

Psychoanalytically-Informed Approach

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Mothers with young children are the fastest growing segment of the homeless population. When there is chronic stress as a result of extreme poverty and racism, how do families stay functional and cope? What happens when family structure breaks down, leaving young, single mothers alone to care for these children? What happens to parenting skills when the mother is poor, homeless, and isolated from family and community support? The combined stress of extreme poverty and homelessness can greatly impair the ability of single mothers to parent their children effectively. A history of poor attachments and abusive relationships added to the chronic stress of poverty and homelessness may cause the mother to feel powerless and inadequate. It has been documented that infants whose mothers are unable to provide comfort and protection, and who do not foster an interest in the world, form insecure attachments and are often unable to self-regulate. Greenspan states that these babies show increased tendencies toward muscle rigidity, gaze aversion, and disorganized sleep and eating patterns (Greenspan, 1990). Moreover, the homeless mother is preoccupied with daily, and sometimes hourly, survival. The homeless infant may be overwhelmed, and sleep, as a primitive defense, brings peace from an over-stimulating and abusive environment (Koplow, 1996). The mother without a home is unable to provide an intimate environment wherein the infant may experience her as provider and protector. This mother often feels helpless and inadequate in her ability to care for her child in terms of the most basic provision of shelter. Because she herself is totally dependent on others for survival she may defensively detach from her child's dependency needs (Koplow, 1996). Opening herself to her infant's emotional needs

would require her to become reacquainted with painful experiences in the present and the past. If her experience was one of rejection and neglect it is much too painful and dangerous to feel in the absence of family and home.

Karen states: “when one becomes a parent, unresolved pain is shaken loose, the defensive wall is breached and new defensive efforts are required” (Karen 1998, pp.374). When a homeless mother gazes at her child, her own pain and sadness is mirrored back. Unable to bear her own painful feelings, the mother is also unable to feel empathy for her child’s plight. Her new defense is to distance herself from her child. The mother’s own depression and powerlessness become overwhelming.

Homeless women and their children, prior to residing in a transitional housing facility or long-term shelter, usually have experienced multiple traumas. These numerous, chronic traumas often result in disorganized patterns of attachment, which in turn affect all future development. There are few studies that explore the difficulties that homeless mothers experience in forming positive attachments with their babies. There are also a dearth of programs and interventions that address disturbed attachment patterns within this marginalized population.

The work I describe here was with five very special mothers and their six children. They met at a transitional housing facility or shelter for homeless women and children where they were able to live and receive multiple services for up to two years. When we think of the homeless we rarely think of a young mother pushing a baby stroller down the street with all of her essential belongings in tow. We cannot allow ourselves to think that a mother and baby have nowhere to sleep that night: it is too terrible a thought to allow ourselves to have.

Women with young children are rarely seen living on the street because they know that they will have their children taken from them. When a young woman has two or three little children under the age of four she will try to rely on different family members but quickly wears out her welcome. These mothers go from family member to family member, couch to couch, or even sleep on someone’s floor with their children, never really knowing what to expect the next night. Other

homeless mothers may even find themselves sleeping in abandoned buildings or cars, or seeking shelter in a public bathroom, their safety at stake.

How do you end up with a baby and no home? Each of the women in our group had their individual unique story, but there are many common background factors. Almost none of the women who come to live at homeless shelters come from stable families. Many have experienced abuse and neglect and never had a safe place to call home. Often their parents were not able to provide the basics of emotional security and a decent education. Abject poverty, oppressive racism, and dangerous living situations are traumas that get handed down from generation to generation.

As we are all aware, a good home is not just a physical structure but is where we build nurturing relationships that support us as we grow. Home is where we feel cared for, and where we learn to trust, to love, and to feel loved. What happens when our earliest relationships are laden with hurt, fear, and anger? Then home becomes a terrible place, a place to avoid.

Child psychoanalysts and infant researchers who study attachment patterns in infants and young children have much to tell us. Neglect and abuse early in life have long-term harmful effects. The infant brain is shaped by its early experience in the world of relationships. Children who are afraid of their caregivers, or cannot rely on them, cannot learn to trust. They often have grave difficulties in loving and accepting love. These children learn to protect themselves by avoiding or resisting others. As they grow, they may continue to distance themselves from others by violence or by drugs.

For some women, this shelter is their first good home. It is a place where they can feel safe and cared for, and for many a place where they come to know themselves and their babies for the first time. In our psychoanalytically informed mom/baby group the women were given a unique opportunity to share their stories with each other in an atmosphere that encouraged trust and hope. In the group the women were able to reflect on their own childhoods and I encouraged them to reflect on themselves as mothers. As they did this, they were able to connect the past with the present.

With the help of each other and the therapist, they began to explore new ways of being with their children, ways that promote more secure attachments and healthy emotional and physical development.

PURPOSE OF STUDY

The study that I undertook identified and described the attachment style of homeless mothers, and explored its effect on the resulting attachment style of their children. It incorporated psychoanalytically informed interventions with the goal of aiding the women in developing a deeper capacity to understand and be attuned to their babies' emotional needs. Within these interventions, the women began to learn to recognize attachment behaviors in their children and to see their children as separate individuals with minds of their own. Within the study, I made use of the Adult Attachment Interview (AAI), the Strange Situation, and the Bailey Infant Assessment Tool.

