

A Young Mothers' Group: A Safe Haven and Secure Base for Motherhood

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Abstract

This article describes a “young mothers’ group,” the purpose of which was to create a secure space for young mothers and their infants wherein they could develop a deeper connection between mother and child. Vital to the connection between mother and infant is the mother’s capacity to “be together” with her child and not feel the need to otherwise occupy herself. At the first session, the mothers were relatively tense and insecure; most of them described feelings of loneliness, alienation from their partners, and insecurity regarding motherhood. The final session was marked by creativity and a lot of independent play by the children. The mothers were calm and in control; they also felt connected with their husbands. Two main conclusions were drawn from observation of this group: first, the basic source of the tension surrounding the transition to motherhood was the dilemma “either take care of my child or take care of my husband”; second, the emotional harmony and attunement among the counselors, the leader, and the mothers created a space in which mothers felt safe enough to let themselves fully respond to their children. Each mother who succeeded in gaining and maintaining a bond with herself, with her body, and with her own needs, emotions, feelings, and internal life, through the feelings her child awakened in her within the safe haven, also gained a bond with both her husband and her child. However, if a mother lost the connection with herself, she also lost her connection with both child and husband.

Introduction and Theoretical Assumptions

The idea for this young mothers’ group was the result of several years’ experience in counseling young mothers, young couples planning to have children, and young couples with children in Slovenia. Also, given Slovenia’s history and background, parenting counseling groups have particular value.

Formerly part of Yugoslavia, Slovenia declared its independence in 1990 and joined the European Union in 2004. Slovenia suffered numerable losses and trauma during the second world war, including massive post-war killings (which remained hidden until Slovenia’s 1991 independence) and the ensuing dreadful communist autocratic regime. Like other countries where citizens suffered harrowing trauma in the former Soviet Union, in Slovenia the risk of mental health problems, notably depression, alcohol abuse and suicide, is quite high. For example, of the ten countries with the highest suicide rates (according to the World Health Organization, 2008), eight are post-Soviet countries, and Slovenia ranks fourth on this list. Many families in the former Soviet bloc and in former Yugoslavia (which was one of the non-aligned countries) were traumatized by factors ranging from political persecution, death due to forced migrations, internal spy networks that forced family members to report on each other, and mandatory daycare of children. Thus, promoting family unity and helping parents understand their children and adjust to the parenting role have special importance for child and family welfare in Slovenia. In addition, bringing about genuine democracies in transitional societies accustomed to totalitarianism can be facilitated when families instill democratic values in their children, which necessarily occurs via patterns of relating as well as discussion.

We found that our counseling sessions with young people provided great relief to participants, because the sessions helped decrease their levels of anxiety and uncertainty during the transition to becoming parents.

Pivotal to this process of transition is the awakening of sensitivity and responsiveness, and the development of appropriate reactions. If parents fail to acknowledge the new tension between them, and if they fail to verbalize it and deal with it in their everyday lives, it can be detrimental to both the new parents and the child. Unaddressed tension can easily lead to unresponsive and insensitive parenting and a reduction in parents' capacity to recognize their children's needs. Thus, this tension could be transferred to the child, with a significant negative impact on the child's development, as well as on the maintenance and growth of the adult relationship (Folden Palmer, 2007). Parents' ability to react appropriately to their children is at the core of healthy child development; suppressed reactions are one of the first conditions for the development of pathologies (Poljanec & Simonič, in press).

One of the main tenets underlying the decision to form this young mothers' group derives from attachment theory, which holds that the mother's capacity to "tune in" to her infant during the first few months sets the foundations that will later largely determine the breadth and depth of the infant's development (Bowlby, 1988). If the mother can be fully available to her child—a condition for which she herself needs an emotionally and physically secure relationship—then her infant's development will also be nourished and more secure (Cassidy & Shaver, 1999). This idea represents a combination of attachment theory, whereby behaviors within family systems may be understood as attempts to provide attachment security, and systems theory, in which the attachment process is perceived to extend beyond just the parent-child dyad. This combination allows the focus to shift to broader family processes (Novšak, 2008).

