

Prenatal and Postnatal Psychological Counselling

The conscious assumption of the maternal role

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Abstract

Introduction: *The present thesis is a journey into prenatal and postnatal counselling areas, following through a series of psychological intervention sessions, progressively taking up the maternal role through mother-child interactions using the core concept of attachment. Currently, there is a keen interest in analysing the relationship between mother and child, with this proving to be an essential element in the emotional, behavioural and social development of the child. The current theme is important in psychology and the adjacent areas, because it highlights a component in the process of human development, namely the connection between mother and child while still in the womb.*

Objectives: *Regarding the psychological evaluation objectives, these were as follows: assessing the health factors during pregnancy, such as physical activity, sleep, substance abuse, food consumption, household characteristics, evaluation of the anxiety related to pregnancy, attitudes related to raising a child, identified as positive, and those considered less positive about pregnancy, prenatal attachment assessment and dynamics of relations between the client and family members.*

Methods: *Among the strategies and methods of intervention, there were: ways to relax and connect with your body, expressive and creative techniques, observation of the relationship between mother and baby, methods of enriching relational experiences between mother and child, methods of encouraging the mother to focus on the emotional relationship with the child and the reflection of your own thoughts, emotions and desires arising from consciously assuming the mothering role.*

Results: *Based on the results of the prenatal and postnatal counselling we can conclude that the intervention was an effective one for the mother, the modalities of interaction between the mother and her child and the techniques she used to express her own thoughts and emotions generated an unconditional availability towards the child and helped her engage in a healthy relationship based on safety, love and actual needs, both basic child care and filling up her baby's emotional reservoir as well as on the fulfillment of C.'s mothering role.*

Conclusion: *The relationship between C. and her child is currently a healthy, affective relationship, predominated by relational experiences that show a very good quality of postnatal attachment.*

Keywords: *relationship, emotions, thoughts, mother, baby*

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I. Introduction

The present paper aims at a foray in the prenatal and postnatal counselling field, raising the attachment concept as the core of mother-child relationship quality. There is nowadays a special interest regarding the mother-child interactions analysis as a forerunner of healthy development of the emotional and behavioural aspects of a human being. New areas have been developed, like prenatal psychology or maternology, interested in issues related to the relationship between mother and child since fetal period.

Prenatal attachment, the lifestyle of pregnant woman, the positive and also the less positive events from prenatal period, family support, father involvement, the context of work, mental health during pregnancy, are all key points that build the connection between mother and child. The psychology, that is connected with medicine, pedagogy, social assistance and other areas involved in parents counselling and child care, highlights the impact of these elements on human development.

Many authors who are interested in prenatal attachment issues (Delassus, 2011a, 2011b, 2014; Winnicott, 2013; Powell et al., 2013) express that the securised attachment is the foundation which allows the child explore the world and have a secure place to return. Attachment is the first way in which the children learn to organise their own emotions and actions through interactions with the caregiver (Hoffman et al., 2017).

The scope of the study is a very important one in the psychology field and not only, seeing that it highlights a princeps component in the process of human development, namely the mother and child connection during pregnancy. This connection underlies numerous questions raised throughout the psychology history by representatives of different schools and trends.

The importance of the theme is given by the prenatal and postnatal educational aspect, through which the parents become aware of their own needs specific to this period and become thus careful how they build their relationship with the child. This relationship will influence the child for a lifetime.

Also, the usefulness of the theme is academically necessary as there is a need to explore this area so much present in international studies and Romania needs to fall into line in this important field.

The motivation for present theme comes from its topicality given by numerous studies regarding mother-child relationship as well as from the need of organising various methods of building and consolidating this relationship. At the same time, the impact is expected to

lead to awareness of the role as a parent not only in the physical care of the child, but also in the emotional layout through direct eye contact with the child.

Antoine (2008) suggests that during the intrauterine life, the fetus experiences a symbiosis with his mother, and, according to specialists in neonatology, the symbiosis depends on the understanding, which is anyway hard to explain and to interpret, that exists between the two of them.

