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Integrating Primal Wisdom with Modern Science and Practice as a Global Strategy for Infant, Families and Communities

By Antonella Sansone-Southwood

Photos by David Southwood

*As we ventured forward, capturing these timeless
images, I realized we were entering a world where
the essence of Africa – the essence of being
human – was still intact.*

I wonder for how long.

To the Himba, who reminds us our human roots
we have evolved from.

Sowing the seeds of birth, parenting and mental health

- An integrative view of perinatal mental health, which begins before conception and moves through early childhood in an unbroken continuum in care.
- Parent-infant relationship and parent/infant mental health in the context of our culture and society. Indigenous cultures (99/% human history) as best available window into lives of our ancestors sustaining birth, motherhood and secure attachment
- Preconception, pre/perinatal roots of empathy, compassion and communal care, and practices promoting them. How the human nervous system functions in a stress-free environment and physiological regulation is promoted, and how these changed during evolution according to adaptive physiological and behavioral functions in mammals (Porges, 2011).

Evolutionary framework of early childhood experience – Epigenetics

- Indigenous cultures offer a model to see the epigenetic effects of early caregiving. Douglas Fry (2006) noted cultural differences between peaceful people and violent cultures and related these to early life.
- How knowledge through prenatal and childcare practices is embodied and genetically transmitted through generations, generating certainty and stability, and affecting children's socioemotional and moral development.
- Today we know that early caregiving has long-term epigenetic and devel. effects, such as late-forming psychopathology (Schore, 2003a; 2003b).
- Being exposed to chronic stress, and the consequent activation of stress hormones, leaves one susceptible to physical disease (heart disease, diabetes, obesity) and mental disorders (anxiety, depression, drug use) (Lupien et al 2009; Meany, 2010).

Human connection and love shape the neural connections from which the mind emerges (Siegel, 1999)

- Himba children and adults showed striking curiosity, sense of boundaries, emotional self-regulation, ability to **engage** with us
- Critical role of autonomic nervous system (cardiac vagal tone) in physical and mental health and in moderating social, affective and cognitive behaviors, and motor activity (Porges, 2011).
- Implicit systems (embodied values, prenatal blueprints, implicit memory) shape human development and guide behavior. Moral behavior resides in the way children are raised, in responsive attuned parenting or engagement, leading to self-regulation and empathy (Narvaez, 2014; Kochanska 2002);

Empathy, cooperation, social support

- Our species evolved to be strikingly **empathic, compassionate** and **cooperative**. This need is crucial during pregnancy and childcare and impacts on birth and child development.
- Our society, obstetric practices and healthcare system violate the human need for cooperation, **love** and connection.
- **Social support** from another woman throughout pregnancy correlated beneficial outcomes detectable as long as 15 years later – children more resilient, responsive and less likely to be neglected by their mothers (Olds et al., 2002, 2007).

Interpersonal neurobiology, attachment, and mindfulness theory

- The lack of community life, the isolation of the patriarch nuclear family in our modern societies has impacted on brain areas (e.g. prefrontal cortex) involved in our capacity for empathy and compassion (Siegel, 2007).
- The prefrontal cortex is involved in these functions: body regulation, attunement with others, emotional balance, modulation of fear, response flexibility, insight, empathy, morality, intuition and integration (Siegel, 2007).
- These functions translate in two words:
LOVE and **MINDFULNESS**

Constant physical contact and responsiveness

- Babies are constantly carried, fed and responded to by their mothers, other women and older children; collective sense of responsibility.
- Co-sleeping, benefitting from maternal cues – smell, heartbeat, breathing – they developed with in the womb; continuum from intrauterine life; a natural protective behavior in all primates. Humans communicate at night and **trust** and **confidence** develop during the night as it does during the day (Hewlett,2007; McKenna et al,1993).
- In USA & UK ‘independence’ is virtually encouraged very early – babies are rarely breastfed for long, sleep in a separate room, walked in outward-facing buggies without social interactions, often left to cry.
- Information about how to manage feelings unconsciously stored in the **right brain**, dominant in early years for non-verbal processing of emotional information, and social interactions (Decety & Lamm, 2007; Schore, 2012).

The importance of caregiving practice

- Girls exposed to daily images and experiences of childcare, which physiologically affect pregnancy and birth and way of handling babies – mental representations of motherhood.
- Everyday they hold, look after babies and see other women breastfeeding, and having given natural births; well versed in how to hold a baby and keep him comfortable when they first give birth.
- Girls raised in our society exposed to competitiveness rather than receptiveness and cooperation, to ambivalent information rather than knowledge passed on through generations.
- Boys also exposed to childcare and affected hormonally as well as neurologically, more versed in picking up baby's sensory cues. (Storey et al. 2000; Wynne-Edwards & Reburn, 2000).