Purpose and Goals of the Parenting Group

The purpose of the group was to create a secure space for young mothers and their infants and therein fashion a new pattern for developing a deeper connection between

mother and child. Studies have shown that mothers who feel higher levels of anxiety, depression or fearfulness, and uncertainty are less able to respond to their infants; they are more fatigued, under more stress, and also feel more uncertain about themselves and their relationships with their partners (Pederson et al., 1990). These mothers are prone to regulate their own anxiety through hyperproductivity or unattuned care (either exaggerated or neglectful), have difficulty calming their infants and lulling them to sleep, struggle to breastfeed, are less effective in general, and experience themselves as emotionally empty and unfulfilled (Cumplings, Davies, & Campbell, 2000).

Vital to the connection between mother and infant is the mother's capacity to "be together" with her child and not feel the need to occupy herself with various tasks or chores during the "together" time. First and foremost in this is the creation of a safe haven for the infant; that is, a space where the mother can relax and spontaneously respond to her infant's needs as they arise. This includes being able to establish appropriate eye contact with her infant, being able to lull her infant to sleep, knowing how to recognize her infant's physical needs, and being able to play with her infant and breastfeed with ease (Kompan Erzar, 2006). In real life, this means being able to breastfeed according to her baby's demands, change her baby's diaper, play with her baby, lull her baby to sleep, and so on, in a natural and unrestrained way. The mother must be able to do all this without feeling inhibited, ashamed, and uncertain of herself as a mother, as is often the case in socially demanding situations (outside of the home, and in the home when other adults are present). When other adults are present, each contributes his or her own pressures to the general stress level; the mother is constantly faced with having to decide whom to respond to first and whose needs will be attended to first.

As determined by Cohen, Muir, and Lokajsek, an intervention consistent with attachment theory would have to meet a number of criteria:

1. Provide emotional and physical access to the mother.
2. Focus directly on maternal sensitive responsiveness to the infant's behavior and emotional signals.
3. Place the mother in a nonintrusive stance, which allows the evolution of the infant's initiative, curiosity, self-expression, and mastery of the environment.
4. Provide a space in which the infant can work through relational struggles via play and interaction with the mother.
5. Provide a counselor who can function as a secure base for the mother-child dyad's working-through of their relational difficulties (2003, pp. 218–219).

If the mother succeeds in providing a *safe haven*, her infant will soon be able to use the mother as a *secure base*, one from which the infant can venture out and explore the world. The child becomes increasingly able to move away from the mother, interact with other children, and explore the objects in the environment—in other words, to “scout out” the area. The signals of this ability are the infants' displays of enthusiasm, communication, movement, anxiety, curiosity, and, above all, accelerated developmental competency with respect to the individual infant's developmental stage. Cohen et al. state that essential elements for a mother's engagement with her children are for her to:

1. Get down on the floor.
2. Follow her infant's lead.
3. Not initiate any activities herself.
4. Be sure to respond when the infant initiates action, but not to take over the infant's activities in any way.
5. Allow the infant freedom to explore; whatever the infant wants to do is acceptable as long as the infant is safe.
6. Remember to watch, wait, and wonder (2003, p. 222).

All of a child's activities that can develop within the secure base will be marked by greater intensity, and especially greater enthusiasm and concentration, than the activities a child develops in the safe haven, where the infant uses the mother as a refuge, snuggles up to her, cries, receives comfort, and so on.

Basic attunement—that is, the mother's capacity to perceive her child's messages and respond to his needs—allows her to subtly develop affect regulation; that is, recognition of the affective situation in herself, in the child, and between the two of them. This equips her to appropriately regulate the affective situation, as she develops the ability to reduce stress and soothe physical tension in her own life as well that of her child (Kompan Erzar, 2006). Child development in this kind of environment, which is absolutely safe for both mother and child, benefits both of them on the emotional, cognitive, and physical levels.

