



Journal of the Motherhood Initiative

Learning from the Pandemic

Possibilities and Challenges for Mothers and Families

Spring / Summer 2023

Vol. 14 No. 1

Laura Limonic, Abigail Connolly, Gretchen A. Good, Genevieve Currie,
Nicole Dillard, Lisa H. Rosen, Laura Lazzari, Jillayna Adamson, Penny Davis,
Carolina Toscano and more

JILLAYNA ADAMSON

The Pandemic and Maternal Mental Health in the Western World: A Cross-Cultural Assessment with Refugee Mothers

This piece explores the impact of COVID-19 on maternal mental health in the West and further compares some of the experiences of newly resettled Afghan refugee mothers and their experiences adjusting to Western practices of motherhood. Points of interest in further establishing a community and culture that prioritizes mothers' wellness are highlighted.

Introduction

In February of 2021, in the thick of the COVID-19 pandemic, *The New York Times* published the series *The Primal Scream: America's Mothers Are in Crisis, Is Anyone Listening to Them?* Additional pieces came out around this time, chronicling the difficulties and additional weights that were falling on mothers from the impacts of the spread of COVID-19. There was a childcare crisis by way of schools and daycares closing, and as highlighted in various platforms, it seemed working mothers were frequently the parents that were feeling “punished” by the pandemic (Barroso; Grose). Although mothers are more likely to be the primary caretakers of children, the pandemic experience shed new light on how the world sees mothers' work. Mothers were burning out rapidly, and family-work life systems were falling apart. The news flash from mothers was this: We cannot do it all, and we are drowning. Not only were mothers drowning, but they were also openly talking about it. Well, screaming about it, per the *Times's* crisis line.

As a mental health clinician with a specialty in mothers and mothers' issues, I watched the pandemic exacerbate the quiet struggles that mothers already experience, most often through video sessions on my computer. Because of the pandemic, most of my sessions were switched over to a virtual HIPPA

compliant video platform. I heard my patients' worst fears and saw grief grow across their faces. I watched mothers' struggles go from bad to worse. From my home office, trying my best to bridge the gap of isolation and limited social support, I watched depression increase, anxiety skyrocket, and my beloved patients' postures droop with hopelessness. The hardest job in the world got harder, more isolating—it became impossible.

As highlighted in the *Times* article, the world was finally seeing a clearer picture of the desperation of mothers. This desperation had already existed, perhaps more quietly, but became exponentially amplified into an issue of mental health by way of the pandemic (Barrosso). In this article I examine the sociocultural components that played a part in the decline in mothers' mental health, bringing to light the specific struggles of anonymous patients as well as women I interviewed across Canada and the United States (US).

I further contrast these experiences with those of the refugee mothers with whom I work and who are newly resettled in the West. I highlight invisibility, loneliness, and the effects of an independence- and nuclear-family oriented mindset as some of the difficult factors in Western motherhood. I explore the impact of the pandemic on the already “villageless” mothers of Western culture in comparison to the experiences of Afghan refugee mothers, who are adapting from community-oriented cultures to one of isolation. I share some of the lessons I observed in my refugee mothers' group and highlight important takeaways from the pandemic period. I go on to discuss what can be learned and applied from components of another culture, particularly one the West may not think to learn from. In fact, it is one in which Western feminism doesn't exist, and women are still under the control of a patriarchal culture and government.

