

Dissertation Volume: Two

*What are the Perinatal Preoccupations of a Parental Couple Attending a
Mentalization Based Treatment (MBT) Group for At-Risk Parents?*

Literature Review

Empirical Research Project

Reflective Commentary

Deirdre Ingham

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Psychotherapy (Child and Adolescent)

DECLARATION

I declare that the material submitted for examination is my own work. The ideas and findings of others have been referenced in accordance with the guidelines provided and any work by others has been acknowledged.

I understand that anti-plagiarism software may be used to check for appropriate use of referencing.

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Signature: D. J. Ingham

Table of Contents

<i>Acknowledgement</i>	6
Impact Statement	7
<i>PART 1: Literature Review</i>	9
Abstract	10
Introduction	11
<i>A Note on Trauma</i>	12
<i>Search Methods</i>	13
A Psychoanalytic and Theoretical Perspective	14
<i>Overview</i>	14
<i>The Past in the Present</i>	17
Prenatal Representations	19
<i>Overview</i>	19
<i>How has research measured prenatal representations?</i>	21
<i>Stability & Change</i>	22
<i>The Role of Fathers</i>	24
<i>Parents: Past and Present</i>	25
<i>Present Risk: Domestic Violence</i>	27
Maternal Fetal Attachment (MFA)	30
Prenatal Reflective Function	31
Therapeutic Support in Pregnancy	34
Conclusion	35
References	38

PART 2: Empirical Research Project	53
Abstract	54
Introduction	55
<i>Primary Maternal Preoccupation</i>	55
<i>Ghosts in the Nursery</i>	56
<i>Prenatal Representations</i>	56
<i>Aims</i>	58
Methodology	58
<i>Context: MBT Programme</i>	58
<i>The Parental Couple</i>	60
<i>Data Collection</i>	61
<i>Data Analysis</i>	62
<i>Ethics</i>	63
<i>Reflexivity</i>	64
Results	65
<i>Table 1: Themes for Results</i>	65
1. <i>Preoccupations With The Pregnant Body</i>	66
1.1 <i>Hostility in Relation to the Pregnancy</i>	67
1.2 <i>Identification with the Unborn Infant and the Labour</i>	69
2. Preoccupations with the Unborn and Born Infant	71
2.1 <i>The Infant and Fear</i>	71
2.2 <i>The Infant and Violence</i>	72
2.3 <i>Fear of the Repetition of Violence</i>	73
2.4 <i>The Infant as Comfort for the Parent</i>	74
Discussion	76

<i>Preoccupations Overview</i>	77
<i>Preoccupations With The Pregnant Body</i>	77
<i>Preoccupations With The Unborn and Born Infant</i>	79
<i>Limitations and Strengths</i>	82
Conclusion and Implication	83
References	85
Appendix	95
PART 3: Reflective Commentary	97
Introduction	98
At Conception: The Past in the Present	98
The Impact Study as the Lost Infant	101
Discovering and Naming My Research Baby	103
Primary Research Preoccupation	103
Gathering Up and Swaddling the Theme	106
Stories of Babyhood: Application to Clinical Work	108
Conclusion	109
References	110

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Impact Statement

The focus of this review and empirical paper are the parental representations / preoccupations emerging during pregnancy and the very early weeks of birth, situated within the context of therapy, trauma and risk.

Whilst maternal representations of children have been widely researched, the prenatal and very early postnatal representations have been given less attention, particularly in the combined context of therapy and risk. Furthermore, there is also a paucity of research looking at paternal representations or the representations of both parents as they occur simultaneously. The research that does exist is primarily quantitative rather than qualitative, as in this study. By employing a thematic analysis this study has been able to closely examine the experience of an expectant couple, therefore making it readily aligned to the work of other professionals working with the perinatal experience.

This results of this single case study show how parents do not always refer directly to their unborn infant, but rather they may express difficult feelings indirectly through defensive processes such as projection. For professionals working perinatally, there is the need to think more interpretively and not rely solely on direct references to the unborn infant which may at times mask anxiety and concern. Furthermore, this study draws our attention to the ways in which at-risk parents may withhold (consciously or unconsciously) more negative feelings about their pregnancy / infant due to the professional context within which they are participating, as well as being a sequelae of their own early relational trauma.

It is hoped that the knowledge gathered through this research will contribute to a growing body of clinical and theoretical literature pertaining to how the unborn infant begins to form in the minds of the parents, particularly those who have experiences of their own early relational trauma. Whilst the focus is on an expectant couple situated within the specific context of risk,

assessment and therapeutic intervention, there may also be an application to other similar situations and practices e.g. individual psychotherapy; social work; health visiting; midwifery and professions who work with expectant parents. In these settings, professionals can utilise the information gathered here in order to think interpretively about parents' communications, therefore acquiring a more nuanced understanding, contributing to the development of the parent-infant bond, security of attachment and the assessment of risk.

Part One: Literature Review

What is Known About Expectant Mothers Thoughts, Feelings and Fantasies in Relation to Their Unborn Infants? : A Narrative Literature Review.

Word Count: 7832



Abstract

Background: This literature review is concerned with the expectant mother's thoughts, feelings, fantasies and relationship with her the unborn infant. It is viewed through psychoanalytic theory (gleaned from clinical practice) and research relating to prenatal representations and its subsequent relationship with maternal-fetal attachment and reflective function.

Aims: The central task is to bring together the knowledge from all these areas and present a cohesive body of information which can serve to inform professional practice, research and theory.

Search Methods: The main database sourced was PsycINFO, which then led to searching additional databases such as PsychArticles. The following terms and their variations were searched for: prenatal representations; maternal representations in pregnancy; pregnancy; and psychoanalysis. These led to subheadings including domestic violence; childhood maltreatment; and hostile-helpless representations.

Results: Both the clinical and research literature broadly presented the same perspective regarding the expectant mother's thoughts, feelings, fantasies and developing relationship with her unborn infant. The general consensus is that they are influenced by her past relational experiences and her current circumstances. Such is the mutability of these representations that they can be influenced both positively and negatively.

Discussion: Given the intensity of psychic reorganisation experienced by mothers during pregnancy, there is compelling evidence to suggest that this period warrants more attention both in research, theory and clinical practice. By providing targeted social and psychological interventions during this period later outcomes will be supported.

Introduction

[O]rdinarily the woman enters into a phase, a phase from which she *ordinarily* recovers in the weeks and months after the baby's birth, in which to a large extent she is the baby and the baby is her ... After all, she was a baby once, and she has in her the memories of being a baby; she also has memories of being cared for, and these memories either help or hinder her in her own experiences as a mother.

(Winnicott, 1988, p.6.)

Pregnancy is not only a physical experience but also widely recognized as a psychological experience whereby mothers' infantile histories and the internal relationship, particularly with their own mothers, become stirred, albeit unconsciously (Raphael-Leff, 1991a, p. 67). Brazelton and Cramer (1991) also link the physical experience of pregnancy with a corresponding psychological experience which activates a regression to the expectant mother's own infantile experiences with her mother. This regression forms an opportunity for 'another working through of unfulfilled dependency needs and symbiotic wishes' (Brazelton and Cramer, 1991. p. 22). Pregnancy is therefore both a time of turmoil and an opportunity for reparation of the past.

The psychological significance of this period is further increased as it is the beginning of the mother's relationship with her unborn infant, and research suggests that this prenatal relationship may contribute to the quality of the later attachment with the born child (Dayton et al., 2010). The mother's developing relationship with her infant, also known as maternal-fetal attachment (MFA), is informed by these prenatal representations and in turn can determine later attachments with the born child. The importance of the relationship with her unborn infant serves as a predictor for the nature of the attachment at one year (Benoit et

al., 1997; Madigan et al., 2015). Similarly, the quality of prenatal representations will contribute to infant–mother interactions postnatally (Tambelli et al., 2014). The mother’s past experience, particularly where there has been the trauma of maltreatment, will also impact how she thinks and feels about her infant. In these cases, there is a significant concordance with any later insecure attachment between mother and child (Berthelot et al., 2015).

The remaining part of this paper explores what is currently known regarding how mothers imagine and develop a relationship with their unborn infant. Beginning with a psychoanalytic perspective, informed primarily from clinical practice and observation, this paper will then explore similar concepts through empirical evidence. This will include prenatal representations, maternal-fetal attachment and prenatal reflective function.

A Note on Trauma

The term ‘trauma’ will be frequently referred to and therefore requires clarity and definition. It is *early relational trauma* that is the concern of this paper. Beginning in infancy it can continue into childhood and adolescence. Schore (2013) differentiates it from a single trauma by describing it as ‘ambient, cumulative, and derived from the interpersonal environment’ and further describes it as an *attachment trauma*. Such trauma in childhood regularly takes the form of abuse and neglect (p.3) and disrupts the relationship with the child’s caregiver. Early relational trauma is often also described as complex trauma.

Similarly, Khan (1963) describes cumulative trauma as being an accumulation of breeches in the parental protective shield and spans from infancy to adolescence. However, Khan (1963) differentiates this trauma from that of abuse and neglect, describing it more as a maladaptation of parental care that is persistent. Both descriptions of trauma are relevant to this study as they are occurring within the context of the main attachment relationships.

Search Methods

This narrative literature review was composed through searching 3 main databases: PsycINFO; PsychArticles and PEP-Web. The following terms were searched for initially: prenatal representations; maternal representations in pregnancy; paternal; father*; pregnan*; and psychoanaly*. A meaningful number of papers were yielded from this initial search and produced additional terms such as domestic violence; childhood maltreatment; and hostile-helpless representations. References and citations in the resulting papers were examined, leading to a back and forward reference search.

A substantial number of these searches also led to the *Infant Mental Health Journal*. A search of the *Infant Mental Health Journal* for the term 'prenatal representation/s' brought up 11 papers which had this term in the title, 21 with it in the abstract and 197 in the body of the paper.

The search method employed resulted in a relatively small number of papers focusing on pregnancy, with the majority attending to a comparison between, or tracking of prenatal and postnatal representations. These were included as it evidenced the importance of the prenatal period in forming later attachments. Fathers' prenatal representations also featured, usually in the context of the couple experience. Again, this was also relevant to the review, although the main focus was not on fathers.

Papers where the focus was only on postnatal representations were excluded. All papers had to give a significant consideration to the prenatal experience.

In order to provide some implicit sense of the development of these ideas, papers were included which go back to 1936.

Some searches brought up articles in other languages, particularly French. These were excluded despite appearing interesting and relevant to the review. Additional sources were used from the author's personal collection of books and journals.

A Psychoanalytic and Theoretical Perspective

Overview

Psychoanalysis suggests that internalized and early relationships with parental figures, particularly those of the pregnant mother's own mother, forms a basis from which the pregnant mind develops (Deutsch, 1947; Birksted-Breen, 2000). It can be an enormously difficult and psychically challenging time, specifically when maternal histories are complex. However, psychoanalysis also recognizes that pregnancy can simultaneously be a time for a reworking of these early experiences. It is an opportunity for change.

Raphael-Leff (1991b) suggests that unconscious infantile experiences with parental figures are not the only relationships, as the fetal relationship with the womb is also in the mother's unconscious mind. Through the physicality of the womb 'she bodily serves the function of container, metabolizer and waste-disposer' (p. 397). Raphael-Leff goes on to say that 'this initial placental interchange of nutrients and waste, between mother and foetus, becomes an unconscious metaphor and model for postnatal interaction' (p. 397). The processes inherent in the physicality of pregnancy therefore have a corresponding emotional and relational experience whereby the mother processes the emotional experience through her body.

The mother's psychic interpretations of the physicality of pregnancy are not uniform, and will be coloured by her particular history. An example of this is the experience of vomiting/nausea, which according to Raphael-Leff may be an indication of unconscious ambivalence towards the pregnancy or an attempt to rid herself of the foetus. For some women, the nausea may be welcomed as it is a reassurance that the unseen foetus exists, whilst for another mother it may be resented and she may view the foetus as making her sick (pp. 60–61). There is some research to suggest that there is a link between a mother's early traumatic childhood and the presence of hyperemesis gravidarum (pregnancy sickness/nausea) and its severity (Kivrak et al., 2018). In addition, the incidence of hyperemesis gravidarum has also been identified as being more prevalent in women who have 'less desired' pregnancies (Kuo et al., 2007, cited in Kivrak et al., 2018, p. 183). In another small study informed by psychoanalysis, Tsalkitzi et al. (2021) explored the conscious fantasies about the foetus in women who were suffering from hyperemesis gravidarum. Their aim was to assess how this condition may influence their fantasy life, which in turn can impact the developing relationship with their unborn infant. The results showed that maternal fantasies become orientated around aggression and escape. There was a sense of resentment, ambivalence and a fantasy of 'not having it', which contributed to an absence of an imagined infant (Tsalkitzi et al., 2021, p. 323). Unlike other empirical studies discussed later, this study was not concerned with the mother's past history nor current circumstances, but rather with the impact of the physical relationship with her pregnancy and its corresponding symptoms. It seems that the psychoanalytic observations by many of the current and early psychoanalysts (Pines, 1972; Deutsch, 1947; Bibring et al., 1961) have substance which is being verified in the research.

