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The impact of maternal incarceration on latency aged children

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Mae Ryan
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ABSTRACT

The rate of maternal incarceration has significantly increased throughout the past forty years. A rising number of children under the age of eighteen experience having their mother incarcerated. Evidence suggests maternal incarceration creates significant disruptions within family structures and has implications for the attachments children will form. Evidence suggests children whose mother is incarcerated primarily display insecure attachments. Researchers posit that family systems endure significant changes and emotional relationships are greatly altered.

Keywords: Attachment Theory, Family Systems Theory, Maternal Incarceration

**THE IMPACT OF MATERNAL INCARCERATION ON
LATENCY AGED CHILDREN**

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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QUOTES

“Not a day goes by that I don't cry to be with my children”

Imprisoned Mother, within Cunningham and Baker, 2003, pg. 142

“I can do time alone OK. But its not knowing what's happening to my son that hurts most”

Imprisoned Mother, within Parke and Clarke-Stewart, 2001

“I felt so bad about myself. I didn't feel like a good mom. We let go of our kids because we feel like it's best.”

Imprisoned Mother, within Allen, Flaherty, Ely, 2010

CHAPTER I

Introduction

Recent reports highlight that half of the world's entire prison population is held within three nations: China, Russia and the United States. “The United States leads the world in the rate of incarcerating its own citizens. We imprison more of our own people than any other country on earth, including China which has four times our population.” (Bloom, 2012, para. 1). The United States incarcerated 2,193,800 persons in 2012 (BBC, 2012). In other words, one in every hundred adults in the United States is incarcerated throughout the nation's prisons and jails (Halton and Fisher, 2008).

Over the past several decades racial and gender disparities have become prominent within this population (Hutchinson, Moore and Propper & Mariaskin, 2008). “The United States incarcerates 700% more women than it did twenty years ago. Nearly three-quarters of incarcerated women are mothers of dependent children and over 1.3 million children have their mothers in the corrections system including jail, prison, and parole” (Poehlmann, 2005a, p. 1). Racial and ethnic minorities, specifically African Americans and Latinos, continue to be incarcerated at higher rates than Caucasians. Tougher laws related to drug offenses have been largely cited as a major cause of the incarceration influx amongst minorities, and more recently, the rise in incarcerated women (The Sentencing Project, 2012).

Estimates suggest that since the 1970s, prison populations have almost quadrupled and the rate of incarceration within jails has more than tripled (Stoll & Raphael, 2008). Within this rise is the drastic increase in the number of incarcerated women. Data from the 1970's indicate

that roughly 5,000 inmates were female in the United States (Sobel, 1980). The next thirty years bore witness to a dramatic increase in the number of incarcerated women. By the year 2000, over 100,000 women were incarcerated. Most of the incarcerated women within the United States are imprisoned on drug-related charges (The Sentencing Project, 2012). Currently, the number of incarcerated women lies between 8% - 10% of the country's total prison population (Gabel & Johnston, 1995; BBC, 2012). Evidence suggests the children of incarcerated mothers are significantly impacted by the incarceration (Murray, Farrington & Sekol, 2012)

Incarceration places a significant strain on both the incarcerated individual as well her family. Much evidence sheds light on family disruption in the wake of parental incarceration. Often, families experience significant emotional hardship, accompanied by physical interruptions within living environments and financial disruptions (Lander, 2012). Some researchers suggest the strain on the female offender's family is greater than the incarceration of a father, since in American society the woman is considered the primary caretaker of children (Sobel, 1980). In fact, the vast majority of minor children live with their biological mother prior to her incarceration. Following maternal incarceration few children live with their biological father. Instead, most live with extended kinship circles or are placed into the foster care system (Mumola, 2000).

Incarcerated mothers experience unique challenges (Dworsky, Harden & Goerge, 2011). Evidence suggests that incarcerated mothers experience incarceration differently than non-mother inmates. Separation from one's children often ranks as the highest stressor reported amongst incarcerated mothers. "Incarcerated mothers in general, face more stressors than other inmates, including separation from children, lack of confidence in parenting, custody and visitation concerns, lack of social support and planning for reunification of children"

(Hutchinson et al., 2008, p. 441). Notably, less than half of mothers in prison receive visits from their children while incarcerated (Poehlmann, 2005a).

These changes in the child's living arrangement and caretaker result in an interruption in the physical environment and emotional relationships. Given the drastic rise of parental incarceration over the last 40 years, children are impacted by parental incarceration at ever increasing rates. Millions of children under the age of eighteen are impacted by having at least one biological parent behind bars (Lander, 2012). Nearly 60% of children who experience parental incarceration are under the age of ten (Parke & Clark-Stewart, 2002). Some are born behind bars as their mother entered the prison system pregnant (The Sentencing Project, 2006). Between 1991 and 2007, the Bureau of Justice Statistics reported the number of mothers in prison had increased a shocking 122 percent. During the same period, the number of children with mothers in prison had more than doubled, rising to nearly 150,000 children (BJS, 2008).

As incarceration rates within the United States exploded over the past forty years (Bloom, 2012) numerous journalists, researchers and legal experts have posited a cause and related implications. The incarceration of people with mental illnesses has been long studied by mental health professionals. Some theorists suggest that following the deinstitutionalization movement of the 1970's, the criminal justice system became the default placement for persons with severe mental illness in the United States (Hatton & Fisher, 2008). In 2005 more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in state run institutions, 78,800 in federal prisons, and 479,900 in local jails. These estimates represented 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates (Bloom, 2012).

Similarly, several studies explore the relationship between substance abuse and mental illness within the prison population in the United States (Carlson & Shafer, 2010; Lander, 2012).

Many prisoners have experienced significant traumas prior to incarceration (Poehlmann, 2005a) leading to diagnoses of post traumatic stress disorder, anxiety and depression. Notably, one third of all inmates have substance abuse problems prior to the time of their arrest and incarceration (Cuomo, Sarchiapone, DiGiannantonio, Mancini & Roy, 2001). “The syndromes of PTSD and substance abuse appear to be strongly linked. For example, the presence of either disorder alone can increase the risk of developing the other disorder” (Najavits, Wise & Shaw, 1997, pg 273).

Despite the explosive growth in the number of mothers who are in prison—and the potentially devastating effects of this incarceration on their families, including children—there is, at the time of this writing, limited research on the implication of maternal incarceration on the attachment between incarcerated mother and child.

“That parental incarceration has become so common is troubling given research suggesting that it compromises child wellbeing... In light of the growing risk of parental imprisonment and the negative effects of imprisonment on families, researchers have begun considering the effects of parental imprisonment on children’s behavioral problems. But, with few exceptions, research in this area has been plagued by small samples, dated data, and a host of other problems challenging efforts to establish the robustness of this association” (Wildeman, 2008, p. 3).

Theoretical Orientation and Methodology

This thesis is designed as a theoretical study. This theoretical exploration examines how maternal incarceration affects the relationship between mother and their latency aged child. The goal of this writer is to expand the knowledge base of existing theoretical orientations and frameworks used in clinical practice. I will present a plethora of literature that highlights the negative impact of maternal incarceration on the relationship between mother and their latency aged children. Two theories will be utilized to aid in this exploration: Attachment Theory and Family Systems Theory. Both theories will serve as a lens used to explore the impact of

maternal incarceration on the family system and the attachment between incarcerated mother and child.

It has long been recognized that when a disruption in the family system occurs, all members of the family are impacted (The Bowen Center, 2013). As mothers are incarcerated at an increasing rate family systems are disrupted, which has significant implications for minor children. “The present body of literature on parental incarceration generally suggests negative effects on the social and cognitive development of children” (Brown, pg. 1, 2010). These disruptions are particularly relevant and imperative for clinicians to recognize, consider and understand. In particular, this social problem has particular relevance to the field of clinical social work.

Maternal incarceration has serious ramifications for entire generations of children, incarcerated mothers and their extended kinship circles, many of whom potentially could seek clinical support. As children are placed in foster care, clinicians working within the foster care system may benefit from an increased understanding of the impact of maternal incarceration on families. “With prison populations growing rapidly in many countries worldwide, effects of incarceration on prisoners’ well-being, health, and behavior have become urgent social concerns. Equally important are possible far-reaching effects of incarceration beyond prison walls, on recidivism, employment opportunities for ex-prisoners, and on families and communities” (Murray et al., 2012, p. 11).

Women in Prison: An Overview

Racial Disparities: Ample evidence highlights significant racial disparities within American prisons (The Sentencing Project, 2012). Incarcerated males and females represent racial minorities groups, most significantly African American and Latino populations. In every

state, the percentage of African Americans in prison exceeds, sometimes considerably, their proportion within the general population. “More than 60% of the people in prison are now racial and ethnic minorities. These trends have been intensified by the disproportionate impact of the "war on drugs," in which two-thirds of all persons in prison for drug offenses are people of color” (The Sentencing Project, 2012). The Sentencing Project (2006) states that there have been “overwhelming racial disparities” in drug related incarcerations despite the fact that people of color and Caucasians participate in drug related offenses at equal rates.

The drug war has produced profoundly unequal outcomes across racial groups, manifested through racial discrimination by law enforcement and disproportionate drug war misery suffered by communities of color. Although rates of drug use and selling are comparable across racial lines, people of color are far more likely to be stopped, searched, arrested, prosecuted, convicted and incarcerated for drug law violations than are whites. Higher arrest and incarceration rates for African Americans and Latinos are not reflective of increased prevalence of drug use or sales in these communities, but rather of a law enforcement focus on urban areas, on lower-income communities and on communities of color as well as inequitable treatment by the criminal justice system (Drug Policy Alliance, para. 1).

Poverty: “The vast majority of women who are involved in the criminal justice system are poor, single mothers, most of whom are serving sentences for nonviolent drug-related offenses” (Allen, Flaherty and Ely, 2010, p. 161). Hernandez (2008) suggests that American prison systems marginalizes women, people of color and people of low socioeconomic status. The vast majority of incarcerated women are African American who often hail from impoverished families. Most incarcerated women have limited education; less than half have completed high school (The Sentencing Project, 2006).

Although not all incarcerated women are members of impoverished communities there does appear to be a relationship between poverty and incarceration (Abramsky, 2010). Financial struggles often exist prior to incarceration and frequently continue after the arrest and subsequent

incarceration (Parke & Clark-Stewart, 2002). According to The Sentencing Project (2006), 60 percent of incarcerated women were unemployed, 37% had household incomes under \$600 in the month leading up to their arrest. Nearly one-third of women were receiving welfare benefits prior to their arrest. Many times incarceration removes one of the primary financial earners from the family unit (Parke & Clarke-Stewart, 2002).

Harvard sociologist, Bruce Western, states, “Prison has become the new poverty trap. It has become a routine event for poor African-American men, women and their families, thus creating an enduring disadvantage at the very bottom of American society” (Tierny, 2013). Some suggest the disadvantages associated with poverty can lead to crime, and relatedly, to arrest and incarceration (Ambramsky, 2010). Street (2000) reports that a direct correlation between poverty and criminality exist. Further, they indicate that people will resort to criminal activity only if the cost of committing the crime is lower than the benefits gained, therefore, those in poverty have a much greater chance of committing crime than the general population. The prison experience limits their earning power and diminishes their ability to climb out of poverty even decades after their release (Abramsky, 2010).

Abuse: As indicated above, both male and female prisoners have high rates of previous trauma. In fact, male and female inmates have higher rates of trauma than non-incarcerated populations. Women, however, appear to have even higher rates of prior abuse than their male counterparts. “One key difference between incarcerated males and females is that incarcerated women are more likely to report extensive histories of physical and sexual abuse – between 77 - 90%” (Messina & Grella, 2008, p. 1842). Numerous studies confirm a high rate of childhood sexual trauma and physical abuse amongst incarcerated women (Toch, 1992). Over 60% of incarcerated females report forced oral or anal penetration. An estimated 40% intimate

they are victims of forced vaginal penetration. Many have sustained physical injuries including broken bones, gun shot and knife wounds, as well as injuries secondary to domestic violence (Harner & Burgess, 2011).

Wilson and Belknap (2008) attest that the incarcerated female population are often children of parents who struggled with substance abuse. Turek and Loper (2006) note that incarcerated women often grew up in a household where at least one family member was in prison. As minors, many incarcerated women had been forcibly removed from the care of their biological parents and placed into foster care or with extended family (Wilson & Belknap, 2008). As suggested above, many incarcerated females have born witness to or been themselves victims of domestic violence. Numerous women inmates report they had been part of an abusive partnership where they experienced emotional and/or physical abuse prior to their arrest and incarceration (Turek & Loper, 2006). It bears repeating, incarcerated women are three times as likely to have a diagnosis of post traumatic stress disorder as non-incarcerated women (Harner & Burgess, 2011).

While in prison, women with significant trauma histories often display self harm behaviors including cutting, burning and headbanging. Many of these women remain at a high risk for suicide while incarcerated (Harris & Fallot, 2001). There is some evidence that the distance from their child ranks highest among causes for depression and suicidality while in prison (Harris & Fallot, 2001; Hatton & Fisher, 2008). Many incarcerated women cite the separation from their children as single most significant stressor of their incarceration. In addition, women may continue to suffer by prior abusers that come in the form of hateful letters and threats. Sexual assault by fellow inmates/staff and limited privacy, are also stressors.

Incarcerated women have ample unstructured time where a significant amount of the day is spent alone. Some intimate that this may lead to rumination and birth high levels of distress

(Borelli, Goshin, Jostle, Clark & Byrne, 2010). Harner and Burgess (2011) write,

“Once incarcerated, the prison environment, including the often constant harassing and powerless nature of confinement coupled with commonly used security measures (such as pat-downs and strip searches, lack of privacy and isolation) may re-traumatize women by activating the traumatic memories of abuse and trigger maladaptive prison behaviors, including self-injury, suicide attempts and/or aggressive acts” (p. 470).

