

Parents' caregiving representations: theoretical perspectives and clinical implications

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Mothers' internal representations of their infants: An effect study in primary care

NTNU
Norwegian University of Science and Technology
Thesis for the Degree of Philosophiae Doctor
Faculty of Medicine and Health Sciences
Department of Mental Health

NTNU
Norwegian University of Science and Technology

Avhandlingen kan leses eller lastes ned [her](#)



Internal



Eksternal

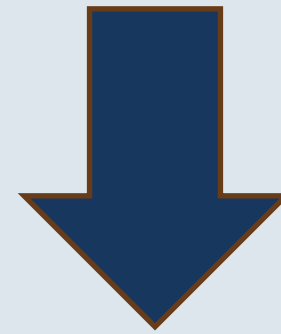
She's so curious
and bright!
I enjoy playing
with her.



She's so
stubborn and
defiant – she
hates me!



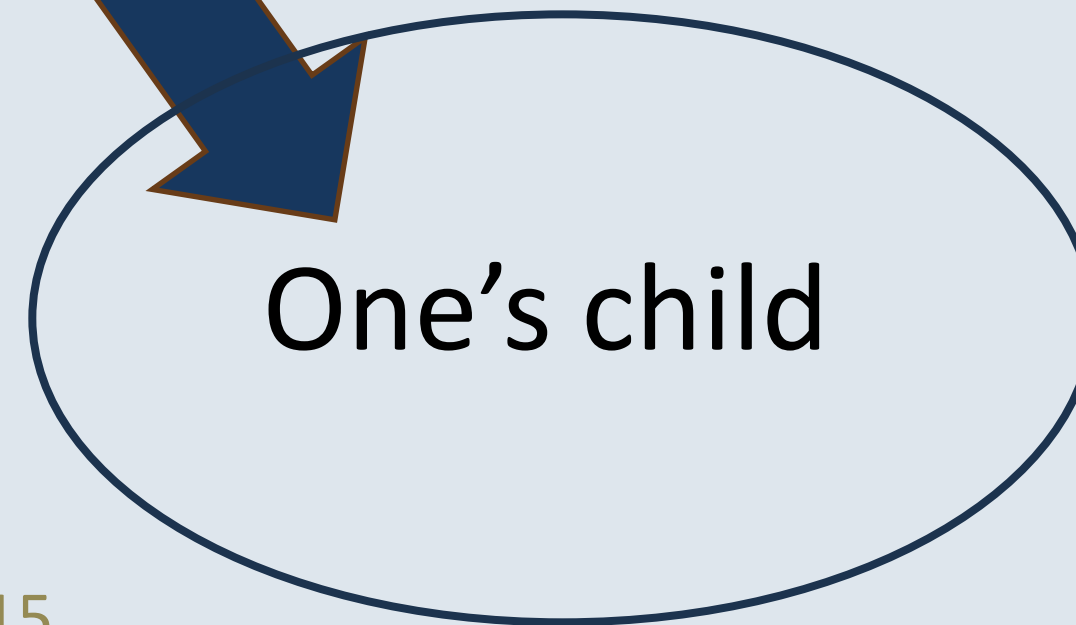
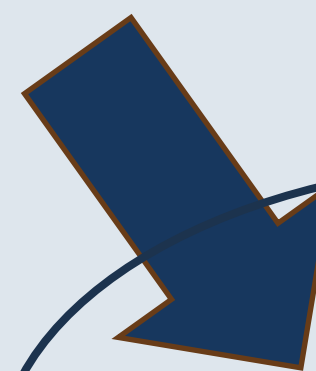
Child's internal working model of the parent and the relationship with the parent



Global internal working model/prototype



Romantic partner



One's child

Roisman et al, 2005; Waters and Waters, 2006; Madigan, et al., 2015

Parents' caregiving representations

Thoughts, feelings, ideas, expectations and subjective experiences, and ways to process information about

- the child, child's personality, needs and potential
- the relationship with the child
- oneself as caregiver to the child
- past and current caregiving behavior when with the child

George & Solomon, 2008; Zeanah & Benoit, 1995; Slade, 2005



Reflective functioning

Understanding another person's behavior from mental states such as his thoughts, feelings, wishes, beliefs, desires and intentions, and to see oneself in the same manner

Fonagy et al, 1991; Sled et al., 2020



Parent's
representations

Reflective
functioning

Camoirano, 2017; Fonagy et al., 1991, 1998;
Rosenblum et al, 2018; Dinzinger, 2023



