

# **A Parent Interview: Personal & Cultural Values Shaping Infant Care Practices**

Logan Hansen

Psych 250: Developmental Psychology  
Kathleen Jodl  
University of Michigan  
September 20<sup>th</sup>, 2013

Raising a child, more specifically, an infant, in the correct manner is a topic that has long been open for discussion and debate. Caretaking practices differ in all parts of the world, and across many different cultures. A study done by Morelli, Rogoff, Oppenheim, & Goldsmith (1992) sought to look at a pair of certain elements regarding the caretaking of infants – sleeping and feeding arrangements and their effects on the child’s development throughout the first two years of life – as they appear in two of several distinct cultures across the globe. In their study, the researchers focused on middle-class United States and Highland Mayan parents’ decisions in these two areas for raising their children. Particularly, the authors of the study were seeking to see how parents in these two regions viewed the ideas of “cosleeping” and sleeping apart, and what parents’ reasons were for choosing to practice either method. The families from both communities, those in the U.S. randomly selected and a representative sample chosen from the Mayan Guatemalan highlands, were interviewed in their homes on the topics of sleeping locations, night feedings, and bedtime routines. Subsequently, they were asked to discuss their views and reflections on sleeping arrangement issues and how they believed this affected their child’s development. The overall goal of the study was not to determine which practices were optimal for infants’ growth, but to come to a better understanding of different cultures’ views on raising their children.

Muriel is 52 years of age and has four children, ages 23, 19, 17, and 13. She is Caucasian and her family has Polish roots. She was born in a small Midwestern town in the United States and has lived there most of her life. After interviewing Muriel, it was clear that her methods of raising her children fell more along the lines of the U.S. mothers interviewed in Morelli and colleagues’ study (1992) than the Mayan mothers in most

facets. Typically, Muriel concurred with the same types of sleeping arrangements as the group of U.S. mothers in the study did. On the contrary, the Mayan mothers' views were on the other end of the spectrum.

Looking at sleeping locations, it was found that U.S. mothers (and fathers) typically had their infants sleeping in the same room with them, oftentimes in a basinet or crib in close proximity to their own bed, until at least three months of age. After such time, the infant would be moved into a separate room where, no matter if siblings were present or not, they slept in a bed of their own. No cosleeping was conducted on a regular basis among these families. On the other hand, the practice of cosleeping was reported from all of the Mayan families involved in the study. Usually the infant would sleep in the same bed with the mother for all of the first year of life and then some time after into the second year of life. It was not uncommon for siblings and fathers to also be sleeping in the same bed as the mother and the infant, as was the case with some of the participants. Had the infant grown into a toddler and moved on from cosleeping with the mother, they would most likely be sleeping in the same bed with the father, with one or more siblings, or both. Even if a toddler happened to be sleeping in a bed of their own, there was most likely another person or multiple people present in the same room in a different bed.

In Muriel's interview, she explained that from birth her firstborn child slept next to her own bed in a basinet in the same bedroom until the infant was 2-3 months old. At that time, Muriel and the infant's father decided to move the baby into a separate room that sat adjacent to their own bedroom. They also initiated the use of a baby monitor. In this way, Muriel was showing signs of a typical U.S. mother.

Night feeding was a different story for the two study participant groups, as well. While both the U.S. and Mayan mothers breastfed for at least some period of time while their child was an infant, the way in which they chose to do so differed from one another. For the U.S. mothers, feeding their infant in the nighttime hours more often than not meant they were losing sleep. This happened for a few reasons. Some of the mothers would get out of bed and leave to feed their infant in a different room. Other mothers chose to retrieve their infant from the crib and feed them in their bed, but then return them to the crib once breastfeeding was through. Still, others would feed the infant in their bedroom but not in the bed. Usually the U.S. mothers would breastfeed their infants up to around six months of age. By contrast, the Mayan mothers did not lose sleep when it came to night feedings. With the infant or toddler sleeping right next to them in the bed, they had access to the mother's breast as was needed all night long. Therefore, night feeding for the Mayan mothers was not a hassle and they would often continue to breastfeed the child in this manner up until 2 to 3 years of age.

For Muriel, night feedings played mostly the same role as they did for the group of U.S. mothers. Since the infant was not sleeping in the bed with her, she would need to get up and retrieve the baby from the basinet or crib. According to Muriel, when her baby was a newborn, she would nurse her whilst sitting on the edge of the parental bed. Later on, the nighttime feedings moved to a rocking chair that was in the infant's own bedroom. Muriel relied on breastfeeding her infant only for about the first six weeks of life and then switched to feeding the baby with a bottle. Thus, she differed from both of the study groups in that breastfeeding took place for a much shorter period of time. Just

as was the case with the U.S. mothers, however, her sleeping patterns were disturbed as a result of nighttime feeding.