Unfortunately, despite the high rate of women who struggle with substance use and/or mental health issues there are very few treatment options available for prisoners during incarceration (Turek & Loper, 2006; Poehlmann, 2005a). Some prison systems provide programs including Alcoholics Anonymous, Narcotics Anonymous and parenting classes for inmates.

Sobel (1980) suggests that programs are made available based on the gender of the prisoner.

“The average men's prison offered 10 vocational-industrial programs, whereas the average women's prison offered only 2.7 programs. Additionally, the programs offered in women's prisons were usually sex tracked. Although male prisoners had a choice of about 50 vocational programs, women's choices were basically limited to cosmetology, clerical training, food service and nurses aide training” (Sobel, 1980, p. 331-332).

Interestingly, however, women participate in prison mental health programs at a higher rate than their male counterparts. Despite this, the number of women who receive mental health supports in prison is relatively low and treatment options are often insufficient. “In spite of high rates of health and social programs, few women receive help while they are incarcerated” (Hatton & Fisher, 2008). The New York Times indicates less than one third of all inmates who have symptoms of mental health problems receive treatment while incarcerated

(Associated Press, 2012). Prison mental health is often primarily focused on managing symptoms over providing comprehensive mental health treatment focused on the origins of criminal behaviors, trauma or substance abuse. (Hatton & Fisher, 2008). Incarcerated mothers are more likely to enter and complete treatment programs if they are in close contact with their children during their incarceration (D'Arlach, Curtis, Ferrari, Olson, & Jason, 2006).

Substance Abuse: As indicated above, there appears also to be a relationship between mental health and substance abuse within incarcerated populations, particularly amongst women inmates (Carlson & Shafer, 2010). Johnson (2007) notes that since the 1980's and the adoption of the "get tough on crime" attitude and "war on drugs" launched by former President Ronald Reagan, mandatory minimum sentences have been implemented and upheld. Gabel (1992) highlights that the cocaine epidemic starting in 1985 has greatly influenced the modern "three strikes" laws, requiring sentencing and correspondingly, lengthier sentences for a number of offenses. Between 1925 and 1975 incarceration rates remained stable. During the 1980's, following the launch of the war on drugs, rates shot upwards, reaching five times the historic average by 2004.

As indicated above, incarcerated women hold post traumatic stress disorder (PTSD) diagnoses at higher rates than the general population. Cocaine and other opioids are used at a higher rate by people diagnosed with post traumatic stress disorder than marijuana and alcohol. One possible, and not surprising explanation for this is that individuals suffering with PTSD may be attempting to medicate their suffering. Notably, women who have been traumatized have a more rapid onset of substance abuse than women who have not been traumatized and do not hold an Axis I diagnosis, including post traumatic stress disorder. Most commonly, women who have developed substance abuse problems have suffered repeated early childhood sexual and/or

physical abuse, ranging from 32% to 66% (Najavits et al., 1997). Interestingly, additional studies suggest women use drugs at a higher rate than their male counterparts while engaging in illegal activities. “Compared with incarcerated men, female inmates are more likely to have abused drugs and are twice as likely to have been under the influence of a cocaine-based substance while committing their crimes” (Turek & Loper, 2006, pp. 26).

Many theorists suggest that one cause of the increase in women prisoners is closely related to substance abuse (Najavits et al., 1997; Turek & Loper, 2006). “At the Federal level, prisoners incarcerated on a drug charge comprise half of the prison population, while the number of drug offenders in state prisons has increased thirteen-fold since 1980.”

(The Sentencing Project, 2012, para. 4). Most women in the United States are arrested and incarcerated on drug charges. Laws including those related to the war on drugs in recent years have targeted drug users and traffickers (The Sentencing Project, 2012). Sentences have lengthened over recent years – drug trafficking charges now often lead to as many as twelve years in state prison and ten year sentences in federal prisons (Mumola, 2000).

Drug dependent women are more likely than their male counterparts to have health problems including tuberculosis, diabetes, hepatitis, hypertension and obesity. Drug dependent women have a higher rate of gynecological problems than woman who are not drug dependent (Messina & Grella, 2006). Harner and Burgess (2011) further suggest that many incarcerated women struggle with both physical and mental health issues prior to arrest and subsequent incarceration. Many women who become incarcerated did not receive adequate physical or mental health services prior to incarceration. This may be due to many factors including lack of financial resources and limited access to child care. Notably, struggles to access mental and

physical health services are exacerbated during incarceration as the incarceration is in itself a traumatic experience and has its own physical and mental health implications (D'Arlach et al., 2006).

Differences Between Incarcerated Mothers and Incarcerated Fathers

Notably, imprisoned mothers (23%) are significantly more likely to have a mental illness than incarcerated fathers (13%) (Carlson & Shafer, 2010). However, both male and female prisoners suffer significant mental and emotional disorders at high rates “Prisoners were reported to be diagnosed with mania (43% state prisoners; 54% jail), major depression (23% state prisoners, 30% jail), and psychotic disorders (15% state prisoners, 24% jail). The report noted that women prisoners had higher rates of mental illness than men (73% women versus 55% men in state prisons, 75% women versus 63% men in jails)” (Hatton & Fisher, 2008, p. 1305). Data indicates a high level of mental health challenges within incarcerated populations (Carlson & Shafer, 2010; Hatton & Fisher, 2008).

One of the most fundamental and noticeable differences between incarcerated mothers and fathers appears to be their level of contact with their children prior to parental incarceration. Arditti, Smock and Parkman (2005) conducted an extensive qualitative study which examined how incarceration affected inmates' roles as fathers. Many of the inmates stated the importance of maintaining a relationship with the mother of their children in order to maintain contact with their child during incarceration. One of the most significant findings from this study was that fathers cited tension with their child's mothers as being one of the greatest obstacles they faced while parenting from behind bars.

Both incarcerated mothers and fathers are significantly impacted by their inability to have continued contact with their children, particularly if they served as the primary caretaker prior to

incarceration. It is important to note that 90% of incarcerated fathers have children who remain in the mother's care during the father's prison term. In contrast, only 28% percent of incarcerated mother's have children who are cared for by the father. (Turek & Loper, 2006). As mandatory sentencing lengthens, fathers are on average incarcerated for 80 months in state prison and serve just over 100 months in federal prisons. Mothers are incarcerated for shorter sentences, averaging nearly 50 months in state prisons and 66 months in federal institutions (Kennedy, 2012).

Some estimates suggest that 75% of children who have an incarcerated mother also have a father who is criminally involved, has been or is currently incarcerated (Cecil et al., 2008). Men are more likely to be repeat offenders, serve longer sentences than women and see their children less often prior to incarceration, thus, it may be more challenging for the children of incarcerated fathers to maintain strong bonds with them. Children are also more likely to live with their mothers during the incarceration of their fathers. "This fundamental difference may explain why the role of the child's mother appears to be more crucial in facilitating and maintaining a relationship between children and their incarcerated fathers" (Berg, 2011).

Shanhe and Winfree (2005) conducted research that focused on the similarities and difference between male and female prisoners in correctional facilities in Ohio and New Mexico. "Among the many ways women in prison differ from their male counterparts, the most significant may be the most overlooked. When a mother enters prison she is seen as a convict. In her own mind she shares the dual status of inmate and mother, two obviously incompatible roles that she struggles to reconcile" (Cunningham & Baker, pg. 3, 2005). Interestingly, incarcerated mothers ask for family therapy, support groups and post visit counseling at a higher rate than incarcerated fathers (Turek & Loper, 2006). Notably, incarcerated mothers do not reflect the

“normal” concept of the American mother, thought to be middle class, married, educated and in possession of financial resources.

“Poor and marginalized women do not fit the idealized portrayal of motherhood. They are by virtue of their poverty status and marginalization, the most likely to become involved in the criminal justice system and therefore, more susceptible to having their maternal rights impinged upon. Within this long-established and widely accepted paradigm, motherhood becomes a privilege for certain women as opposed to a right for all women” (Allen et al., 2010, p. 162).

Incarcerated Mothers and Their Children

The American Civil Liberties Union (2013) comments, “[i]n the last 25 years, the number of women and girls caught in the criminal justice system has skyrocketed; many have been swept up in the “war on drugs” and subject to increasingly punitive sentencing policies for non-violent offenders” (<http://www.aclu.org/prisoners-rights/women-prison>). Trice and Brewster (2004) argue that a woman as a mother is no longer considered when sentencing under the new get tough on crime policies. Parental rights are limited, motherhood is strained (Kennedy, 2012). “The involuntary termination of parental rights of prisoners should be viewed as a gendered and political act with community wide ramifications” (Kennedy, 2012, p. 167). When possible, children are placed with a member of the extended family or in the care of a foster family (Wilderman, 2010). Meyerson, Otteson and Ryba (2010) note that 11% of children whose mother's are incarcerated are placed in the foster care system and away from their siblings.

As indicated above, many incarcerated mothers had served as primary caretakers for their minor children prior to incarceration. Children of incarcerated parents have been termed “forgotten victims” and “orphans of justice” (Murray et al., 2012). Children of incarcerated parents live in a wide array of circumstances following the incarceration. For some children, who had previously lived in two-parent families, can continue to live with the non-incarcerated

parent. For some families, incarceration becomes the first time mother and child are separated for any length of time (Myerson, et al., 2010).

Many children, especially in cases of women's incarceration, lived in single-parent homes where the mother served as primary caretaker. In these situations, following incarceration the child is often cared for by a grandparent or other relative. If grandparents or other family members are unavailable to care for the child, the child is placed in foster care. In some cases, due to substance abuse and other factors, incarcerated parents had either not lived with their children or not provided a secure environment for them (Cunningham & Baker, 2005). Theorists (Kennedy, 2012; Murray et al., 2012) note that the removal of parental rights has deep political ramifications. "Women and in particular, poor women and women of color, are uniquely and disproportionately affected by the intersection of criminal policies that rely heavily on incarceration and child welfare policies specifically designed to achieve permanence for children in state care" (Kennedy, 2012, p. 163).

Many incarcerated mothers worry that their children will be taken away from them permanently, particularly if children are placed in foster care (Turek & Loper, 2006). An incarcerated mother may experience distress when their child is placed with extended family as well, particularly if she had suffered abuse at the hand of the caretaker who is now responsible for her child. Many worry as they can have very little input in the daily lives of their children. Many mothers hope for reunification with their children, but often reunification upon release does not occur. Similarly, only 50% of incarcerated mothers receive visits from their children while incarcerated. For some mothers, incarceration marks the end of their relationship with their child (Lander, 2012).

Maternal incarceration leads to a wide array of emotional experiences within the child. While a parent is incarcerated children commonly develop feelings of anger, shame, loneliness, anxiety, bereavement, loss of self esteem and guilt (Lander, 2012). There is indication that children of incarcerated parents develop mental health and educational problems (Reed & Reed, 2010; Murray et al., 2012). Many of these children have difficulty forming attachments, or connecting with others (Fritsch & Burkhead, 1991).

It has been well documented that the loss associated with being separated from one's mother is emotionally traumatic. This potential trauma may impact or distort the attachment process even in cases where mothers and children are reunited (Hutchinson et al., 2008, p. 441). In fact, Kampfer (1995) conducted a study that found 75% of youth with incarcerated mother reported symptoms associated with trauma related stress, reporting having difficulty sleeping and concentrating. Breen (1995) suggests that children of incarcerated parents have the same level of post traumatic stress disorder as children whose parents have died. There are potential cognitive delays second to enduring trauma related to separation between mother and child including developmental delays, regression, as well as the development of maladaptive coping strategies (Fritsch & Burkhead, 1991).

Incarcerated women and their families face a number of risk factors, most notably poverty, physical and emotional abuse as well as substance use, dependency and addiction. These risk factors often exacerbate difficulties with parenting, which may increase risk for strained and conflictual parent-child relationships, the propensity of mental illness and conduct-disordered behaviors in children. The result often is the continuation of an intergenerational cycle of problematic parent-child relationships, behavioral problems, development of mental health disorders and an increased likelihood of incarceration. There is a

notable pattern in which the children of incarcerated individuals become incarcerated themselves at higher rates than within the general population (Hutchinson et. al., 2008). Springer, Lynch and Rubin (2000) note that the children of incarcerated parents are five-six times as likely to be incarcerated themselves. “New generations of children then become at risk of intergenerational incarceration” (McQuaide & Ehrenreich, 1998, p. 15)

Additionally, there remains considerable stigma around having a parent who is incarcerated (Miller, 2006). Often very little support and/or empathy is offered to the child of an incarcerated parent. “The experience of childhood parental incarceration is considered to be complex in so far as it relates to the preceding criminal activity, arrest and initial detainment, duration of imprisonment as well as prisoner re-entry to the family post discharge” (Lander, 2012, p. 2). There is some evidence to suggest that given the lack of parental support when a mother is incarcerated, children turn to alternative sources to find support. Gang activity is particularly high among the children of incarcerated children as many children turn to gangs for support (Fritsch & Burkhead, 1991). An estimated 50% of youth in the juvenile justice system have a parent who is incarcerated (Mumola, 2000).

The goal of this thesis will be to examine Attachment Theory and Family Systems Theory and use these orientations to better understand the role of maternal incarceration of the family system, notably children within the latency stage of development (ages six through eleven). Both Attachment Theory and Family Systems Theory recognize the importance of family connectedness and early childhood relationships. Should a primary caretaker (who, in the United States, is most often the mother) be incarcerated, the young child is left without a primary attachment figure. The bonds are disrupted and evidence suggests there are long term

implications for a child whose mother is incarcerated, particularly during the latency stage (The Sentencing Project, 2012).

