

Development of Pre and Postnatal Attachment through Experiential Exercises

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Abstract

Introduction: Attachment theory was introduced for the first time by John Bowlby in the 1960s, to describe the mother-child relationship. The concept of attachment was initially proposed to define the relationship created after birth, but attachment begins before, during pregnancy. However, we can talk about an already created bond during pregnancy, between the mother and fetus, a connection that will continue to develop in the postnatal period. Thus, it is not possible to talk about the attachment that activates for the first time after the birth of the child, the prenatal and postnatal dimensions of attachment being interconnected.

Objectives: The main objective of the case study was empowering the development of pre and postnatal attachment by using techniques specific to the experiential orientation.

Methods: The present article depicts a case study, of a 30-year-old expecting mother, later new mother, enrolled in a psychotherapeutic intervention program, conducted in the experiential humanistic approach, having as working methods those described below:

In the prenatal period: experiential moments to facilitate the possibility of exposure of the intra-psychic material and to enable the pregnant woman to more easily get in touch with the states and feelings experienced for the first time; relaxation exercises.

In the postnatal period: experiential techniques to help the new mother get into a deeper contact with the baby and to facilitate postnatal attachment, to create a healthy emotional bond positively perceived in the mother-child dyad.

Results: An increase in prenatal and postnatal attachment was observed following the use of experiential therapy techniques. There were noted: an increase of confidence in the personal resources, a decrease in negative thoughts and a decrease in anxiety.

Conclusions: Experiential therapy can help increase attachment before pregnancy and after birth. In addition, it can be seen that when prenatal attachment is good, it is also a predictor of good postnatal attachment, as they are interconnected.

Keywords: pregnancy, prenatal attachment, postnatal attachment, bond, mother-baby relationship

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I. Introduction

The present paper focuses on the attachment relationship that is outlined in the prenatal period, as well as on the development of attachment in the mother-child dyad, after the birth of the child. The attachment relationship that develops between mother and child is a predictor for the further development of the child, secure attachment being the premise of optimal emotional development.

Regarding the researches related to the field of perinatal psychology, Romanian literature does not provide extensive information on this segment, but, in recent years, internationally, perinatal psychology has occupied an important place in research.

Women, after birth, find themselves in a new position, a new role, that of mother. At the time they may find themselves in difficulty because one might have had certain expectations about this role, experiences that may not coincide with what they previously imagined. Physical birth does not correspond to mental birth.

Breastfeeding is a new process for the mother, which she may receive with fear and anxiety, not knowing if she does the right thing, which can affect the intimate moment/ connection of the mother-child dyad. The mother's insecurity, lack of support and of encouragement can cause her to give up and feel guilty.

The attachment between mother and child begins before birth, and studies have shown this. This paper aims to capture the importance of attachment that is formed since the intrauterine period, being vital for postpartum attachment, as we cannot talk separately about the two components.

Newer theories in prenatal psychology by H. Doan and A. Zimmerman, quoted by A. Cotigă (2010), consider the concept of prenatal attachment as an abstract construct, defined as the connection between a parent and a fetus, manifested before birth, through cognitive and emotional skills. In addition, their predecessors introduced the idea of an ecological system, which refers in this context to the relationship between man and woman at the time the child was conceived, to the expectations that the two have concerning each other and defining the role of woman as mother.

Cranley developed the first scale measuring maternal fetal attachment (Maternal-Fetal Attachment Scale – MFAS). In 1981, Cranley stated that physical changes in the fetus and mother occur during pregnancy. The author considers 4 elements as being important, namely:

- the identity of the woman;

- the identity role of the woman;
- the identity of fetal development;
- the relationship that is formed between woman and fetus.

In 1990, M. Muller defined prenatal attachment as the uniquely affectionate relationship that develops between mother and fetus and sees in this relationship a unidirectional dimension that may have a higher intensity or a lower intensity. Also, M. Muller elaborated the Prenatal Attachment Inventory (PAI).