Anxieties surrounding pregnancy have been observed and inadvertently attended to through a study by Caron and Lopes (2015). The clinician/researcher's primary focus was the close

observation of intrauterine life using Bick's (1964) psychoanalytic practice of infant observation and ultrasound techniques. Present in the observations were the parents, the observer and the sonographer, who the authors describe as having a containing function (Caron and Lopes, 2015, p. 27). The primitive anxieties that accompany the pregnant mother as she imagines her infant are quelled in these observations, as the sonographer is in a position of being able to answer questions and explain what cannot normally be seen. According to Caron and Lopes, the interpretive function of the sonographer 'helps parents to digest and neutralize those feelings and make them less toxic' (p. 27). This interpretive function is akin to the therapeutic experience, in that it allows for a processing of anxieties. A study of fathers' experiences of ultrasound (Draper, 2002) has also shown how this visual involvement can promote a father's developing relationship with his unborn child.

The continuity between life in the womb and life after the womb was also noted by Caron and Lopes (2015) as well as by an earlier and similar in utero observation conducted by Piontelli (1992). Piontelli evidences this through an observation of twins, where in utero the twins were seen as hitting each other. This was also witnessed in her observations of the same twins at four years of age. Through in utero observation Piontelli establishes the idea that what is present during pregnancy may also have an expression postnatally.

As a pregnancy progresses, so do the feelings of being both separate from and connected to the infant. This is essential in order for the mother to have an intimate relationship with the infant when born (Pines, 1972; Slade et.al., 2009). The mother experiences more worries about herself as a mother and her infant during the latter part of pregnancy. According to Stern (1995), this is a necessary process to prevent disappointment should the born child not match her imagined infant. Stern breaks down the experience of pregnancy and its representations into three areas: 1) representations of her own mother and early attachment experiences; 2) representations of the unborn infant; and 3) representations of herself as a

mother. These prenatal representations therefore suggest that pregnancy is an experience whereby the past, present and future is conflated.

What seems evident through a psychoanalytic view point is that each woman's experience of her pregnancy is different and is partly influenced by history, circumstances and how she interprets her bodily changes. This does not negate the strong biological and hormonal changes, but rather draws attention to the complexity of pregnancy as an entwining of psyche and soma. Whilst the expectant mothers' thoughts, feelings and fantasies in relation to her unborn infant are at the core of this paper, it is also pertinent to include psychoanalytic ideas on trauma more broadly. This is because a parent's own childhood experience such as maltreatment, can impact upon the pregnancy and the relationship with the developing infant (Fraiberg et al., 1975).

The Past in the Present

Whilst Freud was aware of an active relationship between the past and current experience, the idea left much potential for investigation. Psychoanalysis has further developed and explored the notion of the past in the present, and it is particularly known through the work of Fraiberg et al. (1975) in the seminal paper 'Ghosts in the nursery: A psychoanalytic approach to the problems of impaired mother-infant relationships'. Such has been the impact of this paper and the compelling nature of the ghostly metaphors that subsequent academic research has built upon these ideas.

Fraiberg et al. (1975) use the metaphor of ghosts to underpin the idea that a person's past familial experiences may haunt the present through the parent–infant relationship. All families may be visited by these ghosts, but not all will require support to 'banish' them. In families where these ghosts are more troublesome, the need for professional help may be

required. Some families may form a robust and effective relationship with the therapist and the therapeutic task becomes possible. However, the authors identify a group of parents/families where this is more difficult and where there is less willingness to form an alliance with the therapist. Here, the authors suggest that these parents will view the therapists as 'the intruders' rather than the ghosts. An added dimension to this familial profile is that the ghosts are deeply entrenched into the family systems and may have their roots span three or four previous generations.

The authors posited the question 'What is it that determines whether the conflicted past of the parent will be repeated with his child?' Key to the repetition is how the pain of a parent's childhood is managed and understood. If the pain is kept alive in the mind of the person, rather than distanced from and identified with, as in Anna Freud's (1936) idea of the 'identification with the aggressor', there is the possibility for change. In Anna Freud's theory, she acknowledges how a trauma, originating in a relationship can be echoed in other adult relationships. In contemporary research and literature this is known as relational trauma.

Whilst the trauma residing within the pregnant mother may span generations, it may affect her developing relationship with her unborn infant, and in doing so, contribute to the continuity of trauma across generations. Raphael-Leff (2005) notes the effect of previous trauma on a mother's pregnant body and the trauma of medical intervention: 'Daughters of depriving, intrusive, or neglectful parents, and victims of rape, incest, or abuse of any kind are all vulnerable during pregnancy to anxieties that their insides and creative nurturing capacities may have been affected. Physical experiences of having an intruder in her innermost bodily space, the invasiveness of internal examinations and fears of the physical birth may all revive the shocked hurt outrage of a repressed or recalled initial trauma' (p. 195).

What is evident from these psychoanalytic ideas about trauma is that it can be both

remembered and not remembered. What binds them is the absence of processing which can then be passed to later generations.

The role of therapy in mitigating these anxieties is studied by Birksted-Breen (2000) who looked at 60 mothers. Birksted-Breen found that those who had support to express their anxieties in late pregnancy managed better post-birth, therefore emphasising the importance of intervening during pregnancy.

It seems that psychoanalysis evidences that the pregnant mother's mind is reorganizing, primarily in relationship to her past and her body in preparation for the future. Unlike later empirical research born out of attachment theory, psychoanalysis gives relatively less attention to the external world of the expectant mother and how it contributes to her psychological experience. It is the work of researchers in the area of attachment theory that has broadened this and included the interplay of the internal/external and past/present experiences as having an influence upon prenatal representations. This will be explored in the following section.

Prenatal Representations

Overview

In empirical research, mental representations are understood as being psychic constructs based upon memories of past experiences and fantasies, both conscious and unconscious which inform the mother's current ways of relating to others (Ammaniti et al., 1992). They are developed through the influence of the mother's own attachment history (Malone et al., 2010; Slade & Cohen, 1996).

In relation to motherhood, they are defined as the thoughts and characteristics ascribed to the child by the mother and to her maternal role (Ammaniti, 1991; Cohen et al., 2000). These

maternal representations are situated within a context of a caregiving system, which originates in childhood (in the experience of being cared for) and are particularly active during pregnancy and adolescence (Solomon & George, 1996). Pregnancy therefore provides an opportunity for the mother and also the father (Vreeswijk et al., 2014, 2015) to reorganize representations of their histories in order to develop new representations of their unborn infant (Ammaniti, 1991).

Research recognizes that these representations are not consistent throughout pregnancy but instead develop as the mother's body changes and the foetus grows (Ammaniti, 1991). They may become richer and more detailed up until approximately seven months when according to Stern (1995) they 'decrease, and become progressively less clearly delineated, less specific and less rich' (p. 23) This functions as an unconscious way of protecting herself and the baby from a discordance between the imagined baby and the baby when born. Post-birth the maternal representations go through change whereby they are created and defined by the interactions and characteristics with the infant (Slade & Cohen, 1996). Therefore, new representations are constructed out of the relationship and not solely by maternal fantasies and past experiences as they are in pregnancy.

An early study by Lumley (1982), focusing on how 30 pregnant women imagine their unborn infant, demonstrated an emerging image and understanding of who their unborn infant was, as the pregnancy progressed. In the first trimester, one-third considered the foetus as formless, whilst 40 per cent imbued the unborn infant with some type of recognizable form, such as a jelly fish or a seahorse. The remaining 27 per cent provided descriptions that were more closely aligned to the actual development of the unborn infant. In the second trimester,

approximately two-thirds of the women viewed the unborn infant as being a person, with this increasing to 96 per cent in the third trimester.

This early study gives some credence to theoretical ideas that the development of the unborn infant in the mother's mind parallels the actual development of the pregnancy (Stern, 1995). However, it is limited in what it can tell us about how these emerge, nor does it give us a more three-dimensional view of how and why mothers attribute particular qualities to their unborn infant. Nonetheless, Lumley (1982) presents an interesting base from which later empirical work explored how the mother imagines her unborn infant.

How Has Research Measured Prenatal Representations?

In order to measure and understand the quality of these representations many studies such as Theran et al. (2005) utilize the Working Model of the Child Interview (WMCI) (Zeanah et al., 1986). Initially used postnatally, it has also been evidenced as being successful prenatally and has provided a system for learning about how women think and feel about their infant and themselves as mothers. Devised as a semi-structured interview, it categorizes maternal representations into three categories: balanced; disengaged & distorted (unbalanced). Characteristically, the 'balanced' representation possesses a sense of coherence coupled with warmth and sensitivity, whilst the unbalanced/disengaged representation demonstrates emotional distance and rejection of the child. The third category, the unbalanced/distorted representation, is imbued with confusion and contradiction in the descriptions of the relationship with the child. These categories of balanced, disengaged and distorted have been shown to parallel the attachment patterns of secure, avoidant and ambivalent (Madigan et al., 2015). Additional research has suggested a fourth representational category named WMCI-Disrupted (WMCI-D) (Crawford & Benoit, 2009), which corresponds to disorganized attachment and unresolved trauma. Whilst this

measure is designed to be used empirically, it is also recognized as having a place in clinical practice (Vreeswijk et al., 2012).

Given the relationship between mental representations and attachment, many of the studies investigating prenatal representations have included the use of the Adult Attachment Interview (AAI; George et al., 1985). Through this additional tool, the parent's attachment representations and experiences with their own parents' caregiving can be assessed. When utilized prenatally, results have been consistent in finding that attachment representations during pregnancy are indicative of the quality of the parent–infant attachment post-birth (Benoit & Parker, 1994; Fonagy et al., 1991; Steele et al., 1996).

There are other studies (Guyon-Harris et al., 2021; Dayton et al., 2016; Meier and Edginton, 2020) which do not employ the WMCI to investigate prenatal representations. One such study is by Guyon-Harris et al. (2021), who was concerned with the 'emotional tone' carried in an expectant mother's descriptions of her unborn infant and her parenting behaviour 12 months postpartum. Their findings showed that where there was a greater use of more positive emotional words to describe the unborn child which correlated with how these mothers sensitively parented their infant at 12 months. Conversely, those mothers who used more negative (angry/anxious) words in their prenatal descriptions demonstrated a less positive parenting behaviour of their 12-month-old infant. These more descriptive and thematically presented research studies may lend themselves more readily to the clinician working directly with parents and children due to their illustrative qualities.

Stability and Change

The reliability of the WMCI was also demonstrated through a systematic review of studies focusing on this measure (Vreeswijk et al., 2012). There was consistency in the main findings pertaining to prenatal representations, particularly in relation to stability. Overall,

this systematic study showed that the WMCI (Zeanah et al., 1986) demonstrated that prenatal and postnatal representations are notably concordant for balanced representation and that there are significant shifts from prenatal balanced to postnatal unbalanced representations in women who are situated within socio-economic difficulties and domestic violence. In contrast, Vreeswijk et al. (2012) found that women in stronger and more stable situations, such as those on higher incomes and supportive relationships, were able to have balanced postnatal representations despite prenataally being classified as having unbalanced prenatal representations. This highlights the powerful influence the context can have upon the quality of a mother's representations prenataally and postnatally.

As suggested earlier, prenatal representations are significant in that they can form a predictor to the quality of later parent–infant relationships and attachments after birth (Benoit et al. 1997; Theran et al., 2005). Benoit et al. (1997) found that there was continuity between prenatal representations and postnatal representations when the infants were 12 months of age. Whilst there is stability and concordance between prenatal and postnatal representations as found by Theran et al. (2005), another study has also highlighted mothers whose representational category has changed after giving birth. Vreeswijk et al. (2015) suggests that this may be the case with mothers who had previously experienced perinatal loss and protected themselves through being disengaged during the pregnancy for fear of repetition. There are also indications that once the infant is born, their particular characteristics may override the ones of the imagined infant and therefore exert an influence upon the relationship with the mother (Vizziello et al., 1993; Solomon & George, 1996).

It seems that there is mutability in prenatal representations as they can change both positively and negatively. This points to the idea noted earlier by Birksted-Breen (2000) that

should an expectant mother have the opportunity to talk and reflect upon her anxiety in therapy, she is likely to manage better post-birth.

