

Liberating Psychologies : Māori Moving Forward

Jones, Horiana

Summer research internship overview

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This report details our critical reflections of our summer research internship funded by Nga Pae o te Maramatanga. We hope to provide the reader with an overview of the entire internship process, and comment on what we have learnt from this valuable experience. Firstly we have provided the initial internship objectives outlined by our supervisors. Secondly, we will discuss how each objective was executed and the final outputs were shaped. Finally, what we have learnt from this process will be discussed in personal reflections from each intern including our project manager.

Objective a) each read and deconstruct three chapters from the following text Watkins, M and Shulman, H. (2008). *Toward Psychologies of Liberation*. New York, NY: Palgrave McMillan.

a. Interns will read the text;

b. Interns will amass and familiarise themselves with those resources upon which each chapter is built;

c. Interns will identify technical terms and grow a glossary.

Objective completion: 100%

We began the internship process by reading the Watkins and Schulman (2008) text. The purpose of this was to familiarise ourselves with the book in its entirety and to enable us to approach our research process from a liberation psychology perspective/lens. As a result of this we selected the three chapters to focus on individually, deconstructed them, extracted key terms and quotes then formulated chapter summaries. The summaries informed potential research projects, ultimately resulting in our research proposals. The proposals will be discussed in the objective E section of this overview.

Flaws in the way that current methods and approaches in psychology became apparent the further we got into the book, as it explained how currently mainstream psychology focuses heavily on the “individual”. Psychological issues as explained by Watkins and Shulman’s (2008) are phenomena, separate from the individual’s family, culture, social constructs and the economic world. For many Māori, cultural connectedness and whanau bonds are what shapes an individual, so an approach which ignores the external environment in which someone was brought up and is still a part of, is seemingly irrelevant.

The book offered an alternate approach (to?) which argues against the dominant paradigm. Liberation psychology involves participatory practices that aim to avoid reproducing oppression. With many Māori living in positions of oppression, liberation psychology seems as though it is a better suited approach to healing as opposed to current western methods.

To add to this there was a shift in psychological theory which arose from colonization and traumatic events which lead theorist to consider a macro- approach as mainstream psychology failed to recognise that psychological theories or approaches did not meet all individuals as referred to the above example with Māori. This is supported by “suffering has its common roots and is shared” (p.14). An exemplar this is when women developed community projects, maintained family ties and participated within recovery practices during the Christchurch earthquake which was not credited as it was behind the scenes work. Yet this showed the strength that women portrayed as a leader for the Christchurch community to depend on during the earthquake as it was a shared traumatic experience. These key messages have been carried into my research proposal idea and we have been able to produce work which we believe to be more culturally responsive and relevant to Māori.

We have attempted to incorporate Māori-centred methodology to inform and guide the process for establishing the method section of each of our proposals. These methodologies have been shaped by Māori Tikanga (customs, practices). As each of our studies is directly related to Māori alone, it is important that the tikanga be incorporated at all stages. Customs include, Aroha ki te tangata (respect for people), karakia (prayer), manaakitanga (hospitality), whanaungatanga (positive relationships and bonding), and kotahitanga (connectedness and unity). We hope that when we conduct our research we can implement these techniques with our participants, in the hope of gaining the richest data from participants. One example of Maori-centred methodologies we hope to incorporate includes, whanau support; participants will be able to bring whanau if they need support throughout the research process. Another example is the incorporation of karakia, if participants would like to begin the session with a karakia then the researchers can facilitate this

Objective b) Engage in discussion with MPRU researchers to generate concepts and ideas emergent from the New Zealand/Aotearoa/Indigenous context that parallel those ideas referred to by Watkins et al (2008).

Objective completion rating: 100%

Our research ideas and aspirations were fuelled by discussions we had with the MPRU researchers, where we generated concepts and ideas related to a New Zealand and indigenous context. A highlight was attending the Nga Pae o te Maramatanga indigenous research conference, with our supervisors and project manager.

Prior to going to the Ngā Pae conference we reviewed conference abstracts that linked to the textbook and the interests of MPRU staff. We each selected the sessions we would attend. We were required to attend specific presentation slots and to choose other presentations of interest. For instance when we attended a keynote speaker Professor Gerald Alfred, these were the main points of his presentation (1) colonisation to decolonisation: How you frame it and conceptualize identity e.g. community or indigenous connections, (2) community level: Weakened by illness, everyday interactions will enable space to create healing and (3) Fire keepers: Similar to Ahika in te aō Māori (the fire keepers that keep the homeland warm and preserve the environment). A major highlight was the term fire keepers from the First Nation people in Canada and connecting it to Ahika. This reflects a lightbulb effect because we related this presentation back to a New Zealand context and (yes I was paying attention in my te reo lecture).

Another experience we encountered at the conference was staying at the marae where we encountered international people from around the world. It was definitely a great privilege to meet other indigenous people who had similar experiences with colonisation and discussing issue around land being taken (raupatu), disconnection from language and ways to strengthen and revitalise it. We believe that through these encounters did we truly experience the ethos by connecting and sharing with others which was a huge moment for both of us.