J. Condon, an Australian psychiatrist, states that prenatal attachment is the emotional connection or covenant between a mother and an unborn child, which is based before conception and has both emotional and cognitive elements. He conceived the Maternal Antenatal Attachment Scale, which takes into account the beliefs and feelings that a mother has in relation to her unborn child. He developed a self-report questionnaire with 19 items to assess mother-child attachment. The use of the questionnaire method allows the use of much larger samples of mother-child dyads and thus provides a potential pathway for future exploration of attachment (or detachment) determinants.

It is very important to take into account the intrauterine period of the baby, because it is an extremely important stage. During pregnancy, the mother is exposed to a variety of stimuli, which can affect both her and the development of the baby in her womb. The states that the mother goes through during pregnancy, including depression or anxiety, are transmitted to the fetus.

Dr. David Chamberlain published the book "The Mind of your Newborn Baby", researching for many years the effects that birth trauma has on the child. He believes that babies are actively involved in the birth process and, moreover, they remember this experience. The researcher states that the eyes of a newborn send messages. The baby's first visual contact with his mother and father is called proto-look.

Motherhood is created from all the emotional processes that a woman will go through during the pregnancy period, in order to be ready for childbirth. From the maternity perspective, motherhood is represented by the mental dimension in which both the mother and child give and receive, being a space conceived as a totality of the universe created by the two, in the cycle of giving.

This paper seeks to once again to draw attention to the importance of the pregnancy and the postpartum periods, to identify the elements and factors which help to create a secure attachment in the mother-child dyad,

and also to consider the influence of factors that can endanger the mother-child relationship, starting with the intrauterine period.

Thus, through the approached topic it is desired to highlight a subject of interest that deserves to occupy a more extensive research field.

II. Methods and case study

Early attachment depends on the mother's ability to adapt to the child's requirements in the postpartum period, the mother's emotional state and how the newborn meets the mother's expectations, as well as on the involvement of the partner and family in raising the child.

The mother is the binder through which the child has access to the first connection with the social, which manifests itself in early stimuli for the child's social development, the mother being the one who presents the child to the world and talks about him. Moreover, she has a great contribution in the intellectual development and not only, being an important presence in terms of emotional development, being the center of the child's experiences on a physiological and psychological level.

The mother is also an essential source for the child's entire development, mental development, and other emotional stimuli that are focused on the child, being the first contact with the world.

The case study considered fostering the development of attachment in the prenatal period, decreasing anxiety and building emotional balance, while, in the postpartum period, the intervention was centered on both the mother's emotional stabilization and the mother-child attachment relationship. The experiential psychotherapy intervention helped to build strong, healthy attachment between the mother and the child, both before birth and afterwards.

A 30-year-old pregnant woman participated in the program for the development of pre and postnatal attachment through experiential exercises, enrolling at the beginning of the sessions. She was at risk for premature birth. The pregnant woman came to participate in the program to increase the pre and postnatal attachment, at the recommendation of the physiotherapist. The woman chose to participate in the program also because she wanted to perform an activity, as she had stopped going to work at the advice of the attending physician. She also stated that she had difficulties in managing stress and had fears related to pregnancy. She was at her first pregnancy and there had been no abortions in the past.

She had been in relationship with her husband for 10 years, and they were married for a year, at the time. In the past she had suffered from depression and required psychiatric treatment.

Her parents divorced when she was 14, both remarried and she had a stepbrother.

A number of 16 meetings took place, with a weekly frequency. The experiential approach was chosen as the working method.

Details about the pre and postnatal attachment development program:

The pre and postnatal attachment development intervention was designed as a program to facilitate and help the mother, before and after birth, to develop a secure and optimal attachment to ensure a good psycho-emotional development of the baby and also to create a harmonious relationship with the child, in order to provide a healthy way of living motherhood.

As mentioned, in the pre and postnatal attachment development program techniques belonging to experiential therapy were used. It was considered that the experiential therapy and the techniques specific to this therapeutic orientation helped the mother before birth, during pregnancy and in the postnatal period, maintain contact with her body, emotions and inner states. It also helped to regulate the psycho-emotional attachment relationship between the mother and child.