As more and more women are incarcerated each year, family systems are impacted greatly. Children of incarcerated parents are one of the highest risk populations and one of the most overlooked (Poehlmann, 2005b). There is a clear connection to social work as these individuals struggle with mental health issues throughout childhood, adolescence and potentially into adulthood. Looking at early disruptions in attachment is important in understanding future relationships that develop and maladaptive coping.

The children of incarcerated mothers endure significant emotional consequences. This is particularly important to understand because as mental health clinicians these individuals potentially will be our future clients. “With the link between adolescent problem behavior and the future adult problem behaviors, especially criminology, it is important to understand the etiology of this behavior if we want to prevent intergenerational cycles of anti social behavior and criminology” (Mollencamp & Eddy, 2011, p. 552). Several studies indicate there are not enough mental health resources to aid mothers or their children through the process of incarceration. Should we gain a better understanding of the experiences an incarcerated mother and her child endure, perhaps mental health programs could be developed to better serve the unique challenges and needs of this population.

It is the intention of this author to examine the before-mentioned theories and through the lenses both have put forth, explore the impact of maternal incarceration on the family system. Specifically how does maternal incarceration impact their latency aged child? What kind of attachment does the child develop? How are the relationships impacted? What are the mental health consequences for the mother and the child as a result of the incarceration?

Supplementary questions include:

- ⤴ How does maternal incarceration impact attachment?
- ⤴ What is the experience for a latency age child whose mother is incarcerated?
- ⤴ What happens to the family?
- ⤴ What are potential treatment implications?

CHAPTER II

Methodology and Conceptualization

Social workers and other mental health professionals have long understood that early childhood attachments serve as the foundation for later relationships. These foundational relationships create a blueprint for all later social interactions. In 1958, researcher Harry Harlow conducted a controversial study where chimpanzee babies were taken away from their mother. Two doll “chimpanzee mothers” were made available to the baby: one was made of wood, wire and sticks. This doll held food. The other doll was created out of softer materials but did not hold food. Time and time again the chimpanzee baby clung to the soft “mother”. This shed light on the fact that comfort was of greater significance than food (Harlow, 1958). In an interview as part of PBS' *This Emotional Life* (2011), psychologist Seth Pollack states, "It's not just about food, shelter or water but a basic need for humans, like chimpanzees in Harlow's study, is love, companionship and close relationships".

Family systems, roles, rules, patterns and dynamics are integrated and internalized by the child and instruct how the individual views the world and lay the blue print for future interactions. Theorists recognize that parent-child relationships develop emotional regulation and dysregulation that are connected to mental illness. Understanding this link is an important component in improving clinical understanding the development of mental illness pathology (Borelli et al., 2010). As the statistics on incarcerated women continue to rise in the United States, it becomes clear that these women's children will be impacted by the incarceration.

“The severe emotional and psychological trauma that some children face as a result of being separated from their mothers may cause these children to behave in ways that virtually guarantees their involvements in the juvenile justice system. Recent studies confirm that children of incarcerated parents are more likely to end up behind bars than the general population” (Levy-Pounds, 2006, p. 16).

Attachment Theory and Family Systems Theory have been selected as guides for the purposes of this exploration due to the belief that maternal incarceration could interrupt their child's attachment development and family environment. Both theories construct a framework by which the bond between caregiver and child is recognized as an important and necessary component to emotional and cognitive development. This thesis explores the ways in which attachment between incarcerated mothers and their latency age children are impacted by incarceration. For the purposes of this exploration, the two theories will not be joined, but rather their simultaneous applicability to the phenomenon at hand will be considered.

Theoretical Overview

Attachment Theory and Family Systems Theory have been selected as both consider the impact of the relationship between mother and child. When a disruption occurs within this relationship important ramifications develop. Both Attachment Theory and Family Systems Theory set forth a genus through which family bonds are developed. Understanding that early experiences create the foundation for future attachments one can begin to consider the implications of maternal incarceration on the middle childhood or latency-aged child. This study will consider how maternal incarceration affects the child's ability to form secure attachments with caregivers (both mother and other caregiver). How are the attachments disrupted by the mother's absence?

Attachment Theory: When a caregiver is taken from the child, the child is left with feelings of fear, anger and loneliness (Bowlby, 1988). Recognizing that many children of incarcerated mothers are under the age of ten, and within latency stage development, one can speculate that there may be many disruptions to early childhood attachments. Attachment Theory, as theorist John Bowlby created, recognizes that children seek comfort and support from their caregivers, particularly when distressed. Attachment Theory proposes that children are born with an innate capacity and biological need to form meaningful relationships with others. Bowlby began to understand that this innate need to form attachments with a caregiver provides important survival functions. Attachment Theory suggests that there are different types of attachments, all of which will be explored throughout this paper.

“The infant is able to communicate to their caregiver, often through crying, that they need something (food, water, etc.) Bowlby (1969, 1988) also postulated that the fear of strangers represents an important survival mechanism, built in by nature. Babies are born with the tendency to display certain innate behaviors (called social releasers) which help ensure proximity and contact with the mother or mother figure (e.g. crying, smiling, crawling, etc.) – these are species-specific behaviors. During the evolution of the human species, it would have been the babies who stayed close to their mothers who would have survived to have children of their own and Bowlby hypothesized that both infants and mothers have evolved a biological need to stay in contact with each other” (McLeod, 2007, para. 5-6).

Children who are brought up in a relatively safe, consistent and caring environment develop an internal working model as the blueprint for future relationships (Bowlby, 1969). “Disruption to this early attachment process through parental inconsistency, neglect and abuse has a direct impact on the development of a child's brain, attachment style and emotional regulation systems.” (Rogers & Law, 2010, p. 154). McLeod (2007) indicates that the internal working model (IWM) is comprised of three main components: the first component consists of the view that others are trustworthy. The second feature identifies the belief that the self is

valuable. The third highlights the belief that the self can have agency and be effective in communicating with others.

It has been well documented that attachment between mother and child develop in infancy and continue throughout early and middle childhood, into the latency years.

“Security of the infants' attachment was correlated with mothers' sensitivity (that is, the mother's degree of attunement to the infants' needs and their appropriate responses to those expressed needs). Less sensitive mothers had insecure babies. To this day, attachment theorists do not speak in terms of “strength” of attachments' rather, attachments are described in terms of their quality: secure or insecure” (Shilkret and Shilkret, 2012, p. 191).

It is important to note, that by a child's first birthday, attachment behaviors are demonstrated. In fact, all infants develop some type of attachment to a caregiver, even if the primary caregivers are rejecting to the infant or neglectful of the child's needs (Shilkret & Shilkret, 2012). As Bowlby put forth, children are hardwired to form attachments to their caregivers. “A child's brain is molded by love. We are wired to connect” (PBS, 2011).

A secure attachment is marked by a child's willingness and ability to venture from their primary caregiver and return easily to the caretaker. The child can use their mother (or other primary caregiver) to find comfort when distressed, frightened, injured. These children learn that their caregiver is available to soothe them. Early studies and research indicate that about two thirds of all children are securely attached. Insecure attachments are differentiated into several different models including avoidant and ambivalent attachment styles. Insecure attachments are marked by children who are unable to rely on their parent or caregiver for support. Further examination indicates that these children experience high levels of anxiety and stress, compared to their securely attached counterparts (Shilkret & Shilkret, 2012).

Loper and Turek (2008) reported the first measure of attachment for this population showing that two-thirds of children ages 2.5 to 7.5 years were not securely attached to either the absent mother or their current primary caregiver. This is consistent with a grounded theory study of incarcerated mothers in Rhode Island who reported they did not feel a “mother connection” to children taken from their care at early ages. Mary Ainsworth put forth concepts of “ambivalent” attachment styles, evidenced by babies who were unable to be soothed by their caregivers. “For ambivalent infants, clinginess alternated with anger” (Shilkret & Shilkret, 2012, p. 194). Children with “avoidant” attachment styles display independent behaviors, and do not rely on their caregiver for support (Shilkret & Shilkret, 2012).

Mary Main, a follower of Mary Ainsworth, described a fourth infant category, termed “disorganized” attachment (1986). This was reserved for children who could not be categorized in Ainsworth's previous categories. These babies showed the inability to consistently regulate anxiety about separations. Mary Ainsworth's Strange Situation study and subsequent research along with the different styles of attachment will be described in greater detail throughout this paper.

Together Bowlby and Ainsworth created the basis of “internal working models” of attachment, or IWMs. As introduced in the preceding chapter, IWMs serve as the internal blueprints which orient infants and young children to the nature of close, intimate relationships. “In later childhood, adolescence, and adulthood, these IWMs, significant parts of which function unconsciously, determine interpersonal expectations and behavior, especially with important people in one's life – one's friends, lovers, children, teachers, bosses, therapists” (Shilkret & Shilkret, 2012, p. 194).

Family Systems Theory: Family Systems Theory intimates that individuals cannot be understood apart from one another, but rather as a part of their family. Family Systems Theory, as put forth by founding theorist Murray Bowen, notes that families are interconnected and deeply connected to one another. The family is seen through this model as a cohesive, connected, emotional unit. Families are interconnected and interdependent individuals, none of whom can be understood without looking to the family structure, family rules, roles, etc. (Broderick, 1993). “[The Family System's Theory] perspective examines the way components of a system interact with one another to form a whole. Rather than just focusing on each of the separate parts, a systems perspective focuses on the connectedness and the interrelation and interdependence of all the parts” (Becvar & Becvar, 1982, pg. 12). One can speculate then, that maternal incarceration impacts the family unit as a whole, with specific implications for the school aged child.

“Family members so profoundly affect each other's thoughts, feelings, and actions that it often seems as if people are living under the same "emotional skin." People solicit each other's attention, approval, and support and react to each other's needs, expectations, and distress. The connectedness and reactivity make the functioning of family members interdependent. A change in one person's functioning is predictably followed by reciprocal changes in the functioning of others.”
(thebowncenter.org/pages/theory.html).

Family Systems Theory pays attention to processes that occur within the family and the roles members of the family hold. Family Systems Theory is concerned with the family as a whole and less about individuals members within the structure of the family. Further, the family system is not limited to just the individual members, it also comprises the various subsystems within the whole system (The Bowen Center, 2012). Family Systems Theory is about the emotional functioning of the human species.

“Emotions organize an individual's biology. One class of emotions is captured by the term anxiety. Anxiety is the response of an organism to a threat. The threat may be imminent, in which case the response is one of acute anxiety. The threat may be remote and may never even occur, in which case the response is one of chronic anxiety, extending over an indeterminate period of time. Anxiety, including chronic anxiety, constrains the range of responsive options available and in this manner limits functioning across the full range of responses”
(The Bowen Center, 2012).

Considering Family Systems Theory components one can begin to examine how maternal incarceration encourages or hinders the differentiation of self, the nuclear family emotional system, emotional cutout and multigenerational transmission process. This study will examine how maternal incarceration impacts these four components put forth by Family Systems Theory.

Definitions of Terms

It is essential to fully understand each component of the thesis question and the phenomenon's terminology. First put forth by Sigmund Freud, a child's emotional and physical development can be categorized into several different stages (Davies, 2011). Garcia (1995) notes, “From the evolving work of Sigmund Freud has come a dynamic conception depicting the emergency of human personality over the course of approximately the first 20 years of life” (pg. 498). The stages have been labeled “oral stage”, “anal stage”, “phallic stage”, “latency” and “genital stage” (Garcia, 1995). Latency refers to children who are pre-pubescent, and between the ages six and eleven (Davies, 2011).

“According to Freud, the sexual instinct is humanized during the latency period. Authoritative, as opposed to authoritarian, education (from parents and other role models, as well as peers) can help the preadolescent learn more about responsible self-government,

self-expression and consequences” (Garcia, 1995, pg. 499). Authoritarian parenting style denotes a style that is demanding. Authoritative parents often provide clear standards for their child, monitor the limits that are set, and also allow children to develop independence and autonomy. These parents also expect their children to display behaviors that they consider age appropriate. Authoritarian parenting consists of stricter parenting, characterized by high expectations of conformity and compliance to parental rules and directions, while allowing little open dialogue between parent and child (Baumind, 1970).

“Although most theories of development regard the years of middle childhood as distinct period, it is useful to think of the years from 6 – 7 or 8, as a transitional phase during which the abilities of the middle years are developing rapidly but may not be consistently present” (Davies, 2011, p. 329). Children who are in middle childhood, typically focus on improving upon and mastering skills (Davies, 2011). Children in the latency have roles and responsibilities within the family (Commission on Behavioral and Social Sciences and Education, 1985). During this time, children often begin to separate from their primary caretaker and begin to form meaningful relationships with teachers, coaches, etc. (Davies, 2011). It is important to note that middle childhood is defined differently by different cultures. Some cultures recognize the onset of puberty as the emergence of adulthood, while in the United States an individual in middle childhood can begin puberty (Commission on Behavioral and Social Sciences Education, 1985).

Within the United States children between the ages of six and eleven commonly share developmental tasks. Included in this developmental stage is the ability for a child to utilize autonomous coping strategies rather than always seeking attachment figures in situations of mild stress. Children within this stage will still seek care from attachment figure during times of acute stress. These children appreciate rituals symbolizing attachment including bedtime

routines and displays of affection. Children within this age group develop increasing interest and attention towards their peers and develop friendships. Moral development also begins to take shape and the development of the conscience (superego) as an internal force begins to emerge. Also, a cognitive understanding of rationales, rules and norms of behavior coalesce. Importantly, self-esteem emerges. Identification with parents as role models occurs (Davies, 2011). One may speculate, that as this is an imperative developmental stage where personality is developed and in losing a caregiver, a mother, to incarceration is likely to disrupt the latency aged child's development.