Through these encounters at the conference we were both able to develop our research ideas. These research ideas were then guided and discussed with Jessica and our two supervisors. For example, Horiaana was inspired by Leoni Pihamas presentation about the Pā Harakeke and how it signified the pēpi (baby) being protected by its mother, father and extended whanau. So Horiaana developed a research proposal about baby's sleeping patterns (how parents put their baby to sleep which will be submitted to Ngā Pae.

Such research ideas were discussed with Jessica and our two supervisors, Professor Nikora and Dr Waitoki, which we would like to point out another ethos. We were provided a key to the room (awesome), our own office space and free coffee from the staff room. This changed our position from student to research member at the University of Waikato. It was awesome because we could have our own spaces to work within and were able to walk into the staffroom we felt like one of the staff.

Objective c) Assemble New Zealand/Aotearoa/Indigenous exemplars (web, library and database search) into an indexed digital repository (eg., drop box) and write a summary of each allocated chapter that points the reader to Māori /Indigenous expressions of a psychology of liberation and transformation.

Objective completion rating: 50%

The indexed digital repository has taken the shape of a glossary. This process began with identifying key terms and concepts from our allocated chapters and compiling these to be added/included in the glossary. Chapter summaries were compiled, which included the above information, however, the Maori/indigenous expressions needed to come through/be applied more in these summaries, including the identification of New Zealand exemplars.

The glossary is still being worked on, particularly focussing on identifying key theorists and New Zealand/indigenous exemplars to provide a New Zealand liberation psychology context (and transformational responses to issues faced by Maori) to the concepts addressed in the Watkins and Schulman (2008) text. This will be a useful teaching tool for the applied community psychology paper and will be completed in the next two months.

d) Make a seminar presentation of their work and engage a discussion with MPRU researchers to explore research ideas to be taken into the research proposal writing phase.

Objective completion rating: To be completed

Prior to commencing the internship we each delivered a presentation of previous research we had completed as part of our Maori and Psychology Research Unit (MPRU). We were each given scholarships, and the presentations were completed as a requirement as part of the MPRU symposium in 2014 at the University of Waikato. This was an extremely beneficial experience for each of us as it gave us the opportunity to present to a number of experienced academics and get their feedback. We were able to develop our public speaking skills, which gave us confidence to present at future conferences, lectures, or tutorials.

Objective e) Based on the work of the internship, prepare a research proposal for the continued development of indigenous psychological knowledge that can be submitted to an external funding agency (eg., HRC, Marsden, Nga Pae, etc).

Objective completion rating: 100%

After we established our research ideas we began to conduct the literature search which formed the foundations of our research proposals. Each of our proposals were submitted for feedback and critique, which allowed us to shape the final proposals for submission to Nga Pae o te Maramatanga. One intern also used the research outputs from the internship process for a directed study at the University of Waikato.

We both had similar encounters when it came to developing the research proposals. For example, Stacey wanted to base her proposal on the perceptions of Māori whanau who experienced the Christchurch Earthquake. The ethos of this experience for her was

developing and bouncing off ideas with her fellow intern and supervisors, it was stepping outside of the Hamilton square and looking down South. Feedback on this proposal pointed towards a direction that Stacey was more familiar with... Leadership. The strength of this experience was that Stacey was thinking of ideas, getting feedback and been pointed into the right direction.

The journey towards writing the proposal was a never ending battle! Literature review searching and writing, draft after draft, shaping and re-shaping it was an experience that we were not ready for. It was something that was unexpected. But the feedback from Jessica Gosche and our supervisors Professor Nikora and Dr Waitoki guided and framed the final report.

We would also like to point out that Jessica Gosche provided support to us every step of the way. Through emails, regular meetings and group discussions, it really strengthened our understanding of the chapter summaries (the language was difficult to grasp so Jessica would point it to exemplars we were familiar with) for example, a non-subject is removing oneself from those embedded Western practices and to think and act in ways that deviate from the norm. Therefore challenging, the taken for granted or assumed norms of the dominant culture and to find alternative approaches towards regulation, oppression and submission. An exemplar was Tamaiti whom wanted his iwi to have passports that were separate to the New Zealand ones. Therefore through those group discussions we were able to be pointed in the right direction.

f) Post-internship, interns will be invited and supported to make a teaching contribution to an appropriate undergraduate course offering.

We have been offered the opportunity to present a section of a 2 hour lecture, which focusses on chapter 6 of the book toward psychologies of liberation by Mary Watkins and Helene Shulman (2008). This chapter attempts to explain the position of the perpetrator, by discussing how the perpetrator can commit an act of violence against another human being without feeling remorse or empathy. This is achieved through the process of doubling. This chapter also explains what the effects on the family of the perpetrator are, and how these acts of violence begin to affect everyone around them. Acts of violence have become normalised amongst society which encourages the perpetrators and acts as a motivational tool. As a society we have learnt to silence pain and attempt to forget about it, this has meant that unresolved issues have manifested into other symptoms which are difficult to resolve. This chapter will contribute to student's studies, as the book is a required text. The lecture will aim to provide an in depth summary of the chapter, paired with New Zealand examples, which will ensure students receive the most relevant understanding of the different concepts with underpin liberation psychology.