Participant selection

The criteria used in selecting the participant were the following:

- to be pregnant for the first time;
- to be in the third trimester of pregnancy;
- to have a risky pregnancy.

Objectives of the participant:

- the woman wanted to enjoy the pregnancy state;
- she wanted to reduce the level of the anxiety and take things as they were;
- the participant intended to create a better connection with the baby during pregnancy and after birth.

General information:

- woman, 30 years old, university level education;
- was experiencing difficulties managing stress and fears related to pregnancy;

- the pregnant woman wanted to come to the counselor at the recommendation of the physiotherapist;
- she had been married for 1 year, following a 10 years long relationship with her husband.

Objectives:

1. Increasing pre and postnatal attachment to facilitate the mother-child relationship. Obtaining a secure, optimal attachment was considered necessary for the harmonious development of the child from an emotional point of view, but also to facilitate the assumption of the maternal role.
2. Psycho-emotional balancing of the mother to help maintain good emotional health, that would further help the mother be able to contain her and the child's feelings.
3. Decreasing anxiety in the prenatal period to help the client enjoy pregnancy and be in contact with her baby, and, in the postpartum period, to help the mother feel more relaxed and more confident in what she could do.

Hypotheses:

- The experiential psychotherapeutic approach helps to increase pre and postnatal attachment because it allows the pregnant woman to understand much better her feelings towards pregnancy and life with a newborn baby.
- An optimal prenatal attachment helps shape a secure postnatal attachment, as we can see the building of a real connection in the dyad, thus highlighting the importance of having a good prenatal attachment, in order to maintain a healthy bond in the postnatal period.

Prenatal diagnostic hypotheses:

- poor contact with one's own body;
- moderate prenatal attachment and presence of anxiety;
- fears about losing the pregnancy;
- inability to relax.

Prenatal working methods:

- Experiential methods to facilitate the possibility of externalization of unconscious content and to help the pregnant woman get in touch more easily with the specific emotional experiences.

- Relaxation exercises allowing increasing and maintaining contact with the body and better understanding of its responses.
- Techniques which used: drawing, images to reach the unconscious and to facilitate access to intense or barely accessible feelings. The humanistic approach operated to ensure that the pregnant woman felt safe and able to develop good skills and experience in the projected maternal role.

Postnatal diagnostic hypotheses:

- enhanced postnatal attachment;
- good interaction with the baby;
- low anxiety;
- no postpartum depression;
- fears about the baby.

Postnatal working methods:

- Experiential tools to help the new mother get in deeper contact with the baby and to facilitate postnatal attachment, to create a healthy emotional bond that was positively perceived in the mother-child dyad.
- Techniques in which were used art-therapy, storytelling cards, images of motherhood fostering the reach of the unconscious and facilitating the access to feelings that could not be easily exposed. The humanistic approach helped the mother feel safe and secure, in order to be able to develop good skills in the maternal role.

Psychometric tools:

- the MFAS scale was used to find out pieces of information about prenatal attachment;
- Pregnancy Experiences Scale – Brief version (PES) was used to give us information on how pregnancy was experienced by the expecting mother;
- the STAI Inventory was used to measure the degree of anxiety in both the prenatal and postnatal period;
- the Maternal Antenatal Attachment Scale by Condon (MAAS) was used to learn about this type of attachment;
- Charles H. Zeanah's Working Model of The Child Interview was used to provide a broader picture of the mother-child relationship, on how the mother related to birth, and how she perceived the child's development after birth;

- Maternal Postnatal Attachment Scale by Condon (MPAS) was used to describe the attachment in the postnatal period;
- the Maternal Sensitivity Scales by Mary Ainsworth was used to better observe the mother-child relationship;
- the Edinburgh Postnatal Depression Scale (EPDS) was used, as the mother had a history of depression and was experiencing mild symptoms of depression at the time;
- Dyadic Adjustment Scale (DAS) was used to let us know the level of satisfaction in the husband and wife relationship.