For this chapter, I will not describe my research methodology, research tools or results (Smolen, 2013), but instead will focus on the psychoanalytically informed interventions and the benefits to the women and children.

PSYCHOANALYTICALLY INFORMED GROUP INTERVENTION

The five women and their six children met twice per week for two-hour sessions with the therapist (myself) in a mom/baby group. Within this group the women, with the help of the therapist and of each other, came to know themselves and their babies, perhaps for the first time.

Within the group, the women had the opportunity to make photo journals of themselves with their children. They were also given cameras to take home. One purpose of the use of photographs was to help the mothers focus on and really see themselves and their babies. In addition, the mothers were encouraged to write in their journals and record hopes and wishes for the future as well as worries and concerns.

The women also participated in making a documentary where they were given the opportunity to tell their story and speak about how they

came to be homeless. They were encouraged to speak about their hopes for the future for their families. The women also collaborated and wrote the script for, and acted in, a parenting film where they tell young women in situations like their own, what they wish someone had told them, and what they have learned from their experiences.

FIRST HOUR

In the first hour the women spoke about their children's current developmental issues and other relevant concerns with each other and the therapist as they made photo journals of themselves and their children. The photographs were taken during group-time when mothers and children played together. In these books the women wrote about hopes and wishes for their children. Some of the women included pictures, poems, and photos of their other children. In the early weeks, the women had difficulty finding words to describe their inner lives and the inner lives of their children.

Within the group they began to learn about themselves, and to think of their children as separate selves with complex emotions. Most of the women in the group had been abandoned emotionally or even betrayed by their own mothers when they were little. They grew-up in crisis amid a backdrop of trauma. "Knowing others and their minds had been fraught with terror, disappointment, and rage. And now they were faced with the enormous challenge of holding their own children in mind" (Slade et al., 2006, pp. 76).

SECOND HOUR

In the second hour the children joined their mothers in play. Ritualized structure was introduced at this time. All of the group meetings were videotaped, with the video footage used in several different ways. First, it was used in interventions with the mothers: making the films was an empowering experience for the women as they told their stories and offered advice to other young women in similar circumstances. It was also used by the mothers in making a documentary and a parenting film for use outside the study itself.

RITUALS

Structured activities were introduced in the mom/baby group. When I undertook an earlier exploratory study with homeless mothers and children it was evident that although the transitional housing facility provided stability and safety, and is an excellent “holding environment,” many of the women continued to live chaotic lives. Perhaps because they lived with a background of violence and trauma as children, they never experienced what it is to have a bedtime or a goodnight story.

For many of the women, ritual was mostly absent from their childhood experiences. As described earlier, in the first hour of group the women met with the therapist without their children. In the second hour they joined the children, and were instructed to play with their children as they might do in their living units. After this period of undirected play, the therapist introduced structured activities that were repeated in every session. The group always ended with singing and movement and then a snack and a story.

The goal was for the mothers and children to find safety and comfort in the rituals as they

took on individual significance and meaning. The children might not understand the words of the story or the song, or they might not be capable of manipulating the symbols for communication, but I predicted that as the ritual took on meaning the baby would be able to respond to it.

Because the mothers participated with their children in the ritual activity, each learning their own part of it, the meaning became shared. However, for this shared meaning to occur the mother first had to be able to “accurately identify her infant’s feelings” (Brinich 1982, pp. 6). Importantly, it is not the specific content of the ritual that is valuable, but the “sense of understanding and being understood: infant by mother and mother by infant” (Brinich 1982, pp. 6).

VIDEO INTERVENTION

The use of video feedback as an intervention is powerful, because it allows the mother to watch herself interact with her baby. As we watched mother’s

interactions with her child on videotape, I put words to the actions, addressing her “representations of her transferences to the infant” (Beebe 2007, pp. 9). This “translation” of the interaction helped the mother to learn to recognize the 8 baby’s nonverbal language, to better comprehend her baby’s communications, and to respond to them.

THE FAMILIES

All of the women in this study experienced multiple traumas which have been documented elsewhere (Smolen, 2013). For this paper I will not provide histories but instead will demonstrate the usefulness of the psychoanalytically informed mom/baby group for each family.

CHRISTA AND IRIS

Christa, a pretty 21year old African American woman with long reddish braids, was a single mother living in a homeless shelter with her two young children: a four year old son, and Iris, who was two-years old. Christa’s large brown eyes, outlined by long thick eyelashes, were only out-done by her two young children, who had inherited the longest eyelashes I have ever seen. Christa’s voluptuous body often became a soft climbing toy for her young daughter, as well as a perfect place for Iris to lay her head when in need of a hug.