The Role of Fathers

The paternal role during pregnancy functions as a way for the father to form his relationship with the infant whilst simultaneously acting as a protective layer to the mother and the unborn infant. This idea is not a new one as in psychoanalysis Winnicott (1960) posited that the father's role is that of the protector of the mother and infant. By creating this secure environment, the mother is more able to provide a nurturing experience for her infant, therefore allowing the mother to tolerate the struggles of motherhood (Winnicott 1964).

Neuroscience has evidenced that there are corresponding changes to the brain activity of expectant fathers in preparation for parenthood (Diaz-Rojas et al., 2023). Similarly, to mothers, first time fathers demonstrate an increase in prenatal attachment mid-pregnancy (Habib and Lancaster, 2010). The lack of the physical experience of pregnancy poses a complex negotiation (Genesoni and Tallandini 2009) in that fathers are forming a bond with the infant without a concrete connection. Despite this more distant physical experience, research suggests that fathers form prenatal representations, just as mothers do. Ahlqvist - Bjorkrothe et al., (2016) and Vreeswijk et al., (2015) state that whilst fathers have more disengaged representations prenatally compared to mothers, postnatally their representations are more balanced, perhaps due to being able to have a more interactive experience with the infant.

Support for the mother during pregnancy is considered essential in order mitigate against difficulties such as depression (Westdahl et al. 2007). However, it is paternal support that is considered of particular necessity for the mother and the infants overall health (Alio et

al. 2013). The absence of a father during pregnancy has been linked to poor outcomes overall and an increase in levels of the mothers stress hormones (Somers-Smith 1999). Conversely, the active and supportive involvement of fathers during pregnancy will have a positive impact on the later relationship with his children and upon behaviour (Cabrera, 2020 and Witte et al., 2020).

Alio et al., (2013) examined paternal involvement during pregnancy through community programmes. The study identified 4 significant areas of paternal involvement: accessibility; engagement; responsibility and the couple relationship. The couple relationship was noted as being of prime importance as its quality could mediate against the fact that fathers do not have the physical experience of pregnancy. Furthermore, the authors acknowledge the barriers to father's involvement with the pregnancy (individual, family, community, societal and policy factors) and suggest the need for more research into this area in order to prevent maternal stress and promote positive maternal behaviours. The significance of the couple relationship prenatally is also studied by Hazen et al.,(2021) and is deemed as greatly influencing postnatal interactions with the child. The more hostile prenatal interactions were, the more emotionally disengaged were the parent-child interactions postnatally.

Whilst there is still relatively little research into the importance of fathers during pregnancy, what is available strongly suggests their importance in supporting the mother-infant relationship and preventing future struggles in attachment relationships.

Parents: Past and Present

As stated above, expectant mothers begin to form a sense of themselves as mothers through their internalized relationship with their own childhood attachment figures. Vizziello et al. (1993) look at how expectant women referred to themselves as mothers and to their

infants at various time points prenatally and postnatally. The descriptors used by the mothers were initially clustered into themes and then into four organizational categories: defence; desire; fear; and lack of organization. It is the last category of 'lack of organization' which the researchers suggest is the most concerning as this indicates a lack of mental space pre and postnatally for the mother as a mother and her imagined infant. However, in relation to the prenatal description of the infant in this category, there is more potential for reorganization postnatally due to the presence of a real child rather than the imagined infant of pregnancy. The researchers draw attention to the descriptors of the self as mother in this organization category and state that the lack of reorganization may affect future parental function more negatively.

One of the most significant triggers to the stirring of past experiences are the first fetal movements registered by the mother. As said by Zeanah et al. (1990) the mothers awareness of fetal movements can bring forth the feeling of separateness which is a necessary step towards attachment. With this increasing separateness in the mind of the mother comes her task in how to imagine and read her unborn infant's movement. Zeanah et al. (1990) conducted a study to ascertain the influences upon how parents imagined their unborn infants. The results showed that 'Overall, our results do not lend much support to the hypothesis that characteristics of the imagined baby of pregnancy derive from foetal movements' (p. 32). More nuanced findings suggest that it is the state of mind of the parent that determines how these movements are understood, with more anxious parents tending to view their infants more adversely. This finding tentatively points again to the ideas that a parent's own childhood experiences can colour their perception of both their born and their unborn child.

Lyons-Ruth et al. (1999) devised a classification system for identifying maternal hostile-helpless states in relation to the AAI (George et al., 1985) but this has been primarily used postnatally. Adults with the hostile-helpless states of mind present with both unintegrated and conflicting representations of their childhood attachment figures. Common to these adults is a history of childhood trauma. However, when described there is either an absence of any emotional reflection or a difficulty in thinking about the emotional aspect of their childhood experiences (Lyons-Ruth et al., 2006/2011).

Recent research by Terry et al., (2021) has turned attention to whether hostile/ helpless can be observed prior to the birth of the infant and whether they may be linked to the later removal of children into the care due to maltreatment. Terry et al. (2021) utilized hostile-helpless coding, applying it to the pregnancy interview (PI; Slade, 2011). The data was drawn from an attachment-based home visiting programme working with mothers in the perinatal period – including during pregnancy. Two groups of data were chosen and the coding applied. One data group related to 13 mothers whose children had been placed in care within two years of birth. The second data group were of another 13 mothers whose children were not placed in care. Those mothers who had children placed in care had prenatal hostile-helpless scores significantly higher compared to the second group. Whilst this was a relatively small study, there is sufficient evidence to suggest that prenatal hostile-helpless representations may indicate a higher degree of risk and maltreatment postnatally. The authors of the study also suggest the need for a larger study to further confirm these findings.

Present Risk: Domestic Violence

It seems well defined that the influence of the past and therefore the mother's internalized experiences have an impact upon a mother's pregnancy and subsequent relationship with

her infant. However, her current experiences during pregnancy can equally have a consequence upon prenatal representations. Research has suggested that prenatal representations are affected not only by parental childhood trauma such as physical abuse but also by current trauma such as domestic violence (Huth-Bocks et al., 2004; Malone et al., 2010). The parents' history and current situation, such as poverty or domestic violence, will create a complex dynamic which may contribute to the quality of representations and attachment to the infant pre and post-birth (Belsky & Fearon, 2002). As discussed earlier, the influence of the environment has also been noted through Vreeswijk et al.'s (2012) systematic review of the use of WMCI (Zeanah et al., 1986) where mothers were seen to be able to positively change their representations of their infants prenatally to postnatally if they were within a more supportive environment. Such environmental stressors may exert their influence upon prenatal representations as they are forming and in turn contribute to later parenting (Flykt et al., 2010). Theran et al. (2005) also emphasized the role of risk in contributing to non-balanced representations. Such risks include being a single parent, low income and domestic violence.

Given that the rationale for this paper is borne out of the author's interest in it being of relevance for clinicians/professionals working directly in the field, the topic of domestic violence is warranted specific attention. The experience of domestic violence is frequently seen in the clinical context.

Huth-Bocks et al. (2004) studied 206 pregnant mothers of whom 89 reported current DV. The women who disclosed DV had higher rates of unbalanced representations of their child and themselves as parents compared with those who did not disclose DV. Attachment patterns were also significantly different in pregnant mothers who disclosed DV, in that they were more insecurely attached to their unborn infant.

Drawing on the work of Fraiberg (1975) in the seminal paper 'Ghosts in the nursery', Malone et al. (2010) studied the impact of childhood maltreatment (CM) upon prenatal representations and the relationship with current domestic violence. The researchers built upon a previous study (Huth-Bocks et al., 2004) and utilized the same data which found a relationship between DV and non-balanced representations. By incorporating CM to the second study, Malone et al. (2010) were able to examine the way in which DV contributed to remembering and reflecting upon past CM during pregnancy.

Their findings showed those with distorted representations reported higher levels of past physical and sexual abuse. However, when domestic violence was also reported by women with distorted representations, there were fewer reports of CM. The authors of this study account for this difference by suggesting that the mothers' current experience of domestic violence may override past experiences of maltreatment, as it is a here and now dominant stressor.

A more recent study by Ahlfs-Dunn et al. (2022) showed that whilst a mother's history of interpersonal trauma (or CM) was directly related to disrupted prenatal representations, interpersonal violence (or DV) was not. Ahlfs-Dunn et al. (2022) acknowledge this difference from the findings of Huth-Bocks et al. (2004) by postulating that childhood interpersonal violence may be more disruptive in the development of the relationship between child and mother. A second possibility suggested by Ahlfs-Dunn et al. (2022) is that interpersonal violence (or DV) during pregnancy may take more time to influence maternal representations within the perimeters of their study.

Maternal-Fetal Attachment (MFA)

MFA is closely and inextricably linked to prenatal representations, in that prenatal representations form the building blocks out of which the MFA develops and both have been linked to infant attachment (Benoit et al., 1997; Huth-Bocks et al., 2004).

It has been observed that mothers whose babies died before birth went through a grieving process similar to other mothers who lost born children, indicating that a form of attachment begins before the birth of the infant (Brandon et. al., 2009. p. 201). Described as an emotional tie between the parent and the unborn infant (Cranley, 1981; Condon 1993), it is equally an expression of love and an attitude of protection towards the imagined infant.

Cranley (1981) conducted the early research into MFA and notes it as 'the extent to which women engage in behaviours that represent an affiliation and interaction with their unborn child' (p. 282). It is therefore the relationship between the mother and the as-yet unseen and unborn infant (Cranley, 1981). It has been observed that the MFA strengthens as pregnancy progresses, similar to prenatal representations, and is at its most developed during the third trimester (Heidrich & Cranley, 1989; Alhusen, 2008). However, it is different from the attachment relationship post-birth as the mother relies on her representations of her past experiences, thoughts, fantasies and feelings to conjure this relationship rather than direct interactions with an infant. Given the link between MFA and prenatal representations, MFA is also influenced by the socio-economic context of the mother during pregnancy as well as her history.

Alhusen (2008) conducted a literature update, building upon an earlier review by Cannella (2005). Alhusen (2008) reported that the strengthening of MFA was seen where there was greater psychological wellbeing, good family support and having undergone a fetal ultrasound. Whilst it is not clear how the ultrasound supported MFA, it is interesting that the

previously discussed study by Caron and Lopes (2015) found similar results but related this to the interpretive function of the sonographer. Alhusen (2008) also found that MFA could equally be affected negatively by depression, anxiety and substance misuse.

The mutability of prenatal attachment across differing pregnancies has been explored by Zimmerman et al. (2003), who examined the prenatal attachments of three different groups of pregnant mothers: pregnant mothers who had previously had a child with Downs Syndrome (DS); pregnant women who are first-time mothers; and lastly, pregnant mothers with children who are developing typically. The results showed that those mother who had previously given birth to children with DS expressed less joy at the news of becoming pregnant. The group of mothers who had a previous child also showed lower prenatal attachment compared with the group who were first-time mothers.

These results broadly demonstrate how previous experiences of pregnancy and motherhood can alter the quality of prenatal attachments in later pregnancies, particularly when there has been a more problematic pregnancy involving some sort of grief or loss. Whilst a mother's childhood experiences can come to bear upon her prenatal representations and attachments, research suggests her current and more contemporary experiences can also exert their influence.

Prenatal Reflective Function

There has been significant research into understanding the factors which prevent the transmission of trauma and in turn attachment qualities to the next generation. Most notably is Fonagy et al's. (1993) study which initiated further research into the intergenerational transmission of attachment and highlighted the role of mentalization/reflective function.

Fonagy et al. (1993) using data from the London Parent-Child Project to further inform the hypothesis that there was an intergenerational concordance of disturbed patterns of attachment. This early study forms a precursor to the current and well-established ideas on mentalization. The project aimed to question whether there was a correlation between the parent's attachment pattern before the birth of their child and their child's attachment style at one to one and half years. The results demonstrated that there was a strong correlation between the parent's capacity to reflect on their own history and the child's attachment pattern. In order for the child to develop their own reflective function, they need to have been parented by someone who also had a reflective capacity and could understand the mental states of others.

Whilst the capacity to mentalize is essentially a human quality, the infant is not born with this quality but rather it develops the quality through the care of the parent. In other words, it is a developmental achievement. Such an achievement is dependent upon early infant relationships with caregivers where there is 'a symbolic representational system for mental states' (Fonagy et al., 2007, p. 289). This makes the developmental achievement of mentalization inextricably linked to attachment. The study also lays the ground for the idea that it is not how traumatic a parent's past is but their capacity to reflect upon it.

Berthelot et al. (2019) identified that the capacity for reflective function and in turn the capacity to mentalize during pregnancy as being protective of the developing relationship with the unborn infant. This was case with parents who had their own childhood experiences of maltreatment. Ensink et al. (2014) looked more closely at mentalization in relation to both trauma and relationships in pregnant women. The findings showed that a deficit in mentalizing could be specific to a trauma rather than a complete deficit in mentalizing. Where this was the case, there was also difficult feelings in relation to the pregnancy, to being a

parent and to relationships. The authors emphasize that it is not the presence of trauma in a woman's life but the 'absence of mentalizing' about the trauma which becomes problematic in the parental role.

