ABSTRACT: Community-based interventions that support the parent–infant dyad present an ideal opportunity to help foster secure attachment relationships. This study set out to investigate a parent–infant intervention that was implemented in a peri-urban township in South Africa. The aim of the research was to understand caregivers’ experience of this intervention and shed light on why some caregivers make optimal use of this intervention whereas others do not. Data for this study were collected by holding a focus group with 11 caregivers, who were selected using purposive sampling. The discussion that took place in the group was video-recorded and transcribed verbatim. Thematic content analysis of this data indicates that caregivers are very receptive to the intervention, which they see in the role of “grandmother.” Yet, their socially and economically weak position hinders them from making full use of the intervention. Ideally, they want professionals to reach out to them. This research highlights how important it is for early parent–infant interventions to move beyond the consulting room and to meet caregivers on their terms.

RESUMEN: Las intervenciones basadas en la comunidad que apoyan la diada progenitor-niño presentan una oportunidad ideal para ayudar a promover las relaciones afectivas seguras. Este estudio se propuso investigar una intervención progenitor-niño que fue implementada en un pueblo urbano periférico en Sudáfrica. La meta de la investigación fue comprender la experiencia de quienes prestaron cuidado en esta intervención y esclarecer por qué algunas cuidadoras optimizan el uso de la intervención mientras que otras no. La información para el estudio se obtuvo reuniendo a un grupo de enfoque de 11 cuidadoras, que fueron seleccionadas usando un muestreo intencional. La discusión que se llevó a cabo en el grupo fue grabada en vídeo y transcrita palabra por palabra. Los análisis de contenido temático de esta información indican que las cuidadoras están muy dispuestas a aceptar la intervención, la cual ven desde su papel de “abuela.” Sin embargo, su débil posición tanto social como económicamente les dificulta el poder hacer uso completo de la intervención. Idealmente, ellas quieren que los profesionales se pongan en contacto con ellas. Esta investigación subraya cuán importante es en el caso de tempranas intervenciones progenitor-niño ir más allá de la sala de consulta y reunirse con ellas en sus propios términos.

RÉSUMÉ: Les interventions basées sur la communauté qui soutiennent la dyade parent-nourrisson présentent une chance idéale d’aider les relations d’attachement sécurisées pour les enfants placés en famille. Cette étude s’est proposée pour étudier une intervention parent-bébés mise en place dans une ville de banlieue d’Afrique du Sud. Le but de la recherche était de comprendre l’expérience de cette intervention vécue par les personnes prenant soin des enfants et d’éclairer la raison pour laquelle de certaines de ces dernières profitent pleinement de cette intervention et d’autres non. Les données utilisées pour cette étude ont été recueillies grâce à une réunion unique avec 11 personnes prenant soin des enfants, étant été sélectionnées au hasard. La discussion qui a pris place dans le groupe a été enregistrée à la vidéo et retranscrite verbatim. L’analyse thématique de fond des données indique que les personnes prenant soin des enfants sont très ouvertes à l’intervention, qu’elles perçoivent dans le rôle de “grand-mère”. Pourtant leur position socialement et économiquement faible les empêche de profiter pleinement de l’intervention. Idéalement elles veulent que les professionnels viennent à elles. Ces recherches illustrent combien il est important pour les interventions précoces parent-bébés de sortir de la salle de consultation et de rencontrer les personnes prenant soin des enfants sur leur terrain.

ZUSAMMENFASSUNG: Interventionen in der Allgemeinbevölkerung, die die Eltern-Kind-Dyade unterstützen, stellen eine ideale Gelegenheit dar, um sichere Bindungsbeziehungen zu fördern. Diese Studie möchte eine Eltern-Kind-Intervention, die in einer städtischen Gemeinde in Südafrika durchgeführt wurde, untersuchen. Das Ziel der Untersuchung war es, die Erfahrung der Bezugsperson hinsichtlich der Intervention zu verstehen und darüber Aufschluss zu geben, warum einige Bezugspersonen diese Intervention optimal nutzen während andere dies nicht tun. Die Daten für diese Studie wurden anhand einer Fokuskategorie von 11 Bezugspersonen, die bewusst ausgewählt wurden, gesammelt. Die Diskussion, die in der Gruppe stattfand, wurde auf Video aufgezeichnet und wörtlich transkribiert. Eine thematische Inhaltsanalyse dieser Daten zeigt, dass die Bezugspersonen sehr empfänglich für die Intervention sind, welche sie wie eine Art “Großmutter” wahrnehmen. Doch ihre sozial und wirtschaftlich schwache Position...
John Bowlby was one of the first psychoanalysts to acknowledge the pivotal role played by mothers in mental health. He believed that mental health requires that "the infant and young child should experience a warm, intimate and continuous relationship with his mother" (Bowlby, 1969/1982, p. xi). Today, researchers recognize the positive outcomes of adaptive caregiver-infant relationships and the risks of dysfunctional relationships. According to these results, the relationship between caregivers and their infants seems to provide the bedrock for intellectual, psychosocial, and physical development. For example, a recent study conducted by Sroufe (2013) has highlighted the relationship between attachment and the development of self-reliance, the capacity for self-regulation, and social competence. When infants can use their caregivers as a secure base from which to explore their environment, they learn to be self-reliant. In contrast, when a caregiver fails to establish secure attachment, the infant is prone to certain risks. A meta-analytic review conducted in 2010 showed that the externalization of problems was significantly associated with patterns of insecure and disorganized attachment (Fearon, Baksman-Kranenburg, Lapsley, & Roisman, 2010).