For the purposes of this paper, “latency” will also be termed “middle childhood” or “school age”. It is the intention of this author to examine the before-mentioned theories and through the perspectives both have put forth, explore the impact of maternal incarceration on the family system. The question this researcher is most interested in is around what the experiences are like for a child whose mother is incarcerated.

Maternal incarceration affects more people than just those living behind bars. The shadow cast by maternal incarceration significantly impacts many thousands of children in the United States. Cunningham and Baker (2003) suggest separation due to maternal incarceration is more destabilizing for children than paternal incarceration. As a rising number of women enter into the prison system each year it becomes increasingly important for clinicians to understand the implications of maternal incarceration on attachment development in young children.

Among important questions to consider are:

- ✧ How are the maternal bonds impacted?
- ✧ Is attachment severed?
- ✧ How is the child impacted?

Limitations to the Study

Research on the impact of maternal incarceration on the relationship between mother and latency age child is scarce. Lowenstein (1986) suggests that empirical research is limited related to the relationship between incarcerated parents and their minor children due to the fact that such families may have been perceived as pathological and the children of these families are viewed as non-existent. Potentially the stigma of maternal incarceration has swayed researchers away from analyzing this growing phenomenon. Also of note, is that most of the previous research conducted focusing on parental incarceration has focused on paternal incarceration. Despite the rapid increase of maternal incarceration, it appears that data on this specific phenomenon has not caught up (Johnson, 2008).

As intimated above, these trends have become more pronounced by the "war on drugs," in which over 60% of all persons incarcerated have been arrested for drug offenses are people within ethnic minority groups. (The Sentencing Project, 2012). There is a particularly high arrest rate and conviction rate for minority groups. "Minority overrepresentation among convictions flows from an overrepresentation among arrests" (Turek & Loper, 2006, p.326). How has current research understood racism as an implicit component of the overrepresentation of minority groups in America's prisons?

One primary limitation to this study is the Western centered focus both theories promote. Attachment theorists assume universal norms in development, while critics focus on cultural specificity (Shilkret & Shilkret, 2012). Considering that the vast majority of incarcerated mothers represent minority populations one must consider how these theories reflect white dominant norms. Does Family Systems Theory and Attachment Theory account for various ethnicities value's, cultures, and norms? One must consider outside influences on the

development of the attachment. How is one's community responsible for the development of attachment and development of family structure and norms?

Despite the great need for a better understanding of the incarcerated mother's impact on the latency aged child's ability to form attachments and relationship with the family system, there is limited existing research. A significant limitation of this thesis is that this thesis utilizes two theories that are both grounded in the dominant culture where as the vast majority of incarcerated individuals are people of color. Although there are limitations to the essential question, this paper will examine Attachment Theory and Family Systems Theory and explore numerous components of each theory in regards to maternal incarceration. This paper will look directly at how maternal incarceration impacts the development of attachment in children between the ages of six and eleven.

Outline of the Thesis

In order to break the project into manageable portions this author has organized the paper into the following chapters:

Chapter 1: This introduction consists of a clear statement of the phenomenon as well as the connection to the field of social work. This will also include definitions of terms. The introduction also links the phenomenon to the field of social work.

Chapter 2: Methodology/Conceptualization

Chapter 3: Attachment Theory

This section focuses on the origins of Attachment Theory, its implication to maternal incarceration and their latency-aged children.

Chapter 4: Family Systems Theory

This section focuses on the origins of Family Systems Theory and its implication on maternal incarceration and their latency-aged children.

Chapter 5 The Impact of Maternal Incarceration on the Family

This chapter provides deeper understanding of the impact maternal incarceration has on children and families.

Chapter 6: Discussion and Conclusion

This chapter synthesizes the extensive literature covered in earlier chapters of the thesis.

CHAPTER III

Attachment Theory

For the purposes of this paper, I will specifically consider the nature of the mother and child relationship throughout incarceration. This chapter will outline the development of Attachment Theory, different attachment styles and attachment models throughout middle childhood. Theorists, researchers and clinicians have long recognized that early interactions shape later relationships. Parenting styles are thought to significantly shape how the child forms attachments and impacts the development of future relationships with others. There are several categories of attachments, all of which will be discussed in greater detail within this chapter. Building a theoretical understanding of attachment is necessary before one can begin to explore the relationship between incarcerated mothers and their latency aged child. Research suggests that attachment styles may be significantly impacted by maternal incarceration (Shlafer & Poehlmann, 2010; Gabel & Johnston, 1995)

The Origins of Attachment Theory

Edward John Mostyn Bowlby, now hailed as the father of Attachment Theory, graduated from the University of Cambridge in 1928 where he was educated in developmental psychology. Once considered an intellectual rebel by his peers (Maroda, 2012), he began observing attachment behaviors in the 1960's when he worked at a group home for maladjusted boys. He noted that children who were exposed to long periods of emotional deprivation were “affectionless”. He believed that attachment was at the core of the boy's issues (PBS, 2011).

Later, Bowlby worked with renowned psychologist Melanie Klein and through this relationship, began to develop an appreciation of object relations theory. Bowlby was interested in Lorenz's 1935 study in which he examined attachment in ducklings and linked attachment behavior to survival. Lorenz divided a clutch of goose eggs where half were hatched by their mother and the rest were placed in an incubator. The ducklings in the incubator saw Lorenz before they ever saw their mother. The second group subsequently followed Lorenz everywhere and became distressed if they were separated from him (McLeod, 2007). Lorenz and other theorists began to appreciate that all species, including humans, had an innate need to connect with a caregiver. Specifically, Bowlby (1988) noted that children became intensely distraught when separated from their mothers. It was thought that other caregivers could not replace the loss of their mother.

Bowlby defined attachment as a “lasting psychological connectedness between human beings” (1969, p. 194). Attachment Theory revolutionized thinking about a child's emotional tie to the mother, and it's disruption through separation, deprivation, loss and bereavement (Bretherton, 1992). As Bowlby began to understand that attachment was innate and served a vital evolutionary function. Innate behaviors, or social releasers, such a crying, stimulate behaviors and action in their caretaker (McLeod, 2007). In other words, babies form attachments to their mothers as a primary survival technique. Jenner (2009) notes that children who are able to develop attachments have a higher probability of surviving. Similarly, Bowlby posited that the first attachment, often the attachment to their mother, is the base for the child's future relationships. Monotropy, the concept that attachment is vital and includes a close bond with just one attachment figure, is most often with the mother. This relationship is qualitatively different

than every other kind of relationship. “The attachment relationship acts as a prototype for all social relationships so disrupting it can have severe consequences” (McLeod, 2007).

Bowlby believed that a child needs continuous care from a primary caregiver for the first two years of life. Bowlby's Maternal Deprivation Theory posits that if a child either loses her mother or is unable to develop an attachment to her mother, psychopathy often ensues. Consequences may include delinquency, cognitive impairments and an emergence of depressive symptoms. Bowlby further stated that mothering will not serve the same important functions if delayed until after the child is between 24-36 months. The damage, Bowlby thought, would be irreversible and maintain long-term implications. Interestingly, it was thought that a child's internal working model (how she views the world, herself and others) is mostly developed by the age of three. “A person's interaction with others is guided by memories and expectations for their internal model which influence and help evaluate their contact with others” (McLeod, 2007).

Schaffer and Emerson (1964) conducted a longitudinal study of sixty babies. Each infant was observed from birth to eighteen months. The researchers hypothesized developmental stages based on the age of the infant. From birth to three months, Schaffer and Emerson (1964) posited that babies maintain “indiscriminate attachments”. They respond equally to most humans and will respond to any caregiver. Between four and seven months, a preference for certain people and caregivers emerge. Notably, infants within this developmental stage will respond to most caregivers but will accept care from anyone. Between seven and nine months infants develop and exhibit special preferences to certain caregivers. These babies display fear when in the presence of a stranger. By the time the infant is nine months old she will likely have developed multiple attachments and is beginning to exhibit independent behaviors.

The Strange Situation

In the 1970's Developmental Psychologist Mary Salter Ainsworth joined Bowlby's research (Shilkret & Shilkret, 2012). Ainsworth was particularly interested in Security Theory – the basic concept highlighting that infants and young children need a secure attachment to their parents before participating in and experiencing new and unfamiliar events (Bretherton, 1992). Both Bowlby and Ainsworth hypothesized that attachments are at the core of the human experience (Stevenson – Hinde, 2007) and serve as the foundation for later relationships (Bowlby, 1988).

Mary Ainsworth and her colleagues were first to provide empirical evidence for Bowlby's Attachment Theory when they launched a now famous study she termed “the Strange Situation”. This experiment was designed to highlight the different types of attachment by observing an infant's behavior while caregivers and strangers enter and leave the room. This twenty-minute experiment was comprised of several components. First, the caregiver and infant spend time together playing in an unfamiliar room. When a stranger enters the room the caregiver quickly exits the room, leaving their child in the care of the stranger. After several minutes the caregiver returns to the room and greets the child. Both the stranger and the caregiver leave quickly. The child is left alone for a few minutes. The stranger returns first, followed by the parent who greets their baby. At that point, the stranger leaves the room (www.youtube.com/watch?v=QTsewNrHUUH). “One of the most important things Mary Ainsworth taught up was that, as important as the infant's reaction to the mother's leaving is, even more important is how the infant responds to the mother's return” (Shilkret & Shilkret, 2012, p. 193).

Four Types of Attachments: Two components were deemed particularly significant within the Strange Situation – the amount of exploration the child engaged in during the experiment as evidenced by playing with new toys as well as the reaction to the departure and return of her mother. From this experiment the children's attachment styles were categorized into three distinct groups: Secure, Anxious-Ambivalent and Anxious-Avoidant. Ainsworth labeled children who were able to tolerate their caregiver's absence and found comfort and joy in their mother's return as securely attached children. These children typically did not associate with the stranger when the parent was out of the room. Interestingly, about two-thirds of the infants studied displayed secure attachments (Shilkret & Shilkret, 2012). Later study has indicated that these babies (and children) have most often had relationships with caretakers who responded to them when they were hurt, scared or distressed (Sroufe, 2003).

There appears to also be a biological ingredient to attachment. Cortisol is the “primary output” produced by emotional stress. Cortisol levels can be measured in saliva.

“Infants with insecure attachment behavioral patterns are more likely to show elevated neuroendocrine responses, which are in turn thought to be indicative of increased emotional reactivity and dysregulation. In addition, adults with insecure self-reported attachment styles and dismissing attachment on the Adult Attachment Interview show greater cortisol reactivity in response to stress” (Borelli et al., 2010, p. 476).

Failure to bond may be related to oxytocin, the hormone that helps the formation of attachments, allowing the brain to form close relationships and feel calm and comforted when in close proximity to a caregiver. Children who have been neglected as babies do not have the same levels of oxytocin as children who have not been neglected (PBS, 2011).

Secure Attachments: When children have mutually responsive, and dependable relationships with their first caregivers, secure attachment style develops (Sroufe, 2003). According to Bowlby (1980) a child who has experienced a secure attachment is likely to develop a representational model of attachment figures that are available to them, responsive, and helpful (Bowlby, 1980). These children believe that their attachment figure, or primary caretaker will be available to meet their needs. They use the attachment figure as the foundation to explore their environment and will return to their caregiver in times of distress (McLeod, 2008). “Additionally, the securely attached infant’s experience of relative order appears to be enhanced by the capacity of the caregiver–child system to remain appropriately balanced with respect to this dyad’s openness (i.e., capacity to support exploration) and closeness (i.e., capacity to provide safety) to external influences” (O’Gorman, 2012, pg. 2). A secure attachment provides the child with a healthy internal sense of autonomy, self-confidence and the capacity to tolerate stress (Bellow, 2012). Security of an infant’s attachment is correlated with the mother's sensitivity to their needs (Shilkret & Shilkret, 2012).

Insecure Attachments: Insecure attachments occur when adults fail to respond to the child's needs “with reasonably consistent emotional reassurance” (Bellow, 2012, p. 161). Bellow (2012) writes that insecure patterns of attachment come to dominate the child’s inner working models of relationships. He notes that there are various factors that influence the development of insecure attachments including environmental, psychological and social problems such as substance abuse and mental illness. The child has low expectations that their parent or caregiver will be available and supportive to the child.

“Of the one-third insecure attachments [from the Strange Situation], Ainsworth differentiated two types. 'Avoidant' infants did not protest their mother's leaving and did not respond to her immediately upon her return...Ainsworth's second type

of insecurity, 'ambivalent' infants (also called resistant) also were upset when their mothers left and seemed to welcome their return, but did not calm down readily and they often resisted their mother's attempts to calm them. For ambivalent infants, clinginess alternated with anger” (Shilkret & Shilkret, 2012, p. 194-195).

Children with avoidant attachment style expect that their caretakers will not be available to them and does not turn to others for help. These children have learned that their caregiver is not reliable and has learned to be independent. This is a defensive position that prevents re-exposure to the emotional pain of an absent or rejecting caregiver. The child develops the belief that she does not need the help of others. If avoidance becomes fixed, the child may develop a reactive attachment disorder. These children often demonstrate a lack of concern for others and inability to form trusting relationships with others (Bellow, 2012). Conversely, anxious attachments reflect an opposite pattern in which the child attempts to remain very close to the caregiver. Severe and persistent anxiety over separation ensues.

