

"Cross-cultural differences in mother-infant relationships: implications for a multicultural society

Japanese families living in the United Kingdom are an example of a visiting *community*. Even in such a resilient group, inevitable stresses are engendered by being away from home, some of which have implications for maternal and infant mental health. Differences have been described between Japanese and Western mothers, babies and families, so there is a clinical need to be aware that some of these differences represent *normality* within a given culture. Ethnic groups must be viewed against their own cultural contexts if their needs are to be better understood and service provision is to be appropriate, accessible and acceptable.

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Introduction

Increasingly, in large metropolitan conurbations, modern society is becoming composed of people from different ethnic and cultural groups with varying customs, expectations, lifestyles and needs. This has important implications both for relationships within and between generations and for the provision of adequate healthcare and support of different ethnic groups.

One example of this is the small but influential Japanese community in the United Kingdom. This is mainly composed of families

who live in London on a temporary basis often because the male of the family has an occupational posting there. In both Japan and the United Kingdom the community is recognised to be thriving and highly successful. It is known that such families away from home tend to offer each other much mutual support. However, away from their culture and extended families and often unfamiliar with the language, there may be a sense of isolation even among the most resilient, especially for those families with young children. Furthermore, families may not necessarily be aware of the available healthcare system or local social and recreational facilities and how to use them.

A large body of research confirms that there are important differences between Japanese and Western mothers and infants in their relationships with, and responses to, each other. There are also quite different models of family life. It is not possible to offer useful advice concerning care

and support to such families without some awareness of this background.

Thinking about relationships

Socio-cultural influences

Many writers have provided descriptive accounts of cultural and parental influences on the socio-emotional development of children in Japanese society. Such descriptions and general observations have been, and continue to be, supported by systematic cross-cultural studies and follow-up. On the basis of the latter the indications are that Japanese mothers and children tend to be apart rarely, with a close, mutually dependent relationship and much physical contact. Prolonged breastfeeding, and bathing and sleeping together of mother and child are said to be standard practices.

Caudill and Weinstein¹ have described how Western mothers are more likely to communicate verbally than their Japanese counterparts who interacted with their babies in more physical ways. This early research described how American mothers encouraged a *separateness* and ability to communicate by chatting to their babies and positioning their bodies appropriately, whereas the Japanese rocked and lulled their more passive infants, who were more given to crying unhappily. These mothers assumed that they knew what their offspring needed without verbal communication. The differences between these different cultural groups of children persisted over time and they were interpreted as being due to differing maternal styles and expectations. A further comparison² with third generation Japanese-American mothers (with a more Western approach to child rearing) and Japanese mothers in Japan seemed to support this hypothesis. The Japanese-American mothers chatted more to their babies and

the babies were more active and likely to vocalise happily more and cry less than those observed in Japan. Thus it would seem that maternal child rearing practices had already begun to overlap with Western mothers increasingly valuing physical contact and Japanese mothers independence. The differences as well as changing patterns of similarity described have since been shown broadly by other research groups.

Attempts have been made to understand such differences in the context of different cultural expectations. For instance, there seem to be different traditional goals of child rearing for Japanese and Western mothers. Japanese mothers hope that their children will be emotionally mature, courteous and respectful of authority. American mothers tend to place more value on verbal assertiveness and social skills (although these observations may not be wholly applicable to the United Kingdom).

Genetic-constitutional factors

While such socio-cultural hypotheses have a modern currency, there remains the possibility that the observed differences of infant behaviour may have in part a genetic or constitutional basis. Shand and Kosawa³ noted that Japanese babies exhibited significantly greater spontaneous motor activity when filmed at one and three months after birth as compared with a matched group of American babies. This is an area for further exploration.

Attachments

One very important clinical consequence of differences in emotional communication between mother and child in different cultures is that the nature of the attachment relationship may differ⁴. Separation from mother is often perceived as significantly more stressful by a

Japanese baby, for whom it is a rare occurrence. Hence, mother-infant interactions and infant responses may have very different meanings and clinical implications for individuals from different cultures. What is perceived as unusual for one cultural group may be considered a reflection of normal developmental processes in another. Careful analysis of the facts and theoretical interpretation is always necessary.