From cooperation to mind-reading

- Cooperation and physical contact foster the capacity for mind-reading or present moment intersubjectivity (affective sharing).
- Human infants show an innate capacity for relational engagement, empathy, but to expand these capacities they need caregivers engaging with them (Trevvarthen & Logotheti, 1989; Logotheti, 1989).
- Mind-reading is advantageous not just to infants but to mothers as well, as teaches them to understand the infant's point of view thus to be responsive (Brackway, 2003; Panksepp, 2000; Meltzoff, 2002).
- Mirror neurons, mutual gazing and imitation are the foundations for connection and mutual understanding (Meltzoff, 2002).

Easy birth & breastfeeding

- Women's uncomplicated birth favors the success of breastfeeding and bonding during the crucial hours afterbirth.
- After the birth mother and child are accommodated in a shelter of mopane branches erected against the main hut.
- Undisturbed physical contact lasts about a week; with the sense of safety, it stimulates the mother's flow of hormones (oxytocin); she can behave in a "mammalian" way.

A cooperative natural world to sustain life

- Living in a dynamic balance, not only with other living forms such as animals and plants, but with the physical environment as well.
- Scientists have long noted symbiotic relationships in nature, e.g. the critical interactions between the baby and microbes for immune programming provided by a vaginal birth (Molloy et al 2004); caesarean birth is associated with microbial deprivation and dysregulation of the immune system (Bager, 2008).
- In the same way our culture is increasingly distancing us from natural stress, e.g. labor and birth, and the appreciation of the positive function of pain (Melzack theory, 2005); fear (adrenalin inhibits oxytocin release making labor, birth and bonding difficult.

The energy sensing communication system

- All organisms, including humans, communicate and read their environment by evaluating energy fields; yet, we have become so hyper-intellectual, so dependent on spoken and written language that we have neglected our sensory communication system.
- Indigenous people still utilize this hyper sensory capacity in their daily lives; children's senses of sight, smell, touch and hearing are nurtured as valuable instruments for learning (Turnbull, 1983).
- Believing in energy sensing communication system is extremely relevant to **mother-baby communication** – during pregnancy, labor/birth and beyond—as enables mothers to pick up baby's sensory and emotional cues (Quantum Physics).

Why rituals, beliefs and spirituality matters

- The isolation and consumerism consequent to Western life have deprived pregnancy, birth and parenting of the benefits of generational transmission of beliefs, rituals and wisdom (unpredictability, uncertainty, fear).
- Beliefs and wisdom are shaped through early experience, transmitted through generations and form our embodied heritage.
- The heightened spirituality noticed in women during pregnancy is considered important in maintaining mother and child's health.
- The child is born the first time that she is conceived in her mother's mind, so even before conception (listening to the soul of the child).

The sense of relational presence in the womb

My research focus

- The sense of a relational presence in the womb appears to be an important aspect in pregnancy, birth and attachment outcomes.
- Indigenous mother reveals embodied narrative with her child from the very first moments of conception and even before; she treats her baby in the womb with respect and as a partner for whom she is a guardian, and encourages his spirit to develop to its full.
- While the infant's innate capacity for relational engagement has been widely described (Trevarthen, 2005), the prenatal roots of it and their contribution to bonding/attachment have only been recently (Ammaniti & Gallese, 2014).

Multiple attachments: It takes a village

- Babies are exposed to the entire social world; multiple interactions with adults and older children foster empathy (Fonagy et al., 2002). The quality of the entire attachment network, not only a secure attachment to the mother, influences the child's later socioemotional development (Van IJzendoorn et al., 1992).
- Mothers evolved to receive **empathic support** (Hrdy, 2011). Mothers with more social support are more responsive to babies (Coontz, 1992); low social support and **postpartum depression** (Miller, 2002).
- Infants grow up feeling secure and the cultural context remain predictable, mode of birth, childcare customs are transmitted and everyone conforms to the same customs; fast rate of cultural changes of our society puts huge pressure on children and adults.

New strategies for sustainability

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- Cooperation and mutual understanding as the route to sustainability.
- The development of human brain depends enormously on parent-infant interactions and co-regulating processes since life in the womb, through birth and the early postnatal period (Schore,2003).
- The way we are living is very different from how we are meant to; this generates anxiety, isolation, stress, depression, rather than cooperation and empathy, which has huge implication for parenting and attachment, society and economy.
- A mother's responsiveness to the infant's needs, even the birth outcome, is NOT an instinct, but is to a large extent acquired through **caregiving practice** – both the experience of **nurturing** and that of **being nurtured**. Traits no longer used eventually fade.

