

Wellbeing Issue  
Part II



Van Leer  
FOUNDATION

# Early Childhood Matters

What parents need  
for a good start



2025



Van Leer  
FOUNDATION

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Cover photo: Larissa and her daughter Aylla in Boa Vista, Brazil  
(Photo courtesy of Raw London/Van Leer Foundation)

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Elissa Strauss has been writing about the politics and culture of parenting and caregiving for more than 15 years and her book *When You Care: The Unexpected Magic of Caring for Others* was published in April 2024.

Wellbeing Issue  
Part II

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# Early Childhood Matters

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# Contents

## Introduction

- 4 A ghost story  
– Michael Feigelson
- 6 When she carried my baby, she carried me too  
– Elissa Strauss



## Understanding human connection

### parent–child connection

- 10 Interview with *Ruth Feldman*: “Love really protects you, the parent and the baby”
- 15 “Dad brain” is real  
– *Darby Saxbe*
- 18 Helping parents “dance” with their children  
– *Kaili Clackson and Stanimira Georgieva*
- 22 It’s not so easy to be a “good enough parent”  
– *Dana Shai*

### parent–community connection

- 26 How conversations over coffee reduced maternal mortality rates  
– *Kesete Admasu*
- 30 Parenting begins in pregnancy  
– *Catherine Monk*
- 34 Interview with *Sarah Blaffer Hrdy*: “I wanted to understand the evolution of man-the-nurturer”
- 39 Maintaining and celebrating rural indigenous practices in Brazilian cities  
– *Melina Carlota Pereira*

### parent–self connection

- 42 Interview with *Kristin Neff*: “The more we give ourselves, the more we have to give others”
- 46 Finding sanity in ancient ritual  
– *Elissa Strauss*
- 50 Interview with *Alejandro Zambra*: “It would have been very strange not to write about such a revealing, transformative experience”
- 54 Podcast with *Dacher Keltner*: The power of awe in early parenthood
- 56 Interview with *Alison Gopnik*: “We’re all trying to think about how care works”

## Rebuilding villages of support

### in our cities

- 62 Five urban design choices that make a world of difference for parents
  - *Sree Kumar Kumaraswamy, Madhura Kulkarni and Visakha KA*
- 68 How Arab cities in Israel are recreating a sense of connection
  - *Noor Korabi*
- 72 Interview with *Mariam Issoufou*: “Intergenerational housing is back”
- 76 Family hubs change how children and caregivers experience parks in Jordan
  - *Muhsen Albawab and Qasem Alrousan*
- 80 How to transform public spaces to encourage intergenerational play
  - *Abu Dhabi Early Childhood Authority*

### in our communities

- 84 Ask a parent: How are you?
  - *Libby Kahn*
- 88 How black women reclaimed care in São Paulo
  - *Ana Carolina Barros Silva, Camila Generoso, Kezia Paz and Tâmara Calheira*
- 91 A place for dads to feel safe and ask questions
  - *Rich Felisia*
- 94 Good housing can make parenting less lonely
  - *Dinah Bornat and Irina Ivan - van der Kwaak*
- 98 Caring connections
  - *Isolde Woudstra*

### in our workplaces

- 104 When work works for parents and families, everybody wins
  - *Brigid Schulte*
- 108 Taking care of business by taking care of parents
  - *Erik Manfrim and João Paulo Camarinha Figueira*



## Collective approaches to healing

- 114 Interview with *Lama Abuarqoub and Hamutal Gouri*: “When I hold their baby, I say a blessing for life”
- 119 Protecting children begins with healing parents
  - *Alicia F. Lieberman*
- 122 Interview with *Bessel van der Kolk*: “I learned a lot about trauma through parenting”
- 126 Breaking the cycle of generational trauma before parenthood
  - *Shauna M. Murray, Vincent Sezibera, Darius Gishoma, Gilbert Munyemana and Theresa S. Betancourt*
- 129 Healing the past to protect the future
  - *Andrés Moya and Camila Londoño*
- 134 Becoming a parent with the legacy of civil war
  - *Abdulai Jawo Bah, Candace J. Black, Kashiya Nwanguma and Theresa S. Betancourt*



# A ghost story

**Michael Feigelson**

Chief Executive Officer

Van Leer Foundation

**When my daughter Mila was 5 months old, my wife Melania left for a multi-day trip. This was the first time I had been alone with her for an extended period of time, and I felt very nervous.**

Mila was not a great sleeper, so I spent a lot of time walking around trying to get her to doze off. One grey day, I found myself pushing the stroller through a shopping area in the city centre. The streets were buzzing. Everything around us seemed to be moving incredibly fast. I was tired and dressed in clothing that I would not have worn for a public outing in the “before” times. I caught a glimpse of myself in a shop window. I needed a shave, a haircut, and a new sweatshirt. I was in a state of disrepair. I suddenly felt ashamed and glanced around to see if anyone was looking at me, but no one was paying attention.

I felt as if I had become a ghost. Like in one of those movies, where I was wandering among the living, unaware that I had died. The sense that everyone seemed to be operating at a different speed and no one noticed me was the first clue that I had passed into a new realm. This reality was slowly sinking in when I noticed another man sitting at a café. He was at an outdoor table with a baby asleep in a stroller next to him. He too needed a shave and a haircut. His sweatpants needed a wash. Like me just a few minutes earlier, he was staring into the ether. “Another ghost,” I thought to myself. I tried to catch his gaze, but he didn’t see me, and I wasn’t brave enough to say hello.

If I had been able to read this issue of *Early Childhood Matters* back then, I would have had more insight into why I felt like a ghost and what seeing this other father had triggered. I would have understood how the rising prolactin and oxytocin levels in my body that were helping me learn to interpret and care for Mila had also created within me a deep need for connection with other adults. I would have found comfort in the idea that the roots of this sensation could be traced back hundreds of thousands of years. Also, the examples of policies and programmes described in this journal might have given me the courage to talk to this other father. I would have had more ideas about how to start a conversation and more confidence that taking this step would be well received. After all, he was probably feeling just like me.

**“If I had been able to read this issue of *Early Childhood Matters* back then, I would have had more insight into why I felt like a ghost and what seeing this other father had triggered.”**

As Mila grew older and I gained experience as a dad, I became more comfortable talking to strangers, especially other parents with whom it

# Introduction

→ Michael and his daughter Mila

was easy to find common ground. It was as if a new part of me had emerged, an extrovert I had never met. Today, this change in my persona is the source of much embarrassment for my daughter and surprise for my wife.

On that grey day, just seeing another ghost made me feel better, but now I realise how much better I might have felt if I had sat down to share a conversation and a coffee. We would have discussed how it was not just our kids experiencing rapid changes to their brain and body; as newborn dads, so were we. We would both have left feeling a bit less lonely. Who knows, maybe I would have made a new friend. Had I known then what I know today, my ghost story would have had a different ending – something that I hope this journal can help make happen for the millions of newly born ghosts walking the streets today.



➤ Find this article online at [earlychildhoodmatters.online/2025-1](https://earlychildhoodmatters.online/2025-1)

# When she carried my baby, she carried me too

## It's time to care for the caregivers

**Elissa Strauss**

*Journalist and author*

California, USA

### **One cold January day, I decided to go out for lunch with my 3-month-old.**

I packed his diaper bag, coerced his little limbs into his warmest bunting, and then pushed him five blocks to an Italian place that was generally quiet around that time. After three monotonous months eating every meal in our apartment, I longed for new views, higher ceilings, and hot food prepared by someone else. I was willing to take the gamble of leaving home with a tiny, unpredictable human for the chance of experiencing any of them.

Augie and I made it there quickly, the Brooklyn winds pushing the door behind us shut as the waitress informed me that I could sit wherever I wanted. The place was, as I predicted, nearly empty.

I chose a seat by the window and gave Augie the view – watching passers-by would, I hoped, entertain him enough to give me a chance to actually enjoy my lunch, making this slightly extravagant outing worth it. Five minutes later the waitress put down a steaming bowl of minestrone soup and then, in addition to the more expected offering of parmesan cheese, asked me if I would like her to carry Augie around so I could eat.

I had never met this woman before, nor did I have any idea if she knew how to safely hold a baby who was just inching out of his sack-of-potatoes phase.

Reader, I said yes. Yes! Without asking her a single question.

Up until that moment I had felt deeply alone as a parent. I was isolated because of structural issues, like my husband's lack of paternity leave. After a quick five days post-birth he was back at work, leaving me to navigate first-time parenthood on my own. Also, post-delivery, I went from obstetric care during which people were regularly interested in me, straight to paediatric care in which the only concern was my child's wellbeing. I don't think the paediatrician ever bothered to learn my name. The deepest feelings of alienation came from those who were supposed to support me but only made me feel inadequate, like the lactation consultants who put my child's alleged need for exclusive breastmilk high above my need for sleep.

So when that waitress asked to hold Augie it not only allowed me, a new parent, to sit and eat an entire bowl of *hot* soup but also opened up a world of possibilities in which new parents can and should be supported by others. Until then, I had unconsciously taken my loneliness, isolation and second-fiddle status to my baby as inevitable.

The sense of possibility I felt that day can be felt in every piece in this year's *Early Childhood Matters*. All of the authors and interviewees are working towards a world in which caregivers are seen as worthy of

# Introduction

attention and support rather than as a means to an end. They understand that such care for mothers, fathers and other caregivers benefits not just the whole family system, but society overall.

In these pages you will read about the latest research on the parental brain, as seen in the work of [Ruth Feldman](#) and [Darby Saxbe](#), undertaken with the goal of helping parents better adjust to parenthood. You'll learn about programmes in countries like [India](#) and the [United Arab Emirates](#), which are making cities more caregiver- and child-friendly, and strengthening community ties. You'll also learn about a new generation of trauma specialists and [peace activists](#) who put the reality of life as a caregiver to young children front and centre in their work.

Together, these essays, articles and interviews are filled with plans and visions, a mix of practical suggestions and bold possibilities, all in service of a better future for parents, and the kids they take care of.

After Augie and I got home that afternoon we did our regular pre-nap ritual, which involved me putting him on a colourful mat and making funny faces and noises while shaking baby toys. This time, my gaze was less distracted, and my voice was a little softer. I enjoyed this little moment of connection more than ever, all thanks to the waitress. By caring for me, by giving me a well-earned break, she had expanded my capacity to care for him. As I put him in his crib and drew the curtains, I began to question, really for the first time, why I didn't expect more care as a caregiver, what care I needed, and how I would get it.

Care, I realised, is so often thought of as something that takes place between two people: the person giving the care, and the person receiving the care.

But that day I understood, intellectually and emotionally, that care is far too challenging and rich to be a two-person game. No, we shouldn't be caring in pairs, but in concentric circles, Russian nesting dolls of care, in which each person caring for another has people and communities who care for them, layers and layers of care that connect us all.

The good news? As the contributors to this journal make clear, we know what we need to do to build such a world. It's time to make it happen.



↑ A blurry photo that was taken at the Italian restaurant

➤ Find this article online at [earlychildhoodmatters.online/2025-2](https://earlychildhoodmatters.online/2025-2)



# Understanding human connection

Insights on parental wellbeing from  
science and cultural practices

## parent–child connection

- 10 Interview with *Ruth Feldman*: “Love really protects you, the parent and the baby”
- 15 “Dad brain” is real  
– *Darby Saxbe*
- 18 Helping parents “dance” with their children  
– *Kaili Clackson and Stanimira Georgieva*
- 22 It’s not so easy to be a “good enough parent”  
– *Dana Shai*

## parent–community connection

- 26 How conversations over coffee reduced maternal mortality rates  
– *Kesete Admasu*
- 30 Parenting begins in pregnancy  
– *Catherine Monk*
- 34 Interview with *Sarah Blaffer Hrdy*: “I wanted to understand the evolution of man-the-nurturer”
- 39 Maintaining and celebrating rural indigenous practices in Brazilian cities  
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- 42 Interview with *Kristin Neff*: “The more we give ourselves, the more we have to give others”
- 46 Finding sanity in ancient ritual  
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- 50 Interview with *Alejandro Zambra*: “It would have been very strange not to write about such a revealing, transformative experience”
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- 56 Interview with *Alison Gopnik*: “We’re all trying to think about how care works”



# interview with Ruth Feldman

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Founder of the Center for Developmental Social  
Neuroscience at Reichman University



**“Love really protects  
you, the parent and  
the baby”**

**For Ruth Feldman, social neuroscientist and founder of the Center for Developmental Social Neuroscience at Reichman University, Herzliya, Israel, there is a poetry to the science of human connection. At her lab, she combines neuroscience, research on hormones, and a child and family community clinic in order to further our understanding of person-to-person synchrony.**

**Through this work, Ruth and her colleagues have advanced our understanding of how parents and children bond through biological and neurological mechanisms. In conversation with Michael Feigelson, CEO of the Van Leer Foundation, Ruth discusses how our brains and bodies adapt to caregiving, how we learn to connect with our babies, and why the science of synchrony is so important for understanding and repairing our sense of wellbeing.**

**How did you come to study the topic of synchrony?**

It was my experience with music that got me closer to the study of synchrony. With music you need no words to connect, but you feel that deep connection in your body and brain, which always amazed me. This started when I was little. I used to write melodies in my notebook. At the time, my parents didn't have much money, but after watching me play our neighbour's piano for a year, they got together the money to buy a piano.

Eventually, I began playing jazz. When you improvise in jazz, you can feel yourself a part of something bigger, truly connected with someone; they could be familiar or a stranger.

**When did you decide to leave the study of music and focus on using psychology and neuroscience?**

Part of it was that I realised I wasn't going to be such a terrific musician, but the other part was that I became a mom. I was a mother at 22, so I was a young mother, but by choice. I wanted my adult life to start with motherhood.

This is not only the most intense experience you can have, but it's also a gateway to a different type of knowledge about what binds humans to one another. This deep sense of connection, and its underlying biology, is rooted in the bond between a mother or primary caregiver and an infant.

When my first daughter was born, we were living in New York and I remember that when I took her outside (she was born in December) I wrapped her up and I took her out to the street. That is an experience I will never forget. The world looked different. The trees had a different colour. The sky had a different blue. The smell was different.

I noticed that something fundamental had happened to my brain and the way it sees the world. This later got me to study the parental brain and then how the parental brain, like synchrony, expands to support all other bonds of love humans form throughout their life.

**“I noticed that something fundamental had happened to my brain and the way it sees the world.”**

When synchrony is presented in this way it may sound poetic; synchrony is the mysterious thread that connects us to others both biologically and mentally. But synchrony is not poetry. It abides by precise mathematical equations and can be studied with scientific methods. The idea that we can talk about human love by using the tools of science is, in my opinion, one of the important contributions of research on the neurobiology of attachment and bonding to both science and the humanities.



Photo: Center for Developmental Social Neuroscience



Over time, our research on synchrony expanded in wider and wider circles and to more physiological systems. We have been doing extensive research on the synchrony between two brains; how brain-to-brain synchrony develops between infants and their mothers and how it is different from the brain synchrony they create with their fathers. How brain synchrony with a mother is impacted by her physical proximity and body odour and how it is impaired by postpartum depression. We found how a special intervention for mothers with postpartum depression improves the impaired synchrony between the mother's brain and the child's brain.

We also followed the brain synchrony between infants and their parents to later childhood and adolescence and saw how more brain regions and brain rhythms participate in this synchrony.

I think we are one of very few labs that look at synchrony through so many scientific methods.

**Okay, so here's a personal question. When my daughter was born, her mom had an unplanned C-section, and while they were taking care of her – she was never in any danger – they sent me to a room with our baby. It was just us and I took my shirt off and put her on my chest. Based on your research, what was probably happening in her and my body?**

I imagine in those moments you felt a sense of elation because there's lots of theta waves in your brain and those connect to the waves of your newborn child. Theta waves are the type of

wave that occurs when your brain is in a relaxed, daydreaming state.

During skin-to-skin contact, parent and child become a single thermodynamic system, almost like two people in a single body. The newborn loses body heat very quickly, so if the child is on your chest, skin-to-skin, your body is providing necessary heat. It creates a feeling of oneness with the child, almost as if you're holding the baby in the womb because there are processes in your body that now incorporate her body. For example, if your leg is cold, your body will send a message to your brain to heat it up. But now, if your baby's back is cold, it will send signals to your brain to heat it up. You are really united through the synchrony of biology. Synchrony is the only way for us to become a single biological unit with those we love.

**Is there a difference between how all this works for mothers and fathers? Or for biological parents and non-biological parents?**

So, prototypically the evolution of mammals focuses on mom. Oxytocin gets very high during pregnancy, it releases during labour, makes the mother's brain very plastic, and prepares it for bonding. But evolution is not going to rely on one trail alone. It covers its bets, so to speak. So there are other pathways to making your brain plastic and jumpstarting your parental brain, because the parental brain needs to organise around that particular baby and direct all its resources to that. And the other pathway is through active caregiving. That's for dads and also for non-biological parents.

**“Synchrony is the only way for us to become a single biological unit with those we love.”**

We had this wild discovery in 2010, published in the London *Times*, when we found that if you measure oxytocin levels in biological mothers and involved fathers, but you don't do it right after birth or right after breastfeeding, the levels are the same. But this is with fathers who are very involved in caregiving.

That's not going to happen if you are a father like in the movies of the 1950s: the father comes home late, the mother does everything, and the father spends half an hour with the baby before they go to sleep.

No, you've got to be involved in the whole shebang. You have to take the baby to the doctor, feed the baby, put the baby to sleep, wake up in the middle of the night, change the diapers. If you want your brain and hormones to change, you have to work for it. But if you invest, and this is the beautiful thing, you can actually see the changes in the fathers' and non-biological caregivers' brains in a way that is proportional to the amount of time they spend with the baby.

**Beyond the fact that this is fascinating and beautiful, can you tell us something about how it impacts new parents and their babies? For example, how does it affect our health?**

Bonding is not only good for you and your child, it's critical. Babies are born with a nascent attachment network in their brain and they are biologically ready to bond to others and become social creatures. But it is through sensitive caregiving and synchrony that this biology will come to life and they'll be able to connect to other people.

Another reason why bonding is so critical for our health is because oxytocin is closely linked with the immune system. Whenever we hear that being in love is good for us, this is an important part of the story. We saw during the Covid pandemic that lonely people were more susceptible to the illness. This is the reason why we say that social loneliness is the modern plague. Love really protects you, the parent and the baby; biologically, not only emotionally.

**How do we learn to synchronise with our babies? I understand from your research that for some parents this is easier than others.**

We look at synchrony through the lens of repair and resilience so, yes, we definitely learn it and get better at it with practice.

In our research, we looked at what happens when synchrony breaks because mothers experience depression. We see what happens when mom



↑ Hyperscanning of father and baby in the lab shows what is happening in their brains as they interact

**“You can actually see the changes in the fathers’ and non-biological caregivers’ brains in a way that is proportional to the amount of time they spend with the baby.”**

isn't looking at the child or doesn't provide the prototypical "motherese" vocalisation. In our intervention study we found that when we taught mothers how to synchronise and attend to their infant's non-verbal signals in only eight sessions, there was a huge improvement. Mothers were not only able to interact with synchrony, but their depressive symptoms lifted, their oxytocin levels rose, and the broken brain synchrony with their infants was repaired.

We teach moms to look at the child, take time, be in the moment and focus, smile, keep close, and touch often. Give the child time to respond. Imagine what the child is thinking or seeing or experiencing and comment on it.

Once parents learn how to do it and their baby responds, that makes them so happy. It releases oxytocin and oxytocin connects to dopamine in the nucleus accumbens (the part of the brain involved in reward, motivation and learning). Once all this gets going, the parents' biology helps to sustain these interactions.

**After 30 years of research, what would you say is the most helpful (or hopeful) thing that the science of synchrony can offer new parents today?**

I think the thing that gives us hope is humanity's need for meaning, and to find meaning in our life we must turn outward towards others. The only way

that meaning comes about is by extending yourself to someone else and this allows you to extend beyond the here and now. Giving love, sharing, empathising with someone else – that's where I think we can find hope, even under the most difficult circumstances.

**“Once parents learn how to do it and their baby responds, that makes them so happy.”**

➤ Find this article online at [earlychildhoodmatters.online/2025-3](https://earlychildhoodmatters.online/2025-3)

# “Dad brain” is real

## New research tells us about *patrescence* and what fathers need

**Darby Saxbe**

*Professor of Psychology*

University of Southern California

Los Angeles, USA

**Are men wired to care for young children? Although many men believe that they are not equipped for parenthood, my research on the neurobiology of fatherhood suggests otherwise. I've found that parenting changes men's bodies and brains in profound ways, impacting everything from their brain structure to hormones to their mental health and sense of identity. We call this period of rapid adjustment and adaptation following fatherhood “patrescence”. These changes tell us that nature intended human males to participate in parenthood. They also tell us that, as with mothers, the transition to parenthood is a significant one for men and comes with both risks and opportunities.**

### **The alloparenting web**

Human fathers are unusual among mammals for the hands-on childcare they provide. Among birds, 90% of species feature active dads, who help build the nest, sit on eggs, and provide food and protection to the young. Fish fathers are often single dads, who take the lead in guarding eggs and watching over babies after they hatch. But only about 5% of mammals include males who participate in child rearing. Among them, humans are notable for the depth and breadth of their paternal contributions. And I would argue that the involvement of men in caregiving is part of what makes humanity so special, flexible and resilient.

Human infants require a lot of sustained attention and investment in order to thrive. That often means that we need more than just one caregiver. We have evolved into what anthropologists call an alloparenting species<sup>1</sup>, which means that babies

flourish when they receive care from multiple “parents”, including biological, adoptive and foster parents, as well as extended family members, nannies, daycare staff and preschool teachers. Infants need at least one stable, consistent attachment – long expected by the broader culture to be provided by mothers. Beyond that, children learn best from exposure to a variety of carers, including fathers. Alloparenting also helps young children benefit from different caregiving styles.

### **How does fatherhood change the brain?**

My lab at the University of Southern California conducted a [neuroimaging study of first-time fathers](#), one of the few longitudinal neuroimaging studies of this population (Saxbe, D. and Martínez-García, 2024). These fathers were recruited during their partner's pregnancy and scanned both before and after their infant's birth. We found that their brains changed significantly, in ways that have also been observed in first-time mothers. Specifically, they lost grey matter volume in the cortex, the outer layer of brain tissue that is loaded up with neurons and responsible for higher-order thinking such as critical analysis and problem solving. Although a shrinking brain sounds like a negative, researchers have speculated that grey matter volume loss may represent a streamlining of the brain to work more efficiently in order to handle the cognitive challenges of parenthood.

<sup>1</sup> The practice of “alloparenting” is described by Nikhil Chaudhary and Annie Swanepoel in their article [“Hunter-gatherers teach us that supporting mothers has deep roots”](#), in the 2023 issue of *Early Childhood Matters*.

When asked about the impact of these changes on fathers, I try not to use words like “good” or “bad”. Instead, I prefer to say “adaptive” – men’s brains are changing in ways that might help them to adapt to caregiving, but the jury is out on whether these changes are beneficial or detrimental to men’s wellbeing.

Indeed, our study found that men’s brain change was linked with a mixed bag of effects. Consistent with similar work on mothers, we found that when men lost more brain volume, they were more motivated to engage in parenthood (for example, they told us that they hoped to take more time off after birth); they enjoyed parenting more; and they spent more time with their infants, especially time in the primary caregiver role. But we also found that men who lost more brain volume told us that they were having

more sleep problems, and they reported more symptoms of postpartum depression and distress.

My hunch about these mixed findings is that because parenting requires time and energy, the brain changes that accompany it reflect that investment. In other words, shouldering greater responsibility for childcare might lead to a stronger bond with infants, but also more sleep disturbance. It might also generate more feelings of isolation, boredom and sadness. If fathers’ brains change in ways that resemble those observed in mothers, then perhaps men are susceptible to the same mix of joy, exhaustion and loneliness that new moms have long experienced. They are also susceptible to the stress that comes from caring for their kids in a culture that doesn’t adequately support parents.

### **How can we support fathers’ mental health?**

Parenting is taxing yet important work that deserves to be recognised as such. After all, many studies tell us that both infants and mothers benefit when fathers are more involved in parenting. Fathers themselves also benefit from parenting, when given the right support. Many fathers report that parenting is one of the most meaningful activities they have ever pursued. In fact, [fathers are about as likely as mothers](#) to say that parenting is the most, or one of the most, important aspects of who they are as a person (Schaeffer, 2023).

Supporting dads can look a lot like supporting moms: generous paternity leave can reduce stress on fathers while creating more opportunities to bond, which is good for the long-term wellbeing of parent and child. Unfortunately, paid parental leave policies aren’t universal, and roughly 40% of the countries around the world don’t offer paid paternity leave, including the USA. Even when countries do offer policies, men don’t always take them for cultural reasons. Workplace initiatives and messages that elevate the value of fatherhood can combat this stigma. For example, the CEO of Reddit, Alex Ohanian, [made headlines](#) when he took 16 weeks of paternity leave after the birth of his daughter in 2019 (Ohanian, 2020). High-visibility leaders like Ohanian can help their employees feel more confident in taking the full leave available to



Photo: Isolde Woudstra

them. Where paternity leave is available, incentives or nudge programmes, which have been tried in a few countries like Finland, also work well to foster greater father involvement (World Economic Forum, 2020).

A 2023 United Nations survey from across the Middle East and North Africa found that 86% of those surveyed supported expanded paid leave policies, and 76% of men surveyed said they spent too little time with their children. However, only 23% believed that men would be positively treated in their workplaces should they take paid leave. The UN recommends increasing public awareness of the importance of fathers' roles in their kids' lives as a way to fix this bias and help increase societal acceptance of dads who choose to be the kind of parents and caregivers they want to be (UN Women, 2023).

In some ways, supporting dads brings challenges that are different from those involved in supporting mothers because there are fewer built-in parenting communities specifically designed to enable fathers to connect. I recently spoke to a psychologist who specialises in treating postpartum depression in men, and he summed up his advice in one sentence: "Dude, don't be isolated." Just as mothers have long benefited from finding community with other mothers, fathers can benefit from building their networks and seeking support from other parents.

We are in a loneliness epidemic that seems to be hitting men particularly hard, as evidence



Photo: USC Communications

↑ Darby Saxbe in front of the MRI machine

accumulates that men's social circles are shrinking more quickly than women's (Cox, 2021). Embracing the fatherhood role can help men build stronger connections with their communities, partners and children. But in order to do this we need to recognise that, as an alloparenting species, we all have a role to play in the shared work of rearing the next generation. Rather than assuming that women are innately wired for caregiving and men are not, societies can recognise that both sexes are capable of neurobiological adaptation to support parenting. In other words: great caregivers are made, not born.

➤ Find this article online at [earlychildhoodmatters.online/2025-4](https://earlychildhoodmatters.online/2025-4)

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# Helping parents “dance” with their children

## The importance of synchrony and what can help boost it

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**Seeing your baby’s blossoming smile as you pop out from behind your hands to say “peek-a-boo” and conversing with your baby through the language of coos and bumbles are some of the more rewarding experiences of early parenthood. In fact, such moments of feeling in sync with another are an essential part of life as a social species.**

Scientists have long known that rich and responsive social interactions between parents and infants are hugely important for the child’s early learning and development, and for their success in later life. However, today many parents work long hours and spend less time with their babies. Compared to previous generations, they also lack access to extended family support or community networks where they routinely observe others interacting with babies. On top of this, parents are bombarded with often conflicting advice from online influencers, which can lead to lower confidence and a loss of trust in their own instincts. As a result, some parents struggle to know how to connect with their children.

This is an important issue, as compromised early social interactions can have lifelong repercussions on the child’s psychological and neural wellbeing (Feldman, 2007; Leong, 2022) increasing parental stress in the long run.

### **Our research on parent–child interactions**

Our research group, headed by Professor Victoria Leong at the Early Mental Potential & Wellbeing Research Centre (EMPOWER) at Nanyang Technological University in Singapore, aims to understand children’s development and parent–child connection from a social neuroscience perspective. As we aim to advance the scientific understanding of how parents and infants effectively relate to each other, we don’t study the child in isolation. Instead, we look at the parent and child as a unit, with a focus on the information they exchange with each other during their social interactions.

**“We like to think of social interactions as resembling partners dancing.”**

Social interactions are slippery beasts and it can be hard to pin down the magic ingredients that lead to mutually satisfying, productive interactions – the type known to boost learning in infants and strengthen the parent–child bond. Any individual interaction is made up of many different forms of communication, both conscious and unconscious, such as the use of sounds and words, gestures, eye



contact and facial expressions. Sometimes a few milliseconds' difference in timing or the angle of an eyebrow can change how such communicative expressions are received.