Our bodies maintain relationships by secreting hormones such as oxytocin, prolactin, and vasopressin that make us feel good when we interact with others. Under proper conditions, this experience can emerge during parent-infant bonding. If it does, we as parents will follow the advice of our hormones and will continue to nurture our babies and maintain physical closeness with them. We “fall in love” with our babies over and over as our brains undergo physical changes that reinforce parenting behavior. The infant experiences similar hormonal responses and is permanently affected by them, becoming strongly attached to his closest caretakers (Folden Palmer, 2007, p. 42).

Because one of our aims was to offer basic support to mothers and to help them start feeling like themselves again, our first goal was to accept and affirm them as mothers. We wanted to do this by using dialogue with the mothers and by carefully

monitoring events within the group and between the counselors, or through the emotional processes of each counselor. After each session we shared our experiences and observations. We then formed a plan for the next session based on the mothers' desires and our own feelings. We wanted to use this method to monitor development of the mother-child relationships, as well as the impact of these relationships on the fathers/husbands. The main issue we dealt with was whether it was possible for the mothers to truly relax, and what the fathers'/husbands' reactions would be to the changed or strengthened relationship between the mother and the child.

Our basic assumption was that a safe haven for motherhood would open the way to healthy vulnerability and openness within the family and lead to greater emotional intimacy between the partners, creating connections that were not there before. The child's need for belonging, acceptance, and recognition (being heard) would make the mother more sensitive, responsive, and tender. This heightened sensitivity would then create the condition for a softer, more vulnerable, and more committed relationship between the partners. This, in turn, would encourage and influence an even more natural and relaxed relationship between the parents and the child.

Project Structure

Participants and sessions

The group included 15 mothers with babies from 3 to 11 months old. All the mothers were married and lived with the fathers of their children. In Slovenia, every full-time-employed mother is entitled to one year of paid maternity leave. Therefore, the mothers in our group were all still at home. The group met for eight consecutive weeks on Tuesdays from 10 a.m. to 12 noon.

Counselors

The group leaders were four marriage and family therapists: one of these

therapists led the session and discussions with the participants, while the other three were available to the mothers for help with child care, casual conversations, and help in calming the children. They also offered any material or emotional support that an individual mother might need in order to be relaxed and available to her child throughout the session.

Session structure

Each session began with a short introduction to the topic. Thereafter, the participants took turns talking about their experiences related to this topic, asking the leader questions, and listening to the experiences of other mothers (as much as they could). Each one had her own "space," and they did not comment on the others' contributions. When a mother was not speaking, she could listen to the others, talk with one of the three at-large counselors, or care for her child. At the end of the session, the mothers had half an hour to prepare themselves and their babies to leave, and slowly make their way out. Cell phones were not used during the sessions, participants did not leave the room or change places, and nobody else came into the room during the sessions. The participants gave their permission to have each session filmed by a camera placed in the corner so that it recorded the entire room.

The room

The group met in a large, well-lit room, which had a foam mat on the floor so that babies could lie, crawl, and sit on it. It was also soft enough that their diapers could be changed on it. In addition, some toys were available, as well as a highchair for feeding older children, and wet wipes, diapers, and soft blankets for changing the babies. The mothers and counselors sat on the floor with the babies.

Observation methods

We monitored the sessions in four ways:

1. through the content that was presented by the counselors
2. by viewing the video recordings of the sessions
3. by recording the counselors' own internal, psychological reactions
4. through the participants' reactions.

Content observation

Each session was attended by a student who made notes on what the leader said and the mothers' questions, or the conversations between individual mothers and the leader. These notes allowed us to follow the developmental process of the session content.

Viewing the video recordings

Two days after the final session with the mothers, the counselors watched the video recordings together and developed concrete conclusions regarding seating order, children's movements, mothers' movements, how the spatial dynamic developed during the session, who sat by whom, where the mothers and children were, how much movement there was, who moved and where, what mothers did when their children were distant, how the children related to one another, where the mothers chose to sit, and so on. We also noted the babies' behavior; that is, when, how, and how much exploratory behavior we were able to recognize in individual children at individual sessions. We wanted to determine how security was expressed at the level of use of the room, and what the most secure arrangement of the group was (seating order, shape, and—above all—how the mothers should sit so that their children could make use of both sides of the space, the safe haven and the secure base).