Interdisciplinary Perspective

- Stress, mental illness, aggression are products of our modern way of life and not universal among humans (Fry, 2006; Ingold, 1999).
- Indigenous cultures offer evidence of the practice of mindfulness as a way of life and being, the route to fulfilling parenting and secure attachment; it can also be the route to **interdisciplinary cooperation**.
- Only practice can re-sculpt our neural pathways and break free from the automatic patterns (Siegel, 2007).
- The practice of **mindful awareness** expands our capacity for engagement, compassion, empathy, body-self regulation, attunement sense of present moment; all promoting **secure attachment** and all involving **prefrontal cortex** expansion (Sroufe et al., 2005).

Communal Mindfulness

- Protecting mother-baby co-adaptive system through a mindfulness-based approach favors mindful awareness in parents, which promotes nurturing emotions and empathy.
- Out of 65,000 mental health professionals 95% had never had a course on the mind or on mental health (Siegel, 2007).
- Self-development training for perinatal care professionals: working through personal life experiences, fear/love issues, prosocial skills such as empathy and communication.
- Medical students receiving MBSR showed increased empathy and interpersonal connection over time (Shapiro et al., 1998).

Implementing Cost-Effective Strategy

- Though **shared knowledge** we can all promote the same universal **nurturing practices** that promote secure attachment and maternal and infant health.
- Receiving proper care from before conception shouldn't be for a parent a matter of chance but a vital need and right.
- Human needs, most of all the need for love, connection and empathy, should be met fearlessly, as a matter of routine, so that individuals and communities can develop the resources to thrive.

- *Mothers, Babies and their Body Language*. Karnac/Routledge, 2005
- *Working with Parents and Infants: A Mind-Body Integration Approach*. Karnac/Routledge, 2007
- *Cultivating Mindfulness to Raise Children Who Thrive: Why Human Connection from Before Birth Matters*. Routledge, 2020

Thank you

Antonella Sansone-Southwood
Professor Pamela Meredith,
Dr Koa Whittingham



PhD project title: *Investigating the value of mindfulness in supporting maternal mental health during pregnancy, mother-foetus relationship (MFR), and mother-infant emotional availability.*

Overall aim: to provide an initial validation of the PMRB program developed by the researcher.

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Perinatal Mental Health

What is it?

Perinatal and infant mental health refers to the emotional and psychological wellbeing of mothers, their infants, partners, and families, from conception through pregnancy to the first 3 years postpartum (Queensland Health, 2014).

This period is critical as can be a window of opportunities for parents to contribute to their babies' healthy development as well as a time of high risk for the onset or relapse of mental problems and for the future development of the infant (Centre of the Developing Child at Harvard University, 2009).

Why does it matter to children?

Associations between:

- Maternal mental health during pregnancy and foetal and child neurodevelopment outcomes (Glover et al., 2010; O'Connor et al., 2002).
- Depression, anxiety and stress and intrauterine growth retardation and premature birth (Maina et al., 2008).
- Maternal mental health problems and difficulties in mother-foetus relationship (Alhusen, 2008), bonding formation (Glover et al., 2010), parent sensitivity and responsiveness (Zeanah & Zeanah, 2009), and mother-infant emotional availability (Barfoot, et. al., 2017).

Why does it matter at all?

- Depression affects up to 20% of women during pregnancy and the postpartum period, highlighting their need for support (Evans et al., 2001; Rich-Edwards et al., 2006).
- In UK perinatal depression, anxiety and psychosis have a long-term cost to society and economy of GBP 8.1 billion for each one-year cohort of births (Mental Health Task Force, 2010).
- Cost of untreated perinatal mental illness and its adverse consequences on children estimated at GBP 23 billion each year in UK (MHTF, 2016), with other countries facing similar challenges.

What do you need to know?