In order to study these interactions, we invite parents and infants to our research centre. We ask them to take part in semi-structured activities, such as singing songs and playing games, while wearing wireless EEG caps to measure their brain activity and cardiac monitors to measure their heart rate. We record these sessions on video, and then use computer vision technology and machine learning to identify body movements, changes in facial expression and gaze direction. We also analyse timings and expressive properties of speech patterns and verbal sounds. All of this data is combined to create a profile of the strengths and weaknesses of a parent-child pair.

We call this field of study “dyadic sociometrics”. “Dyadic” refers to two people being involved, and “sociometric” is the term we use for measurements of socially relevant behaviours.

### **The “dance” of synchrony**

We like to think of social interactions as resembling partners dancing. Each partner is alert and attuned to the other's signals and is constantly adjusting and adapting their timing and responses to ensure that the dance (or conversation) flows smoothly. As one partner moves forwards, the other moves back, and even when not in direct physical contact, they are aware of being part of a shared whole. These adaptive, moment-to-moment changes in responsive behaviours, such as body movements, eye contact and facial expressions, naturally lead to periods of synchrony. Synchrony means that each partner's actions show that they are reacting and responding to the other, but not that they are exactly copying each other's actions.

Behavioural synchrony, which refers to visible forms of connection like making eye contact or taking turns, has been studied for many years and is linked to many beneficial outcomes such as secure attachment and self-regulation skills. In our work, we also investigate neural synchrony, or the way that the brain activity of two people can become coordinated



Photo: Early Mental Potential & Wellbeing Research Centre

when they interact, which is a relatively new field of research. We hope this increases our understanding of how synchrony between parents and children relates to infant development and learning.

### **Research findings on neural synchrony**

Although many questions remain about its role in communication, research into parent–child neural synchrony has shown promising links with successful communication and learning.

- Neural synchrony is associated with better communication between social partners (Hasson et al., 2012) and cooperation between the parent and child, and improved emotion regulation in the child (Reindl et al., 2018), likely to make parenting less stressful.
- An Austrian study showed that when mothers and their preschool children attempted a problem-solving activity, those with higher levels of neural synchrony were more successful at the task (Nguyen et al., 2020).
- Neural synchrony is stronger when there is direct eye contact. A study of adults and 10-month-old babies showed that when the adult and baby made eye contact, their neural activity was more synchronised than when the adult was looking slightly away from the child. This suggests that eye contact is a cue that signals a readiness to communicate, making both partners more attuned and responsive to the other and in a ready state for communication and learning (Leong et al., 2017).

Such results suggest that measures of synchrony can serve as evidence of the quality of the interaction.

As higher interpersonal synchrony between social partners has been related to social connectedness and feeling better about ourselves (Lumsden et al., 2014), we expect that increased synchrony could further contribute to the parent's sense of connection with their child, and their self-esteem.

## How this research can help parents

Understanding the importance of synchrony, and the cues that help two people to remain in sync, allows us to identify areas where the parent can be a powerful agent in improving the child's social skills.

A promising potential application of our research is developing ways to measure sociometric profiles at a larger scale in community settings (i.e. outside of the research context), and then using these to devise personalised suggestions, based on the infant's profile of strengths and weaknesses. These suggestions could be used for home-based intervention activities.

For example, if sociometric measures show that a parent and a 9-month-old child have lower-than-usual levels of turn taking and responding to one another, we can suggest a game like silly noises. When the parent blows a raspberry or vibrates their lips, the sounds will attract the baby to look

**“Increased synchrony could further contribute to the parent’s sense of connection with their child, and their self-esteem.”**

at the parent, and also encourage the parent to pay attention to the baby's reactions, including eye contact, facial expressions and noises. The parent is encouraged to leave spaces for the baby to respond between noises, and to reflect on whether the baby seems to be enjoying the game (and what this looks like), which sounds they respond to most, and whether the baby joins in with noises of their own. This kind of activity strengthens the communicative feedback loop between parent and child.

Understanding exactly which activities to suggest and how much they can help is a new and exciting avenue of research in our lab. We do not yet know which interventions will prove most successful, but we are hopeful that providing parents with activities tailored to their infant's particular needs will not only support the child's social and neuropsychological development, but also strengthen the parent's own feelings of agency, adequacy and fulfilment.

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# It's not so easy to be a “good enough parent”

Helping parents build healthy connections  
with their kids – and themselves



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**It's a common occurrence. Your 3-year-old insists on eating a biscuit before bed and you don't know what to do. Tell her "No" and she might break down crying and screaming. She is upset with you, inconsolable, and eventually cries herself to sleep. Meanwhile, you may be left exhausted, sad, and feeling guilty for causing your beloved offspring all this pain and frustration. You may feel as if you did the wrong thing, or that there were no good choices. Tell her "Yes", on the other hand, and the storm may quiet, but there might be a heavy feeling inside that you "caved".**

Or, you may be familiar with Donald Winnicott's concept of "the good enough parent", and see why saying "No" is not a failure, but a crucial part of healthy and effective parenting (Winnicott, 1956). Sometimes in popular culture, "the good enough parent" is presented as someone who is trying their best but inevitably missteps some of the time. But that is not what Winnicott meant.

Winnicott saw "good enough parenting" as a way of providing growing children with an environment that allows them to confront, experience, and *survive* difficult moments. He believed that children need to come to terms with the fact that nobody is perfect – not them, not their parents, and not the world. The safest place to learn this is at home, with their parents.

Many parents understand this in theory but actually being able to be a "good enough parent", and distinguish between the kind of frustration that will benefit a child and the kind that won't, can be very difficult in practice. This is especially the case, as recent findings from my RIPPLE (Research of Infant-Parent Partnership of Lived Experience) lab reveal, among parents who went into parenthood with unrealistically positive expectations of parenting. The greater these expectations of parenting were for both fathers and mothers, the more prone they were to report higher parental stress when their baby was 6 months old. This is also the case for parents who are not in touch with their own feelings. We found that when fathers and mothers do not understand what makes them upset themselves, they struggle with handling the moments when their baby gets upset.

In my practice, I have come up with two evidence-based ways that aim to help parents be “good enough”: encouraging self-knowledge among new parents, and enriching the parent–child connection through observations of body language and movement.

### **Parents need to connect to themselves as parents first**

When I learned about Winnicott’s concept of “good enough” in my graduate studies, it was evident that this was a tricky concept. After I became a mother, I realised just how much this is the case. Many parents, me included, feel uncertain where that fine line of “good enough parenting” lies. This is why we, at the RIPPLE lab, created our intervention, The Journey to Parenthood™. It is a group-based programme for first-time expectant couples that was developed based on rigorous research (de Oliveira et al., 2023).

In it, expectant couples meet in a group setting once a week for an hour and half to discuss becoming a parent. The meetings are facilitated by a trained practitioner who addresses topics such as how we prepare ourselves for parenthood, what it elicits in us, and appreciating that uncertainties are an inevitable part of the journey.

We help parents-to-be connect with their own emotions during pregnancy, allowing them to share any concerns, ambivalence or fears. We also tell and show them how babies need and want to connect with their parents from the very beginning and are seeking sensitive and responsive parenting. We remind them that this sensitivity also means noticing when the baby does not wish to interact, and may not always want to be spoken to or fussed over.

Additionally, we focus on co-parent relationships. Expectant parents are invited to reflect on their values and expectations around parenthood, identify and discuss any conflicts in these areas, and consider how they themselves were raised and what they liked or did not like about it.

Having a safe space to explore these feelings is powerful and healing. In fact, for many adults, this is the first time in their lives they are making

complicated feelings explicit and saying them aloud. By expressing difficult things to the group, such thoughts are less likely to control future parenting practices. Often this happens without the new parent being aware of it.

### **Sometimes the solutions are found in movement, not conversation**

During infancy, when parenting is particularly demanding, and the infant is too young to communicate verbally, it can be especially difficult to understand and always predict the child’s needs. To address this challenge, we at [PEMworks™](#) have developed a video-based embodied intervention called Parental Embodied Mentalizing Intervention (PEMI™, Shai and Spencer, 2022).

In the PEMI™ intervention, we record a video of a parent interacting with their infant. We then watch the video on “mute” mode to allow full focus on the non-verbal communication and discuss with the parent what movement qualities we see unfold in the interaction. Together, we explore how parents interpret these interactions, and what additional layers they start to see when watching the video carefully.

Throughout the intervention, we use the language of movement qualities (far, close, fast, slow, direct, indirect, gradual, sudden, etc.) to describe what we see and feel. This descriptive, non-judgemental language seems to help parents feel safe and less defensive. This allows parents to gain more insight into their own minds, as well as into their children’s, and to replace guilt with self-compassion. Our clinical experience reveals great improvements in parents undertaking this intervention, including having more attuned interactions with their infants, having an enhanced ability to regulate emotions, and feeling more competent as parents.

The premise behind this intervention is that a baby’s mind – thoughts, feelings, expectations – is expressed through the way she moves her body. This is true for adults as well: the degree to which we move fast, slow, keep others away from our body or close to it, and the variation in the movement quality, all reveal something about our internal world. A

familiar example would be that when I am nervous, I will pace around the room fast; if I'm feeling low, I may find myself walking slower.

Parents and infants continuously communicate through movement. If the baby reaches very far from her body to get hold of a toy, we infer, without much effort, that she is very interested and keen to get that doll. But sometimes we miss the infant's cues, and other times we might misinterpret them, even without our awareness. When the infant's mental signals are repeatedly misinterpreted, distorted or ignored, she may begin to internalise that she does not matter, that her desires, preferences, needs or wishes are not important, and cannot be shared safely with the parent.

A body of research conducted in the last decade shows that parents' embodied mentalising capacities are predictive of their children's emotional, social and cognitive wellbeing (Shai and Belsky, 2017; Afek et al., 2021; Gagné et al., 2021; Shai et al., 2022). In other words, how a parent physically responds to a child's emotional state affects the child's psychological wellbeing in the long run. It was also found that parents' ability to mentalise on the embodied level is associated with a greater sense of togetherness with their partner, and less parental stress (Shai et al., 2017).

This intervention is especially beneficial for those who have experienced trauma or have trauma in their family or community. Often, trauma survivors experience a disconnection between mind and body – a response that helped them cope with the trauma as it was occurring. In many such cases, the traumatised parent may lack self-compassion and carry significant guilt and shame, which gets in the way of them being able to respond to their children.

No matter your past experience, being a “good enough” parent is rarely intuitive. We believe parents need help getting there, and hope that others will be inspired by these interventions that meet parents where they are. Ultimately, our goal is to help parents develop curiosity about and compassion for themselves and their children.

We hope that when any 3-year-old cries about the biscuit, parents can learn to say “No” confidently, with the understanding that it's not just okay, it is good. This can only happen after we have helped the parents learn to connect with their children in a way that makes the child feel deeply connected to the parent, and able to weather the disappointment in a healthy way.

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# How conversations over coffee reduced maternal mortality rates

## Bringing intimate rituals into hospitals throughout Ethiopia

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**All over Ethiopia, a ritual known as the coffee ceremony is deeply ingrained in the social fabric. When I was a child, my mother would send me round to tell the neighbours she had lit the charcoal to roast the coffee beans. They would come to our house, sit, drink coffee, and exchange neighbourhood gossip. The ritual even has its place in childbirth. When a woman is in labour, her neighbours will often come by and make coffee as they offer encouragement and support.**

Back in 2002, for every 100,000 live births in Ethiopia, 960 mothers tragically died. This was worse than the overall average for sub-Saharan Africa, which was 773. Fast-forward to 2020, and the picture looked very different. Sub-Saharan Africa as a whole had made progress, reducing maternal mortality rate to 536 per 100,000. But in Ethiopia, that number had come down to just 267, less than half the regional average (World Bank Group, 2023).

How did Ethiopia do it? For much of that period, I worked for the Ministry of Health, including as Minister of Health from 2012 to 2016. But I want to start the story long before that, back in the 1970s.

Before that time, the Ethiopian health system had focused primarily on big hospitals. As the majority of Ethiopians lived – and still live – in rural areas, they found medical services difficult to access. In the 1970s, we saw the first attempts to introduce a more community-based health workforce. But most services were focused on single issues, such as malaria or HIV, and they all relied on donor money or getting local people to volunteer. The principle of community health workers was good, but this was the wrong model. Once the donor money dried up, the programmes collapsed.

In 2003, the government assembled a team of experts to think about what would make a community-based healthcare programme work. We looked at examples in other countries, including India, Pakistan, Bangladesh, Ghana and Malawi. We made the decision that any programme had to be government funded, and the community health workers would receive government salaries. You can't ask people to do a full-time job on a voluntary basis – they need to be properly compensated.

We also decided that the programme needed to be general, not focused on one particular disease

or condition, and with the emphasis on preventive health, because most health problems in Ethiopia were preventable. The workers would also provide basic services such as family planning and treating common childhood illnesses. They would be the closest thing to a senior health professional in their village.

Over the next few years, we rolled out the Health Extension Programme throughout the country, training 30,000 community health workers. They were all women, for two important reasons. First, men in the villages spend much of their time working in the field, and they would not feel comfortable with us sending another man to their house while they were out. Second, we wanted to provide role models for girls. In many communities, fewer girls than boys completed their schooling. We wanted parents to see female health workers earning a good salary, giving them an incentive to send their own girls to school.

The programme had a transformational effect. It gave Ethiopia one of the best-performing health systems on the continent, by all kinds of metrics: child mortality, HIV prevention, malaria, sanitation, and so on. But there was one big exception: maternal mortality. Yes, the rate was coming down. But, frustratingly, it wasn't making the same kind of rapid progress as we saw in other indicators.

### **Connecting with communities over coffee**

We had excellent health facilities for women to give birth in. We had ambulances, skilled midwives, surgeons, and blood transfusion services. But, despite all that, most women were not going to these facilities to give birth. Instead they were staying at home, where the risks of childbirth were much higher. Why?

To find out, we leveraged the cultural practice of the coffee ceremony. Beginning in 2010, we invited women in communities to have coffee, and chatted to them about why they preferred to give birth at home rather than in health facilities. These informal discussions brought up things that hadn't emerged in earlier, more formal community consultations. I learned things I had never previously thought about in my office in the Ministry of Health, leading me to



Photo: Kesete Admasu

↑ Traditional coffee ceremony at a maternal health facility

**“I realised how many blind spots we had when it came to the needs and desires of pregnant women and birthing mothers.”**

realise how many blind spots we had when it came to the needs and desires of pregnant women and birthing mothers.

The women told us, for example, that they did not want to go somewhere to give birth where they could not get anything to eat. Most rural areas are served by primary health centres, rather than a hospital. As these centres are designed to provide only outpatient services, they do not offer on-site food facilities, and often there are no restaurants nearby. Also, in these centres, their neighbours could not come round to drink coffee during labour, nor could they eat the porridge that is traditionally given to new mothers once the baby has arrived.

Some women told us that they preferred to give birth at home so they could have a religious leader in the room with them. Those who were members of the Orthodox church said they wanted the room to be blessed and sprayed with holy water.



Photo: Kesete Admasu

**“We learned that being physically looked after as they gave birth was not enough – they also wanted to be looked after emotionally and spiritually.”**

Other women said it was traditional in their culture for fathers or mothers-in-law to be present at the birth. They did not like how health facilities insisted on only professionals being in the delivery room, for hygiene reasons.

Some women told us that when a pregnant woman went from the village to the health centre to give birth, she would be taken away on a stretcher in an ambulance. This had a negative association for them. They were used to the idea that when someone went on a stretcher into an ambulance, they often didn't come back alive.

Equipped with this knowledge, we could start to ask ourselves questions. How could we make space in health facilities for family and friends to come in for coffee, and to make porridge? How could we bring religious leaders into the delivery room, while also ensuring that infection control measures would be upheld? Could we design a distinctive kind of stretcher for pregnant women, to break the mental association with the stretchers that carry gravely ill people into ambulances?

In two regions of northern Ethiopia, we trialled reforms to create a more relaxed, home-like environment in health facilities. This included allowing family and religious leaders into birth centres, providing spaces to cook their own food and making time for coffee ceremonies. Soon the idea had been adopted up and down the country, adapted by communities according to their own cultural practices. The number of women choosing to give birth in health facilities rose quickly, in some areas from as low as 20% up to as high as 73% (Bill & Melinda Gates Foundation, 2017).

It wasn't only the mothers who benefited, though. So did the health workers. It is a very stressful job, and the presence of friends and family encouraging pregnant mothers also provided emotional support for the nurses. Instead of the sterile smell of disinfectant, there would be the aroma of roasting coffee. When the nurses had a moment, they would sit down for a drink with the community members. It helped with stress and increased their sense of connection with mothers.

### **Government should be open to new ideas and older customs**

For these Ethiopian mothers, we learned that being physically looked after as they gave birth was not enough – they also wanted to be looked

after emotionally and spiritually, in line with their traditions and rituals. But our engagement was broader. Health extension workers led women's groups in every village, to support productive consultations on all aspects of the health system. Up to three million women have participated in these groups at any one time.

The broader lesson, applicable to all kinds of health services and settings, is this: if you genuinely engage and listen to community members – giving them the knowledge and the power to make decisions – they will be innovative in finding ways to ensure their own wellbeing. The keys to success are creating a sense of ownership, and being open to new solutions.

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# Parenting begins in pregnancy

## A science explainer on why we need a two-generation approach to wellbeing

### Catherine Monk

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**When I was born my mother had severe postpartum depression. I don't have memories of this, but I later learned how painful this was for her, and understood that this pain doesn't come out of nowhere. My mom had significant trauma in her background and around the time of my birth there was essentially no mental health care or psychological support for her. Medical professionals didn't talk about postpartum depression at all, and nor did friends and family.**

My commitment to a two-generation approach to improving the health of mothers and children is rooted in this personal place, and has only grown through my and others' research on the subject over the past three decades. Parenting begins before birth. Science is increasingly making it clear that a mother's psychological struggles and traumatic experiences before and during pregnancy have long-term implications. Through a variety of biological mechanisms, stress experienced by a pregnant woman can negatively affect a child's social and emotional development, sometimes in ways that can last a lifetime. The good news is that we can

prevent these adverse outcomes. Treatments and interventions during pregnancy can nurture the mother's own wellbeing and improve the physical and mental health of the next generation.

One of the most-cited studies looking at this (O'Donnell et al., 2014) comes from a dataset from England on children between the ages of 4 and 13 years. It shows that high levels of maternal anxiety during pregnancy predicted a doubling of children's risk for behavioural health problems such as ADHD and anxiety. Similar results are found for high levels of maternal stress and depression symptoms (O'Donnell et al., 2014; Babineau et al., 2022).

We also have growing evidence that greater mental wellness during pregnancy can positively affect the child's future wellbeing. Research shows that more social support provided to a mother during pregnancy is related to a reduced risk of children having a developmental delay at 3 years old (Imanishi et al., 2024). This might include a pregnant woman having people around on whom she can rely to support her with practical or emotional needs.



Photo: Su Arslanoglu

**“More social support provided to a mother during pregnancy is related to a reduced risk of children having a developmental delay.”**

Another study found that stress during pregnancy is closely connected to a lack of social support, and that the less stress and more social support a woman has during pregnancy, the less likely she is to give birth pre-term (Walsh et al., 2019).

### **The biology of mother–child wellbeing during pregnancy**

Other research sheds light on the biology of these effects. In one study from my team at Columbia, we found that depression during pregnancy is associated with different functional brain connectivity in the newborn, or the way connections

between different brain areas develop during pregnancy. Specifically, this change affects a part of a circuit that helps regulate fear responses, and is associated with greater reactivity and less capacity to modulate fear or novelty-linked responses in the child’s future (Posner et al., 2016). We know that people who have difficulty regulating moods or emotions, particularly around fear and anxiety, have less connectivity in the area of the brain responsible for dampening down the fear response. A young child with less connectivity in this region of the brain may grow up to have more intense negative reactions to novelty, changes in routine, and new people. Conversely, a child with healthy connectivity in this region is likely to be more flexible, trusting, and can more easily adjust to new experiences.

Finally, our research group (Monk et al., 2019), as well as others (Kramer et al., 2023), has identified biological mechanisms by which maternal experiences in pregnancy are transmitted to the foetus, affecting outcomes. One of these mechanisms is epigenetics, which are modifications

to DNA that alter the functioning of genes without changing the genetic code; potentially, these marks altering the functioning of genes can be passed on to the next generation. In one study, we showed that high levels of maternal stress were associated with greater DNA methylation (turning off a gene) in the placenta in genes known to deactivate the stress hormone cortisol as it crosses into the foetal compartment. When the gene is turned off, the foetus has less protection from cortisol and therefore more exposure to it – which can alter brain and stress-regulation development and lead to more anxious behaviour and less adaptive development. We also found that this increased DNA methylation in the placenta is associated with indications of slower foetal central nervous system development (Monk et al., 2016).

In another report (Scorza et al., 2023), childhood trauma experienced by the mother herself was associated with differential DNA methylation in male newborn cord blood in genes related to neural development in the cerebellum – the part of the brain involved with movement and, newer data suggests, emotional regulation – among other areas. This research from my group is some of the first that suggests that intergenerational trauma can be transmitted through biological mechanisms. [Other research](#) (Monk et al., 2019) has documented the way pregnant women's stress can negatively impact the immune system, microbiome, and inflammation levels of babies *in utero*.

### **How better care can help**

Based on our research and my experience with pregnant women in the integrated mental health practice I oversee in our Obstetrics & Gynecology Department, I believe that when a pregnant woman feels supported and safe, has adequate resources, and feels less stress related to childcare and parental leave issues, she will feel more comfortable and at ease during the transition to parenthood. Overall, she will experience better wellbeing. I see this happen in real time during psychotherapy sessions; when women experience relief through being able to unburden their stress and learn new tools for managing stress, they become better able to experience the joys of this unique period in life.

Also, their tolerance of unknowns, of which there are many in pregnancy and new parenthood, increases. Ultimately, this improvement in wellbeing helps both the mother and her future child.

**“When women experience relief through being able to unburden their stress and learn new tools for managing stress, they become better able to experience the joys of this unique period in life.”**

Interventions to help relieve stress during pregnancy, helping both mother and child, would involve better integration of mental health programmes in maternity care. Prenatal appointments with doulas, and other community partners, shouldn't just be about the physical health of the mother and child, such as weight gain and foetal heartbeat, but also should support the psychological transition to motherhood (Monk et al., 2022). However, we need to be careful to not put more demands on obstetricians, gynæcologists or midwives; we can collaborate with all birthing experts, community leaders and peer support networks to promote wellbeing during this time of unprecedented use of the healthcare system.

Postpartum drop-in groups via Zoom, with medical, psychological and community experts facilitating the conversation, can be a low-investment approach to generating support and minimising isolation, as well as ensuring sharing of reliable information. Social media is another tool for disseminating science-based messages to improve maternal wellbeing. For example, pregnant women could hear about how ambivalence<sup>1</sup> is a normal part of the experience of becoming a new mother – it is okay to have conflicting feelings and it doesn't mean you shouldn't be a parent. Knowing this would relieve stress for many.

<sup>1</sup> For more on this theme, see the interview with [Sarah Blaffer Hrdy](#) on pages 34–38.

I have also found that when it comes to the perinatal period, it is best to strike while the iron is cold. This means providing information and help prior to the birth of the child, when there is less chaos and an opportunity to frame realistic expectations. For example, resources during pregnancy can address: realistically identifying adequate social support before the baby is born; critically assessing how conflict with their partner is navigated, as conflict is inevitable in raising a child; and knowing the signs of postpartum mental illnesses.

Today we have nearly three decades of science on prenatal programming that tell us that pregnancy is, without a doubt, influential for children's futures. It is important to note that pregnancy is not deterministic, and not every child who has a stressed mother will

be negatively affected. But when we look at the research overall, we see the importance of reducing stress for new mothers through better economic, social and political policies, as well as by increasing mental health interventions and support during pregnancy. The good news is that providing these interventions requires a small investment that yields large returns.

➤ Find this article online at [earlychildhoodmatters.online/2025-8](https://earlychildhoodmatters.online/2025-8)

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# interview with Sarah Blaffer Hrdy

Author of *Father Time: A Natural  
History of Men and Babies*



**“I wanted to understand  
the evolution of  
man-the-nurturer”**

**Through her books and research, anthropologist and primatologist Sarah Blaffer Hrdy has fundamentally changed our ideas about the evolutionary history of caregiving. Among her many insights, she has argued that humanity's unusual capacities for cooperation partly derive from a deep history of shared alloparenting. In conversation with Michael Feigelson, CEO at the Van Leer Foundation, Hrdy discusses how her own experience as a mother motivated her research and her new book *Father Time: A Natural History of Men and Babies (2024)*, in which she unpacks the long-overlooked potential for nurturing in men.**

**You've been researching and writing about care for nearly 50 years. What started you on this work?**

In 1977, while studying male and female reproductive strategies in humans and other primates, I had my first child. I wanted to be a different kind of mother than my own, who believed picking up a crying baby would make it clingy. This was the opposite of what I had read in John Bowlby's work on attachment [1969, 1988], which is all about how emotional security for babies leads to them becoming resilient and independent as grown-ups.

By recognising infants' need for emotional security, Bowlby has done more for human wellbeing than any other evolutionary thinker. But he viewed mothers as the sole source of attachment. This was an artefact of Victorian idealisations about domestic life, as well as the particular species of primates he based his theories on. They all happened to be species where mothers were extraordinarily protective and possessive of their newborns. I was already aware of primates like the langur monkeys I studied, where care of infants was shared with other females from the first day of life. Eventually, I would go on to learn of other examples of primates with shared care which allowed mothers more freedom and faster recovery for future births.

As a new mom determined to live up to Bowlbian ideals, I quickly felt overwhelmed by the 24/7 demands of caring for our baby home alone, while my husband worked long hours at the hospital. I remember wondering, "Why do I feel so ambivalent about this?" But I didn't think I was abnormal, or that I did not want to be a mother; I loved my baby very much.

Years later I confided in renowned Yale psychiatrist James Leckman about "intrusive thoughts" that I had as a new mother, like imagining throwing my baby over a bannister, even though I knew I wouldn't. He assured me such anxieties are common in new mothers. But at the time such thoughts were rarely discussed, leaving mothers isolated and feeling "unnatural". Today we recognise these "intrusive thoughts" and how common they are in new moms. Rather than being a sign of a mother wanting to harm her child, more often they simply reflect her anxiety about keeping her baby safe.

All this led me to rethink our stereotypes about mothers, resulting in *Mother Nature* [Hrdy, 1999].

**"Shared care was vitally important for infant survival."**

**So you wanted to better understand the disconnect between 1970s idealisation of motherhood as unconditionally giving, endlessly attuned, and the ambivalence you and presumably many other mothers felt internally. What did you learn?**

Human offspring are vulnerable and helpless; they require so much care, are costly to raise, and mature so slowly, needing significant calories to survive long before becoming nutritionally independent. I realised that as our upright ape ancestors struggled to survive out on the savannahs of prehistoric Africa, there is no way mothers could have kept offspring safe and fed and survived themselves unless they had had a lot of help. They must have been cooperative breeders, species where alloparents help rear offspring in addition to parents.

At the time, no one noticed the bias in Bowlby's focus on species where mothers were the sole caregivers. Bowlby and other early developmental psychologists lacked an appropriately interdisciplinary lens. From an evolutionary and comparative perspective, plenty of animals exhibit shared care. And shared care was vitally important for infant survival back when the genus *Homo* was evolving. Only with food sharing and joint caregiving were our ancestors able to breed fast enough to avoid extinction.

### **And this shared care had other effects on human nature, right?**

Certainly. First, offspring of cooperative breeders can afford to mature more slowly and remain dependent longer, making longer childhoods possible. Lacking a single-mindedly dedicated mother, babies needed to monitor others, understand their intentions, and appeal to them so as to elicit care.

This meant that those babies who were just a little better at ingratiating themselves with others and eliciting care would be more likely to survive and to pass on their genes, resulting over generations in the evolution of more other-regarding youngsters. These youngsters would in turn mature into adults more attuned to what others thought and felt, including what others thought about them.

I hypothesised that this helps explain why children growing up with multiple caregivers (thinking here of Dutch psychologist Marinus van IJzendorp's research [1992] on rearing conditions conducive to better integration of multiple perspective and Arjen's Stolk's studies [2013; Koch et al., 2024] of children with and without daycare experience) are better at mutual understanding and what psychologists call "Theory of Mind". Children with multiple caregivers develop Theory of Mind earlier than children exclusively cared for by their mother and are better able to communicate – key building blocks for cooperation.

