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Me aro ki te ha o hineahuone

Women, Miscarriage Stories, and Midwifery: Towards a Contextually Relevant Research Methodology

A thesis presented in fulfilment of the requirements for the degree of

Doctor of Philosophy in Midwifery

at

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Palmerston North,

New Zealand.

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Dedication

Mate atu he tētē kura whakaeke mai he tētē kura. Ko tētē kura au.

This thesis is dedicated to my grandmother 'Nancy' Donovan who became kaiwhakawhānau for our family at a very young age, and the senior trustee for our whānau land at Kapiti in her later years. She was an excellent musician, a cherished friend and a beloved mother, and grandmother. Thank you for gently showing me the path.

Aroha nui Nana.

Abstract

Professional ethics and legal competencies require midwives practising in New Zealand to provide care for childbearing women in a partnership characterised by continuity, equality, mutual respect, trust, shared responsibility and decision making. New Zealand is culturally and legislatively a bi-cultural environment and the cultural safety of Māori (indigenous peoples) are prioritised within health legislation. The midwifery philosophy of partnership and bi-cultural legislation, have provided a foundation for developing a research methodology for the profession. This thesis stories the interweaving of multiple epistemologies, theoretical tenets, philosophical concepts, indigenous and Western European world views as well as women's narratives in creating and implementing a contextually relevant qualitative research methodology, 'Te Whakamāramtanga'.

The methodology was trialled in the field of miscarriage; a practice issue for midwives in New Zealand. Research participants were recruited through 'word of mouth' and snowballing methods. Twenty women participated in the research project and of these nine identified as midwives. Twelve participants were of Non Māori descent, including four women who were immigrants to New Zealand, and eight participants identified as Māori. Participants' stories were gathered through dialogical interviews, which recognised the co-construction and exploration of knowledge. Ethical tenets outlined in the methodology involved the use of extensive, ongoing consultation with Māori, midwifery and local communities.

Māori, women, and midwives share an oral culture that values narratives as facilitating the constitution of identities, creation and transmission of knowledge, and the development of social relationships. Whole narrative, thematic and narrative elements analyses of participants' miscarriage-related talk have been developed through drawing on kaupapa Māori philosophy, the social theories of Pierre Bourdieu, Michel Foucault, Bruno Latour, Paul Ricouer, and Rom Harre as well as the narrative concepts of Arthur Frank and Margaret Somers. Substantive chapters explore whakapapa, corporeal temporalities, narrative silences and women's desires for recognition and relationships. A new theory is advanced that methodologies, narratives, genealogies, temporalities, silences and women voices are simultaneously co-constituted metaphysical and material technologies. These heterogeneous and relational entities are collectively perceived as actants, hybrid actors, actor networks as well as technologies, which exist within a range of dynamic and hierarchical networks and/or fields in which this thesis is also embedded. My development of a multicultural midwifery research methodology informed by multidisciplinary theoretical approaches is innovative for midwifery research and theory, and potentially other health disciplines. My research also addresses gaps in midwifery, miscarriage–related, professional development, Māori health and health research literature.

Preface

My interest in how midwives constitute knowledge was seeded as an undergraduate student when a lecturer informed me that as an educator, she could provide me with a basic framework for situating disciplinary knowledge, but that the onus was on me as lifelong learner to fill any perceived knowledge gaps. Over time, and with progressive professional experience, I discovered that such gaps in knowledge are dynamic requiring constant reflexivity on the part of the professional midwife in order to enhance her professional development, and to potentially expand her professional horizons. As a midwife this constitution of knowledge is not a process conducted in isolation but an interactive activity requiring whakawhanaungatanga (the developing of interpersonal relationships) with women, families, midwifery peers, other health disciplines and the wider community, and whakapapa (genealogy); the continuity of knowledge embedded in intergenerational professional, familial, corporeal and cultural narratives that are willingly shared. Acknowledging the value of narratives has facilitated my doctoral research; the development and trialling of a narrative methodology for constituting midwifery knowledge within a bi-cultural framework.

Although my name is assigned as author to the completed thesis, doctoral research is invariably a collaborative process. My journey as a doctoral scholar has been a narrative of partnership with the individuals who participated in and supported the research, and the narrative of this thesis is also their story. The story of the research process also incorporates the crafting of, and contains, a new personal identity; myself as indigenous, woman, midwife, mother, academic scholar and storyteller. Transformation of my identity has been facilitated by my wāhine (women) peers and professional sisters, who have so generously shared their stories, secrets and lives whilst co-constructing and evaluating knowledge with me, during the research process. The completed thesis represents an integration of our ontological, public, conceptual and meta-narratives into a theoretical and methodological framework that may operate as a technology for constituting midwifery knowledge in a multicultural context, and may have the potentiality to also operate as an actant within the fields of health and social science.

Acknowledgements

Ko koe ki tēnā, ko ahau ki tēnei kīwai o te kete.
(*You at that and I at this handle of the basket*).