Christa described how she had felt betrayed by her mother before she became homeless, and they had stopped speaking. Christa had been living with her mother when they were evicted and her mother moved into a tiny one room apartment, leaving Christa with nowhere to go with her two babies. *“I was just stuck. Um I just didn’t have nowhere else to go. I was just stuck so it was going into a shelter or living on the street. I had no choice. It really hurt. I had to go to two shelters that were not safe. It was very very scary. I was very confused and it was depressing. Emotionally, physically, mentally. I was just depressed. And I thought the world was going to end. My world felt like it was going to fall apart.”*

When I first met Christa to speak with her about the project, she had been living at the transitional housing facility for thirteen months and

was working hard to finish her GED, pay off her outstanding debts, and move forward toward her dream of becoming a chef and owning her own restaurant. She was eager to join our Mom/Baby group.

CHRISTA AND IRIS IN GROUP

In the “mother only” portion of our group, Christa was an active participant. She loved making pages for her photograph book and spoke about the journals she kept in her childhood and how important they were to her. Christa was engaged with the other group members, listening closely to what they had to say. She offered support and empathy when appropriate and was eager to give advice and share her own frustrations and concerns. She had creative advice for others and sought out their ideas when she was unsure of how to handle a certain situation. Christa seemed to integrate what I offered in the way of child development and parent education and was noticeably relieved when she became aware that it is normal to be frustrated and/or angry with your child at times. She also seemed open to figuring out better ways of expressing her frustrations and dealing with her own feelings of inadequacies as a mother. She spoke about wanting to be a better mother to her children and to be more available emotionally. It was most important to her that her children know that she loved them and that she would never abandon them.

Christa spoke candidly about how terrible it was for her when she was 15-years old and pregnant. She hid her pregnancy for fear of her mother’s reaction; afraid she would be thrown out. She also spoke of the shame she felt when she had to go to the “pregnant” room in her high school. As she spoke her facial expression highlighted her words: *“I used to see those girls with their big bellies and think bad of them. Boy, now it was me. I couldn’t believe it. I was one of them and everyone was thinking bad of me.”*

Iris was twenty-nine months old when the project began. She was tiny and appeared younger both physically, and behaviorally. Her speech was delayed, as she possessed just a few single words and these were difficult to understand. Iris was easily upset. If things did not go her way

she quickly fell into tantrums. These moments were accompanied by piercing anguished crying. Christa had a difficult time comforting her daughter during tantrums and stated that her child was just being unreasonable and spiteful. What was most striking was that Christa felt that her little girl wanted to hurt her. She would often say: "She beats me up. She goes after me. She hates me."

It was interesting to watch Christa and Iris interact. Iris would approach her mother with excitement and vigor, jumping into her arms, kissing her face and playing with her hair. This lovely interaction would quickly turn "bad." Iris would begin to get over-stimulated as she climbed all over her mother using her as a jungle gym, and Christa would encourage this by holding her upside down or other exciting physical play. Iris would be so over-stimulated that she hit her mother or hurt her in some other way, and instead of explaining to her child that her play had crossed a boundary, and helping her to regulate, Christa would fake cry in an exaggerated way, saying that her daughter was "killing" her. These interactions would always end up with Iris crying and being rejected by her mother.

Iris and Christa both enjoyed the singing and movement portion of our group. Iris learned the words to many of the songs and sang and danced, imitating my movements and making her own creative additions. She loved being read to, and would bring me books asking me to start story-time. Iris also loved posing for the camera and was called "the little model" by the other mothers.

Over the course of the group I felt that Christa was the participant who most benefited from the project as a whole. She seemed to gain a better understanding of her daughter's developmental and emotional needs and she became more capable of being a "secure base" for her child. In our final interview her words spoke for her accomplishments when she told the following story: "Iris was at her father's house for three days last week and I really missed her, I mean I needed the break, don't get me wrong and she does drive me crazy but I did miss her. So I go to get her and she runs and grabs my leg and she's so happy to see me..." *Mommy! Mommy! Mommy!*" *It was beautiful it really was. It was just beautiful.*" This was an incredibly meaningful statement. It seemed

as if Christa was now better able to accept her daughter's affection without turning it into a bad situation.

As our project came to an end, Christa and Iris were experiencing many more enjoyable interactions. Christa was better able to set limits and keep appropriate boundaries and Iris was less over stimulated. In addition, Iris's vocabulary increased by leaps and bounds as she was now speaking in sentences and making herself understood.

NINA AND KARL

Nina, an attractive, intelligent twenty-one year old African American woman, was openly emotional. It was easy to determine how she was feeling on any given day. When she was feeling well her eyes were bright and her features were soft. Her smile and laugh were infectious as she made excellent use of humor in her communications and interactions. However, when she was feeling depressed, her affect became flat and her sadness was palpable. Karl, her three-year old son, identified with his mother's moods.

When she was feeling badly, he also became depressed. When she was feeling well, Karl too seemed to come alive. Nina also had a one-year old son who lived with his father's family, and Nina hoped to one day regain custody of her youngest child.