One way to understand humans' remarkable ability to cooperate with others is to view it as an outcome of our long history of shared caregiving.

### **We hear a lot about parents struggling with loneliness and depression today. I wonder how much this is a failure of social support for new mothers?**

For sure. It is one of our societal failures. We failed to recognise just how much support those rearing children need and that child rearing among our distant ancestors was a communal responsibility and sharing was a vital safety net for all concerned. No wonder new mothers who sense they are not going to have social support sometimes retrench or in extreme cases bail out altogether. They have this deep-seated, subconscious feeling of, "why should I invest in a baby unlikely to survive?"

Sometimes such depression serves as a signal to others to help more. Studies are beginning to report correlations between social support and reduced levels of postpartum depression.<sup>1</sup>

### **"I saw profoundly nurturing responses in men. It had to come from someplace, but where?"**

#### **If these broader support networks are so essential for parental wellbeing, what do you make of the nuclear family?**

Back in the Pleistocene, the period between 2.6 million and 12,000 or so years ago, when the genus *Homo* was evolving, there were no walled houses or grocery stores. It would have been nearly impossible for just one man to keep his mate and their infants cared for and fed, much less a single mother on her own. Hunting back then was a dicey way to make a living. The so-called man-the-hunter-provider could not have met the terms of the "sex contract" by which he supposedly kept his mate and their offspring fed in exchange for the mother assuring him certainty of paternity.

True, we can find nuclear families in some recent periods of human history, as in bourgeois Victorians or post-World War II American families, but historically, by and large, the "family" (from the Latin word for household) referred to an extended family rather than a monogamous pair raising children on their own. Today our idealisation of the nuclear family as the best and most natural way to rear children can not only be economically untenable, but also lead to demoralisation of men unable to single-handedly support their families. Failure to meet an unrealistic ideal for what a man "should be" leaves some of them feeling inadequate or unneeded.

<sup>1</sup> Some of these studies are described in [Catherine Monk's](#) article on pages 30–33 "Parenting begins in pregnancy".



Painting: Isabella Kirkland

↑ This painting shows an imaginary menagerie of animals with a lot of male care, a practice common in birds, found in quite a few species of fish and amphibians, but rare in mammals.

**In your new book, you talk about how both moms and dads in nuclear families need more support now that fathers are doing more childcare. I was touched by how confessional the book felt. You couldn't believe you had missed noticing the nurturing potentials in men.**

Well, I grew up in Texas, in the 1950s, in a very conservative, patriarchal, also quite racist part of the world. Mine was a highly privileged upbringing, in a wealthy family that turned their kids over to nannies and others – always women. I never so much as saw a man change a diaper until much later in life. It wasn't until the 21st century that I saw men routinely caring for new babies. This really struck me when I became a grandmother and saw my son-in-law taking care of his newborn son with such tenderness. The grandma in me was really pleased, but the evolutionary anthropologist was totally puzzled: “What on Darwin's earth is going on?”

**And what did you learn while researching your new book, *Father Time*?**

I wanted to understand the evolution of man-the-nurturer. Clearly he was a socioeconomic and cultural phenomenon. But he was also so much more. Darwin and others believed men evolved to compete with other men for status and access to females. Nurturing babies was women's work. Yet I saw profoundly nurturing responses in men. It had to come from someplace, but where?

In the 21st century, neuroscientists began studying fathers' brains. They found that fathers who fully dedicated themselves to caring for their babies activated ancient, deep brain circuits, while those simply helping mothers out only activated neural circuits in newer parts of the brain [Abraham et al., 2014].

To understand and explain these deep-seated nurturing potentials, only now being expressed as more men spend time in close proximity to babies, I had to trace the origins of male nurturing tendencies back millions of years of evolution to our early vertebrate ancestors in watery worlds aeons ago, creatures where if there was parental care at all, males provided it. These are the same caregiving potentials being activated today.

Darwin himself once speculated about the possibility of a latent “maternal instinct” in males. In a private letter to a close confidant he wrote that “the secondary characteristics of each sex lie dormant or latent in the opposite sex, ready to be evolved under peculiar circumstances” [Darwin, 1868]. Today, some of those peculiar circumstances are here and, thanks to neuroscience and research from evolutionary theorists, we are finally realising that Darwin's original albeit later suppressed guess was right all along! Ancient potentials for caregiving lie dormant in male brains, ready to be activated when men spend prolonged time in intimate proximity to babies.

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# Maintaining and celebrating rural indigenous practices in Brazilian cities

## How the E'ñepa give and take care, and what they need to thrive

**Melina Carlota Pereira**

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**All over the world there are displaced indigenous communities who, because of economic and humanitarian crises, are forced to leave their homes and communities and live in unfamiliar environments. When these groups move to new places, it is essential for governments to find ways to support their culture, customs and traditional knowledge, including practices connected to pregnancy and the early years of parenthood. Raising children in their new homes brings a significant number of challenges and setbacks, which I outline below. But there are also opportunities to integrate traditions and rituals into their new lives, which boost parental wellbeing and help caregivers adapt to their new homes.**

### **The E'ñepa's adaptation strategies for city life**

Let's take a look at one displaced community, the E'ñepa, who were forced to move from their traditional territories in rural Venezuela to Brazil due to a humanitarian crisis. Every morning, many people from this indigenous group wake up and hit the streets of Boa Vista, capital of the state of Roraima

in northern Brazil, where they sell their crafts. Such work is a vital source of income. Generally, they try to take their children with them. However, there are days when they cannot, and must leave them with grandmothers, aunts or teenage siblings. Traditionally, in their communities, sharing care like this is the norm – extended networks of caregivers help parents or primary caregivers with childcare. This was how it was when they used to live in the countryside, among their own people. But in the city things can be different. For indigenous parents who reside in shelters (temporary, government-provided housing) for displaced groups, leaving their younger children in the care of older siblings can get them into trouble. It can be characterised as “abandonment of an incapacitated person” under Brazilian law.

**“Traditionally, in their communities, sharing care like this is the norm.”**

There are other challenges to city life for parents in these communities. Besides not speaking Portuguese, these parents encounter a culture that is overall more individualised. As such, traditional collective practices are challenged, and they are forced to adapt and compromise. They also have less access to the natural world, which is a big change from their traditional way of life. As my wise mother said: “The city does not allow children to have a connection with nature to learn to respect the beings that exist in the world. Children raised in the city are always playing with their cell phones” (Dona Luiza, 75 years old, Macuxi).

Another challenge for indigenous parents in the city is housing. The houses look like “prisons”, because of the walls around them. Some even have electric fences, commonly used by city people to protect themselves from intruders. Traditionally in indigenous

communities, there have not been walls, which allows children to play more freely, train their skills and connect with nature. From an early age, they learn to swim, climb trees, use an arrow, and weave baskets. The kids learn so much through play, and it happens organically without the parents having to intervene at every step. In the city none of this is possible, and parents cannot count on their children learning in this organic fashion. In addition to living without walls, indigenous communities traditionally live close to family members. Their neighbour is always a relative – whether a son, a nephew or a daughter. They are surrounded by family, and their homes are built and organised in this way, creating a cohabiting environment.

When they move to the city, this type of cohabitation changes somewhat. It is much harder for extended families to live so close together, because the city operates under a completely different logic. They try to live near each other, but they rarely manage to live side-by-side. Those living in shelters are more able to maintain cohabitation patterns based on kinship.

**“Shamans advise pregnant and postpartum women on how to balance between western medicine and traditional approaches.”**

Overall, these housing patterns based on kinship are very helpful because when the parents need to leave, someone is there to watch the children. Or, if something happens to a parent, the extended family takes care of that caregiver, giving them special attention. This collective help is essential for each individual parent. These bonds are essential.

### **Reframing traditions in the city**

Cultural organisations known as associations, and shelters, are where pregnant women and caregivers of young children have an opportunity to be treated with traditional medicine from their elders and, in some cases, a shaman. For indigenous groups, healing from pregnancy is considered both a



Photo: Fundación Maniapure

spiritual and a physical process. The shaman meets both of these needs, and recommends herbal remedies, certain foods and prayers to help new mothers. Sometimes the shamans advise pregnant and postpartum women on how to balance between western medicine and traditional approaches – which allows them to integrate into their new environments without having to give up their ancestral practices.

Cultural centres are also places where older women can share their wisdom about childbirth and raising children with younger women. These older women try to build up younger women's confidence in preparation for labour, telling them that they are resilient, and they also encourage them to stay active and healthy during pregnancy to increase or maintain their strength. This is the type of information that is passed down informally, and requires collective spaces for transmission to happen.

Another important exchange that happens between older individuals and new families in collective settings is the passing along of lessons about childcare. In indigenous communities, caring for babies is a shared responsibility. Both men and women take part in this process, with fathers often stepping in to care for the child when the mother is busy. The philosophy of care emphasises freedom for the child, with everyone in the community watching over her or him. When these communities gather, it gives parents a chance to both learn these lessons and to practise them with people they trust. Babies are collectively cared for, children learn to be with other caregivers, hear other voices speaking their parents' languages, taste traditional food – and parents get a break.

In addition to passing on these practical skills, our collective spaces also become sites for maintaining spiritual traditions that support parents and caregivers of young children. One important tradition is the ceremony in which children are given an indigenous name, which happens at 6 months old among the E'ñepa. On this day, children are given a first name, which remains until puberty. This ceremony is a significant event, and beads (bracelets or necklaces) are given to children as protective amulets. These beads are believed to safeguard the child and are an essential part of their identity. Such rituals have a strong social and psychological purpose, reaffirming cultural identity and ensuring spiritual protection for the family of the child, as well as the whole community.

**“Collective spaces also become sites for maintaining spiritual traditions that support parents and caregivers of young children.”**

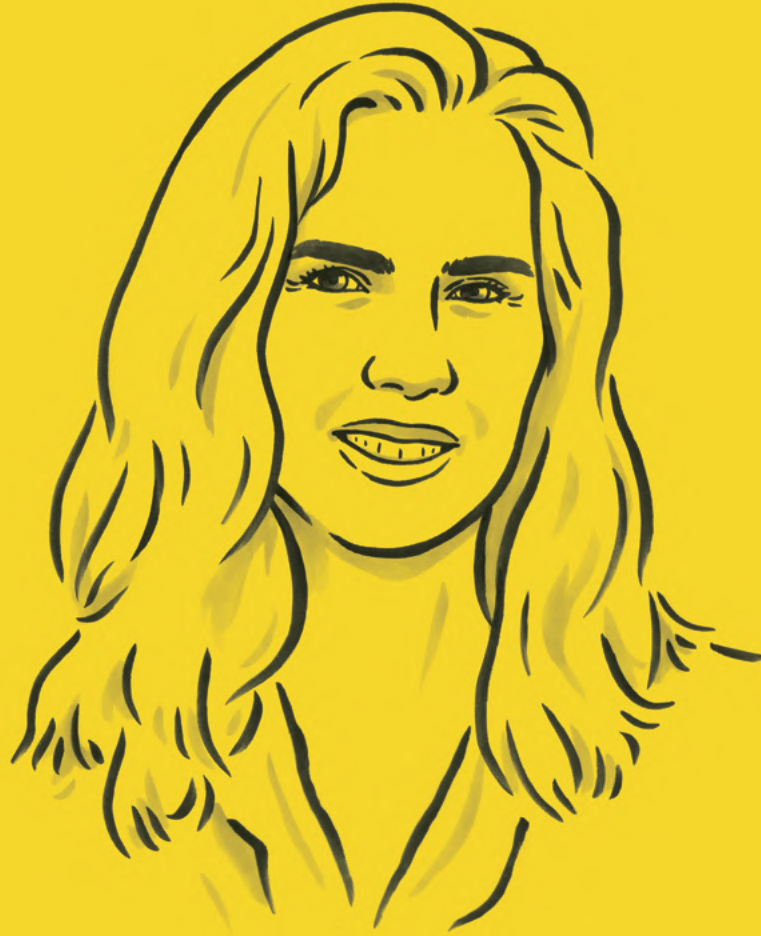
To care for displaced indigenous caregivers across Brazil, or displaced indigenous communities anywhere else, it is essential for public policies to consider their particular cultures and histories. By recognising and respecting the ancestral knowledge and practices of indigenous communities, caregivers can be properly supported through crucial moments in life, such as childbirth and the early years of parenthood. Maintaining such rituals and customs is essential for new parents and young children because they provide a sense of identity, community support, and continuity during an already challenging time.

➤ Find this article online at [earlychildhoodmatters.online/2025-10](https://earlychildhoodmatters.online/2025-10)

# interview with Kristin Neff

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Author of *Self-compassion: The proven power  
of being kind to yourself*



**“The more we give  
ourselves, the more we  
have to give others”**

**Parents often feel as if they are the factory and their children are the product: all their practical efforts and emotional bandwidth must be put into the service of raising kind, well-adjusted children. When they inevitably make a misstep, they feel the correct emotional response is not self-compassion but shame and frustration. As Kristin Neff argues, this pattern harms the whole family. Neff, psychologist and author of *Self-Compassion: The proven power of being kind to yourself* (2011), wants to dismantle the misconception that compassion for yourself compromises your capacity to be compassionate towards others.**

**In this interview with Elissa Strauss, guest editor of *Early Childhood Matters* and author of *When You Care* (2024), Neff talks about the emerging science about self-compassion, how self-compassion among parents is essential for the wellbeing of the whole family, and how parents already have the skills they need to intentionally and effectively be kinder to themselves.**

**You began studying and writing about self-compassion in 2003. What has changed since then?**

When I was writing about this back in 2003, there was a lot of scepticism around the idea that how you relate to yourself in times of struggle can make a huge difference in your ability to cope. Now people realise it is one of the most powerful resilience tools we have.

At this point there have been 7,000 research studies that firmly establish the value of self-compassion. We don't need those studies, because the idea makes such intuitive sense, but I'm glad we have them.

**What exactly does it mean to practise self-compassion?**

Self-compassion isn't difficult. You don't need a PhD to do it. The easiest way to think about it is showing yourself the same kind of kindness, support, care and encouragement you would show to others you care about. If you know how to be a friend, you have the skills. You just have to use them for yourself. In my model, there are three elements. The first is mindfulness, or to be aware of the fact that we are struggling. We can be so focused on helping others, we don't realise we also need help.

The second is remembering our common humanity. Often when we make a mistake, we have this irrational thought that nobody else ever makes mistakes. It makes us feel as if something is wrong with us. We have the word "self" in "self-compassion" but ultimately we are reducing the sense of a separate self. It helps us to understand that making mistakes is part of the journey humans have in life, and to feel connected to others, which reduces the sense of shame.

**“How you relate to yourself in times of struggle can make a huge difference in your ability to cope.”**

We have to differentiate between compassion and pity. Pity is when we feel sorry for others, whereas compassion involves the understanding that we have all been there. Compassion is embedded in our humanity. We don't have to earn the right to self-compassion. When we have compassion for ourselves, we understand that it is normal to feel stress and make mistakes – everyone struggles.

The third component is self-kindness, which is about being warm and encouraging towards ourselves during hard times and using constructive rather than harsh criticism.

One easy way to get started is to simply put your hands on yourself in some supportive way. Research shows that doing this just for 20 seconds a day can increase compassion. Your body reacts to the touch as a sign of care. Or stop and breathe. Breathe in for yourself, and breathe out for your child. Put one hand on yourself, and another on your child. It is going to make you stronger.

**It seems that self-compassion doesn't come easily to us. Why isn't it more common?**

There is a physiological reason. When we are threatened, our stress response is fight, flight or freeze. We have an instinct to fight back by criticising ourselves, or attempting to control ourselves, as a way to protect ourselves from danger or judgement.

We either try to problem-solve, or feel stuck in self-judgement. When others such as our kids or friends are hurting, we're more likely to tap into the mammalian care response. This is why people tend to be more compassionate to others than to themselves.

### **How does having children impact our capacity for self-compassion?**

When it comes to parents in particular, there is a belief that self-compassion is selfish. We think we have a limited amount of compassion and if we give it to ourselves we won't be able to give it to others. But this is a myth. Compassion is not zero sum, it is additive. The more we give ourselves, the more we have to give others. Once we realise that we have the template of care built into us, and we just need to direct it towards ourselves, it becomes easier.

**“When it comes to parents in particular, there is a belief that self-compassion is selfish.”**

### **How can practising self-compassion benefit parents in particular?**

Parenting will inevitably bring hard moments. You make a mistake, your child is screaming, it can be overwhelming. I have an autistic kid and it was so hard to help him regulate. But in all families, moments of suffering arise. How you show up in those distressing moments will affect how you deal with them.

If you show up in a negative way, the stress is going to get worse and you are going to spiral down. If you show up as an ally towards yourself, and tell yourself this is normal, and you're doing the best you can, that attitude will help make you stronger.

And your child is going to resonate with your state. We need to remember that child wellbeing and parental wellbeing are connected. The brain evolved in such a way that even very young humans pick up on how others feel inside. If we are filled with compassion and warmth for ourselves, our children will pick up on that and feel more compassion and warmth themselves.

If your child grows up to think they have to be perfect to be a good person, is that really a gift to your child? When you take the pressure off yourself, they will get the message that they don't have to be perfect to be lovable either.

### **How has this played out for you as a parent?**

I learned to regulate my son's emotions through the practice of self-compassion. When he had a tantrum, I learned that if I focused on soothing myself – if I filled myself up with a loving and connected presence, instead of being activated and distressed about it – he would calm down.

If you model self-compassion for them, children will learn compassion for themselves and others. Now when he's having a hard time or I'm struggling, he says things like, "It's only human." If you really love your children, self-compassion is the best gift you can give them.

### **What are the obstacles parents face in practising self-compassion?**

Most parents understand that we should be warm, encouraging and accepting of our children, with some clear boundaries. We know that expectations and unconditional love and support are good for our kids. But we haven't gotten this message for ourselves, including the boundaries. We get stuck in a doom loop of shame and pain.

We want compassion, but we think we don't have the time or leisure to give it to ourselves. So we do this weird thing of criticising ourselves to elicit compassion from other people. And then we can't accept their compassion because we are so lost in the loop.

The culture doesn't yet get that you need self-compassion. It is starting to change a little, but it is slow progress.

### **How does current parenting culture make it hard for parents to find self-compassion?**

Social media is often used for social comparison, not self-compassion. Social media need not be a bad thing – if we could use it to find out that all parents struggle, it could build a sense of humanity. But parents go on there and think, "How do I stack

up against that other person?” – we think they have perfect kids and they never struggle, and that can make us feel isolated and alone instead of connected.

One of the most stable research findings is that self-compassion allows you to be more authentic. You become more true to yourself, and realise that what is true for you may not be true for others, and vice versa. There is nothing wrong with going online

to find information, but ultimately you are the only one who knows what is right for you and what will work for your child.

**“I learned to regulate my son’s emotions through the practice of self-compassion.”**

➤ Find this article online at [earlychildhoodmatters.online/2025-11](https://www.earlychildhoodmatters.online/2025-11)

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# Finding sanity in ancient ritual

Observing the Jewish Shabbat changed my experience of time as a parent, for the better

**Elissa Strauss**

Journalist and author

California, USA

**When you become a parent, time never seems to move at the right speed.**

**Sometimes it moves too slowly.**

**Like when it was tummy time and the baby giggled and then looked at me and oh my goodness his neck is really getting stronger. We are bonding! He is growing! Was that 20, 30 minutes? Is it lunch time? Close to nap time already? Must be. And yet somehow the clock suggests it's only been three minutes, and I have at least two long hours to go.**

**And sometimes it moves too quickly.**

Like when it was Friday and I still hadn't put away the pile of clothes on my desk chair in the bedroom or showered since what was it, Monday, Tuesday? Ew. The mirror was thick with fog, I was about to get in, when I heard a primal scream alerting me that he had woken up early from his nap.

We have to get to music class. We have to get to soccer practice. We have to get to the birthday party. And anyway, how is this kid I am remembering caring for already: one month old, 5 months old, 2 years old, 5 years old, 12 – the current age of my eldest – years old?

"The days are long but the years are short," a friend reminds me, an oft-repeated refrain about the funny nature of time for parents. My mom offers lyrics from the musical *Fiddler on the Roof*: "Sunrise, sunset. Sunrise, sunset. Swiftly flow the days ... Swiftly fly the years."

**"This bored–rush cycle was preventing me from figuring out what parenthood meant to me."**

A year or two after becoming a parent, I began to worry that my children's experience of me would be someone who was always trying to maximise or minimise the minutes and hours, never quite at ease. Equally bad, this bored–rush cycle was preventing me from figuring out what parenthood meant to me.

I sought out some intervention to help me wrap my head around this newfound slipperiness of time – not trying to control the chaos inherent to raising kids, but finding a way to punctuate it, now and then. Something that said *this* is happening now, and the pace is just right.

I found what I was looking for in the weekly Shabbat ritual observed by Jewish families for thousands of years – a day of rest, from sundown on Friday to sundown on Saturday. While I had never “kept”, as Jews say, the Shabbat on a regular basis before I became a parent. Post-kids, this thing that once felt inconvenient – being forced to stop – was transformed into a gift.

First this meant lighting the candles, which I sometimes had to immediately blow out to avoid a toddler-induced fire in our small New York apartment. I’d take a breath, cover my eyes, and recite the blessing. There was something about watching the wick ignite, turn into shades of blue, yellow and red, that held all of our attention. Babies, toddlers, preschoolers – nobody can resist the lure, temporary as it sometimes was, of watching fire. Next came the wine or grape juice, a short blessing for the fruits of the vines, the exceptional sweetness a treasure for my somewhat sugar-deprived children.

Then came a longer blessing to remind us that life exists and wow what a miracle, what a wonder, and one way to receive that miracle and wonder is to keep Shabbat separate from the other six days of the week. The words of the blessing did little for my kids until they got older, but they were intrigued by the intense concentration of a parent on something they couldn’t see or understand. Also, they knew challah, the braided slightly sweet bread, came next.

With time, as my children matured, Shabbat began to feel like a ritual we could do together. There was no homework or music practice to rush to, no cell phones in the dining room, my sons had both become old enough to spend a solid 15 minutes without moving their bodies, and be engaged in conversation alone. They’re hardly all harmonious. We have grumpy nights, we have sad nights, we have tired nights. But even then, I think the ritual grants us the capacity to see one another more clearly – to both participate in the moment and remember that we are all messy beings, far more complicated than whatever mood we are in that night. The fact that it’s the big dessert night in our home definitely helps.



“Rituals can be a break from the to-do lists that plague modern parenting.”

### Why rituals work

Today, in our productivity-obsessed culture, we are inundated with ideas for finding relief through self-care. Parents are told to take breaks, do yoga and meditation, spend time away from children, and find new hobbies. These are all sound ideas, intuitive, scientifically proven, and can conveniently be adjusted and adapted for individual use. I’ve benefited from them all.

Ancient collective rituals, by comparison, feel strange, irrational and inconvenient. But as researchers have observed, their psychological boosting power is bound up in the fact that they lack a clear instrumental purpose (Hobson et al., 2018). They remind us that we can’t plan everything, that some things are outside our control, that human beings have been grappling with big questions for as long as we’ve been around and we may feel like we’re figuring it all out but the fact is we aren’t.



When I light those candles and mark time through the Jewish Shabbat, it doesn't just give me a culturally sanctioned break from the busyness of the week. It gives me a chance to submit myself to something old and irrational which helps me let go of my need to be productive and efficient – and live in a world where everything makes sense.

**“Participating in a ritual can quiet the part of the brain that is always emoting.”**

Ancient rituals can be a break from the to-do lists that plague modern parenting. They allow us an opportunity to get out of our own heads and connect with others. This has positive effects on those experiencing grief, and can help all of us escape our negative ruminating by offering a sensory experience that immerses us in the present.

Pooja Lakshmin, psychiatrist and author of *Real Self-Care* (2023), told me that this feeling of regaining agency is a big part of why rituals can help new parents: “When there is uncertainty and chaos and transition and turmoil, the brain looks to make order. And that is where ritual falls in. It is a very concrete and tangible way to exert choice.” Participating in a ritual can quiet the part of the brain that is always emoting, and allow us to recalibrate and subconsciously prepare for the future.

As my sons grow older, the role of the Shabbat ritual has morphed into a reminder to stop and be here, and really try to listen to one another. What started as a project focused on time has become one about ensuring connection in time. The days may be long with our kids. The years may be short. Rituals can't change that. But they help us know that sometimes we can stop and attune to the moment, and experience that flame, that flicker that connects us all.

➤ Find this article online at [earlychildhoodmatters.online/2025-12](https://earlychildhoodmatters.online/2025-12)

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interview with  
Alejandro Zambra

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Author of *Childish Literature*



**“It would have been  
very strange not to write  
about such a revealing,  
transformative experience”**

**In 2024, the Chilean writer Alejandro Zambra published *Childish Literature*, a collection of short stories, essays and poems inspired by his experiences with fatherhood. For Zambra, becoming a dad opened up big questions about what it means to be close to others, and the strange nature of time. “The birth of a child heralds a far-reaching future in which we will not fully participate,” he writes in the opening essay.**

**In this father-to-father conversation with Michael Feigelson, CEO of the Van Leer Foundation, Zambra reflects on his early years as a father, as well as the significance of writing through and about the transformative experience of parenthood.**

**How did the exercise of writing about being a new dad help you process the experience?**

Writing is a way of thinking, of being in your thoughts. For me, it would have been very strange not to write about such a revealing, transformative experience. “The pencil, his crutch” goes the saying by Elias Canetti. It sounds dramatic, but it is a very accurate image. Writing allows you to walk at different speeds. Sometimes slower, but also sometimes, many times, faster.

**What were the first experiences as a new father that you wanted to record?**

Everything, really. I already miss that time, those first days and months when you don’t know if it’s day or night because you live according to the imprecise rhythm of your child’s naps and awakenings.

**What was it like to write in that state?**

I would make notes in a little notebook or whisper phrases into the phone. It was fast writing, of impressions, of sketches, of odd sentences. Rocking-chair writing, so to speak, going back and forth. Writing in a state of attachment.

**Can writing be useful for new moms and dads, even if they aren’t professional writers or in the habit of writing, to unpack parenthood?**

I think we should all write. To write is to make mistakes, to allow oneself contradictions, uncertainties. I think there is an urgent need for a conversation about parenthood. And writing can help make that conversation happen. Maybe you don’t publish what you write, but you show it to others.

And if you don’t show it to others, what you write still influences your life in crucial ways.

In any case, I don’t like the idea of a “professional writer”. When we writers go out into the world with our newly published books, it gives the impression that we are merely producers of books, and that is not true. We write to process our lives and only sometimes publish what we write.

**As someone so connected to language and stories, what was it like to read to your baby?**

It was a revolution. I was always interested in children’s literature, but I didn’t have the experience of reading every day with a child. My wife and I are very different, starting with our nationality, but our common homeland is literature, which is now also our son’s homeland.

**“There is an urgent need for a conversation about parenthood – writing can help make that conversation happen.”**

Perhaps the first lesson is to understand that you do not read to your child but that you read together with him; that he is also reading, through images, and therefore sometimes his interpretations modify your own. It is also important to understand that children concentrate in other ways. Because a child does not concentrate like Rodin’s *The Thinker*. As Gianni Rodari [the well-known Italian children’s author] says, when a child is enthusiastic about something being read to him, when he is truly concentrating, he interrupts the reading continuously and moves his legs and asks questions or improvises answers to the questions posed by the books. Well, some of us adult readers also read like that ...

**I know your book is not a self-help book, but what would you hope it offers to readers who are new parents?**

The feeling of having a conversation with another parent. We are too used to how-to’s, commandments, quick advice, sermons. Motherhood and fatherhood open up a vast space of overwhelming questions, and literature welcomes those questions, allowing us to embrace their complexity without despairing.

I would like my book to contribute to those big conversations about this subject that we men especially are yet to have.

**Have you had reactions from first-time dads?**

Sure, there are even some who have shown me their fatherhood diaries, so I have the impression that there are a lot of secret father-writers out there. It seems that the parenting diary is not as uncommon a genre as we think.

**“The birth of a child awakens new memories, or generates new memories, and we don’t know if they are true or not.”**

**You’ve talked about the idea that becoming a dad not only changes your present and your future, but it also changes your past. Can you elaborate on this? How can writing about fatherhood help us to give a new narrative to our past?**

It’s that the birth of a child awakens new memories, or generates new memories, and we don’t know if they are true or not. It’s very beautiful. It’s like when you visit the house where you lived as a child and you have the confusing feeling of recovering something.