Psychological preparation for
motherhood

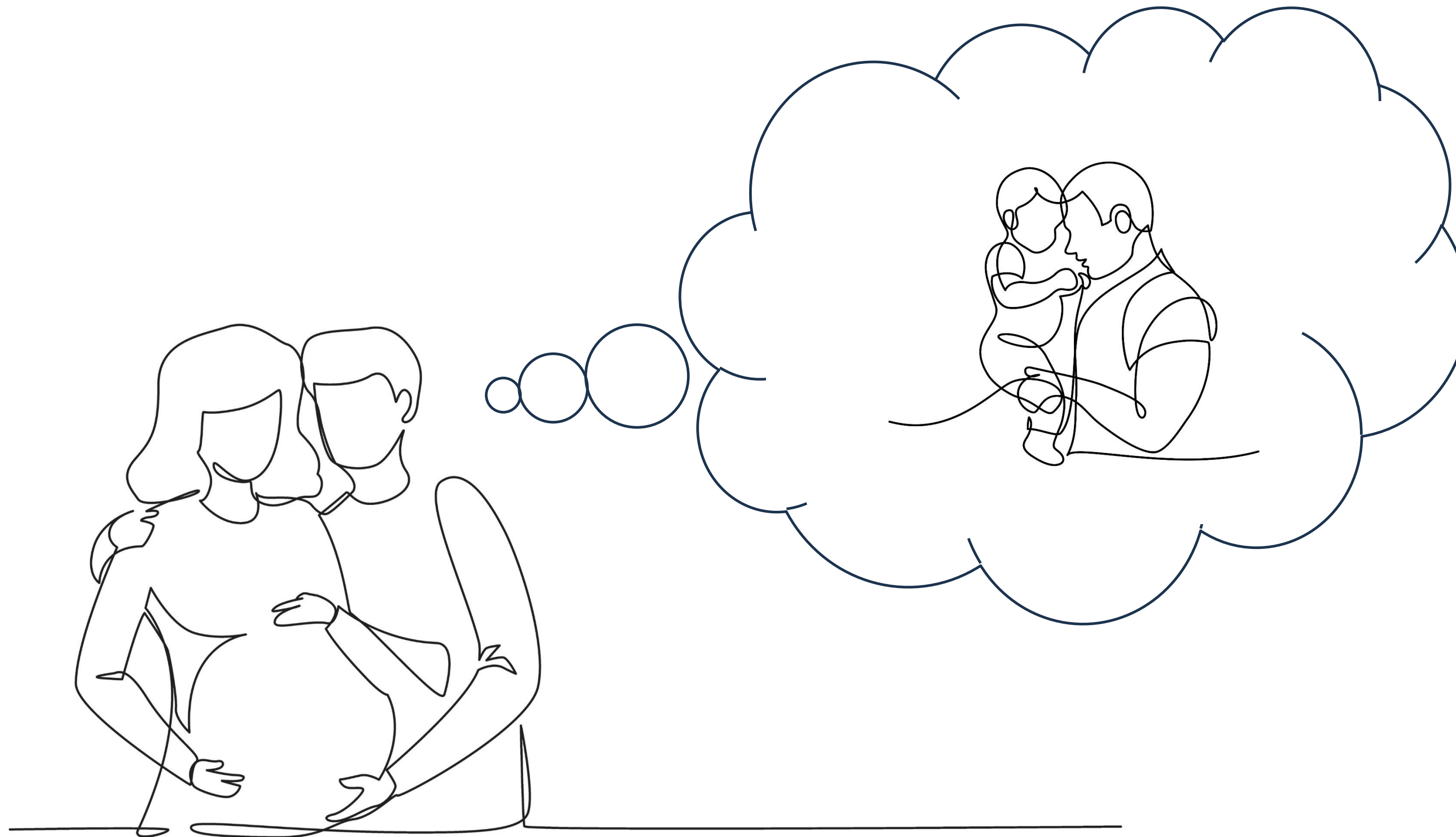
Activates memories of care
from parents

Develop representation of
the child and of caregiving



Predicts child's
attachment at 1 year old

Ammanti , Tambelli, & Odorisio,
2012; Benoit et al., 1997; Fonagy,
Steele & Steele, 1991; Foley &
Hughes, 2018; Madigan, 2015;
Theran et al., 2007; Vreeswijk et al,
2014; Vreeswijk et al, 2015