NINA AND KARL IN GROUP

In our first interview, Nina spoke openly about the massive abuse she had endured throughout her childhood. Nina had a difficult time getting to group on time and would often arrive over a half hour late. Some mornings the effort to walk across the street from the residence to our group room was so taxing that when she arrived she appeared exhausted and depleted. There were many sessions in the early months when she would sit silently and contribute in monosyllables only when prodded by me. When she did speak, her words were barely audible. Nina seemed to like the idea of making the mom/baby books and requested that jewels be purchased so that she could decorate the cover of her

book. When the jewels were purchased she painstakingly covered every inch of her cover in multicolored glass beads. While the other mothers were making pages for their books with photos of their children, Nina was unable to do this. She was very critical of herself in the photographs and would refuse to enter them into her book.

As the weeks wore on, Nina's depression waned and she seemed to come alive. As this happened, her wonderful use of humor surfaced. At times she was just plain silly and reminded me of a little girl. She would sit close to me and want to "play." She began to participate in group conversations, sharing her own experiences. One morning the group was talking about what it is like when you are a single mother with nobody to help you and you have a new baby who is fussy and is unable to settle down and sleep. Nina shared how difficult these weeks were for her when Karl was a newborn.

She told her story: "I didn't have nobody and I was so depressed, I had postpartum depression, and his father was abusive. I didn't have nobody. At night he cried and cried and nothing I did helped. I wanted to throw him out the window. I really did. So I went in the other room and turned my music on real loud and calmed myself. Then I went back and picked him up and sat myself down in the rocking chair and I tried all over again. I started out new. That's how I did it. I really wanted to throw him out the window, but I didn't."

However, Nina easily slipped back into depression. One particular morning she came in more depressed than I had seen her in the past. She shared with the group that over the weekend she had visited her grandmother's house for a party for her brother. The man who had sexually abused her as a child was invited to this party. She was enraged: *"I couldn't believe it! There he was. That's the thing they never believed me. He was always there. I stared at him and wanted to kill him. He just laughed at me. My cousin held me back. She said don't go to jail for him he isn't worth it. I couldn't believe they let him come there. It was terrible terrible just terrible!"*

The other women silently listened and commiserated by shaking their heads in agreement with her pain. There was nothing to say. We sat with her and listened to her despair.

The first time I met three-year old Karl was when I went to his day-care room to take him for his Bayley testing a week before group began. I knew him immediately; he looked just like his mother. His sadness was palpable as he was unable to engage with me and he performed poorly on the test. In group he would lean against his mother as she remained on the couch. The other mothers would get down on the quilt to play with their children. Nina was unable to do this. Karl was unable to leave his mother's side to explore with the other children. One page in their Photo book described their participation in the early weeks of group. It is a picture of Karl standing close to his mother as she sits on the couch. Her caption reads: "*Me and Karl look on.*"

KARL'S FACIAL EXPRESSION MIRRORS HIS MOTHER'S DEPRESSION

As Nina came out of her depression, so did Karl. A lively, sweet, intelligent verbal little boy emerged. Karl began to play with the other children, joined in the singing and movement, and especially loved snack and reading time. His anger also emerged as he had an occasional temper tantrum when something did not go his way. Nina handled her son's anger by remaining calm. When he was extremely upset (which happened only once) she took him out of the room to help him to calm down and then rejoined the group. Karl made up creative games and Nina was able to participate with him and encourage his creativity and accomplishments.

There was one session when Nina and Karl were the only group members who attended that day (this happened only twice, once with Nina and Karl and once with Fannie and her sons). A fort with chairs and the quilt was constructed. At first, I helped Karl to build his fort but Nina quickly joined in as they both moved into their fort/home together. All had great fun as they made up a puppet show and played together. It was hard to tell who enjoyed this morning more!

It was extremely gratifying to once again retrieve Karl from his day-care room for his Bayley posttest a few weeks after the group had ended. He was engaged and animated as he sailed through the various activities.

As I took him out to the playground to rejoin his class, he asked when the group time would resume.

LENA AND NOEL

I met Lena for the first time in her living unit in the shelter. I was holding an open meeting for the eligible women to explain my research project and encourage them to participate. Lena's little girl Noel was sick in bed that evening, but Lena was interested in hearing more about the mother/child project and asked if I would speak with her privately in her rooms. Lena seemed exhausted from taking care of her sick two-year old as she cleared a spot at her table to sit and talk. Lena appeared older than her twenty-five years both in appearance and behavior. She felt she had lived a lot and wanted to impart her wisdom to the other, younger mothers. She expressed her shyness around cameras and was reluctant to be filmed, but she quickly became comfortable and was one of the more articulate members of the group.

LENA AND NOEL IN GROUP

From the beginning Lena loved to talk. She was the most vocal member of the group. Lena gave the impression of possessing a tough, rough exterior but she was capable of a softness that came out when she interacted with her two-year old daughter. Lena was extremely helpful to the other women on various topics, such as what to do when your baby is learning to crawl and you live in an unsafe environment, toilet training, and fathers.