The West: How the World Sees the Load on Mothers

In recent years, the load on mothers in the Western world has undergone new exploration and study. “Mental load” is now a frequently utilized term describing the unseen emotional and mental labour that primarily mothers tend to carry on their shoulders; it emphasizes the ways in which mothers are most frequently the defaulted caretakers of the children and home and bear the weight of the things one must keep track of regarding the children/home life (Hogenboom). The concept highlights how the invisible labour of mothering is finally being addressed and discussed in the understanding of mothers' struggles. Mothers (in the US and Canada) have more recently been speaking up and sharing their experiences of feeling unseen. Their struggles increased as COVID-19 worsened, and statistics began to compare mothers' experiences to fathers', assessing their mental states and overwhelm. We saw such headlines as “Employed Moms Were More Likely Than Working Dads

to Report Experiencing Professional Hurdles during the Pandemic” (Schaeffer) and “Mom Rage in a Pandemic” (Dubin). The stress experienced by mothers has been increasingly researched and documented recently. But the pandemic brought these difficult experiences to new heights. It was sudden and global, including mothers who were out in the working world. The “primal scream” *The New York Times* noted—this was it. The newspaper even set up a hotline for such literal screams and complaints as well as an interactive webpage featuring various topics, such as tips for parents, parents chronicling their experiences, and the pandemic’s societal and economic impacts. The page featured pop-up quotations from mothers, comics and photographs, and, yes, literal screams.

Before COVID-19, Western mothers had already been confiding in me that they were lonely. They felt cooped up, disconnected from the world, and trapped. They struggled to make friends and real connections once they became mothers and to balance their senses of self and identity. They craved support and community within the motherhood role. They often felt as though they were doing and accomplishing nothing despite being completely overloaded with the mental and emotional labour of mothering as well as household to-do lists. They expressed being overwhelmed by a lack of social policies in place to support them and their families given the economic disadvantages of a gendered division of labour. The pandemic only exacerbated these issues. And, maybe, moms finally felt empowered to make more noise.

When lockdown hit, mothers were frequently the ones to give up their jobs or to make career sacrifices to be home with their children. In fact, over four million women between twenty-five and forty-four were estimated to have lost their jobs since the beginning of the pandemic in the US, with the majority claiming childcare as the reason (Barrett). Mothers who were already home with their children were even further isolated and piled with endless mothering tasks. On top of that, mothers had to school their children. They could rarely—if ever—leave the house and had to keep their children away from activities, school, friends, and family. They had to be with them at all times with little support. Children, with their boundless energy, still needed all the things school, friends, and community provided: socialization, exercise, knowledge, engagement, world experience, etc. This led to mothers becoming a stand-in for all these things. They became the playmate and entertainer, the chef, the teacher, the coach. The energy of children grew and bubbled, and their tolerance for lockdown decreased. Kids grappled with their own big feelings of loss and anxiety, and moms felt that, too. Anxiety and depression, as well as other behavioural issues in children, increased (Cimino). Anxiety and depression in adults increased even more, and feelings of desperation and hopelessness flourished (Cimino). Compounding stressors strained relationships—both parent-child relationships and partnered relationships.

Divorce and separations also increased during the pandemic and some described it as a “make it or break it” time for couples. Some families fell apart.

Psychiatrist Pooja Lakshmin calls the experience that her patients were feeling “betrayal.” She discusses that “the crushing toll on working mothers’ mental health reflects a level of societal betrayal.” She highlights the work of Dr. Wendy Dean, who stated: “This isn’t burnout—this is societal choice. It’s driving mothers to make decisions that nobody should ever have to make for their kids” (Dean qtd. in Lakshmin). Lakshmin further notes: “mothers are faced with impossible choices: sending their child to school, and risking viral exposure, or not showing up to work; plopping their child down in front of a screen just to get a moment of peace” (Lakshmin). Decision fatigue, rage, and powerlessness were frequent experiences. Lakshmin explains that this experience for mothers went far beyond burnout: “While burnout places the blame (and thus the responsibility) on the individual and tells working moms they aren’t resilient enough, betrayal points directly to the broken structures around them.” The pandemic experience went beyond feelings of guilt about child experiences and parental availability or presence—it also included hopelessness. Similarly, some mothers that I worked with noted feeling “seen” and a sense of solidarity because mothers everywhere could relate to what they were going through. More than one of my patients expressed relief that others were noting how overwhelming motherhood was becoming; one patient said that the pandemic had made her feel “less crazy and more able to assess [that] it isn’t that I am just incapable as a mother.” Instead, it became more evident that there really are a number of lacking external supports available for moms.