Further aligning Muriel's views with that of a typical U.S. mother were her reasons behind implementing the sleeping arrangements that she used for her infant. She chose to have the newborn baby sleep in a basinet beside the parental bed for a few reasons. Most important in her mind were safety reasons. Being a first-time mother, doctors had her concerned about Sudden Infant Death Syndrome (SIDS) and so she wanted to keep a watchful eye over the infant. Having the newborn in close proximity to the parental bed offered Muriel peace of mind. She described choosing this arrangement as a "gut feeling." In this sense, it seems she was concerned with developmental factors for her newborn without necessarily realizing her rationale.

After moving the 2-3 month old infant into her own bedroom, different developmental factors came into play. Muriel was still concerned with the baby's safety, but felt that she was now old enough to sleep safely in her own quarters as long as a baby monitor was present. Her main reason behind moving her baby into an adjacent room was for the baby to develop independence from her parents and to learn to fall asleep in a room on her own. Muriel, being a light sleeper, was able to get more rest this way, as every little rustling sound made by the baby in her sleep no longer disturbed her. If the baby did, in fact, need her parents' attention, the baby monitor assured that mom and dad would hear something urgent.

Developmental goals were less evident in the way that Muriel chose to conduct night feedings for her infant. Looking at information from her interview, it is not clearly stated why she chose to feed the baby sitting on the end of the parental bed and later on in

a rocking chair in the infant's own room, as opposed to any other methods or locations. Here, there are no links between feeding practices and developmental goals readily present as Muriel has described them.

Although Muriel sought to develop her infant's independence by moving her into her own room, the bedtime routine described suggests that the infant was still rather dependent even after the move. It was a rare occurrence for the infant to fall asleep on her own without anyone present in the room. Most nights, Muriel would rock the baby while feeding her a bottle. This helped her infant transition into a relaxed state and she was able to drift into sleep. She would not remain asleep, however, if she was not given her pacifier. The infant also took a liking to sleeping with a blanket, but it was more of a secondary choice to the pacifier, which was an absolute must. Once Muriel had laid the infant down with her pacifier, she would then proceed to wind up a musical mobile that hung over the crib, so a lullaby would play for the child. Each piece of the routine was necessary for the infant to make the transition to sleep.

From all this data, it appears that one thing remains constant in the parents' effort to get their child to sleep, whether they follow the cultural norms of U.S. or Mayan families, and that is this: a child needs something to rely on for comfort in order to make the transition into sleeping at nighttime, whether that something is a person, an inanimate object, a set bedtime routine, or a combination of these things. Without any of these, an infant is likely to have a difficult time going to sleep. This idea is reflected in Morelli et al.'s article (1992) when they say that although Mayan children had no bedtime routine, they still found the transition to sleeping easy because they would typically fall asleep in the midst of ongoing social activity within the household or the mother would go to bed

at the same time as the child. Routines and transitional objects were not needed because the infants and toddlers could fall asleep comfortably knowing they were in the presence of other people. The U.S. children had more need for bedtime routines and transitional objects because they were expected to sleep alone at night, without the comfort of their parents or any other person. The ideas presented here make it more difficult for the U.S. parents than for the Mayan parents to claim that the method in which they administer sleeping arrangements is helping their children become more independent.

Revisiting Muriel once more, it can safely be said that her style of parenting more closely reflects the values and views of the U.S. mothers than the Mayan mothers studied by Morelli and friends (1992). In her case, just as in the case of the U.S. mother study group, she did not practice cosleeping with her infant. Rather, she allowed the newborn to sleep alongside the parental bed in a basinet up until the age of 2-3 months. She then, like other U.S. mothers, moved her infant into a separate room, seeing it necessary in aiding the child's development of independence. She sacrificed sleep, as other U.S. mothers did, in order to feed her baby in the nighttime hours and a bedtime routine, complete with transitional objects, was initiated to help the infant adjust to sleeping alone. Whether Muriel truly believed that all of what she was doing was indeed the best way to develop her child into an independent and functioning member of society, or whether she simply followed such guidelines because it was the way of U.S. culture, is not entirely evident. From her responses, it seems that the latter holds more truth, as at one point Muriel described she chose a certain sleeping arrangement based only on a "gut feeling." If everyone within a certain area seems to think this or that method is the correct method, parents are more likely to regard that method as the best one, whether or not they wholly

believe in it. Culture, therefore, seems to be *the* guiding factor in how a parent goes about raising a child.



### References

Morelli, G. A., Rogoff, B., Oppenheim, D., & Goldsmith, D. (1992). Cultural variation in infants' sleeping arrangements: Questions of independence. *Developmental Psychology*, 28(4), 604-613.