On one particular day I asked the mothers about what to do if your baby is learning to crawl and you live in an undesirable place for your baby to explore his surroundings. Lena described an unsafe home where the floorboards were coming up and mice droppings as well as other garbage were on the floor. Lena told what she did: "*Well, what I did for my daughter was I made my own safe place. I cleaned up a space on the floor and I put blankets down and I surrounded it in pillows and put toys down for her and she could crawl there.*" This was a helpful story for Christa to hear, who also experi-

enced unsuitable living arrangements when her child was crawling but kept her from crawling. She thought that if she were ever in that situation in the future she would now know what to do.

Lena also was able to tell the group about her toilet training experience with Noel. Early on in group Lena was frustrated but patient, stating that Noel must not be ready and she will just have to wait. When another mother said she beat her son so he would use the toilet, Lena became silent and pensive. Finally, after a long pause she said to the woman who had just confessed beating her son: *“Well my brother was beat to go to the toilet and he is in jail now so...”* This led to an intense discussion of beating and its ill effects on children as they all remembered their own beatings as children.

Lena was eloquent and made use of humor as she spoke about her children’s fathers. She often had the group laughing about a difficult and sensitive subject. Lena was not going to take any nonsense from these men. She demanded that they pay attention to their respective children and she insisted that they deal with each other. Lena told the story of how the two men hated each other and were fighting in front of the children: *“I told them they better get along for the sake of my children and where my children are concerned they better not mess with me. I don’t care if they hate each other but they better not take it out on my children. I told them they can just go ahead and kill each other and I will take their bodies and cremate them and put their ashes together in a bottle and sit it up on my mantle and they can fight for all eternity and I’ll just sit there and look at that bottle and laugh!”*

When the project began, Noel, an adorable two-year old little girl, stayed close to her mother, bringing her toys one by one from the toy container. She was an observer, and seemed shy around me and the other women. It was obvious that Lena took great pride in her daughter’s appearance, as Noel’s hair was always neatly done with barrettes to match her outfit. By the end of our project, Noel was actively engaged with others and was speaking in full sentences and was toilet trained.

Lena and Noel both enjoyed the singing and movement part of the group. One of our songs was *“If you’re happy and you know it...”* One verse is *“If you’re scared and you know it give a scream!”* Noel loved this

song, especially the screaming. Lena would encourage her daughter: “*You go girl! You scream it out!*” It was all great fun.

ZOE AND MELODY

Zoe was in her ninth month of pregnancy with her fourth child when we first met. She had two sons, ages nine and seven, and a four-year old daughter. Her appointment for her AAI was on her due date; that night she gave birth to a beautiful daughter. Zoe’s radiant beauty was striking. She had large brown eyes that sparkled when she laughed and shot sparks of fire when angry. Zoe told her story with frank honesty and seemed to possess the wisdom of an older woman. She accepted the hardships of her childhood and her parent’s shortcomings with compassion. She had a clear understanding that she had to take responsibility for her own future.

ZOE AND MELODY IN GROUP

Zoe was a dedicated member of the group. She was always the first to arrive, usually on time, and loyally attended until she was forced to enter the welfare-to-work program toward the latter half of the project. After her baby was placed in childcare, her attendance became sporadic.

Zoe had much to offer the group because Melody was her fourth child. She often spoke about her older children, especially around toilet training experiences and relationships with the children’s fathers. Zoe demonstrated her understanding and empathy for her second son when the women were sharing how they arranged for their children to visit with their fathers. Zoe explained: “*Well, my oldest son, he sees his father. His father is in his life, he buys him some things and takes him places. He don’t stay there much, if at all. I mean I never get a break, but he in his life. Now my second son, his father is just not there at all for him. I feel some kind of way about it but what can I do. He says: “My father must not love me” and this, that and a third. I’m not going to lie to him. It’s just how it is. But I give him extra time alone with me. I might do something special just for him. The others understand that. They have fathers, he doesn’t. It’s good because my older son’s father will include him. That’s nice and I*

appreciate it. But I do feel some kind of way about it all!"

Zoe was wonderful with infant, Melody. She was unrelenting about insisting that "*meat spoils, not babies.*" Zoe felt that babies should be held, which she demonstrated by keeping Melody in her arms for most of group time. She was attuned to her baby and would pick her up out of her infant seat before Melody became uncomfortably upset. I was impressed with how quickly Zoe began to take some of my words as her own and incorporated the idea of thinking about what your baby was thinking into her interactions with her infant. This is beautifully illustrated in her photo book on several pages. For example, at times Zoe had a tendency to be over-intrusive, kissing Melody all over her face many times. On a page where the photo shows Zoe very much in Melody's face, Zoe writes: "*Too many kisses, Melody is thinking: Too many kisses.*" And on another page there is a beautiful photograph depicting Zoe and Melody gazing into each other's eyes and Zoe writes: "*I wonder what Melody is thinking about? I wonder what is on her mind?*"

It was difficult for Zoe to put Melody in daycare; however, she was threatened with losing her welfare if she did not comply. Zoe spoke about finding appropriate daycare and how she needed to be nearby so she could just drop in at lunchtime and visit her baby. She also wanted to be able to make sure that her infant was being properly cared for. In the end, Zoe did not have to use a daycare but instead Melody's paternal grandmother took over her care. There were pros and cons to this situation. The good thing was that Melody was with a family member who loved and adored her and she got one-on-one attention. The unfortunate problem was that Zoe began to go several days at a time without seeing her baby. Zoe would come to group, stay until the children joined us and then she would go to her work program.