Mothers and Mental Health

Not only did mothers experience increased demands in carework during the pandemic, they also felt higher than average levels of anxiety, worry, and depression. As mothers, we frequently worry about the safety and wellbeing of our children—sometimes to the point of depletion—even without extenuating circumstances such as a pandemic. Studies estimate that around 27 per cent of mothers deal with clinical levels of anxiety in general (Johnson). In the perinatal period, anxiety levels increase. The pandemic brought real, immediate safety threats, and mothers’ anxiety about the wellbeing of their kids increased even further (Johnson). It created great unknowns, which resulted in fear and trauma. The mental health of mothers deteriorated during the pandemic, as they lost certain vital components of wellness, including time with friends, social engagement and external support, as well as social and physical activities.

Research supports the importance of community and friendship in combating depression; these things are important to human happiness (Lyubomirsky; Franco). In times of transition or stress (such as motherhood or a pandemic),

having a community is even more vital (Armstrong and Edwards; Barnes). In fact, these connections allow us to be seen and validated. Research also finds that in becoming mothers, women experience more isolation (in the West) and have increased mental health struggles—even without factoring in a global pandemic (Taylor). But as the pandemic limited many social connections and relationships, it worsened the mental health and isolation of mothers in particular.

What Mothers Told Me

The mothers with whom I spoke had both low-income and middle-class backgrounds. Before the pandemic, some had paid employment, whereas others stayed at home with their children. Within these narratives, no single mothers or impoverished mothers are represented (which would likely result in more stressors), and all mothers had their basic needs of food and shelter met. Thus, most of the mothers were relatively privileged. That said, the majority of them did speak about experiencing financial struggles; some had also lost their job or were forced to leave work to care for their children. Many factors influence the stress and anxiety that falls on mothers, including socioeconomic status, race, disability, where they live, and whether they are partnered. The following narratives highlight themes about job/financial loss and childcare; the mental load of homeschooling, caretaking, and homemaking; isolation, and safety-oriented anxiety during COVID-19. All participant names are pseudonyms.

Jane, a mother who sees me for psychotherapy, told me the following: “I feel like I could snap. Like I am totally fried, and at any moment, I could combust. Every single day, I have no idea how I am going to handle one more thing.” Her sentiment is a common one: the feeling of being unable to add another thing to the to-do list. Jane’s three kids were anxious and acting out—the fighting was near constant. Jane’s husband was labelled as an essential worker, much to their surprise, and his life mostly continued on as usual: “He goes to work, they wear masks, and their desks are more spread apart. But he sees his buddies and coworkers and does his thing.” Jane noted her husband did not perceive too much change in the world while at work, but he did feel it when he came home:

He comes home, and I am sanitizing the groceries and taking temperatures and scrubbing shoes. I haven’t seen another human in months, and the kids are hanging all over me. I’m like a cave creature, opening the door, making him strip down on the porch before coming in the house. At the end of the day, I am a ball of nerves. I’m convinced we’ve all got it. And he’s cracking a beer and telling me everything is fine. I could not get to his level of calm—ever.

Another mom relayed: “I have had to stop caring about the TV and the tablets and how I might be turning them into zombies. How else can I possibly do this? That is the better of the options, right? Screen addicts? Or an angry, irritable, exhausted, resentful mom?” She noted that she carries the guilt of this and tries to compartmentalize her feelings: “Maybe the pandemic will end, and I will look at my kids and be like, ‘Oh crap, what did I do? I’ve ruined us all. Their brains are destroyed.’ But right now, I don’t know how to get to the next hour, and it’s all on me.”

Some mothers I worked with took up hobbies to break up days or tried video chatting more with friends and family; they went on drives with the kids and on long walks. But largely, they felt isolated and desperate. They could only keep up with extra activities and entertainment ideas for so long. Eva, a mother of four, had to leave her job to be home with her children and expressed deep resentment over her situation; she experienced a “constant overload of children’s needs, wants, and demands.” As soon as her partner got home from work, she went to bed and would struggle to even get up the next day. She never saw other adults and compared the pandemic to the feelings of isolation she felt in of her each postpartum periods.