Vreeswijk et al., 2014, 2015; Lindstedt et al., 2021
Ahlqvist Björkroth et al., 2016

The Working Model of the Child Interview (WMCI) (Zeanah et al., 1994; Zeanah & Benoit, 1995)

Qualitative scales

Richness of perception
Openness to change
Intensity of involvement
Coherence
Caregiving sensitivity
Acceptance

Balanced

Content scales

Infant difficulty
Fear of infant's safety

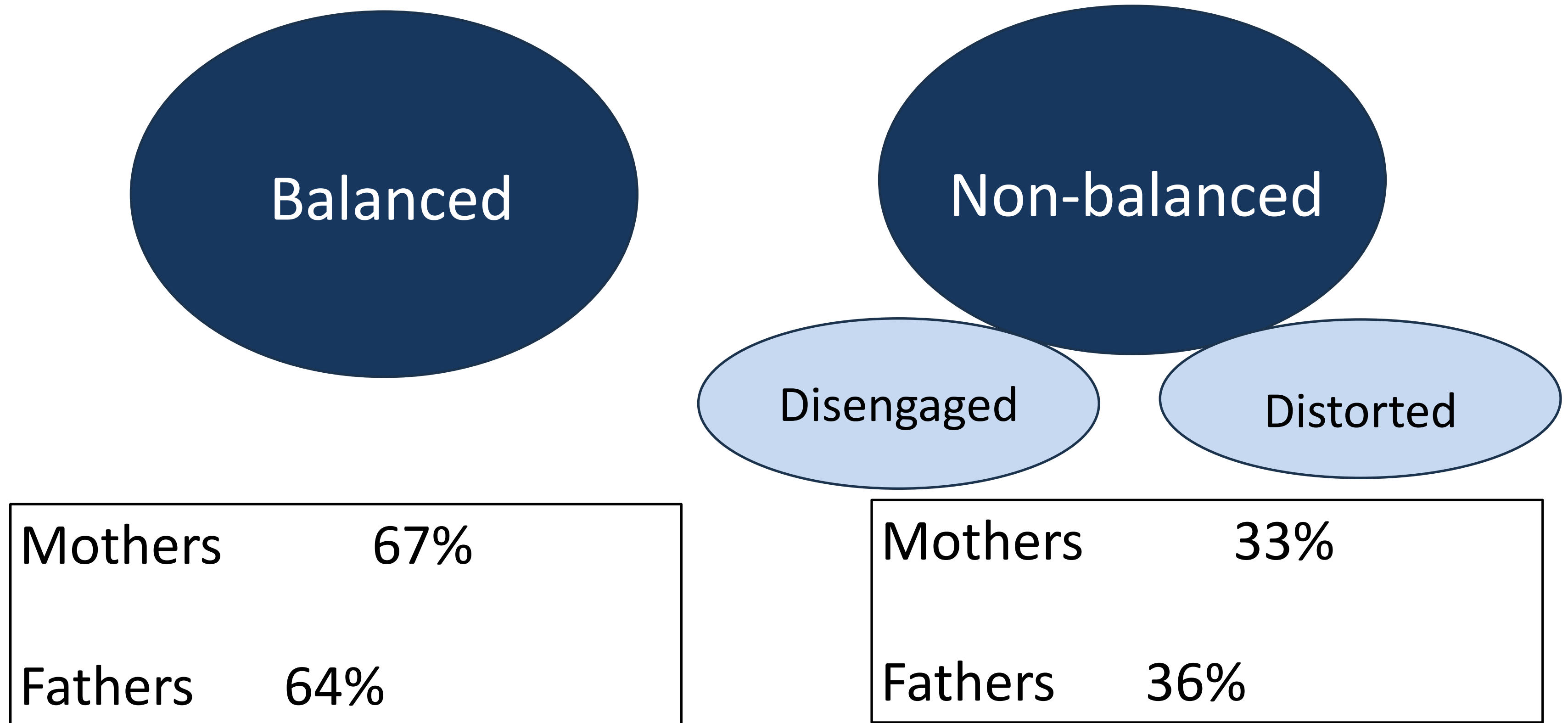
Disengaged

Affective tone scales

Joy
Pride
Anxiety
Anger
Guilt
Indifference
Disappointment

Distorted

Caregiving representations may be:



Madigan et al., 2015; Main et al., 1985; Vreeswijk et al., 2014; Zeanah et al., 1994