Several weeks later, Zoe brought Melody to group and there was a striking difference in her appearance. Melody seemed depressed, as it was difficult to get her to engage and to respond. Melody did not smile at all that week. I was concerned and wondered with Zoe how she thought her baby was feeling about this separation. This was very difficult for Zoe to allow herself to even think about, and she cut off the conversation with insisting that her baby did not miss her, and that she

was absolutely fine. I certainly understood her anxiety, which caused her to become defensive. However, as the weeks progressed Zoe had her baby with her more often.

In the last weeks of group, I observed six-month old Melody, who was developmentally advanced, bright eyed, happily verbalizing and engaged.

FANNIE AND TOM AND ROB

Fannie moved into the shelter the week the mom/baby group began, missing the first two sessions. She appeared years older than twenty-three as she attempted to navigate her way through the system. Overwhelmed by her two little boys, ages one- and two-years old, it seemed as if she was unable to take care of herself as she was disheveled, while her living unit was immaculate and her boys were dressed in matching outfits down to the socks and shoes. It was not clear if Fannie understood the purpose of the group as she had significant cognitive limitations, but she was lonely and there was no room in daycare for her boys so she consented to join the group.

FANNIE AND TOM AND ROB IN GROUP

Fannie felt ill at ease when she first came into our group. She had just moved into the transitional housing facility, having come from a Women Against Abuse shelter, and was still adjusting to living in a shelter. She did not know any of the other women and did not try to engage with them. She was silent. I found it difficult to engage her and involve her in the group conversation. For the first few months she would silently work on her photo book, only speaking when spoken to.

As Fannie became more comfortable she began to share her own experiences with the group. She explained that nobody had taught her about how to care for a baby. When her first son was born she had to learn everything on her own. The other women in the group all seemed to have lots of experience caring for younger siblings or cousins as they were growing up, but not Fannie. She had an isolated childhood.

An uncomfortable situation arose as Fannie spoke to her children using an extremely mean tone. For the most part, all of her interactions were inappropriate to the situation. Her voice became very loud and she used a commanding rough manner. It became evident that she had no other way of being with her children in her repertoire. When this occurred, the mood was disrupted in the group and the other children became tense, looking on with concern. The other mothers did not interfere with Fannie's mothering. At first I tried modeling appropriate responses to setting limits and other interactions with her children. I hoped Fannie would follow my lead. However, a few weeks went by and when her behavior was not altered at all it became evident that a more direct intervention was needed. The quandary was how to do this without inflicting a narcissistic wound and embarrassing her in front of the other women. As it turned out, as I was wrestling with this problem, a day came when only Fannie and her boys came to group. It was the perfect opportunity to speak with Fannie alone and then to work one-on-one with Fannie with her boys during our playtime. This seemed to be a pivotal point, as Fannie became more aware of her own behavior and feelings. She would catch herself and change her tone and approach to her boys. She later shared that she struggled with her angry outbursts and knew she needed to have more patience.

Both two-year old Tom and one-year old Rob enjoyed the group. For several weeks they stayed very close to their mother, bringing her toys and sharing her lap. They watched the other children and soon felt comfortable enough to venture away from their mother. Tom became attached to an intern who was observing the group and began to sit on her lap and bring her toys. Rob began to walk backward and fall into my lap. Both children participated in the singing and movement, and snack time became a favorite.

As Tom adjusted to both his new living arrangements and participating in the group, he also exhibited angry episodes. His facial expression would darken as his eyebrows knitted together and he would kick and pinch not only other children, but me as well. When I spoke with Fannie about her angry tone, she was able to connect it to Tom's angry behaviors, which were meaningful to Fannie.

There were incidents when Fannie would tease Tom by holding him down with one hand and holding a toy just out of his reach. Tom would become enraged, crying and frustrated, while Fannie seemed to sadistically enjoy his pain. I made use of the video tape to help Fannie see how teasing her child caused him to not only feel pain but to then attack back in a violent way. The group experience was valuable to Fannie and her children; however, Fannie needed ongoing interventions to help her understand the emotional and developmental needs of her boys.

CULTURAL DIFFERENCES

The following vignette is an example of subtle differences in child rearing in this population, which may serve as an explanation of attachment scores. This interaction occurred in one of our last mom/baby group sessions:

All of the mothers were sitting on the floor on our quilt while the children played with the toys. The children occasionally interacted with one another, frequently returning to their mothers to show them a toy or sit on their lap. Lena was chatting with another mother when Noel threw a toy across the room, perhaps to regain her mother's undivided attention, and the toy accidentally hit another little girl on the back of her head. The other child was not hurt and hardly even noticed the offence other than to turn around to see what hit her. Noel made a beeline across the room, keeping her back turned toward her mother. Lena became harsh and in a somewhat loud and mean-sounding tone insisted that her daughter apologize to the other little girl. Noel continued to completely ignore her mother, refusing to acknowledge her demand, pretending that she did not even hear her mother calling to her.