Children also struggled; their emotional needs increased as did behavioural issues (Cimino; Johnson; Dubin; Schaeffer). Children sought out more attachment coping, which increased the stress on mothers and left them unable to meet the needs of their children. In addition, children were more frequently found to be in crisis; they struggled to access previous coping skills (Cimino). In general, a mother’s mental wellness is a good gauge for the wellbeing of children in the home, particularly young children. Mothers help their children to emotionally regulate and apply coping skills; they demonstrate healthy behaviours and stability. The mothers’ ability to be present and react to their children’s needs affects their emotional security and attachment safety. This, in turn, affects the child’s ability to feel safe and secure in the world in general (Loechner et al.; Walker). During COVID-19, research showed that the wellbeing of children directly correlated with the mothers’ levels of anxiety and depression (Cimino). But the coping skills needed to confront these mental health struggles were largely unavailable. Mothers entered survival mode and did the best they could, day to day. Sometimes, hour to hour.

The pandemic brought intensive isolation and stress, particularly to mothers who either stayed home with children, worked from home with the children, or left careers to be at home. Not only did more fall onto mothers, but they also lacked the support and resources that they previously had.

Working with Refugee Mothers

As I work with immigrant and refugee families, I also considered their experiences during the pandemic. The pandemic experience for refugee families in the US was by and large not enormously different from the isolation they experienced during their resettlement. They could not speak the language, and they were often stranded without money or transportation. For a number of the families I worked with, they were able to feel connected and safe with their large immediate families during the pandemic. Their losses truly were felt in displacement, and it seems the pandemic felt only like an extension of this loss and chaos.

After lockdown, I met regularly in-person with a group of refugee moms. They were mostly Afghans, and they had all fled dire situations. Some had lost homes and family and had lived in refugee camps while awaiting to be resettled. In St. Louis (where I currently practise), many of them had stayed in cramped hotel rooms for months waiting for a place to live. Some of the mothers had to leave their children and other family members behind. For the mothers, the primary caregivers of their children (the mothers ranged from having four to twelve children, with eight being average)—this trauma was something else entirely, as not only they themselves but also their children had endured these horrors. It is not uncommon for the mothers I work with to experience deep anxiety and posttraumatic stress.

In working with adult and child refugees and survivors of war torture and trauma from various countries around the world, I have met some of the most incredible and resilient people I have ever known, and my eyes have been opened to the beauty of these deep cross-cultural connections. The mothers in this group have amazed and humbled me. These families were living through a pandemic, but they had also lived through trauma and displacement. The mothers in my group had already survived war, bombs, and kidnappings—all in their own backyards. It is important to note that I am relaying my interpretations of their experiences as shared with me (via translation), and I cannot truly grasp their experiences or represent them adequately as a Western woman. I do want to allow them to be seen for the incredible women they are and create space for learning from cultural differences. I am honoured to hear their stories and share community with them.

The women in my group are amazing. I used a wonderful female interpreter (for Dari and Pashto), and these moms were eager to share and participate (as well as work on their English skills). They were happy to get out of the house, where their large families all live together. They often felt unsafe in the neighborhoods they were placed in and seldom ventured out of their homes or saw other refugee or immigrant families. This particularly pertains to mothers, who lack community and tend to childcare duties around the clock. They are

now alone in their mothering—a stark contrast to the lives they lived in Afghanistan. Upon resettlement, men are typically tasked with getting jobs and are more quickly able to take English classes and obtain work. In such, they are more likely to be around other refugees and out in the world. Refugee mothers face a different type of isolation.

