

A Samoan perspective on infant mental health

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This paper describes background to the development of the relatively new field of infant mental health and why this may be important for Pacific communities in Aotearoa/New Zealand(NZ) and elsewhere. There is a discussion of Samoan concepts and research that could inform infant mental health theory and practice.

A Pacific home visiting programme based at Taeaomanino Trust in Porirua, Aotearoa/NZ has formed a collaboration with child and adolescent mental health service clinicians with an interest in infant mental health, to further develop infant mental health understandings and practices in this early intervention service. The benefits and practical application of this collaboration are discussed.

The paper ends with a personal perspective from one of the authors on her Samoan reflection on the relevance of attachment ideas to her family relationships and work with Pacific infants, mothers and their families.

“O fanau a manu e fafaga i fuga o la’au,

o fanau a tagata e fafaga i upu”

(Birds feed their young seeds,

While people nurture their young with words) Samoan proverb

Introduction

Until comparatively recently, little research and clinical attention has been paid to the mental health needs of infants and preschoolers in Aotearoa/NZ. However this is beginning to change. Recently a District Health Board with a large Pacific population commissioned a report that looked at options for infant mental health services in their region¹. This report noted that there was one Child and Adolescent Mental Health Service(CAMHS)-based infant mental health service in New Zealand, the Hutt Zero to Five Team, at the Nikau Centre in Lower Hutt. In 2006, an Affiliate of the World Association of Infant Mental Health [WAIMH] was established in Aotearoa/NZ. One of the authors (PM) was appointed as a Pacific member of the NZ committee.

Here is a definition that outlines what this relatively new field encompasses:

*“Infant mental health is the developing capacity of the child from birth to three to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn - all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development”.*²

A key focus in infant mental health is promoting secure attachment relationships between infants and their parents and other caregivers. Benefits include greater social competence from early childhood through to adulthood, stronger friendships, more acceptance by peers, more competence with play, greater empathy for others, and greater ability to achieve to their

potential academically³. There are many factors that can hold parents back from tuning in to their infant's needs in ways that promote attachment security.

These include domestic violence, the financial stress of poverty, parental mental illness, parental substance abuse, teenage pregnancy, current unresolved loss as well as unresolved trauma when parents have experienced abuse, neglect and loss in their own childhood¹. Infants with prematurity, developmental delay or other chronic health problems are also more at risk of poorer social and emotional wellbeing.

Evidence suggesting increased rates of mental illness among Pacific adults in Aotearoa/NZ, with a 12 month prevalence of 25%

compared with 20.5% for the Non-Pacific population, has implications for the wellbeing of caregivers of infants in this population⁴. In addition mothers in some Pacific communities in Auckland have been found to have elevated rates of post-natal depression, which is associated with increased rates of insecure attachment⁵. Treating the mother on her own, does not necessarily address the attachment problem¹. Pacific families in Aotearoa/NZ have lower incomes on average than NZ European families⁶. Higher rates of teenage pregnancies in Pacific compared with non-Pacific communities in Aotearoa/NZ may put the infants of these teenage mothers at greater risk of poor nutrition, inadequate living conditions, lack of support from the baby's father and negative responses from the teen's family⁷. These factors put the mental wellbeing of both teen and baby at risk.

Although many people may be doubtful about the idea that an infant may have mental health problems that justify clinical intervention, Pacific families have traditionally placed a high value on families and the nurturing of infants and preschoolers, and social relationships are cherished.

Home visiting programmes and infant mental health

We know that the first year of life is a key time for rapid brain development. Trauma occurring during this vulnerable time has been shown to have lasting effects on brain structure and function, especially on the parts of the brain associated with the infant's emotional, social and cognitive development¹. This suggests an important role for prevention of child abuse and neglect.

The work of Taeaomanino Family Start, a Pacific early intervention home visiting programme for infants and toddlers and their families, is founded on

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ground breaking research from the 1970's onwards that showed that intensive home visiting for at risk infants, parents and their families could improve social and health outcomes for infants. Early randomized trials of home visiting programmes, for example in Elmira, New York, showed that these interventions, carried out by skilled practitioners, could be associated with reduced child abuse, improved school achievement and reduced criminal activity in later teenage years^{8,9}.

Recently, researchers in Christchurch, Aotearoa/NZ, have demonstrated that a nurse home visiting programme known as Early Start was effective in improving child health and preschool education outcomes for Christchurch infants. They found increased positive and

non-punitive parenting practices and reduced rates of child abuse and internalizing and externalizing behaviours in the children who received the programme.¹⁰

How Samoan concepts can inform infant mental health theory and practice

Samoan relational self and infant mental health

"I am not an individual; I am an integral part of the cosmos.