Other theoretical issues

Both research and clinical observation suggest that emotional and social support are crucial if a healthy mother-child relationship is to blossom. Further, mothers and babies exert mutual influences upon each other from birth and also respond to each other's responses so determining consistent patterns of interaction. There are recognisable differences, already touched upon, between *normal* mother and child relationships in Japan and the West; these need to be appreciated and respected.

Clinical issues – maternal depression

Maternal depression may interfere profoundly with the development of the mother-infant relationship⁵ and so significantly affect the child's cognitive and emotional development. It is estimated to occur in at least ten-fifteen per cent of mothers post-natally and thus is relatively common amongst mothers of young children. It often remains undetected and untreated. It is even less likely to be diagnosed and managed properly in the case of families from abroad for whom services may be less accessible and available. Further, culturally-determined descriptions of symptoms, sometimes in a foreign language, can make meaningful interpretation difficult and in addition there may be a reticence in seeking help because of

fear of stigmatisation. The enormous advantages of having available health workers with the necessary linguistic skills and cultural understanding are obvious but in practice such resources may be scarce.

Fathers and families

Finally, there are fundamental cultural differences in family life. Throughout this paper we have referred only to mothers and their relationships with their children; this has been mainly to reflect the situation in many Japanese families where the father is traditionally described as being on the periphery of the intimate relationship between mother and child. Mother's highest priority is her maternal rather than her conjugal role and her sphere of influence, traditionally, within the home. Her husband alone interacts to a great extent with the outside world. Japanese fathers are not completely uninvolved with their children but certainly seem to be less so than their American counterparts of similar educational and occupational levels⁶.

It is increasingly accepted that one of the ways fathers contribute to the healthy development of their children is through emotional support of the mother. In one study American mothers perceived themselves to be more supported by their husbands than did Japanese mothers. Japanese infants do seem to be almost exclusively cared for by their mothers⁶. However, in both cultures, women who feel generally well supported are more likely to become *healthily* involved with their infants when with them and less likely to feel a need to be with them at all times. Infant development may be adversely influenced particularly when a family is isolated and away from the extended family and other usual sources of social support. The interaction be-

tween husband and wife is partially culturally determined and should be noted and allowed for as a crucial factor in the global assessment of a given situation whilst being viewed within its cultural context.

PRACTICAL POINTS

1. Families who are newly or temporarily resident in the United Kingdom are away from many of their usual sources of practical and emotional support.
2. These families may also be unaware of available healthcare and social and recreational facilities.
3. Post-natal depression may be more likely to remain undetected and therefore untreated in a context of less accessible services, fear of stigmatisation and culturally-determined descriptions of symptoms. This may have profound and long-term effects on the mother-infant relationship, child development and family life.
4. An awareness of that which constitutes *normality* in a given culture in terms of parent-infant relationships and responses and family interactions is essential if the assessment of a situation is to be valid.

3. Shand N, Kosawa Y. Culture transmission: Caudill's model and alternative hypotheses. *American Anthropologist* 1985;87:862-871.
4. Miyake K, Chen SJ, Campos JJ. Infant temperament, mothers mode of interaction, and attachment in Japan: an interim report. *Monogr Soc Res Child Dev* 1985;50(1-2):276-297.
5. Stein A, Gath DH, Bucher J, Bond A, Day A, Cooper PJ. The relationship between post-natal depression and mother-child interaction. *Br J Psychiatry* 1991;158:46-52.
6. Stevenson Barratt M, Negayama K, Minami T. The social environments of early infancy in Japan and the United States. *Early Development and Parenting* 1993;2(1):51-64.

References

1. Caudill W, Weinstein H. Maternal care and infant behaviour in Japan and America. *Psychiatry* 1969;32:12-43.
2. Caudill W, Frost LA. A comparison of maternal care and infant behaviour in Japanese-American, American and Japanese families. In: Lebra W, editor, *Mental health research in Asia and the Pacific*, vol 111. Honolulu: East-West Center Press, 1973.