“A sub variant of an anxious attachment is insistent caregiving by a child who takes on a protective role toward an impaired caregiver, often a victim of substance abuse or mental illness. When patterns of inconsistent caregiving persist, the child forsakes his or her own needs for autonomy out of anxiety for a caregiver who cannot take care of himself or herself, let alone a child” (Bellow, 2012, p. 162).

Ainsworth labeled Anxious-Ambivalent Insecure Attachment styles as the children who were anxious regarding physical exploration and of contact with strangers, even when their mother or caregiver is with them. Video recordings of the Strange Situation experiment shows when the caregiver exits the room, the anxious ambivalent insecurely attached child is noticeably distressed. The child will be ambivalent when the mother returns and will seek to remain close to the caregiver. The child appears resentful and also resistant when the caregiver begins to show the child attention. The child will fluctuate between exhibiting needy behaviors and will reject their caregiver's effort to comfort them (www.youtube.com/watch?v=QTsewNrHUUH).

McLeod (2008) states the child fails to develop any feelings of security of comfort from their attachment figure or primary caretaker. Ambivalent attachment results in the rapid alternation between indifference and hostility towards a caregiver. The anxiety regarding attachment may reside in the child, the parent or both. An anxiously ambivalent attached child may abandon autonomy and independence in effort to search for others to provide emotional support (Bellow, 2012).

Attachment Theory suggests this behavior arises from an inconsistent level of response from the primary caretaker. The child is unable to rely on their attachment figure as a source of support because the caretaker is unpredictable – at times responsive to the needs of the child, while other times unavailable. In latency, these children demonstrate low frustration tolerance, victimization, have low social status and maintain dependency on their teachers (Sroufe, 2003). As adults these individuals are thought to be reluctant in becoming close to others (Borelli et al., 2010).

“Anxious avoidant and, to an even greater extent, disorganized/disorientated attachment classifications also feature components of stability, though unfortunately these infants experience reliable *insensitivity*” (O’Gorman, 2012, pg 5). The Anxious-Avoidant Insecure Attachment category was reserved for children who would avoid or ignore the caregiver and show little emotion when the mother exited or returns. The child will not explore even when the caregiver is near them. Notably, strangers are treated similarly to the caregiver (Borelli et al., 2010). These children are highly independent from their attachment figure both physically and emotionally. These children do not look for comfort from their caretaker when distressed. (McLeod, 2003). Their attachment figure may withdraw help during difficult experiences and are often unavailable to the child when the child experiences emotional distress (McLeod, 2003).

A fourth category, disorganized attachment, grew out of later research. Children with a disorganized-insecure attachment style show a lack of clear attachment behavior. Researchers suggest disorganized attachment predicts the poorest outcome in infancy and into adulthood (Main & Solomon, 1986). Their actions and responses to caregivers are often a combination of behaviors, including resistance and avoidance (Main, 1986). Main and Solomon (1986) proposed that inconsistent behavior on the part of parents might be a contributing factor in this style of attachment. Notably, insecure attachments built during childhood often lead to attachment avoidance and anxiety in adults.

“Each of these attachment classifications, across the lifespan, may be considered on a continuum of emotional regulation for managing affect, events, and relationships. This conceptualization places the anxious–avoidant style, with its overly organized strategies for controlling and minimizing affect at one end of the continuum, and the relatively uncontrolled, poorly managed affect of anxious–ambivalent styles at the opposite end. Secure attachment, falling along the midpoint of the emotional continuum, reflects a balance of the two extremes of emotional regulation. Those with disorganized–disoriented attachment classifications may present a range of behaviors involving under controlled emotional reactions such as impulsive verbal and/or physical aggression or over controlled responses in which emotions are difficult to express and behavior may reflect withdrawal and difficulty handling conflict. Thus, their emotional reactions are unpredictable and typically maladaptive” (Kennedy and Kennedy, 2004 pg. 148).

Ainsworth’s Strange Situation Procedure has been criticized for both its methods and applicability. For example, critics feel the twenty-minute experiment is too limited, and that too many variables are present, such as the caregiver’s and infant’s moods at the time, the role that cultural variation can play, etc. However, support for Ainsworth’s basic concept of multiple attachment styles remains intact (O’Gorman, 2012). Despite some criticism, the Strange Situation shed light on the development and different components of attachment and has largely served as a foundation by which common understanding around attachments has been built.

Attachment During Latency

Attachment style is often viewed as an indicator of a child's functioning. "With regard to attachment considerations, latency age children form a unique group" (Sroufe, 2003, p. 204). By the age of six, most children have begun to master some independence, personal agency, self-management, as well as the emergence of gender identity. "Mastery and competence in the physical world outside the home became of central importance and, along with competence in the social world, define the developmental status of the child in this era. Nonetheless attachment continues to be a primary force in the lives of school aged children" (Sroufe, 2005, p. 205). Behaviors exhibited during latency are directly influenced by attachment style. For example, anxious avoidant and disorganized children demonstrate social isolation and aggression. (Sroufe, 2005).

The school-aged child begins to see the world as a place with laws and customs and she must learn how to assimilate. As indicated above, children are entering school during this developmental stage and making relationships with new adults (Davies, 2011). "Recent research points to systemic issues rather than parental issues as the main contributor to poor connections between schools and family." (Davies, 2011, p. 332). Attachment history in infancy and toddlerhood serves as a predictor of adjustment in middle childhood. The child's internal working model of themselves others and interrelationships are carried into middle childhood (Davies, 2011). In latency, these children are able to mingle with their peers, explore independent interests and develop relationships with adults outside of the parental unit (Goldenberg & Goldenberg, 2008).

Children with histories of supportive care confidently engage in the social world of middle childhood, function effectively in the peer group, follow its rules, and maintain close relationship with friends. In addition, they

show a sense of agency and confidence by setting goals high and tackling challenging tasks (Sroufe, 2005, p. 155).

Children in middle child who exhibit Anxious-Ambivalent Attachment styles often display immaturity, maintain low frustration tolerance, endorse feelings of victimization and a possess a strong dependency on teachers. Conversely, Anxious-Avoidant Attachment style in middle childhood is marked by social isolation, aggression and dependency. As Bowlby suggested, early movement away from dependency can compromise later self-reliance (Parke & Clark-Stewart, 2002, p. 207).

“Although insecure attachments are not necessarily pathological states in themselves current research does suggest a strong relation between one’s early attachment classification and later social, emotional, behavioral, and academic outcomes” (Kennedy & Kennedy, 2004, p. 249). Notably teachers respond differently to children with various types of attachments. Anxious-Ambivalent children often were treated younger than they actually were by their teachers and by school staff. Teachers set reduced expectations, provided additional time to complete assignments and spent increased time with these children. Alternatively, Anxious-Avoidant children are often disliked by their teachers. These children were punished more often and were isolated when they misbehave (Sroufe, 2003). Securely attached children in latency typically exhibit “age appropriate” behaviors. Securely attached children often have friendships with peers and are well liked by adults, including teachers (Parke & Clark-Stewart, 2002). Poehlmann (2011a) found that children who had been consistently cared for by one caregiver since their mother was arrested had higher rates of secure attachments than children who had been cared for by a number of non-maternal caregivers.

“Poehlman (2005) found that most (63%) children were classified as having insecure relationships with non maternal caregivers and incarcerated mothers.

Compared to children who had experienced multiple caregivers since their mother's incarceration, children who had been consistently cared for by one individual were more likely to be classified as secure. Additionally, in a study focusing on 79 children living with custodial grandparents, half of whom had incarcerated mothers, Poehlmann and colleagues found that children who depicted less optimal family relationships on the [ratings used for this study] were rated by their caregivers as exhibiting more externalizing behavior problems" (Poehlman, 2011a, p. 326)

Bowlby's major findings was that to grow up mentally healthy, the infant and young child must experience a loving, close, and continuous relationship with her primary caretaker in which both find satisfaction and comfort (Bretherton, 1992). Notably, insecure attachments are more common in stressed people than non-stressed populations (Byrne et al., 2010).

Criticisms of Attachment Theory

Some researchers suggest that Bowlby's theory of attachment is incorrect. Some theorists highlight a nature vs. nurture debate – how much does ones' biology contribute to attachment as opposed to all other environmental factors. Harris (1998) is a one such critic. He notes that parents do not shape their child's personality or lay the foundation for future relationships.

According to Harris' critique,

“[a] child's peers have more influence on them than their parents. For example, take children whose parents were immigrants. A child can continue to speak their parent's native language at home, but can also learn their new language and speak it without an accent, while the parent's accent remains. Children learn these things from their peers because they want to fit in”.

Middle childhood, or latency stage, can be a difficult time for many children. Children in this age group are increasingly aware of how they are viewed by their peers. Much of their sense of self and in turn, their self-esteem is dictated by how their peers view them (Harris, 1998).

Similarly, Field (1996) notes that although Attachment Theory largely examines the relationship between child and mother, other attachment relationships are important both in infancy and later

in life. "It does not consider attachments that occur during adolescence (the first love), during adulthood (spouses and lovers), and during later life (the strong attachments noted between friends in retirement)" (Field, 1996, p. 545).

Rutter (1978) also noted that distress occurs when other people leave, not just the child's mother. This also includes inanimate objects such as toys, blankets and food. Schaffer and Emerson (1964) suggested that by the age of 8 months, attachments have been formed, however, by the age of eighteen months only 13% were attached to only one caregiver. Most were attached to five or more individuals. McLeod (2007) offers further criticism. McLeod notes that Bowlby's Attachment Theory may have negative implications, particularly for mothers. Among these is the development and possible continuation of the notion that women should not work if they are also mothers to young children.

A final criticism of Attachment Theory is that much of the research has been conducted within a male model, assuming that lifestyle norms fall into two discrete genders that correlate to natural roles and functions. A hetero normative perspective also posits that heterosexuality is the "normal" sexuality. Attachment Theory does not provide space for non-traditional gender identifications or non-traditional families (Jenner, 2009). Despite the considerable criticisms, Attachment Theory is still considered a useful map to use when understanding early childhood relationships and attachments, and the relationship to future relationships. For the purposes of this paper, the different types of attachments will be considered in the context of maternal incarceration.

CHAPTER IV

Family Systems Theory

Many theorists believe that the need for relationships is a basic human experience (Allen, 2007). “Most anthropologists agree that, next to their peculiar tendency to think and use tools, one of the distinguishing characteristics of human beings is that they are social creatures. The social group that seems to be most universal and pervasive in the way it shapes human behavior is the family. For social workers, clinicians, and psychologists, the growing awareness of the crucial impact of families on their clients has led to the development of family systems theory” (Allen, 2007, p. 1). Pioneered first by Dr. Murray Bowen, Family Systems Theory now serves a useful lens for clinicians to examine family structures. This chapter will outline the origins of Family Systems Theory and the eight major components of the theory.

The Origins of Family Systems Theory

American psychiatrist, Dr. Murray Bowen is commonly considered the most prominent pioneer of Family Systems Theory and family therapy (Jankowski & Hooper, 2012). The oldest of five children, Bowen received his medical degree from the Medical School of the University of Tennessee. Upon observing monstrous war conditions and the emotional state of soldiers during his time spent in the army, he developed specific interest in mental illness. Throughout extensive clinical research, Bowen wove together physical, emotional and social illnesses. He began to appreciate the individual as part of a larger, social context. Bowen posited that the family, the first social environment a child becomes in contact with, ideally serves as an

emotional and cohesive unit where each member is interdependent on the others for survival (Bowen Center for the Study of the Family, 2013).

Bowen began to develop an interest in family dynamics when he trained as a psychiatrist at the Menninger Clinic where he began to study patients with severe mental illness, including schizophrenia (Goldenberg & Godenberg, 2008). “Intrigued, from a research perspective, by the family relationships of inpatients, especially schizophrenics, Bowen became particularly interested in the possible transgenerational impact of a mother-child symbiosis in the development and maintenance of schizophrenia” (Goldenberg & Goldenberg, 2008, p. 176). This was based on the notion that schizophrenia developed out of an unresolved symbiotic attention and attachment to the mother. The mother, Bowen thought, had a desire to be a child herself and to fulfill her own emotional needs. In 1951 he began to focus solely on the relationship between young adults with schizophrenia and their mothers. His research progressed and included a period of time where family's with schizophrenic members lived in a hospital setting with the schizophrenic patient. Bowen began to understand that the emotional intensity of mother-child interactions were more powerful than he originally suspected (Goldenberg & Goldenberg, 2008).

Bowen posited that family members are often unable to separate or successfully differentiate themselves from one another. Bowen began to move the focus of attention away from the mentally ill patient to the family unit. He noted that the family emotional system is a kind of governance system shaped by evolution that dictates actions and behaviors (Goldenberg & Goldenberg, 2008).

Cybernetics

Family Systems Theory is rooted in the science of cybernetics. Cybernetics is grounded in physical science and draws from a wide array of disciplines including engineering, physics and economics. “The seeds that gave rise to systems theory were planted primarily in the field of cybernetics, a revolutionary science or 'way of seeing'” (Arisson, 2007, p. 1). Importantly, a cybernetic system is an integrated whole characterized by complex subsystems integrated through “processes of reciprocal influence and interdependence” (Anchin, 2003, p. 336). From the roots of cybernetics, Family Systems Theory grew and diverged. One important distinction between cybernetics and Family Systems Theory revolves around the focus of the two theories: Family Systems Theory focuses primarily on the structure of systems, whereas cybernetics focuses instead solely on the how this structure functions.