Individual reflections

Horiana Jones:

This internship process has been extremely beneficial for me as I have had the opportunity to research a topic of my choice and attempt to understand it from different perspectives. I have been able to plan my master's thesis with the help of all my supervisors (without officially starting it) making the transition from post graduate work to thesis a lot easier. The internship opportunity has also meant that I received a scholarship which will be very beneficial for my future career and curriculum vitae. Although we, as a group, did not manage to meet all the requirements of this internship, I believe that the process has been a huge learning experience, which will better prepare me for future research projects. I hope that the proposal I have completed is of a high standard and easy to replicate. As there is little research conducted in the area of infant sleep practices in regards to Māori, there is potential for somebody to replicate a similar study.

The opportunity to work as a researcher for MPRU (Māori Psychology Research Unit) has opened opportunities which I would have never thought could be achieved in such a short time i.e. directed study, thesis preparation, and internship outputs for Nga pae o te Maramatanga. But most importantly being a part of MPRU has meant that I have built relationships with extremely knowledgeable people who are supportive and willing to guide me through the research process, which I'm very grateful for. This opportunity would not have been possible without the funding provided by Nga Pae o te Maramatanga. An experience like this internship is the difference between good researchers and great researchers, and therefore I'm so grateful to have been selected and given the opportunity to be a part of it.

My future aspirations include getting in the clinical psychology program, potentially helping MPRU and Nga Pae o te Maramatanga with future projects, and possibly mentoring the next cohort of students venturing into an internship. My professional identity is constantly evolving, and this experience has only accelerated this process further.

Stacey Ruru:

Given a second opportunity to be an intern under Ngā Pae surprised me because I was able to further develop my research skills and possibly contribute to indigenous research. I had learnt so much from this internship such as, working collectively on a text book, bouncing ideas of my fellow intern (about her perspectives of the textbook), developing research ideas with my supervisors and attending the Ngā Pae o te Maramatanga conference. I thoroughly enjoyed the conference because I was inspired by academics to pursue research that was of my own interest and to indulge in indigenous research. My biggest highlight throughout this internship was shaping my proposal about Māori leadership because the journey towards developing an idea changed and it was like a living document. Meaning that throughout the literature review and creating my proposed methods everything

changed, more information was being added or altered. I thoroughly enjoyed my experience and appreciate the opportunity that Ngā Pae o te Maramatanga provided to me once again.

My previous internship work for Ngā pae o te Maramatanga was presented at the conference and published under the AlterNative journal. Which was a huge achievement for me because I researched about a kaupapa that was focused on revitalizing te reo Māori, contributed to the literature and, to my surprise, it led to a journal publication. I believe that I experienced the ethos! As for my future directions, I want to complete my Master's thesis in Psychology and continue to partake in Māori research projects that will sharpen up my research skills which I can better use in the future. I would like to work in organisations within New Zealand and internationally as I want to become a training and development specialist. Later on in my life I would like to study towards a PhD and publish for Ngā pae and other indigenous research institutes because I believe that with knowledge comes power, so why not share it!

Conclusions

All the objectives were taken to the best of our abilities as we had learnt so much from the overall project. From contextualising the textbook, unpacking the chapters, relating it to some examples, identifying key terms, attending the conference (major highlight really spoke to us about the book), to developing research ideas and forming our research proposals for the final report. What an ethos! We would like to thank Ngā Pae for the internship that was offered to both of us (Stacey and Horiana), we had not only developed our research skills but experienced what it was like to be imbedded within a research project and it has definitely strengthened and prepared us for our research thesis this year.

“Ahakoa he iti, he pounamu, although it is small it is greenstone”

Ngā mihi aroha kia kōutou katoa!

Nā Horiana Jones and Stacey Ruru.

Research proposal: Infant sleep in New Zealand

Summary

This research proposal will explore infant sleep practices in New Zealand, with a specific focus on Māori child rearing practices. There is limited literature that explores present-day infant sleep practices with Māori. The main objectives of this proposal is to explore the existing literature surrounding traditional Māori perspectives of infant sleep, as well as the dominant western perspectives of infant sleep. The research questions focuses on whether Maori parents are implementing infant-sleeping practices that are reflective of traditional Māori child rearing perspectives such as shared parenting, co-sleeping and a collective approach to child rearing; or whether Maori parents use dominant western perspectives that promote autonomy and separation-from parents, at an early age. This research also aims to identify where Māori parents are receiving/ seeking advice from in regards to infant sleep, whether that be from whanau, friends or health care providers such as Plunket (objective 2).

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Literature review/ Background

The purpose of this literature review is to identify the current practices being used by Māori to put their pepi (baby) to sleep. Traditional Māori perspectives on child rearing will be discussed, followed by discussion of current practices being promoted by health professionals and infant care services such as Plunket. An overview of behavioural sleep training techniques and attachment parenting styles will be provided and critiqued. Finally, sudden infant death syndrome and its high prevalence rates amongst Māori and its relevance to this topic will be discussed.