A similar study by Berthelot et al. (2015) found that pregnant women who had significant mentalizing capacities were more likely to be positive about their baby, motherhood and partner relationships despite a history of abuse and trauma. However, they found it difficult to mentalize their past trauma. Again, it also highlighted that it is the *absence* of mentalization in relation to trauma that negatively impacts relationships and being a parent. Similarly, Smaling et al. (2015) looked at prenatal reflective function in a group of 162 women expecting their first child. Of the 162 expectant women, 85 of them were considered high risk (HR) in that they had two or more risk factors. These risk factors included unemployment, low educational attainment, substance misuse, lack of social support, young mothers, single mothers, current psychiatric difficulties and poverty. The findings showed that those expectant mothers with high risk had significantly lower levels of reflective function. It also indicated that a greater number of risk factors had a larger negative impact on reflective function.

Whilst these results are focusing on prenatal reflective function, there does seem to be parallel findings in similar studies looking at prenatal representations. As discussed previously, Huth-Bocks et al. (2004) found a comparable prenatal and postnatal correlation of representations in a context of domestic violence. Equally Theran et al. (2005) found a stability between pre- and postnatal representations. This therefore illuminates the relationship between prenatal representations and prenatal reflective function.

Therapeutic Support in Pregnancy

As with the researchers discussed above, Iyengar et al. (2019) found that there can be movement from a secure to insecure attachment and in turn from unresolved trauma to resolved. Iyengar et al (2019) also highlight how this dynamic position is a parallel to the dynamics in a psychological treatment whereby there is '*reflection, re-evaluation, and change...*' (p.6). Lieberman et al., (2020) acknowledges that the practice of intervening during pregnancy is to support the long term relationship between infant and parent but can be varied in approach and modality. For the purpose of this paper we will look at Parent-Infant Psychotherapy (PIP).

PIP is an intervention working with parents and infant in the room with the therapist. It is a relational model where the baby is 'an active and creative partner in the therapy' (Baradon 2016, p.ix). Baradon et al. (2010) & Salomonsson (2014) do not specifically focus on therapy during pregnancy but rather include it as part of a wider picture. Angela Joyce writing in Baradon, et al., (2010) refers to beginning PIP with a mother in the last 6 weeks of her pregnancy (p.65). It is widely acknowledged that PIP is applicable to this period should an expectant mother be referred but from the literature it seems that referrals during pregnancy are not necessarily actively sought with many PIP referrals being made postnatally.

The Association of Child Psychotherapists (ACP) (no date) published a response to the Health and Social Care Committee Inquiry into the First 1001 Days of Life which included documentation regarding the national practice of parent-infant psychotherapy. The document refers to extensive practice which includes PIP during pregnancy but this practice is as yet unpublished.

Similarly, Baradon et al. (2008) conducting The New Beginnings programme in prison mother and baby units refer to only working with the born child. This may be due to the fact that there were no pregnant women present at the time, with all women having been imprisoned after the birth of their child. None the less, Baradon et al., (2008) recognise the importance of this perinatal period and describe it as a *'....time of potential fluidity in maternal patterns of relating'* (p. 241) and include reflections about this period within the program.

However, in the United States, a model of parent–infant psychotherapy has been adapted to specifically include the prenatal period and six months postnatally (Lieberman, 2020) and is known as Perinatal - Child Parent Psychotherapy (P-CPP). Influenced by Fraiberg et al. (1975), the P-CPP model is also trauma informed and draws from both psychoanalysis and attachment theory to offer an approach which attends to a 'psychic reorganisation'.

Whilst the contemporary practice of PIP in the UK will include pregnant women, it seems that referrals are not proactively sought. Alternatively, it may be that referrers to PIP – GP's, midwives, social workers etc. are unaware of how PIP in pregnancy can helpfully contribute to supporting more healthy prenatal representations and consequently better attachment relationships postnatally.

Conclusion

This literature review is titled 'What is known about expectant mothers thoughts, feelings and fantasies in relation to their unborn infants?' These thoughts, feelings and fantasies inherent to the experience of pregnancy are widely acknowledged by psychoanalysis as being integral to the developing relationship with the unborn infant. However, the ideas are primarily formed through observation and clinical practice and have become cornerstones

to the practice of psychoanalytic psychotherapy. Using the term 'prenatal representations' or 'maternal representations' in pregnancy, researchers have taken up these ideas and examined them through tools such as WMCI (Zeanah et al., 1986) or PI (Slade, 2011). It appears that prenatal representations seem to occupy a pivotal position where the past, present and the future meet and to some degree be indicative of a later attachment with the infant (Spinelli, 2003). This may also be predictive of later CM (Spinelli, 2003; Terry et al., 2021).

Importantly, the research indicates that the mother's current situation can either hinder or support her representations. In some cases, a positive current situation, such as an involved partner, can dampen the effect of past traumas and support a pull towards more balanced representations. These ideas culminate to suggest that the pregnancy provides a window of opportunity through which we can intervene and go some way to prevent the intergenerational transmission of traumas.

Given the potential for change in prenatal representations, particularly of the self as mother, it has been argued that such change is a protective factor in the child's future development (Fonagy et al., 1993; Hodges et al., 2003). According to Tsalkitzi et al. (2021) :

The symbolization of these thoughts and fantasies can help the pregnant woman reframe and restore her feelings toward the baby and the pregnancy, reducing the accompanying distress. (p. 325)

This supports the suggestion for timely intervention at this important phase a mother, father and foetus's development (Tsalkitzi et al., 2021). Vreeswijk et al. (2015) draw attention to the changeability of prenatal representations and flag the need for more research into the

area of maternal trauma history and the impact it has upon maternal prenatal and postnatal representations. This area is relatively undeveloped compared to postnatal studies.

In summary: We now know the importance of expectant mothers' thoughts and feelings in relation to their unborn infants and their contribution to later outcomes. However, more research is required to ascertain the effectiveness of intervening during pregnancy in promoting outcomes postnatally.

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Part Two: Research Project

**'What are the Perinatal Preoccupations of a Parental Couple Attending an
Mentalization Based Treatment (MBT) Group for At-Risk Parents?'**

Word Count: 7915

Empirical Study



Abstract

Background: The perinatal period is a time when parents begin to form a relationship with their unborn and born infant. They communicate this development through preoccupations (thoughts, feelings and fantasies) otherwise called prenatal and postnatal representations. Influenced by early attachment relationships, prenatal representations are significant as they form a precursor to the later attachment relationship with the infant.

Aims: The purpose of this single case study is to examine the perinatal preoccupations of one parental couple attending an MBT Group for parents who have previously harmed their children.

Methodology: Using video data from 19 of the 20 MBT sessions, the researcher transcribed all comments made by the couple pertaining to the current and past pregnancy. Results have been organized using a thematic analysis, with an interpretive and psychoanalytic approach to the discussion of the data.

Results: Two superordinate themes were identified: Preoccupations With the Pregnant Body and Preoccupations With the Unborn and Born Infant. These were further divided into subordinate themes: hostility, identification, fear, violence, comfort and repetition.

Discussion: The results indicate an avoidance of thinking about the unborn infant directly, employing defences such as projection. The representations are indirect and implicit, therefore concealing conscious and unconscious feelings of hostility. The paper emphasises the importance of professionals being attentive to how preoccupations may not present directly.

Keywords: Primary maternal preoccupation, representations, pregnancy, hostility, risk, psychoanalysis.

Introduction

This review lies at the intersection of pregnancy, prenatal representations, parental childhood trauma and therapy, with influences stemming from psychoanalytic ideas pertaining to pregnancy and early infancy. Winnicott's (1956) paper on primary maternal preoccupation (PMP) and Fraiberg et al's., (1975) paper regarding ghosts in the nursery predates this study. Contemporary research harnesses these ideas, particularly Fraiberg et al. (1975), extensively researching ideas under the lexicon of prenatal maternal representations. This paper will explore the background literature and then examine the perinatal preoccupations of a couple with histories of childhood trauma and attending an MBT group.

Primary Maternal Preoccupation (PMP)

The word 'preoccupations' is directly related to Winnicott's (1956) seminal paper 'Primary maternal preoccupation'. Winnicott posits that in the latter part of pregnancy, and early weeks of infancy, the mother experiences an altered state of mind akin to an 'illness'. To enter this state, she needs to be robust and healthy of mind. Temporarily, the mother possesses 'the intuitive capacity to unconsciously identify with the baby's predicament' (p. 302). During this period the parent 'invests the unborn baby with projections drawn from their own psychic reality' and the mother's 'mental imagery fleshes out the unknown being kicking within her interior' (Raphael-Leff, 2015, p.71). There is therefore a physical and psychological pregnancy (Allen, Fonagy & Bateman, 2008). Fathers receive less attention,

however some acknowledge that they too have psychological experiences preparing them for fatherhood (Connor & Denson, 1990).

Ghosts in the Nursery

Intergenerational trauma histories inform the paper 'Ghosts in the nursery: A psychoanalytic approach to the problems of impaired mother-infant relationships' (Fraiberg et al., 1975). The quality and degree to which a parent enters a state of PMP depends on the ghosts and angels (Lieberman et al., 2005) preoccupying the parents minds.

'Ghosts' are parents unresolved attachment traumas originating in childhood, often referred to as relational (Schorer, 2013) or complex (Courtois, 2004) trauma. Fraiberg et al. (1975) state that unprocessed trauma, both repressed and forgotten contribute to adverse parenting. The opportunity to process conscious and unconscious memories is vital in mitigating the effects of relational trauma. Lieberman et al., (2005) offer a counterbalance suggesting there are also 'angels'. Angels are parents benevolent childhood experiences, revived in psychotherapy and contribute to hopeful parent-infant attachments.

Parental Prenatal Representations

Bowlby's attachment theory (Bowlby, 1973, 1980) pre-empts contemporary research regarding maternal representations; expression of how the mother thinks, feels and imagines the parent-infant and self as a mother (George & Solomon, 1989).

Pregnancy initiates a type of mental reorganization in preparation for a new maternal identity (Slade, Cohen, Sadler & Miller, 2009), evidenced through prenatal representations.

The nature of these representations are an indicator for the postnatal attachment (Ammaniti et al., 1992; Fonagy et al., 1991). However, Ammaniti et al., (2013) draw

attention to the lack of research into *prenatal* representations. These researchers conducted a comparative study of at-risk and non-risk mothers' representations of their foetus using the Interview of Maternal Representations during Pregnancy, revised version (IRMAG-R; Ammaniti & Tambelli, 2010). The authors describes how this draws on the mother's history and 'how she progressively creates an image of the foetus and of the future child' (p.110). Results indicate that non-risk mothers present more balanced/integrated representations. These results also confirmed through psychoanalytic observations such as Pines (1972). Similarly, Crawford and Benoit (2009) using the Working Model of the Child Interview adapted for pregnancy (WMCI) (Zeanah, Keener & Anders, 1986) found a correlation with balanced maternal representations prenatally and secure postnatal attachments. Fonagy et al. (1991) also confirmed the relationship between prenatal representations and later attachment, utilizing the Adult Attachment Interview (AAI) (George, Main and Kaplan, 1985) prenatally and the Strange Situation Test (Ainsworth et al., 1978) with mother and child at one year of age. Here the importance of a mother's reflective function is recognized as crucial in halting intergenerational transmission of trauma.

Lindstedt et al., (2021) state that research focusing on fathers psychological relationship to pregnancy is scant. Genesoni & Tallandini (2009) postulate that fathers will also go through a psychological adjustment that is complicated by lack of in utero contact. This, coupled with the societal attitudes towards parenting roles, 'maternal gate keeping' (Schoppe-Sullivan et al., 2008) either permits or restricts the quality and quantity of paternal involvement.

Studies have shown that fathers prenatal representations are generally disengaged compared to mothers (Ahlqvist – Bjorkrothe et al., 2016 and Vreeswijk et al., 2013).

Vreeswijk et al., (2014) interrogated further the stability of fathers pre to postnatal representations. Results indicated a concordance between pre and postnatal representation. However, disengaged representations specifically were less stable and more susceptible to change postnatally. This change is understood as fathers now having the opportunity to interact and build a relationship with the infant postnatally.

It appears research has demonstrated a consensus that prenatal representations of both parents have a significant role in forming a relationship with the unborn infant.

Aims

This study contributes to a growing body of research regarding pre and early postnatal parental representations. Existing literature shows how prenatal representations are important precursors to postnatal representations and influence the quality of the parent-infant attachment. Unlike many studies, this study does not use structured interviews nor outcome measures. Instead, the researcher has transcribed preoccupations / representations pertaining to the infant/pregnancy as they emerge in the context of an MBT group. Collated themes providing an overarching sense of the parent's preoccupations. The context is critical; the parents are at risk of their unborn child being placed in the care of the local authority. Unusually, this study draws on both maternal and paternal representations.