The mother transmits her own emotions to the fetus, but the child also communicates with her. The child triggers a real psychodynamic process which leads to the creation of a psychological maternal space. This sensation of symbiosis is prolonged after birth, in order to signal the mother that it is time to satisfy the child's needs, as she could not do this by her own unless she is identified with the baby.

The psychoanalyst and the perinatology specialist, Sylvain Missonnier (Missonnier et al., 2014), introduced the concept of virtual relationship object, in order to explain the mother-fetus and fetus-mother relationship which exhibits the following characteristics: the pregnancy is a double metamorphosis, progressive and interactive for the parental and human development; the fetus is not born human, he becomes human during the pregnancy; the uteroplacental space is the interface between the fetus and the environment; prenatal metamorphosis is bound to the human being throughout his/her lifetime. As a result, this concept of virtual object relationship summarizes some of the current knowledge about the relationship and the existence of the fetus, as well as the transformations that the fetus brings about during the parent's becoming.

All mentioned above highlight the fact that prenatal stimulation takes place and it is very important, because the cognitive development of the fetus starts during the intrauterine life, and a positive influence will be created on the fetus through interaction with him.

II. Objectives and hypotheses

Following the data obtained during the psychologic evaluation and highlighted by the psychological evaluation protocol, the following hypotheses are elaborated:

C. needs to create a good relationship with the fetus starting with the prenatal period because she wishes to be relaxed after childbirth, to consciously assume the role of mother, and to create a profound contact with the newborn as she needs to return to the office when the child turns 6 months.

Thus, the present study's objective is to investigate the role and effects of prenatal and postnatal counselling on the quality of dynamics between mother and newborn. The therapeutic intercession, deployed in 10 intervention sessions, 5 in prenatal stage and 5 in postnatal stage, included the following objectives:

Before childbirth:

- connecting the pregnant woman with her own body,
- physical and psychological stress relief - easing physical and mental burden,
- activating maternal resources towards the fetus,
- activating the channels of verbal and nonverbal communication with the fetus,
- increasing self-confidence,
- the expression of thoughts, needs and emotions during the prenatal period, regarding the pregnancy and birth.

After childbirth the objectives were:

- building up a safe relationship between mother and baby
- directing the mother's attention to the child's needs of interaction,
- encouraging the mother to focus on the quality of the relationship,
- developing mother's skills to help her reflect on her own behaviours and thoughts
- practicing ways to help the mother regulate her child's emotions.

As for the practical implications of the present study, the future mother should become more aware of the importance of her connection with the unborn child, the importance of the physical and psychological stress relief and that of activating her maternal resources that helped her express her feelings, thoughts and needs in relationship with the fetus. Also, she was helped to understand that the bond between her and her baby is primordial in her baby's cognitive, behavioural and emotional development and the fact that the newborn needs her very much in postnatal stage.

In this sense, being aware of her role as a mother takes priority and it leads to diminishing the feeling of fear regarding her professional life.

III. Methods

Because the present study is based on the case study methodology, we present in the following pages data from the psychological evaluation protocol, strategies and intervention methods, as well the procedure used to apply all these.

1. The psychological evaluation protocol

Client information

Name: C.

Age: 26 years old

Study level: University

The scope of the evaluation

The evaluation was carried out based on the future mother's need to understand key points of life style, as well on her need to have a peaceful experience of the next stage of pregnancy, being in contact with her own body and also with "the little special being inside her". Another reason for this evaluation was the pregnant woman's desire to express her new experience and to create an early relationship with the fetus. This thing is sustained also by her need to stay active, aiming at combining pregnancy and work for as long as possible, a fact that should strengthen the need to be in contact with herself and with her body.

Evaluation objectives

The prenatal psychological evaluation had the following objectives: evaluating the health state during pregnancy, pinpointing some elements like physical activity, sleep, drink, eat; evaluating the anxiety during pregnancy; evaluating the attitude regarding child raising; evaluating some aspects considered positive and less positive related to pregnancy; evaluating the prenatal attachment; evaluating the relationship dynamics between the pregnant woman and her family members.