We also noted the atmosphere of each session on the videotape; that is, how much tension could be perceived.

Observation of counselors' reactions

After each session, the counselors noted their feelings, emotions, thoughts, and ideas, as well as questions that occurred to us after the session concluded. Then, two days after the final group session, we each created a summary and described for ourselves the process we had experienced during the sessions. These notes were read by an independent researcher (a therapist-supervisor), who determined the basic affective process in each set of notes.

Eliciting the mothers' evaluations of the group

After the final session concluded, we asked the participants for voluntary feedback about attending the group, because we wanted to obtain their most direct impressions.

Findings, Reactions, Ideas, Insights: Session Topics

We designed the topics before the sessions, but during the sessions we tailored them to the mothers' wishes, so the course was completely adapted to this particular group. At the end of each session the mothers stated what they would like to discuss the next time, and we respected their wishes. The topics for this group followed this order:

1. Introduction: What motherhood is, and what changes it creates in a woman's life
2. Bonding with the child in shaping a sleep routine
3. Sleep routines and the impact of fatigue on mothers and children; dysregulation and regulation
4. Bonding with the child in shaping a feeding and nursing routine
5. Relations with the older generation (grandparents)
6. The partner as a father
7. When someone outside the family cares for the child
8. How to know when it is a good time for the next pregnancy

We were very surprised that after the sixth session the mothers asked, on behalf of their husbands, if the fathers/husbands could meet with a male counselor. We had not anticipated holding such a session at all. However, to accommodate the mothers' request, between the seventh and eighth sessions we scheduled one two-hour session for fathers only, with a male counselor; this session was held in the afternoon, independent of the mothers' group. All of the fathers participated in this special session, which also surprised us.

The other surprise regarding the session topics was that at the last session the mothers wanted to talk about the best time for the next child. This was another thing we had not anticipated when planning the mothers' group.

After examining the topics that each of the counselors considered and discussed with the mothers, it is apparent that the mothers always had the opportunity to obtain support and ask for concrete help and advice. Together, we were therefore successful in covering most of the key topics and also in providing physical help, such as teaching mothers how to put a child to sleep, how to breastfeed comfortably, how to monitor the child, how to engage in interaction with others, and so on.

General Conclusions from the Video Recordings

The babies' development

In general, we observed a process of development in the babies' movements and exploratory behavior. At the beginning, the mothers were all oriented toward their own children, holding them close, unsure of how much they could relax, and the children clung to their mothers (a position that was secure for them at that moment, and also secure for the mothers). The children mostly stayed near their mothers, explored directly around them, and were uninterested in

going farther. Some mothers carried out unusually high amounts of work with their children, and continued to busy themselves with the children (feeding, changing, rocking them to sleep); there was tangible tension in their contacts with their children.

Later, during subsequent sessions, the children still clung to their mothers initially, while the ones who could walk were followed by their mothers. There was a lot of comforting; some children also noticed other mothers. By the final session, there was much more sensitivity, more cheerful mothers, and happier, more playful children. At the end, the children were very independent; their mothers let them go, and were also more relaxed with care and comforting. The mothers were more aware of the interactions between the children, enabled and encouraged these interactions, and demonstrated less tension in interactions with their own children (relaxed nursing, rocking to sleep, playing, and inclusion of other children). We were surprised that the children never created a disturbance. Even if a child cried, the mother quietly comforted, changed, nursed, or rocked him, sometimes with the help of an assistant and sometimes by herself.

Between the first and last sessions, the children got to know one another; they began to crawl to one another and were already playing with each other by the last session, as in an "ideal" day care center. The children cried very little, and most could fall asleep during the session. There were also no problems with feeding and nursing. Various forms of interaction developed between the children: the older children (9–11 months) played together and went up to the younger ones (3–6 months) and stroked them and looked at them. At each session children went quietly to sleep, even though there were 15 babies in the room. The children did not create a disturbance, so the mothers were able to be in the group at all times without having to neglect their children.