Cybernetics was first invented by Massachusetts Institute of Technology mathematicians in 1948 (Anchin, 2003). In essence, cybernetics is concerned with the organization, patterns and processes of communication between living organisms. Similarly, Family Systems Theory specifically focuses on the rules within the family which govern the range of behaviors a family system can tolerate in effort to maintain homeostasis or balance (Arisson, 2007). Importantly, Anchin (2003) writes, systems are goal oriented by nature. The interdependent components work together in aim of the goal of the system.

Feedback loops are an underlying and fundamental cybernetic mechanism by which systems autonomously regulate themselves in the service of achieving and maintaining balanced states.

“Feedback is a circular causal process in which information about the effect or results (B) being caused by some systemic process (A) flows back to that causal process, A, and in turn influences the subsequent nature of that process, so that A

now occupies the status of an effect and B the status of a cause. In turn, that new process engendered in A acts back on B to influence its ensuing process, and so around and around it goes. Thus, we are talking here about a bidirectional, reciprocally causal loop” (Anchin, 2003, p. 339).

Anchin (2003) notes that cybernetics helps the family to function as a cohesive unit. “

What a family shares with the cybernetic systems is a tendency to maintain stability by using information about its performance as feedback” (Nichols, 2006, p. 88). Simply put, this is how a system, or a family, attains the information necessary to maintain stability. The information provided is both relative to the external environment as well as the relationship between the system's different parts (Anchin, 2003).

Feedback loops can be either negative or positive. The distinction arises when deviations from a homeostatic state occur (Anchin, 2003). Homeostasis, a key concept within Family Systems Theory, describes the innate tendency for humans to maintain a balanced or constant internal state. When homeostasis is disrupted, the individual works to return to the homeostatic state (Berzoff, Flanagan and Hertz, 2011). Simply put, feedback loops refer to how far a system is straying from balance, or the homeostatic state. Negative feedback loops will signal the system to return to homeostasis. It is a vital tool that alerts a system that change is needed such as leaving a dangerous environment and returning to a safe haven. Alternatively, positive feedback loops confirms and reinforces the direction the family is moving (Nichols, 2006). Positive feedback loops can be viewed as vicious cycles or “self fulfilling prophecies”. An example of a positive feedback loop involves one's apprehensions dictating behaviors that cause the feared solution, creating more anxiety and thus encouraging the loop (Anchin, 2003).

Eight Interlocking Components of Family Systems

Bowen highlighted eight interlocking concepts within Family Systems Theory: differentiation of the self, triangulation, nuclear family emotional system, family projection process, emotional cutoff, multigenerational transmission process, sibling position and societal emotional process. Each refers to the interdependence families possess and maintain. Each of the Bowen's Family System's interlocking concepts will be explored throughout the forthcoming chapter.

“Six of the concepts address emotional processes taking place in the nuclear and extended families; two later concepts, emotional cutoff and societal regression speak to the emotional process across generations in a family and in society. All eight constructs are interlocking in the sense that none is fully understandable without some comprehension of the others” (Goldenberg & Goldenberg, 2008, p. 178-179).

Differentiation of Self: Families, as well as other social groups tremendously impact and influence how an individual thinks. The individual varies on the amount of “group think” he or she adopts. This difference is due to the individual's level of “differentiation of self” (The Bowen Center, 2012). Simply put, differentiation of self is the balance within the family that leads to individuality and opposing forces that cause togetherness. Differentiation of self, importantly, is the susceptibility of an individual to search for acceptance and approval in others. “Differentiation of self is demonstrated by the degree to which a person can think, plan and follow his or her own values, particularly around anxiety-provoking issues, without having his or her behaviors automatically driven by the emotional cues from others” (Goldenberg & Goldenberg, 2008, pg. 181).

People who are well differentiated understand the realistic dependence on others but can remain calm in the face of pressure, conflict and stress. As Goldenberg and Goldenberg (2008)

note, what the well-differentiated individual thinks, decides and communicates match. These people are typically confident in their ideas and beliefs and are able to think without becoming overwhelmed by emotional pulls to conform to others. Alternatively, poorly differentiated people depend heavily on the acceptance of others. These people often have to adjust their own beliefs and behaviors to fit in with those around them (The Bowen Center, 2012).

Bowen (1985) posited that “fused” persons (poorly differentiated individuals) who become “stuck” in the position that they occupied in their family of origin. Some suggest, people identify and partner with people who come from families whose level of differentiation is similar to their own (Sulloway, 2011). Emotional closeness can be intense when families who are emotionally fused are focused on one another's thoughts, emotions, dreams and thoughts.. These individuals are emotionally needy and possess a tremendous desire to “fit in”. They exhibit a “pseudo self” or a “false self”; the emotions and opinions of others cannot be separated from the individuals own, personal beliefs. The lines between self and others will blur. (Goldenberg & Goldenberg, 2008). Winnicott (1964) notes that the false self is the image one portrays to the outside world, while the true self is hidden and protected. At the other end of the spectrum lies differentiation of self and the “solid self”. The person who possesses a solid self knows her own beliefs and is able to express her own thoughts and perspectives definitively. Goldenberg and Goldenberg (2008) note that most people fall somewhere along the continuum or spectrum.

“Family systems theory assumes that an instinctively rooted life force in every human propels the developing child to grow up to be an emotionally separate person, able to think, feel and act as an individual. At the same time, a corresponding life force, also instinctively rooted, propels the child and family to remain emotionally connected. Because of these counterbalancing forces, no one ever achieves complete emotional separation from the family of origin. However, there are considerable differences in the amount of separation each of us

accomplishes, as well as differences in the degree to which children from the same set of parents emotionally separate from the family. The later is due to the characteristics of the different parental relationships established with each child.” (Goldenberg & Goldenberg, 2008, p. 182-183).

Triangulation: Bowen noted that the “social triangle” is a basic building block for the family (Bowen, 1985). Bowen posits that a two-person system can become unstable because the duo can accommodate only a small amount of tension. When a dyad experiences stress or tension, the duo may require the addition of a third person, thus creating a triangle through “triangulation”. Triangulation is the concept of a dyad drawing in another member of the family to form a triad. This is a common way for two person systems under stress and tension to attempt to achieve stability. “When a certain moderate anxiety level is reached, one or both partners will involve a vulnerable third person” (Goldenberg & Goldenberg, 2008, p. 184). Bowen (1985) posited that triangles are a common stable relationship that can benefit each member of the triangle.

Importantly, however, triangles do not always provide a stabilizing effect during times of significant stress (Goldenberg & Goldenberg, 2008). If tension becomes too high for three individuals within a triangle, the tension spreads to a series of interlocking triangles. Spreading the tension can stabilize the system but the core cause of the tension will remain unresolved. Paradoxically, a triangle, while more stable than a two person dynamic, can also create an “odd man out” dynamic that can cause anxiety within the members of the triangle. Two individuals are “on the inside” while the third person “is on the outside”. A possible example occurs when a mother and child occupy the inner triangle positions, while the father remains on the outside of the dyad. It has been posited that triangles contribute to the development of clinical problems including mood disorders. “Getting pushed from an inside to an outside position can trigger a

depression or perhaps even physical illness. Parents focusing on what is wrong with a child can trigger serious rebellion in the child” (The Bowen Center, 2012).

The concept of splitting historically has been grounded within Object Relations Theory, however, splitting bears significance within Family Systems Theory as well. “Splitting’ is the term used to describe the process by which the good and bad or positive or negative aspects of the self and others are experienced as separate or are kept apart” (Flannagan, 2008, p. 143). Splitting is used primarily as a defense. Like all defenses, splitting can serve adaptive functions by organizing the good and the bad, the helpful and the dangerous. Splitting within families, can potentially lead to pushing one member to the outside of the triangle (Flannagan, 2008).

Goldenberg and Goldenberg (2008) state that four distinct outcomes commonly arise within triangles,, two cause instability and two encourage stability. The first suggests that the addition of a third person may destabilize the established dyad (for example, the birth of a child prevents the parents from spending time alone). A second unstable outcome of a triangle can occur during the removal of a third person (the death of a child). Conversely, triangles can have a stabilizing effect as well. A destabilized twosome can be made stable when a third member enters (conflictual marriages can be eased by the addition of a child). Lastly, an unstable twosome can find stability when the third member of the triangle is removed (the mother in law moves out of the married couple's home).

Nuclear Family Emotional System: The concept of the nuclear family emotional system describes four basic relationship patterns that govern where problems develop in a family. People's attitudes and beliefs about relationships play a role in the patterns, but the forces primarily driving them are part of the emotional system. The patterns operate in intact,

single-parent, step-parent, and other nuclear family configurations (The Bowen Center, 2012).

The degree of tension depends on the type of stress a family encounters, how a family reacts and adapts to stress, and on the level of the family's connection with extended family and other social networks (Bowen, 1985).

Nuclear family emotional system maintains the principle that when family tension increases the spouses become more anxious. Each spouse will externalize his or her anxiety into the marital relationship. Both focus on what is wrong with their partner, each tries to control the other and each attempts to resist their partner's effort to control them. Interestingly, one spouse will eventually “give in” and work to accommodate the needs of their partner in effort to restore and maintain harmony. “The interaction is comfortable for both people up to a point, but if family tension rises further, the subordinate spouse may yield so much self-control that his or her anxiety increases significantly. The anxiety fuels, if other necessary factors are present, the development of a psychiatric, medical, or social dysfunction” (The Bowen Center, 2012).

Impairment in one or more children involves how parents may focus their anxieties onto their child or multiple children. The worry may become excessive, the parents may develop a negative view of the children, and the children may develop a negative view of themselves. Parents and child focus on each other, making self-differentiation very difficult. These children become vulnerable to acting out or internalizing family tension. Behavioral issues may arise at school and in other social interactions. Forth, emotional distance highlights how people distance themselves from relationships to reduce emotional intensity (The Bowen Center, 2012).

Family Projection Process: Family projection process highlights the process by which problems and stress are transferred from parent to child (The Bowen Center, 2012). Notably, and

despite lay wisdom, parents do not treat all of their children the same. The differentiation that is passed to children can be uneven.

“Children who are more exposed to parental immaturity tend to develop greater fusion to the family than their more fortunate siblings and have greater difficulty separating smoothly from their parents. Responding to their mothers anxiety, they remain more vulnerable to emotional stresses within the family and consequently live lives more governed by emotional upheavals than do their brothers and sisters” (Goldenberg & Goldenberg, 2008, p. 187).

Bowen thought that poorly differentiated parents, themselves immature, find as the object on their attention the most immature of all their children, regardless of birth order or age. The child who is most emotionally attached to the parents of all the children within a family, he or she will have the lowest level of differentiation of self and will develop the most separation anxiety (The Bowen Center, 2012).

Emotional Cutoff: Emotional cutoff involves the reduction or total elimination of emotional contact with one's family. People often utilize emotional cutoff as a means of coping with unresolved emotional issues with parents or other family members. Individuals can reduce or entirely cut off their emotional communication with their family members. This can be achieved through moving to a new location thereby eliminating physical closeness or by reducing the frequency of communicating with family members. Importantly, emotional cutoff can also occur regardless of geographical changes and can occur within close physical proximity. Notably, emotional cutoff may lead problems within newer relationships as these individuals may rely heavily on the new relationship, putting too much emphasis on the newer relationship (The Bowen Center, 2012).

Multitransmissional Transmission Process: Multigenerational transmission processes are the ways in which families pass on their cultures across and down generations. They

describe the trends in families, particularly patterns, roles, rules, beliefs, rituals and routines, behaviors, strengths, ideas, etc. The transmission through generations occurs in many ways. Multigenerational transmission occurs through the conscious teaching of attitudes and behaviors as well as the unconscious programming of emotional reactions. These transmitted information sources help to build the individuals sense of self. Multigenerational transmission process posits the transmission of small differences in the levels of differentiation between parents and child (McGoldrick, Gerson & Shellenberger, 1999)

“The concept of the multigenerational transmission process describes how small differences in the levels of differentiation between parents and their offspring lead over many generations to marked differences in differentiation among the members of a multigenerational family. The information creating these differences is transmitted across generations through relationships”
(Goldenberg & Goldenberg, 2008, p. 191).

Sibling Position: Bowen also considered the impact of sibling position within families. He believed that birth order is important and influences behaviors and attitudes within siblings. Primarily, sibling position theory notes that there are predictable characteristics based on birth order within a family. For example, oldest children tend to hold positions of power while youngest children typically identify as followers. Middle children most often develop the functional characteristics of both the younger and older siblings and often serve in the position of peace keeper and mediator within a family (The Bowen Center, 2012).

Societal Emotional Process: The last concept Bowen developed is societal emotional process. This concept refers to the tendency of individuals within a society to be more anxious and stressed at certain times than others. Environmental stressors like overpopulation, epidemics and economic forces are potential stressors that contribute to a regression within society

(The Bowen Center, 2012). As the family is seen as an interconnected unit, the response to an external stressor of one members affects the entire system. Change can threaten the established balance or the family's homeostasis, or balance. A change in the environment may mean the total system needs to readjus to return to a state of homeostasis. This potentially creates stress on all members of the family. Therefore all members of the family work to maintain balance, or homeostasis (Allen, 2007). Allen (2007) utilizes a helpful analogy which allows the reader to understand homeostasis through a useful example:

“[t]he furnace responds to the signal from the thermostat, but the thermostat responds to the temperature of the room which responds to the heat from the furnace. Each element serves a function in the total heating system. The elements are interdependent. For example, when the air becomes "too cold" the thermostat signals the furnace to give more heat, and when the air is "warm" the thermostat signals the furnace to shut off. The temperature in the house fluctuates within a narrow range around the setting of the thermostat. The heating system has a kind of balance, or homeostasis, and all of the elements of the system (the furnace, the thermostat, the room temperature) are involved in maintaining that balance. As long as the setting remains the same, the temperature remains stable. Even when the setting is changed the elements of the heating system still relate to each other in the same way. There are rules which govern this process, and all parts of the system work to maintain the rules, in this case, the setting. This analogy is comparable to the family system in which the elements, the family members, are dependent upon one another. In a similar manner, families develop a kind of balance in their relationship patterns” (p. 175).