I share divinity with my ancestors, the land, the seas and the skies.

I am not an individual because I share a tofi with my family, my village, my nation.

I belong to my family and my family belongs to me

I belong to my village and my village belongs to me.

I belong to my nation and my nation belongs to me.

This is the essence of my sense of belonging."

Tui Atua Tupua Tamasese Efi¹¹

The Ole Taea Afua study carried out by Samoan researchers in Lower Hutt, Aotearoa/NZ, has described the Samoan relational self as a key concept for understanding Samoan ideas of mental health and wellbeing^{12,13}. This finding has implications for infant mental health theory and research. The internal working model is a concept from the attachment literature that captures the idea that an infant over time begins to internalize a sense of self in relation to others from myriad experiences with caregivers¹⁴. How would the internal working model of an infant or toddler from a Samoan family be shaped differently from a child from a family with a Western individual sense of self? How might these ideas be enriched by

the Samoan concept of 'va' or relational space? Va is 'the space between', it is 'space that connects' a baby to all the relationships surrounding its being.

Most attachment research has been carried out in Western countries such as United States, Netherlands, Germany and Britain by Western researchers. Yet the overwhelming majority of the world's infants are born into cultures in which collective rather than individual value systems predominate^{15,16}. Until recently little attention has been paid to this distinction in the infant and attachment literature. With the exception of some recent triadic research from France and Switzerland, by far the majority of attachment research has been dyadic research usually focused on mothers and babies¹⁷. Attachment research methods have been generally designed with dyads in mind. Yet in Samoan culture, infants from their first moments are embraced by multiple relationships with parents, grandparents, siblings, aunties, uncles and cousins. To understand the nuances of an infant's relational system in this setting, ethnographic research mapping the infant's interactions with multiple caregivers and siblings and cousins over time, in the natural setting of the family, may be more likely to yield rich data for understanding the interplay of the multiple relationships than a series

of dyadic observations. And such research could only be rendered meaningful if the attachment researcher has deep insider knowledge of fa'a Samoa (Samoan customs and traditions), Samoan language and the Samoan relational self, which by definition means they would need to be a Samoan researcher.

Recent infant mental health literature has focused on culture and the development of identity¹⁸. From a Samoan point of view this topic raises a number of questions. At what point does an infant and child start to form their relational sense of self as opposed to an individual sense of self? What are the cultural mechanisms and interactions that allow this sense of self to be passed from one generation to the next? What effect do migration and interactions with preschools, schools and media and other non-Samoan people in Aotearoa/NZ have on this developing relational self? How is this different for the next generation of Samoan people who were born in Aotearoa/NZ?

Tui Atua Tupua Tamasese Efi has talked about the cultural practice of "fagogo"¹⁹. We include an extended quotation here in order to convey the deep cultural meaning as he describes it:

"A rough translation of fagogo is a fairy tale told by the elderly to the young by which the young are soothed to sleep at night. On the face of it seems simple. But it is not, because its value to the Samoan Culture is deep. Because it is the process of weaning, of nurturing, of sharing stories, values, rituals, beliefs, practices and language. It helped sustain and could still sustain a nation.

During the height of the fagogo the young did not acquire their values from the cinema, television, the radio or from a public spectacle. They heard it from the loving tones of their grandparents or their parents, they were literally fed it from the mama which is lovingly lined along the arm of the matua, their grandparent or parent. Thus the Samoan saying: "Ai lava le tagata i le mama a lona matua"- meaning you derive substance and direction from the mama of your matua."

"Matua is not necessarily your biological parents. Matua in this context are mostly the grandparents or the elderly in the family. The role of the matua is to nurture the young so that the young will inherit from them the stories of their struggles and survival, their values, their alofa and their vision for the future.

'Mama' is literally and symbolically food for the young . Literally the elderly chew food in order to soften and then they roll this chewed substance into dumplings and place them on the palm of their hand up to the elbow. The young then feed on these dumplings. Traditionally this was how the young were weaned from their mother's milk.