The caregiver-infant relationship not only affects behavior but also shapes the development of the infant (Schorc, 2001). Schore (2001) found that the exchange between a mother and her infant facilitated the development of neural networks in the right hemisphere of the brain. When maternal responses were abundant or inconsistent, he found that an infant’s brain failed to develop normally.

Initially, attachment theory was not widely accepted within psychoanalytic circles because it negated several aspects of traditional psychoanalytic thinking, such as drives, the Oedipus complex, and unconscious processes (Fonagy, 2001). However, Fonagy (2001) led the integration of attachment theory and psychoanalysis with his concept of “mentalization.” Individuals who are able to mentalize are able to interpret the thinking and feelings of others, and so better understand themselves (Slade, 2005). For example, sometimes infants will cry when they wake up and find themselves alone in the crib. Mentalization describes the process whereby the infant’s mother is able to perceive and acknowledge the infant’s fear. It is a mother’s capacity to “hold a representation” of her infant’s feelings, desires, and intentions in mind that allows for a sense of heightened security in the infant as well as the development of that infant’s mind (Slade, 2005). This is not an ability that a person is born with; instead, it is a skill that is mostly learned through the caregiver-infant relationship.

When caregivers can interpret the desires, feelings, and thoughts of infants, then infants learn to understand these mental states in themselves.

Reflective functioning describes how mentalization can be put into practice. According to Slade (2005), “reflective functioning refers to the essential human capacity to understand behavior...
in light of mental states and intentions” (p. 269). It is the process mothers go through to understand their infants’ minds, and is encouraged by getting mothers to wonder about what their infant might be feeling.

To prevent adverse outcomes, early intervention in the caregiver–infant relationship has been recommended (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). The Baby Mat project is an example of such an intervention; it supports caregivers so that they are able to foster secure attachments (Frost, 2012). This project is currently running in three healthcare clinics in a peri-urban settlement in South Africa. Caregivers regularly visit these primary healthcare clinics to weigh, measure, and immunize infants (Frost, 2012). The primary objective of this intervention is to support the caregiver–infant dyad. It also strives to model reflective functioning, with the hope that caregivers will assimilate this way of being. In addition, the intervention identifies infants who are at risk of insecure attachment as well as mothers who are risk of postnatal depression, and makes appropriate referrals where needed.

The intervention requires that a mat is placed on the floor of the immunization clinic. In attendance on the mat are two therapists: a psychologist and a multilingual social worker/social-auxiliary worker. Caregivers are invited to join them on the mat, with their infants. Following greeting and introductions for all taking part, the caregivers are invited to discuss the matters that brought them to the mat. As the caregiver starts talking about these issues, the co-therapists carefully listen and attend to both the caregiver and the infant. According to Frost (2012), the problems that caregivers bring to the mat are generally concrete. For example, caregivers may complain that their infants are not sleeping well. Typically, the co-therapists respond to these issues by acknowledging both the caregiver and the infant. They also encourage caregivers to reflect on their own mental states as well as those of their infants. Like other parent–infant interventions that have recently been implemented, the Baby Mat project strives to enhance reflectiveness in caregivers by using statements that encourage them to wonder about their own feelings and the feelings, needs, and desires of their infants (Sadler et al., 2013).

In a recent study, caregivers’ experiences and perceptions of the Baby Mat were explored (Bromley, 2009). This research has revealed that caregivers do positively perceive the Baby Mat. Caregivers found that they could express their thoughts, feelings, and experiences openly on the Baby Mat, which was something that they were unable to do within their social environment. In addition, the intervention also encouraged them to think about their role as mothers, something they had not taken time to consider.

Over the past few years, the number of caregivers making use of this service has grown steadily. In the project’s first year, 494 caregiver and infants visited the Baby Mat (The Ububele Educational and Psychotherapy Trust, 2010). Between March 2010 and February 2011, there were 556 mothers and infants who visited the Baby Mat (Frost & van der Walt, 2010; The Ububele Educational and Psychotherapy Trust, 2011). In 2012, the number of mothers and infants visiting the Baby Mat grew to 628, and in 2013, 808 mother and infants visited the Baby Mat (L. Kallmeyer, personal communication, December 4, 2013). However, only 10% of caregivers repeatedly access the Baby Mat. The aim of this research was to provide insight into why caregivers fail to make repeated visits to the Baby Mat, especially since their experiences of the intervention seem to be largely positive.