A mother community was one thing they did have in Afghanistan and even for those who were in the refugee camps. The togetherness of living looks so different in the home countries of so many refugees, who live in more community-based cultures and are less used to Western individualistic lifestyles. But here, they are alone. Their lives do not hold this same rich day-to-day living of community.

Talking about home was bittersweet for them. There was deep missing of all things one experienced as “home,” including family members who stayed behind or were lost. At the same time, they expressed gratitude to be away from such fear and upheaval. They often felt torn between feeling homesick and being thankful. But the loneliness and separation were a different kind of homesickness they voiced; their way of living and being a mother had also been uprooted.

Cultural Differences in Mothering

Their telling of their practices and traditions was beautiful and heartwarming. They were the types of tales that many Western mothers have voiced longing for—ones involving community and support. For instance, it was custom for the moms in this group to practise intensive maternal nurturing and support in the first forty days of the postpartum period. In this, the cooking and housework chores were done together by extended family or close friends while mom stayed in bed with the new baby for at least forty days postpartum. In general, the mothers were not alone throughout the day; they lived, cooked, cleaned, and parented together.

One mother told to me that she had never done so much “parenting” as she has done in the US: “[In Afghanistan], the women were doing the daily tasks together, and the kids were all playing together. The moms could sit and drink tea together. They could talk for hours.” In Afghanistan, she said families are large and extended, and friends are all in close proximity. She explained that in the US, mothers are constantly doing things for their children and alone (apart from other adults); she questioned intensive parenting, noting that mothers seem to hold their children’s hand through each and every activity and thought throughout the day. “They are playing with them ... every minute” she exclaimed. She also noted that it sometimes feels unsafe to go outside where she lives, so the kids have nowhere to go and nothing to do. She expressed sadness at this and at feelings of being trapped, cramped, and

alone—both for her children and herself.

Another mother of eight recounted having birthed another child shortly after arriving to the US and being shocked: “The medical care was nice in the hospital, and I had less pain than I did back home. But then I was quickly sent home and all alone. Back home, you don’t lift a finger for forty days. You are massaged and brought food. The house is full of guests taking care of you. You lie with your baby.” She was taken aback at her sudden workload, such as cooking and cleaning, while she also tried to heal her body and care for a newborn. “People are doing their own thing here always” she said. “They aren’t doing the things for or with the other families.” She did not say this with judgment; rather, she was trying to process her own feeling of loneliness in a new country.

We discussed how individualistic American culture is, and what this means for women who are so used to interdependent care and living. One mother explained to me that in the West, it would be seen as a “favour” to do something for another mother rather than an expectation. “But how could [the mother] possibly do it all [herself]?” she asked. The amount of the work that mothers do in the West seemed to shock these Afghan mothers. Cultural differences in terms of the work mothers do were notable. But the Afghan mothers wondered why women in the US were doing all this work on their own.

Mother Care and Mother Love: A Lesson from Refugee Mothers

In group, the moms were tender with one another. They easily took one another’s newborns or helped to adjust hijabs. They sat close and hugged and kissed when saying hello and goodbye. Once the group grew comfortable, the women formed close bonds. We talked about everything from the difficulty of motherhood, relationships, birth trauma, and bodily struggles, to war trauma and loss, to adjusting to life in a new country.

The moms quickly arrived at deep topics. Even though these women were from the same country, they came from different backgrounds and had very different experiences. Yet the way they quickly understood each other as women and mothers was significant. “Because we are mothers we know,” one mother told me smiling. She was always smiling, even when she told me about her hardest days. I saw so much worry etched into her eyes and pressed into her eyebrows, but then she would always give me this smile of deep love. She embodied the ways in which mothers can come together and care for one another.

Of course, their home culture also had more negative perceptions of women (and, of course, mothers). Through group, they navigated the cultural differences they see here. They struggled to warm to the concepts of taking care of themselves, of spending time on themselves—they came to group

seemingly unaware that they deserved such a thing.