Evaluation instruments

1. Interview with the pregnant woman
2. IPAQ (International Physical Activity Questionnaire)
3. PSQI (Pittsburgh Sleep Quality Index)
4. Canadian Community Health Survey and The Centre for Addiction and Mental Health Monitor
5. PRAS (Pregnancy-Related Anxiety Scale)
6. MAAS (Maternal Antenatal Attachment Scale)
7. PES (Pregnancy Experience Scale)
8. CAQ (Childbearing Attitudes Questionnaire)

The evaluation took 3 sessions to be completed.

Evaluation results

The questionnaire for physical activity was applied when she was 16 weeks, respectively 30 weeks

down her pregnancy, with the purpose of tracking the pregnant woman's physical activity level and observing possible new modifications. The results obtained in those two stages showed that, as the pregnancy was evolving, the woman felt the need to rest more. When evaluating the sleep, eat and drink quality, it shows that the sleep quality was decreasing more and more as the pregnancy evolved, she complained about the difficulty of getting to sleep and about the feelings generated by tiredness around 34 weeks of pregnancy.

This modification produced a greater need to rest. C. has never smoked, she avoided the smoking areas and didn't drink alcohol during pregnancy.

The anxiety evaluation during pregnancy was made when she was 16 and 30 weeks pregnant. In the first stage, her score was 17, which shows that she wasn't anxious, next, in the second stage her score was 13, which highlights the fact that as the pregnancy was evolving, she enjoyed more positive feelings and her anxiety level decreased. The scores indicate that the pregnant woman adapted to this period of time, an adaptation that can be conceptualized in terms of psycho-social prenatal stress with non-clinical values, personal resources and current optimal life context.

To measure prenatal attachment, C. was evaluated at 30 weeks with MAAS instrument and achieved a total score of 89, which highlights the positive emotions and feelings regarding the pregnancy, as well as a manifestation of some behaviours which express the concern for the fetus. Also, the two results indicate the pregnant woman's thoughts and representations of her future child, as well as the emotional attachment towards him. The score also indicates the orientation towards achieving behaviours that are in line with the attachment quality towards her child.

Considering the evaluation of pregnancy experiences, C. obtained a score of 26 on a scale of 1 to 30 when evaluating the positive events and a score of 1 when evaluating less positive events, which suggests her positive feelings and emotions regarding pregnancy and its aspects, such as how much the fetus moves inside the womb, the feeling of being pregnant at that moment, thoughts on how the child would look like, the discussions she had with her husband about the pregnancy. As for the less positive events, like the normal discomfort during pregnancy, the weight and corporal changes, the thoughts about the normality of the child, the inability to make any physical effort, the score 1 indicates lack of annoyance regarding these specific experiences related to prenatal stage.

Regarding the attitude related to child growth, C. was evaluated when she was 16 and then 30 weeks pregnant and she obtained a score of 14 at both evaluations. This highlights the attitude of tolerance towards the baby and his growth.

Additional information from the clinical interview

In addition, beside the evaluation results with the presented instruments, the data from the clinic interview suggest the pregnant woman wanted to work as long as possible because she felt good and experienced no discomfort. This fact is highlighted by her wish to restart her office work when the baby turns 6 months old. As a result, she was very preoccupied with her professional activity and her will to have the shortest break possible. This behaviour is sustained by the fact that she was at the beginning of her carrier and she didn't want to discontinue too much her activity because of the pregnancy. She also wanted to assume the maternal role with authenticity.

Summary and conclusions

In conclusion, C. is a primipara woman whose main need is to create a good relationship with her baby starting with the prenatal stage, to manage to stay more relaxed after birth and to integrate her baby in her life, alongside her husband and the rest of their family, and at the same time, to feel satisfied both on the family and on the professional level.

Recommendations

As to the role of the mother and her wish to create a good relationship with her fetus, one of the recommendations is individual counselling with the purpose to be in contact with her own body and thus with the unborn child, and to listen to her own needs in order to stay aligned to her baby's needs.