Mothers' use of the room

We made the following observations regarding the room: At the first session, the mothers were still somewhat insecure, but thereafter they quickly relaxed and made full use of the room and the counselors. We were surprised at how spontaneously we distributed ourselves in the room. Although the room was fairly crowded, which could have led to tension and emotional guarding, the group created a relaxed, secure feeling, "like a warm, safe blanket: a warm embrace in which each mother and child could develop and explore in harmony" according to their own rhythms and abilities and their own needs. It seems that the room was perfect for everyone.

Later (at the fourth session), we noticed that the mothers "came right up to the leader," as though there were no longer any distance between them. The mothers sat in a circle and turned toward the leader, with the children in the middle of the circle at the beginning. It was interesting how the children also went to the leader and back to the mothers; this created a nice, relaxed circle that allowed freedom of movement in the room as necessary, and toward the conclusion of the session always ended up closer to the leader.

Looking at all these changes from the perspective of tension, the third session stands out (topic: the mothers' relationships with their own mothers). It was in this session that the mothers first relaxed, placed themselves in a circle, and allowed the children to start exploring.

On the video, the sixth session appears to have generated the most tension and negative emotion; this was when we discussed partnership and how to include the fathers. The mothers were stressed and the children were in a sort of "fade-out." For example, when mothers were talking about their fear of being a burden for their husband, insecurity about whether their motherhood would be good enough to attract their husbands, and \ guilt about not

being able to take care of their husbands as they did before the birth of the baby (the fear and guilt here is clearly an intergenerational issue). The counselors experienced sadness and tension, and talked with the mothers a lot. There was less need for "technical" assistance in caring for the children, but there was more comforting and more silent participation, and some mothers also cried. Mothers cried when they were able to acknowledge their longing for husbands and their fear of being rejected and abandoned, as their mothers and grandmothers were. One mother cried when she realized how lonely and disappointed she was when at home where her father abused alcohol and her mother neglected her. At this session, honoring the mothers' requests, we offered the opportunity for the fathers to meet in a similar but separate session. The mothers later described this sixth session as a key turning point.

At the final, eighth session, where we discussed planning the next child (according to the mothers' request, even though this had not been in our original plan), the relationship between the mothers and counselors was completely relaxed and family-like. During that time, some of the mothers summoned their courage to rearrange their work schedules to better accommodate the demands of motherhood; they arranged longer maternity leaves and one decided that she would stay at home. They also noted great relief at having their husbands included in the "fathers only" special session. The eighth session was therefore the least tense and, by all appearances, "the nicest." The children were lively, looking to the "older" ones and playing together a lot.

With regard to topic development and the video recordings, what stands out most is the tension surrounding the topic of partnership, which led to the special session for fathers. The relief that this session brought was obvious, and engaging with the topic of expanding their families with future children appeared to really relax

the mothers and children. It was as though the mothers had taken a big risk in joining the group, because they had not known what they would be faced with, how they would be received by the counselors or at home, and how participation would affect their children. In the end, not only did they achieve deeper connections with their children, they also received their husbands' acknowledgment.

Connection between Session Dynamics and Internal Processes of Counselors

Safe vulnerability and the connection between the counselors and the leader, based on the experiences we had with the mothers and children, created a feeling of security and connectedness within the group and with the group. The following sections summarize the internal processes of the counselors and the pivotal changes noted by the therapist-supervisor.

Andreja (therapist assistant)

Process: At the second session I perceived a lot of stress, sadness, and tension as a great burden because I realized that [the mothers'] children and their children's needs weren't really their first priority; they weren't enough in tune with them, as if they weren't completely persuaded yet. At the third session I spontaneously began to talk with the mothers about how important and liberating it would be for both of them if they could work a shorter workday and if the child could be cared for by a grandparent; in short, all the things they could do so that the child wouldn't have to spend full workdays at day care. At each subsequent session I spoke with a few of the mothers, and I ended up discussing that pressure with nearly all of them, and they really opened up to me. I felt that they themselves were also facing pressure with regard to child care after the first year, but most of them hadn't allowed themselves to think all that much about how they could arrange child care so that they could

maximize their time with their children. It was as though they hadn't been able to give themselves permission to feel the child's desire for them, that the child still needed the mother to be near most of the time. That they should do only what was really important, which was care for the child, and that it didn't just mean they were lazy if they didn't go back to work full time. By the end I realized that I had actually talked with almost every mother individually about this. In most cases, by the time the group was over they had already found a better version of child care than they'd had in mind at the beginning. For many of them the most difficult part was getting their husbands to agree.