I told them how they amazed me with their strength and bravery, their ability to open up, and the endless work they put into caring for their large families. And they would laugh and shrug my words away. They struggled to see it, claiming they were just doing what mothers do. I shared that I can barely keep up with my own kids and that I only have two. I also told them that men here have to do lots of parenting too, and I gave the example of my husband being the one to get the kids from school twice a week, of nights he has to cook. They were surprised at this. I knew that they could not just adopt these norms; given what marriage looks like in their culture, many of these things would not necessarily be attainable. But I have this hope for them as they manage trauma, loss, and resettle with connective communities that they find time for self-care and self-love. They have always been the givers and caretakers. “A bath?” they laughed at me. “Just for relaxing?—when would the cooking get done?”

One week, however, a mother was able to come without her infant twins. The group gasped, amazed that she had managed to arrive solo. Her husband was watching the babies, she told us, smiling. He said he could do it. The other moms were surprised and excited. She drank her tea and had snacks without trading babies from breasts. Instead, she just sat and talked. She was tired. “No sleep, two babies!” Her English was improving, and this made her beam. She could have been resting, but she said that she always looked forward to group—to one time of the week that was just for her. The following week, she managed to come to group alone again, but there she was, rocking someone else’s baby.

The Afghan mothers connect through their vulnerability and sharing. The connections fostered in group work is always something special, and it highlights the importance of community on mental wellness. I considered the fact that these women had not grown up learning components of self-worth and self-love that we see in the Western world, but they had grown up learning to deeply love and care for others—particularly, other women and mothers. Perhaps out of necessity, they learned how to band together and express solidarity outside the Western notions of competition and individualism. As there was little protection in place for these women, they created a community to support one another.

Among these refugee mothers, a community had emerged—one in which they bonded and cared for one another. None of these moms competed with one another or only focussed on themselves or their own children. Every single mom deeply cared for the others. Each mother offered to hold a baby while another drank her tea. They shared photos of their children and reassured one another. They transcended the individual and cared for the needs of each other.

When I asked these women to write down their dreams, they were small and practical. Learning English was always number one; they wanted to be a part of life here and not an outsider. We worked to focus on our own dreams—not just our dreams for our children—because that was always the immediate reaction. Everything they had done was for their children, and that caretaking was most, if not all, of their identity. The reality was that not all of the women were even able to attend schools in Afghanistan. They had fled a country that would not allow their own girls to attend schools or choose when or whom to marry. I reminded them: “We are all going to assume that you all want everything and the best for your children. That’s already a truth in this room. This is about having dreams and hopes that are just for you.” It was a strange concept for them to grasp. They blushed, hesitated, and looked down at their laps. While I told them to look inwards to themselves, they showed me what it is to look outwards. And although complete self-sacrifice is not to be sought after, I could not ignore that their sense of community and level of mother bonding was strong; indeed, it has been strong enough to power them through generations of trauma.

Exploring a baseline of some Western mothers’ struggles both generally and specific to COVID-19, as well as the experiences of newly resettled refugee mothers allowed for a seeing of differences in caring mentality towards mothers. In fact, differences are illustrated in caretaking between mothers, for mothers from society and culture, as well as one’s self care as a mother.

I observed the ways in which one culture seemed to immediately embrace an “us” caring mentality even when navigating a pandemic in a new country. I also explored how Western mothers continue to long for connection and grasp at it but remain in the mindset of individualized lifestyles. Many Western mothers seem to desire the “us” mothering mentality, but they are conditioned to embrace an “I/me” one. Although there are a number of lessons to be learned from what mothers lacked during the pandemic, such as social programs and supports, it is also important to note that the social and cultural mindset of mothering and community in the West is an individualistic one. The impacts of this are evident in the many ways in which mothers in particular struggled during the pandemic.