Traditional Māori perspectives on child rearing

Jenkins & Harte (2011) explain how traditional Māori parenting practices were documented through messages in myths, legends, Māori proverbs, and oriori (lullabies). They were used as socialising tools, which referenced the main goals for tamariki (children): bravery, independence and respectfulness within the whanau/hapu (*sub tribe*). Traditionally, raising pepi and tamariki was the collective responsibility of the hapu (Jenkins & Harte, 2011). Pepi and tamariki were seen as tapu (sacred) (Jenkins & Harte, 2011). Once babies became more mobile they were encouraged to become more independent and use their peers (older children) for support, deepening their sense of community and social connectedness (Ritchie & Ritchie, 1979). *Te ihi, te wehi, te wana* is a traditional Māori concept, which Jenkins & Harte (2011) have applied the concept to child rearing, stating that

Ihi is a vital psychic choice, or a personal essence. Wehi is the awe, respect or wonder in children which they should never lose. Wana is the thrill, exhilaration, and excitement which describe the child's love of life. (pp 29)

Jenkins and Harte (2011) explain that these were the fundamental values that Maori tipuna (ancestors) wanted to preserve in child rearing practices. The whakatauki (Maori proverb) "He tangi to te tamariki, he whakama to te pakeke"(p 24) translates to "when the child cries, the elder blushes"(p 24). This whakatauki articulates the idea that pepi's cry is a response to a negative experience or response whilst in the care of their minder as Jenkins and Harte (2011) explain. Traditional Māori perceptions of childrearing highlight the respect, care and love shown to tamariki, who were seen as sacred treasures, protected by the whanau/hapu.

Ritchie and Ritchie (1997) conducted a study in Murupara, New Zealand, which re-examined earlier studies conducted by Earnest and Pearl Beaglehole (1946). The study explored how Māori families raised their tamariki. Ritchie and Ritchie explain that "children were born into a community of kinship and membership, concern and care" (1997, p21). Observations made by Ritchie and Ritchie (1997) highlight the warm and loving nature Māori parents would show toward their pepi, stating that pepi were present at meetings and family gatherings, with all members of the whanau taking turns to care for, and entertain the pepi. Ritchie and Ritchie (1997) explain that sleeping arrangements did not follow a strict format, and pepi were rarely left to sleep alone. As stated above pepi were seen to be the shared responsibility of the whole whanau (multiple parents/family) and an expectation was held by the elder members of the community, that the young adults were responsible for looking after the pepi also. Ritchie and Ritchie (1979) explain that there were many benefits to having multiple parents

when you have many parents the social world of affection and attachment spreads wide, the admonishing voices that reprimand are not personal but collective, the hands that reach out to cuff or slap or check are neither impersonal nor personal but somehow both (pp 28).

These practices were observed as being effective by Ritchie and Ritchie (1997; 1979), however the implementation of Māori child rearing practices as explained above has become somewhat difficult to maintain and implement in urban living environments, as urban living also promoting a shift toward individual family housing as opposed to community shared living areas (Koea, 2008).

Due to the colonial history of New Zealand, a shift from the shared parenting roles Māori traditionally implemented has moved toward an approach more in line with the an individualist focus (Durie, 1995). Colonialism is the process by which one group invades, takes over, and dominates the original group, forcing their beliefs and economic systems onto the original group (Watkins & Shulman, 2008). As the mainstream concepts of health and wellness are formed on the basis of western and the dominant Pakeha (European) views, traditional Māori practices, which promoted co-sleeping and collective child rearing, are highlighted in a negative lens in comparison to the dominant practices. Prior to colonialism Māori practiced their language, dialogue, values and traditional parenting practices freely. Post colonisation, Maori culture as it was known, was challenged and refocused on the replication of western ideals. People are seen as separate from culture, environment and community itself (Watkins & Shulman, 2008). With this in mind we can begin to see that the current perspectives of infant sleep have moved toward the implementation of dominant western perspectives as opposed to those outlined above.

Plunket

Plunket providers around New Zealand offer Well Child services to more than 90 percent of all new babies in New Zealand, with approximately 22 percent identifying as Māori. Approximately 80 percent of parents of all Māori new born babies access Plunket's services. Plunket offers advice for parents and provides health and developmental checks for children from birth to five years. The advice offered on the Plunket website (plunket.org.nz, N.D) regarding infant sleep states that

Some new born baby's fall asleep being cuddled, rocked or fed, and then has a good sleep. But they may develop a pattern of needing you to feed them or rock them to sleep, and then they wake crying, soon after being put to bed (settling baby to sleep, paragraph 6).

The website also offers potential tips which can be used to help with getting your baby to sleep, such as, regular bedtime routine; placing the baby down while still awake so that their bed becomes a familiar place; placing your baby in their own safe sleeping space on their back to prevent Sudden Infant Death Syndrome (SIDS); if your baby becomes distressed, pick them up, feed them, then put them back in their bed. Plunket is the primary post-natal health provider in New Zealand, offering information and techniques for parents with babies and children. The techniques outlined above are however contrary to traditional Māori practices, therefore are these practices (such as the examples Plunket promotes) the best options for implementation amongst Māori parents?