Given parental trauma histories, the researcher hypothesises that preoccupations may be more negative and that sensitive preoccupations may emerge in the therapeutic process. As far as the researcher is aware, perinatal representations in this context have not been thematically analysed.

Methodology

Context: MBT Programme

The Mentalization Based Treatment (MBT) group, which forms the context of this study, was facilitated by safeguarding family assessment service. The researcher had no connection with the group participants but had communication with the lead therapist who provided background information.

This MBT programme was developed in collaboration with the Anna Freud Centre for Children and Families and adapted from the original MBT programme used with adults with a personality disorder (Bateman & Fonagy, 2016). Its task is to support and foster a parent's capacity to mentalize their children through a group experience and individual sessions. There is recognition that parents who have experienced maltreatment as children may struggle to mentalize. These parents require the support to 'make sense of misunderstandings in their relationship with their child, including misunderstandings that arise from unresolved difficulties in the parent's own attachment history...' (Byrne et. al, 2019 p.681). Subsequent aims are to encourage attunement and grow a secure attachment with their children. In turn, this could prevent and impact the intergenerational transmission of trauma due to maltreatment.

The participants are known to maltreat their children and are at risk of having a child under the age of 2 placed in care or they currently have a child under the age of 2 years in foster care. Parents are also required to meet the criteria of having mental health difficulties and/or a history of maltreatment in childhood.

The entire MBT programme comprises of three core elements, of which the MBT group is one. It consists of 20 weekly sessions of MBT group therapy, fortnightly individual parenting MBT sessions and six sessions of Video Interactive Guidance. The group sessions are

structured using inter-related metaphors and images representing the sea e.g. the safe harbor and the illuminating beam. The metaphors function as a symbolic way of understanding the parents' relationship with their child/children.

Byrne et al., (2019) completed an evaluation of the programme using an array of measures including The Parent development Interview (PDI) (Slade et al., 2004); and Generalised Anxiety Disorder -7 (Spitzer et al., 2006). In order to also capture the participants experience of the programme, a thematic analysis was used to study interviews at the end of the programme. The evaluation highlighted some promising results regarding reduction in risk: increased parental protective factors; parents behavioural sensitivity to children's communications and a reduction in parents risk factors such as stress. The thematic analysis also revealed that parents experiences were positive. The area that showed no significant improvement was parental mentalization. The researchers acknowledged that unlike MBT for personality disordered adults, this programme had a significantly shorter treatment time – 20 weeks compared to 18 months. In order to understand these results in more depth the authors of the evaluation suggest further research with a control group and larger sample size.

The Parental Couple

Whilst the context of is an MBT group, the focus of this study is solely on the expectant couple with references to individual participants and facilitators providing context.

The researcher has an interest in the perinatal period and given there was only one expectant couple in the group, the selection was straightforward. Details of the couple's history was not shared other than the fact the couple were attending due to previous safeguarding concerns and were consequently at-risk of their unborn child being placed in

the care. Two further criteria were required for participation with the programme: a history of maltreatment in childhood and/or mental health difficulties. As the research progressed and the data studied, one parent disclosed childhood maltreatment and both disclosed ongoing mental health difficulties which emerged in adolescence.

The couple are white, in their late twenties and have an 18-month-old child referred to as Ryan¹. He was placed in care at approximately 6 months old. Ryan had since returned to the care of his mother, Sasha. His father, Gary, was prevented from overnight stays in the family home as he had physically abused his son.

At the beginning of the MBT group, Sasha was towards the end of her first trimester of her second pregnancy. The progress of the pregnancy followed the course of the programme, culminating in the birth of the infant between sessions 16 and 17. Both parents attended all, including the four postpartum, where the new-born infant was present. This process could trace the imagined baby, the experience of pregnancy, the birth and the very early days of the infant's life, thus presenting a unique opportunity to observe the forming of the infant in the couple's mind, set within a therapeutic context whilst situated on the edge of care.

Data Collection

The data consisted of video material covering 19 out of 20 sessions. It was filmed by the family assessment team and shared with the researcher. Session 1 was not filmed as full consent from group members had not been obtained at this point. Each session was filmed for the duration of the two-hour session and excluded the tea and coffee breaks. Session

¹ All names and identifying factors have been changed to preserve anonymity.

19 was only partly available as the last section was not received. The researcher focused on what was said by the parents, with no attention given to the non-verbal, nor to participants, with exception of contextualizing.

The sound quality of the data was inconsistent and difficult to hear, resulting in some material not being transcribed. This was particularly the case with the father's voice. When there was uncertainty about the transcription, a second viewer or the peer research group was consulted and the narrative agreed. The researcher also attended to the validity of the transcriptions by regularly presenting to the research supervisor, lead therapist and peer researchers. This ensured the data was credible and trustworthy.

All sessions were viewed and but only references to the current perinatal² experience, or to their previous perinatal experience with their first-born was transcribed. This included references to the unborn infant, the pregnancy, the birth and feelings related to this period, and to a lesser extent the born infant. The decision to include previous experiences of pregnancy lay in the belief that these experiences can echo and influence here and now experiences.

Data Analysis

Once the perinatal data had been extracted and transcribed, the researcher applied a thematic analysis Braun and Clarke (2006). The rationale informing this decision was due to the thematic quality of the research question. The researcher also felt that a thematic approach made it more readily accessible to a professional context.

² For the purpose of this study, the perinatal period is defined as the duration of pregnancy plus 12 months after birth (NHS 2018). The MBT programme finishes when the infant is 3.5 weeks old.

Using Braun and Clarke's (2006) phased approach to the data, the researcher initially 'immersed' herself as a means of becoming 'familiar with the depth and breadth of the content' (p. 87) by repetitively studying the data. During this lengthy process, notes, thoughts and some initial and obvious themes were allocated. The data for each parent was not separated, but clustered together under relevant themes. This resulted in some themes being shared between parents, with others being parent specific.

Once familiar with the data, the researcher organised superordinate and subordinate themes by identifying salient features and patterns. Some themes were not explicitly obvious but were informed by the author's psychoanalytic training. Braun and Clarke refer to this as a 'latent' approach where the researcher 'starts to identify, or examine the underlying ideas, assumptions and conceptualizations' (2006, p. 84). In order to work with the latent themes, Braun and Clarke state that interpretive work is needed. This was not a linear approach but a continuous back and forward movement in shaping the final themes. The results were not based on frequency but rather on the significance it played in the entire therapeutic experience. As with the data collection, the researcher consulted the research supervisor, lead therapist and research colleagues at all stages to ensure the themes were robust, reliable and not influenced by bias. Relooking at moments in the video data served to clarify any uncertainty about a code or theme. This was of importance as the researcher was mindful of needing to adopt a position of reflexivity given the interpretive aspect of this approach.

Ethics

The videoing of the sessions and the collection of other data is standard practice within this MBT programme, as it is a supervisory requirement for the therapeutic model. The programme lead also seeks verbal and signed consent, including consent for research

purposes from all participants. Additional ethical approval was sought by the NHS Trust's Research Department for the use of the data for wider research purposes, including for this study.

All data was encrypted and written material anonymized, including material within this paper. Names and other identifying factors have been changed to preserve anonymity. This has been especially important given this study design involves a single case. The researcher, in consultation with her supervisor and research colleagues decided upon the limits to anonymity as the study required a significant degree of fidelity to the data. For this reason, some material was not included, as any changes to preserve anonymity may have altered the results. Where there has been anonymisation, this has not affected the collated themes or the analysis.

Reflexivity

During the process of identifying and clustering themes, the researcher was aware and sensitive to what might be thought of as ordinary anxieties intrinsic to the pregnancy. For example, pregnancy sickness is a common part of pregnancy for many women and is not necessarily an indication of a psychopathology. However, some of these ordinary experiences have been included in this study as the parents are situated within a context of traumatic histories and psychopathology. Similarly, the researcher was mindful of what is referred to by Raphael-Leff as 'healthy maternal ambivalence' that she considers to be 'an inevitable feature of mothering' (2010, p. 57).

Knight (2019) draws attention to the need for researchers to be aware of their own transferences to their research projects as she believes '....researchers transference may have some elements of unresolved or unsymbolized psychological issues that are transferred to the research process' (p. 602). With this notion in mind, it felt especially important to consistently share themes and interpretations of the data with research peers and supervisor in order to ensure credibility and avoid personal projections.

Results

The results cover 2 superordinate headings: 1.Preoccupations With the Pregnant Body; 2.Preoccupations With the Unborn and Born Infant. These themes are subdivided and into 6 subordinate themes (Table 1).

The themes presented are not mutually exclusive and there is a significant degree of overlap. For the purpose of clarity they are presented separately, but the researcher acknowledges the complex inter-relationships at play.

Table 1. Themes for Results

1.Preoccupations with the Pregnant Body	1.1 Hostility in Relation to the Pregnancy
	1.2 Father’s Identification with the Unborn Infant and Labour
2.Preoccupations with the Unborn and Born Infant	2.1 The Infant and Fear
	2.2 The Infant and Violence
	2.3 The Father’s Fear of a Repetition of Violence
	2.4 The Infant as Comfort for the Parent

Both the superordinate and subordinate themes have been identified not in terms of their prevalence, but in terms of their significance within the session and were agreed upon in conjunction with research colleagues. Not every session had material reflecting the themes, with fewer preoccupations expressed early in therapy and a greater number as therapy progressed. An obvious but important parallel is that the progression of therapy also followed the progression of the pregnancy.

Some themes were directly attributed to one parent, e.g. 2.3 Father's Fear of a Repetition of Violence, whilst others became a shared theme e.g. 1.1 Hostility in Relation to the Pregnancy.

There is also a significant degree of overlap between the themes. One such example of this is hostility which is directly referred to in 1.1 Hostility in Relation to the Pregnancy. The researcher considers this theme as being present in other themes such as 1.2 Father's Identification with the Unborn Infant and Labour, albeit in a more implicit way. In psychoanalysis, the defensive process of identification can be one way of managing the overwhelming feelings of trauma (Blum, 1987). Raphael Leff (2015) describes the identification with the unborn baby as being rooted in the father's jealousy with the 'intimate closeness between mother and the unborn baby from which he feels excluded...' (p.32). In this context, jealousy is considered an aspect of hostility.

1. Preoccupations With the Pregnant Body

References to Sasha's pregnant body were prevalent throughout the course of the therapy group and were cited by both Gary and Sasha. This superordinate theme is divided into two subordinate themes: Hostility in Relation to the Pregnancy, and Identification with the Unborn Infant and Labour.

Sasha was more direct and forthcoming with these references, with Gary's contributions coming much later in the process. What seemed to preoccupy their minds was a hostility towards the experience rather than an ambivalence, as there are no references to any sort of pleasure or interest. Gary's relationship with the pregnancy became more prominent when Sasha was in labour as he stated he could feel her pain.

1.1 Hostility in Relation to the Pregnancy

The author's use of the word 'hostility' to describe Sasha and Gary's emotional relationship to the pregnancy is a deliberate reference to Sasha's use of the word 'hate' in session 3. (Session 3 is titled 'The Illuminating Beam' which functions as a metaphor for parents mentalising their child through observation and curiosity.)

In this early session, Sasha remembers being pregnant with her first child. This memory moves to a narrative of the couple's respective cats. Sasha does not refer to her own hostility to the pregnancy, but places it in her cat, therefore presenting an implicit, or in psychoanalytic terminology, projected hostility. This emerged following a film relating to animals and feelings.

Gary: My cat's a moody cat...cos she hisses at me...

Sasha: I've got the mum of his cat and the mums a moody little cat as well

Therapist: So she's moody with everyone?

Sasha: Mine isn't, mine's quite loving...it's just she doesn't like Gary.

Therapist: And the one you have is moody with everybody or....

Sasha: She [the cat] turned against me when I fell pregnant.....she didn't like baby coming into her place...so I'm pregnant again....so she still kind of **hates** me.

(Session 3)

At this stage, the current pregnancy has not been considered within the group and this is the first reference. However, the researcher acknowledges the group may have discussed this during tea breaks, which are not included in the video.

The theme of hostility further develops in subsequent sessions, particularly session 14, when Sasha and Gary move to a more explicit expression of their dislike of pregnancy. (Session 14 is titled 'Rooms in the Mind' and attends to the idea that experiences are stored as memories both traumatic and benevolent and can break through when parenting)

The hostility progresses, beginning as Sasha's experience, with Gary later joining in agreement so that it eventually becomes the couple's shared experience. The majority of these references are made in session 14, whilst the last is made in session 17 post-birth. (Session 17 is titled 'Rocks Beneath the Surface' and tackles the notion that past traumatic experiences exist under the surface and can interfere with parenting.)