And of course, the arrival of a child makes you think intensely about your own childhood. What was a whole day in your life like when you were 2 years old? Were you looked after in the same way as you look after your child, or were you just left in front of the TV? We forget those first four or five years of our lives, and then we witness these same years in the lives of our children. It is as if we were completing our biography, but from another place, dizzily different.

**What have you learned from being a dad that you feel helps you in other aspects of your life?**

It’s an experience that wakes you up, that revitalises you. And not because you’ve been asleep or depressed. It’s just another kind of energy that makes you redefine everything. Your ideas about the future, about happiness, about death. There is someone in the world you would die for, you wouldn’t doubt it for a second. That changes everything.

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With you in my arms, I see the shadow we  
cast together on the wall for the first time.  
You've been alive for twenty minutes.

Your mother's eyelids lower, but she doesn't  
want to sleep. She rests her eyes for just a  
few seconds.

"Sometimes newborns forget to breathe,"  
a friendly buzzkill of a nurse informs us.

I wonder if she says it like that every day.  
With the same words. With the same sad  
cautionary tone.

Your little body breathes, though: even in the  
dimly lit hospital, your breathing is visible.  
But I want to hear it, hear you, and my own  
wheezing breath won't let me. And my noisy  
heart keeps me from hearing yours.

Throughout the night, every two or three  
minutes I hold my breath to make sure you're  
breathing. It's such a reasonable superstition,  
the most reasonable of all: stop breathing so  
your child will breathe.

# The power of awe in early parenthood

We need to remind ourselves that caring for children has a lot of awe in it

## Dacher Keltner

Co-Director, Greater Good Science Center  
Host of The Science of Happiness podcast

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**Awe is one of the most fundamental human emotions. It's something we experience when we're around vast things that we may not immediately understand. Many feel awe as a response to music, nature, and the cycle of birth and death.**

I was lucky to be raised by parents who prioritised awe. We did wild camping trips and museums and listened to music together. And I remember distinctly when my first daughter was born – Natalie, 27 years ago – and the experience was just full of awe. It ripped me open and all of life was different.

At that moment I thought: that feeling that I had early as a child that brought such humanity to my life and to other people's lives – that feeling I had when I met my own child for the first time – I've got to study it.

My research over the past 20 years shows that there are so many benefits to feeling moments of awe, from activating the vagus nerve, which helps us relax and feel at ease, to inducing wonder, curiosity and joy, by shifting our focus outwards.

This *Science of Happiness* episode is the first in a four-part series developed with support from the Van Leer Foundation. The series is asking the question:

**How can caregivers experience moments of daily awe, and what are the benefits for themselves and the people they care for?**

To explore the role awe can play in bringing joy, balance and connection to parents, we asked Devora Keller and Noam Osband, two parents raising toddlers in Philadelphia, to try some of our lab-tested practices. We hope to help them intentionally experience awe in a variety of forms, and to also share those experiences with their kids.

This conversation with Noam, Devorah and our executive producer Shuka Kalantari, reminded me about what I love about awe in caregiving: it has the power to change your mind. With a little self-awareness, it can give you a sense of the bigger things that your family is part of.

**Listen to the podcast here**



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## Awe practices for parents to try at home yourself

- 1 Take an Awe Outing: Take short walks and focus on the beauty around you – watch birds, notice clouds, or pick up a fallen leaf.
- 2 Write an Awe Narrative: Think of your most recent experience of awe and describe it in vivid detail.
- 3 Watch Awe-Inspiring Videos: Watch a short video that inspires awe, then reflect on how it makes you feel and the thoughts it evokes.
- 4 Bring Nature Indoors: Fresh flowers, a houseplant, or even a bowl of colourful fruit can bring wonder into your home.
- 5 Experience Awe Music and Art: Play songs that inspire awe or explore art that leaves you breathless.
- 6 Share your Awe Experiences: Talk about what moves you with your children. Research shows kids learn how to feel awe by observing their caregivers' emotional expressions.
- 7 Nurture kindness in kids with Awe-Inspiring Movies: Foster generosity in kids with films that elicit awe.

# interview with Alison Gopnik

Founder of The Social Science  
of Caregiving research project



**“We’re all trying to  
think about how  
care works”**

**In 2023, writer and psychology professor Alison Gopnik launched an ambitious interdisciplinary academic project to understand the science of care. The initiative is a partnership between Gopnik's lab at the University of California, Berkeley, and the Center for Advanced Study in the Behavioral Sciences (CASBS) at Stanford University, USA, and involves researchers from around the world. It will seek to better understand the economic, philosophical, and psychological foundations of care and explore, in depth, how people understand caregiving relationships – a subject long absent from intellectual life and academic studies.**

**In conversation with Michael Feigelson, CEO at the Van Leer Foundation, Gopnik talks about the biological mechanisms of care, why care has historically been ignored by researchers, and why supporting caregivers requires a re-envisioning of the social contract.**

**I wanted to ask you to start by elaborating on something you've said before: we don't care for our children because we love them; we love them because we care for them. What did you mean by this?**

Human babies rely on a much wider range of carers than babies of other animals do. So, as the great anthropologist [Sarah Hrdy](#) has pointed out, human babies are cared for by more than their biological mothers, but also fathers and others we call "alloparents", including grandparents.

This means that something has to prime all the amazing emotions that lead us to care for people. There is lots of evidence showing that when you care for a baby, even if you didn't give birth to the baby, you start having some of the brain patterns that you see in biological mothers. We care for them because they need care. We care, and that becomes love, and I think we underestimate how remarkable that is.

**What do we parents get as a result of doing this care? Does caring for my daughter make me more sensitive, more able to understand what's going on with her – and does that increased sensitivity show up in my relationships with other people or only with her?**

Caregiving actually isn't this kind of automatic, instinctual thing. It requires a lot of thought and reasoning and work. You have to figure out: "Okay, what does this person I'm caring for need? And is what they need what they want? If it isn't, which should I give them?" Those are really hard things to figure out, especially when dealing with a very emotionally volatile 3-year-old, and it requires a lot of cognitive work.

As for your second question – it's terrific, and one we don't have many answers to. Intuitively, it certainly seems as if these changes in the way that we interact with babies would be a model for how we care for people in general. But one of the things that we've been talking about is that we don't know very much about the intelligence of caregiving.

**“Caregiving actually isn't this kind of automatic, instinctual thing.”**

**Caring for kids takes so much intelligence. It's so central to the species. It's so universal. Then why don't we collectively seem to care about parents?**

There was a psychology paper that came out recently – it was looking at what kinds of things people think are motivating and meaningful. And what this paper found was that caring for other people was *the* most meaningful thing for everybody across many different cultures.

Why did this show up only just now? Because no one had asked the question before. Care is invisible. And, you know, there's a fairly obvious explanation for why care has been so absent in research. Think about it: is there anything the people who have been doing this research have in common that might explain things?

**They're tall? So tall they can't see children?**  
Very tall.

Another reason why care has been left out is that when you look at the broad framework of, say, politics and economics there is a focus on what

people in economics call utility theory. The idea is that you have a goal, you do things to achieve that goal, and that will make you better off. Or, you have two people, they both have goals they're trying to achieve. How do they negotiate so that they can both achieve their goals? All of economics and a lot of political science is based on this principle.

But of course, what's interesting about care is sort of the opposite of that. Care is a situation in which you have some people who have more resources and power than others. But the result is that those with more power (the caregivers) are trying to help the ones with less power (the recipients) become more powerful. This is instead of the caregivers trying to become more powerful themselves, which is how we normally operate according to the utility theory.

The fact that it's got that structure makes it so different from everything else that people have thought about as the way that human relationships work.

**Are there any other reasons why care has not been elevated and valued, in your opinion?**

From a policy perspective, I think part of the problem with care in our large, post-industrial society is that we manage most things with markets. And then there are some things that we think we can't buy and sell, like education and healthcare. We think the state should provide that for people.

**“So much care is local and personal, and we don't have many mechanisms in place to support these close relationships.”**

Well, care doesn't really fit into either of those frameworks. Now it is true that we have markets for care, and the state provides support for care. But neither of those really captures what's going on with care.

So much care is local and personal, and we don't have many mechanisms in place to support these close relationships. What we need to do is think about how to support these relationships that are really important in care. Of course there are obvious things, like paid maternity and paternity leave and family allowances or child tax credits. But they are just the beginning.

**Let's talk more about your new project: [The Social Science of Caregiving](#). What is it?**

It started out with a series of meetings of academics from lots of different disciplines including economists, political scientists, policymakers, psychologists and computer scientists. We're all trying to think about how care works. And how could this knowledge change the way that we think about care? And our policies supporting caregivers?

**How does this build on prior research on attachment styles between children and parents?**

The people who've been studying much of this for a long time have all been working within the theoretical framework of attachment theory. And attachment theory has greatly contributed to our understanding of care.

But it focuses on whether or not children are securely or insecurely attached and the consequences of that. There is little looking at what is going on under the hood, or what is going on in the children's own conception of themselves or others.

A lot of the people who are doing this new research start with the attachment framework, but then expand it to include what we've learned in cognitive science and neuroscience. They are taking the basic idea of attachment – that caregiving makes a difference – trying to flesh that out and discovering that there's far more flexibility and complexity than we realise.

**And this idea that caregiving makes a difference, can it be conceived as universal?**

We know that societies care in really different ways and have different conceptions of what it is and how it works. And yet, there seems to be a shared biological core of care.

So, one thing we want to try and figure out is how this plays out across different cultural traditions in different parts of the world at different times. In policy terms, we see that care crosses a lot of political and social divides; regardless of your ideology, people can agree that care matters.

“We see that care crosses a lot of political and social divides.”

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# Rebuilding villages of support

Ideas and initiatives that consider care for parents and caregivers

## in our cities

- 62 Five urban design choices that make a world of difference for parents  
– *Sree Kumar Kumaraswamy, Madhura Kulkarni and Visakha KA*
- 68 How Arab cities in Israel are recreating a sense of connection  
– *Noor Korabi*
- 72 Interview with *Mariam Issoufou*: “Intergenerational housing is back”
- 76 Family hubs change how children and caregivers experience parks in Jordan  
– *Muhsen Albawab and Qasem Alrousan*
- 80 How to transform public spaces to encourage intergenerational play  
– *Abu Dhabi Early Childhood Authority*

## in our communities

- 84 Ask a parent: How are you?  
– *Libby Kahn*
- 88 How black women reclaimed care in São Paulo  
– *Ana Carolina Barros Silva, Camila Generoso, Kezia Paz and Tâmara Calheira*
- 91 A place for dads to feel safe and ask questions  
– *Rich Felisia*
- 94 Good housing can make parenting less lonely  
– *Dinah Bornat and Irina Ivan - van der Kwaak*
- 98 Caring connections  
– *Isolde Woudstra*

## in our workplaces

- 104 When work works for parents and families, everybody wins  
– *Brigid Schulte*
- 108 Taking care of business by taking care of parents  
– *Erik Manfrim and João Paulo Camarinha Figueira*

# Five urban design choices that make a world of difference for parents

## Nurturing Neighbourhoods in India care for the whole family

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**Designing cities for young children has huge benefits, from healthier environments to more inclusive spaces. Parents and other caregivers also gain from this kind of urban development. We know how stressful cities can be to navigate when you're carrying a baby, pushing a stroller, or holding the hand of a little human who is tired and irritable – or who just wants to play and explore. That's why we're spotlighting simple things urban designers can do to change that experience for caregivers and their little ones.**

Launched in 2020, the [Nurturing Neighbourhoods Challenge](#)<sup>1</sup> has helped cities across India transform over 180 urban spaces for this population. As part of the [World Resources Institute \(WRI\) India team](#) providing technical support to many of these projects, we present five design choices that we have seen make a real difference.



<sup>1</sup> The [Nurturing Neighbourhoods Challenge](#) is an initiative by the Smart Cities Mission of India's Ministry of Housing and Urban Affairs with support from the Van Leer Foundation and technical assistance from WRI India.



Photo: Visakhya KA, WRI India

↑ Children and families enjoy play and leisure at Poovath Street, Kochi

## 1 Play opportunities on the doorstep

📍 Kochi, Kerala

It is a great relief for parents when their children can play close to home. Taking children to play in a park can be a challenge, as it often requires time and effort to travel to such spaces. However, when a mini park is located close by it becomes much more practical.

In Kochi, a city in south-west India, city agencies – Cochin Smart Mission Limited and Kochi Municipal Corporation – helped make this a reality. Following discussions with residents of a densely populated neighbourhood, authorities reclaimed a stretch of Poovath Street that had previously been used for parking vehicles and transformed it into a linear “pocket park”. The design featured murals painted by community members, play options – such as sandpits – suitable for various ages, exercise equipment for adults, and rest areas.

Follow-up surveys show that 60% of local caregivers and children now use the area for more than 30 minutes a day. In the mornings and evenings, female caregivers – from young girls to elderly women – can be seen using this outdoor space while keeping an eye on children; some watch over them from home while they manage household tasks or socialise with

friends. Members of the community have stepped up to maintain the space, ensuring that it feels secure.

As one father said:

*“Other parks in the city are distant and gated. This park offers unmatched doorstep play opportunities, unlike any facilities in the area. Schoolkids stop and play on their way home. I find this park to be safe and clean for our young children’s use.”*



Photo: Visakhya KA, WRI India

↑ Caregiver engaging a young child in play in a street-side park

## ② Play spaces outside children's health centres

📍 Kohima, Nagaland

When parents and caregivers take their young children for health check-ups, they often have to wait to be seen. When there is no place for them to keep their children entertained, waiting can become a stressful experience.

**“The courtyard was transformed with the needs of these visitors in mind.”**

The Naga Hospital in Kohima, in north-east India, had a courtyard next to the paediatric ward, but it was

not suitable for young children to play, and could not be easily accessed by caregivers with wheelchairs or strollers due to the uneven surface of the walkways. The courtyard was transformed with the needs of these visitors in mind: walkways were levelled, places to sit in the shade were provided, and play elements were incorporated to engage children of various ages.

Dr Prathana Das, a paediatrician at the Naga Hospital, says:

*“I can see young children coming out to enjoy the space, and their parents express a sense of relief and security.”*

This simple intervention has transformed a stressful waiting experience into a place of smiles and giggles.

↓ Mother and daughter playing while they wait for their appointment



Photo: Sudipto Barua, WRI India

### 3 Caregiver-friendly amenities at maternity hospitals

📍 Wilson Garden, Bangalore

The comfort and specific needs of parents and other caregivers are often overlooked in the design of maternity hospitals.

For pregnant women, mothers and young children visiting BBMP (Bruhat Bengaluru Mahanagara Palike) maternity hospital at Wilson Garden in Bangalore, there was no adequate seating; families, including the woman in labour herself, had to stand or sit on the kerbs while waiting for hours. An extensive study was conducted to understand the needs of these women who came to the hospital. In response, wide and multi-height seating modules with backrests were provided to ensure comfort, particularly for pregnant women.

A play area with elements designed for children of various ages was developed adjacent to the waiting area to occupy children and keep them calm while waiting. Additionally, a peaceful herb garden with a walking trail was introduced, offering a calming environment with its medicinal and aromatic plants, and providing a space for relaxation. This encouraged light physical activity, offering pregnant women and other visitors a quiet outdoor space for short walks or gentle exercise. To ensure convenience and hygiene, e-toilets with self-cleaning, touchless systems were installed near the waiting area. These thoughtful improvements collectively created a more supportive, patient-centred environment, significantly enhancing the overall hospital experience for families.

A medical officer at BBMP Maternity Hospital said:

*“This hospital has set a benchmark for the development of other primary healthcare centres across the city, benefiting not only children but also their caregivers. By enhancing these facilities with comfortable waiting areas, play zones for children, and the addition of plants and herbal gardens, the overall experience has been greatly improved, making it more pleasant and enjoyable for all visitors.”*



↑ Caregivers and their little ones resting on the shaded seating



↑ Walking trail for caregivers to enjoy the herb garden



↑ Herb garden for relaxation retrofitted with a free-to-use e-toilet

“It has fostered a vibrant community space where caregivers can connect with each other and with community members.”



Mobile library for children by Rourkela Municipal Corporation (RMC)

Young child-friendly seating and play space by Rourkela Smart City Limited (RSCL)

Community space by RSCL

Micro-community centre under JAGA Mission

Photo: Rourkela Smart City Limited

#### 4 Clustering services to create a care hub

📍 Rourkela, Odisha

Caregivers can spend a lot of time travelling around a city, just getting from one place to another. It might take a whole day to attend a routine health appointment, go to a play group and visit the temple if they are spread across the city. The stress of travel can be reduced if all the places a caregiver wants to visit with their child are located in the same local area.

In the Ruputola neighbourhood of Rourkela, city agencies – the municipal corporation and Smart City SPV – leveraged funding from various state-level programmes to develop a cohesive care hub that includes an *anganwadi* (an early childhood

development centre that provides education, healthcare, nutrition and support for caregivers and children under 6), community centre, library, temple, women’s activity centre and play area. Not only has this simplified the logistics of daily travel for caregivers, it has fostered a vibrant community space where caregivers can connect with each other and with community members, supporting their overall wellbeing as well as the development of their children. On average, 30 caregivers with their young children are now seen interacting with each other and utilising the facility every day.

A member of the Slum Dwellers Association says:

*“Children come here to play, while women can gather in a safe and pleasant environment.”*

New Anganwadi Centre  
by District Mineral  
Foundation Fund

Young child-friendly play  
space by RSCL



In the Sanskriti Nagar neighbourhood of Indore, focus group discussions revealed that caregivers would have liked to use the park next to the local *anganwadi* outside the centre's operating hours, but they were unable to do so because various antisocial behaviours made it unsafe. In response, city leaders organised community activities to reclaim the space, while making improvements such as creating shaded areas and interactive play features using natural materials. The area has now become a vibrant community hub, where women feel safe and children and caregivers enjoy spending time together. Of the female caregivers interviewed, 82% reported feeling safer when using the space and taking part in activities.

**“City leaders organised community activities to reclaim the space.”**

As the grandfather of one toddler in the neighbourhood says:

*“It’s a great improvement, and we’re very pleased with it. Numerous engagements with the people of the neighbourhood were key to the transformation, with community input shaping the design. Children never played here before, but now they’re in the park all the time.”*

## 5 Engaging caregivers in a co-creation process

📍 Indore, Madhya Pradesh

By involving caregivers in urban design processes, we have witnessed a significant increase in the use and maintenance of spaces. While the needs and concerns of caregivers are often similar from one city to another, specific neighbourhoods can have unique circumstances. The involvement of caregivers in the co-creation process is essential to creating environments that truly meet their challenges, and fosters a sense of ownership.



↑ Caregivers and their children spending leisure time at Sankriti Nagar *Anganwadi* in Indore

➤ Find this article online at [earlychildhoodmatters.online/2025-16](https://earlychildhoodmatters.online/2025-16)

# How Arab cities in Israel are recreating a sense of connection

## Making parents a priority to rebuild safe and supported communities

**Noor Korabi**

*Urban95 Regional Manager and Strategic Mentor in Arab society*

Israel Green Building Council

Tel Aviv, Israel

**Like many Palestinian Arabs in Israel, I grew up in a village that has since become a crowded small city. As a child I used to play in the streets, but the rising number of cars has taken away that joy for today's generation of children.**

This one change reflects a much larger shift that has taken place for parents and children in Arab cities across Israel. As our smaller physical villages have disappeared, so have the communities that they organically created through spontaneous encounters – like playing outdoors. At the same time, we have not seen much in the way of city planning or the development of public spaces, parks, transportation and housing, which would better connect the significantly larger population. As a result, many families feel isolated, and parents are caring for their children without an adequate support network.

While I am not a parent myself, many of my peers have young children, and I see how stressed-out they are because they lack access to the tight and helpful community my parents enjoyed.

As the Urban95 Regional Manager and Strategic Mentor in Arab society in Israel, where Arab citizens make up 20% of the population, my role is to encourage and support cities to prioritise the health and wellbeing of babies, toddlers and their caregivers. In Arab cities that have experienced

significant recent population growth, such as Tira and Baqa al-Gharbiyye (both with populations of 32,000 people), my aim is to recreate, as much as possible in today's urban context, the kind of experience that my generation had as children – and the kind of support that my generation's parents had when they were raising us. By focusing on maintaining and strengthening the community values important in Arab society, the Urban95 programme<sup>1</sup> aims to remind families how we used to connect in our villages in order to inspire a sense of belonging for the future. My hope is to help re-establish an environment in which parents can allow their children to play outside while feeling confident that their children are safe and the community will look out for them.

Today, most parents rely on extended family to cope with childcare, even though families are dispersed. For example, my sister and her husband live far from most of their extended family. They tend to work late, and often rely on me to pick up my niece from kindergarten in another town. The lack of land on which to build private homes and the scarcity of apartments to rent often force young couples to move away from family support networks, making this solution out of reach for many. And with a lack of public spaces for play, parents

<sup>1</sup> Urban95 is a programme, initiated by the Van Leer Foundation, that works with city leaders and urban professionals to create healthy, safe and vibrant cities where babies, toddlers and their families thrive.

often rely on sometimes costly private classes and activities, such as gymnastics, football, or music lessons, to stimulate their children.

**“My aim is to recreate the kind of support that my generation's parents had when they were raising us.”**

While community remains as important as ever in Arab culture, these changes and the mismatch between tradition and urban development have made it harder to put this community spirit into action.

Our work aims to give families better opportunities to connect by providing spaces that are accessible and engaging for caregivers as well as children. We want to recreate an experience of belonging that has been lost over the years.

We run groups for new mothers, led by parenting educators who support the participants in opening up to each other about the emotional and practical challenges they are facing, from breastfeeding, to sleep routines, to dealing with exhaustion. Additionally, we have groups for parents of preschool children, who are dealing with another set of challenges and concerns.

These efforts are made more complicated by the ongoing war, rising internal strain and crime rates. Since the war started, we have been running sessions designed to help parents deal with their stress and worries about how the situation is impacting their children's behaviour. Concerns about safety and trauma are pervasive, and require special attention. In certain cases of violence, for example, we respond by holding workshops for parents with a psychological counsellor who discusses the emotional challenges children and parents may be experiencing.

### **Connections that restore trust for a new generation of parents**

In one city, I've made it a priority to telephone every new parent who registers for an Urban95 activity. On these calls, I personally introduce myself, explaining



Photo: Noor Korabi

the programme and answering their questions so that they feel welcome and safe to participate. This matters, because levels of trust in services offered to the public by municipal authorities or non-governmental organisations are very low. Also, I try to attend all the activities myself, even during holidays and weekends, and everyone has my phone number.

Listening to feedback is very important for making these groups a success. For example, we heard about fathers who had wanted to come to one of our activities, but when they arrived and saw that all the participants were mothers, they left because they feared they would not be welcomed. So, we set up a workshop on play that was only for couples to encourage fathers to join. It was great for the fathers to hear how important it is for them, too, to play with their kids.



Photos: Noor Korabi



Overall, we've found that what all parents really want is a chance to talk about their experiences with parenthood without feeling that they're being judged. Creating these kinds of opportunities has led to deeply moving moments. In one session, for example, a new mother shared that her baby had chickenpox. Someone mentioned that it can help to put breastmilk on the spots. She said that she hadn't been able to breastfeed, and immediately other mothers offered to express their own milk and give it to her. These are people who had only just met, and hardly knew each other.

### **Making sense of challenges together**

When there is violence in a small city, everyone knows about it, including children. They might see or hear things. They might be related to the victim

or encounter violence on their way to kindergarten. Children ask questions and sometimes parents don't know the best way to respond. We are working to support parents so that big topics and difficult circumstances feel more manageable.

One of the ways we do this is by helping these parents feel less alone, and more connected to one another. With increasing violence in Arab society, people hardly see each other and have difficulty (or fear) communicating. For parents of children under 3, there are hardly any activities – except those that are private and expensive – leaving few opportunities for young families to meet and share their experiences. I listen to parents' concerns and know that they are dealing with a lot. In addition to ongoing violence, climate change is also a big stressor. Parents feel frustrated and powerless.



“There is power in addressing shared challenges and relieving frustrations together. I envision doing this through imaginative and nature-based group activities.”

← Bringing the community in Tira out and together in nature

I want to change that by focusing on building peer support among parents and facilitating connections among Arab municipalities. There is power in addressing shared challenges and relieving frustrations together. I envision doing this through imaginative and nature-based group activities, such as art workshops using recycled materials or DIY sessions on how to play without “toys”.

I am also thinking about programming that brings young children and older people together – making connections between generations can help nurture a shared purpose and identity among families. Looking ahead, my big goal is to help parents build a strong community shell around them that can nurture them and their children, as well as foster their sense of power and self-efficacy.

➤ Find this article online at [earlychildhoodmatters.online/2025-17](https://earlychildhoodmatters.online/2025-17)

# interview with Mariam Issoufou

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Founder and Principal of  
Mariam Issoufou Architects



**“Intergenerational  
housing is back”**

**Mariam Issoufou, founder and principal of [Mariam Issoufou Architects](#), is known for her focus on social impact, sustainable design, and urban planning that respects cultural heritage. Her approach shines brightly in the Niamey 2000, a housing development in Niger's capital inspired by pre-colonial cities in the region.<sup>1</sup> The development provides families with privacy while fostering a sense of community. By using culturally sensitive designs and local materials, the homes are both affordable and well suited to the city's high temperatures. In this interview with architect and urbanist [Victoria Chavez](#) from the Van Leer Foundation, Issoufou discusses how architecture can enhance family life and support the wellbeing of children and caregivers.**

### **What inspires your architectural practice?**

I can trace my motivation for my architecture to my childhood. I grew up in the middle of the Sahara Desert in a small mining town in northern Niger. We lived very close to the centuries-old ancestral town of Agadez, where the historic architecture was still lived in, and I was completely captivated as a child.

Growing up in the desert shaped me. I'm an architect obsessed with temperature and thermal comfort. One of the most enduring memories I have from that time is walking home from school under a 50-degree sun – what that feels like on your skin and then the refuge of a cool home to return to.

As an adult, I realised how much of a gift it was to have historic Agadez nearby. As an architect, it gave me a completely different perspective – I was not constrained by the idea that architecture should look a certain way and follow global trends. I think architecture should represent the realities of the place and the people, not just aesthetically but also functionally.

### **How do you begin designing housing that responds to local culture, values and family structures?**

The key is not making any assumptions, even about the basics. When we practise architecture, we tend to have these archetypes and ideas of what a house is, what a bedroom is, and so on. Instead, we should be asking questions.

<sup>1</sup> To find out more about Niamey 2000, developed by united4design, and other projects designed by Mariam Issoufou Architects, visit <https://www.mariamissoufou.com/>

**“We lived very close to the centuries-old ancestral town of Agadez, where the historic architecture was still lived in, and I was completely captivated as a child.”**



Photo: Shutterstock

↑ Ancient minaret of Grand Mosque in Agadez, Niger

Even in Niger, a place I know really well, we spend a lot of time doing observational research. For example, for me it was important to check whether certain traditional practices still hold the same value for the future inhabitants of these homes. It's about coming from a place of empathy and humility, where you encounter a space; tell yourself that you know nothing about it; seek out the experts, who are the people already living there; and listen carefully and ask the right questions as much as possible.

**Your first major project was Niamey 2000 – a housing project in Niamey, Niger, for low-income families that balances density with privacy and local traditions. How did your childhood experiences influence this and other projects?**

Niamey 2000 was an exercise in interrogating what family life means in a place where community is so integral. This helped us ensure intimacy for the family, as well as generosity towards the community. Designed to respond to the housing crisis in the city, the project focused on increasing density and enabling intergenerational living.

I have this incredibly vivid childhood memory of sleeping outside in summer, the breeze a natural air conditioner because electricity was very expensive. Dragging our mattresses to the terrace outside after dinner became a family ritual. So, for Niamey 2000, we made these very spacious terraces at the top of the house near the bedrooms to accommodate these intimate family moments.

**“Niamey 2000 was an exercise in interrogating what family life means in a place where community is so integral.”**

Another example: in Niger our way of making food is very fragrant and takes hours, so the idea of kitchens incorporated into the house was not very practical. All the cooking takes place outside in the courtyard. After the desert years, we moved to a typical middle-class home that was set up like a western home. Only western food was made in the western kitchen,

or the space was used to plate and serve the food, but not to cook.

As time passed, it struck me how bizarre this was. The house did not fit our family's way of life, so we had to change our behaviour instead. All of a sudden, we were eating in the dining room, at the dining table, with individual plates. Then I would visit friends living in more traditional homes and everyone would sit and eat communally around a big tray, which I loved. It was more intimate.

**How does this sensitivity to local ways of life benefit families?**

When we're not careful, architecture can demand that we change our behaviours and lifestyles to fit the design. As a child or caregiver, this can significantly influence the early years – what we teach our children, how we communicate certain principles, and the extent to which it is possible to embody and preserve one's cultural way of life.