A study conducted by Abel, Park, Tipene-Leacha, Finau, and Lennan (2001), described infant care practices of 150 participants, both male and female, who identified as being of Tongan, Samoan, Māori, Cook Islands, Niuean and Pakeha descent. The findings from the study indicated that Māori

families living in a nuclear family structure were more in line with western biomedical understandings of infant care practices (Abel et.al, 2001). Those who had strong ties with their whanau (family) and cultural background were more inclined to co-sleep/ bed share and also more likely to seek advice from whanau around best practice infant care. Conversely, nuclear Māori families without strong ties to their whanau and cultural background were found to in most cases place babies in a separate bed/ room, as they believed it helped to increase autonomy, and make the baby less reliant on their mother (Abel et.al, 2001). Common perceptions amongst participants also highlighted the evident confusion around what the best practice was, leaving parents more inclined to adopt western infant care practices, which are readily accepted and available to parents i.e. Plunket, antenatal services, professional advice and peers. From the information provided above, we can begin to understand the dominant perceptions of infant sleep practices, and their focus on establishing autonomy from an early age, achieved through infant sleep practices such as behavioural sleep training techniques.

Behavioural sleep training

Behavioural sleep training techniques in their varying forms are frequently used as an approach to infant night time crying, more commonly in individualist societies such as the United States of America, Australia, and New Zealand (Blunden et.al, 2010). Behavioural sleep training techniques are grounded in behaviourist theory which argues that, “the defining characteristic of operant behaviour is that it is strengthened or weakened by its consequences” (Blampied & France, 1993, p 447).

Where a baby sleeps –whether a parent co-sleeps or sleeps separately from their baby- has been a topic of debate amongst health professionals and parents alike for many years. The dominant mainstream approach encourages babies to sleep separately from their parents (Blunden, Thompson, and Dawson, 2010; Sadeh, Tikotzky & Scher 2010). It is well known that infant sleep can be challenging for parents at times, as babies can wake continuously throughout the night (Sadeh et.al, 2010). This unpredictable and challenging night time waking schedule does not fit well into the current industrialised work schedule. Worthman (2011) explains that

Globalization and the forces of rapid social change are transforming the developmental niche in many ways. These include changing daily schedules for new forms of labour, introduction of mass media and technologies, altered settlement patterns (particularly urbanization) and housing, and shifts in family household structure. Each of these transformations likely has profound effects on sleep ecology and behaviour” pp 177

The social pressures on parents to provide financial stability for their families only further increases the need to establish consolidated sleep from a young age (Sadeh et.al, 2010). Which is why there support for sleep methods that “maximise individuality and independence for children at an earlier age” (Blunden et.al, 2010, p 331). These pressures have led to the implementation of behavioural sleep treatments which aim to reduce night time waking to alleviate the parents sleep disturbance (Blunden et.al, 2010).

Mindell, Sadeh, Kohyama and How (2010) conducted a cross-cultural study to assess how parental behaviours effect sleep outcomes. This study was conducted using a large sample (29,287) of children and babies aged from birth to 36 months in multiple countries and regions including New Zealand. Their study concluded that co-sleeping was found to be associated with “poorer sleep,

including going to bed over an hour later, waking almost twice as much at night, and obtaining less sleep at night and overall” (p 398). Mindell and colleagues (2010) promote behavioural sleep training techniques to address issues around infant sleep including, frequent waking, and co-sleeping.

If sleep is defined as an operant behaviour then it is arguable that sleep can be consolidated through establishing a reinforcement schedule to reduce the amount of night time waking. There are potential flaws in this approach that are overlooked in the literature supporting behavioural sleep training. Night crying for some parents is deemed as problematic behaviour, and is, in theory, extinguishable through the lack of reinforcement of the babies crying (by not attending to them when they cry); however day time crying is typically not ignored by parents (Blunden et.al 2010). The behaviourist theory which this approach is grounded in argues that irregular reinforcement on a regular basis (reinforcing day time crying but not night time crying) violates the basic functions of a successful extinction approach and can “undermine the development of expectant and secure attachment behaviours” (Blunden et.al 2010, pp 329). As explained above, traditional Māori attitudes and perspectives toward babies crying vary vastly from the dominant western perspectives where a baby’s cry is seen as indicative of flaws in the parent’s abilities to nurture and support the baby (Jenkins & Harte, 2011).

The concept of infant crying, and the rationale behind why a baby cries highlights another potential flaw. Behavioural sleep training theories argue that a baby’s cry is an expression of a want and not a need and therefore ignoring it can be justified. However, Courage and Howe (2002) suggest that a baby’s biological attachment system is activated when they cry. If this is the case, it could be that by ignoring a baby’s cry, we are damaging the development of the “social system that establishes and maintains relationships of reciprocity” (Blunden et al. 2011, p328). Behavioural sleep training techniques also assume that each family has the financial stability to provide a separate sleep space for their infant. With half of New Zealand’s population earning less than \$24,000 per annum and statistics highlighting the increasing levels of poverty amongst Māori and Pasifika, we can begin to see how overcrowding for some families is unavoidable as the cost of living has exceeded many New Zealanders income earned (Rashbrooke, 2013).