I was sitting next to Lena and had observed the whole thing. I suggested to Lena that Noel had not meant to hurt the other child and the whole incident had been an accident. In my mind, I was thinking that Noel need not be disciplined since she obviously had hit the other child inadvertently. Lena turned to me and explained: "*I know she didn't do it on purpose and it doesn't matter that Iris wasn't hurt, but out there she*

could get killed. People don't care if you didn't mean it. She has to say she's sorry." At that moment I knew that Lena's harsh tone demanding that her child apologize was not mean, but was urgently teaching her child how to survive in their world. Five minutes later Noel came skipping over to her mother, sat on her lap with her nose touching her mother's nose and exclaimed in the most innocent of voices: "Were you calling me? Did you call me?" Lena just laughed exclaiming: "*Yes I called you! I called you five minutes ago! I sure did call you!*" And the incident was forgotten.

To my ear, Lena sounded overly harsh, unnecessarily mean. Perhaps what I misinterpreted was an alarming urgency to teach her child to keep herself safe in a very hard, harsh world. I would further speculate that Noel interpreted her mother's words as loving even though she was somewhat afraid of getting into trouble, which is probably why she avoided her mother's demand to apologize. However, she knew that she would be accepted lovingly back into her mother's arms, which is exactly what happened.

DISCUSSION

The famous African proverb "It takes a village to raise a child" has significant meaning within the African American culture. In the African American community, child rearing is often viewed as a communal process. Extended families are valued, and often children grow up in multi-generational homes where disciplining and the socialization of children are distributed among all the adult members of the household.

Chronic stress due to abject poverty and homelessness may cause the young single mother to feel overwhelmed by anger, resentment, and frustration, all of which combine to make her feel powerless and inadequate. Studies have shown that mothers who have more peers in their support network are more competent parents. Mothers who receive greater support from family and friends "tend to be more emotionally responsive to their children" (MacPhee et al., 1996, pp.3279). Most of the women in shelters experience multiple forms of racism and oppression. As African American women they face racism on a daily basis. As

poor, homeless women they experience chronic stress due to their marginalized status in society. Many of the women also live with the deeply personal wound of being rejected by their own families, left to care for their children alone and without support. Many homeless women with children expend all of their energy trying to meet their own and their children's basic needs. If a woman is worried about food and shelter she will often not have the energy (or the wherewithal) to interact with her children in a loving way, or be able to provide interesting activities for her children. The majority of homeless women have not had their own emotional needs met (in the past or present) and thus are more likely to be critical and irritable with their own children (MacPhee et al., 1996).

It seems obvious that homelessness would impair a mother's ability to parent her children effectively, yet there is little empirical research on the parenting and attachment styles of the homeless. By capitalizing on the strengths of the African American family, and providing interventions that assist the homeless mother in providing greater support and control and nurturing, agencies can help high-risk families function more efficiently in society. Mental health practitioners must appreciate ethnic and racial differences so they may facilitate ethnic pride within the families with whom they work. This in turn will help families be more receptive to formal supports with more positive outcomes.

PRACTICE IMPLICATIONS AND FUTURE RESEARCH

The stories of the women and children illustrate several areas where mental health workers need to focus. Professionals working with children who have experienced chronic trauma such as homelessness, profound poverty, physical and sexual abuses, and physical and emotional neglect often become overwhelmed. Many times only a specific maladaptive behavior is focused on and treatment is analogous to a bandage on a hemorrhage.

In our future work with these families, early attachment relationships must come into clear focus, and a combined treatment with both the child and the parent may be optimal. The parent's own attachment past

must be acknowledged and dealt with. Psychoanalytic leaders such as Anna Freud, Mahler et al., Parens, Greenspan and others, valued the vital importance of intervention in the first years of life. Mother-infant therapy has been spearheaded by Fraiberg, Adelson & Shapiro (1975); Call (1963); Fraiberg (1971, 1980); Greenacre (1971); Greenspan (1981); Spitz (1965); and Liberman & Pawl (1993). The last decade “has shown great progress in conceptualizing methods of intervention with parents and infants. Both psychodynamic approaches aimed at the mother’s representations and interactional approaches attempting to intervene into specific behavioral transactions are effective (see for example Brazelton, 1994; Fraiberg 1980; Field et al., 1996; Hofacker & Papousek, 1998; Hopkins, 1992; McDonough, 1993; Marvin, Cooper, Hoffman, & Powell, 2002; Malphurs et al., 1996; Seligman, 1994; Stern, 1995; Van den Boom, 1995)” (Beebe 2007, pp. 9). Several mother-infant interventions have demonstrated positive outcomes and improvements in the mother-infant relationship (Cramer et al., 1990). However, it is important to note that mother-infant intervention and treatment continues to be unavailable to underserved populations such as homeless mothers and children.