**What role do you see for housing and architecture in supporting caregiver wellbeing and relieving family stress?**

You need to focus on the design of the buildings and spaces and on the dignity of the people who will inhabit them. Housing developments often prioritise affordability and aim to provide as many units as possible. If a house is just a standard box, does it serve its intended purpose? A housing development like Niamey 2000 provides residents with a sense of place because the design is inspired by pre-colonial cities of the region. One of the immediate things we noticed upon completion was how residents immediately knew how to use the outside spaces, whether it was children playing or adults sitting on the low walls outside houses. All of a sudden this space that would normally have been fenced off became a communal space that could be shared across different age groups.

Housing and architecture can also support caregiver wellbeing through being adaptable to the family's needs, particularly in vulnerable areas – for example, by providing a smaller unit that families can add rooms to as they grow. This gives caregivers agency to make the house their own and adapt it to their evolving needs. When we think about housing,

especially in the western context, it's often a fixed thing. But in many cultures around the world, housing evolves by nature and current archetypes for housing do not enable that.

### **In your architectural practice you champion using local materials, while delivering the highest quality of buildings. How does this benefit families living in Niamey 2000?**

Using local materials like compressed earth bricks is directly tied to affordability. When we finished Niamey 2000, we calculated that it was 30% cheaper to have used these materials than the more common material, concrete, without compromising at all in terms of design, finish and comfort. One of the main drivers of the project was to confront certain beliefs, such as the idea that unless you use concrete, you are building something ephemeral; which, of course, growing up near Agadez, I knew to be wrong.

The other factor was climate adaptation. These materials are a much more logical choice in a very hot country, while cement increases house temperature. If it's 45 degrees outside, it can be 55 degrees inside a concrete house, which is shocking. Caregivers can either spend half a month's salary on electricity for air conditioning alone, or bear extreme heat, which has a detrimental impact on the development of children and everyone's health overall. Either way, families are forced to sacrifice basic things that affect their wellbeing.

### **Are you observing renewed interest and opportunities around intergenerational housing worldwide?**

Intergenerational housing is back, and I say "back" very deliberately because we're not necessarily learning something new. We went so far in other directions (single-family homes, apartment towers) and we lost community as a result. Now we are



Photo: Torsten Seidel

↑ A view of Niamey 2000 housing, developed by united4design architects: Yasaman Esmaili, Elizabeth Golden, Mariam Issoufou, Phillip Sträter

feeling the loss of that community. Historically speaking, different stressors and vulnerabilities were smoothed over by the fact that we lived in communal systems.

So, I'm very excited because intergenerational housing might be the answer to several ailments across societies (such as rapidly ageing populations, changing climates). It's about using the lens of architecture to gain a better view of our current vulnerabilities, and recognising that there's a cost to be paid for not looking at them.

Even the concept of "can you watch my kid?" doesn't exist in a lot of multi-family housing or other close communal contexts, because it goes without saying that if your child ventures off, people will always look out for them along the way. Being able to feel that you can give and take care, and not have to do it alone – that's the key.

➤ Find this article online at [earlychildhoodmatters.online/2025-18](https://earlychildhoodmatters.online/2025-18)

# Family hubs change how children and caregivers experience parks in Jordan

Parents and policymakers in Irbid now see real value in local public places



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**How can you combine physical and programmatic design ideas to improve cities and facilitate community connections? In 2022, key municipal staff from Irbid, Jordan, including the city's Mayor, participated in an Urban95 study tour of Copenhagen organised by the Van Leer Foundation.<sup>1</sup> We were there to learn how to design public urban spaces to better accommodate caregivers and young children.**

It was on this trip that we came up with the idea for the [Family Hub model](#), a new vision of urban planning that reimagines public parks to foster healthy development and a sense of community for the whole family. We believed that such efforts would help young children in Irbid flourish, giving parents a chance to get out of the house and connect with other caregivers. Importantly, these public spaces are accessible to all, regardless of income.

Returning home, we decided to turn the idea of the Family Hub into a reality and Irbid is the first city in Jordan to create such a project.

The Family Hub model is dedicated to improving services in parks, including more play equipment, better public toilets and more accessible pathways without high kerbs, as well as shade through trees or canopy structures. The first Family Hub, in Al-Ashrafeyeh Park, transformed a disused library building into a space for activities such as a summer camp for young children; and an adjacent unused concrete area now features seating under shade sails for caregivers and sensory play areas for children. We are setting an example that we hope will inspire other cities to follow. This model that started in one area has now been replicated in five other locations in Irbid and we are always working on driving this vision further to other municipalities.



← Young children and their caregivers enjoying the newly renovated Al-Ashrafeyeh park

<sup>1</sup> Urban95 is a programme, initiated by the Van Leer Foundation, that works with city leaders and urban professionals to create healthy, safe and vibrant cities where babies, toddlers and their families thrive.

This initiative comes at a time when families in Irbid face a number of challenges. In addition to the decline of a number of social services during the pandemic, the city has taken in a large number of refugees from neighbouring countries – increasing the demand for early childhood programmes. Research tells us this kind of programming can play a significant role in parental wellbeing and children's healthy development.

Another challenge parents in Jordan face is the often prohibitive cost of activities for children. By making the Family Hub free for all, we help alleviate such concerns. As Ahlam, a mother of 4- and 5-year-old children from Irbid, shared:

*"The Family Hub offered a free-of-charge space for our children to play, which allowed us as parents to bring our kids out without financial pressure as the other places are costly."*

## **Educating the community about the importance of early childhood**

To ensure the Family Hub model served parents, we invested time in orienting partners and stakeholders – including local NGOs, the communities themselves, and departments in the municipality – around the specific needs of younger children and families. Not all of them understand the importance of serving this community.

**“Even hearing their music from outside the park attracted caregivers and children to join us.”**

To do this, we set up the Early Childhood Development Unit, a multidisciplinary team of city officials within the municipal government, to foster a collaborative approach across departments. This unit worked with the staff of various municipal departments to increase enthusiasm for the project. We also held participatory sessions for municipal government workers and local councils to help us

design the programmes and spaces. In turn, these sessions helped participants better understand the unique needs of children from newborn to age 3 and their caregivers, as well as the importance of adapting programmes for this particular demographic.

As Suha Alwahasheh, an engineer in the municipality, put it:

*"We had never thought about the concept of early childhood development. The project has provided us with so much to think about and presented a lot of potential to consider in our future plans."*

Additionally, we conducted interactive sessions to foster engagement between families and the municipality – playful, community-centred gatherings that both facilitated data collection and increased community buy-in. For example, a local music and entertainment band for children was included in all these events. Their music and dances are well known within the community and even hearing their music from outside the park attracted caregivers and children to join us. Importantly, data collection was also done through observation of behaviours of children and caregivers playing, not just filling in surveys. We involved experts from the local community to ensure that the language and approaches used in these sessions were relatable and grounded in the caregivers' everyday experiences. Using easy-to-understand terminology has been key in ensuring people have a clearer idea about what the Family Hub model is and how it benefits caregivers and their young children.

Another important step we took to ensure the model's success was to build collaborations with many people, including nurseries and kindergartens that use the parks for excursions, local charities, NGOs, religious centres and health centres. We also worked to connect service providers with their users, finding people with expertise in areas such as parent coaching and offering them space in the hubs.

Today, parks with Family Hubs offer a wide range of activities for both children and caregivers. These include awareness-raising sessions for caregivers, from road safety and first aid to responsible use of

smart devices, as well as sessions on health topics such as nutrition, breastfeeding, and breast cancer awareness. We also created workshops to encourage bonding between caregivers and children through activities such as arts, crafts and cooking, including pottery painting and growing plants.

### **Listening to caregivers to support them better**

The Family Hub model continues to evolve with feedback from parents in the community, which we collect through group chats for individual hubs. We collect caregivers' phone numbers when they visit, and add them to the group if they wish to receive news about activities. After each session, we ask them to provide feedback using a suggestions box or on our Instagram page.

For example, parents and other caregivers told us that they wanted the hubs to be open outside normal working hours, so that parents who work during those hours could also benefit from them. Lack of public transport also came up as an issue for parents living far from the parks. One of the solutions for this was to bring Family Hub programming to them by scaling mobile Hubs and pop-up play events.

Early results from the Family Hub model have been encouraging. Before the intervention in Al-Ashrafeyeh Park, for example, observations revealed that caregivers with young children never used the park. When the project team asked local caregivers why, they mentioned factors like a lack of play areas and seating, litter, and concerns about safety and security. Now, observations show that 40% of the park's visitors are aged between newborn and 5 years.

The most interesting behavioural shift we have observed, however, has been an increase in older siblings taking care of their younger brothers and sisters while in the park. By designing places that are safe, enjoyable and meet the needs of children as



↑ Fun all around at the Family Hub in Al-Ashrafeyeh park

well as those who care for them, we are letting older siblings do their bit while parents take some much-needed time off.

People from all walks of life who have given it thought realise, as we do, that looking after kids is easier in places designed for it.

➤ Find this article online at [earlychildhoodmatters.online/2025-19](https://earlychildhoodmatters.online/2025-19)

# How to transform public spaces to encourage intergenerational play

## Abu Dhabi's commitment to a family-friendly future

Abu Dhabi Early Childhood Authority

**Every day, a young mother from Al Falah faced the same dilemma: where could she take her two young children, a 2-year-old girl and a 4-year-old boy, to play? With few nearby parks, she needed either to get everyone in the car or embark on a long walk along plain concrete sidewalks. As a result, she often stayed home with her children instead.**

According to a 2022 report, 80% of children in the UAE engage in less than one hour of physical activity per week (Alrahma et al., 2023). To provide context, the UK's National Health Service recommends that children under 5 years of age should engage in at least three hours of physical activity *per day* (NHS, 2024). Adults, too, do not get enough exercise: only 20–26% report achieving levels of physical activity that meet global recommendations (Alrahma et al., 2023).

At the Abu Dhabi Early Childhood Authority, a government organisation committed to the holistic wellbeing of children from the early stages of pregnancy to the age of 8, one of our main strategic priorities is to transform Abu Dhabi into a family-friendly emirate. By prioritising the needs of young children and their families in urban planning and neighbourhood design, we aim to create cities that benefit all residents and foster more inclusive, livable communities. Our approach begins with encouraging children and their caregivers to return to safe, outdoor public spaces. This not only boosts physical activity and health but also promotes broader

wellbeing by strengthening community bonds, deepening connections with nature, and celebrating local culture.

### **Creating vibrant hubs of connection and joy**

In February 2024, we launched a tactical intervention at the Al Falah Village Center, which includes a mosque, a small park, and a retail plaza. We began by collecting observational data in the public realm on activities, user groups, and behaviour patterns. Were children present? What types of play were they engaging in, if any? Were the adults interacting with the children in their care, or using their electronic devices?

↓ Families from the neighbourhood playing at the Al Falah intervention





To start with, only 15% of visitors were children aged 8 years or younger, 3% were senior citizens (aged 65 and over), and caregivers spent only 3% of their time interacting with their children. Informed by these insights, we focused on making the outdoor space more appealing to families. This was accomplished by providing built infrastructure, as well as with the addition of small events and programmatic activities using play to promote social, cognitive and physical development.

Four changes were clear successes:

- 1 **Picnic tables** encouraged communal behaviour and prolonged interactions as people across generations shared food, drinks and play activities.
- 2 **Movable play equipment**, such as foam blocks, fostered independence in toddlers.
- 3 **Hammocks** were very popular, as a comfortable place to sit and share, and contributed to the site's identity.
- 4 **Flexible cycling and sports equipment**, like movable football goals and floor paintings of lines for children to follow on their bikes, inspired more playful physical activity led by the young children.

**“Our approach begins with encouraging children and their caregivers to return to safe, outdoor public spaces.”**

The response to these interventions was positive and immediate. The number of children using the space tripled in just over four weeks, and those children spent almost twice as much time playing. We observed a 42% reduction in people using their devices, and a significant increase in connections across generations as the interventions encouraged more family members to gather, including teenagers and older community members.

The young mother in Al Falah who once stayed at home now connects with other caregivers in the Village Center on a regular basis as they watch their children explore and make friends. All the visitors report feeling welcomed, safe, and having an increased sense of belonging. Research from other contexts backs up the observation that interventions like these can build social capital and mutual support

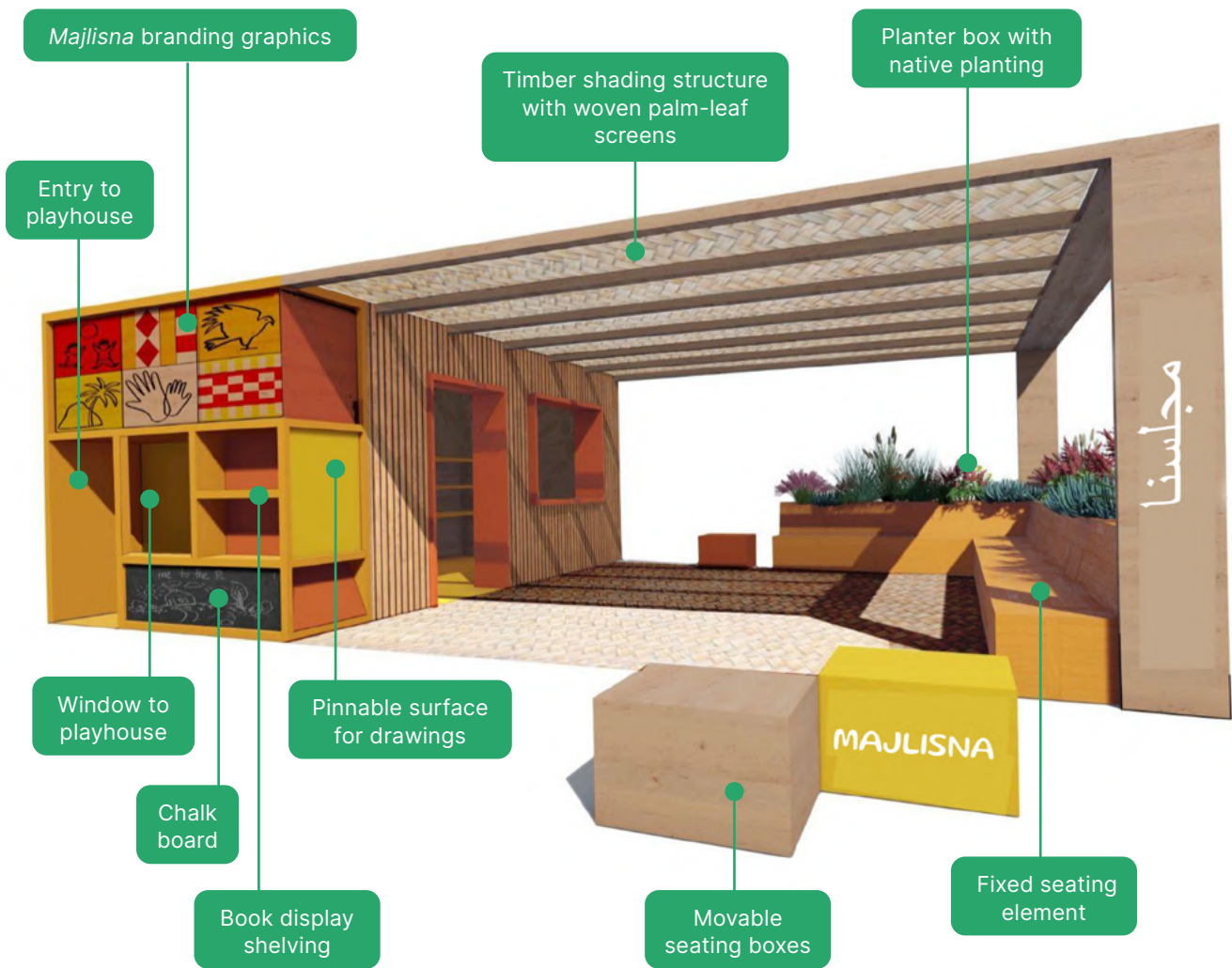


Illustration: Abu Dhabi Early Childhood Authority

↑ One type of model of the *Majlisna* play hub

for caregivers (Prince, 2024), turning small spaces into vibrant hubs of connection and joy.

Some elements, however, did not work as anticipated. The provision of large chess pieces, for example, which were inspired by international leading practices, did not resonate with the local community. This demonstrates the importance of context-specific solutions and the value of testing interventions before making them permanent.

### ***Majlisna* encourages families to play together**

The learnings from the Al Falah intervention are serving as the foundation for *Majlisna* (from the Emirati concept of the *Majlis*, a space for family and

communities to gather), a broader, ongoing initiative to transform public spaces across Abu Dhabi.

*Majlisna* draws on the cultural significance of the traditional Emirati *majlis*, reimagining them as multi-functional areas for active play, social interaction, and community engagement.

Creating interactive environments, *Majlisna* aims to strengthen the physical and mental wellbeing of young children and caregivers, and to deepen families' connection to their cultural heritage and natural environment, through five core components:

- 1 **A play hub** – a permanent physical structure that will act as the gathering point for outdoor play and activities, and serve as a place to store loose play parts

- 2 **Loose play parts** – including toys, bicycles, craft materials, books and games, which can be used by play facilitators, caregivers and children
- 3 **Play extensions** – permanent elements that complement the play hub, including trampolines, climbing walls, cycle tracks, hammocks and picnic tables
- 4 **Play prompts** – digital, interactive prompts to stimulate intergenerational play, curated to suit the needs of different locations through scannable QR codes
- 5 **Play facilitators** – including trained volunteers who can promote active, flexible, creative play.

## “Social connection lies at the heart of *Majlisna*.”

Each component can be adapted to suit the needs of different types of sites. For example, in a narrow alleyway or *sikka*, the focus may be on play extensions and play prompts, while larger areas may incorporate all five components. Flexibility is a big part of the initiative, and the emphasis is on providing the opportunity for children and their families to play together in any particular environment.

The initiative is being developed in collaboration with a diverse range of stakeholders, including volunteers, caregivers, social workers, municipalities and real estate developers. As the Director General of the Abu Dhabi Early Childhood Authority, Her Excellency Sana Suhail, stated:

*“The Majlisna initiative is about creating spaces where families can come together, play, and connect in meaningful ways. By investing in such spaces, we are investing in the wellbeing of future generations, building a community where every child has the opportunity to thrive and grow.”*

Social connection lies at the heart of *Majlisna*. When families come together and interact in public spaces, it fosters positive behaviour change and strengthens the resilience of diverse communities. By creating environments that nurture the wellbeing of both children and caregivers, we help build a foundation for healthier, more connected societies. If this initiative proves successful, the plan is to scale *Majlisna* across Abu Dhabi, extending its benefits to neighbourhoods throughout the emirate.

➤ Find this article online at [earlychildhoodmatters.online/2025-20](https://earlychildhoodmatters.online/2025-20)

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# Ask a parent: How are you?

Nurses in Israel's *Shalem* programme see and feel the benefits of encouraging self-compassion





**Libby Kahn**

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**On 8 October 2023, the day after the devastating attacks on Israel, I received a call from Professor Vinker, CEO of the medical department at Leumit, one of Israel's state-mandated health funds. One of my nursing colleagues had been shot while rushing to help a wounded soldier. Our head nurse was searching for her missing brother-in-law. Would I be okay to take over their responsibilities?**

I said: I have to be okay. I don't have the privilege of not being okay. Those responsibilities involved taking care of all the nurses working at Leumit, while juggling my usual duties as lead of the *Shalem* programme<sup>1</sup>, which trains nurses to support caregivers so they, in turn, can better care for their young children.

The *Shalem* programme is run through *Tipat Halav*, Israel's nationwide network of well-baby clinics, which reaches 97% of families in the country and is where parents bring their infants and toddlers for routine check-ups and advice on their health and development. When I first began to work as a nurse at a *Tipat Halav* clinic, I knew I'd found my calling. I loved our approach to working with parents and toddlers. We don't judge parents, or grade their parenting. We're just there for them.

In 2019, I was introduced to the *Shalem* programme, a framework and set of tools for training nurses in supporting parents. Adapted from the evidence-based Family Partnership Model developed by the UK's Centre for Parent and Child Support, it covers topics such as supporting parents' mental health and wellbeing and coaching them to interact with their baby to support the child's development.

<sup>1</sup> *Shalem* is a national programme led by the Ministry of Health, supported by the Van Leer and Yad Hanadiv Foundations and in partnership with organisational development strategist, Lotem, and community health nonprofit, Goshen.

At first, I remember being surprised, disappointed and saddened by the training. Everything they were saying about how nurses should deal with parents seemed to be something I instinctively did already. I thought: do we really need to be taught what felt so intuitive to me?

Just as some parents find it easy to talk to their children while others need to be coached, so too some medical professionals need to work on their communication skills. And even when the concepts covered by the training seem intuitive, it is useful to be prompted to reflect on how we can apply them to common situations.

### **Modelling a positive relationship**

For example, think about how a nurse feels when a mother is late for an appointment. It's easy to be annoyed, of course: it's going to make us run late for our other appointments, and we'll be blamed for it. But instead of showing our annoyance to the mother, we might instead say something like: "It's clear you faced some kind of difficulty that prevented you from being here on time, and the fact that you're here now shows me you cared enough to persevere through that difficulty." We can try to turn the fault into a positive, in a way that builds the mother's self-esteem.

**“The goal is to make parents feel that they're doing their best, that nobody loves their child more than they do.”**

One nurse told me that once when she did this, a mother explained about all the difficulties she was having at home with caring for her older children, who have disabilities. The nurse listened, and said: "You did all those things for your other children, and you still managed to make it here with the baby. Well done. You're a great mom."

The goal is to make parents feel that they're doing their best, that nobody loves their child more than

they do. Positivity builds positivity, self-esteem builds self-esteem, strength builds strength – it's like a snowball effect. In contrast, if caregivers leave the clinic feeling that they've disappointed you and failed their child, they are not likely to want to come back.

To take another example, it can be frustrating when a caregiver is reluctant to vaccinate their child, especially as we are constantly under time pressure. Rather than blaming or criticising, we can start by acknowledging that their concern – even though it is misguided – comes from a place of love, and try to have a productive conversation.

The *Shalem* programme reminds us to be aware that the way we treat parents serves as a model for how those parents may then treat their children at home. We always look for positives to reinforce, show encouragement and appreciation, and ask questions and listen rather than imposing our agenda and saying we know best.

### **Small gifts and self-compassion**

The *Shalem* training has been like a ripple in a pond: I find myself applying its ideas not only in my professional life as a nurse, but also in my family life as a mother of seven and grandmother of ten, and in my relationship with myself – because it's not only about how you communicate with others, but also about how you communicate with yourself and regulate your own emotions.

Following the 7 October attack, I have had many conversations with other nurses about how to cope. Often we are seeing parents who are living in hotels after being displaced from their homes, or mothers whose husbands have been called up to the military – many nurses, too, are in the same situation of worrying about husbands who are currently in combat.

Just as we support mothers to nurture their children, we first have to strengthen ourselves to be able to support the mothers. That means reminding ourselves of the things we say to parents about the importance of self-compassion. We will make mistakes, and we have to forgive ourselves. Self-compassion is the root of compassion for others.

There's a concept in the *Shalem* programme of "small gifts". When parents are feeling overwhelmed, we advise them to take time to notice the simple things that give their spirits a boost and help to get them through the day. This might be securing a babysitter so that you can go out with a friend or just taking some time to read a good book. While advice like this may sound very familiar, the *Shalem* programme helps by making the concept explicit and giving it a name.

In a study we carried out with over 500 mothers, we found that practising self-compassion is among the most important factors associated with self-perceived mental health. In trying to understand what influences mothers' wellbeing, we examined levels of social support, self-compassion, and self-care activities. Across variables, self-compassion was the most significant predictor of wellbeing. We understood the importance of how a mother perceives and talks to herself; so, in our interactions with caregivers, we try to nurture a self-

compassionate mental state. As one parent shared, "The nurse tells me to not give up on my wellbeing and to do things that I enjoy. It saved me with my first baby; she helped me find my way."

**"Self-compassion was the most significant predictor of wellbeing."**

Working in a *Tipat Halav* clinic is my calling, but that doesn't mean there aren't mornings when I wake up and just want to stay in bed. What gives me strength is remembering the challenge I set myself: with every caregiver I see, no matter what we've talked about, I always want to end by finding something positive to say that makes them walk away with a smile on their face.

➤ Find this article online at [earlychildhoodmatters.online/2025-21](https://earlychildhoodmatters.online/2025-21)

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# How black women reclaimed care in São Paulo

## Casa de Marias creates a safe place for mothers to breathe, heal and grow

**Ana Carolina Barros Silva**  
Psychologist and General Director

**Camila Generoso**  
Psychologist

**Kezia Paz**  
Music Therapist

**Tâmara Calheira**  
Psychologist

Casa de Marias  
São Paulo, Brazil

**Ana<sup>1</sup> arrived at Casa de Marias in a state of extreme exhaustion and anxiety. As a single mother of two children, she left her home town and moved to São Paulo seeking to provide a better life for herself and her children. Adjusting to a new city was hard, and motherhood had brought up her own childhood traumas as a young black girl facing daily racism and sexism. She was determined to protect her children so that they did not experience the violence and discrimination she had suffered and continues to experience. For Ana, Casa de Marias became a place where she dreams of a better life, and finds ways to be resilient to all that she has endured.**

In 2020, a group of black women psychologists opened Casa de Marias in São Paulo, Brazil, for mothers like Ana and other women who needed culturally sensitive care. It's a centre focused on meeting the mental health demands of women who carry in their minds and bodies the layers of structural oppression they experience every day. On average, we make a thousand consultations a year. We know that these women sit at the bottom of the Brazilian social pyramid and, as a consequence of the oppression from being in this position, they are also the population group that gets sick the most. That's why, in our view, caring for them is also a political decision.

<sup>1</sup> This name has been changed to protect anonymity.

We are inspired by the practice of what Brazilians call *aquilombamento*: creating a space that is intentionally and recognisably by and for black Brazilians and centres this community's knowledge and customs. Beyond physical space, it is a political and cultural movement that involves the creation of support networks, the preservation of memory, and the affirmation of black identity in all its dimensions. Doing this, we have learned, is essential for dealing with the psychological suffering of black women. Our culturally informed programming allows them to feel seen, and find ways to express their pain. Through these intimate connections, we are able to create powerful support networks among the participants, and Casa de Marias has become a space for effective mental health improvement for these women, who have historically been excluded from access to care spaces.

### **Impact of living in urban peripheries**

Casa de Marias is located in the most populous part of São Paulo, in the Penha neighbourhood. Penha is considered a peripheral neighbourhood, where many residents face economic challenges and have limited access to services. Known as a hard-working community, living in Penha means experiencing higher rates of violence and systemic racism. According to data from the [2023 Inequality Map](#) for São Paulo (Instituto Cidades Sustentáveis and Rede



Nossa São Paulo, 2023) this territory has around 129,000 inhabitants, with a female population of 53.3% and a black and brown population of 23.9% – given the complexity of racial perceptions in Brazil, this percentage is likely to be higher. The area has five public mental health centres, which is nowhere near enough to meet the demand. It is very complicated to make an appointment, and the centres are difficult for many to reach by public transport. Additionally, these centres often fail to give racially sensitive care, and the providers working there are often not trained in the psychological impact of motherhood.

Women in vulnerable situations are significantly underserved by the current system when it comes to their psychological health. These vulnerabilities include poverty, proximity to violence, sexism and racism. The neighbourhoods they live in lack things like public lighting, sidewalks in good condition, and safe and efficient public transport, which makes daily life more precarious and potentially dangerous. All of these factors tend to make pregnancy and

new motherhood far more stressful than they would be in better circumstances.

**“Women in vulnerable situations are significantly underserved by the current system when it comes to their psychological health.”**

In addition to these stressors, black women in Brazil face disproportionately high maternal mortality rates and more complications during childbirth. According to Brazil’s Ministry of Health (2023), black women are more than twice as likely to die from pregnancy-related causes as white women. Research suggests that this is the result of the systemic racism that affects access to and quality of healthcare. It is common for black women to be seen as capable of enduring more pain than white women during childbirth, and therefore they do not receive proper



care. Often their suffering is minimised by healthcare professionals, who believe that they are warriors and can endure anything.

### **Reclaiming care through *aquilombamento***

Casa de Marias is a welcoming space, and a space for listening. With the help of the women we serve, we provide individual and group clinical therapy, as well as artistic, cultural and coexistence projects, which are all designed to promote mental health in our community. Initiatives range between individual and group, and short-term and long-term interventions, all with the goal of responding to our community's needs.