We also recommend various methods and body work techniques, through which the pregnant woman can relax and get in contact with the fetus. Using expressive-creative means of experiential psychotherapy, like music, painting, the pregnant woman can be helped to express her emotions and thoughts regarding herself and her pregnancy.

Another recommendation implies attending some sessions in order to activate the maternal resources to consciously assume the stages that C. experiences in each moment of her pregnancy evolution. In this regard, she can be helped realize her resources and her virtues as a mother starting with the prenatal stage in order to know herself better in this

new role and to be able to express her needs, thoughts and current emotions.

All these recommendations have the purpose of increasing C.'s self-confidence regarding her new role, increasing her cognizance and personal experiences level of integration during prenatal stage, her support training and psychological assistance during the postnatal period.

2. Strategies and intervention methods

In order to achieve the goals proposed in the prenatal stage, we used the following strategies: relaxing sessions, expressing the feelings regarding the pregnancy and maternal resources activation, prenatal communication and communication by touch, building a relationship through music with the fetus. To apply these strategies, we used methods like: breathing and relaxation techniques, expressive-creative means, like music, painting, yoga for pregnant women, music-embryology, haptonomy, fairy tales method.

The breathing and relaxation techniques in prenatal stage have the purpose of inducing a state of physical relaxation through which the pregnant woman feels her body with ease, and they also teach her about methods to decrease pain. By practicing this, she would get to know better the interior of the human body, and in this way she may discover depths which could help her appreciate the psychical, psychological, and emotional possibilities.

Another intervention method is the music, in a new field called music-embryology. In this way, the music favours the physical and psychological well being of the fetus since intrauterine stage. The mother explores maternal resources through music and then transmits her feeling to the fetus. Afterwards, when the newborn listens to music, she associates the sound with intrauterine feelings lived in her mother's womb.

The children who were stimulated this way before and after birth are considered to show good skills in literature and mathematics, to improve mnemonic and focus capacities, their coordination and to have a big creativity potential. They are emotionally stable and create good interpersonal and family relationships.

Through painting, the pregnant women express their feelings and thoughts about this stage of their life, outlined shapes, the colours will help them discover their inner universe. Based on this universe, they can create the fairy tale of their present feelings, next they can become conscious about their emotions and representations regarding the pregnancy.

Yoga for pregnant women teaches them how to relax their abdominal muscles, how to communicate with the baby in their womb. Behind the wall, the baby experiences a presence who can respond to her needs. Also, the yoga exercises are useful for psychical and psychological knowledge of the body, acceptance and adaptation to new transformations (Texier, 2009).

Another method is haptonomy. This method is based on an affective exchange using touches and caresses, aiming at obtaining psychological balance and a state of confidence and emotional opening. By touching her womb, the pregnant woman communicates with the fetus and her well-being state transfers to the child. The baby can react by touching the walls of the uterus when she hears the voice of the parents. The mother learns how to relax her belly and to feel the fetus position in the amniotic sack. She can lead her moves, like for example, help her sit with his head toward cervix before birth in case that the fetus is not positioned so. Hence, the mother learns through touch to chill down the fetus, to put her to sleep, to learn her rhythm, to understand her temperament since prenatal stage, what she likes or dislikes. Haptonomy sessions are recommended starting with the fifth or sixth month of pregnancy, when the mother can feel the movements of the child.

The fairy tale method creates a dialog between the mother and the fetus, considering that during intrauterine life the babies record and store many stimuli, which they recognize later. Such as, they become more focused and calmer when they hear their mother's voice.

In conclusion, these strategies and methods are part of the therapeutic process.

3. Procedure

Prenatal intervention sessions

Physical relaxation sessions

The relaxation techniques help the future mothers feel better, in physical harmony with the body changes during this period of time and in spiritual harmony with the baby, which is present and yet imaginary at the same time. Accepting the changes, the ability to adapt, the power to be happy and to be proud with the belly, the breathing with and for the fetus are opportunities to achieve physical and psychological relaxation that every pregnant woman needs.