The therapist draws attention to Sasha's pregnancy as she is close to full term, allowing Sasha to speak about her feelings of boredom. The theme of a dislike of pregnancy returns and Sasha is able to be more explicit:

Sasha: In just over 2 years I've only had 5 months of not being pregnant. This is the last one....I am not having any more....Two has done me. **My body doesn't like pregnancy and I don't like pregnancy.**

(Session 14)

The theme develops :

Gary: [says something inaudible in relation to Sasha's pregnant body and shakes head vigorously indicating a dislike of it]

Sasha: [Sasha nods in agreement] Pregnant belly is horrible.

Gary: Yup!

Sasha: I just can't wait for him to be here, it's getting painful...

(Session 14)

A similar conversation occurs during session 17. This session is a few days after the birth of Jack and when Sasha and Gary acknowledge their relief that Sasha is no longer pregnant.

Therapist: Sasha what's it like for you? You've had a baby inside you and it's like 6 days....(inaudible)

Sasha: Well to be fair I feel greatcos I'm not pregnant ... **I don't like being pregnant ... and being pregnant doesn't like me.**

Gary: No, I don't like her being pregnant.

(Session 17)

The idea of the pregnancy not liking Sasha is a reiteration of a similar comment from session 14 and could be understood as the unborn infant not liking her. Whilst some of these comments on their own may not indicate the intensity of hostility, the research group felt that as a totality they communicated an overall sense of hostility.

1.2 Identification with the Unborn Infant and the Labour

Gary makes two references communicating an identification with the perinatal experience. For the purpose of this paper, the ideas of being 'in tune' and 'sympathy' have been conflated into the psychoanalytic notion of identification.

The first is in session 9 where he refers to his awareness of the unborn infant's sleep cycle. (Session 9 is titled 'Prism' and focuses on how we learn through repetition and reflections of our attachment figures.)

Gary: Even though I'm not at the flat with Sasha I'm *in tune* with Jack, and he decided to wake Sasha up at half past five this morning and I woke up at half past five as well.
(Session 9)

Sasha builds upon this in session 14 where she talks about her previous labour with Ryan and how Gary was 'getting sympathy' with her. Sasha refers to how men should be pregnant.

Sasha: Yeah, I reckon humans should be like sea horses and the men carry the child.

Participant: They won't cope

Sasha: No he [Gary] gets sympathy with me and he can't cope with the sympathyhe can't cope with the sympathy let alone have the child inside of him...it's a bit.....uuumm
I just can't wait for him to be here

Shortly after, Gary adds to this idea by saying:

Gary: I was saying...you're in labour...I was getting all the pains in my back and everywhere.....getting headaches.....feeling sick.....feeling dizzy.....getting stomach pains...back pains.

(Session 12)

Both these extracts demonstrate a shared belief by the couple that there is a type of communication between Gary and the unborn infant, as well as between Gary and the mother's pain during labour.

2. Preoccupations with the Unborn and Born Infant

References to the infant are generally discussed in relation to the parents own feelings and there are no expressions related to what the infant might be like as a separate person. This section follows the couple's preoccupations of fear, violence and comfort stirred by their infant.

2.1 The Infant and Fear

The couple's anxiety regarding the coming birth emerged in the last sessions of the group, and the corresponding weeks of Sasha's pregnancy. This anxiety took the form of fear expressed by both parents separately.

In session 14 a therapist brings attention to Sasha's growing pregnancy, allowing Sasha to express anxieties about her support network being on leave at the same time. The therapist asks if she is having her baby in hospital and Sasha shares more of her fears:

Sasha: 'Cos I'm terrified about bathing tiny babies.....the one thing I hate is bathing tiny ones.....so I'm going there so that they can just give me some support with that before going home.

(Session 14)

Sasha does not expand upon this comment and it is unclear where her fear is located, seemingly associated with the vulnerability of the infant.

Gary shares a similar fear in session 17, the first session following the birth of baby Jack, who is present at the time, held in Sasha's arms. Gary is referring to his previous abuse of Ryan and seems to be denying this fact by blaming it on the jewellery he had been wearing.

He says he has removed his jewellery now that Jack is born, and the therapist comment's on Gary's concern:

Gary: I'm just scared though.....I haven't changed his nappy because I'm scared.

(Session 17)

By session 19 Gary says that he 'finally plucked up the courage to change his bum'. When asked by the therapist how it was, Gary states that it was 'scary' without expanding.

Both parents have expressed a fear of the intimate care of their infant in the two preceding quotes, with neither articulating specifically what the fear was related to.

2.2 The Infant and Violence

Throughout the group sessions, there are a significant number of comments citing memories of violent incidents in Gary's childhood, particularly in relation to his father. Sasha makes no references to violence in her past, but instead puts forward implicit thoughts of violence in the present. In this example, the violence is not from outside, but from within her womb, referring to the in utero movements:

Sasha: My sickness with my pregnancy is just.....eh.....crap.....and I'm a bit exhausted being up....yeah he's just been very active the last sort of...so I'm just getting **battered** and throwing my guts up.....feeling exhausted.

(Session 9)

Added to the idea of the baby that batters her, is the violent expression of 'throwing my guts up'. Whilst these examples are not numerous, their presence is striking in the context of Gary's early history and previous violence to Ryan.

Sasha refers to Ryan being protective of her 'bump' giving a recent example of Ryan not letting Sasha's mother touch it.

Sasha: He doesn't like it if anyone touches my bump ... he [foetus] was moving and she [grandmother] put her hand on my bump this morning...and he's [Ryan] like telling her off and telling her 'no' and slapping her hand away.

Therapist: So in his [Ryan's] mind what does he think when they touch your bump.....what is he worried about.

Sasha: I think he might be worried that they are hurting baby or mum....he's always been quite protective of me.

(Session 14)

The therapist's comment gives Sasha the opportunity to get in touch with her fantasy about what is in her son's mind. Sasha's response highlighted the need for protection

and in turn implied the threat of violence that is alluded to in her phrase 'hurting baby or mummy'. It also reverses the caregiving role so that it is Ryan who is protecting her.

2.3 Fear of the Repetition of Violence

Early in the course of the therapy group, Gary acknowledges the violence he experienced from his father, stating that he 'beat' him and says he does not want to repeat this and

become like his father. This was something he frequently referred to despite having already harmed Ryan.

Gary: I said from when Sasha was pregnant with Ryan.....I said I would never be anything like my dad.

(Session 11)

After Jack's birth, Gary is triggered by Jack's crying and refers to his fear of not wanting 'it to happen again'

Gary: I'm more scared than anything else cos I don't want it to happen again... so when I see he starts crying too much.....I know I can't handle it ...I give him back to Sasha...I walk out of the room.

(Session 17)

The preceding examples are but a small part of how Gary repeatedly expressed these concerns and highlight how these themes are inter-related though fear and violence.

2.4 The Infant as Comfort for the Parent

It is noticeable throughout the therapy that Sasha and Gary comment on the unborn infant, not in terms of the infant's needs but in terms of their own needs. This continues after the birth of baby Jack.

As Sasha's pregnancy progresses she begins to acknowledge that the imminent birth/baby is a welcome distraction and offers comfort from the painful feelings associated with the anniversary of Ryan going into care. She describes how she is preparing for baby: 'that's been helpful in a way, taking my mind off everything else'. When speaking of breastfeeding she says:

Sasha: Breastfeeding is exhausting...it makes you so thirsty and you eat so much more...and drink so much more.....oh yeah I found that one out

Gary: She went from 11 stone to 8.5 stone

Sasha: Yeah its tough as well but at the same time I prefer breastfeeding ... **I like the sort of comfort.**

(Session 14)

Gary says something similar when asked by the facilitator 'how have you been?':

Gary: Getting impatient 'cos I **need a cuddle** from him (points to mother's pregnant tummy).

(Session 16)

The combination of distraction and comfort is merged in session 19 where Jack is born and is held by his mother. (Session 19 is titled 'Alien Self' and presents the idea that we all have disturbed parts of the self.) The facilitator is about to play a distressing video and checks with Sasha that she feels able to manage the distress:

Sasha: I'm sure I can watch it, I'm cuddling my little one.....he has magical powers (rubbing his back in circles).

(Session 19)

In total, these comments show how for Sasha and Gary, the infant serves their emotional needs. The absence of references to the infant's needs are equally palpable.

Discussion

The aim of this study was to examine thematically the preoccupations of an expectant couple attending an MBT group for families. All families participating in the group were either at risk of losing their child to social care or already had a child in care. The focus couple had an unborn child at risk of going into care. The purpose of participating in the programme was to develop a mentalizing approach to parenting. Unlike other studies (Guyon-Harris, Carell, DeVlieger, Humphreys and Huth-Bocks, 2020; Hopkins, Clarke and Cross, 2014; Meiers & Edginton, 2020), this study did not use structured questionnaires, and the data was drawn from a conversational discussion situated within an MBT group. The original hypothesis was that the preoccupations may be more negative in quality, at least initially. In some respect this was the case, e.g. in the theme of hostility. However, the results unexpectedly showed more indirect expressions and fewer direct imaginings of the unborn infant

As said previously, this MBT group also functioned as an assessment for social care. The facilitators had a contribution to the future of the child. It is therefore reasonable to suggest that there may have been a degree of caution in what is shared by the parents. The impact of a group simultaneously functioning as an assessment is well understood by the Byrne (2020). He compares the suspicion that can exist with participants, to the theme of suspicion embedded in Northern Ireland during the Troubles.

'These parents rarely seek referral for treatment but are coerced into the therapeutic space by a court order or child protection plan, effectively; by the threat of removal of their children from their care if they do not attend.' (Byrne 2020, p.206)

Fonagy and Allison (2014) refer to the degree of trust a person needs in order to learn through an attachment relationship; for example, psychotherapy. This degree of epistemic

mistrust / trust can be impacted by early trauma relationships, as with the couple in this study. This mistrust can be characterized by withholding in order to defend against their past, hence preoccupations being more concealed.

Preoccupations Overview

The 2 superordinate themes that emerged in this study are: 1. Preoccupations With the Pregnant Body and 2. Preoccupations With the Unborn and Born Infant. These are intensely overshadowed by past traumas and current potential traumas, therefore offering little room for the development of an ordinary primary maternal/parental preoccupation, and in turn a 'healthy ambivalence' which according to Raphael-Leff (2010) is inherent in pregnancy. The preoccupations, both prenatally and postnatally, seem to suggest an overarching avoidance of thinking directly about the unborn/born infant. The intersection of a social care assessment, childhood traumas, past loss, current threat of loss and pregnancy provide a particular context in understanding the themes that have emerged. For these parents, they may not have dared to imagine their infant too vividly as a way of defending themselves from the pain of potential loss.

Preoccupations With the Pregnant Body

The experience of pregnancy was referred to by both parents. This theme was subdivided into two further subordinate themes: Hostility in Relation to the Pregnancy and Father's Identification with the Unborn Infant and Labour.

The theme of hostility is embedded in the story of Sasha's pregnancy and their cats. It seems this narrative contains a complex entanglement of hostility coming towards her and from within her, all coalescing around her pregnancy. Sasha was towards the end of her

second trimester and was likely to be feeling fetal movements, although this was not referred to until session 9. Sasha's early hostility was projected into her cat story as a means of giving it expression, whilst also distancing herself from it. Feelings of hostility is considered ordinary, providing these feelings are not acted upon. It seems that in order to protect themselves from their own uncomfortable aggressive feelings both parents adopted the defensive structure of projection. In psychoanalysis Freud (1920) described projection as a defence where the 'unpleasure' experienced by the person is located as being outside of themselves and in another person, allowing the feeling to be 'disposed of' (p.29).

The couple appear united in their attitude towards Sasha's pregnant body, whereby they separately and in unison express disdain and hostility. Whilst some themes seem to be attributed to either of the parents, the shared theme of hostility is where they both agree. Somewhat like Sasha's story of the cat, a possible psychoanalytic interpretation would suggest that the couple's hostility towards the pregnancy is a projection of their unconscious feeling about their unborn child. This could also be related to their own experience of being an infant and any associated trauma.

The idea that Gary is in 'sympathy' with the pregnancy is initially presented by Sasha in relation to labour pains. Experiencing pregnancy symptoms by a father is referred to as Couvade Syndrome and is discussed in psychoanalytic literature as related to the male envy of the mother's capacity to give birth. Raphael-Leff (1991) argues that it may also be men's unconscious desire to experience the pregnancy themselves. Raphael-Leff (2015) refers to a participator type of father who considers himself an 'interpreter' for the infant and whose identification is also a wish to have the idealized fetal experience. Raphael-Leff goes on to say that such fathers are 'already jealous of the intimate closeness between mother and unborn baby' may express 'Couvade-type behaviour which mimic her

pregnancy' (p. 32). The process of identification could therefore be a defensive way of managing his envious feelings. Interestingly, an alternative and more positive reading of this experience is suggested by Mason and Ellwood (1995) in that Couvade may be a physiological way of fathers preparing for parenthood.