Attachment theory

Attachment theory argues that parenting practices including infant sleep practices should be child-centred as opposed to parent- centred (Commons & Miller, 2010). Decisions regarding the baby should be formulated based on the natural cues the baby gives off. Attachment parenting practices are grounded in the attachment theory that was established collaboratively by Ainsworth and Bowlby (1991). Bretherton (1992) states that, “they revolutionised our thinking about a child's tie to the mother and its disruption through separation, deprivation, and bereavement” (p 759). Attachment theory argues that babies establish a secure attachment with primary caregivers which forms the basis of their social and emotional development. This attachment also acts as a motivational and behavioural system, which directs the baby to remain in close proximity of their caregiver (Bretherton, 1992).

Co- sleeping is said by attachment parenting theorists, to allow breastfeeding to occur more easily and frequently, with the added bonus of reducing the amount of time spent awake for the mother (Commons & Miller, 2010). Co-sleeping is also said to considerably reduce the risk of Sudden infant death syndrome(SIDS), assuming the caregiver is smoke-free, not under the influence of drugs and

alcohol, has safe bedding (breathable materials) and the baby is sleeping in a safe position in the family shared sleeping space (Commons & Miller, 2010). A mother's breathing and other behaviours which occur while she sleeps also aid in regulating the baby's physiological functions. McKenna and Mosko (1990) supported this theory by providing cross cultural evidence which provides in-direct support for those babies who co-slept having lower SIDS rates. Commons & Miller (2010) also explain that co-sleeping babies and parents do experience more time in lighter sleep states due to more frequent breast feeding; however the overall wake time is reduced for parent and baby by co-sleeping.

With such differing arguments supporting behavioural and attachment approaches to infant sleep, that are contradictory, it is clear how confusion around best infant care practices within New Zealand has become so apparent. As Abela and colleagues (2001) highlighted, more nuclear Māori families are practising infant sleep methods that are reflective of the dominant culture, which argues co-sleeping and attachment styles produce babies who have less autonomy and are more likely to wake frequently throughout the night (Abela et.al, 2001, pp 1141; Mindell et.al, 2010). In contrast, traditional Māori childrearing practices promote co-sleeping and collectivism amongst the whanau, and produces children who were independent, brave and confident (Jenkins & Harte, 2011).

Dominant western approaches also separate the baby from their external environment, assuming each baby fits the normal outlined requirements for sleep and care. Infant sleeping patterns are specific to each individual, and cannot be fully understood "without also understanding the full complexity of the parent–infant relationship, including feeding patterns, patterns of sensory stimulation and physical contact, and philosophies of care" (Whittingham & Douglas, 2014, p 616). It is important to acknowledge the high rates of sudden infant death (SIDS) amongst Māori pepi in New Zealand, as this is one of the leading arguments which oppose bed sharing (Tipene- Leach N.D).

Sudden Infant death syndrome

In New Zealand, the sudden unexpected death in infant (SUDI) mortality rate between 2003– 2007 was 1.1 per 1000 live births, with between 50–85 babies dying annually (Tipene-Leach, Baddock, Williams, Jones, Tangiora, Abel & Taylor, 2014). Tipene-Leach and colleagues (2014) also found that 62 percent of SUDI deaths were Maori children. These findings fuel more support for dominant mainstream approaches to infant sleep, and push traditional Māori practices to infant sleep, which encourages co-sleeping, further away from the minds of first time parents.

The high rates of SIDS and SUDI are associated with maternal smoking and co- sleeping; over half of Māori mothers identified as smokers and also co-sleep with their infants. These high rates have led to the implementation of 'Wahakura', a culturally appropriate response to infant co-sleeping in an attempt to reduce the rates of SIDS and SUDI. A wahakura is a 14 inch by 28 inch bassinet structure made from woven flax and is derived from traditional Maori infant sleeping practice and is in line with the 2005 American academy of paediatrics SIDS prevention recommendations (Tipene-Leach et.al, 2014). The wahakura is a "cultural reclamation of an item used traditionally in Māori society in the effort to continue the valued practice of bed sharing, while maintaining the safety of the infant" (Tipene-Leach et.al , 2014, p 8).

In this literature review, the traditional Māori perspectives of child rearing have been discussed; current contemporary infant sleep practices being used within New Zealand today have been reviewed and critiqued, as well as the current interventions which aim to help parents with infant

sleep. Social and culture barriers mean some techniques and approaches are better suited to some but not for others. With mounting social pressures and growing emphasis on individualism, a disruption in traditional Māori infant care and sleep practices which promote shared care amongst the whanau, have now become something reportedly less implemented. Social pressures including low income, socio-economic status and the industrialised work schedule mean that autonomy from a young age is paramount, this is achieved, from the dominant western perspective, (amongst the literature explored in this review) through the establishment of separate and consolidated sleep from birth, so the infant becomes less reliant on the parent/caregiver. The literature representative of Māori participants was somewhat divided and therefore requires further research as we are unsure to what extent Māori are practicing dominant western practices as opposed to Māori infant sleep interventions.