Another important area that needs to be addressed is providing culturally appropriate parenting classes and properly facilitated mom/baby groups that teach child development and help young mothers begin to recognize attachment behaviors in their babies. Those of us who have had the opportunity to work with parent/child dyads have observed how exquisitely sensitive these relationships are. A small change in the parent can make all the difference. As Daniel Stern describes in his book *The Motherhood Constellation*, the ultimate goal of parent/child therapy is to “free infants from the distortions and displaced affects engulfing them in parental conflict and to change the parent’s internal representations of himself or herself and of the child” (Stern, 1995).

In my earlier exploratory work conducting parenting groups for homeless women, I searched for parenting films to show in class. Most studies examining parenting (and videos that teach parenting) have been conducted with Caucasian and African American middle-class families. Several of the films depicted single mothers who experienced

poverty; however, all of the families shown in these films had a home to go to after their baby was born. These teaching materials proved to be ineffective and even detrimental to the very poor families I worked with. Not only are the women unable to relate to the families shown on the films, but these films added to the sense of worthlessness and poor self-esteem that these families already bear.

This project has produced a parenting video that homeless women and teenage single mothers will be able to identify with and learn from. The parenting video may be used in inner-city high school programs, foster care agencies, and the Department of Human Services as an aid in working with young girls/women who become pregnant. The documentary film gives voice to the otherwise silenced homeless women. In this film, the women raise their voices and speak out. These five courageous women have chosen to no longer remain silently invisible to a society that would like them to disappear.

CONCLUSION

Because of the work of Selma Fraiberg (1980) and her colleagues, psychoanalytically informed clinicians have been working with mothers and babies for over forty years. Within the psychoanalytic community, working with the mother-infant dyad is highly valued. In our work with high-risk mothers and children who have experienced trauma, the environment is not easily controlled or modified. While these circumstances may be viewed as unconventional and challenging, it is also becoming clear that these difficult populations benefit from psychoanalytically informed interventions.

We know that in mother-infant dyads that are troubled, the mother's "representation of the baby has been distorted by unmetabolized and undifferentiated affects stemming from her own early and usually traumatic relationship experiences. The goal of infant-parent psychotherapy is to disentangle these affects from the relationship with the baby" (Slade et al., 2006, pp. 79). It is in the relationship between the mother and the therapist that change occurs and representations begin to shift. The ultimate goal is that the child will no longer be the recipient

of the mother's traumatic projections (Slade et al., 2006).

All of us who participated in this project benefited. The families' stories unfolded in the matrix of the trusting, caring relationships that developed between myself and the women and their children. I provided an essential transforming substitute to the women's earlier relationships with their mothers. Most valuable was the experience of being heard and seen and feeling valued by me. This in itself can be instrumental in freeing the mother and baby from earlier neglectful and harmful relationships (Slade et al., 2006).

However, it is not always easy to gain the trust and respect of women who have been abandoned and abused their whole lives. I feel the alliances that I was able to develop with the women were often disrupted by "transferential reactions on the part of mothers who had been betrayed and hurt by those who cared for them" (Slade et al., 2006, pp. 83). This was acted out by the women missing sessions or making me pursue them. I often found myself coaxing a mother to attend and giving frequent reminders of when we met. While this was frustrating and exhausting, I understood the multitude of internal conflicts that were stirred up as our relationship deepened. Becoming close was frightening to most of these women, and the fear and resulting defenses needed to be respected and understood.

Change and growth could be observed as the women gathered around the table where they worked on their Photo books and shared glorious and painful experiences of what it means to be homeless and to be a mother. It was rare that all five women attended a given session; yet they always knew I would be there, session after session, week after week. I was consistent and dependable, something they had never experienced before in an important relationship. As we spoke they sensed my appreciation of what they could teach me, and developed a powerful sense of pride that I was giving them the opportunity to help others.

As they came to see me as dependable and caring they began to integrate bits and pieces of information I offered them. A couple of the women identified with me and took my words as their own when making the films and writing in their photo books. Because I showed them that I appreciated and valued their minds (their thoughts and feelings)

they in turn, began to notice and value the minds of their children.

I demonstrated a commitment and dedication to their well being that they, as a group, came to value. Over the course of this six-month project we weathered many storms, both intrapsychic and environmental. We cried together and listened to painful stories but we also laughed and played. I became their playmate, a playful, loving mother, bringing glitter and shiny stones, singing songs and dancing to childhood lyrics. I read them bedtime stories while I fed them cookies and juice. Our group provided a safe “holding environment,” a place and time that was always the same. Within this sameness trust developed and healing could begin. They shared childhood memories and disappointments and began to ask for certain childhood stories and songs.

As I demonstrated flexibility and creative processes they too were able to become more flexible and creative. In the beginning, all five of the women had difficulties playing with their children. As the months wore on, all of the participants were more comfortable playing, not only with me, but also with their own children. The stories of the women and children may demonstrate weaknesses in our society and in our social service systems, but these stories also show the remarkable strength and resiliency that so many of these vulnerable families possess.

I am honored to have had the opportunity to work with and get to know all of the families. I leave them humbled by their strength and courage and proud of their ability to continue to dream for a better future for themselves and their children.

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