Thus, mama is more than food. It is spiritual. For the munching imparts into the food spiritual mana from the agaga or spirit of the muncher. It does so in the same way that the ava chews in the King's ava impart spiritual mana in to the ava...". "Mama therefore imparts spiritual, emotional , physical, mental and cultural nurturance. Both mama and fagogo bespeak the passing on of physical and cultural life from generation to generation in closeness and alofa. It is an image of intimacy, of sharing , of love , of connection and communication. It imparts mana and shares the feau (ie the message) between generations."¹⁹

Understanding cultural practices such as this may help us understand the development of a Samoan relational sense of self for an infant or child in a Samoan family. Perhaps a deeper understanding of one culture's traditions could help inform infant mental health theory and practice with infants and families from other cultures with a more collective rather than individual sense of identity. Conventional Western research methods are unlikely to be adequate for describing the essence of a deep cultural process such as this, as Western researchers commonly come from secular viewpoints from outside the culture which is being researched. This is a dilemma which will not be easy to resolve. However, the Ole Taea Afua study provides an example of Pacific research in which the sacredness of Samoan concepts and understandings have been conveyed in a way which honoured the essence of the cultural heritage while using a rigorous research methodology¹².

Samoan relational self, spirituality and infant mental health

The Samoan self has been described as a whole being comprising spiritual, mental and physical aspects that cannot be divided¹². Participants in the Ole Taea Afua research used the Samoan word Fa'aleagaga which translates as spirituality, to also include mental function. The implications of this holistic idea for infant mental health practice with Samoan people is that if spirituality is not attended to at all levels of infant mental health clinical practice, families may experience clinical contact as unacceptable or irrelevant. From a Samoan point of view, the spiritual wellbeing of the child and their family is fundamental, it can't be left out. Attending to this may be as simple as offering to start a session with a prayer if that is important to that family, or it may involve exploration of traditional understandings of relational breaches of tapu and Sa¹². For example, in a situation where a mother appears to be rejecting her infant emotionally, and appears depressed, while antidepressant treatment for her postnatal depression may be indicated, there may also be a cultural and spiritual explanation that may shed light on her predicament. An example of this could be that she may have walked over tapu (sacred and forbidden) land during the pregnancy and this may be viewed as a possible source of spiritual unrest. Attending to this via appropriate intervention from a traditional healer trusted by the family, or another trusted spiritual figure such as their church minister, could relieve this predicament and allow resolution of the relational breach that has been affecting her interactions with her baby. An appropriate infant mental health intervention for this mother and baby and their family, would need to include understanding of cultural and spiritual meanings such as these, as well as more conventional infant mental health understandings.

Pacific early intervention programmes in partnership with Infant mental health

It has become widely recognized in the infant mental health field that early intervention home visiting programmes for infants and their families are a natural place to embed infant mental health ideas and practices^{20,21}. For Pacific families where infants have been identified to be at increased risk of adverse health or social emotional outcomes, a Pacific home visiting programme such as Taeaomanino Family Start is a natural place to begin to develop infant mental health approaches that might be acceptable to Pacific families.

This raises a question about possible infant mental health interventions that might be relevant for Pacific infants, parents and their families. The acceptability of infant mental health therapeutic methods for Pacific people have not been established. In order to be useful and acceptable for Pacific infants and their families, such interventions would need to be flexible enough to allow them to be carried out in a range of possible settings, such as at home or in a clinic space or in some other community setting. They would need to be able to incorporate metaphors from the family's culture of origin and spiritual practices and understandings as required by the family. They would need to be able to be carried out with a range of participants which may include just mother and baby, but might more likely include extended family members that the parents and family consider integral to the infant's life, such as grandparents and aunts and uncles or other groups such as a mother's or parent group. Therapeutic methods that have a strong emphasis on collaboration are also more likely to be acceptable for Pacific families. Imported interventions would clearly require a strong evidence base that supports their use with infants and families from other cultures. Methods that can be easily adapted to assist early intervention home visitors to use components of a model to educate and assist parents and families with understanding their relationship with their infant and their infants emotional life and wellbeing, are likely to be of practical value to a wide range of Pacific infants and families.

There are several infant mental health therapeutic methods that could be acceptable in these ways. "Watch, Wait and Wonder Intervention" is an evidenced based form of infant-parent therapy that was originally developed in Dunedin, Aotearoa/NZ^{22,23}. Interaction Guidance is a parent-infant therapy method that is highly collaborative in style and flexible in the way it can be delivered in terms of venue and therapeutic language and metaphor²⁴. The concepts of 'safe haven and secure base', first articulated by John Bowlby, have been further developed with visual illustrations to help parents apply these ideas in their interactions with their infants. The "Circle of Security" is a framework that uses accessible language and

metaphors to help parents understand attachment ideas and guide them in tuning into the cues that their infant's are giving them²⁵. Each of these infant mental health interventions may be worth further consideration as strategies that could be of value in a Pacific infant mental health context.