Research objectives

As a result of conducting the literature review I have identified gaps in the research which have shaped my research question(s) and objectives. Māori-centred methodology will be used to inform and guide the processes of engaging with participants throughout my research process. These methodologies have been shaped by Māori Tikanga (customs, practices). As this study is directly related to Māori alone, it is important that the tikanga be incorporated at all stages. Customs include, Aroha ki te tangata (respect for people), karakia (prayer), manaakitanga (hospitality), whanaungatanga (positive relationships and bonding), and kotahitanga (connectedness and unity). There are two key objectives for this research project:

Objective 2: Explore where parents receive/seek advice from, and how it effects their perceptions of infant sleep i.e. Plunket, antenatal groups, health professionals, whanau or friends

Objective 1: To understand what infant sleep practices Māori parents are implementing with their infants (6 months- 2 years of age).

Through data collection methods we can potentially uncover whether the sleep practices being implemented are in line with traditional Māori perspectives or western dominant perspectives. This research will also aim to find out where parents/primary caregivers are receiving/ seeking advice and information from, in regards to infant sleep.

Research design

I propose to use a triangulation of both quantitative and qualitative methods to enable me to collect the data relevant to the two research objectives. The quantitative component of this research will be administered via self-completion questionnaire to capture the general outlook on infant sleep practices by a larger sample. The qualitative aspect of this research will be conducted through semi-structured interviews. Social realities, such as infant sleep practices, specific to each participant are comprehensively assessed in depth through a qualitative approach. Semi-structured interviews, to a smaller sample are also successful as the researcher can probe for further information to particular responses of interest (Dahlberg & McCaig, 2010).

Self-completion questionnaire

Recruitment

I propose to select participants through the use of purposive sampling; this sampling process has been selected as it allows me to choose participants which are specific to the sample requirements, (Davies, 2010) as the research focus is specific to Māori only. Recruitment will be done via social media sites i.e. Facebook, along with recruitment posters. Fifty parents/primary caregivers will be recruited for the quantitative aspect of this research.

Sample

Participants must be of Māori descent and identity as Māori. Participants must be the primary caregiver (or one of) of an infant aged 2 years and under.

The self-completion questionnaire will provide an effective and efficient way of collecting information from a large sample (Dahlberg & McCaig, 2010). The survey will aim to provide an overview of the sleep practices participants implement, which I can use to help with selecting participants for the qualitative aspects of the study. The self-completion questionnaire will investigate what current infant sleep practices parents/primary caregivers are implementing, and whether these practices are more closely related to Māori perspectives of childrearing and infant sleep or closely related to the dominant western perspectives. Self-completion questionnaires will be forwarded to participants via email. The questionnaire will cover areas such as;

- Demographic information
- Cultural identity scale
- Infant sleep practices which participants are implementing currently i.e. where infant sleeps, what time infant goes to sleep, how long they sleep, what techniques are used (rocked to sleep, fall asleep by themselves)
- Questions related to determining whether infant has been breastfed or formula fed (or combination)

Semi-structured interviews

Recruitment

I propose to select participants through convenience or opportunistic sampling; meaning that due to the nature of my research and the fact that I will be administering the self-completion questionnaire prior to the semi-structured interviews, there is potential to find participants from the quantitative sample (Dahlberg & McCaig, 2010).

Sample

I propose to administer the semi-structured interview to a minimum of six participants, with a maximum limit of 10 participants. Participants must be of Māori descent and identify as Māori. Participants must be the primary caregiver (or one of) of an infant aged 2 years and under. Participants must have also completed the self-completion questionnaire, as the information participants provide in the questionnaires will inform the researcher's participant selection process for the qualitative interviews.

Semi-structured interviews will be administered to 6- 10 parents/primary caregivers of infants aged two years and under. These interviews will investigate what infant sleep practices Māori

parents/primary caregivers are implementing (objective 1); and where parents/ primary caregivers are receiving/ seeking information and advice from in regards to infant sleep i.e. Plunket, health professionals, whanau, friends, or other (objective 2).

A semi-structured approach will be best suited to my research topic as information provided by participants will vary. It is also important to retain the semi-structured interview approach to ensure a degree of comparability between the data sets (Bryman, 2008). I will conduct the interviews. at a time and place that is suitable to the participant. The interviews will be recorded then transcribed to reduce memory recall error or bias (Davies, 2010).

Recordings of interviews will also serve as a tool for further analysis later on in the research process. After a full transcript is completed the participants will be required to provide feedback on their transcripts to ensure the transcription is a fair representation of the participant's attitudes and perceptions. It will also ensure that the interview data collected is valid and credible also known as a respondent validation process (Bryman, 2008). This will be achieved by sending the participant the full transcript of the interview within two weeks of the interview, allowing them to change, confirm or withdraw any of their responses they made in their initial interview. If there are any queries or concerns I will happily discuss these further with participants. Interviews will cover questions around topics, such as;

- Infant sleep practices that participants are implementing currently i.e. where infant sleeps, what time infant goes to sleep, how long they sleep, what techniques are used (rocked to sleep, fall asleep by themselves)
- Questions related to determining whether infant has been breastfed or formula fed (or combination)
- Where information and advice on infant sleep is provided? What services? How effective is the advice? Are they currently implementing advice they have been given with their infants? Did it work? What did they like or dislike about it?