Programmes include *Sons de Marias*, a music therapy group for black women, which provides space for emotional expression and group bonding. Women are offered a choice of musical instruments, and our music therapists invite them to engage in a variety of ways. There are times for free expression, and

for playing familiar songs together. Women are also free to sing, play, dance, and even compose and improvise new melodies. After this collective musical experience, women talk about how they felt and often share life experiences.

*Reescritas* offers a therapeutic writing group for women, in which women are prompted to write about their lives and feelings; *Roda de Pretin* encourages the whole family to meet together as a unit and offers time for connection and stress relief; and *As Marias do Mundo* provides a welcoming support programme for immigrant women. We also have an Emergency Reception Group, which provides immediate support during critical moments of crisis, to which mothers bring their fears and insecurities, often related to financial instability.

**“Women in vulnerable situations are significantly underserved by the current system when it comes to their psychological health.”**

The networks that are created through our programmes are fundamental for women, for their survival and for building a sense of community in the midst of adversity. We understand the importance of support and sisterhood among black women as a strategy of resistance, and strengthening this in their lives improves their mental health and their sense of confidence and security as mothers. Casa de Marias is a place where black mothers can take a breath, heal and grow.

➤ Find this article online at [earlychildhoodmatters.online/2025-22](https://earlychildhoodmatters.online/2025-22)

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# A place for dads to feel safe and ask questions

## Daddy's Place in Rotterdam helps new fathers build their own community

**Rich Felisia**

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**When I found out I was going to become a father, I was a young man – 24 years old and impulsive, with a lot of things on my plate. We'd just rented a new place, which needed a lot of work. And I had to earn money, of course.**

I grew up without a father so I already knew I wanted to be the best father I could be: the father I never had. I've always been full of curiosity about what it would be like to be a dad. I thought, "I'm just going to work really hard to raise my son." And then, in 2017,

my son Mason was born premature, at 28 weeks, and everything changed.

I felt powerless, and it was a lot to cope with. I felt as if I had nobody I could turn to for support. My partner was of course emotional just after delivery, vulnerable and exhausted. I thought that in that period there was only room for one person in the home to show fragility. As the father, you are not going to whine and you feel that you cannot or should not express how you are feeling. My mother was always my shoulder to cry on; I could discuss everything with her until I became a father.

It was especially difficult outside the house because people assumed I was strong and cool because I was a well-known, positive man, but they didn't know what I was going through. Other men around my age didn't have children yet or, if they did, their situation was different. I was in a dark place, a very lonely place, because I didn't know where I could go with my questions or who I could ask for help. So I thought, "I'll figure it out for myself." And I did – but it wasn't always easy.

← Rich Felisia with his son Mason



Photo: Daddy's Place

Then, during the 2020 pandemic, everything changed again. When the economy shut down, my business fell apart. That was obviously hard, but it left me with a lot of time to spend with Mason, who was then 3 years old. I'm very active on social media, with a large number of followers, and I'm a very proud father. So everything I did and everywhere I went with Mason, I posted photos and videos. Through this, I started to get to know other young fathers in person and online.

In January 2022 I was forwarded a job opening – separately, from two people, who don't know each other. The role was to take charge of something called [Daddy's Place](#), a project for new and young fathers in Rotterdam who have questions or need support, as I did. I looked at the required qualifications, and I thought: there's no way, I don't have the right diplomas, or work experience. But both of these people said they knew me and they thought I would do a good job, so I decided, "You know what? Where there's a will, there's a way."

### **From Mama's Garden to Daddy's Place**

Daddy's Place originated from a programme called [Mama's Garden](#), a place where mothers can meet and connect, especially those who are new in the country or have small social networks. After nine years focusing on mothers, Mama's Garden had taken on a male student called Jocelyn as an intern and asked him to look into a research question: how can healthcare professionals and others who work with parents involve fathers more in parenting?

He noticed that during routine check-ups in pregnancy, such as ultrasounds, the healthcare professionals didn't look at the men in the room. They didn't ask the fathers any questions. This was, he observed, part of a larger pattern of isolation and loneliness in the fatherhood experience and so his research became about increasing fathers' involvement. That's where I came in, in my new role as Project Leader at Daddy's Place.

Today, Daddy's Place is a platform, online and offline, where young fathers between 17 and 35 come together and learn from each other. Sometimes

we host free monthly events, such as boxing workshops, father-child photoshoots, and creative crafting sessions. But above all we create space for conversations to happen – organically, in small circles. "I just had a fight with my girlfriend," or "What do you guys do when your baby cries, do you just leave them?" No topics are taboo. We listen without judging the person.

One father asked me a great question: "Hey Rich, can you give what you have never had yourself?" I said no, I don't think so, but why do you ask? "Because I never had a father," the guy said. "How can I be a good father?"

### **Finding community in a big city**

Young dads face a lot of prejudice in their parenthood. They want to be a good dad and do things differently from previous generations, but they are struggling with the "how". Also, there are no safe spaces where they can relate to other young men, and it's very hard for them to share this with young moms because they don't want to show their vulnerability.

So guys like this, who didn't grow up with a father, have to learn in practice how to be a good dad. Maybe to start with he doesn't go with the mother to appointments or playgroups. Then he'll be dismissed as a bad father, but it's only because he hasn't had many opportunities to see what good fathers do. He can become a better father with time, and with good examples and advice.

### **"For me, finding my place meant finding peace."**

Sometimes, a man's ego makes it very difficult to seek help or to ask questions. So we need places like Daddy's Place which invite these questions and offer dads a chance to be motivated and inspired by others. If you see a man you look up to or a man you have a lot in common with seeking support, and speaking about taboo things, you're more likely to do the same.

The men at Daddy's Place become connected to themselves and each other, through their stories, shared learning and support. It's the solidarity and togetherness that encourage fathers to keep showing up, to be better parents and set a positive example for the next generation of dads.

### **Increasing awareness of how dads feel**

Part of our work at Daddy's Place is to raise awareness about what fathers are feeling in the broader public. One good way we do this is by recording podcasts for example, giving fathers a voice and amplifying it online. On Father's Day, one dad talked about getting a set of new tools as a gift, and thinking, "I'm going to be expected to do even more things for other people. How would my girlfriend feel if, on Mother's Day, I got her a new vacuum cleaner?"

By giving a voice to young fathers, we want to make sure they are included in research into what parents need from policies and services. Apart from Daddy's Place, there isn't really anywhere in Rotterdam where fathers can go for support yet – not even magazines or other information that might offer dads some guidance. It's critical for the municipality to take a close look at who people are, where they live and what they need. In Rotterdam South, for example, there is a lot of poverty, unemployment and illiteracy. More than half of residents have a migrant background. It doesn't make sense to try to engage them with flyers using difficult Dutch words.

I always keep my focus on the fathers of Rotterdam, because I am one of them too. Sometimes, this is challenging in the context of Daddy's Place. For one thing, while I appreciate researchers coming to study the dads, I want to make sure that it doesn't ever take away from anyone's comfort. Also, when I apply for grants I am often asked about what I will do with the funds in a way that assumes I have all the answers. I understand why, but I also need support



Photo: Daddy's Place

to figure out what the answers are, and what kind of programmes would serve this community. That happens through trial and error.

As a young man growing up in Rotterdam with a lot of different cultures, it was hard to find my place. For me, finding my place meant finding peace. When my son arrived, I had to do my best to focus on becoming a good father. Fatherhood helped me, saved me even – before I became a father, there was always the question: what is masculinity? The experience and knowledge gained through fatherhood has taught me how to be a good father and a good man; I became the best person I can be. And the beauty of it is that I can pass on my learning from fatherhood to other fathers. That's the best part.

➤ [Find this article online at earlychildhoodmatters.online/2025-23](https://earlychildhoodmatters.online/2025-23)

# Good housing can make parenting less lonely

## Three lessons from listening to caregivers about their homes and neighbourhoods

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**Babies, toddlers and their caregivers spend around 80% of their time in or near their homes. This means that housing and neighbourhood spaces greatly influence family wellbeing and the development of young children. Housing insecurity, for example, is one of the biggest contributors to parental stress and, in many cities, families with young children are being pushed to urban outskirts – often away from their communities – and still struggle to find good-quality, stable and affordable homes.**

To better understand how housing can play a role in supporting families to flourish, the Van Leer Foundation and [ZCD Architects](#) came together to discover best practices in engaging a population frequently left out of conversations on housing needs: parents and caregivers.

Listening to, working with, and even co-designing with communities is increasingly important to deliver urban development projects that best serve the people living in them. Housing design, delivery and management is one of the areas where engaging with local people can and should have a real impact, creating better homes and neighbourhoods, and adding to the health and wellbeing of whole communities.

With this in mind, in 2024 ZCD developed an engagement toolkit, with the aim of truly listening to the voices of families with young children. It consists of a series of questions and best practices designed to effectively engage parents and caregivers. The [Family Voices Toolkit](#) is publicly available online for professionals working in the housing sector, which could include planners, architects, developers and investors. Flexibility is an important characteristic of the toolkit, which can be used for different types of engagement from early research into a wider site area to engaging in post-occupancy feedback reviews.

While developing and piloting the toolkit, we were asked the question: why focus explicitly on young children and their caregivers? This group comprises up to 20–35% of city populations, which is significant (UN, 2022). UK-based research has found that children are also more likely to be living in poverty than any other age group in society (Institute for Fiscal Studies, 2024) and the younger the child, the greater the risk of poverty in the family as a whole. Housing costs play a part and push families with young children further into poverty. This means that we should grasp whatever opportunities we have in the housing sector to alleviate some of the impact of poverty on children.



Photo: Madeleine Waller

The toolkit was created by tweaking existing techniques and then, importantly, tested and refined with five different groups of parents at community consultation sessions in London, Dublin and Chicago in real estate projects led by PATRIZIA Sustainable Communities, Bridges Fund Management, Jonathan Rose Companies and the Earls Court Development Company. This allowed us to work out how best to reach out to, and then host a group of parents, along with their young children. We learned that to reach this population effectively, it is best to provide food, pay everyone for their time, and have trained childcare on hand too so that the parents can focus on the session. We took the participants on walking tours, and found that, overall, small group sizes, multiple sessions, and a relaxed and comfortable setting allowed the participants to open up about what was important to them.

Listening to parents has revealed what matters to them and gave us new insights and approaches that we intend to carry into our work from now on.

## Our three lessons from listening to parents

### Lesson one: Urban life changes when you become a parent

1

We heard from many of the participating mothers how their lives had changed dramatically since having their first child as did how they experience and interact with their city. During the mapping exercises of their local area, for example, they revealed the routes they now took to play areas, the shops and other places they would not have visited before. They talked about the services they needed most and their challenges of living in smaller spaces in dense urban areas, including the extra storage space they needed particularly for buggies/strollers and bikes. It brought us practical feedback on housing design, from open-plan living to kitchen areas, balconies and neighbours, and the problems and benefits each of these can bring.

“Babies, toddlers and their caregivers spend around 80% of their time in or near their homes.”



Photo: Madeleine Waller

## Lesson two: Housing design can address loneliness

2

We were quickly struck by the level of isolation many parents suffered from, whether that be due to: moving away from extended family networks to find affordable housing; overall lack of community; limited places to meet people; or no available childcare. In some instances, it was all of the above. We started to realise that parent and caregiver wellbeing comes from the support they receive from others in a similar position, as well as more formal services and facilities. This is important for housing providers and designers to hear for themselves, as they should be creating and maintaining spaces and places where parents can meet other parents and their children can play. It is also about prioritising childcare where families live and the benefit this can provide for the entire community instead of one additional rental unit.

## Lesson three: Harness opportunities for connection that already exist

3

When we took parents on local walking tours, they could tell us specifically about a certain place that mattered to them. Through this, we were able to pay closer attention to the spaces for connection that already existed, and how parents make use of them. In Chicago, for example, we stopped in the residents' own shared courtyard and heard how children played out there, while they, the mothers, sat on their stoops and got to know each other. This chimed with ZCD's own research into doorstep play – a shared space directly outside a home is one where children will play from a very young age and one which can foster a strong community. It also resonated with the design principles of the Van Leer Foundation's Urban95 initiative. This new perspective helps developers, architects and designers to make better use of existing community infrastructure, and identify what kinds of details need to be considered for future projects.

We believe in the fundamental shift in perspective that can occur after deeply listening to family voices. Our hope is that the partners involved in the pilot programme will use it widely themselves and encourage others to do the same. Just two sessions can make a difference. In London on a completed project, we sat and chatted with the children and parents around us. The architect who designed the housing development heard what it was like to live locally and to visit the park with small children. Afterwards he said that he had known he needed to design for this group but that “before that meeting

I was making assumptions about their needs in my own head; now I can learn first-hand and see my designs through their perspective too”.

“We believe in the fundamental shift in perspective that can occur after deeply listening to family voices.”

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# Caring connections

Intimate portraits capture the everyday power of family and community life in the Netherlands

**Isolde Woudstra**

*Photographer*

Utrecht, Netherlands

These photos are an ode to the joy and mess of raising children. Through these images, I sought to celebrate the seemingly small and fleeting physical gestures that help all people, old and young, feel part of something bigger.

They're a tender and honest glimpse into our most intimate relationships, bonds woven from care, love,

and ordinary moments. Together, they tell a story of shared lives, of hands reaching out, and unspoken trust.

While looking through the viewfinder of my camera during these photo shoots, I felt so honoured to have been granted the permission to bear witness to these deeply personal and private moments.





Morning moments with Paula, Thomas and their two sons



Playtime at the community  
centre Mama's Garden,  
Rotterdam





Evening scenes  
with Ivana and  
her son





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# When work works for parents and families, everybody wins

## Seven strategies to keep work and family in balance

**Brigid Schulte**

*Director*

Better Life Lab, New America

Washington DC, USA

**The stress of work–family conflict – when the demands of work spill over into family life – is on the rise (Almeida et al., 2016). Jobs have become “greedier”, requiring more intensive time, attention and effort (Gavett, 2021). The increasing stress isn’t good for anyone, especially young children. When a stressed parent returns home from a tough day at work, their elevated levels of the damaging stress hormone, cortisol, can spread like a contagion through the entire household. Even babies pick up on the tension (Almeida and Davis, 2011; Wass, 2019).**

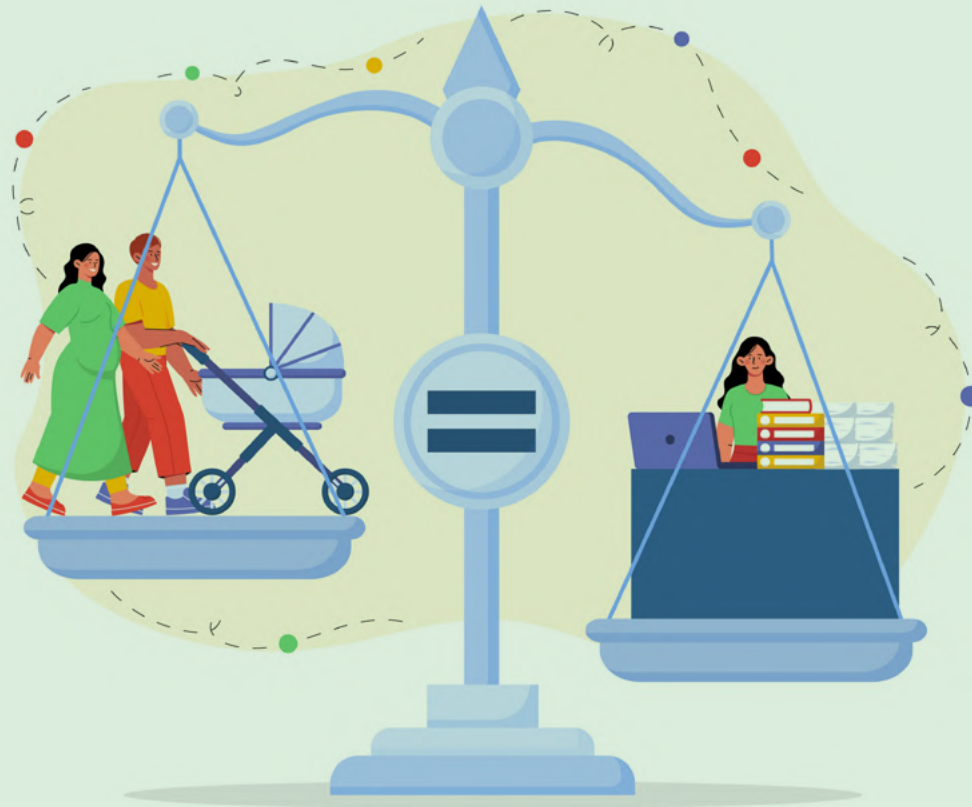
The consequences of this work culture are intensified for many by [the stress of finding or affording high-quality childcare](#) (Kashen et al., 2024). Over time, parents’ constant stress of juggling intensive work and the demanding care of young children can lead to depression, anxiety, frustration, anger, resentment, poorer sleep, and even obesity and cardiovascular disease, as [research](#) has shown (Almeida et al., 2016).

The wear of stress can also shorten parents’ fuses and lead to more arguments with partners and snapping at their children. For children, a parent’s

work–family conflict can impact their physical and mental health, and has been linked to increased levels of [emotional and behavioural problems](#) (Vahedi et al., 2020). In August 2024, US Surgeon General Vivek H. Murthy deemed parental stress a [national health crisis](#) for parents and children that demands a collective response.

**“Good examples and research from around the world prove that there’s a different way of working that’s better for everyone – even businesses.”**

But work doesn’t have to be an endless, time-sucking slog, where professionals are expected to overwork in one job and hourly workers are expected to be “on call” and always available for any unpredictable shift, often in multiple jobs. There are a host of good examples and research from around the world proving that there’s a different way of working that’s better for everyone – even businesses.



## Seven strategies to keep work and family in balance

### 1 Ask and listen, then act

After the birth of my second child, I asked my bosses if I could work a four-day week. They agreed, but only if I promised not to tell my colleagues: “We don’t want to open the floodgates to anyone else.” It was awkward and unfair.

Parents often worry that they will no longer be seen as a “committed” worker if they ask for flexibility. But Kathleen Christensen, co-author of a recent, [comprehensive report](#) on solving work–family conflict for the National Academies of Sciences, Engineering and Medicine (2024), found that employers offering transparent, flexible policies is a “strategic business imperative”. The report suggests that employers ask what workers need to combine work and care. Listen. Then act. Employers are more likely to surface creative and effective solutions, she said, if they work collaboratively with workers, rather than issuing top-down policies.

### 2 Take a care inventory

It may come as a shock to parents, but one [Harvard Business School survey](#) found that most employers don’t ask and don’t know what caregiving responsibilities their employees have. Meanwhile, the survey also reported that nearly *three-fourths* of all employees had some kind of care responsibility, many of whom were feeling significant stress trying to balance the demands of care with the demands of work and feeling that they couldn’t do either well (Fuller and Raman, 2019). A care inventory can help leaders better understand what parents and workers with care duties need, so that organisations can design effective policies to support them.

### 3 Redefine the “ideal worker”

Many workplaces around the world are still organised around the notion that “ideal workers” can devote themselves to working long hours because *someone else* is taking care of children or loved ones at home. The norm is completely at odds with how many families live, where both parents work in two-parent households, or the household is headed by a single parent. This outdated norm disadvantages

parents, particularly mothers who are still primarily responsible for the unpaid work of care and home. In fact, [one analysis](#) found that in the first 18 years of a child's life, nearly 70% of mothers in the USA will have been the primary breadwinner for their families at some point (Glass et al., 2021). In addition, research shows the long work hours leaders often reward are actually [counter-productive](#) to producing good work (Green Carmichael, 2015).

#### **4 Streamline the work week**

In 2015, Iceland began a national drive to shorten working hours without cutting pay. As part of this process, organisations thought long and hard about the way they worked, and how they as organisations could be more efficient. They dispensed with pointless meetings and low-value busywork. As a result, people now work shorter hours and are more productive during them. Also, their health, happiness and wellbeing have improved, as has gender equality. [Research](#) also shows that men are spending more time with their families (Haraldsson and Kellam, 2021). One father I spoke to for my book, *Over Work* (Schulte, 2024), called his shorter Friday hours his "sacred day" to spend with his children.

#### **5 Embrace flexibility and schedule control**

Survey after survey after survey shows that parents around the globe want flexible work options, and more control over when, where and how they work (Smith, 2024). After pandemic lockdowns forced workplaces to adopt telework, many parents reported feeling less stress as they ditched long commutes and spent more time with family. Having more control over their work schedule enables parents to better manage unexpected child illnesses or childcare disruptions. For hourly workers, more predictable schedules enable parents to plan appointments and time to play with their children.

#### **6 Make family-supportive policies universal and automatic**

Sociology professor Youngjoo Cha says parents are much more likely to use flexible work policies when they're available to everyone and framed

as supporting health and wellbeing, rather than targeted at caregivers. Instead of giving workers the "right to request" flexibility, as the law requires in some countries, [Cha](#) and [others](#) argue for "opt out" policies that make flexibility the default (Perlow and Kelly, 2014; Cha and Grady, 2024). For example, when the law firm White & Case began offering 12 weeks of paid parental leave to US employees in 2018, they ensured that workers got the time automatically. [They had to opt out if they \*didn't\* want it.](#) That boosted the numbers of women and men taking paid parental leave (Schulte, 2019).

#### **7 Train managers to support parents and families**

Managers often receive little or no training in management, and workplace cultures often reward longer hours rather than better performance. Psychology professor Leslie Hammer trains middle managers on how to support workers with families, such as by helping them to resolve scheduling conflicts and manage their workloads, as well as modelling healthy work-family behaviour by working a reasonable schedule themselves. "Just training managers in these basic, yet critical behaviours leads to improvements in sleep, improvements in cardiovascular disease, and less physical pain," she said. Her [research](#) also found increased employee engagement, organisational commitment and job satisfaction and performance (Ode-Dusseau et al., 2015).

So many people feel discouraged, stressed, burned out, and that work is broken (American Psychological Association, 2023). Parents can often feel as if they're coming apart at the seams trying to meet the intensifying demands of work and the needs of their children and families (Ohio State University, 2024). But there are tried-and-tested answers. It all starts with recognising that it isn't 1950 anymore, that the ideal worker is no longer a man with no care

responsibilities who can put in endless hours thinking only of work. The workforce has changed. The nature of work has changed and will continue to change rapidly. It's time for the way we think about, organise and do it to catch up with the way we live our lives. So that we can be the kind of parents we want to be, that our children deserve to have, and that everyone can benefit from.

➤ Find this article online at [earlychildhoodmatters.online/2025-26](https://earlychildhoodmatters.online/2025-26)

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# Taking care of business by taking care of parents

## A Brazilian business shares its 23-year learning journey on early childhood

**Erik Manfrim**

*Co-founder and CEO*

**João Paulo Camarinha Figueira**

*Sustainability Development Manager*

Special Dog Company

Santa Cruz do Rio Pardo, Brazil

**“Every couple who discovers they are pregnant experiences a mixture of joy and concern,” says Paulo Araújo, father of two and a product analyst in São Paulo, Brazil. “When we found out we were expecting our first daughter, Manuela, I had recently joined a new company. There were a lot of uncertainties. But to our pleasant surprise, we found that the company had a special focus on the wellbeing of workers’ families. We were included in an excellent health plan, I was offered a preparatory course for new parents, and I enjoyed 20 days of paternity leave to assist in the first weeks of Manuela’s life.”**

Manuela is now 9 years old. She has a 6-year-old sister, Isabela. Paulo is still working at the same business, the Special Dog Company, which I, Erik, co-founded with my brother in 2001. Based in São Paulo state, we currently have more than 1,800 employees and have grown to become one of the top three pet food companies in Brazil.

We firmly believe that one of the reasons for our success is our belief that genuine care for people should be at the centre of our identity as a company. Early childhood wellbeing is a main focus of our investment in the local community – along with animal welfare and environmental

preservation – and our work for children begins with caring for the parents who work for us. And this care for parents, in turn, helps create a company culture that is good for everyone.

### **Sustaining a company culture of care**

Right from the start, we were interested in practising a more conscious capitalism. For all 23 years of our existence, the Special Dog Company has been recognised by the ABRINQ Foundation as a “Child-Friendly Company”. Other recognition has followed, such as the federal government designating us as a “Citizen Company” for our extended parental leave policies.

As Paulo mentioned, new fathers are entitled to 20 days’ paid leave. New mothers return to work after 6 months of paid leave, and for the following 12 months they receive a minimum wage in addition to their full salary. This extra income helps smooth their transition into parenthood, should they need to outsource additional help, cover unexpected medical costs, or purchase goods for their children. In addition, parents receive a layette for the baby with more than 70 items, such as a bathtub, clothes, diapers and towels.

Even as their children grow older, our company culture continues to be supportive of parents. For example, we are not aware of any instance where a mother or father needed to be absent from work due to unexpected childcare responsibilities, and was not authorised to do so. We have no need for a formal company policy on this. All our line managers understand that providing flexibility for family life is essential to our way of working.

## “Our work for children begins with caring for the parents who work for us.”

In the community, we have become known for our focus on families. Earlier in 2024, for example, we were approached by psychotherapist Amanda Balielo with a proposal to support her to set up a new Baby Fusion dance business. This methodology aims to help mothers recover from childbirth while also strengthening the bond with their newborn baby.

“Through dance,” explained Amanda in her proposal, “we incorporate elements that aim to strengthen the muscles, improve posture, and create unique moments of connection between mothers and babies. Baby Fusion promotes wellbeing, self-esteem, and physical and mental balance for mothers in this very delicate period.” We now offer participation in the group as an employee benefit, with classes taking place at a cultural centre which we fund to serve our employees alongside the general public. The centre is designed to build community and appreciation of the arts, and we offer classes in music, circus arts, ballet, choir, crafts, tailoring, and gastronomy, among others, to roughly 650 students, from 4 to 80+ years old, every year.

### **How employment and family work together**

Over the years, we have learned to build respectful and balanced relationships with our employees, in pursuit of a fair and transparent work environment. We see employment as a constant opportunity to exercise care, in which the company truly takes care

of its employees who, in return, take care of the work environment, processes and products. This is reflected in our excellent employee retention rate, with turnover as low as 2.5%, generating significant savings and forming a more engaged team. Compare this to the average employee turnover in Brazil, which is 4.5%. Studies consistently demonstrate that companies that offer better conditions for harmonising family and professional life have, among other benefits, low staff turnover, good talent retention and improved productivity within the work environment. Not offering these things is, in our experience, short-term thinking.

↓ João (top) and Erik



## Beatriz Rosa's story

*Financial Coordinator at Special Dog and mother of Theo (2) and Davi (4)*

It is common, in job interviews, to be asked if you have children. It is often clear how much this is seen as a "burden" for the organisation, especially when the person is a mother. In 2019, at the age of 23, I was hired by a well-known company. Pregnant, I felt my world collapse. My manager's response: "We're not sure if we're going to pay for your maternity leave, and I already have someone in mind for your position."

Even so, I kept going. I had a high-risk pregnancy and, despite the medical report, I worked until delivery. Then I had to work during maternity leave. The first 30 days were pure exhaustion, balancing the care of a newborn and the demands of a strategic position. This period led me to postpartum depression, and the feeling of not being able to handle everything was devastating.

I fully returned to work when my baby was only 3 months old. There was no suitable environment to express milk. I had to improvise, often using the bathroom. Nurturing my son was a dream, and I was dedicated to fulfilling that dream.

Then, I found a vacancy at Special Dog. I was selected for an interview and was surprised when no one asked if I had children. The topic came up spontaneously – every mother loves to talk about her children. But, unlike previous experiences, there were no questions about who would take care of them or how I would manage my routine.

During my orientation, I was thrilled to learn about a breastfeeding area for mothers, courses for fathers and extended maternity leave. They were small gestures but so significant in supporting families. I started at Special Dog when my youngest son was 7 months old and facing serious respiratory problems. We needed to take him to another city for consultations and the company always supported me.

There is no judgement about my ability to balance work and my family life. On the contrary,

I am encouraged to rest and play with my children on weekends. The company promotes events for the family, providing us with special moments. This welcoming environment creates a sense of belonging and balance, knowing that our role as parents is appreciated and understood. It is a privilege to be able to talk about love for my children in a work environment that values it because the love we cultivate at home shows up in the workplace.



In many ways, our family lives inform our values at work. This is visible in the family of our founders and owners, with members of the second generation now in executive positions and committed to perpetuating the company's culture. It is true for me personally – when I, João, became a father, I found myself questioning my values and appreciating the need to contribute to constructing a more just society.