Stability from pregnancy to infant 1 year old

Mothers

Balanced representations: 79% stability

Non-balanced (disengaged and distorted representations): 62% stability

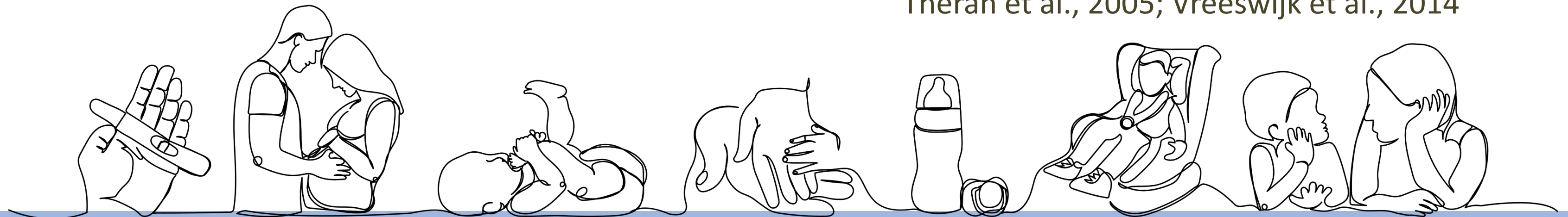
Became balanced: 38%

Fathers

Balanced representations: 82.4% stability

Non balanced: 49.6% stability

Theran et al., 2005; Vreeswijk et al., 2014



What influences caregiving representations?

Child

Borghini et al., 2006;
Benoit et al., 1997

Life stress

Theran et al, 2005

Challenges of parenthood

Theran et al., 2005

Relationship with co-parent

Psouni, 2019

Ahlqvist-Björkroth et al., 2016

Interpersonal violence

Theran et al, 2005;

Schechter et al., 2005, 2008

Mental health

Rosenblum et al., 2002; Korja et al., 2009; Ahlqvist-Björkroth et al., 2016

Interventions?



changes in representations



changes in interaction?

Overall aim to examine

- whether mothers' negative representations of their infants could be identified and altered with low-threshold interventions at community Well Baby Centers
 - whether changes in maternal representations were related to changes in the quality of the mother-infant interaction.
 - the psychometric properties of the WMCI
- in a heterogeneous low- to moderate risk sample



Design

Randomized controlled trial conducted between 2008 and 2012 in Trondheim, Oslo and six municipalities in south-eastern Norway (Enebakk, Grue, Kongsvinger, Løten, Oppegård, Ski)

Recruiters

Nurses at Well Baby Centers or other primary care professionals

Inclusion

Parents with infants between 0 and 24 months experiencing interaction challenges

Exclusion

Parents with developmental disorders, severe mental health disorders, ongoing problematic substance use, or insufficient Norwegian language proficiency



Participants (n=152)