**ORIGINS OF THE BABY MAT PROJECT**

The Baby Mat project is managed by a nonprofit organization in South Africa. The project forms part of a wider initiative which aims to provide community-based psychosocial care and support to caregivers and their infants (Frost, 2012). In addition to the Baby Mat project, the nonprofit organization undertakes home visits and offers parent–infant psychotherapy. To show their commitment to fostering the relationship between caregivers and their infants, the project is named using the Nguni term *Umdlezane*. This term refers to the period of time postpartum when extended family and friends attend to the mother’s practical needs so that she can focus all her attention on her infant (Frost, 2012).

The community-based Baby Mat parent–infant intervention is based on the outreach work conducted by the Anna Freud Centre at Lane Hospital in the United Kingdom (Frost, 2007, 2012). This model was used because the Lane Hospital tries to destigmatize psychotherapeutic intervention by normalizing the service by providing psychotherapeutic services within the context of ordinary healthcare delivery (The Anna Freud Centre, 2010). Mats, toys, and chairs are provided for caregivers and infants to use while they wait for other services. In this manner, opportunities are created for caregivers and their infants to engage with one another while a multidisciplinary team is available to offer additional support and make referrals if needed. Like the Baby Mat project, Lane Hospital serves a marginalized community.

Daws’s (1985) approach of “standing next to the weighing scales” (p. 77) was also taken into consideration when the Baby Mat approach was conceived. During weekly baby clinics, Daws stood next to weighing scales to observe the interaction between caregivers and their infants. By adopting this position, she was able to identify caregiver–infant dyads that were at risk. In addition, she was more accessible to caregivers, should they have had concerns and wanted a second opinion. Since the focus in the clinic was on sustaining wellness as opposed to treating illness, this intervention employed the principles of psychoanalytic theory to support normal (vs. treating abnormal) growth and development.

The Baby Mat project is not strictly psychoanalytic; however, it is informed by several psychoanalytic principles such as attachment theory, mentalization, intersubjectivity, implicit relational knowing, and recognizing the infant as subject (Frost, 2012). These principles underpin many of the objectives of the project. The Baby Project strives to foster secure attachment and a coherent sense of self in the infant by encouraging caregivers to symbolically think about their infant problems. In addition, the intervention models reflective functioning and shows caregivers how to engage with their infants.
Relevance of a Psychodynamic Approach

Since the Baby Mat project is informed by psychoanalytic principles, it is important to examine the relevance of a psychodynamic approach. Although psychoanalytic thinking has developed following its origins in 19th-century Western Europe, the basic assumptions of the psychoanalytic approach have remained the same (Berg, 2009). In South Africa, most people are not of European descent; rather, South Africa is a multicultural society.

Fortunately, the history of psychoanalysis in South Africa has been a progressive one. Recently, the South African Psychoanalytic Confederation (SAPC, 2012) was formed to serve practitioners who used psychoanalytic theory to inform their therapeutic work. The community-based organization managing the Baby Mat project forms part of the confederation. Most of the initiatives run by organizations that belong to this confederation blend Western psychoanalytic thinking with African indigenous knowledge. In doing so, they have moved away from a one-way form of communication, in which knowledge is imparted to the less knowledgeable (Berg, 2009). Instead, these interventions embrace a reciprocal exchange of information. This is important because in South Africa the spirit of ubuntu prevails, which can be summed up as meaning that “A person is a person because of another person” (Berg, 2003, p. 271). This reflects an interdependent notion of self, and contrasts sharply with the Western model of the self, which encourages independence (Berg, 2003).

Patterns of Attachment in South Africa

The patterns of attachment in South Africa highlight the need for interventions such as the Baby Mat project. In 2005, research was undertaken in a peri-urban settlement in South Africa to assess the infant–mother relationship and infant attachment (Tomlinson, Cooper, & Murray, 2005). This study found high levels of securely attached infants (62%) and disorganized attachment (26%). The percentage of securely attached infants was higher than expected in light of the extreme levels of social adversity. Tomlinson et al. (2005) presented ubuntu as a possible explanation for this unexpected finding since it encourages members of the community to reach out and support one another. They ascribed the high incidence of disorganized attachment to psychosocial stress. The mothers of infants with disorganized attachment were more frightened or frightening than were the other mothers in the sample. Domestic violence and abuse, rape, and HIV and AIDS were put forward as possible maternal preoccupations. In a recent longitudinal study, it was found that disorganized attachment tended to arise when caregivers were insensitive to their infant’s needs or maltreated their infants via physical abuse or by being psychologically absent (Sroufe, 2013).

Risks to the Caregiver–Infant Attachment in South Africa

Antenatal and postnatal depression. In South Africa, there are several factors that seriously hamper the capacity of caregivers to look after their infants. A study undertaken in 1999 revealed that the prevalence of postpartum depression in peri-urban settlements in South Africa was three times higher than that in Britain (Murray & Cooper, 1997), thereby placing infants at risk of insecure attachment. This happens because depressed mothers are often not responsive to infant needs (Martins & Gaffan, 2000). A more recent study by Rochat, Tomlinson, Bärnighausen, Newell, and Stein (2011) has indicated that women living in South Africa also are at risk of antenatal depression. Hayes, Goodman, and Carlsen (2013) demonstrated that the incidence of disorganized attachment in infants was higher when the infant’s mother experienced high levels of depressive symptoms during pregnancy.