One week, my kids were sick and I cancelled the group session. The moms were disappointed. The next week, they were worried. “But you weren’t sick?” they asked. No, I told them, but I did not want to risk infecting them or their babies. They then laughed. Next time, I do not need to protect them from that, they told me, as if the notion were totally silly. In fact, their response showed that they had a different hierarchy of concerns. “No, no” one mom said to me. She explained that children would always have illnesses coming and going. In another group, when a toddler came down with a fever, another mother (not his) cradled him—no questions asked, no panicking about germs, no leaving

group early. Everything continued as normal; the sick boy fell asleep in another woman's arms, and group continued. I found this interesting and noted that the reactions of Western women would have likely been different. Whereas the refugee mothers saw an "us right now" hurdle, Western mothers might have been more likely to adopt a "me/mine" or "you/yours" mindset. I admit that the first thing that came to my mind was germs and the spread of illness. At the time, I wondered if the mother whose child was ill would feel anxious and decide it best to leave early. I would think a Western mother's mentality would be more likely to take on the hurdle as an individual problem. Thus, one group of women may decide something is a problem requiring individual solving, whereas the other may prioritize a group reaction to maintain the community. This observation is, of course, a generalization and compares lived experiences of very different cultures with varying beliefs, styles of education, and living. Nonetheless, the importance of togetherness and community, of doing day-to-day living with support was emphasized.

The love I have for the refugee moms I work with is an intimacy that is unique for me, in that there was no excluding me from it. As the therapist, I am normally somewhat on the outside of the circle in facilitation. But these moms pull me in and care for me too because it is their way. I am not outside the circle of their mother care. I am a part of it. And they come close to me and kiss me, they look into my eyes and ask about my children. They bring me food, welcome me into their homes, and tell me I must eat. And I learn and am taught and humbled. I am shown a whole different mother world. One that could be possible.

It is a simple lesson, one of a "back to basics" mentality. Mothers have heard of this, dreamed of it. To connect, deeply and authentically, is our greatest lesson. To take what mothering so often makes of us—caring and loving warriors who fight for a better future for our babies—and apply it to the world and to our communities. For humans to care for one another in general is both basic and profound. We know this gets sidelined in Western individualism. We are taught to be strong and independent and that we can do all of the things on our own. But the reality is that we cannot. And the pandemic reiterated this. To believe we can—and to accept the weights mothers continue to hold solo—is unrealistic and unfair. One refugee mother expressed her confusion over the many things we were doing for only ourselves as well as the amount of time we spend completely alone. "Why?" She asked. And I did not have a clean answer for her. We need one another. As humans, our job in life is to care.

Conclusion

During the pandemic, mothers experienced a decline in mental health, particularly mothers in the West. They felt alone and further isolated. They spoke out, raged, and demanded change, making it hard for the world to continue to overlook their struggles. The pandemic has undoubtedly brought to light a greater need for community, particularly for mothers. It has shown us so blatantly how individualism and isolation are not conducive to mental health, and further highlighted a need for a connective community mindset and practice of living. For the purposes of this article, I am applying this most specifically to mothers. In different cultures, mothers have more community-oriented relationships, including sharing childcare and caretaking responsibilities. In my work, I hear how mothers crave these kinds of relationships. Practices of matricentric feminism would help develop a more connective community for mothers, which could be as simple as hearing and seeing them, but it also has the power to ease the mental load of mothers, including the physical and emotional burdens they carry.

In comparing some of the experiences of Western mothers with refugee mothers living in the West, I hope to highlight key components that could potentially contribute to the wellbeing and care of mothers. In the West, mothers are becoming better at taking care of themselves and having an identity outside of motherhood. They have begun to try to reconnect again and ask for help. The irony is that one of the biggest components of healthy self-care as a human and certainly as a mother is to connect with others and have strong community support and this continues to lack for Western moms. Connection increases mental wellness, happiness, longevity, and physical health (Lyubomirsky). To connect with others, make friends, and engage in social circles and community are important, not just to happiness but to survival. The past few years have tested the theory of the all-doing “supermom,” and the results have been clear. We saw the ways in which our connection to one another cannot be understated. I experienced this further in learning from a culture that ultimately does not value and allow equality to women. What I saw instead was the intimate way these women valued and supported one another—the way they came together in daily living and motherhood and how that has played a role in sustaining them through the unthinkable.