Preoccupations With the Unborn and Born Infant

The marked absence of Sasha's sense of her developing unborn infant is notable. According to a study by Côté-Arsenault and Donato (2011), pregnant women who have experienced a previous perinatal loss adopt a defensive position that the authors call 'emotional cushioning'. This defence may take the form of holding back emotions until there is more certainty that the current pregnancy will be viable. Whilst Sasha has not experienced a perinatal loss but a temporary loss of her first infant to foster care, it is fair to assume a similar defence may be in operation with her. The threat of a further loss makes it too painful to imagine and to bring to life in her mind her unborn infant.

In a later study exploring the 'emotional tone' of descriptions during pregnancy, Guyon-Harris et al, (2021) state that the use of more negative words to describe the unborn infant may serve as an indicator for higher levels of interference and less sensitivity in interactions with the infant once born. Sasha's use of the word 'battered' highlights not only the violence Gary inflicted on their first son but also the possible future difficulties with her unborn son, who may himself become identified with Gary in mother's mind.

Once the baby is born, Sasha expresses a fear related to bathing her infant, describing feeling 'terrified'. Similarly, Gary also refers to fear, but in this instance it is in relation to changing the nappy. Such fear could also be understood as another form of identification – an identification with the vulnerability and terror of infancy.

The parents may well be expressing a fear of their own aggression towards the infant. Winnicott (1947) attends to the theme of hate and aggression by the mother towards her child and the importance of the mother in not acting this out. Whilst his ideas are primarily concerned with the born infant, Winnicott also alludes to its presence during pregnancy. Stating that a mother can hate her baby because the baby can 'be a danger to her body in pregnancy and at birth' (p. 201), he equally recognizes the need for this ambivalence to have an expression symbolically such as through play and nursery rhymes. Baradon (2010) links the vulnerability of the child to the vulnerability of the parents when she states 'contrary to conscious intention, the very essence of infancy – vulnerable, dependent, needy – may evoke a driven need in the parent to stifle these features, which so resonate with their own helplessness' (p. xiii).

According to Trowell (2002), fathers possess an ambivalence towards their infant, in that they wish to create whilst simultaneously feeling threatened by the infant, the ambivalence being expressed through envy and rivalry. Trowell acknowledged that the complexity of the relationship with the father's own father is stirred when he has his own child. For Gary, this appears even more complex given the fact that his unborn child is of the same gender, thus providing a direct line of uninterrupted transmission according to gender.

A defensive system may also be at play when Sasha uses the word 'battered' to describe her experience of pregnancy and the fetal movements as well as her wish to rid herself of this preoccupation by 'throwing her guts up'. Somewhat like their fear of the infant, Sasha's description may be related to an array of emotional milieus - Gary's violence, her violence, early relational trauma or perhaps her own infantile experiences. Whatever the source, it seems that Sasha is using the pregnancy and the unborn infant as an expression of this preoccupation. It is interesting that the preoccupation of fear and violence are inextricably

linked in Sasha's narrative about Ryan protecting her unborn infant, as if there is a threat in the present.

The past in the present is given expression by the recurrent references made by Gary to his experience of violence by his father. These references are followed by statements that he will not be the same sort of father to his children. A concrete reading may suggest he is trying to convince the facilitators of his intentions; however a more nuanced interpretation may be that he is extremely worried that he could in reality repeat the violence. He may be fearful of himself. This type of recurrent preoccupation serves as a red flag for professionals, alerting them to the conflict a person is expressing.

It is clear the theme of infant as comfort and child as protector is entangled with trauma. Both parents signify this: Gary, when he says he needs a cuddle from the unborn infant and Sasha when she uses the born infant as both comfort and protection in order to watch a distressing film. The experience of breastfeeding and physical contact with the infant can evoke pleasurable feelings (Loof-Johanson, Foldevi and Rudebeck, 2013) but we can also understand this preoccupation in the shadow of a violence, maltreatment and a dearth of any more ordinary references to the needs of the infant.

According to Solomon and George (2006), pregnancy is also a time when mothers develop into the one who protects rather than the one who is cared for. This development into becoming a protector is affected when the mother has herself experienced trauma and does not feel safe (Solomon & George, 2011) or ready to take on her new role. A similar finding by Baradon, Fonagy, Bland, Lénárd and Sled (2008) was also found in a study when working with women and babies in prison. In this case, the women were described

as using their infants for emotional regulation. It seems that for Sasha and Gary their need to be protected and cared for is activated rather than their pull to care for their infant.

Limitations and Strengths

There are clear limitations to this study and the results should be interpreted with caution. The obvious limitation is that the study is confined to one couple, thus rendering it inapplicable to a wider thinking. Despite the limited generalization, it has brought attention to the impact of the context upon preoccupations shared both directly and indirectly. An additional limitation is that of the focus being on the verbal and not considering the non-verbal, which would have provided a richer interpretation of the material.

Whilst this study was situated within the context of an MBT programme, it did not attend specifically to modes of mentalizing. A further analysis of the same data using a conversation analysis (Keselman, Cromdal, Kullgard and Holmqvist, 2016) could focus on the degree of mentalizing by measuring the process rather than the content.

The themes gathered have powerfully highlighted how parents in the context of trauma, risk, and therapy can avoid explicitly expressing their thoughts about their unborn infant, particularly if these thoughts are of a hostile quality. Instead these thoughts and feelings may be expressed indirectly through the processes of projection and identification. By employing a single case study approach the research was able to intensely and closely examine the preoccupations of an expectant couple and bring meaning to their experiences.

Conclusion and Implications

This study has provided a glimpse into the perinatal preoccupations of a couple, in a particular context. Whilst the study was interested in attending to the preoccupations in a more naturalistic way rather than a structured series of questions, the preoccupations shared were likely to be influenced by the context, coupled with a history of early trauma. This resulted in a marked absence of a sense of the development of the unborn infant, as an independent being formed in the mind of the parents. As highlighted by Raphael-Leff (2010), the mother who may feel shame about her negative maternal feelings may seek to keep these from professionals. This too may apply to fathers.

Unlike Winnicott's 'ordinarily devoted mother' (or couple), Gary and Sasha did not convey a sense that they could imagine their baby and the themes suggest a preoccupation of past and present projected violence into the experience of pregnancy. Their preoccupations therefore did not portray an imagined baby, perhaps a defence against the possible impending trauma of losing their infant to the care of the local authority, as well as an expression of their own past trauma.

Many of these themes were therefore indirectly expressed, some adopting defensive processes, in order to disguise the many conscious and unconscious concerns they held regarding a repetition. Gary, locating these in his father, repeatedly stated that he wanted to be different. Sasha in her story of the cats and the use of the word 'battered' demonstrates both a wish to express and a wish to hide her ambivalence, possibly for fear of being misunderstood.

The researcher believes this study has a direct relevance to clinical practice. Rather than attending to the measurement of the data, it attends to the themes and subsequent

processes that emerge within a clinical setting, which can in turn be paralleled with psychotherapy; midwifery; health visiting and social work. Equipped with the outcomes of the study, professionals could be more vigilant to the context, parental histories, what is explicit and implicit. This would provide new ways of listening and understanding the unconscious and conscious thoughts and feelings at play. In doing this, there is an opportunity to identify potential risk prior to birth and possibly provide support in pregnancy as a means of preventing risk from escalation.

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Appendix 1

Themes According to Chronology of Sessions

S1	No Data	
S2		
S3	(1. Preoccupations With The Pregnant Body) 1.1 Hostility in Relation to the Pregnancy	Sasha
S4		
S5		
S6		
S7		
S8	(2. Preoccupation With The Unborn and Born Infant) 2.3 Father's Fear of Repetition of Violence	Gary
S9	(1. Preoccupations With The Pregnant Body) 1.2 Father's Identification with the Infant and Labour	Gary
	(2. Preoccupation With The Unborn and Born Infant) 2.2 The Infant and Violence	Sasha
S10		
S11	(2. Preoccupation With The Unborn and Born Infant) 2.3 Father's Fear of a Repetition of Violence	Gary
S12	(1. Preoccupations With The Pregnant Body) 1.2 Father's Identification with the Infant and Labour	Gary
S13		
S14	(1. Preoccupations With The Pregnant Body) 1.1 Hostility in Relation to the Pregnancy	Sasha/The Couple
	(2. Preoccupation With The Unborn and Born Infant) 2.1 The Infant and Fear	Sasha and Gary
	(2. Preoccupation With The Unborn and Born Infant) 2.2 The Infant and Violence	Sasha
	(2. Preoccupation With The Unborn and Born Infant)	Sasha

	2.3 The Infant as Comfort for the Parent	
S15		
S16	(2. Preoccupation With The Unborn and Born Infant) 2.3 The Infant as Comfort for the Parent	Gary
	Birth of Baby Jack	
S17	(1. Preoccupations With The Pregnant Body) 1.1 Hostility in Relationship to the Pregnancy	Sasha, Gary/The Couple
	(2. Preoccupation With The Unborn and Born Infant) 2.1 The Infant and Fear	Gary
	(2.Preoccupation With The Unborn and Born Infant) 2.3Father's Fear of a Repetition of Violence	Gary
S18		
S19	(2. Preoccupations With The Unborn and Born Infant) 2.3 The Infant as Comfort for the Parent	Sasha
S20		

Part Three: A Reflective Commentary on a Research Process: The Gorbals, [REDACTED]

[REDACTED] and Their Baby

Word Count: 3632

[REDACTED]

Introduction

The experience of undertaking this research process was a mass of contradictions and tensions pulling in opposite directions: the past and the present; the art or the science of research; clinical and empirical; mentalization and psychotherapy etc. Through writing this reflective paper I intend to meet both the academic requirements of the clinical doctorate, whilst also giving myself the space to reflect upon this as being a deeply emotional task, and one which holds a personal relevance.

Remaining close to the themes inherent to pregnancy, birth, babies and development, the paper is structured according to these said themes, therefore highlighting key points which I consider to be of importance to my research experience. These themes gather together to coalesce around my personal history, professional history and current clinical practice.

At Conception : The Past in the Present

Prior to being allocated to a research project we were invited to express a preference in one of the following projects.

- 1) Video data from an MBT group. The group works with parents who have either a child under 2, or are expecting the birth of a child and have a history of maltreating their children.
- 2) Voice recorded data from the IMPACT (Goodyer et al., 2016) study which is a psychological treatment for adolescent depression.

Given my professional interest in the perinatal period it seemed obvious to request the MBT group data as my preferred research project.

In many ways, the research product is in itself a consolidation of my professional interests, and to some extent my personal experience. The perinatal period has always held

fascination for me, both as mother of two grown up children and as a grandmother. Perhaps the seeds of this interest were sown even earlier. I was the receiver of my own intergenerational narratives shared by my mother who began her working life as a midwife in the 1950's, caring for expectant mothers and delivering their babies in the Gorbals³ of Glasgow. Experiences of joy, sadness, poverty and pain seeped through her stories and were woven together by a deep respect and compassion for the mothers and their families who she attended to.

Whilst conducting this research, I too continued to hold this respect upper most in my mind as I was aware that the participants had given their consent to the use of their video material at a time when they were emotionally and psychologically vulnerable. Their vulnerability was keenly evident given the risk of losing their child/children to the care of the local authority and due to the exposing nature of the therapy group. I believe that this was a hugely generous act by the participants, and for this reason I worked very hard at processing my emotional response to the material so that I could, as much as possible, maintain what Melanie Klein described as a 'depressive position.' This is a position that allows for a more balanced and less split off view of the situation in front of me. It was important that I held in mind the parent's own experience of childhood trauma. At times this was an extremely difficult task, given the fact that I was faced with a parent who had seriously harmed their child and was speaking about it openly.

As an art psychotherapist prior to undertaking the child psychotherapy training, my interest in the perinatal period was further stirred through the experience of an infant observation training. My practice at this time was not directly with pregnant mothers, but rather it

³ The Gorbals of the 1950's was an area of Glasgow made up of overcrowded tenement blocks where poverty was rife.

included the mother infant dyad and the developmental processes contained within it. These processes informed my clinical work and served as a template for the therapeutic relationship and the creativity that springs from it.