Poverty. Peri-urban settlements in South Africa are characterized by extreme poverty. Most of the dwellings are informal shacks with poor water supply and sanitation. There also is overcrowding. For example, the peri-urban settlement in which the study was conducted comprises an area of 7.6 km² and is home to some 328,579 people living in 20,000 shacks (Alexandra Renewal Project, 2006). As a result, poverty is one of the most significant factors affecting the ability of caregivers to look after children. According to Donald, Lazarus, and Lolwana (2010), the effects of poverty are direct as well as indirect. Inadequate housing, poor nutrition, limited access to healthcare, and a lack of information about normal child development and health can directly affect caregiving. Indirectly, poverty can lead to physical illness and emotional exhaustion in the caregiver. Since caregivers are often unable to cope with the stress of raising children under these circumstances, they can become depressed (Donald et al., 2010).

Power imbalance between women and men in South Africa. In traditional African culture, “... a boy is always regarded higher than girls” (Meyer-Weitz, Reddy, Weijts, van den Borne, & Kok, 1998, p. 48), and women are required to be submissive toward men in heterosexual relationships. Due to their subordinate position, women are sometimes forced into sexual relationships in which they are powerless to protect themselves from unwanted pregnancy and sexually transmitted diseases such as HIV (Panday, Makiwane, Ranchod, & Letsoalo, 2009; Wood & Jewkes, 2006). The unequal distribution of power in heterosexual relationships is one of the root causes of teenage pregnancy (Jewkes, Morrell, & Christofides, 2009), and also has led to the spread of HIV and violence against women (Jewkes, Sikweyiya, Morell, & Dunkle, 2011).

Anxiety provoked by the passage to motherhood. Landman (2009) highlighted how caregivers living in peri-urban settlements in South Africa are often deprived of family support and feel alone and anxious. This isolation seems to be exacerbated by a need for nurturing and care during the early months of motherhood, which is something that Daniel Stern, a well-known American psychiatrist and psychoanalyst, wrote about. Stern (1995) found that the passage into motherhood evoked the need for a “good enough grandmother” (p. 186). After giving birth, mothers, especially first-time mothers, keenly seek guidance and support from a mother figure. Generally, these encounters are regarded as invaluable, especially when the mother figure is encouraging and shares her own
experience. Stern described this state of being as the “motherhood constellation” (p. 172). He said that it explained why caregivers were often very receptive to parent–infant interventions, as they tended look to these interventions as they would to a grandmother. As a result, there is a need for these interventions to be responsive rather than emotionally abstinent.

In light of the impact of poverty, the power imbalance between men and women, and the passage to motherhood, it is evident that caregivers in South Africa are a vulnerable group. Together, these factors place the caregiver–infant dyad in a precarious position.

Community-Based Interventions That Strive to Support the Caregiver–Infant Dyad

Interventions aimed at fostering secure attachment are particularly relevant in contexts where the caregiver–infant dyad is at risk. Often, these interventions strive to foster maternal sensitivity. For example, a community-based intervention was piloted in a different peri-urban settlement in South Africa. It involved visiting the pregnant mothers twice before the birth of their infants and on a weekly basis for 6 months thereafter, with the aim of improving the quality of mother–infant relationships (Cooper et al., 2002). In 2009, a randomized, controlled trial showed that this intervention achieved significant improvements in maternal sensitivity (Cooper et al., 2009). Subsequently, caregivers’ experience of these home visits was explored to understand the positive changes fostered by this program (Landman, 2009). This research has emphasized the caregivers’ need for respect, acceptance, and a supportive ally, and was consistent with the hypothesis that a therapeutic alliance is an important ingredient of parent–infant psychotherapy (Stern, 1995).

Recently, an intervention protocol was implemented in the United States among high-risk caregiver–infant dyads. In addition to facilitating maternal sensitivity, the intervention aimed to foster reflective functioning by actively encouraging parents to reflect on their own behaviors, thoughts, and feelings as well as on those of their infants. The intervention involved providing parents with a theoretical foundation in attachment theory, developing their observation skills, and encouraging reflective dialogue. The results of this study have indicated that the protocol was very effective, as the number of securely attached infants increased (from 32 to 40%) and as there was a decrease in the number of infants with disorganized attachment (from 60 to 15%) (Marvin, Cooper, Hoffman, & Powell, 2013).

Like these interventions, the Baby Mat project also supports caregivers so that they are able to foster secure attachment. In a recent study by Bromley (2009), caregiver experiences and perceptions of the Baby Mat program were explored. The study has revealed that caregivers do positively perceive the Baby Mat; however, it did not explain why they do not make more use of this intervention. To improve service delivery, the current study strives to provide further insight into caregivers’ experience of the Baby Mat, and also hopes to shed light on some of the factors that motivate caregivers to seek support as well as the barriers that seem to prohibit them from making optimal use of the intervention and repeatedly visiting the Baby Mat.

METHOD

A qualitative-descriptive exploratory study was undertaken to provide a rich, interpretative understanding of the Baby Mat and how this intervention was experienced by the caregivers who made use of this service. This approach is recommended when there is limited understanding about a phenomenon (Hseih & Shannon, 2005). As Fossey, Harvey, McDermott, and Davidson (2002) noted, “Qualitative research lends itself to developing poorly understood, or complicated, areas of health care” (p. 718).