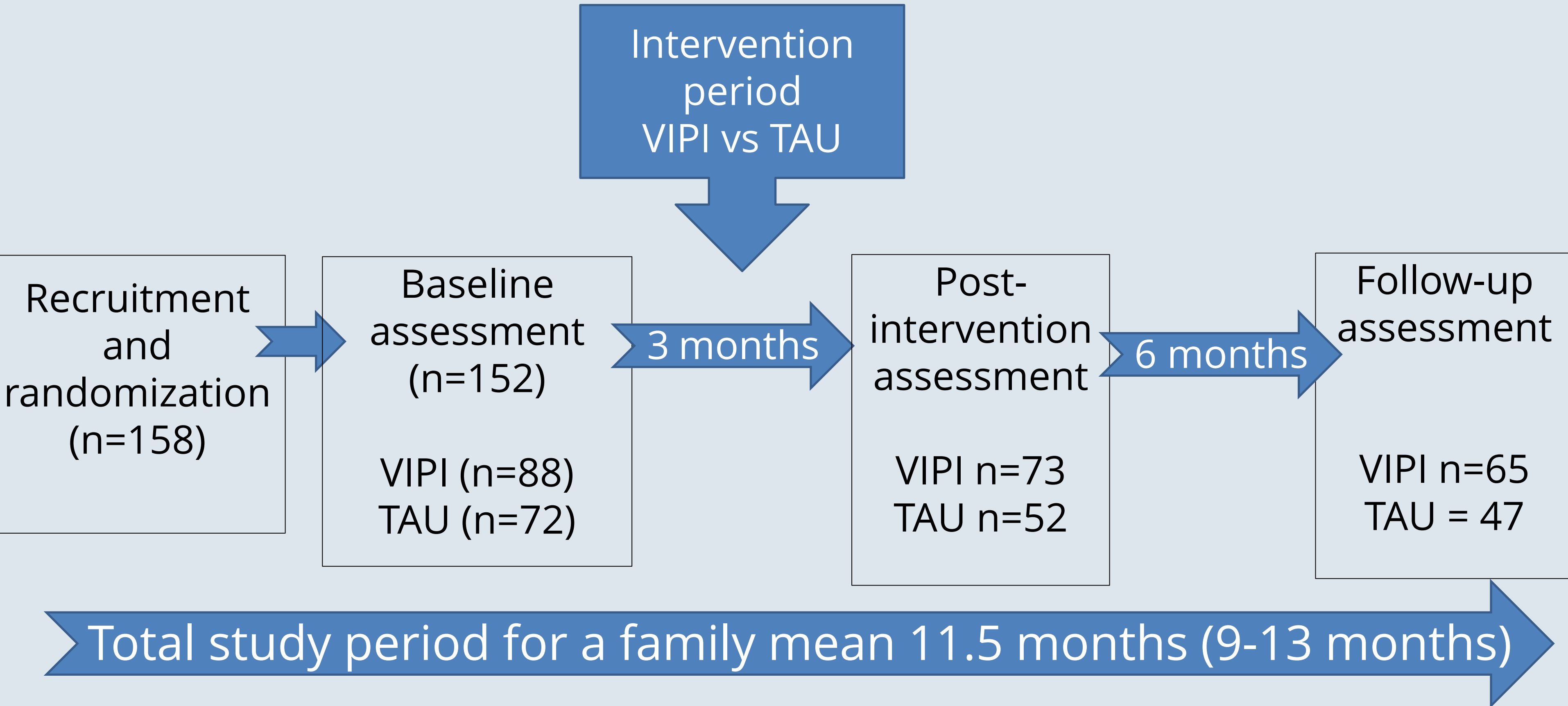
Mothers

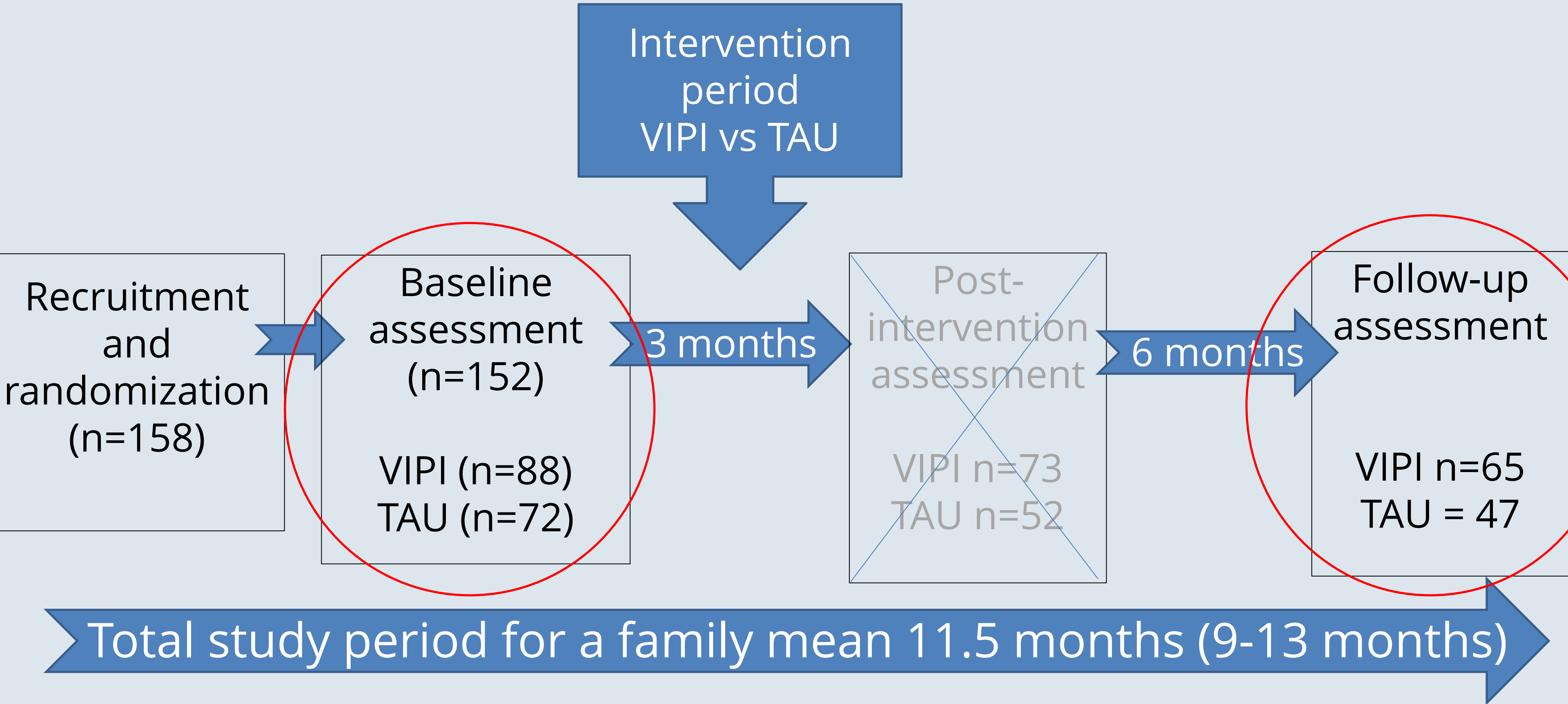
Mean age	29.7 years
Norwegian	82.6%
Bachelors' degree or more	62.9%
Low- to moderate risk	