Pivotal internal change from: Dismay and anxiety that it is not at all good that these mothers would just go and leave their children rather than stay at home.

To: Relief that both needs can be met.

Barbara (therapist assistant)

The whole time I was very attentive to how I could approach the mothers and children without seeming too intrusive. Sometimes it seemed to me that I just didn't know how to do that. It was a really awful feeling, as though I were some clumsy mother. I felt a lot of tension connected with this, but it disappeared when I realized that I was really okay with some of the mothers and that I actually did know just how to be with them, and that I had something to offer them.

I didn't listen all that much to Katarina's talks and responses to the mothers' questions, but details of the relationships that I had built within the group fit very well into the narrative we developed later when we met and gave our own reflections on the sessions. It seems to me that each of us really experienced the dynamic in our own way, and that each of us took something from it or focused on something unique.

I was really struck by how spontaneously and unexpectedly the suggestion of also having the fathers meet came up. I thought that was a very great achievement.

Finally, I'm very proud that this group was a success. Even if it had turned out differently, I would have been proud. That's really a great thing.

Pivotal internal change from: Intrusive.

To: Accepted, even to the point that you could bring in the fathers as well.

Rachel (therapist assistant)

The process I perceived during the group sessions was the following: I knew that these sessions were going to take place and I sort of had the feeling of "whatever will be, will be." Then I found that they had already begun and was really shocked—my own surprise took me by surprise. I was a bit afraid to join in, and even felt that I wouldn't be "good enough," but my insecurity vanished once I was among the mothers and children. I felt really comfortable and calm and full of enthusiasm.

I was most surprised that I didn't follow any of what Katarina said while she led the group and the discussions with the mothers. I was so absorbed in the world of the mothers and children. I wondered how the mothers could listen to all this. I was also surprised that, while I was very interactive at the surface level (just being accessible and available) with the mothers and children at these sessions, the sessions also made a deep impression in my own emotional and physical world. My own longing for the tenderness and sensitivity of the relationship between mother and baby was reawakened.

The children's progress in motor skills and their level of exploration showed how much they developed. I also felt that the noise level and their vocalizations were different; a more detailed look at that would be interesting.

Although the room was fairly crowded, which could have led to tension and emotional guarding, I was pleasantly surprised about how the mothers created a relaxed, secure feeling, like a warm, safe blanket; a warm embrace in which each mother and child could develop and explore in harmony with their own rhythms and abilities. The room was perfect for everyone, and suggestions came at just the right moments as well (such as the "entry" of the fathers into this safe haven).

Pivotal internal change from: Do they accept you as one of them, do you still belong if you are late and not up to the task?

To: Longing and admiration; everything flows.

Katarina (therapist leader)

The process I went through during the group sessions was the following: despite a clearly worked-out concept, I wasn't able to imagine how the sessions would actually go. I decided that I would sit on the floor among the mothers and children and try to establish contact with each of them each time. I also decided to adapt the topics according to how the mothers reacted to them, what they asked about, and what they were interested in.

I was most surprised that all the mothers attended the sessions regularly and that the children were never a disturbance. Even if a child cried, the mother quietly comforted, changed, nursed, or rocked him, sometimes with the help of an assistant and sometimes by herself. At the first session the mothers were still somewhat insecure, but thereafter they quickly relaxed and made full use of the room and the counselors. I was also surprised at how spontaneously we distributed ourselves in the room. At the first session, each mother found a place for herself independent from the others, and the children mostly stayed by their mothers. From the third session onward, the mothers sat in a circle and the children "played" together safely within the circle.