Works Cited

Armstrong Kylie, and Helen Edwards. “The Effects of Exercise and Social Support on Mothers Reporting Depressive Symptoms: A Pilot Randomized Controlled Trial.” *International Journal of Mental Health Nursing*, vol. 12, no. 2, 2003, pp. 130-38.

- Barnes J., R. Senior, and K. MacPherson. "The Utility of Volunteer Home-Visiting Support to Prevent Maternal Depression in the First Year of Life." *Child: Care, Health and Development*, vol. 35, no. 6, 2009, pp. 807-16.
- Barrett, Steve. "Moms Facing Crisis During Covid 19". *PR Week*, 2021, <https://www.prweek.com/article/1707297/moms-facing-crisis-during-covid-19-pandemic>. Accessed 23 May 2023.
- Cimino, Silvia, et al. "The Impact of COVID-19 Pandemic on Psychopathological Symptoms in Mothers and Their School-Age children before, during, and after the COVID-19 Pandemic Peak." *Current Psychology*, 25 Jun. 2022, pp. 1-10. doi:10.1007/s12144-022-03360-z.
- Dubin, Mina. "Mom Rage in a Pandemic." *The New York Times*, 6 July 2020, <https://www.nytimes.com/2020/07/06/parenting/mom-rage-pandemic.html>. Accessed 23 May 2023.
- Franco, Marisa. *Platonic: How the Science of Attachment Can Help You Make and Keep Friends*. Penguin, 2022.
- Grose, Jessica. "Working Moms Mental Health in Coronavirus." *New York Times*, 4 Feb. 2021, <https://www.nytimes.com/2021/02/04/parenting/working-moms-mental-health-coronavirus.html>. Accessed 23 May 2023.
- Hogenboom, Melissa. "The Hidden Load: How 'Thinking of Everything' Holds Mums Back." *BBC*, 2021, <https://www.bbc.com/worklife/article/20210518-the-hidden-load-how-thinking-of-everything-holds-mums-back>. Accessed 23 May 2023.
- Johnson, Miriam, et al. "Parenting in a Pandemic: Parental Stress, Anxiety and Depression among Parents during the Government-Initiated Physical Distancing Measures following the First Wave of COVID-19." *Stress and Health: Journal of the International Society for the Investigation of Stress*, vol. 38, no. 4, 2022, pp. 637-52.
- Lakshmin, Pooja. "The Primal Scream." *The New York Times*, 202, <https://www.nytimes.com/spotlight/working-moms-coronavirus>. Accessed 23 May 2023.
- Loechner J., et al. "Risk of Depression in the Offspring of Parents with Depression: The Role of Emotion Regulation, Cognitive Style, Parenting and Life Events." *Child Psychiatry Human Development*, vol. 51, no. 2, pp. 294-309.
- Schaeffer, Katherine. "Working Moms in the U.S. Have Faced Challenges on Multiple Fronts during the Pandemic." *Pew Research*, 6 May 2022, <https://www.pewresearch.org/fact-tank/2022/05/06/working-moms-in-the-u-s-have-faced-challenges-on-multiple-fronts-during-the-pandemic/>. Accessed 23 May 2023.
- Taylor, Brittany K., et al. "Increases in Stressors Prior to-Versus During the COVID-19 Pandemic in the United States Are Associated with Depression among Middle-Aged Mothers." *Frontiers in Psychology*, vol. 12, 7 July 2021.

doi:10.3389/fpsyg.2021.706120.

Walker, Annika L., et al. “The Long-Term Impact of Maternal Anxiety and Depression Postpartum and in Early Childhood on Child and Paternal Mental Health at 11-12 Years Follow-Up.” *Frontiers in Psychiatry*, vol. 11, no. 562237, 15 Sept. 2020. doi:10.3389/fpsyg.2020.562237