In the first session, the therapist focused on creating the therapeutic alliance, to ensure a collaborative attitude from the participant, in order for her to feel safe and understood.

During the first 3 sessions, the assessment of the pregnant woman's status quo took place. The Pregnancy Experience Scale (PES), the Maternal Antenatal Attachment Scale (MAAS), and the STAI Inventory were administered. The emotional state of the client was also assessed by means of clinical interview.

Following the application of the STAI Inventory in the prenatal period, the following results were obtained: X1 state: 43 and X2 trait: 41. There might be a slight increase in anxiety, which was due to the conditions and concerns that the pregnant woman experienced. One could not highlight an accentuated anxiety level, but that aspect needed to be taken into account in order not to harm the pregnancy.

Following the answers given by the pregnant woman to the MFAS scale (Outcome 60), no significant difficulties could be noted. The participant was experiencing fear to touch the abdomen, as she had been told that the gesture could induce labor and lead to a premature birth.

From the answers provided in the Pregnancy Experiences Scale – Brief version (PES), (Outcome 39) the following could be revealed: an overall positive disposition during pregnancy, a lack of sleep that led to irritability and a lack of good contact with oneself, the participant being more vulnerable in such context. Factors like the normal discomfort due to pregnancy, thoughts about the actual labor and birth, the difficulty in carrying out chores were what make the pregnant woman feel upset. Again, although there could be a slight increase in anxiety, an accentuated anxiety level was not detected, but the aspect was taken into account.

One might notice the existence of attachment between the pregnant woman and the baby to be born, but the pregnant woman was afraid to express her feelings, fearing she might do something wrong, which could hurt the unborn child. The participant's desire to hold her baby after birth was present.

During sessions 2 and 3, relaxation techniques were also performed, such as guided imagery, in order to help the pregnant woman relax and to get in touch with her body, emotions and feelings. As a feedback, after the first exercise, she said that she felt a tension in her body at the beginning, and, as the exercise continued, she managed to be more and more relaxed, as if it did not seem real to her that she could still relax and be pregnant. At the end of the second exercise, the pregnant woman stated that she was eager to meet the baby and she found it interesting that after 9 months of pregnancy she would wake up *"just like this with a child, which is actually yours"*. The fact that she did not know what or how everything was going to happen was scary, because she felt as if she lost control, describing herself as not the kind of person to take risks.

In one of the sessions held during the pregnancy period, the woman was asked to draw the way she saw the connection between her and the unborn child and the answer she gave following the creation of the drawing was the following: *"This drawing represents the connection that I am having with the baby right now. I know he's there, but it's hard for me to see him as a person. I don't like it when my mother or mother-in-law call him by the name we decided to give him. We don't seem to have much room for each other anymore, it's difficult. To me, he doesn't have a personality, I don't refer to him that way. I'm more precautionous."*

It is noteworthy that, in making the drawing, the future mother only used a black pencil, did not pay attention to detail, completing the drawing in a hurry. It is also worth observing that, in terms of size, the baby shape was drawn quite large compared to the mother's body, which led to interpreting on how she perceived to carry the baby as a weight and how difficult it could be for her at the time, everything standing on her shoulders.

During session 4 we discussed about birth and labor and the woman's fears about what would happen. Before the discussion with the therapist, the participant had not thought about labor, she stated that she had read a lot about the pregnancy, blaming herself for not being able to go through everything she had set out to do.

The postnatal evaluation took place in sessions 5, 6 and 7. The Maternal Postnatal Attachment Scale (MPAS), the Maternal Sensitivity Scales, the STAI

Inventory, and an unstructured interview were applied to assess the new mother.

At the Maternal Postnatal Attachment Scale (MPAS), the following scores were obtained:

- quality of attachment: 34;
- the level of hostility: 17;
- pleasure in interaction: 16.

It could be noticed that there was a good attachment relation with the baby. The mother was generally present in the relationship, had moments when she felt guilty, but was patient and responded to the child's needs, trusting in what she could do.