For the purposes of this thesis, differentiation of self, triangulation and emotional cutoff will be considered in subsequent chapters in their relation to maternal incarceration.

Criticism of Family Systems Theory

Bowen's Family Systems Theory has been criticized by theorists and researchers for implicit gender biases. Traditional masculine attributes for healthy functioning (including autonomy, intellectual and goal oriented behaviors) are valued. Further, traditionally feminine traits (such as dependence on others and a need to seek love and approval from others) are

pathologized. Lastly, Family Systems Theory operates within a heteronormative perspective, seemingly valuing traditional family structures (heterosexual parents, children) over non-traditional families including homosexual or single parent families (Walsh, 2011).

Attachment Theory and Family Systems Theory: The Similarities and the Differences

Family Systems Theory and Attachment Theory have important similarities and complement each other well. Some similarities are at a broad, conceptual level, such as the theories grounding in systems thinking and their concerns about intimate human relationships including the focus on human relationships, conflicts and the importance of attachments. “Other similarities are at a more specific level, such as the correspondence between attachment classifications of secure, ambivalent, and avoidant relationships, on one hand, and family systems categories of adaptive, enmeshed, and disengaged relationships on the other” (Rothbaum et al., 2002, p. 328).

There are several key differences between Attachment Theory and Family Systems Theory. First, Attachment Theory focus primarily on how care and security of children impacts psychological development and the child's ability to form attachments. In turn, these early attachments lay the foundation for later relationships that the child will create. Family Systems Theory examines family dynamics, roles, communication patterns and rules among all family members. The family is considered as a whole, and less focus is paid to individual members. Attachment Theory is focused on the dyad whereas Family Systems Theory is focused on the triad (Rothbaum et al., 2002).

CHAPTER V

The Impact of Incarceration on the Latency Aged Child

At this time, the long term impact of separation specifically due to maternal incarceration has not been widely studied by researchers. However, much of the current literature (Johnson & Waldfogel, 2002; Turek & Loper, 2006; Hutchinson et. al., 2008) notes that parental incarceration has significant and severe implications for children. Bowlby recognized that young children who are separated from their mothers and deprived of maternal care experience trauma and endure long term effects (Smyth, 2002). As the number of female correctional facilities has increased from 34 in 1980 to over 100 in the mid 1990's, (Smyth, 2002) the impact of maternal incarceration is increasingly relevant.

Existing studies indicate that families who experience the incarceration of a parent typically experience multidimensional issues that impact all members of the family. The effect of incarceration is often irreversible (Haney, 2001) although it's impact varies person to person. "At the very least, prison is painful, and the incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others" (Haney, 2001). Although children and individual family circumstances vary, virtually all experience a combination of salient risk factors. The family's of incarcerated women may experience financial hardship, disruption of living arrangements and conflictual familial relationships.(Wright & Seymour, 2000).

"To understand the effects of parental incarceration on a child, we must look at the totality of a family's experiences involving a multiplicity of interrelated social, cultural and familial factors, making it difficult to sort out of the results of crime,

arrest and incarceration from ongoing life problems. To begin to understand these children's difficulty's we must look at their experiences both before and during the incarceration” (Wright and Seymour, 2000, p.1).

The Trauma of Arrest and Initial Incarceration

The arrest itself is shocking and can be traumatic to the child and to the entire family. “Arrest often occurs at night or in the early morning, when people are likely to be home with their families” (Murray et al., 2012, p. 179). Wright and Seymour (2010) note that pre-school aged children are most likely to bear witness to the crime and/or the arrest of their mother, as the children are too young to be in school during the day. Over 20% of children are present when their parent is arrested. Nearly 30% of those reported that their children witnessed the police officers pull weapons during the arrest (Murray et al., 2012). Gabel (1992) indicates that some children develop fear of police officers after witnessing the arrest. Some children develop fear of security officers within their school.

“The child witnesses the forced removal of the parent, as well as the parents’ confusion, embarrassment and shame... He or she sees the parent being disempowered, leaving the child feeling exposed and vulnerable. Thus, the child’s immediate reactions may include feelings of helplessness, bitterness about the way the parent was arrested, and anger toward the arresting officers.” (Gabel, 1992, p. 41).

Children within latency age witness parental arrest at a rate between 10 - 20% (Gabel, 1992) as most children within this age range are in school for many hours during the day. One study indicates that 40% percent of the 192 incarcerated women in an Arkansas prison stated their latency age children were at home during the time of their arrest.

“I was nine when my mom got arrested. The police came and took her. I was trying to ask them what was going on and they wouldn’t say, and then everything went so fast. I guess they thought someone else was in the house. They arrested her and just left us there. For two or three weeks, I took care of my one-year-old brother and myself (Nolan, 2003, para 5).

Children have difficulty coping with the trauma of separation due to the feeling of uncertainty. “The child enters a period of remarkable instability and uncertainty, not even knowing with what he or she must cope” (Wright & Seymour, 2010, p. 3). Many families choose not to tell the child what has happened to their mother (Murray et. al., 2012) in hopes of protecting the child from distress. Some make this choice because they do not know the outcome of the trial, or because the extended family members worry about the child's emotional ability to process the information. Plans for future childcare arrangements cannot be made right away because the outcome of the trial is not yet determined. Parke and Clark-Stewart (2002) term this “the conspiracy of silence”. Children often experience an increase in anxiety due to this deception.

Importantly, trauma theorists note that children are always traumatized by separation from their primary caregiver (The National Child Traumatic Stress Network, 2013). “We know that depending upon the child's age and length of separation, reactions can include such things as inability to form later attachments, woebegone searching, numbing, self blame, anger, depression, regression and antisocial behaviors” (Wright & Seymour, 2010, p. 12). Recognizing that maternal incarceration will be experienced as a trauma helps to frame this experience. Children are often diverted from developmental tasks when they experience trauma. If stress becomes too great it may exceed children's capacity to cope. Emotional survival becomes paramount over the developmental task of mastering skills during latency (Davies, 2011).

Trauma of Maternal Incarceration in Middle Childhood

The instinct for parent-child attachments is universal, regardless of an array of cultural and ethnic differences (Students First Project, 2013). Children within latency (children between the ages of six and eleven) may develop feelings of shame due to ridicule and teasing at school.

They may feel uncomfortable having people at school know their parent is incarcerated (Gabel & Johnston, 1995). Many children, including those within middle childhood feel they are responsible for their mother's incarceration and worry that they did something wrong that caused the separation (Kochanska & Murray, 2000). These children develop a constellation of symptoms including somatic experiences (stomach aches, headaches) as well as increased depression, anxiety and anger (Wright & Seymour, 2010). Children who are between ages six and eleven typically begin to care what their peers and friends think and develop feelings of shame and embarrassment. Children at the older end of the latency spectrum may demonstrate regressive behaviors or maladaptive coping skills (Davies, 2011).

“For instance, disorganized feelings and behaviors in early childhood and maladaptive behaviors in later childhood (i.e. antisocial behaviors such as lying and stealing, aggressive or isolated behavior disorders, conduct disorders and depression). Children within latency may develop difficulty in school and may develop stronger than normal attachments to their teachers. Older children exhibit gang activity, sexual behaviors, substance abuse and truancy”
(Wright & Seymour, 2010, p. 4).

Researchers have found that children within latency age experience unique challenges when their mother is incarcerated. Per Gabel and Johnston (1995), males often display symptomatic behaviors. Male children between 11 and 13 are most vulnerable, particularly if they are the eldest child in the family. These children often display anti-social tendencies including aggressive behaviors. Girls within latency age often internalize their emotions and begin to develop feelings of depression and worthlessness (Wildeman, 2008). Both male and female children may begin to exhibit trauma reactive behaviors including hyper-vigilance, anxiety, attention and concentration problems and social withdrawal (Johnston, 1995).

Children within latency age need to feel they are doing a good job at home and at school. For the first time, they are expected to perform tasks and make new relationships with people

outside their family (Gabel & Johnston, 1995). Gabel and Johnston (1995) note that an important developmental task within latency stage is to learn how to work with others.

“Children's own self concept and the interrelated esteem of their peers become more important in school age children” (pg. 75). Furthermore, children within the age range may not express their feelings due to worry about their peer’s reactions. This becomes a cyclical process: children with poor self-concept respond poorly to trauma and trauma causes the perpetuation of poor self concept. As indicated above, children whose parent is incarcerated may develop feelings of shame, guilt and embarrassment. These negative emotions hinder the developmental stage of finding competence and success (Gabel & Johnson, 1995).

Children between the ages of five and eight begin to understand punishment. One child of an incarcerated mother is quoted to say, “My mommy is doing a really long time out” (Parke & Clark-Stewart, 2002). Notably, children within this age group may remember the criminal behavior, the arrest and incarceration (Johnston, 1995). These children begin to recognize the impact on people around them including other family members (Murray, et al. 2012).

Poehlman's (2005) study of children in latency whose mothers were incarcerated found that a vast majority of these children had insecure relationships with mothers and caregivers. This may be caused by the unreliability of their mother or other caretaker to respond to their needs. Mothers who are victims of poverty, poor education, drug abuse, victimization and trauma may be unable to care for their children in ways that produce securely attached children (Kampfner, 2006). The child's mother would be physically unavailable as the mother and child were separated by the incarceration. It is also important to consider the nature of the mother-child relationship prior to the separation. Had the mother been engaged in criminal activity she may have been unable to respond to her child's needs for comfort and care prior to incarceration.

“The principal mechanisms that have been considered are attachment relations regarding parent-child separation and quality of care, social and economic strain in relation to reduced family income and loss of other kinds of social capital, social learning mechanisms in relation to reduced parental monitoring and involvement, changes in discipline, and stigma and labeling processes. However each mechanism is only likely to operate under certain circumstances: for example attachment disruption will only occur if the child has already formed secure attachment relations with the parent before they were incarcerated, which may or may not be the case if parents were minimally involved in the children's lives. It has also been pointed out that in some instances, there may even be beneficial effects of children when a parent is incarcerated if the parent has been particularly antisocial, violent or disruptive in the home” (Murray, et al. 2012, p. 179).

Social complexities arise in middle childhood that is connected both to adults as well as within peer groups. Peers often occupy a lot of energy and attention but adult caregivers continue to provide an important source of guidance and support. In middle childhood, attachment figures are preferred over peers (Kobak et al. 2010).

By latency, most children have formed relationships with several adult caregivers, however “[a]ttachment represents only one component of a child's relationship with a caregiver” (Kobak, Rosenthal & Serwik, 2010, pg. 73). Other relationships include those with teachers, the school nurse, etc. Kobak, Rosenthal and Serwik (2010) state that in order for an attachment relationship to be present two criteria must be met. First the adult must provide a safe haven for the child when the child is feeling distress. The adult also must be emotionally available to the child. Importantly, school-age children see real people as heroes and role models. These children often admire their parents, particularly the same-sex parent, with whom they identify (Davies, 2011). How then, would a girl's sense of self be altered in the face of maternal incarceration?

“My mother was a drug addict when she was on the street and she would buy us anything we wanted but did not have time to spend with us. She would drop us here and there, and I used to wonder if she loved us. The day the comes came to

take my mother for questioning sticks in my mind as a very sad, frightening day. We went to my grandmother's house. We did not see our mother for another year. My grandmother was an alcoholic and has been one since I can remember. She did not have time to look after us. She was very busy drinking. I missed my mother very much. I used to think of her all the time. I felt left behind. I used to think of her all the time. My mother used to write to me and stuff but I did not want to answer her letters. I was angry and missed her. She would tell me all this stuff about what I should do but she was not there to help me sort out how to do it. I wanted her to go to my basketball games” (Kampfner, 2006, p. 117).

Poehlman (2010) conducted a study in Wisconsin prisons examining attachment styles and maternal incarceration. Of the children interviewed, 37% identified as secure, 25% were considered ambivalent while 37% were labeled avoidant. Most of the children interviewed expressed negative representations of caregivers and their mothers. Some children who have experienced insecure attachment develop a condition termed Reactive Attachment Disorder (RAD). The diagnoses of RAD seem to closely align with symptoms related to insecure attachments. The Diagnostic and Statistical Manual of Mental Disorders defines RAD as:

“A markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age five years, as evidenced by either (1) or (2): (1) persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hyper-vigilant, or highly ambivalent and contradictory responses (2) diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)”

There is some speculation that the mother's attachment style may have significance in the development of her child's attachment style. Borelli et al., (2010) conducted a study of pregnant women who were incarcerated utilizing the Adult Attachment Interview, a self-report questionnaire designed to assess attachment style. Their study indicates that incarcerated mothers had higher rates of insecure attachment themselves compared with women in the general

population. These researches also posit that there is a connection between the use of substance abuse and development of depression with insecure attachments.

“Insecure attachment is thought to predispose a person to poor emotion regulation. To the extent that substance abuse can be a self-medicating strategy intended to mitigate or protect against distress, insecure individuals may be more likely to abuse substances as a way of regulating negative affect. In fact, two studies have shown that substance abuse is more common among individuals with unresolved attachment classifications...within our sample, we found that the mothers in our sample were more insecure than community samples, less insecure than clinical samples, and not different from poverty samples” (Borelli, et al., 2010, p. 15).

