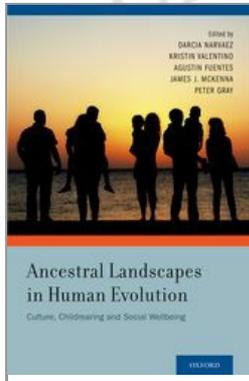


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Ancestral Landscapes in Human Evolution: Culture, Childrearing and Social Wellbeing

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Print publication date: 2014

Print ISBN-13: 9780199964253

Published to Oxford Scholarship Online: April 2014

DOI: 10.1093/acprof:oso/9780199964253.001.0001

Social Connectedness Versus Mothers on Their Own

Research on Hunter-Gatherer Tribes Highlights the Lack of Support Mothers and Babies Receive in the United States

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DOI: 10.1093/acprof:oso/9780199964253.003.0007

[+] Abstract and Keywords

Life among the Hunter-Gatherer tribes is difficult and often perilous. Yet mothers and infants receive tremendous support starting at birth. The level of support in Hunter-Gatherer tribes is contrasted with the typical lack of support that new mothers in the U.S. receive.

Keywords: postpartum, family support, infant survival

In Morelli, Henry, and Foerster's compelling chapter on life among the Efe, we read the story of infants born into a world where life is uncertain and premature death is common. In order to survive, infants must form attachments with multiple adults: some kin, others

not. Right from birth, mothers have other women present who will help care for their new babies. Mothers know that they are not on their own, and that others in the tribe will help them tend their babies. Babies' cries are viewed as communication, and will be answered promptly. If a baby does not settle, tribe members presume that the baby is possibly sick, and he is often brought to mother to nurse.

This chapter wonderfully describes the importance of having a wide range of people available to support a mother and baby. Responsive parenting is modeled by others in the community, and even non-kin take responsibility for caring for the children in the tribe. Mothers in this culture are not left alone to fend for themselves, as there are plenty of role models and people to provide practical help. The result is responsive and loving infant care.

In Contrast, What New Mothers in the U.S. Face

The picture of the life in this tribe could not be more different than the postpartum experience of many American mothers. And the lack of support women receive often starts with the birth itself. In one large nationally representative U.S. sample, 9% of women have met full criteria for posttraumatic stress disorder, with an additional 18% showing symptoms (Beck, Gable, Sakala, & Declercq, 2011). In another U.S. study, 46% of women described their birth experiences as "traumatic" (Alcorn, O'Donovan, Patrick, Creedy, & Devilly, 2010). They use words like "horrific," **(p.105)** "degrading," and "barbaric" to describe the actions of their health care providers (Elmir, Schmied, Wilkes, & Jackson, 2010). These experiences often have lasting effects, and women may experience depression, anxiety, or PTSD as a result (Beck, 2004, 2011).

After a woman has her baby in the USA, the mother-focused support received, which may have been high while pregnant, rapidly declines. Typically, a woman is discharged from the hospital 24 to 48 hours after a vaginal birth, or 2 to 4 days after a cesarean section. She may or may not have anyone to help her at home—chances are no one at the hospital has even asked. Her mate will probably return to work within the week, and she is left alone to make sure she has enough to eat, to teach herself to breastfeed, and to recuperate from birth. The people who provided attention during her pregnancy are no longer there, and the people who do come around are often more interested in the baby. There is the tacit—and sometimes explicit—understanding that she is not to "bother" her medical caregivers unless there is a medical reason, and she must wait to talk to her physician until her six-week postpartum checkup. There probably are resources in her community, but she has no idea where they are and often feels too overwhelmed to seek them out for herself. So she must fend for herself as best she can.

Once home, many American mothers experience profound social isolation, living in a culture where babies and children are barred from many activities, and where women might be harassed, or publicly scorned, for breastfeeding in public. So they stay home, thereby increasing their isolation. If they do venture out, they often feel compelled to use formula so they can feed their babies discreetly, thereby placing them on the slippery slope to full-time formula use, compromising their infants' health along the way (Kendall-Tackett, 2010a, 2010b).

Not surprisingly, many women find the postpartum period to be extremely stressful. One popular book written for new mothers describes this transition as “the reverse Cinderella—the pregnant princess has become the postpartum peasant” with a “wave of the obstetrician’s wand” (Eisenberg, Murkoff, & Hathaway, 1989, p. 546). (Here are some comments mothers have shared with me about community support:

I felt like I didn't matter. I felt like they weren't interested in me after I had my baby. My husband said, "Of course they are not interested. You've had your baby."

After the birth, I had several people tell me that the most important thing was that I had a healthy baby. Yes, that is important. But what about me? No one pays attention to the fact that you've had major surgery. They would have paid more attention if you had had your appendix out.

It is unlikely that Americans would ever seek to be like hunter-gatherers, with their extensive web of connections. But we *can* learn from them. They are doing a much better job in caring for mothers and babies, and the result is babies, children, and adults who can weather extreme life events, such as the high rate of parental death, and still maintain their mental health.

(p.106) The good news is that change may be on the way. A grass-roots movement has begun that seeks to meet the needs of postpartum women. The word *doula*—from the Greek word for servant—is becoming part of our vocabulary. A *postpartum doula* is someone who takes care of postpartum women by providing practical and emotional assistance. The postpartum doula movement is in response to the lack of postpartum care available from traditional care providers (Webber, 2012).

The type of care new mothers need is so foreign to most of us, that we need some details about what this entails. How might this look when carried out in an American family? In the following account, Postpartum Doula Salle Webber, author of *The Gentle Art of Newborn Family Care*, describes the types of support and assistance that new mothers need (Webber, 1992).

In my work as a Doula, my focus is on the mother. I want to provide whatever it is that she needs to feel comfortable, nourished, relaxed, and appreciated: to facilitate a harmonious transition for both mother and child in those profound first days and weeks after birth. A mother needs someone who cares about how many times the baby woke to nurse in the night, how many diapers were changed, how her breasts are feeling. She may need her back massaged or her sheets changed, or she may need someone to provide an abundant supply of water or tea, salads readymade in the refrigerator, a bowl of cut-up fruit. She needs to be able to complain about how little her mate understands what she's going through, and perhaps, some gentle reminders of all the contributions he has made. She needs someone to hold the baby so she can take a shower or even go to the bathroom; someone to answer the phone when she's napping; someone to water her plants or garden, to clean the kitchen and bathroom, to keep up on the family's laundry. She

may have many questions and concerns that only an experienced mother can understand. She needs patience and kind words and a clean and calm environment. (p. 17)

While most mothers in the USA do not get the care and support they need (though other Western and traditional societies do better), postpartum care can make a significant difference. Many are surprised that this decidedly “low-tech” intervention can work. But as Morelli and colleagues have shown, when this care is routine and what mothers experience, it can indeed be effective.

In conclusion, the style of ongoing and postpartum support modeled by the hunter-gatherer tribes is something Western cultures can learn from. Women can make a comfortable and peaceful transition into motherhood, even when faced with severe hardship and deprivation. It is time that we recognize and meet the needs of postpartum women. The health of our mothers and babies depend on it.

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