project, in particular, Maggie, and with regards to her own experiences of her mother. She stated receiving vast amounts of knowledge from her own mother who she felt was able to pass on valuable knowledge. When asked about the project, and her interactions with the home visitor, Maggie said that she found it valuable and was able to take something from the experience. Opposite to Rebecca, the transference that developed through the interactions between Maggie and the home visitor was positive and no doubt a result of the positive relationship she experienced with her own mother. These developments in the transference

are of particular importance for the effectiveness of the project and need to be kept in mind by the home visitors throughout.

5.1.6 Summary of mothers' experiences of the project

The Ububele home visiting project was experienced as positive and helpful by the majority of the mothers. Mother reported experiences of being listened to and supported with regards to raising their children in environments characterised by violence, poverty and lack of social support. The consistency of the home visitor, as well as the consistency of the visiting times, created a safe environment and one in which the mothers could look forward to their time with the home visitors, who they viewed as friendly companions. The relationship between the mother and the home visitor proved to be one of the most crucial elements of the perceived effectiveness of the project, with a healthier alliance seeming to result in better uptake of the project and better participation.

There was some initial confusion around the purpose of the project, with one of the mothers left feeling as if perhaps their children were going to get kidnapped. A number of the mothers also thought that perhaps the intervention was aimed as only physical support and were anxious when asked to engage in everyday activities with their infants while being video recorded. The confusion regarding this seemed to elicit a fear of judgement in some of the mothers, who reported being ashamed of their homes and the ways in which they played with their children. However, as the relationship between the home visitor and the mother developed, the anxiety surrounding their own perceptions of shame and inadequacy where replaced with ones of excitement and eventual upset that the project had to come to an end.

In conclusion, it seemed that for most of the mothers the project offered them an experience of a benign third, or grandmother (Stern, 2006), who came in the form of a community member dedicated to helping them with their children. The presence of the benign individual allowed the mothers to re-enact previous relationships with primary caregivers, through the development of a maternal transference, and work through some of the unresolved complications in a safe holding environment.

5.2 Strengths and Limitations of the research

5.2.1 Strengths

This research sheds light on the South African understanding of mothering and attachment and in the process provided a handful of women with the opportunity to discuss and share their personal understandings of the intervention. Providing a space for these participants to discuss and reflect on their understandings of motherhood and the intervention itself, gives us a better understanding of how experiences of mothering are shaped by the socio-cultural and economic environment, and how these need to be taken into consideration when developing similar interventions in the future.

5.2.2 Limitations

The initial limitation of this study is that the interviews were not conducted in the participants' home languages and this may have influenced both the participants' understandings of the questions posed in the interview and their answers. It is also acknowledged that the narratives of the participants reflected their subjective understanding of the research topic, as opposed to objective facts (Riessman, 2005). However, in a qualitative approach, subjective data is regarded as valid. In addition to the above, the exclusion of participants who were unable to converse in English limited the amount of available participants and may have limited the broader range of experiences of all the mothers who participated in the project.

In addition, thematic analysis challenges the issues of representativeness and generalizability despite these not being the overt aims of the study. The analysis produced rich data which is impossible to separate from the context. Contextualisation was crucial to this research study, as it aimed to gain an understanding of these specific womens' experiences. Without context the full meaning of the data would be lost (Crossley, 2007).

Narratives are fundamental in understanding the human mind and to structuring and organising an understanding of the human experience (Hiles & Cermak, 2008). Therefore the subjectivity of the researcher must be recognised as a limitation. The researcher played a role in organising the narratives and decided how the interviews were conducted and the data was analysed. The differences between the researcher and the participants in terms of race, age

and life experience may be a limitation of the study. Even though the researcher remained reflective throughout the research process, it may still have influenced the detail or the way in which the participants shared their understandings. Although the researcher was aware of his particular concerns about being a white male in the interview process, and tried his best to acknowledge them in the face of enactments, he may have unconsciously acted upon those feeling during the data collection phase.

Owing to the fact that interviews were conducted at Ububele, and transport was provided for the research participants, it is unsure to what extent they viewed the researcher as part of the Ububele team and to what extent this may have had on them silencing possibly less satisified impressions of the project. Lastly, due to the limited nature of this study, not all of the rich data collected has been presented and explored.

5.3 Suggestions for the Ububele Mother-Baby Home Visiting Project

The following points are suggestions for the Ububele mother-infant home visiting team to consider:

- To maybe spend some more time thinking about how to make the intentions / expectations of the home visiting project as clear as possible to potential participants. It may be helpful to place printed posters on the clinic walls explaining the procedures, etc. of the project so that mothers are more aware of the project before the initial encounter with the recruiter. It may also be beneficial to inform nurses and doctors working in the clinics about the project so that they could recruit potential mothers.

- It may be beneficial to implement a ‘back-up’ home visitor system, similar to that described in Brookes et al. (2006), in the event that a home visitor is unable to complete the full 10 weeks with the mother. The case of Rebecca in the above research highlights the importance of having a familiar home visitor to fill in if needed.

- The idea of a possible grandmaternal transference developing between mother and home visitor was a prominent theme in the research and may require further thought when rolling out similar projects in the future. The development and the function of the grandmaternal transference could be explored further in supervision with the home visitors.

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