Family Systems

Wilderman (2010) states that maternal incarceration has essentially funneled children into foster care over the past several decades. In fact there has been a 30% increase in foster care placements between 1985 and 2000 largely due to maternal incarceration. “As long as the rate of maternal incarceration continues to increase, so too will the number of foster children who have a mother in jail or prison” (Dworsky et al., 2011, p. 117). Socioeconomic stressors and insufficient resources play a major role in the placement of children in the foster care system. Mothers with limited financial and/or family resources for childcare are at greatest risk for having their children enter state care. Once a child enters the foster care system federal laws limit the period of time a child may be in foster care before terminating parental rights. This has implications for incarcerated mothers who may be serving a significant length of time (Kennedy, 2012). The changing caregiver arrangement can give rise to the reduction in the quality of care. Inconsistent care from multiple caregivers is likely to lead to a diagnosis of an attachment disorder (Murray et al., 2012).

Children of incarcerated parents make up an ever-growing population within foster care systems and grandparent care population. Often, the maternal grandmother becomes the primary

caretaker following maternal incarceration. Children who are placed into foster care are more likely to display delinquency (Reed & Reed, 2010; Wilderman, 2008). Seventy percent of children whose parents are incarcerated, “[a]re doomed to follow in the same footsteps as their parents becoming imprisoned at some point in their life (Brown, 2010). In fact, children of incarcerated parents are five times more likely than their peers to commit crimes. However, these at-risk children are largely ignored before they get in trouble” (Mosely, 2008). Mosely (2008) posits that this trend exists due to the emotional impact of parental incarceration on children.

“The present body of literature on parental incarceration generally suggests negative effects on the social and cognitive development of children” (Reed & Reed, 2010, pg. 1). Parental incarceration is recognized as an “adverse childhood experience” by the Center for Disease Control and Prevention. In addition to psychological effects, prolonged exposure to this kind of experience may increase the likelihood of significant physical health diagnoses including obesity, heart disease, diabetes asthma as well as tobacco and alcohol use. “Failure to thrive, depression, delinquency and academic problems” (The Osborne Association, 2013) are common issues amongst children of the incarcerated.

Family Systems Theory intimates that a child, like any other member of the family, is interconnected to every other member of the family. With this understanding it becomes important to think about the ripple effect that maternal incarceration has on the entire family, including the child. The family structure changes when a member is removed. Financial challenges may emerge if the mother had served as breadwinner in the workforce or if she was in possession of state assistance. Had the mother served as the primary caretaker prior to incarceration, new care taking arrangements need to be made. The child will likely be uprooted from their home and enrolled in a new school.

A child who is fused or has a poor differentiation of self may begin to feel they are in part responsible for their mother's arrest and incarceration. A CNN (2011) report suggests that most children whose mother is incarcerated develop depression, anxiety and anger. In some cases, the kids witnessed the crimes their parents committed, often resulting in embarrassment. “[t]here's a level of embarrassment of what your parent did, and they shoulder that level of shame” (Drass, 2012). Indirect stigma, Wilderman (2010) posits, takes hold.

Triangulation also becomes a key component within the constellation created by maternal incarceration. A triangle can create an “odd man out” dynamic that can cause stress within the members of the triangle. Two individuals are “on the inside” while the third person is pushed to the outside of the triangle. Linking the mother, child and new caregiver forms a triangle. Following incarceration children are placed with extended kinship circles or in a foster home. This can be challenging for mother, child and the new caregiver. The mother's relationship with the new caregiver, even if the relationship had been healthy and strong prior to incarceration, becomes complicated (Poehlmann, 2005b).

Given the high rate of abuse experienced and reported by incarcerated mothers, one can speculate that the incarcerated mother may feel anxiety related to having their parent care for their child. Was their mother the source of their own abuse? “Women who place their children in the care of their own mothers will likely be concerned if their mothers have a history of neglectful or abusive parenting” (Hutchinson, et al., 2008, p. 442). In the case of foster care, a relationship between mother and new caregiver had not been established prior to incarceration (Poehlman, 2005b).

Emotional cutoff also bears significant weight when considering the implications of maternal incarceration on the family system. It is important to note that some mothers may have

demonstrated inappropriate or inadequate parenting styles prior to incarceration causing communication during incarceration to be difficult (Loper & Turek, 2008). Some mothers choose not to see their children while they are incarcerated due to overwhelming feelings of guilt and shame related to their crime, arrest and current lack of power (Lander, 2012). Over 50% of incarcerated mothers do not see their children at all during the months or years of their incarceration (Byrne et al., 2010). According to a survey conducted by Poehlmann (2005b), most children expressed uncertainty about seeing the incarcerated parent and, although some children expressed excitement about an upcoming visit, none of those who discussed a recent visit reported having a positive experience.

CHAPTER VI

Discussion and Conclusion

Ample data highlights the massive influx in incarceration rates throughout the past several decades in United States prisons and jails. Within this drastic rise is the increase in incarcerated women, many of whom are mothers. “The United States incarcerates the highest proportion of its citizens of any country in the world” (Mollencamp & Eddy, 2011, p. 551). This paper has presented data related to the negative impact maternal incarceration has on children and the family system. Attachment Theory and Family Systems Theory have served as a map by which one can consider the impact of maternal incarceration and related ramifications. Currently, family and welfare policy fail to recognize the challenges that face prisoners. Levy-Pounds (2006) terms this oversight as the “Cinderella of Penology”. She further states that the public does not often view prisoners as mothers or fathers, but rather sees them as evil doers who need to be removed from society. Family ties are scarcely acknowledged.

Attachment Theory

Simply put, Attachment Theory sheds light on the importance of early childhood relationships with primary caretakers. “The family is the primary condition of the life of children, it is the earliest environment in which they grow up. The proximity of intimate others, particularly of parental adults who will take responsibility for them, is fundamental to a child's psychological development” (Parke & Clark-Stewart, 2002). These early relationships serve as a blueprint by which later relationships are built upon. There are four types of attachments including secure attachments and insecure attachments (Shilkret & Shilkret, 2012).

Securely attached children have been tended to and nurtured by a caregiver, most often the mother, who is responsive to the needs of her child. It is noted by researchers that healthy attachments are reciprocal in nature. (Students First Project, 2013). Securely attached children return to their caregiver in times of distress and are able to be soothed by the caretaker. These children demonstrate age appropriate behaviors and are well-liked by both peers and adults. Secure attachment is an important building block of cognitive, social, emotional and physical development. Common characteristics of a person with secure attachments include empathy and a capacity to give and receive love (Students First Project, 2012).

“Standing on firm ground and knowing that the parents are there to provide support if the child fails, that the parents will be there again tomorrow and will love the child no matter what happens, gives the child the freedom to explore the world. Parents with securely attached children are sensitive to the needs of the child and create an atmosphere in which its capabilities can be extended without excessive anxiety about failure”. (Parke & Clark-Stewart, 2002, pg. 6-7).

Insecurely attached children have learned that their caregiver is not always a source of comfort. Anxious-Ambivalent insecurely attached infants are anxious about their environment and wary of strangers, even when their mother, or primary caretaker, is with them. The child will fluctuate between exhibiting needy behaviors such as clinging, demanding to be held and temper tantrums but will also reject their caregivers effort to comfort them (McLeod, 2008).

Mothers or caretakers who were largely rejecting and did not respond to the child's needs have cared for children who display Anxious Avoidant attachments. These children do not expect their parent to provide comfort and have learned to be self-sufficient and self-reliant. These children are highly independent from their attachment figure both physically and emotionally. (McLeod, 2003). A fourth category termed disorganized attachment demonstrates a lack of clear attachment behaviors. Their actions and responses to caregivers are often a

combination of behaviors, including resistance and avoidance (Main, 1986). Notably, children who experience maternal incarceration are likely to exhibit insecure attachments (Poehlmann, 2005b).

Children with insecure attachments may demonstrate a lack of trust in adults, resistance to nurturing and guidance, difficulty expressing love and poor social skills. These individuals may have limited self-reflection, low self esteem and poor emotional regulation. Children who have experienced disrupted attachments may demonstrate regressed behaviors. Cognitive and moral development appears also to be influenced by disrupted attachments. Children with insecure attachments often have limited capacity for empathy and compassion. These children also have difficulty concentrating and maintaining focus (McLeod, 2003).

Specifically children who have experienced a disruption in attachment style and development during middle childhood complain of somatic symptoms including stomach aches, headaches and other physical symptoms. These children also can appear “amoral” and engage in lying and stealing behaviors. Latency children appear to be uninterested and unmotivated in school and homework.

“Children with disrupted attachment often lack investment in achieving academic success as their energy is focused on self protection from what they perceive to be an unpredictable and unsafe environment. Often this focus on control and protection results in disruptive or maladaptive behavior and a difficulty displaying focused attention or concentration on school related tasks”
(Students First Project, 2013, p. 4).

Family Systems Theory

Family Systems Theory essentially recognizes that the family's whole is greater than the sum of the individual members who comprise the family. Families are connected and interrelated. Ideally, families are emotionally cohesive and supportive but this is often not the

case. Family Systems Theory is particularly interested in the structure and process the family adopts. What rules are held and by whom? What are the roles within a family? What happens when a family member is physically removed? The domestic environment creates a miniature society where the child learns the rules and norms of the outside world (Goldenberg & Goldenberg, 2008).

Eight interlocking concepts create the foundation of Family Systems Theory. Three in particular emerge as particularly significant when considering maternal incarceration: differentiation of self, triangulation and emotional cutoff. As indicated in the previous chapter, children who are fused to their mother, and do not possess differentiation of self, may feel increased feelings of guilt for the incarceration. These children may believe they are in part, responsible for the arrest and incarceration. They are unable to recognize their own behaviors as different from their mother.

Triangulation occurs when a third caretaker enters during the mother's incarceration. The mother is often pushed to the outside of the triangle and the new caretaker and child begin to form a primary relationship. Emotional cutoff can occur when the child and mother terminate emotional ties. This can occur when the child does not visit her incarcerated mother. It can also occur when the child and/or mother emotionally separate from the other. This can be a very powerful protective factor in that the child emotionally distances herself from an abusive mother. More than half of women who are incarcerated report not having any contact with their children while they are behind bars (Byrne et al., 2010). Emotional cutoff may occur due to financial restraints (often prisons are far from families requiring considerable funds to travel for a visit, the cost of collect telephone calls, etc.) or because the new caretaker does not want the child to visit with the parent (Kampfleur, 2006).

Relevance to the Field of Social Work

As more and more women are incarcerated each year, it becomes increasingly important for clinicians to understand the implications on families and children. Significant data indicates that children of incarcerated mothers develop profound depression and anxiety as a result. Many thousands of children are impacted and may be seeking therapeutic services in the years to come. Parke and Clarke-Stewart (2002) state that children who receive mental health treatment while their parent is incarcerated report an improvement of self-esteem over time. It is believed that a group approach is most effective for children of incarcerated parents as this model helps to reduce a child's sense of shame and stigma. Twinship and mirroring can occur and the child can recognize other children who are experiencing the loss of their mother (Gabel, 2002). It is increasingly imperative we gain understanding of how maternal incarceration impacts families.

“Although most intervention programs are designed for the incarcerated adults rather than their offspring, there have been some attempts to intervene directly with the children. These interventions can take a variety of forms, including individual counseling or therapy, family therapy, or group therapy, located in schools, clinics, or prisons” (Parke & Clarke-Stewart, 2002).

Limitations to the study

At the time of this writing the long-term impact of separation due to maternal incarceration has not been systematically studied by researchers. Studies of attachment in middle childhood have been somewhat “slow to develop” in the literature and research (Yunger, Corby & Perry, 2005). In middle childhood, unlike in infancy, children have increased self-reliance and cognitive abilities make observing attachments challenging for researchers.

An important criticism of both Attachment Theory and Family Systems Theory recognizes both of the theories utilize and endorse a Western, heteronormative, white, middle class perspective that may exclude many individuals and families who are faced with maternal

incarceration. This is especially important to recognize since the vast majority of incarcerated individuals within the United States are people of color (The Sentencing Project, 2012).

“Consider the avoidance/ambivalent distinction as a continuum. Many Western cultures value independence (avoidance) more than dependence (ambivalence); some cultures have the opposite value. For example, in Western culture that value independence and autonomy, it is not surprising that we find more avoidance than ambivalence among insecure attachments (Shilkret & Shilkret, 2012, p. 201).

Despite these limitations, the perspectives put forth by Attachment Theory and Family Family Systems Theory clearly demonstrates that maternal incarceration has significant implications for their children. Further study into the arena of maternal incarceration and its impacts on children, particularly latency aged children, will be needed to understand and develop supportive clinical services for incarcerated mothers and their children. Several questions remain: What are the attachments like between children and their new caretakers? How can Attachment Theory and Family Systems Theory provide a culturally competent perspective when working with clients of color and non-traditional families?

Many questions remain, and additional research will need to be undertaken to gain better understanding of the phenomenon. Despite these remaining questions, it is clear that maternal incarceration is a growing phenomenon in the United States. Children are impacted at ever increasing rates and there are serious and significant implications that need to be understood by clinicians and mental health practitioners. Kampfeur (2006) includes a powerful statement regarding the need of clinicians to understand maternal incarceration.

“As providers, we need to understand the deep emotional bonds that exist between children and their mothers. Often the pain that children experience because of forced separation from their mothers is ignored because it is assumed that the women involved could not be good mothers if they ended up in prison. The necessary role these mothers play in the lives of their children is discounted” (p. 90).

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