I wish to thank my whānau for their unfailing love and support during this arduous process. My son James, has been steadfastly adamant that I could complete this mahi (work project) even when at times I doubted my own ability to do so. James has been very patient with a mother who, particularly during the later stages of completing the thesis, became periodically distracted, and impatient. My parents Pat and Bill have been equally positive and consistently helpful, often providing sounding boards for my ideas.

I extend my deepest gratitude to the women who became research participants willingly contributing their time and generously sharing their stories. Thank you for honouring and trusting me with the taonga of your lives.

My deepest thanks are also extended to my supervisors, Professor Tairahia Black, Associate Professor Cheryl Benn, and Dr Suzanne Phibbs for their patience, guidance and good humour during what has seemed an endless process. Tai, thank you for providing the spiritual bedrock and being the voice of tikanga and mātauranga Māori. Cheryl I appreciate the focus and integrity you have brought to my research, which have helped shape the thesis as a scholarly work, and myself as an academic. Suzanne, this thesis would have been impossible without you. There are insufficient words to thank you for the research skills you have taught me and the never wavering encouragement you provided and confidence you inspired in me as a researcher.

As I have already stated, completing a doctoral thesis is a collaborative process. This thesis would also have been impossible without the support provided by friends, academic and midwifery colleagues, members of various Maori health providers, women's health collectives and miscarriage support groups.

I owe a huge debt to Dr Kevin Heagney, thank you for your consistent support and patience in assisting me with formatting in the final stages of thesis preparation. I also acknowledge Dr Martin Woods and Professor Julie Boddy who generously contributed time as theoretical sounding boards, assisted with referencing advice and proof reading.

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Finally I would like to thank Massey University for both assisting with some of the costs associated with my study, whilst I was a full time staff member and for generously awarding me a Doctoral scholarship at a later date, and Purehuroa awards which assisted me to complete the thesis. I also offer my thanks to the Ministry of Health, the Royal Society of New Zealand and the Maurice and Phyllis Paykel Trust for their financial support.

Glossary

A
Aroha – love
Ahua – gods, spiritual essence

H
Hapū – extended family, state of pregnancy
Hapūtanga – knowledge of pregnancy
He korowai oranga – the cloak of wellness
Hinengaro – mind, intellect

I
Ipu whenua – Clay receptacle for containg deceased baby
Iwi – tribe

K
Kanohi kitea – known face
Karakia – prayer, incantation
Kaumatua – elder
Kaupapa – strategy or theme
Kete – basket
Koha – gift
Kōrerō – talk, speech, narrative
Kuia – female elder

M
Mana – prestige
Manaaki – caring for others
Mātauranga – information, knowledge, education
Mate – death
Matua – parent
Mokopuna – grandchildren

N
Nga kete o wananga – the baskets of knowledge, the gifts of Tane mahuta
Noa – common, free from tapu

P
Pākehā – non-maori, European, Caucasian
Papatuanuku – the earth mother
Pōunamu – greenstone

R
Ranganui – the sky father
Rangatiratanga – sovereignty, supremacy
Rongoā – traditional Māori medicine
Rongoā – traditional Māori medicine
Roimata – tears

T
Tane – male, husband
Tane Mahuta – Deity, creator of humanity
Taonga - treasure, property

Tapuhi – midiwfe
Tamariki – children
Tangata whenua – people of the land, indigenous people
Tangi – mourning ritual for those who have passed away
Tapu – sacred, forbidden
Te ao Māori – the world of Māori
Te ao Pākehā – the world of non-Māori
Te kete aronui – natural knowledge informed by the physical senses
Te kete tuauri – theoretical knowledge that explains the reality of the physical senses
Te kete tuatea – spiritual knowledge constituted from a shared sense of oneness
Te kore – void, nothingness
Te pikorua – infinite partnership
Te reo – Māori language
Te Tiriti o Waitangi – the Treaty of Waitangi (founding document of New Zealand)
Te whakamāramtanga – the process of enlightenment
Te whare ngaro – the lost house, infertility
Te whare tangata – the house of the people, uterus
Tikanga – custom
Tinana – body
Tino rangatirantanga – self determination, control
Tohunga – traditional Māori expert
Tupuna – ancestors

W
Wahine – woman
Wāhine – women
Waiora – health
Wairua – spirit
Wairuatanga – spirituality
Wananga – learning series of discussions
Whakamā – embarrassment, shame, shyness
Whakaaetanga – achieving acceptance, permission, approval, agreement, consent
Whakamana – empowerment, validation
Whakamātautau – examination, scrutiny
Whakangungu – protection, defence, advocacy
Whakapapa – genealogy, continuity
Whakaritenga – negotiation, reconciliation
Whakarurutanga - ensuring safety, creating safe environments
Whakatauki – proverb
Whakataunga – conclusion, findings and implications
Whakawhānau – the process of making a family, childbirth
Whakawhanaungatanga – developing relationships, identifying correlations
Whakawhirinaki – building trust
Whānau – family
Whanaungatanga – relationships, social networks
Whānau ora – family wellbeing
Whare – house
Whenua – land, placenta

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