In one session, one can use the yoga method for pregnant women proposed by Martine Texier

(2009). Yoga also has the privileged role to re-establish the body-mind harmony through the awareness of the vital centre. Yoga is not a class of prenatal or postnatal gymnastics, it is a spiritual state which grants a mental and physical good well being through energy focus.

One of the applied techniques is called Wave Breath Technique. In the training, it is specified that the pregnant women must stand up, relax and leave the wave breath successively on the left side and on the right side of the body. When exhaling the consciousness moves from the head to the left foot, when inhaling, it moves from the left foot to the head. With the next exhaling, it moves from the head to the right foot, when again inhaling, it moves from the right foot to the head. This exercise can be repeated many times on each side, then the new inner passage is appreciated.

Another exercise refers to belly breathing when the pregnant woman places her hand on the belly, feeling its heat, how relaxed or tense it is. Simultaneously, she pays attention to the back and forth moves of the belly, without causing any modification, she just lets the normal breathing take control under her hands: belly breathing or down. The belly raises when inhaling and it comes back when exhaling.

Helped by this exercise, C. felt how her abdominal and uterine muscles get relaxed: "it made me feel the way my belly gets softer". She understood that by using this exercise, her muscle becomes very relaxed and her pain in the womb ligament goes down. In this way, she found a natural breathing, which is handled by the sympathetic nervous system. It is the one that controls the quick regularization of this breathing function based on the physiological needs at the moment.

The benefits which C. keeps after the session consist in the techniques that she can apply in order to relax her entire body physically and psychologically. Therefore, she understood the role of yoga techniques for pregnant women and affirmed that she would practice more of these techniques, because the benefits are great.

Sessions based on creative-expressive methods

One of the interpretive hypotheses is that the wish to have a profound contact with the fetus is highlighted by C.'s wish to restart her office work when the baby turns 6 months old. Starting from this hypothesis, we imagined a session in which we established a relationship with the fetus using two methods: music embryology and haptonomy during a therapeutic session.

We started the therapy session delivering the pregnant women's instructions that the relaxation

music would be played for a few minutes. I instructed C. to sit comfortable and to touch her belly. I also suggested that she should use a variety of ways of touching as she wishes: she could play with the palm of the hand, with her fingers, and to touch her whole belly little by little. For a few minutes, the mother had to touch her belly in order to transmit a message to her fetus. She listened to the relaxing music and she touched her belly.

Here are some observations I wrote down while C. was listening to music and was caressing her belly: she smiles when the music starts and she touches her belly, makes circular moves with her hand, then she uses both hands, caresses with the palm of her hand, feels how the fetus moves slowly in a short period of time and she continues to caress the belly waiting for another reaction from the fetus.

C: "He moved a little bit, but I cannot catch the moment using my video camera... he is like a wave... my baby moves for few seconds then he stops... I would really like to record that on tape. I saw videos when pregnant women are listening to music and their babies move and they are recorded with the video camera. Maybe I can record him before he is born."

T: "How did you feel when you touched your belly?"

C: "Very well. I like to caress my belly. I feel the growing relationship between me and my baby."

After that, I asked her to make up a story regarding her previous experience with the baby, where the main characters are her and her baby. She can start the story with "Once upon a time".

C: "Once upon a time a mother was caressing her belly and by doing that, she created a relationship with the baby. The baby felt her love, and she would feel her baby's moves. The baby told her that she wanted more and more caressing. If she caresses the belly now, while she is pregnant, then they would enjoy a good relationship after her baby's birth."

In conclusion, the prenatal sessions have the purpose to connect the pregnant woman with her own body and to activate her maternal resources in order to create a harmonious bond with the baby starting with the prenatal stage.

Postnatal intervention sessions

These are the main objectives of the therapeutic approach during postnatal stage: the development of the mother-child relationship, creating a good relation between parents and the child based on

safety, focusing the mother's attention on the baby's needs for interactions, encouraging the mother to pay attention to the affective relationship quality, developing the mother's abilities to reflect on her behaviour, thoughts, states, acquiring new ways to help the mother calm down the child when needed.