Following the administration of the Ainsworth Maternal Sensitivity Scales, the following results were obtained:

- Scale 1. Sensitivity vs. Insensitivity to Baby's Signals: Sensitive – Score 7;
- Scale 2. Cooperation vs. Interference with Baby's Ongoing Behavior: Cooperative – Score 7;
- Scale 3. Physical and Psychological Availability vs. Ignoring and Neglecting: usually accessible – Score 7;
- Scale 4. Acceptance vs. Rejection of the Baby's Needs: Accepting – Score 7.

The application of the STAI Inventory in the postnatal period revealed the following results: X1 condition: 31 and X2 trait: 28. These indicated there may be a decrease in anxiety compared to the prenatal period. The mother became calmer and more serene, she learned to give herself time and not blame herself for what might not go according to her expectations.

Also, in session 6 postnatal attachment was explored and a comparison was made between prenatal attachment and postnatal attachment referring to the drawing. The mother said: *"We are like 2 Siamese twins, we like each other, he is like a toy for me, I like to play with the baby. He's mine, I like him, I'm dying for him. He's mother's baby, a little soul. We have mother panda, which has this cub inside her. He is as small as a heart, and the little one needs protection, because he is so small. We are there next to each other. He's a part of me."*

It can now be noticed that the mother succeeded to emotionally balance herself and experienced the attachment between her and the child differently. At that moment when she talked about the pregnancy, she saw the child as something that belonged to her, and in the period after the child birth, the mother expressed that she and the child were like *"2 Siamese twins"*, which showed the fusion of the two.

Whenever she was separated from the baby for a short time, when she took him back in her arms, she felt a rather intense feeling of pleasure, she perceived him as her own baby, she felt that he was hers and she no longer had resentments towards the things she could no longer do.

There were times when she felt anxious, but these were occasional moments, she enjoyed to be with the baby and play with him, she felt proud of him, and these elements reminded us of the existence of a good enough postnatal attachment between mother and child.

Following the psychological interpretation of Mary Ainsworth's Maternal Sensitivity Scales, we have noted the mother's receptivity to the baby, as being also a good enough openness, optimal for the harmonious development of the baby. One could observe that the mother was alert to signals coming from the baby, being available to his needs, but also managed to accept the role as it was assigned. The mother felt more relaxed and at peace with what did not happen as she had wished in raising the baby. That also helped the mother be more in contact with the real needs of the baby.

About the postnatal period, the mother stated: *"I feel like I'm doing him a favor, his father too. We are like Siamese twins. I feel that only I can really meet his needs, because I spend most of my time with him, I recognize when the baby is not comfortable. I know what is best. He is very much mine. I feel overwhelmed but I'm okay. It affects you when you can't calm him down. I felt proud that I managed to do what was best for him. I think it must be hard for him to be in a new world, he didn't choose, he was manipulated, we don't know what his thoughts were. He's used to us, he's calm with us. I am grateful, because we felt nervous, we have a good layer. Every day draws a sensitive balance between what I think is ok for him, and what he thinks is ok for himself. I wasn't someone who sought trials before, but I have to do trial and error now. I'm more inclined to try methods that I've seen working in real life."*

As feelings of melancholy and withdrawal were manifested and the pregnant woman had a premature birth, a decision was made to apply in the 7th session the Edinburgh Postnatal Depression Scale (EPDS). This scale was administered because she had a history of depression in the past and women who have suffered from depression in the past can more easily develop depression after giving birth. Following the application of the EPDS, the mother scored 5, indicating that she was not suffering from postpartum depression, but might need to be kept under observation.

In addition, during session 7, the Working Model of The Child Interview was applied, in order to obtain more information and details about the current situation. Based on the interpretation of the answers offered, it could be inferred that the mother had a good attachment in relation to the baby. She was present in the relationship, but had moments of guilt, yet showed patience and responded to the child's needs, trusting what she could do.