Participants

Purposive sampling was used to locate participants who were knowledgeable about the Baby Mat, thereby ensuring the trustworthiness of the data (Polit & Beck, 2008; Rice & Ezzy, 1999). Participants who had visited the Baby Mat at least once were selected to gain insight into their experience of the intervention and to shed light on why they failed to make repeated visits to the Baby Mat. Thus, participants were selected from the attendance register that is kept of caregivers who have visited the Baby Mat. They were selected based on the following criteria: (a) They had visited the Baby Mat once or more at the relevant healthcare clinic; (b) they served as the parent or primary caregiver of a child, who was still an infant; and (c) they were contactable by telephone.

In keeping with the Baby Mat approach, caregivers were invited to bring their infants with them to the focus-group discussion. Of the 16 potential participants who were invited to attend the discussion, 11 did so; most of them brought their infants. Generally, participants were able to understand and express themselves in English. However, there were 3 who relied on the co-facilitator/translator as well as other group members to help them convey their thoughts, ideas, and feelings in English.

Data Collection

Data for the study were collected by encouraging participants to tell their own stories of the Baby Mat in their own words. This took place within the context of a focus group. Group belonging is part of an individual’s everyday experience. Research has found that people often feel safer and are more willing to share when they are in the presence of others who have had similar experiences to themselves (Fossey et al., 2002; Kruger & Casey, 2000).

The goal of the focus group was to gain further insight into caregivers’ experience of the Baby Mat program. It also focused on some of the factors that motivated caregivers to seek support as well as the barriers that seemed to prohibit them from making optimal use of the intervention and repeatedly visiting the Baby Mat. A topic guide was developed to direct the focus-group discussion and ensure that the focal points of the research were addressed (Ritchie & Lewis, 2003). The following topics were included: personal...
context, general perceptions of the Baby Mat, experience of the Baby Mat, failure to return to the Baby Mat, and repeat visits to the Baby Mat. The discussion that took place in the group was video-recorded and transcribed verbatim. In cases where the participants spoke in an African language, this also was recorded verbatim and later translated into English with the help of a translator.

Ethics

Permission to conduct the research and publish the findings was requested and obtained from the relevant healthcare clinic, the community-based organization responsible for the intervention, the university’s ethics committee, and the participants. Participants were assured that no identifying details would be revealed. Although the researchers did not anticipate that the focus group would harm participants in any way, they were provided with contact details of organizations offering free therapy services. A summary of the findings was forwarded to all relevant parties after the research was conducted.

Data Analysis

Data were analysed using thematic content analysis. The approach put forward by Braun and Clarke (2006) was applied because it provides clear guidelines on how to conduct thematic analysis in a manner that is not tied to a particular theoretical position. The process described consists of six phases, including becoming familiar with the data, identifying codes within the data, searching for themes from the codes identified, refining these themes, naming them, and identifying verbatim extracts from the data collected to present the essence of each theme (Braun & Clarke, 2006). Verbatim quotes guarantee that the interpretations were authentic.

Rigor of Study

Trustworthiness of the research findings was ensured by complying with the criteria put forward by de Vos, Strydom, Fouché, and Delport (2011): credibility, authenticity, transferability, dependability, and conformability. Credibility was achieved through purposive sampling. Participants who were knowledgeable about the research topic were selected. To ensure that the research findings were an accurate reflection of participants’ views, the systematic process of thematic content analysis put forward by Braun and Clarke (2006) was followed. Transferability of these research findings to other contexts was achieved by providing detailed and extensive descriptions. Cross-examination (internal and external) was used to ensure dependability of the research findings over time. Conformability of research findings was achieved by using verbatim quotes by the participants and reflexivity. Reflexivity concerns acknowledging how the researcher may have influenced the process of data collection as well as the research findings (Willig, 2008).

There were differences in race, social class, and culture between the researchers and participants. Whereas the first author was a White, English-speaking, middle-class woman, the participants in this study were Black African women of a lower socioeconomic status. It is important to consider whether these factors blocked the participants from openly sharing their experiences and perceptions with the researcher. The researcher tried to overcome this barrier by conveying her interest in participants’ responses to her questions, using verbal and nonverbal behavior. She listened attentively and reflected on what they were saying. In addition, the risk was partially mitigated by co-facilitating the group with a Black, middle-aged woman who was from another peri-urban settlement.

RESULTS

An inductive approach was used to identify the themes within the data. These themes were then grouped into three overarching areas: the caregivers’ experience of the Baby Mat, the factors that motivated them to visit the Baby Mat, and the factors that hindered them from accessing the Baby Mat.

Caregiver Experiences of the Baby Mat

The caregivers found the Baby Mat cathartic. By making use of this intervention, they were able to release some of the anxiety and stress that they were holding. One caregiver used a metaphor to describe this experience, saying “When you stand up on the baby mat you find that there is something that is gone out from you. The little stone you were having inside of you, it went out.”