One of the interaction methods we used is gymnastics for babies. In the paper "The Child's Universe of Movement", Albu et al. (2008) propose a variety of gymnastic and massage techniques for babies. We believe that using the massage not only sets the basis of a healthy motor development for the baby, but it also helps establish a mother-baby relationship based on safety, and the mother also becomes more focused on the baby's needs. For this reason we used some techniques mentioned in this paper.

In another session, using the therapeutic dialog, C. described her baby's previous week behaviour, the way they played, elements regarding the way they interacted through massage, some aspects regarding the child's alimentation and sleep, what she likes or dislikes. The client declared that she understands the importance of events and early experiences in the child's behavioural, emotional and personality development and she considers that these are the main important factors for her baby's manner in life. After the dialog, C. became aware of what happened during the previous week and how her relationship with the child evolved.

Everything she described created the big picture depicting the mother-child interaction during the previous week and this led us to the therapeutic session objective, namely generating mother-baby interaction experiences that would give the baby the opportunity to be in direct contact with the mother's breast and to show that he wants to be breast-fed. So, starting with the relaxation music, I invited C. to take the child in her arms and to dance him at her breast until the music stops. The child rested his head quietly on his mother's chest, smiling to his mother while she would caress him.

To conclude, all these methods helped create a bond based on love and safety between mother and child.

IV. Results

The purpose of the present therapeutic approach was to assist a young woman, C., in prenatal and postnatal stage, from a psychological perspective. The intervention sessions were focused on methods

like relaxing and connecting with her own body, expressive-creative techniques, observing the mother-child relationship, ways of enriching the relational experiences between the mother and the child, ways of encouraging the mother to pay attention to her affective relationship with the child and to reflect upon her own thoughts, emotions and wishes that come up alongside the conscious assumption of the maternal role.

The psychological evaluation process took place during three sessions, and after that, the interventions consisted of five sessions in prenatal stage when the purpose was to connect the pregnant woman to her own body, so as to fulfill her own need to be more aware of her baby's needs, and to create a healthy relationship between mother and child since prenatal stage. Another five sessions followed in the postnatal stage, where the main objectives were assuming the maternal role and developing the mother-child relationship.

At the end of these ten sessions, we made a final evaluation, showing the following results: C.'s sleep quality improved once the baby was born and then, during his growth, she experienced an increased tolerance regarding child rising, and a very good quality of emotional attachment. At the same time, considering the observations and the evaluation, we concluded that she experienced pleasure when interacting with the child, lack of anxiety, hostility and abuse towards the child.

During the last session, C. expressed the benefits she obtained after participating in these psychological sessions, as well as the fact that "during the pregnancy you helped me be more relaxed, create a profound bond with my son V., ever since he was in my belly, I also felt how we got closer before he was born. These sessions helped me know him better." This proves that the sessions were useful and that they achieved their target.

V. Discussions and conclusions

In conclusion, as a consequence of the attended sessions, C. became aware of the importance of the bond with the child quite from the intrauterine stage, of the physical and psychological stress, of the maternal resources activation based on which she expressed her feelings, thoughts and needs in relationship with her fetus. She was also helped to understand that the bond with her child is primary in his cognitive, behavioural and emotional development and that the child needs his mother to be with him as

long as possible in the postnatal stage. Being aware of the priority of the mother role, she decreased her fears regarding her professional career.

Hence, C., at the end of the psychological therapy sessions, has a lot of confidence in her maternal abilities, she is optimistic regarding her professional future and she enjoys a relationship based on safety, affection and understanding with her child. At the same time, V. is a happy child, playful, sympathetic, showing a great need for exploration, he expresses himself very well using non-verbal communication, he is optimally connected to his mother and responds to her with "guuguu".

To conclude, the relationship between C. and V. is a healthy, affective relationship, guided by frequent relational experiences which indicate a good quality of postnatal attachment.

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