During the 8th session, the mother was given the task to draw a picture on the baby's coming into the family and talk about the emotions she felt when she drew it, followed by a free discussion about how her life with the baby was at the time and how they engaged together. The client chose to use warm colors, the drawing expressing affection and confidence. The baby occupied a much larger space on the paper than the couple, which led us to think that at the moment the couple passed into the background, and in the foreground was the baby. The mother said: *"I enjoyed making this drawing because it was an opportunity to express graphically the idea that he is the product of our love, he is an angel that makes our lives more beautiful."*

During session 9 was applied a technique called *Images of motherhood in black-white*. Several images representing motherhood (pictures expressing positive/negative feelings) were selected. The mother was asked, in a first stage, to choose from the images on display those she liked/ disliked the most and to organize them hierarchically. She continued to choose the image that she considered described best/ worst her current relationship with the baby.

It could be noticed that an equal number of images were chosen, 3 favorite images and 3 unpleasant ones, and for the image that described and the one that did not describe the relationship with the baby, only one photo was chosen. That could suggest that there were alternating moments when the relationship was very good, and others when the mother-child relationship was more tense, probably due to insufficient rest of the mother, who could no longer relax and be in good shape, but we cannot suggest that we identified hostile elements in the mother-child relationship.

Sometimes when the mother got angry at baby, she could react impulsively, but it only occurred on rare occasions, by saying: *"Now you act as if you were independent. You don't get to do what you want. You're not a teenager. I'll put you to your place. This is what I told him when I got mad at him."*

The 10th session contained another experiential technique, the *Dixit cards story*. The client had to choose

from the pile of Dixit cards, a number of 5-7 images to create a story about herself and her baby, a story in which both were the main characters. She created a positive story in which the elements related to the mother-child dyad were transparent. No hostile items were found. We also noted the emotional, warm tone that the mother had when telling the story. At the end of the story one could sense a trace of melancholy due to the fact that the baby would grow up and leave.

The goals of using these images to create a story were:

- to generate a narrative that focused on the mother and baby;
- to capture the way the mother saw the relationship with the baby;
- to find out how the story related to her current life;
- to build awareness on the changes after the child birth.

During session 11, after the mother was left for 10-15 minutes in interaction with the baby, she was asked to talk about the feelings and thoughts she had when she was with the baby and then to transpose the states she had by modelling a piece of clay. The client modeled a duck and said the following: *"It's like watching him, his face so relaxed, apparently he seems to make a duck face and has a tuft. I was thinking about his little head. I love him, he's mother's baby. I would paint in yellow what I made, because that's how a duck is, and also put some fluff."*

The client was instructed to draw two circles, as she wished, and to write inside one of them the qualities she had as a mother, and in the other circle the qualities that her baby had. The traits she chose for her were *sociable, communicative, happy, hardworking, dedicated*, and for the baby, *beautiful, smart, energetic, strong, cute, persevering*, and at the intersection between the two circles she wrote *appreciation*, the mother seeing their dyad as a bond in which they appreciated each other.

The Dyadic Adjustment Scale (DAS) was applied in the 12th meeting. Given that the scores that can be obtained in the test could be between 0 and 151, and the result of the client was 117, it indicated a good marital relation, without strong conflicts.

Also, during this meeting, another exercise involved the woman's reflection of the qualities and flaws that the child's father had. It could be noted that an approximately equal number of qualities and faults were chosen. As qualities of the partner she mentioned: *caring, hardworking, voluntary, pays the bills, cooks*

well, has a sense of humor. As flaws of the partner she enumerated: *too perfectionistic, hard to please, does not want to take other people into account, he thinks that he is too smart, self-sufficient, sometimes he is too conscientious in the detriment of health.*

Another experiential exercise used in this session was choosing some pleasant and less pleasant images, which highlighted aspects in the life of couples with newborn babies. The conclusions we were able to draw from the exercise were the following:

- there were no feelings of hostility in the mother-child-father relationship;
- marital and parental roles were viewed in a positive way;
- negative feelings and guilt were avoided;
- assumption of positive roles;
- the existence of a connection haven within the couple, after the birth of the child.