Infants

Mean age	7.3 months
Gender	51% girls
First born	72%
Living with both parents	82.9%







Treatment as usual (TAU)

Community Well Baby Centers

Used by more than 98% of all families

(Statistics Norway. Municipal health care service. Table 3: Activity in health center service and school health service 2020)

Video-feedback of Infant Parent Interaction (VIPI)

Manualized version of Marte Meo
(Aarts, 2000; Onsøien et al., 2007)

8 weekly sessions in families' homes,

Video-clips of infant-parent interactions
in every-day-situations

Reflective dialogue between parent and
therapist

Reinforce sensitive parenting practices

Paper 2



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Can mothers' representations of their infants be improved in primary care? A randomized controlled trial of a parenting intervention using video feedback in a predominantly low- to moderate-risk sample

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Paper 2

The mothers in the VIPI- group did not improve their representations differently than the mothers who were in the TAU-group

- Low-risk sample- ceiling effect?
- VIPI- focus on interaction behavior and child
 - ➔ Reducing intrusion of negative representations, not reorganizing them?
- Improved other aspects of the mothers' representations not measured by the WMCI?



Paper 2

Mothers in both groups

- less anxiety
- less irrational fear for infant's safety
- infant less difficult to care for
- less sensitive

Comprehensive services at Well Baby Centers

Beneficial for first-time mothers?

Masked effect of VIPI?

Less sensitive as child grew older

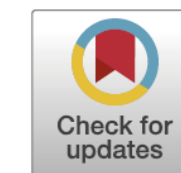


Paper 3

Infant Behavior and Development 73 (2023) 101896

Contents lists available at [ScienceDirect](#)

Infant Behavior and Development

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Are changes in mothers' representations of their infants related to changes in observed mother–infant interaction quality?

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ABSTRACT

Infant mental health clinicians aiming to improve mother–infant dyads at risk typically target mothers' representations of their infant or mother–infant interactions, assuming that one part of

Paper 3

We found no relation between changes in maternal representations and changes in infant-mother interaction quality

- Other aspects of the representations
- Mothers with negative representations
- Timing of assessment
- Observation situation
- Restricted range on scores



WMCI clinical scales are valid and has acceptable reliability when used with low-to-moderate risk mothers of infants

WMCI clinical scales are sensitive to small, yet clinically significant changes



The VIPI did not alter aspects of the maternal representations differently than treatment as usual at Well Baby Centers

Aspects of maternal representations may be influenced by experiences

Improving maternal representations do not necessarily improve the quality of the mother-infant interaction



Implications for Well Baby Centers

Mind the mothers that express negative feelings or expectations (anger, disappointment, difficult to care for) of their child, the relationship with the child or of themselves as caregivers

Emphasize high quality in the supportive and promotive services at Well Baby Centers

Implications for infant mental health clinicians

Calibrate coding on WMCI clinical scales

Interventions should target both the parents' representations and the parent-infant interaction

➔ both domains should be assessed after intervention

Observation should include stressful tasks



To sum up...

«We don't see the world as it is,
we see it as we are»

Anais Nin

French writer (1903-1977)



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Contributions



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Thank you for your attention!

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