During my time as an art psychotherapist, I was deeply struck by a comment made by a pregnant mother whose child I was working with. I enquired about her pregnancy and how it was progressing. Her response was that *“he is kicking the shit out of me.”* The idea that a mother could experience her unborn infant as deliberately violent was disturbing. I intuitively knew that this was in some way related to her own past childhood experience of violence. On viewing the video material from the MBT group, I was reminded of this moment when the pregnant mother in the study said something strikingly similar when referring to her own pregnancy - *“I’m just getting battered.”* This was probably the single statement that most influenced the direction and theme of my research.

From a research perspective, I had read the paper *‘New Beginnings—an experience-based programme addressing the attachment relationship between mothers and their babies in prisons’* (Baradon et al., 2008) and it became a seminal reference in my work as an art therapist working with children, particularly in infant and nursery schools. Such was the impact of this paper that I had entered the training with the idea that my research could be in a similar area – infants, mothers, separation and prisons using a psychoanalytic infant observational approach. Needless to say, I was disappointed to find that we were unable to conduct our independent research due to time constraints related to acquiring ethical approval. As discussed above, we were presented with data which already had ethical approval and were expected to find a research question that interested us. I believe that this disappointment fed into my initial ambivalence about the research as it wasn’t the imagined research baby that I had hoped for. Despite this, I was able to find a way through

the MBT data and settle upon a research question which had some similarity to my original ideas. My research paper is titled *'What are the Perinatal Preoccupations of a Parental Couple Attending an Mentalization Based Treatment (MBT) Group for At-Risk Parents?'* and the corresponding literature review is *'What is known about expectant mothers thoughts, feelings and fantasies in relation to their unborn infants?'*

The Impact Study as the Lost Infant

Whilst I was acutely aware of the personal and professional factors that urged me towards the MBT group as a focus for research, I also became curious about the project which I had rejected, lost or missed – the Impact Study (Goodyer et al., 2016). One could see this choice as that of the miscarried embryo, or perhaps more actively as the aborted one. Either way, there remained an essence of mourning and imagining of what could have been.

The Impact Study is primarily focused on adolescent depression and has a marked psychoanalytic perspective, unlike the MBT group which has adopted a mentalization approach. Given that my training is a psychoanalytic training, I have been completely immersed in psychoanalytic ideas and was somewhat resistant to the more contemporary practices such as mentalization. This complete identification with one's training model is perhaps a much needed and helpful developmental task in order to fully assimilate one's learning. However, being at this developmental stage created conflict for me during my research process and I did at times wonder if the Impact Study may have been the better option because of its psychoanalytic perspective.

On reflection, my reluctance to engage and include mentalization in my research was not really about a resistance to this theory, but rather a mourning of the psychoanalytic

presence in my research project. This conflict was clearly in action when writing an early draft of my literature review where I began my paper with psychoanalysis and positioned it as 'the one who came before mentalization'. At this stage I felt the need to establish psychoanalysis in the reader's mind as the dominant theory, whilst mentalization followed in its wake, thus emphasizing its existence only because of psychoanalysis. I believe that this intergenerational theme also came to influence how I approached the literature review. I tried to acknowledge and give credit to psychoanalysis which is mentalization's own ancestral lineage.

I observed my peers involved with the Impact Study as being free to explore psychoanalytic concepts whilst in contrast I, at least initially, felt obliged to explore mentalization. As I moved further into the depths of the research process, I simultaneously moved further away from mentalization. After peer and tutor feedback it seemed to make sense to let go of trying to fit mentalizing into the research. This came as a liberating moment. I had for some time grappled trying to use the mentalization aspect in the research but it never quite fitted. I felt that as a student within The Anna Freud Centre, the home of mentalization, I had an obligation to keep it at the core of my research. This sense of obligation was further compounded because mentalization was also at the core of the MBT group. Mentalization / reflective function is now acknowledged in my empirical paper but is given more consideration in my literature review when discussing prenatal reflective function. Ultimately, I did find a

psychoanalytic path through the study which I believe sits comfortably alongside developmental research.

Discovering and Naming My Research Baby

Familiarizing myself with the video material became a crucial part in identifying my research topic. This was undertaken during private study time and during sessions with peers and tutors. As mentioned earlier in this paper it was the comment by the expectant mother which seemed stay in my mind – *“I’m just getting battered.”* However, my thought processes and ideas went through several themes before settling upon the final topic.

The expectant mother that I became interested in was also attending with her partner. Initially, I felt that my focus would remain with mother, but as I watched more material I also became increasingly curious about the father and about them as a couple. The inclusion of the father in the research added another interesting and relatively new dimension to my clinical thinking. I now had the key ingredients from which to formulate a research question – early relational trauma, the perinatal period, and expectant couple. The initial and rudimentary idea was to compare narratives of the couple’s history to their current narratives relating to the perinatal experience. However, this became complicated as there were too many dichotomies and I therefore settled on a thematic exploration of perinatal preoccupations. Needless to say from here, themes emerged relating to past trauma, thus allowing a more organic thematic connections to surface.

Primary Research Preoccupation

According to Donald Winnicott (1956) the expectant mother enters into a state of primary maternal preoccupation in the latter part of pregnancy. This involves a complete immersion in the needs, the demands and the rhythm of the infant. The mother’s preoccupation for her infant is a necessary task for the infant’s development and continues until the infant is prepared to ‘release’ the mother from this preoccupation. I liken this maternal experience

to my preoccupation with my research project, and indeed my clinical case study, therefore positioning this paper as being a pivotal element in the research. Somewhat like the Baradon et al.,(2008), Winnicott's paper became lodged in my mind and served to help me make sense of some of my clinical work and personal experiences.

A significant part of the methodology involved the careful and close observation of the video material pertaining to the expectant couple. Such was the lack of clarity that much of the data needed to be observed/listened to repeatedly in order understand what was being said, thus making it possible to transcribe.

In child psychoanalytic psychotherapy our practice requires what is called 'close observation' and has its roots in the pre-clinical practice of observing a mother and her new born infant for at least a year. As a researcher, I felt that I too was undertaking a 'close observation' of the parental couple through the video material. Of course, it is not in the immediate and naturalistic setting as is the practice of infant observation, but rather through the filter of the camera's eye and the group therapeutic experience.

Whilst I have used the term 'observation' to describe how I approached the video material, it eventually culminated in a close 'listening' to the material rather than a close observation and therefore omitted attention to body language. The close listening involved in this methodology required the stopping and starting of the video in order to capture exactly what was being said. Due to the relatively poor quality of the video, coupled with participant's unclear speech, this was at times a tedious and frustrating task.

In many ways, the experience of frustration was preferable to the experience of disturbance that was evoked in listening to particular moments in the material. I have in mind the father

who I called Gary in the empirical study. As the therapy progressed Gary became more open about the neglect and violence he experienced as a child. Eventually this led to him talking about the physical abuse towards his own son and the fear he has that this will be repeated with his unborn son. These were chilling moments where many feelings were stirred and with the help of my own analysis and conversations with my supervisor and colleagues, I was able to sustain a reflective and thoughtful position as a researcher. Transcribing the material therefore became lengthy as I needed regular breaks and thinking time.

The practice of closely and repetitively listening to disturbing material presented a particular situation. In clinical practice we hear equally disturbing stories, but being in the room with the person allows for a sense of humanity and compassion to emerge. It also allows for a response. In this research position I was listening over, and over again to a man who talked about hurting his baby. I perceived this repetitive process as being like a rumination or an intrusive thought. Not being in the room with the parent, I wondered instead what I would have said in response to his disclosures. Whilst it would be more straight forward to simply adopt a position of detachment, it felt more important to the process that I consider what I was hearing through my analysis and the supervisory research structures that were in place. By doing this I was more able to remain in the position of a researcher.

I am innately a visual person and therefore respond to what I see. It is interesting therefore that I chose to closely listen and thus neglect my close observation. There were many moments where I observed interesting body language but did not include it due to the task being focused on the verbal. The desire to include everything and the need to stay on task created a tension that reverberated in many parts of the methodology. Having to let go of

something that I was enormously interested in was difficult, but what it did was to ignite an interest in further research. For example, I wondered if I could just focus on some key moments and explore the narratives in relation to the body language. Gary could at times be saying something disturbing or concerning, yet his body language seemed at odds with the emotional content of his narrative. Equally he also conveyed emotional distress through his body and not through his words.

By having to let go of other moments of interest, I believe I was beginning to observe a curiosity and acceptance of the research process.

Gathering Up and Swaddling the Themes

Both parents attended all the sessions and contributed regularly. This resulted in an abundance of material. I grappled with the notion of conducting a narrative analysis as this seemed an obvious link to the idea of perinatal preoccupations in the therapy group, but this didn't feel as if it captured what I was trying to do. Through supervision it was suggested that I use a thematic analysis. After reading "*Using thematic analysis in psychology*" (Braun & Clarke, 2006) I felt assured that this approach was more in keeping with what I wished to achieve. Additionally, the fact that it was thematic felt aligned to a slightly more creative stance and it allowed room for my interest in metaphor and the symbolic thus making this a more dynamic choice.

Using post-it notes I covered a wall with themes and sub-themes in an attempt to begin to cluster and group them. This was a very visual exercise and there was a certain resonance with the creative process and my past work as an artist. Feelings of excitement and inspiration emerged and it was as if I was creating an image.

The final 'image' culminated 2 broad themes: Preoccupations With the Pregnant Body and Preoccupations With the Unborn and Born Infant. However, there were numerous other related and unrelated themes that I had initially explored and considered, but the emotional heft of the data seemed inclined towards the ones decided upon. These 2 themes were further divided to include themes relating to hostility, identification, fear, violence and repetition. How I was to interpret these themes posed another dilemma, and one which I believed was ethical in its nature.

This was particularly manifest in some of the material relating to the mother and her sickness during her pregnancy. Some psychoanalytic ideas understand sickness in pregnancy as being related to difficulties in the mother / daughter relationship and use language that can tend to pathologize the mother's illness. I felt at pains to try to include this theme without seeming to reduce the mother to having a pathology. I hope that I was able to stress the ordinariness of sickness during pregnancy, and that the psychoanalytic interpretation was only one possible framework for understanding this experience. In this situation, I wondered how the mother would receive this idea and could this be offensive. A further layer of complication was her dislike of her pregnancy. Again I was keen not to suggest that all women should enjoy their pregnancy and that there is something lacking if they do not. I imagined how the mother would experience these ideas.

This dilemma brought sharply into focus the problem with focusing on just 2 people, in that the research could feel as if it is just about them. It becomes like a single case study and their material is not absorbed as part of the wider group material. I therefore felt a strong ethical responsibility to communicate these dilemmas within the empirical paper. My worry about this also extended to wondering if the parents could ever come across this paper, perhaps as part of the UCL Repository. This ethical responsibility weighs heavy in my mind

when thinking of any future research of case material and its presence within the public domain.

An added complication was the fact that 2 of my research colleagues were pregnant and I felt cautious and respectful to their feelings. Both these colleague were privy to the content of my research.

Stories of Babyhood: Application to Clinical Work

Parents with children will know how much their children love to hear stories about when they were in their mothers tummies and what they were like as babies and toddlers. They delight at hearing about how their mothers experienced their intrauterine movements, their first steps, first words and other accomplishments, and receive a reassurance that these stories are held in the minds of the previous generation. It is these stories that I am also interested in through my clinical practice, albeit through the guise of gathering developmental histories during assessments.

Over the course of the research we were encouraged to think about how research linked to and informed our practice. What began to emerge in my training was the fact that my clinical practice evoked a curiosity that fed into my research and vice versa.

In my work with a latency aged girl, her mother had no memory of her early months due to her own drug and alcohol abuse. Without the concrete information of the pregnancy, birth and infancy I had to imagine my way into her experience and through the play. This meant rebuilding an experience that symbolically related to her life in her mother's uterus and shortly after she was born. In effect, together we were re-creating a perinatal story that served as a base for beginning to understand herself.

I am consistently struck by the often simplistic or complete lacking of stories of conception, pregnancy or babyhood as told by parents in generic CAMHS assessments. Indeed, clinicians can skip over these incredibly important narratives which form the building blocks for later development. I hope that my research contributes a small offering to raise the notion that these stories told by mothers and fathers can give some insight into what is beginning to form through the relationship with their unborn child.

Conclusion

As I write this reflective commentary I remain in a state of primary maternal preoccupation as I need to return to both the literature review and the empirical study in order to fine tune them and ensure they are fit for academic submission. As yet the research, like Winnicott's baby, is 'ruthless' and has not quite released me from its hold. However, I feel that there has been sufficient distance and adequate processing not to feel the force of the tensions and contradictions that I moved through during earlier parts of the process. My research baby has grown inside my mind and has been safely delivered. It still requires some care and attention before we can separate and it fully enters the world.

As previously referred to, the process has been a developmental process as well as a creative process. I was new to research and finding my way through the ambivalence, the tensions and the contradictions has not been straightforward, but I have been left some imaginings of a new research baby.

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