Some caregivers made use of the Baby Mat because it made them feel more hopeful about their situation. One caregiver said that “Whenever you go to Baby Mat, and you tell them your problem, and they ask you, they tell you, from here you can do this, you try it . . . You know your way. Where can you go? What can you do?” The experience seems to make them feel more positive about their difficulties and helps them to plot a course of action. Another caregiver said that “Even if it can’t be that easier, but you find it much easier.”

For many caregivers, it was a revelation to learn that they were not the only ones with problems, as they did not generally seem to talk to each other about the things that were worrying them. According to one caregiver, “Even if we are at the clinic we, we don’t discuss anything. We are just there.” By visiting the Baby Mat, many of the caregivers realized for the first time that they were not alone. This sentiment was expressed by a caregiver as follows: “I am not alone—I have got some people who are having the same problem, so it becomes easy for mothers. I mean mothers, we’ve got similar problem.”

The caregivers valued the follow-up support that the facilitators on the Baby Mat provide. When the facilitators followed up on their progress, caregivers felt that they were cared for and said “It’s not like they just met you once and they want to know your problem and then after that they just put you behind. They make follow-ups.”

It was evident that the caregivers’ experience on the Baby Mat contrasted sharply with their experience in other relationships. One caregiver said “So I went to the Mat, because I wanted someone to
tell me something else.” She was tired of being dismissed and undermined by her peers. In contrast to other mothers, the facilitators on the Baby Mat acknowledged concerns.

**Factors Motivating Caregivers to Visit the Baby Mat**

One of the reasons that the caregivers sought help was their anxiety. They became anxious when their infants cried a lot, struggled to defecate, slept poorly, had a rash, or sweated a lot. As one caregiver said, “It wasn’t easy for me to see her suffering, the situation she was in. So when you hear them talking about helping mothers, and everything, I thought maybe I should enter that, ‘cause I didn’t know.” Although it was evident that the stress they felt was immense, they were able to overcome the barriers to visiting the Baby Mat. For example, many caregivers were afraid to go to the Baby Mat because they did not want to be judged by their peers. However, their anxiety about their infants overshadowed their concern about what others might think: “I don’t mind ‘cos I feel for my baby. So I don’t mind about it, anybody, what he talks and what he, anything.”

One of the principle factors that drove participants to make use of the Baby Mat was their desire to do their best for their infants. Even the quietest and most anxious caregiver in the focus group managed to capture this: “I want to be strong. I want to treat my baby right. . . .”

Generally, caregivers chose to visit the Baby Mat because they wanted information and guidance. One caregiver said “So I didn’t know what is this inside, ja.” Many felt that the Baby Mat managed to meet this need. One caregiver said “Yes, it guides me, like when I was having this problems with my boy, when I didn’t understand what was happening to him.” However, other caregivers felt frustrated as they did not get the help they needed. As another caregiver said, “You know I wanted some answers and they didn’t have answers for me, for everything that I was asking.”

Most caregivers realized that one of the reasons that they visited the Baby Mat was their own difficulties: “Yes, I’ve got that problem of my baby but deep inside was my own problems. I just pretend to say that problem to them. After I tell them my boyfriend that time was run away.”

**Factors That Prohibit Caregivers From Visiting the Baby Mat More Frequently**

One of the primary barriers stopping caregivers from visiting the Mat was that some adopted a subservient role in relationships. Many of the caregivers were unemployed. Those who were employed worked as domestic workers and needed to seek permission from their employers to visit the Baby Mat. One caregiver said “I have to ask ‘Can I go?’ and you see, and that becomes so difficult.” In addition, many of the caregivers seemed to be in relationships where men held power. As a result, it was difficult for them to be assertive and to make plans independently of their partners. In addition, it would seem that these relationships were often abusive. As a caregiver said, “They were fighting, her husband, and they were having, like an argument so she couldn’t make it.” These words provide some insight into the types of relationships that these women have with men and shed light on how they feel trapped.

Caregivers were scared of what others might think and thus failed to make use of the Baby Mat. To understand this fear, keep in mind that this intervention took place in full view of others at the clinic. As discussed earlier, a mat was placed on the floor of the immunization clinic. In attendance on the mat were two facilitators. Caregivers were invited to visit the Baby Mat with their infants to talk about issues that were worrying them.

During the focus-group discussion, caregivers indicated that those individuals who got up to go to the Baby Mat drew attention and were judged. One caregiver said “People start wondering. They know. I wonder what her problem? Why is she going there?” Another caregiver added to this by saying “So whenever you stand up going to the Baby Mat, really everyone is looking at you. Maybe she’s sick, or this and that.” Another said “You start standing up and they will think ‘Oh my God. Her husband is beating her every day. Or maybe her husband has left her.’”

Caregivers also were scared that action would be taken if they shared their problems. This is captured by the following:

And you ask yourself what is that person going to do with the problem, that you have told her or him. Is he going to take actions against that? Or, or, so that’s why mothers don’t go to the Baby Mat and discuss.