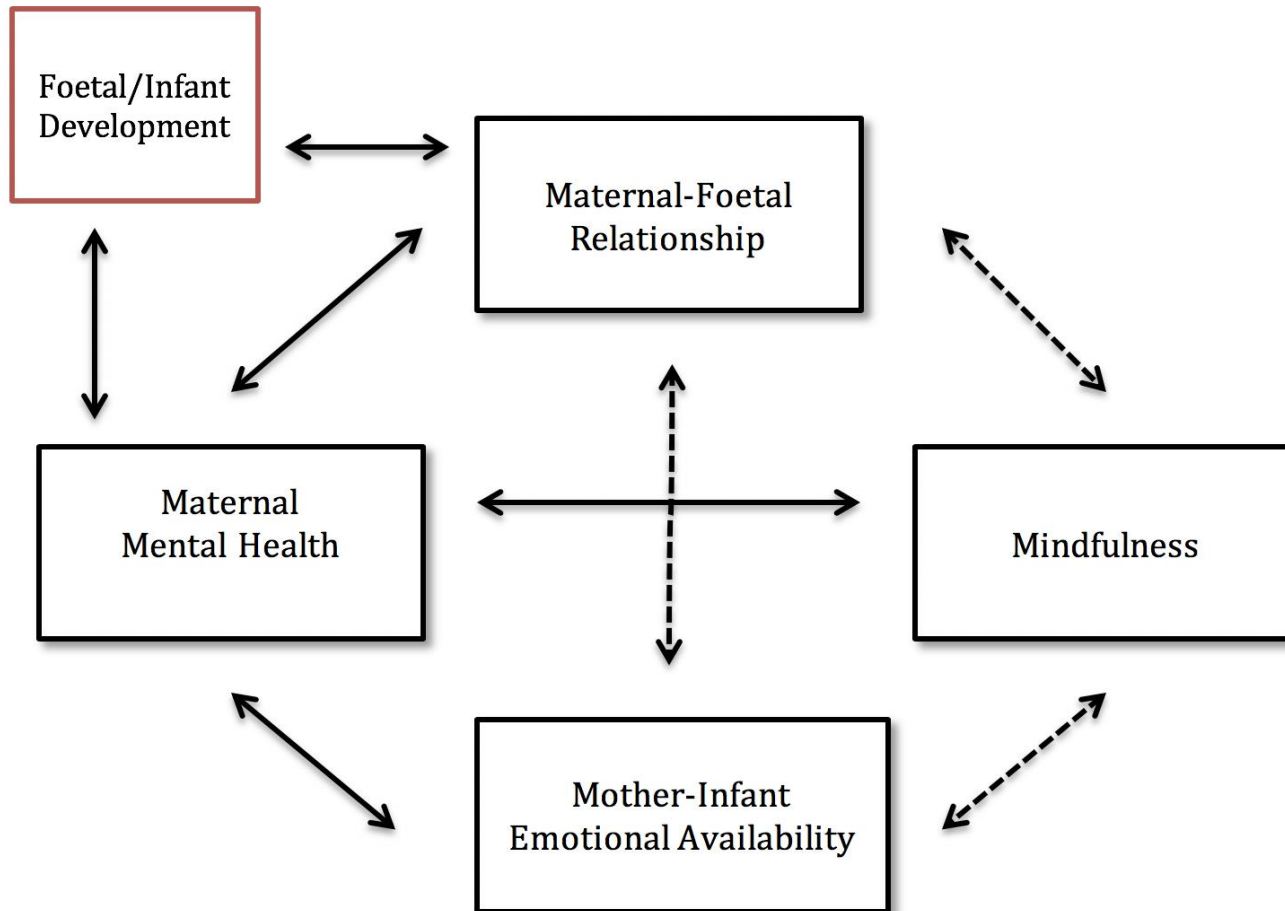
- The mental health of pregnant women and mothers is a key to the health, growth and development of young children (WHO, 2018).
- Supporting maternal and infant mental health should be a research and public health priority.
- Preventive programs in the pre- and perinatal periods can be more achievable and cost-effective than cure (Bower et al., 2014).
- Preventive programs lack a comprehensive approach focused on the continuum of human development from pre to perinatal period.

What can we do?

- Little is known about the relationship between maternal mindfulness and MFR, or the influence of antenatal factors, such as mindfulness and MFR, on mother-infant EA post-birth.
- With recent evidence supporting the need for prenatal interventions (Bauer et al., 2014; Biaggi et al., 2016; Van der Bergh et al., 2005), gaining an improved understanding of the relationship between maternal mindfulness, mental health and MFR may highlight interventions to promote mother-infant relationship/emotional availability, potentially leading to more positive outcomes for children.

Associations between variables

Bold lines: known associations; broken lines: proposed associations.



The Prenatal Mindfulness Relationship-Based (PMRB) Program

- To date, most studies of mindfulness-based therapy have focused on supporting people with depression, anxiety and stress symptoms (Badker & Misri, 2017; Kabat-Zinn, 2003).
- Existing studies on mindfulness interventions in pregnancy have also primarily focused on reducing maternal mental stress, anxiety, and depression, and preventing their return in the postnatal period (Dimidjian et al., 2016; Vietan & Austin, 2008).
- No longitudinal studies of mindfulness-based intervention in pregnancy have investigated its effects on MFR or MIR outcomes such as EA.

Why the focus on mother-fetus relationship?

- Studies on prenatal attachment and scales to date have focused upon the mother's mental representation of the baby and the foetus as an internalized image in the mother's mind.
- Re-conceptualization of prenatal attachment and need for research recognizing: **1.** the foetus' capacity to engage in an embodied relationship (Van der Bergh & Simons, 2009) and in reciprocal interactions (Cannella, 2005; Eichhorn, 2012); **2.** the contribution of mother-foetus positive reciprocal interactions to MFR and mother-infant attuned interactions, MIR/EA and infant development.
- Consistent with this is the evidence that the interactions between parents and child provide stimulation that promotes child's development (Klebanov & Travis, 2014).