The presence of the counselors was very important to me. The way they made contact with each of the mothers during the sessions was a great support to me, because I knew that they would take care of the mothers. I was also reassured because each one had her own process with each of the mothers, with different topics, different emotions, and different roles.

The dynamic among the children really developed as well, and the children made great developmental leaps both in motor skills and in social contacts with their age mates.

The final surprise was the fathers' suggestion that they, too, meet with a counselor, and their full participation.

Pivotal internal change from: Anxiety about whether anyone would even attend the group, what the external feedback would be.

To: Relaxation when they all came, as well as their partners, and the "external world accepted us."

Summary

It is obvious that each counselor bore some anxiety, ranging from anxiety about the husbands' reactions, anxiety about whether she was a "good mother" and able to sense if she was adequate and acceptable even with her failings, to anxiety that the world would not accept us. The connection between the counselors and the leader, as well as the group planning and ongoing evaluation of the sessions and the contact with the mothers, enabled us to move beyond these fears. This growth was affirmed by the response of the therapist-supervisor, who assessed the process of each counselor individually.

When we linked the topics, video, and counselors' reactions, we hoped to determine which processes involved the mothers, and how their processes were reflected in the experiences of the counselors, as well as

how many of their fears they were able to conquer with the counselors' assistance.

Mothers' reactions

How the mothers felt about the counselors:

1. "The combination of 'lecture' and discussion on particular topics and sharing of experiences was just perfect."
2. "I really liked the lectures on the selected topics that touched on feelings and experiences in the family. It reassured me that emotions and the experience of fatigue, annoyance, anxiety, tension, and so on could be a path toward better relations and connectedness between the partners and within the family."
3. "I always learned something new, something I could empathize with."
4. "I was surprised that the leader addressed each mother so kindly. I felt that her tenderness relieved the mothers' burdens and put them in their proper perspective."
5. "The presence of the counselors seemed especially important and welcome to me. The assistants circulated around the room quietly, sat next to us, had quiet conversations with individuals; sometimes they also offered comfort and a shoulder to cry on, or acted as babysitters when a mother went out to the restroom, and helped with feeding and calming the babies. It really helped that someone was there to ask you how YOU were feeling!"

How the mothers felt about themselves:

1. "I've often doubted whether I was doing a good enough job of parenting or not. These sessions gave me more self-confidence and affirmation that I should trust myself, that all the answers are inside me already and that I just need to know how to find them and trust myself instead of the

- advice from my mother, my mother-in-law, and the neighbor.”
2. “I realized that I too often do meaningless things, or that I just run around instead of really focusing on my child and having fun with him, because his development is passing by so quickly.”
 3. “These sessions have given me more self-confidence and affirmation that I should trust myself as a mother, and all the answers are within me.”
 4. “The feeling that someone treated me with such consideration, took care of us; I noticed every detail in the room: flowers, blankets, foam pads, a highchair, toys . . . everything that we needed to be comfortable.”
 5. “These sessions were the nicest part of my maternity leave.”
 6. “What was important to me was that at these sessions I felt wanted, important, and worthwhile.”
 7. “I got the feeling that as a mother I am something special, and that I have a large role in the lives of my family and society.”

How the mothers felt about their babies:

1. “My baby was excited about all the activities and just couldn't get enough of looking at and 'commenting on' the other children.”
2. “The sessions did my daughter a lot of good; she slept like an angel after them. She crawled a lot more around the room and the other children, and interacted a lot more.”
3. “Now I nurse my child on request without feeling so guilty about it, and I don't hand him to other people if he resists it; I'm more in tune with him, more relaxed, and I enjoy him more.”
4. “When I think about our Tuesday sessions I have a smile on my face. I always looked forward to that day and enjoyed going, even though it was a long trip for us.”
5. “We felt at home among the mothers and babies. I wasn't tired.”

6. “I loved the freedom of being able to leave and use the restroom if we needed to, and that we could take care of the babies (change their clothes, hold them, nurse them, or feed them) when they needed it.”