Incorporating any of the above interventions into early intervention home visiting practice will require the development of strong working relationships between such programmes and local infant mental health professionals.

A simple approach we have used to foster this is regular supervision of Pacific home visiting staff by a child psychiatrist with an interest in infant mental health, that allows dialog about both infant mental health concepts and practices as well as reflection on the cultural implications of these concepts and practices. This approach has been popular with staff and has supported individual team members in developing their repertoire of skills in supporting parents and other family members to become more attuned to the emotional cues of their babies.

Personal Perspective

I (PM) work as the manager of Taeaomanino Family Start. This programme is a home visiting intervention that provides support and monitoring of the child's health and development and social wellbeing. Our service is embedded in a Pacific nongovernmental organization, Taeaomanino Trust, which supports us in using Pacific values and cultural practices. Our workers are of Samoan, Tokelau, Cook Island, Niue and Fijian descent and represent Pacific cultures and languages that make up the majority of the Pacific population in Porirua, Aotearoa/NZ.

When I left Samoa in 1961, mothers were almost always at home with their babies. For many babies, their first months and years were full of loving attention from parents, grandparents, siblings, cousins, aunties and uncles. The nu'u or village environment ensured this, with our aiga(family) in the surrounding fale(houses). An open fale makes it easy for a child to run from one house to another. In that environment there are few walls and fences to hide conflict and abuse behind. If my neighbour was in trouble with his/her mother, we would all know about it, and if things got too heated he/she could come over to our fale for a while until things cooled down. The ability to remove oneself from the conflict provides a natural safe space in the context of extended aiga relational arrangements or 'va'.

This gives parents the required space they need to settle their anger or frustration. Moreover, my

parents would be aware of what had happened and would provide guidance, without the anger, and in a more settled emotional state. Children in this situation had more opportunities to find relationships with adults and community that were sustaining of them and this enhanced their resilience. In that way, there were many natural protections in the aiga and village environment to guard children against physical abuse.

The environment in Aotearoa/NZ in the 1960's was very different to what I was used to. We were living in a Palagi (NZ European) suburb and my husband was away all day at work. I was at home alone with my babies. I was determined to be at home with them and give them as much love and nurturing as I had had, but I missed the company and guidance of my family, my mother, my grandmother and my aunties who would have been there in Samoa. New Zealand might have been the land of milk and honey but it was also a land of isolation and strange expectations. As a parent, I felt cut off from my aiga and other families by the distance and walls and fences of suburbia.

We do not see ourselves as individuals and so being cut off from our aiga is an unnatural and chronically stressful state.

I think it might be hard for Palagi to appreciate what this environment is like for those who have not grown up with it, in the same way that a Samoan person can find it hard to understand the NZ environment. The Samoan concept of self is a relational self and this has been well described in Ole Taea

Afua^{12,13}. We do not see ourselves as individuals and so being cut off from our aiga is an unnatural and chronically stressful state. Parenting, from my Samoan viewpoint, is not supposed to be a solo role. So having to think 'nuclear' in family terms, is poverty of another form to a Samoan parent.

As collective participation is a natural development in the everyday life of Samoan families, often children carry out everyday tasks for the family at an early age. In Samoa it is not unusual to see a five year old carrying a pail of water for his family. An 8 or 9 year old may be left to mind two smaller children or a baby asleep during a parent's absence. While it may seem like the children are "home alone" from a NZ perspective, from a Samoan viewpoint they are not because of the open communal environment and close proximity to other adults in nearby fale.

There are many reasons for child abuse and the stress of poverty can contribute to this. The economic reality in Aotearoa/NZ was quite different from the hopes and dreams of Samoan people prior to their arrival in this country. Our people often took up factory jobs and cleaning jobs. Often parents would have two jobs each working many hours per day in order to meet basic living expenses as well as financial obligations (fa'alavelave) to church, family and village

back in Samoa, as well as saving for their children's education. This often meant that young children had to be left in the care of older siblings if grandparents or other nonworking adult relations were not living nearby. These economic factors and isolation have changed the care of infants, and attachment patterns to parents and siblings. For some infants their primary attachment may have been to inexperienced sibling caregivers.

Following the economic downturn in New Zealand in the 1970's, many factories closed down. Many Samoan parents lost their jobs. Suddenly Pacific workers were considered surplus to requirements in New Zealand. By the late 1970's Samoan and other Pacific people were targeted as over-stayers and this was the era of the infamous "dawn raids" when NZ immigration officials would raid Samoan homes in the early hours of the morning looking to arrest alleged over-stayers. This period resulted in a lot of fear and mistrust of NZ government departments by Samoan people.