It would seem that many of the caregivers seem to be trapped in abusive relationships. As another caregiver said, “Some of us we are living in abusive relationships. So you think, if I go there, at the Mat, what action they will take?” They were particularly worried about losing the financial support their husbands provide, saying

We are scared because like, because you know in African culture, we believe in our husbands. They are the ones that are working for us. They are the ones that brings the plates for us to eat. So whenever he get arrested, you, you ask “What are we going to eat now?”

Caregivers indicated that many of the women in their community seemed to suffer from generalized anxiety. They attributed this to the fact that many women live in abusive relationships and are scared to talk to anyone about their problems. “They are so shy. They are so abused that they are scared of everything,” were some of the words used to convey this understanding. Consequently, they chose to say nothing, not even to their friends. One caregiver stated “Even if we are at the clinic we don’t discuss anything. We are just there. Just there to bring our kids there to, to injection, and after that we go home.”

Caregivers judged themselves for seeking support: “What kind of a mother am I, who can come to somebody, and asks for help?” There was an expectation that they should be able to solve their own problems. Seeking assistance from an outsider was frowned upon: “This is my inside problem, I should solve it inside.” One reason that caregivers gave for feeling ashamed to ask for help was that they tended to fail to acknowledge the importance of their
difficulties. This was demonstrated by a caregiver who said “Cos [sic] they take it as a small problem and become too embarrassed to share those problems.” Another caregiver added: “I think that person will think it’s a small problem. What, what kind of mother I am who can come to somebody and ask for help for such a small problem?”

When asked why caregivers do not make more use of the services offered by the Baby Mat project, a caregiver explained that they do not want to make an effort saying, “You see, we only want things to come to us. So, we don’t want to go to things that will help us.”

**DISCUSSION**

Since the sample in this study was relatively small and was not randomly selected, it is not possible to generalize the findings. In addition, there was no triangulation or cross-validation across multiple data sources. However, despite these limitations, the study provided valuable insight into caregivers’ experience of the Baby Mat. According to the results of this study, caregivers found the intervention cathartic and left the Baby Mat having experienced some release. The intervention also instilled hope and highlighted the universality of their experience. In sharp contrast with their experience in other relationships, they felt supported on the Baby Mat.

The study also shed light on why caregivers fail to make optimal use of the Baby Mat. One of the primary barriers preventing caregivers from visiting the Baby Mat was their feelings of powerlessness. These feelings may be partly attributed to poverty. Many of the caregivers were unemployed and thus had limited access to resources. Those who were employed had menial jobs and often needed to seek permission from their employers to visit the Baby Mat.

The power imbalance between men and women in traditional African culture has further entrenched the caregivers’ sense of powerlessness. According to some cultural expectations, men hold the balance of power in heterosexual relationships (Meyer-Weitz et al., 1998). Caregivers in this study subscribed to this tradition. They depended on men for their survival. Research has noted that abuse often follows in the wake of gender inequality, and that men in South Africa sometimes use violence as a way of asserting their authority over women (Jewkes et al., 2011). Although very few caregivers revealed their own experience of being abused, they alluded to how this prevented others from visiting the Baby Mat. They said that caregivers were scared that action would be taken if they shared their circumstances. Essentially, the caregivers were dependent on the men who beat them and were scared that if the abuse was discovered, they would lose their livelihood.

It also is evident that the caregivers often choose not to continue visiting the Baby Mat for fear of being judged. Caregivers were worried about what other people thought of them and felt judged for making use of the Baby Mat. They also chastised themselves for being unable to cope with the job of raising an infant. To be socially acceptable, they preferred to mask their need for support. The ecosystemic perspective provides a framework for understanding this behavior; it advocates the notion of looking beyond the individual and exploring the broader social context to understand behavior (Bronfenbrenner, 1977; Donald et al., 2010). Thus, the caregiver’s need for social acceptability can be understood in terms of the social factors that have influenced gender roles. In traditional African culture, women are valued for the ability to bear and raise children (Meyer-Weitz et al., 1998).

Many of the caregivers who took part in this study seemed to find themselves caught up in the motherhood constellation which Stern (1995) described as a “new and unique psychic organisation” (p. 171) that follows the passage to motherhood. Although he postulated that this constellation is specific to mothers who are living in Western, post-industrial societies that value infants and strive to optimize their well-being yet fail to support them in this endeavor (Stern, 1995), this research found that this also was applicable to caregivers living in peri-urban settlements in South Africa. Traditional African culture, like Western culture, values infants. The caregivers in this study wanted to do their best for their infants, and felt extremely anxious when difficulties arose and their infants struggled to sleep, eat, have bowel movements, or suffered from rashes. Like Western mothers, these caregivers lacked the support they needed to fill this role. They felt extremely alone and isolated. Stern attributed the lack of support given to mothers to the diminishing role of the extended family in child rearing. He noted that interventions for mothers and infants are generally very well received (Stern, 1995). Perhaps this was why many of the caregivers were receptive toward the Baby Mat project. Stern explained that mothers who are in the motherhood constellation long for nurturing and care. They tend to cast interventions, like the Baby Mat, in the role of the “good enough grandmother” and look to them for support (p. 186). The findings of this study reflect this. The caregivers strongly valued the manner in which the facilitators on the Baby Mat attended and listened to them, especially as this was not something their friends and family were able to do sufficiently. It was particularly meaningful for them when the facilitators on the Baby Mat followed up to see how they were coping. They also found comfort in the way that the facilitators tried to see things from their perspective and that they were not judgmental.