The main surprise in the mothers' reactions was that the mothers began to really believe in themselves and the group only when they received affirmation from their husbands (the children's fathers). They stated this in just these words, and at the same time one could feel just how much anxiety they had regarding their husbands' reactions. They were prepared to risk a lot:

1. “I finally relaxed only after the fathers' session.”
2. “My husband participated in the session more because of me, because he had preconceptions about therapists, but now he says he would rather go to a fathers' group than a couples' group.”

It was precisely this mutual anxiety about the husbands' / fathers' reactions that was revealed in the mothers' comments. For the counselors, there was additional anxiety about how the group would turn out and whether we would know how to approach the participants, establish a safe atmosphere, discuss relevant topics, and so on. Appropriateness, reactions, acceptance—these fears were the ones that were common to both the counselors and the mothers during most of the process.

Conclusion and Looking to the Future

At the first session, the mothers were relatively tense and insecure. One could see their worry and hesitation about whether or not it was right for them to be there. During their introductions, most of them described feelings of loneliness, alienation from their partners, and insecurity regarding motherhood.

At the third session, the tension disappeared and the mothers relaxed; we talked about their mothers and their own childhood experiences, and missing their mothers. We also evaluated the changes in their experiences of their mothers, now that their mothers had also become grandmothers.

Tension arose once again in the sixth session, when we discussed the participants' relations with their partners. Activities in the group broke down at that time; the children were less relaxed and clung to their mothers more, and they were also more passive. At this session, at the mothers' suggestion, we offered the opportunity for the fathers to also have a group session with a male counselor, before the final mothers' session. All of the fathers participated in this session with energy and enthusiasm, and they also said that they would like to meet again. They said they had noticed the difference in their wives and that they themselves would like to be a part of the tender, secure environment for their children. For most of the mothers (according to the feedback they gave after the sessions), this was the breakthrough point in the process; even though they were oriented more toward the children and less toward the adults around them, the fathers spontaneously, gladly, and on their own initiative began to participate more fully in parenting, which also led to greater connections with their wives. As Folden Palmer states, "The father who is physically involved with his infant will become more and more attracted to the child, enjoying strong paternal feelings and becoming more and more in tune with the mother as well" (2007, p. 50).

The final session was marked by creativity and a lot of independent play by the children, who touched each other and crawled around. The mothers were calm and in control; they also felt connected with their husbands. We counselors were proud and reassured about the appropriateness of this working method. Looking at the entire process, we drew two main conclusions:

First, the basic dynamic that characterizes the tension in the transition to motherhood is the fact that the relationship with the child is a risk for the mother. Motherhood is a new area with which she is unfamiliar; she does not know how it will be and becomes more dependent on her partner in terms of their relationship, and more vulnerable to criticism of herself as a mother, both from her partner and the rest of the external world. If the partner has the self-initiative to actively engage as a father, motherhood is made significantly easier and more relaxed, and the partners' relationship will also spontaneously strengthen. It is key, however, that the mother succeed in establishing a strong bond with the child and that they establish a biological and psychological atmosphere of connectedness, which then spills over to the whole family.

Second, the emotional harmony and attunement among the counselors (continuous presence and availability to serve the mothers' needs), the leader (concrete advice, answers to concrete issues, evaluation of the experiences of each mother), and the mothers opened up space in which the mothers felt safe enough that they could let themselves fully respond to their children. Doing this helped them feel reassured and affirmed, and they became more open to cooperation with the husbands/fathers, as well as braver and more self-confident in their participation. They learned to trust their own direct reactions, and this process strengthened during the group sessions.

From our observation and monitoring of this young mothers' group, we are confident in stating that the dilemma of "either my child or my husband" with which women are often confronted when they become mothers is intrusive and an illusion. We saw that a woman who succeeds in gaining and maintaining a bond with herself, with her body, and with her needs, emotions, feelings, and internal life, through the feelings her child awakens in her within the safe haven, also gains both

her husband and her child. However, if she loses the connection with herself, she also loses both the child and the husband. These mothers' sincerity and vulnerability, as well as their courage, was therefore the main confirmation of our work so far, and also the incentive to continue with it.

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