During my 14 years as a care and protection worker I frequently saw Samoan families where care and protection issues arose as a result of the stress of financial and cultural pressures and the lack of extended family support that would have protected young people back home in Samoa. I found it distressing to see Samoan children being removed from their aiga, when I knew that this would be hugely disruptive of their relational arrangements and sense of self in years to come. One of my hopes for Taeaomanino Family Start was that we might develop a Pacific service, providing home visiting and early intervention for our Pacific communities, with the cultural knowledge that meant that we could be mindful of the Pacific cultural context and realities of the infants and families we were working with.

Developing a relationship with our local Pacific CAMHS service brought us into contact with CAMHS clinicians with an interest in infant mental health. This led to us hosting two attachment workshops at our service, run by Dr Denise Guy, a child psychiatrist and infant mental health specialist. In the first workshop we were introduced to a history of attachment theory and research, including the ideas of John Bowlby and the work of Mary Ainsworth in Uganda and her later research in Baltimore²⁶. Her descriptions of happy babies in Uganda reminded me of happy babies I remember in Samoa when I was growing up. I liked the way attachment ideas helped us to reflect on the infants' key relationships with their caregivers. The idea of the 'secure base' made sense to me. These ideas encouraged us to consider the meaning of

moment to moment interactions between mothers and babies, and other family members and their babies. This has always seemed important to me. But infant mental health ideas have given me language to more richly describe and think about these moments.

The second attachment workshop introduced us to ideas from the 'Circle of Security' framework²⁵. This model provides a method for educating parents about the meaning of different types of infant attachment and exploration behaviour and helps parents understand how to respond in ways that are sensitive to their infants' cues. Even a brief introduction to these ideas helped our Family Start team to further develop our ways of talking to parents about how to make sense of what their baby is trying to tell them and how to respond in a sensitive and attuned way to their infant's signals.

Around this time my daughter gave birth to her son. This has been a very exciting time and this new learning about attachment has enriched my understanding of the nuances of his emotional and social development. His ability to communicate was obvious to me from his first few days and weeks. He was making connections very early, for example with sounds. He would stop crying differentially to the sound of a familiar voice. He clearly knew his mother's smell and while breastfeeding he would make a "knowing noise", a sound that communicated contentment like a cat purring. My understanding of attachment ideas, helped me in supporting his development by flowing with him, noticing where he was at, following his rhythm rather than forcing an adult rhythm onto him.

I have noticed the different way he relates to his different caregivers. For example recently my daughter went away for a number of days and he stayed with me and his extended family. He is currently 14 months. He has always had a lot of contact with me and his aunts and uncles and other extended family members. He has grown up with frequent contact with his extended family and others, but I see now that there is a hierarchy in his attachment relationships. He was not himself when my daughter was away, he was not quite happy. And on her return he wouldn't let her out of his sight, whereas previously he would. And our knowledge of attachment helped us talk about this and understand it from his infant point of view and know that the answer was to give him plenty of closeness till he has had a chance to know that he really had his Mum again and had regained a sense of his secure base. And his clingy "attachment behaviour" gradually settled down over the days and weeks after that.

Conclusion

"E pele i upu, pele i ai, pele i aga, pele i foliga"
"Fondly in word, fondly in feeding, fondly in
gesture, fondly in body language"
 Samoan proverb

Infant mental health is increasingly recognized as an established field within mental health which focuses on the quality of early caregiving and emotional relationships between infants and their primary caregivers. The field of infant mental health could be enriched by exposure to Pacific understandings about early nurturing and care, and an example of this is the Samoan relational self which raises questions about a number of Western assumptions about self and identity that are influential in infant mental health research and practice.

Home visiting programmes that target high risk situations for infants and their caregivers are a natural place to integrate infant mental health ideas and practices. We have found that, through collaboration between Taeaomanino Trust Family Start service and clinicians from a Pacific CAMHS service, it has been possible to nurture the development of infant mental health ideas and reflective thinking in the context of this Pacific home visiting early intervention programme. Such collaboration warrants further evaluation and development as a model for addressing the infant mental health needs of Pacific infants and their families, alongside more intensive infant mental health services that may be necessary for some Pacific infants and their families with more complex mental health needs.

Acknowledgements

We acknowledge Taimalieutu Kiwi Tamasese, Gerardine Clifford and Dr Denise Guy for their comments on this paper.

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