However, since the caregivers looked to the Baby Mat as they would to a grandmother, their expectations of this intervention were high. Stern (1995) explored this further and highlighted the need for therapists in parent–infant psychotherapy to be “more active, less abstinent emotionally, freer to ‘act out’ in the sense of making home visits, giving advice, touching the patients, and so on, and more focussed on assets, capacity and strengths” (pp. 186–187). He noted that the inability to do so can “exact a heavy price on the therapeutic alliance” (p. 186), and it would seem that this may explain why the Baby Mat was devalued by some caregivers. Some caregivers in this study indicated that were frustrated with the Baby Mat because they had hoped for more information and guidance. When the facilitators could not provide this, these caregivers felt despondent about the intervention.

Generally, the act of giving advice is discouraged within the psychoanalytic tradition, as it strips clients of the opportunity to
make discoveries on their own. However, guidance and information was something that the caregivers keenly wanted and needed. Research has suggested that this tension between being nondirective and meeting the client’s need for advice is something that dominates counseling services offered in underprivileged communities (Van Rooyen, 2008). This need for the clinician to direct decision-making also emerged in a study exploring a consultative approach to assessment (Amod, Skuy, Sondrerp, & Fridjhon, 2000). Although the approach set out to help clients arrive at their own decisions, most respondents in this study wanted the decision to be made for them. Amod et al. (2000) understood this in terms of the sociopolitical history in South Africa, where the majority were severely oppressed by the apartheid system and grew accustomed to others making decisions on their behalf.

Recently, Landman (2009) studied the nature of the therapeutic alliance between caregivers and counselors who took part in a parent–infant intervention that was run in another peri-urban settlement in South Africa. Her findings indicated that it was not beneficial to withhold basic information when working within severely deprived communities, and she has encouraged clinicians to rethink their stance on this matter (Landman, 2009). She warned that “unless knowledge is accessible, in tune with and responsive to the mothers’ specific needs, and offered within a supportive and reflective therapeutic relationship, it tends not to be sought out or utilized and is therefore ineffective” (Landman, 2009, p. 209). Even though some caregivers were frustrated with the Baby Mat because they did not get the advice and information that they were hoping for, note that many others felt that they did get what they needed, possibly because the facilitators on the Baby Mat were able to empathize with their experiences.

In addition to information and guidance, Stern (1995) highlighted a mother’s need to be acknowledged by a mother figure. He said that “the transference that evolves in this situation involves the elaboration of a desire to be valued, supported, aided, taught and appreciated by a maternal figure” (p. 186). All the caregivers in this study indicated that they felt acknowledged on the Baby Mat, and the experience made them feel better about themselves. As a result, they indicated that they would revisit the Baby Mat.

Berg (2009) added to an understanding of the type of therapeutic alliance needed when conducting parent–infant psychotherapeutic interventions in economically depressed, often peri-urban, settlements in South Africa. She stressed how important it is to meet clients on their own terms: “It is important to meet where he or she came from, as opposed to having individuals out of the community come to the professional” (Berg, 2007, p. 217). This aligns with the reasons put forward to explain why some caregivers fail to make repeat visits to the Baby Mat, such as “You see, we only want things to come to us. So, we don’t want to go to things that will help us.” Thus, it appears that the parent–infant psychotherapy offered by the community-based organization still needs to be adapted to accommodate its context. This explains why the Baby Mat is well-received by the community it serves, but also sheds light on one reason that the intervention is not optimally used. Although the intervention strives to meet caregivers on their terms, the caregivers seem to be looking for more, possibly explaining the success of home-visitation programs (e.g., see Cooper et al., 2009; and Marvin et al., 2013) for caregivers with young children.

Conclusion

Since the support gleaned from extended-family structures has diminished over the last few decades, increasing numbers of caregivers have had to navigate the transition into motherhood alone and are sometimes overwhelmed with anxiety. In South Africa, caregivers are confronted with additional challenges that make this role even more difficult, such as poverty and the power imbalance between men and women. As such, there is an increasing need for interventions such as the Baby Mat because they seem to fulfill the role of the grandmother. However, Stern (1995) noted that these interventions often fall short, as the therapeutic alliance demanded by mothers in the motherhood constellation requires therapists to break with tradition and reach out to their clients. Therapists are required to be “more active, less abstinent emotionally” (Stern, 1995, pp. 186–187). Within the school of psychoanalysis, it appears that the field of parent–infant psychotherapy has been particularly open to change. Perhaps as Berg (2007) stated, babies seem to “. . . awaken in us the ability to look at the world anew and dare to act differently” (p. 217). This study highlights how important it is for early parent–infant interventions to move beyond the consulting room and to meet caregivers on their terms, such as a home-visitation program. As one of the caregiver’s said, “You see, we only want things to come to us. So, we don’t want to go to things that will help us.”

REFERENCES