Session 13 contained a postnatal dance session, in which the mother had to dance holding the child in a carrying system, so one could even better see how the mother communicated with the baby, being carried by the movements of the mother's body. The connection with the baby during the dance session was a harmonious one.

III. Results

Post-evaluation was carried out in sessions 14, 15 and 16. The Maternal Postnatal Attachment Scale (MPAS), the STAI Inventory and a clinical interview were applied to see what changes occurred as a result of the therapeutic program.

At the Maternal Postnatal Attachment Scale (MPAS), the following scores were obtained:

- attachment quality: 31;
- absence of hostility: 19;
- pleasure in interaction: 18.

Following the application of the Condon Maternal Postnatal Attachment Scale in the post-assessment stage, a good, secure attachment was observed, there was no hostility regarding the mother's interaction with the baby.

Following the application of the STAI Inventory in the post-evaluation stage, the following X1 state results were obtained: 34 and X2 feature: 30. Regarding the STAI Inventory, a slight increase in anxiety could be observed, due to the approaching period of food diversification for the baby, which caused the mother to be more anxious. She did not know how to cope with this challenge, because she had heard

different stories about the period of diversification in the child's life and believed she had to prepare intensely for the stage, which appreciated would be stressful for her.

We can notice the fact that the mother-child relationship was a harmonious one, the mother being responsive and attentive to the child's needs, being sensitive to what the child communicated, always having a natural desire to understand her baby.

IV. Discussions and conclusions

The limitations that the present study has are represented by the rather scarce literature in terms of prenatal attachment, as well as a mere existence of valuable studies for the postnatal attachment, of new and updated studies that provide various information about this period. It can also be mentioned that the Romanian literature does not have available various tests for postnatal attachment, standardized on the population, however concerning prenatal attachment there is only one psychometric test, translated and standardized on the Romanian population, which gives us little access to a deeper assessment of the pregnant woman. It is imperative to develop standardized Romanian and international scales, that require a more elaborate screening, so that the pregnant woman is evaluated from multiple perspectives. Also, in the period after the birth of the child, it is important to have several evaluation methods at hand.

Moreover, it is necessary to create various techniques and interventions that are clearly suitable for working with pregnant women, as presently mostly working methods characteristic to the experiential approach can be adapted.

The therapeutic intervention took into account both the prenatal and the postnatal period, in order to facilitate the development of a secure attachment, a good start as we could define it, both for the mother and the child, because one without the other they cannot exist in this world. We want to facilitate harmonious relationships in the mother-child dyad, and this case study sought to capture how important this connection is, so profound and sensitive that the field of pre and postnatal psychology must become of major research interest.

The experiential therapeutic intervention was a really helpful one, in enhancing the development of the bond that the mother had with the baby, both in the intrauterine period and also after the child birth.

Also, the way in which the intervention was carried out facilitated the therapeutic alliance, the aim being to have a better adherence of the client during the

sessions. By using experiential exercises, a safe alliance was created, through which the patient was able to transpose her feelings, sensations and states that she went through both in pregnancy and in the period after the birth of the child.

The intervention was beneficial and could certainly have been continued, addressing child development in relation to expectations and fears of the mother.

It is imperative to create national pre and postnatal psychological counseling programs, in order to provide support from specialists both at mental and at emotional level. It is also necessary to encourage the expecting mother, both during pregnancy and after birth, to express her emotions and inner states, without the fear that she would be judged by those around her. There is no perfect motherhood, but we can discuss the existence of a psychic motherhood that occurs in the presence of the child and through his eyes, so the role that the mother plays is essential in strengthening the attachment relationship with the newborn.

To conclude, if a mother is in need, both during pregnancy and after childbirth, she must be helped to overcome this difficult period, she needs support and encouragement, especially from the partner, and from the family. She needs to feel protected, loved, not judged, not to feel the guilt that often sounds like “*I am not a good mother*”.

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