For employees, we believe that experiencing a welcoming and inclusive environment at work – where we spend a third of our time – stimulates the creation of a harmonious environment at home as well. Furthermore, when an employer values parenthood, and recognises that children are a source of strength in their parents' lives, this also strengthens the bonds between parents and children. Parents feel better about parenting when they know that labour of love is valued outside their homes.

**“Parents feel better about parenting when they know that labour of love is valued outside their homes.”**

As a business, Special Dog enables customers to take incredible care of their animals. Our customers know that when we humans treat dogs with care and affection, they give us care and affection in return. The relationship between pet owners and pets is very different, of course, from the relationship between employer and employees, or parents and children. But we would say there is one thing all these relationships have in common: kindness breeds kindness.

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# Collective approaches to healing

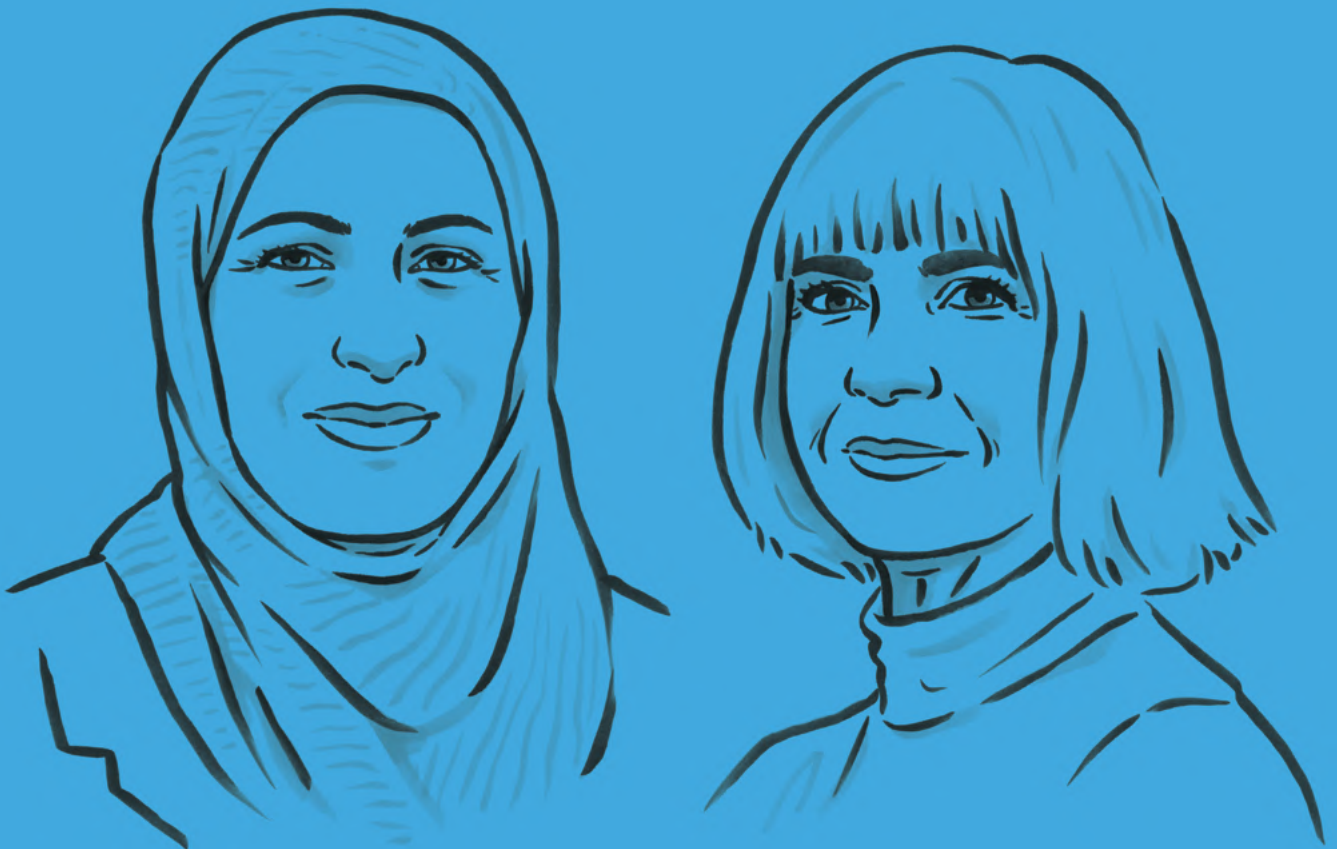
Finding a way forward together

- 114 Interview with *Lama Abuarqoub* and *Hamutal Gouri*:  
“When I hold their baby, I say a blessing for life”
- 119 Protecting children begins with healing parents  
— *Alicia F. Lieberman*
- 122 Interview with *Bessel van der Kolk*: “I learned a lot  
about trauma through parenting”
- 126 Breaking the cycle of generational trauma  
before parenthood  
— *Shauna M. Murray, Vincent Sezibera, Darius  
Gishoma, Gilbert Munyemana and Theresa S.  
Betancourt*
- 129 Healing the past to protect the future  
— *Andrés Moya and Camila Londoño*
- 134 Becoming a parent with the legacy of civil war  
— *Abdulai Jawo Bah, Candace J. Black, Kashiya  
Nwanguma and Theresa S. Betancourt*

interview with  
Lama Abuarqoub and  
Hamutal Gouri

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Palestinian and Israeli peace activists



**“When I hold their baby,  
I say a blessing for life”**

**Lama Abuarqoub is a Palestinian peace activist who lives in the West Bank. Hamutal Gouri is an Israeli peace activist who lives in Jerusalem. In September 2024, they participated in a conversation hosted by the Van Leer Jerusalem Institute and the On Being Project in which they discussed the idea of motherhood as political action.**

**In this interview with Van Leer Foundation CEO Michael Feigelson, Lama and Hamutal share how their own experience of motherhood has shaped their activism, how they go about supporting new mothers in their communities, and how, as mothers and peace activists, they have experienced the war.**

#### How did becoming a mother shape your activism?

**LA** In the first Intifada, I did the things that people used to do. Throw stones. Participate in demonstrations. I had horrific experiences. But when I had my first baby, I looked at her and thought: What did I do? This lovely baby girl. What have I done bringing her into this war zone where I can hardly breathe? And that was 25 years ago, when it was much easier. It changed me a lot. Now my main concern was to protect her. If soldiers came to the house, what were we going to do? What if the house was attacked? What if there was another war?

And then came the second Intifada. By that time I had another child, a boy. I literally saved their lives several times – their father, me and them. And after that I started thinking: What about other mothers? There are mothers on the other side. These soldiers also have mothers. Maybe they talk to them before they go on raids. Maybe they will go easy on us because they also have mothers.

Then I had my last child, my late son. He was born with a very rare disease, and I had to go into Israel for the hospitals. For the first time, I met people who are not soldiers in uniforms or behind guns. My son was in a wheelchair and sometimes the soldiers were very nasty at checkpoints. And sometimes they were very nice. I lived in Israeli hospitals for months. And I met other mothers, Jewish mothers, sometimes mothers from settlements. I had always thought that they wouldn't talk to me or look at me and I wouldn't either. But I was there, and I got to know the people

on another level. And I started thinking that there must be something. To reach out to these people and do something. I would say mothering took me into activism. My first baby made me into an activist.

**HG** My story is a little different in that I was already a peace and an anti-occupation activist when I was in high school, but I identify with Lama in that becoming a mother added depth to my activism. The sense of being so responsible, knowing the life of someone else depends so completely on me. I felt this especially with my eldest son when he was born. He's 35 now, but when he was born, the first thing I told him, and many Jewish mothers of my generation did this, the first thing I promised was that he would not have to go into the army when he turned 18. I promised him we will end the wars. We will make peace. That was the promise I made to my son, and that many other mothers of my generation made, especially to their baby boys. And of course, I completely failed him. I did not keep my promise.

**“Mothering took me into activism. My first baby made me into an activist.”**

Looking back at this now, it feels so unnatural. You give them life and raise them with so much love and care. You are afraid they'll catch a cold or that someone will bully them in school. And then they turn 18 and they're off to the army? This has come to feel so unnatural to me. It has shaped my political motherhood.

**I want to come back to political motherhood but, before that, I know that for both of you activism is not just about politics and policy. Could you say a bit about how your activism looks in your support to new mothers in your communities?**

**LA** When a woman has a child in Palestine, with that child comes the fear that they will be shot or that they will be imprisoned when they grow up, especially if it's a boy. Even in the best of times, the fear is there. So, besides helping with daily life, I try to give mothers confidence. To tell them they

will be supported. When I hold their baby, I say a blessing for life. I tell them life is the most precious thing. Especially for first-time mothers, I tell them you're not this or that name anymore. Now you're the mother of Ahmed. The mother of Yara. The mother of Mohammad. The name of the daughter or the son I'm holding. And, if you really hear me, everything in your life is going to be different. The most important difference is everything is now about how to work for a better future for this child.

### “I tell them life is the most precious thing.”

Sometimes I see a smile. The mother that hears me, she smiles a smile that brings joy to my heart. She hears her own name differently. Sometimes she doesn't hear me because the circumstances are too hard. In those situations, I try to tell her she has the ability. We are here with you. We will help you in any way we can, but it's within you. The power. Take your time, do what you need to do. It's the time to show how strong mothers are in this crazy place.

**HG** So many things Lama says resonate with me. What new mothers and parents really need is other people around them. To help with practical things, but also to convey that they aren't alone. Also to reinforce the kind of moral commitment Lama talks about, a personal promise to do everything to make this world safer for that baby. I make this personal promise to mothers as well. You know, you are on such an emotional rollercoaster. You're in love, you're terrified, you're committed. And when there is war all around, this is amplified a million times. It's even more important to convey they're not alone. You know what you're doing or, if you don't, you'll figure it out. Until then, I'm always here to hold the baby.

I think it's important to say though that the situation is so much harder for most Palestinian women. Just to share one example, I work with a group called Mothers Against Violence and, after October 7th, we created a connection with a community in the West Bank and started to visit them because the

situation was so horrible. The first time we visited, we gathered in the home of one family in the village and, at some point, we asked to be just with the women. There was a woman there with a newborn and a woman who was seven months pregnant with a very high-risk pregnancy. She explained that there was this medication she needed, but because of restrictions on movement, there was no way for her to get it.

We were able to help, but the point is that, even during a war, access to quality medical care during pregnancy is something most Israeli mothers can take for granted. It's not something most Palestinian women can count on. Certainly not in Gaza amid the destruction, but also not in the West Bank where movement has become even more restricted in the last year.

### Coming back to the topic of political motherhood, can you share your thoughts about the role mothers can play or are playing in ending the current war?

**LA** I think we have to start in our own homes and communities. In my house, I raised my children to think that everything is negotiable. Everything can be talked about. Solutions can be figured out without resorting to violence. But after the bombing of Gaza started last year, especially the first few months, something in them changed. They were in a kind of shock. I remember one night when I heard my son and he was watching the TV and he started screaming. I heard him screaming and yelling and cursing. I grabbed his hands. I turned off the TV. And I said, first of all, sit. Relax. Try. Try to tell me what's going on.

My son has friends. My daughter has friends. I have siblings, extended family. We sit together. We talk. And we get to reason. Sometimes we help people return to their senses when they are angry. The most important thing is to allow people to be in the moment. Let them be angry, let them express their feelings.

I waited patiently with my son when he was upset. He relaxed. He had something to drink. We talked about his feelings, and then I tried asking him questions. Helping him see that the way he felt was probably similar to what some of our Jewish Israeli

friends felt when they woke up on October 7th. The point is not to accept what's happening in Gaza, but to help him reach a balance between his feelings and how he wants to react.

**HG** I agree with Lama that this starts at home, with our own families, but I also think that, at least for Jewish Israeli mothers, we have to bring attention to the suffering of Palestinian people in Gaza and the West Bank. I often think about this case of a father in Gaza who went to register his newborn twins and when he returned his wife and babies had been killed by a bomb. This story, like many others, was heard around the world, but not in Israeli media. I don't deny the pain of October 7th for Israelis. I lost my friend Vivian Silver. I have dear friends who lost loved ones. I'm not denying my own pain or the pain of my people, but when I look through this motherly lens, I also have to see the suffering of the Palestinians.

There is a poem by Aurora Levins Morales called *Summons* and it's all about mothers raising their voice against war. There is this line: *there are no leaders who dare to say every life is precious, so it will have to be us*. In the conversations I facilitate, I find there is increasing discussion in Jewish Israeli society about motherhood in the context of sending your children to fight a war that you do not support. Since October, there are several groups of mothers who've started to organise. Some are openly anti-war. Others don't want their children to be involved in war. There is a need to grow and evolve these movements. It shouldn't be just about not wanting our children to fight or die in a war, it should be about *all* children.

**One final question. When you think about the future and all of the anger and pain mothers and others are holding, how do you start to process that? What role do relationships like yours, relationships between Palestinian and Israeli mothers, have in helping to heal the many layers of trauma passed on through generations?**

**LA** In one Zoom gathering of Israeli and Palestinian mothers, the facilitator asked the question: When you think of October 7th, what do you want? One of the Israeli women, someone I know, said "revenge". She knew this was a very strong thing for me to hear and after the meeting she sent me this famous text

from Shakespeare's Shylock: "If you prick us, do we not bleed? If you tickle us, do we not laugh? If you poison us, do we not die? And if you wrong us, shall we not revenge?" So I sent her back the same text and she said, what are you doing? You're sending me the same message? And I said yes, actually.

**"We have to start in our own homes and communities."**

There are many women, many mothers in Palestine and in Israel, who are speaking this same language so I think the question is: You and me together, what can we do to reach a point where these women, these mothers, do not want revenge any more?

I think one part of the answer to this question is the pain. You know, pain can be very educational when it comes to activism. My son died in June, and I can tell you there is nothing worth going through that pain. He died from his illness – it was not violent, we knew it would come, and still the pain is unimaginable. And it changed what I see. When I go to a funeral, when I watch the funeral of an Israeli soldier, now I look at the mothers, especially how the mother cries or speaks in the cemetery.

I don't think we should sacrifice our children for a homeland. It's the other way around. We should sacrifice everything for the wellbeing of our children. Even if it takes going out in public, risking our lives. In some communities today, it's life-threatening to talk about peace, to talk about ending the war, to talk about negotiations. And still, we have to do it.

**HG** When I first met Lama, I heard her talk about her son and I fell in love with this boy who I had never met, just looking at him through her eyes. As a mother it was easy for me because I know this kind of love exists. So when Lama and I – or more generally when Palestinian and Israeli mothers – meet, the very primal first connection is often this shared identity of motherhood. If you think about it, what Lama says about the mothers of soldiers, it's really a very high spiritual level of connection. As a mother, to think of another mother losing her child, it is a sensation of physical pain, something I can almost feel in my womb.

I think one of the things that motherhood teaches, that caring for a baby teaches, is the understanding of how another person's wellbeing can be so connected to your own, and I think this is something that we can apply to other parts of our life. It's something that, when Palestinian and Israeli mothers connect, they can understand about each other, and about each other's children. The anger is understandable. Revenge is a primordial feeling. But these relationships with our children and with each other teach us how to let go, to give these feelings up, because the wellbeing of our children is more important.

Is it complicated to be in dialogue at this moment as Palestinian and Israeli mothers? For sure. Is it difficult? For sure. Is it challenging? For sure.

But when you are committed to the relationship, when you understand that this, that being in this relationship may shift or somehow help to eventually resolve the conflict – and when we see that our lives literally depend on it – we take the time to listen. We take the time to understand.

**“Revenge is a primordial feeling. But these relationships with our children and with each other teach us how to let go.”**

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# Protecting children begins with healing parents

## Child–Parent Psychotherapy helps caregivers move from fear to love

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**As the parent of a newborn baby or young child, you are not alone in the nursery: there are ghosts and angels with you. These are memories from growing up that may at times fill you with dread and at other times uplift you with hope and joy. In my 40 years of studying trauma, I learned that for traumatised parents, “uncovering angels as growth-promoting forces ... is as vital to the work of psychotherapy as is the interpretation and exorcizing of ghosts” (Lieberman et al., 2005).**

**Becoming a mother or a father is both a profoundly personal and a deeply social experience. For parents, creating and raising a young child is a time of transformation in body, mind and soul, coloured by their past and present cultural, socioeconomic and interpersonal life circumstances. When these circumstances aren't good, parents can develop acute and chronic stress that shapes their brain architecture, physiology, mood, and energy levels. Fears about their ability to care for their child do battle with their hopes. We have learned that “angel” moments are a powerful antidote to these fears and that these moments can be retrieved from the past or created anew in the here and now.**

Traumatic events, from family violence to war, affect us long after the events have ceased. Life-threatening danger has long-term effects on how we perceive the world. Danger may seem to lurk

everywhere. Seemingly harmless situations may trigger a vivid re-living of the traumatic event. A pervasive sense of vulnerability can make it difficult to trust other people and even oneself.

Caring for an infant often feels like an impossible burden when one has lost confidence in oneself. Fortunately, however, personal history is not personal destiny. The pain of trauma can heal and evolve into compassionate loving kindness towards oneself and others.

Thirty years ago, Patricia Van Horn and I developed Child–Parent Psychotherapy (CPP) at the University of California San Francisco to help parents in such circumstances. Based on attachment theory, CPP helps parents reclaim their capacity to love, transforming the fear and anger from traumatic experiences into a passionate commitment to protect and nurture their children and themselves.

CPP has since evolved in response to evidence from clinical and scientific developments. Five randomised controlled studies with diverse ethnic and racial groups show significant improvements in parent and child mental health, quality of attachment, and biological markers of stress. Today, CPP is disseminated by more than 2,000 clinicians in six countries and 40 US states (Child–Parent Psychotherapy, 2022).

## **Giving meaning to the pain of trauma**

Practitioners from different disciplines – including healthcare and childcare providers, community agencies, and the legal system – can refer parents for Child-Parent Psychotherapy when their child has been physically or emotionally harmed by traumatic events and the parents feel unable to give them protective and nurturing care. Sometimes the parents themselves inflicted the trauma. CPP is based on the understanding that traumatised children frequently have traumatised parents whose caregiving difficulties mirror their own painful experiences while growing up.

Parents whose childhood cries were met with punishment, for example, often punish their own children for crying. The anguish of their punished early cries is too painful to remember and put into words that could give it meaning. It instead becomes a “ghost memory” that manifests as a stark, action-based lesson from the past: “Crying is unacceptable and will be punished.” This is how trauma gets transmitted from generation to generation.

CPP begins the process of healing by meeting with the parent alone. Parents are often surprised by the clinician’s interest in their own lives: we ask them about their childhoods, what happened to them, who hurt them and who helped them, how it affected them, their sorrows and their joys. They tell us they are used to being treated only as parents who failed their children. We explain that raising children is a challenge, and parents seldom get the support they need.

As trust grows, the clinician guides the parents to describe, feel, and give words to their frightening early experiences. Speaking what was previously unspeakable opens the parents’ hearts to the memory of their loneliness, fear and sorrow as helpless, unprotected young children. The clinician also guides them into remembering childhood moments of feeling loved and cared for – “angel memories” that balance the “ghosts”, offering comfort and hope.

## **CPP in action**

The treatment of Anita, her partner Raul, and their 3-month-old baby Andrés is an example of the CPP model. Anita and Andrés were referred by a paediatric social worker at a San Francisco hospital

who was concerned about the baby’s lack of weight gain and Anita’s inconsistent attendance at paediatric appointments. After Anita also missed her first CPP appointments, the CPP clinician managed to connect with Anita in her native Spanish. Anita explained that she was avoiding contact because of stress about her fears of deportation.

The clinician offered to meet jointly with Anita and Raul to listen to their concerns and plan how to help them achieve their goals as individuals, parents, and a couple. Anita spoke about their precarious financial situation: she was not working because childcare was too expensive, and Raul’s income was not enough to cover the family’s expenses. She was diluting the baby’s formula with water to make it last longer. In subsequent sessions, the clinician gradually learned about the strains between the couple. Andrés was the result of an unplanned pregnancy a few months into their relationship, and Raul resented his new responsibilities as a father. They disclosed with shame that they had fights that involved screaming, pushing and shoving.

**“The clinician also guides them into remembering childhood moments of feeling loved and cared for – ‘angel memories’ that balance the ‘ghosts’.”**

The clinician commented supportively that Anita and Raul were only beginning to know each other as romantic partners when they were thrust into their roles as parents, and that pushing and shoving often happen when couples feel overwhelmed by stresses they can’t put into words. She suggested that they talk to each other about their lives before they met each other, and offered to serve as a mediator as they practised talking. The clinician also commented on their shared love for Andrés as an incentive to collaborate in ensuring his healthy development.

Over a year of treatment, the parents described with much pain their difficult experiences of physical abuse while growing up. Both had witnessed horrific violent crime in their countries of origin

and they frequently experienced discrimination as recent immigrants. They found mutual support in discovering that they had these experiences in common. They learned to understand the connections between their past trauma, current stressors, and their present enactment of these experiences in their feelings of isolation and despair and in their fights.

The clinician also helped in practical ways, connecting them with community food banks, attending court hearings with Anita, and enlisting a pro bono immigration attorney to help with immigration proceedings. The weight of little Andrés normalised and he was showing a healthy developmental trajectory by the time he was 6 months old.

### Meeting trauma with love

Interpersonal childhood trauma is very common, with more than two-thirds of children reporting at least one traumatic event by age 16 in the USA (Substance Abuse and Mental Health Services Administration (SAMHSA), no date). Family trauma is often the enactment in the private realm of social violence targeting marginalised and oppressed racial and ethnic communities. This violence could have happened in the past, in the present, or both – such as when immigrants flee violence only to find racism, bigotry and xenophobia. It calls for a clinical lens that encompasses historical, social and individual circumstances in tailoring mental health treatments that support parents in the multiple facets of their lives.

In learning to know themselves, parents gain a new understanding of their young children's emotional needs. Shame and self-blame are transformed into



Photo: Isolde Woudstra

self-understanding and compassion for themselves and their children.

Research evidence supports this two-generation approach (as described by Catherine Monk on pages 30–33). A recent study shows that trauma-exposed young children who participated, alongside their parents, in CPP treatment showed significantly less accelerated epigenetic ageing – a biological stress marker that predicts adult medical and psychiatric problems – than a comparison group (Sullivan et al., 2024). This study adds to extensive scientific evidence showing that the entire family benefits when parents grow in their knowledge of themselves. Parents' love for their children is a powerful incentive to overcome trauma and transform pain into love. We found that parents and children build trust in themselves and rejoice in each other when they create angel moments together. Humans need safe, loving relationships, and healing their relationship helps both parents and children thrive in their new capacity to love and learn together.

➤ Find this article online at [earlychildhoodmatters.online/2025-29](https://earlychildhoodmatters.online/2025-29)

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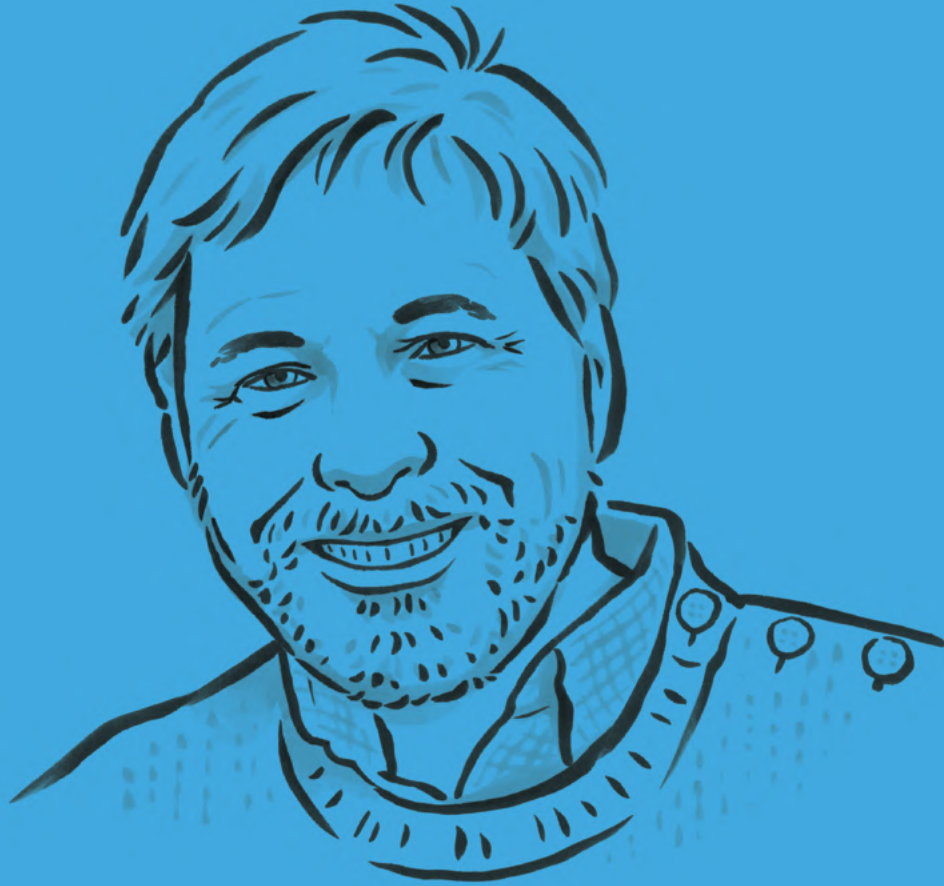
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interview with  
Bessel van der Kolk

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Author of *The Body Keeps the Score*



**“I learned a lot about  
trauma through  
parenting”**

**Bessel van der Kolk, psychiatrist and author of the bestselling book *The Body Keeps the Score* (2014), has devoted his career to understanding how children and adults adapt to traumatic experiences. For the past four decades, he has been studying how we experience trauma differently as we age, how trauma can change the brain, and how it prohibits healthy connections. In conversation with Elissa Strauss, he talks about the intersection of early parenthood and trauma, and how secure relationships can be a powerful source of protection during difficult circumstances.**

**Before we dig into your research, we'd love to hear if becoming a parent informed your understanding of trauma in any way.**

I had babies at the same time I got interested in trauma, and I noticed how the Vietnam veterans I was working with at the time behaved very much like my toddlers. They would throw temper tantrums, have trouble sleeping, and blow up.

I was intrigued. How come my veterans were acting like 2-year-olds? Why were their brains stuck at the 2-year-old level? And what was the guarantee that when my children grew up they'd be able to regulate themselves any better?

I learned a lot about trauma through parenting particularly because one of my children is neuroatypical and I know how much work it takes to calm that system down. But it is natural for all children to be dysregulated, and it's the parents' job to take care of it.

**Speaking of war, I've been thinking a lot about the distressingly large number of families living in high-conflict areas right now. How does living in such a potentially traumatising setting impact a parent's ability to care for a young child?**

The security of a child's attachment to a caregiver is the most important thing, especially in their first years of life. So as a child even if terrible things happen to you, if you feel like your parents are really there for you, the trauma doesn't have the same impact.

Even in high-conflict situations, children can do well as long as they feel that their parents know what

they are doing and are able to stay calm. As long as a parent can physically regulate, so can their child. But if a parent becomes panicked, children pick this up because their physiology is really attuned to their caregivers.

So let's say you live in a housing project in the USA, or in Gaza, and there is shooting outside. If your parents manage to stay calm, then you are going to feel that the world is safe. But your parents are very likely to freak out because of what is happening.

**Right. What happens then?**

A parent can become a source of stress for the child.

**What might help a parent stay regulated in such extremely difficult circumstances?**

Having a secure base themselves helps, which means being in relationship with other people who can help regulate them.

**“If you feel like your parents are really there for you, the trauma doesn't have the same impact.”**

In terms of interventions, we have found that both yoga and neurofeedback help parents living through extreme situations to regulate themselves. With neurofeedback, we can use a computer to measure how agitated their brain gets, and help them become more calm and focused, which will make them better able to take care of their children.

Parents can benefit when we help their children regulate, as well. As the saying goes, “Insanity is hereditary, you get it from your children.” So if you are a parent with a very agitated child, you will do better if the child is doing better, too.

As such, we can help parents by helping them with their parenting. We have interventions in which we will put a microphone in their ear and give them instructions on how to physically engage with their children. Things like: “Why don't you touch the child on the shoulder?” or: “Why don't you move away a

little bit?” You can really coach people to be more physically attuned to their children.

Although when a parent has prior trauma this is all much harder for them. Learning to become attuned gives parents and their kids the visceral experience of reciprocity and harmony. When we play together, we feel physically attuned and experience a sense of connection and joy – like when a parent tickles their infant’s tummy and they share a happy giggle. As human contact and attunement are the wellspring of physiological self-regulation, attuned parenting is also linked to improved emotional regulation in parents.