Data analysis

Self-completion questionnaire

Data analysis for the self-completion questionnaires will be completed by firstly manually entering questionnaire responses into an excel spreadsheet then converted onto SPSS software (statistical analysis software programme) for statistical analysis. Descriptive statistics will provide information about participants and their responses to the questionnaires, these responses will be formatted on frequency tables. Frequency tables show responses to the question and the frequency of each response from individual participant's (Dahlberg & McCaig, 2010). Frequency tables also provide the added advantage of creating a user friendly, easy to read and understand, overview of the data which helps the researcher to become familiar with the data.

Semi-structured interviews

The interviews will be recorded with a MP3 recorder, as a full transcription of the interview will be required for analysis. Audio recording also will ensure that throughout the interview process I am focused on the participant and interacting with the stories and information they are providing. As the interview will be semi-structured, I will need to be freed up to identify and follow participant's cues to ensure the interview is following the structure outlined in the interview schedule.

Transcribing the full interview also means that I will engage with the interview content, deepening my understanding of the participant's perspectives (Dahlberg & McCaig, 2010). Any information which is shared in the interview process which could identify the participant will be omitted or changed, to ensure the privacy of the participant.

Transcriptions will then be analysed through the process of thematic analysis and the exploration of latent themes. This process requires the researcher to analyse reoccurring themes and experiences throughout the data (Braun & Clarke, 2006). This process will enable me to systematically analyse and order the findings from interviews from the participants. A coding process will then be used to extract key experiences and features which stand out amongst the transcribed data. The key themes will then be established from the existing codes, themes will then be reviewed and refined to ensure the most relevant and important aspects are incorporated into the final report.

Ethical Statement

This research will be guided, and strictly adhere to the ethical regulations set by the University of Waikato School of Psychology Research and Ethics Committee. The key principles in the *Human Research Guidelines* (University of Waikato, 2014) are as follows:

- obtaining voluntary informed consent
- respecting the privacy of participants, along with explaining the limitations to privacy
- using methods which are culturally appropriate to the sample group

Furthermore, the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (New Zealand Psychological Society, 2002) will be used to inform this research procedure.

Informed Consent

The Code of Ethics for Psychologists Working in Aotearoa/New Zealand principle 1.7 outlines the responsibility of the psychologist to gain explicit informed consent from any participants in research (New Zealand Psychological Society, 2002). An information sheet will be provided outlining the purpose, aims, objectives and the requirements of the research. The information sheet will confirm participant and researcher expectations as well as explain that their participation is voluntary. The information sheet will be read over by participants (or read out loud by the researcher) before the participant signs the informed consent form. Participants will also be informed of their right to withdraw or change any information they have provided to the researcher, up to one week after receiving the interview transcript. Once the data has become anonymised, the ability to withdraw the information is limited. Informed consent will be obtained from participants by signing the consent form.

Dissemination of research and findings

The final report

The final report will be submitted to the University Of Waikato School Of Psychology for marking. The University of Waikato will hold full ownership of the final report. The researcher also requests the right to forward an electronic copy of the report to any participants who indicate (on their consent form) that they would like to see the final outcomes of the research.

The data

The researcher will retain full ownership of the data collected (audio recordings, photos and interview summaries) and not include this as a provision with the report, to ensure the full privacy of participants and the information they provide.

Timeline

Below is a preliminary summary of the researchers proposed timeline, with the assumption that work begins 2nd march 2015 and finishes late February 2017.

March – April

Conduct further literature review

Submission of research proposal to ethics committee

Ethics approval gained

May- June

Begin recruitment process

Send invitation to potential participants

July- September

Finalise participants

Administer all self-complétion questionnaires

December- March

Semi- structured Interviews conducted and interview transcripts finalised

April (2016) - June

Data Analysed

July- December

Drafting final report- draft report completed and submitted for feedback to supervisors by December 16th

January- march

Incorporating feedback from supervisors

Final report submitted February 23th 2017

Management of the project

I am near completion of my Postgraduate Diploma in Psychology and have internship as a learning experience. I have used this time establishing my research topic for Nga Pae o te Maramatanga to be in line with my Master's thesis topic this internship has been extremely beneficial to my future studies.

I have had relevant experience as a research assistant for AUT University where I was responsible for: recruiting participants, conducting interviews, marking tests, data entry, analysis of data, and administering the WAIS-IV intelligence test. I conducted a directed study which is focused on cultural bias in intelligence testing. I worked with Te Runanga O Kirikiriroa as a Kaimahi (career) at their youth drug and alcohol rehabilitation centre (Rongo Atea) which has provided me with valuable knowledge around establishing relationships with people from varying demographics.

Future Directions

Longitudinal research is also required to uncover the effects (positive or negative) of implementing infant sleep practices reflective of traditional Māori methodologies.

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