**“Learning to become attuned gives parents and their kids the visceral experience of reciprocity and harmony.”**

#### **What is it like for families when parents have unresolved trauma?**

There are subtle, interactional patterns that emerge in situations like this. Let’s say a parent has been sexually abused. The issue of sexuality or even just intimacy might disturb them and they may shut themselves down.

And whenever there’s any issue with intimacy, the children can pick that up. Not cognitively, but by mirroring – the child learns to avoid intimacy too. Overall, a child with a traumatised parent who has shut themselves down may get the feeling that “my caregiver doesn’t really like me”, that “there must be something wrong with me”, or “there must be some reason my caregiver won’t pay attention to me”. A baby, for example, might become excessively upset and demanding or, conversely, more quiet and withdrawn. They will think they must have done something bad to make this happen. It then shapes their brain and organs to predict the future, because our brains adjust themselves to the experiences we have.

#### **What does parenting with unresolved trauma feel like for parents?**

Typically, the way trauma manifests is by the person becoming agitated or shut down in response to sensory stimuli. Everyone I know who escaped the World Trade Center on 9/11 tends to be sensitive to sounds. You may become all uptight and agitated, and these are automatic reactions. The core of trauma research is you react to current situations that aren’t objectively dangerous as if your life is in danger.

#### **You mention the World Trade Center. How might a traumatic response to something collectively experienced differ from a more private, isolated traumatic experience like being abused as a child?**

There can be a big difference. When a collective trauma takes place, there is often a natural instinct among those experiencing it to move closer together. Things like war and natural disasters can be something that gives us meaning, inspires us to build community, and helps people feel closer and stick together. In a way, it can bring out the best in people.

On the other hand, family trauma tends to be filled with secrets and shame and is therefore more dangerous. And if it is your caregiver who is the source of trauma, you might pretend it isn’t happening when you are around others. But of course, something is happening. So something like 9/11 can be less traumatic than something that took place within your caregiving system, because it is connective and not a source of shame.

#### **How does becoming a new parent interact with everything you have said so far? Can it resurface old, perhaps long-repressed, traumas or unhealthy coping mechanisms?**

In some ways, everyone experiences the resurfacing of old traumas and/or internal conflicts after becoming a parent. Having a child is a very profound experience that really brings up all the things about our past. Not so much in terms of memory, but in terms of reactions.

And having a new creature in your life completely changes everything. You cannot go on with life as it always has been, because suddenly this little creature is totally dependent on you, and it may give

rise to all kinds of issues about being inadequate or being totally beleaguered and overwhelmed.

Being a new parent is a really tough job, and if you have a history of abuse, if you have grown up in danger or with dysfunctional parents, it can be much harder to make personal connections with people who can provide support. This becomes particularly relevant for those who lived through war-type situations, when they don't know who to trust. Overall, the more trauma you have in your life, the harder it can be to know who you can trust to help you out with caring for your child.

**“Having a child is a very profound experience that really brings up all the things about our past.”**

Also, if you have a history of trauma, the crying of your child may be much more upsetting and you may become extremely triggered by the neediness of a small baby. Sometimes, that's how family violence also

starts. A traumatised parent who is unable to comfort and calm a child might turn to something else.

### **How can we better support new parents with prior trauma?**

What really makes a difference is active support in parenting, whether from a grandparent or neighbour or someone else who can take over when it becomes too much. We also need to help new parents feel as though they can trust others to help them and build those connections.

There are programmes that do all this at once. They don't just teach parents and the people around them how to play with their children, hold their children, and be attuned to their children. They also help the parents to support other parents, at the same time as they learn how to support their children.

With the right resources and support, and through safe, attuned relationships with their children, parents can rewrite the narratives of their own childhoods, fostering healing in themselves while nurturing growth in their children.

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# Breaking the cycle of generational trauma before parenthood

## Rwanda's holistic approach to mental health through family-centred care

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**Babies born during and after the 1994 genocide against the Tutsi in Rwanda are now adults, having babies of their own. More than one million Tutsi were killed during the genocide and hundreds of thousands of survivors were left orphaned, wounded, and/or homeless (National Commission for the Fight against Genocide (CNLG), 2017). The tragedy left a profound psychological impact not only on those who survived the genocide, but also on subsequent generations.**

The nation's journey towards healing has been long. Since 1995, the Government of Rwanda has implemented over a dozen policies and initiatives focused on mental health to support genocide survivors and the broader population. One example has been the effort to place orphans in family-based care rather than institutionalised care, and give

families the psychological, social and financial support they need to make these arrangements work.

**“Honouring strengths that have helped the family get through difficult times in the past.”**

In 2016, the Government revised its early childhood policy, emphasising comprehensive service delivery across six pillars: child protection; nutrition; hygiene, WASH (water, sanitation and hygiene); early childhood development; and ensuring children are raised in positive and healthy environments. This policy shift resulted in a significant increase in support for Rwandan parents, with access to early

childhood development services rising from 17% of Rwandan parents in 2016 to 78% in 2023.

In recent years, the intergenerational effects of the genocide have become a focus in government priorities. Rwanda has begun to address the mental health of whole family units, acknowledging the trauma today's parents of young children experienced in their childhood, and the trauma that is being passed on to their children.

By focusing on parents and children at the same time, the aim is to break the cycle of intergenerational trauma and promote healing. This way, today's parents can handle the ordinary stressors of parenting and have healthy relationships with their children, and those children will grow up and be able to provide nurturing, emotionally supportive environments for their own children.

### **Strengthening families and building resilience**

One particularly effective programme playing a critical role in family care is *Sugira Muryango*, which means “strengthen the family”. This programme is tailored to Rwanda's unique needs, particularly reaching rural and underserved communities. It was developed in partnership with the Rwandan government, the Research Program on Children and Adversity at Boston College, the NGO François-Xavier Bagnoud Rwanda, and the University of Rwanda Center for Mental Health, as well as local early childhood experts and community advisory boards.

*Sugira Muryango* was designed through a trauma-informed lens to address the mental health challenges facing parents and other caregivers, family violence, social isolation, and chronic illness. The programme explores how trauma caused by events such as the genocide, compounded by ongoing hardships such as poverty, affects parenting. Findings from the programme suggest that parents who have experienced trauma are more likely to struggle with mental health issues, which may lead to less warmth and more rejection in their parenting, thereby increasing the risk of passing emotional distress to their children (Jensen et al., 2021a).

*Sugira Muryango* significantly reduced harsh parenting practices, improved parent-child interactions, and strengthened family cohesion (Jensen et al., 2021b). Qualitative findings also highlight a shift towards increased engagement of fathers in caring for their children (Jensen et al., 2023). Importantly, violence against children is correlated with parental stress. When parents are calmer and more patient with their children, it is a sign that they are likely to be adequately supported and psychologically stable (Geprägs et al., 2023).

**“Rwanda has begun to address the mental health of whole family units.”**

One of the key strengths of *Sugira Muryango* is its holistic approach, involving the whole family. In addition to reducing violence towards children, the programme also focuses on reducing intimate partner violence, by equipping parents with problem-solving and conflict resolution skills.

*Sugira Muryango* utilises a two-generation approach to addressing trauma, focusing on both parents and children. Trauma from one generation can impact the next through disrupted emotional regulation, mental health problems, and parenting behaviours. We offer families training in emotion regulation skills, using techniques such as deep breathing and mindfulness-based relaxation exercises, as well as



Photo: Boston College

tools for conflict resolution, problem solving and de-escalation to manage family stress and model healthy behaviours, creating a supportive home environment.

We use a strengths-based narrative to review the history and experiences of the family. This provides an opportunity for all family members to reflect on how they have navigated past difficulties, as well as joys and important moments to celebrate in the history of the family. It also allows people who have lived through difficult events like the genocide to discuss family members who have been lost, or changes in the family due to those events, at their own pace (Chaudhury et al., 2016).

Strengths-based family narratives help people to reflect on their resilience and successes, building confidence, strengthening bonds, and honouring strengths that have helped the family get through difficult times in the past as well as orienting them towards the future.

### **A collective vision: healing through family care**

*Sugira Muryango* offers valuable lessons for other countries and programmes by demonstrating

the effectiveness of integrating trauma-informed care into family-centred interventions. Its strong connection with the government's social protection workforce, IZUs, highlights how aligning with local structures ensures sustainability and community ownership. The programme shows the importance of holistic, family-centred approaches, not only to support healing from trauma but also to contribute to building resilient communities.

As *Sugira Muryango* moves towards greater scale and sustainability nationally across Rwanda<sup>1</sup>, it serves as a model that demonstrates how governments, communities and researchers can collaborate to promote healing, support caregivers, and ensure that every child grows up in a nurturing, supportive environment. *Sugira Muryango* exemplifies how prevention, family support, and strong partnerships can drive lasting change across societies.

<sup>1</sup> The 2020 issue of *Early Childhood Matters* describes how the *Sugira Muryango* programme was developed, implemented and scaled in Rwanda.

➤ Find this article online at [earlychildhoodmatters.online/2025-31](https://www.earlychildhoodmatters.online/2025-31)

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# Healing the past to protect the future

*Semillas de Apego* plant seeds of care for the caregiver

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**Imagine you are a mother of young children who has been displaced from your home because of violent conflict. Or you are still at home, but fear that you and your family could be the victims of armed groups at any minute. Or maybe your family was displaced when you were a child, and now you have children of your own and are struggling to be a present caregiver in light of your difficult past. In any of these scenarios, the adjustment to parenting will be shaped and challenged by these traumatic experiences.**

Colombia has many parents in this position. As a result of decades of national conflict and political violence, there are currently eight million people living in Colombia who have been displaced from their original homes. Additionally, three million displaced persons have arrived from Venezuela in recent years. Unfortunately, the country still lacks comprehensive programmes for families and young children who have had these kinds of experiences. Meanwhile, multidisciplinary research tells us that experiencing extreme and persistent adversities during early childhood can be devastating (Sánchez-Ariza et al., 2023; Bernhardt et al., 2024).

This is why we created *Semillas de Apego* (“seeds of attachment”), which not only supports parents individually, but works to improve overall family

wellbeing through an intergenerational lens, as well as building local communities of support and deep connection through our model of care.

## **Caring for the caregiver**

*Semillas de Apego* is a community- and group-based psychosocial programme in Colombia that seeks to break the intergenerational transmission of poverty and trauma resulting from armed conflict, displacement, forced migration, and other adverse circumstances. Groups of up to 20 caregivers of children from newborn to 5 years old attend 15 weekly sessions, led by a pair of para-professional community facilitators, many of them former participants. The programme promotes caregiver mental health as an objective and as a pathway to foster healthy and secure child-caregiver attachments (see Box 1). This is what makes us different from standard parenting programmes, which often focus exclusively on the wellbeing of the children while overlooking the physical and emotional wellbeing of the adults who care for them.

To achieve these objectives, *Semillas de Apego* fosters spaces for reflection and collective healing – places where caregivers can share their emotional experiences with others and cultivate a loving, respectful and nurturing approach to caregiving.



Photo: Camila Londoño

“To improve overall family wellbeing through an intergenerational lens.”

← Yoxana Serpa, participant of the programme in Barranquilla (Atlántico), with her son

Specifically, all sessions begin with a discussion among caregivers about their daily experiences with their children, to promote openness and trust among participants. This creates a safe atmosphere where they can share their experiences without judgement and feel encouraged to express their emotions freely. Then, caregivers engage in mindfulness exercises to facilitate emotional awareness and regulation, before moving into the key activity or moment.

This is a reflective process facilitated by guiding questions and by local cultural practices such as singing, dancing, crafts and storytelling that symbolise or serve as a metaphor for the caregivers’ inner world and the bond with their children. This approach enables caregivers to connect with their emotions, recognise their children’s emotional needs, and reflect on their life experiences, family dynamics, childhoods, and the challenges of caregiving. By focusing on their own needs, they recognise that they are much more than only caregivers, that they deserve time, care and attention, and that this, in turn, helps them expand their repertoire of parenting strategies and foster healthy relationships with children. Finally, at the end of each session, caregivers are given a “Semilla”, a postcard with an exercise that encourages replicating key activities

## 1 Our approach

### Semillas de Apego

Caring for the caregiver

**Community and group-based model**

**15** weekly sessions

Groups of **15-20** caregivers

Groups are guided by **2** community facilitators



### Core Dimensions and Objectives

Weeks **1-7** Caregiver mental health

Weeks **8-12** Child-caregiver relationships and Early childhood development

Weeks **13-15** Parenting teams.



### Group sessions

Sessions follow the same structure:

- \* Welcome and initial discussion
- \* Emotional awareness & regulation exercise
- \* Main activity: reflective practice w/ arts and crafts
- \* Group discussion and area of practice for the week.



After the sessions, we use a WhatsApp chatbot to deliver a:

- \* Postcard with the area for practice at home
- \* Sesame Workshop digital content on children’s socioemotional learning (starting from week 7)

### Monitoring and supervision

- \* Facilitators report progress session by session on a phone app
- \* Participate in weekly reflexive supervision systems focused on their emotional well-being



with their children, partners, or other family members over the coming week.

Yoxana Serpa, a Venezuelan woman who participated in the programme in Barranquilla, Colombia, says:

*“It was my place to unburden myself, my refuge, my tears. I had been carrying so much that I hadn't shared with anyone, and the programme allowed me to talk about everything I had repressed, like the violence I had always normalised. If I held onto these feelings and passed them on to my children, I would make them insecure, like I was.”*

## Healing stems from shared experience

When we implemented the programme for the first time, during an adaptation pilot in 2015, sessions were led by two professional psychologists. But over time we have moved to and adapted a model in which members of the community lead sessions, for two specific reasons.

First, from a logistical perspective, a model with professional mental health counsellors would be hard to scale. Like many countries, Colombia has a deficit of mental health professionals, especially in conflict-affected areas where the need is greatest.

Second, over time we have learned that a community-based model leverages the shared experiences of facilitators and participants, enhancing impact. Community facilitators serve as relatable examples, reducing the stigma around discussing mental health and demonstrating that change is possible. By leading from their own experiences, they create a space where participants see their own struggles reflected in others, fostering mutual understanding with the facilitators and with the other group members. This dynamic allows participants to better engage with the session activities and to recognise their potential for healing, growth and meaningful change.

The success of the community model rests on ensuring that facilitators themselves feel cared for and prepared. Through their training as facilitators,



↑ Participants in Jamundí (Valle del Cauca) during a physical activation and breathing exercise

**“By focusing on their own needs, they recognise that they are much more than only caregivers, that they deserve time, care and attention.”**

these women are paired with a psychologist and are given a chance to reflect on their own lives and nourish themselves (Niño et al., 2024). This process also allows them to see their potential and gain confidence in their ability to help others. We have witnessed and tested how this process improves participants' mental health and the healthy development of their young children, and promotes empowerment and resilience.



← Cindy Rodríguez, facilitator of the programme in Barranquilla (Atlántico), Colombia

and the lack of a job which made her fully financially dependent on her partner. Cindy says:

*“My experience as a participant was hard, but it changed everything for me. Before Semillas de Apego, I was reserved and sad. When we were asked to reflect on our role as women and as caregivers, I realised that I am much more than just a caregiver. I raised my voice, I became empowered, I discovered new skills, and I got to understand my strengths. My new role as a facilitator of the programme has allowed me to make changes that have been reflected in my life as a woman, in my partner’s life, and in my children’s lives.”*

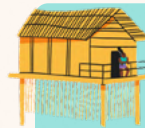
One of our 50 facilitators, Cindy Rodriguez, joined the programme in 2022 as a participant and a mother of two children aged 10 months and 5 years. She was working through some traumatic experiences: loss of a family member, supporting her mother through depression, recovering from a complicated caesarean section, financial and food insecurity,

Cindy has now achieved financial independence from her partner and is pursuing a degree in psychology. Her story is one of many examples of how the programme helps individuals heal their wounds from the past, redefine their present, and find a better path to the future.

## 2 Stages

### Growing together step by step

We have implemented the program in different phases to demonstrate its validity and acceptability, impact, and potential for scale-up



#### Impact Evaluation in Tumaco (2018-2020)

We conducted an impact evaluation with 1,248 caregivers in Tumaco, one of Colombia’s most violence-affected municipalities.

#### Scalability Assessment (2021- 2022)

We tested the potential for scaling up in an at-scale piloting in 4 municipalities of Colombia.

#### Starting from an Evidence-Based Basis (2014)

Semillas de Apego is based on two programs from the Child Trauma Research Program at the University of California, San Francisco (UCSF).\*



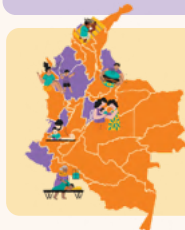
#### Integration of Sesame Workshop Content (2022 - 2023)

We analyzed the added value of integrating Sesame Workshop’s “Watch Play Learn” digital content through a impact evaluation.



#### Adaptation Pilot (2015)

The program has been adapted to the Colombian context, incorporating psychosocial and community components and a theoretical framework more suitable for the specific context.



#### Path to Scale (2023-2026)

As we scale, we will conduct process and impact evaluations to demonstrate quality, impact, and cost-effectiveness at scale, with continuous iteration and improvement.

\* Our curriculum is the result of a partnership between Universidad de los Andes and UCSF and was developed by Vilma Reyes (UCSF) and Blasina Niño (Semillas de Apego).

### 3 Evidence of impact

#### Impact

Results from the program's impact evaluation (2018 - 2020)\*

##### Caregiver's mental health

**46%** reduction in at-risk symptoms of anxiety

**26%** reduction in at-risk symptoms of depression

**59%** reduction in at-risk symptoms of sensitivity



##### Child - caregiver relationships

**38%** reduction in at-risk symptoms of parental stress

##### Children's socioemotional development

**68%** reduction in at-risk levels of social-emotional competencies

**79%** reduction in at-risk levels of behavioral problems

##### Children's mental health

**36%** reduction in at-risk symptoms of anxiety

**43%** reduction in at-risk symptoms of depression

**36%** reduction in at-risk symptoms of posttraumatic stress

#### Evidence of hope and resilience

Over the last ten years, we have reached over 5,300 mothers, fathers and other caregivers across seven regions and 12 municipalities, demonstrating the programme's potential for scale (see Box 2). [Research into the programme's impact](#) backs up the anecdotal evidence from women like Yoxana and Cindy. In a randomised controlled trial, we observed positive results on caregiver mental health, the quality of child-caregiver relationships, and children's mental health and early childhood development (see Box 3).

**“Community facilitators serve as relatable examples, reducing the stigma around discussing mental health and demonstrating that change is possible.”**

These caregivers embarked on a journey that helped them accept their histories as a starting point for healing, empowering themselves to create a different story to share for them and their children – one of hope and resilience.

➤ Find this article online at [earlychildhoodmatters.online/2025-32](https://earlychildhoodmatters.online/2025-32)

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# Becoming a parent with the legacy of civil war

## Learning from a 22-year study on intergenerational impact in Sierra Leone

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**Twenty-two years have passed since the end of an 11-year, brutal civil war in Sierra Leone. Marked by horrific atrocities, those who survived the war as children are still dealing with the aftermath as they themselves become parents. Funded by the US National Institute of Mental Health, the Intergenerational Study of War-Affected Youth (ISWAY), led by Dr Theresa Betancourt of the Boston College School of Social Work, has followed a cohort of 529 young people and their families since the war ended. ISWAY has documented the pervasive effects of war, while also identifying risk and protective factors that impact health and wellbeing (Betancourt et al., 2010).**

Our research has revealed that for many of these people – who were on average just 14 years old when the study started in 2002 – the transition to parenthood can resurface old traumas and unhealthy coping mechanisms. In the absence of robust formal support from government and non-government organisations (NGOs), our findings show that new parents navigate the challenges of family life by relying on relationships with family, friends, and faith communities – networks that help them nurture hope

for the future and provide opportunities to process intergenerational trauma.

### A community in need

“Sia”, 36, was enrolled in ISWAY as a teenager. Now, she struggles to navigate the complexities of motherhood while coping with her traumatic past. As a young girl, she witnessed acts that left deep psychological wounds. As a mother of three, Sia strives to create a nurturing home, but the legacy of surviving a war often creeps up without warning. She experiences sudden moments of unpredictability and anger when her children misbehave, leading to disproportionate reactions. These reactions, she realises, are linked to the survival instincts she developed during the war. In those days, even a hint of “weakness” would put a target on one’s back.

*“When my heart is broken, I tell them that today I am in a bad mood, because they too know that when I am in a bad mood, I beat people.”*

**“Sia”, 36, mother of three**



↑ Group photo of the research team

### **Parents who experienced war as children need more support**

Immediately after the conflict, various external supports were established to assist families in the war-torn country, including parenting programmes and mental health services. NGOs and international organisations provided resources, counselling and training to help individuals cope with trauma and learn effective parenting skills. However, these services disappeared over time due to funding cuts or changes in donor priorities. Today, adults who were children during the war have little in the way of external support with the transition to becoming parents and the past traumas that re-emerge during this life-changing experience.

And these parents aren't just dealing with difficult memories from the war; the years since the end of the war have been highly challenging as well. Sierra Leone, one of the poorest countries in the world,

has also had to contend with a deadly outbreak of Ebola virus disease, Covid-19, and environmental disasters such as mudslides that killed hundreds of people and displaced thousands. These challenges have disrupted the social fabric of families, straining marriages and contributing to divorce rates and family separations.

In the absence of formal support, these persevering young adults pursue other avenues to seek help and find hope.

### **Religious community is a source of strength**

In these difficult circumstances, parents often turn to their religious faith to get through hard times. Islam and Christianity are prevalent in Sierra Leone and provide guidance for understanding adversity and coping with challenges. The belief in a higher power

also offers emotional comfort and a sense of hope. Many parents express that they feel they cannot achieve anything without the support of God, which instils a sense of purpose and perseverance.

*“Well ... if something makes me distressed, I will sit and think, and I hope to God because if it is about distress, as long as we are still existing in this world, you will encounter joyful moments, and you will also encounter sad moments; therefore, people should not be discouraged and behave as if it will be the end of your life. You should always remember that ... There may be times when you do not feel good but since you are with God, you will be able to manage all those things.”*

**“Binta”, 33, mother of five**

Religious leaders also offer parenting guidance – a valued resource given that many lost their own parents during the war.

*“I used to go to the mosque and learn the Quran, you will meet some Imams that preach well. They will tell you that children you are bringing up who are orphans do not have fathers or mothers. It is inside the Bible and the Quran that you have to care for them as your biological child ... So, I like Imams that advise people how to care for adopted children and children who have lost their parents. It makes me happy, even though I am a Christian. When I see my pastor in Bible class, I will ask him [how to care for my non-biological children].”*

**“Araphan”, 32, father of two**

### **Finding support through friends and family**

Even with limited resources, new parents do find support through personal connections.

Family support has traditionally played a significant role in parenting, especially in Sierra Leone’s communal culture. Relatives often stepped in to

help care for children, providing practical assistance and emotional support. Unfortunately, many families are now fragmented due to losses they experienced during the conflict, with fewer extended family members available to help new parents. However, even while family support is less prevalent overall, many still find emotional support from friends, elders in the community, and spouses. There is a widespread understanding that seeking such help is crucial for promoting resilience. Our research has found that the presence of reliable and empathetic friends and community members fosters a sense of belonging and validation, reducing feelings of isolation, and gives parents a chance to collectively problem solve and overall feel less alone in their struggles.

*“You might have someone in your life or your circle who is close to you and who you can talk to when there is a problem. Such a person can give you advice and you can find a way out of the situation or the mood. Sometimes I have problems between my wife and I. Such people mediate between us and give us valuable advice to resolve the matter between us. That is very important.”*

**“Ibrahim”, 38, father of three**

### **How children provide opportunities for hope**

Study findings show that children offer new parents comfort and hope for the future despite the challenges of parenting. In the moments when parents find themselves struggling, the children offer moments of levity, joy, silliness and warmth.

*“They ... encourage me and [have] a lot of fun with me and I will also laugh, just for me to forget about those moments.”*

**“Isatu”, 35, mother of five**

More practically, as children get older they are able to provide help with siblings or bring in a little money to help the family get by. Many parents encourage their children to stay in school, with the understanding that a good education will lead to

better opportunities in the future. Hoping for better days ahead gives parents a sense of resolve and an opportunity to feel some optimism, reinforcing their investment in the future.

Despite the numerous challenges they have faced, war-affected caregivers are committed to providing a loving upbringing for their children – often in stark contrast to their own childhoods. In fact, ISWAY has shown that many of the caregivers who experienced more violence during the war are significantly less likely to use violent discipline with their children (Alleyne-Green et al., 2019). These caregivers are often more astutely aware of their potential role in interrupting old patterns.

*“I was brought up [in a violent home], and normally when my uncle shouted, I would be scared. I promised myself that I would not raise my kids like that.”*

**“Maliki”, 31, father of three**

### **The power to overcome**

In one local refrain, some survivors of the war describe themselves as *borbor pain* (direct translation: “suffering child”), a phrase that is often used as a way to imply that they feel they can overcome anything. Indeed, for Sierra Leoneans, the formidable challenges they face are matched by their fortitude. While those who become parents struggle with inadequate formal support, they draw resilience from family, friends, religion and their children. These social networks often form the basis for community development efforts, especially in rural areas where service gaps far exceed the available workforce. In these communities, all hands must be on deck: Imams may provide informal education for children and experienced mothers may volunteer to lead community groups that promote infant nutrition and feeding practices or encourage vulnerable children to pursue education.

Formal mothers’ groups – perhaps a misnomer as fathers and other caregivers are often welcome – are also crucial for improving maternal and child health in Sierra Leone. One such initiative, “Mother-to-Mother Support Groups” (M2M), emerged from existing

community-led meetings, and were structurally supported by the federal government. These groups offer peer support, parenting-related skills-building, and education on nutrition, breastfeeding and complementary feeding practices, hygiene, and disease prevention. While funding for these activities ended, many of the more than 14,000 groups are still active thanks to the work of passionate volunteers demonstrating a widespread commitment to improving the lives of families with young children.

Although these grassroots efforts do not explicitly focus on healing from intergenerational trauma, they may ultimately help to promote it. The social capital enhanced by group participation can help caregivers connect with others with similar experiences and better cope with the challenges of parenting. In the longer term, these groups can play a key role in community development by providing scaffolding to leverage resources when formal support becomes available. Some groups, for example, manage Village Savings and Loans (VS&L) that provide a safety net for group members by enabling them to save, borrow, and access emergency funds. These community-centred, collective efforts have promoted income generation and improved living standards, especially for women in rural communities. The resulting economic empowerment has been linked to better maternal and child health, improved child nutrition and, crucially, more education for their children.

*“I am always hoping that [my children] will all become educated and do better things with long life and good health; let Allah do it for me ...”*

**“Aminata”, 32, mother of two**

### **The case for more formal support**

Scaffolding formal government and NGO programmes to improve conditions for Sierra Leonean families can go a long way towards sustainable change in the war-torn country.

Lessons learned from ISWAY have helped us develop interventions to improve mental health among at-risk youth (Betancourt et al., 2013). For example, the Youth Readiness Intervention uses evidence-based

practices to improve symptoms across a range of mental health disorders, ultimately improving school engagement and increasing employment opportunities for transitional-aged youth (15–24 years) (Freeman et al., 2024). We'd like to see more support for this programme and wider dissemination of it throughout the country.

Also, we are currently adapting an evidence-based intervention which was developed in post-conflict Rwanda (see the [article by Shauna Murray and colleagues on pages 126–128](#)), the Family Strengthening Intervention for Early Child Development and Violence Prevention, based on our findings from ISWAY (Betancourt et al., 2020; Jensen et al., 2021; Desrosiers et al., 2024). This intervention would promote nurturing, responsive care; improve health, nutrition, and hygiene; and reduce family violence in hard-to-reach families with children up to 36 months. In Sierra Leone, where workforce

constraints are more severe, we are investigating potential delivery platforms such as digital tools, community health workers, and early childhood teachers. Doing this would allow us to reach a larger number of families, including those in rural areas.

Our research shows that familial, community, and faith-based support networks are helping families heal and move towards more hopeful futures. Yet, we can do so much more.



#### Note

For further information about the more than 22 years of the Intergenerational Study of War (ISWAY) in Sierra Leone, see: *Shadows Into Light: A Generation of Child Soldiers Comes of Age* by Theresa S. Betancourt, to be released by Harvard University Press on 21 January, 2025

➤ [Find this article online at earlychildhoodmatters.online/2025-33](https://earlychildhoodmatters.online/2025-33)

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