Te Aroha o te Hauangiangi
Māori Perspectives on Healing from Substance Abuse

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Keremete Te Rangimaria Warbrick

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He Karakia

Tēnei au, tēnei au
Ko te hokai nei o taku tapuwae
Ko te hokai nuku, ko te hokai rangi
Ko te hokai a to tupuna a Tāne-nui-ā-Rangi
I pikitia ai ki te rangi tuhaha
Ki te Tihi-o-Manono
E rokohina atu ra
Ko Io Matua-Kore Anake
I riro iho ai
Ko te kete Tūāuri
Ko te kete Tūātea
Ko te kete Aronui
Ka tiritiria, ka poupoua ki Papatūānuku
Kia puta te ira tangata
Ki te whai ao, ki te ao mārama
Hui e, Taiki e

This thesis opens with a karakia that describes the journey made by Tāne-nui-ā-Rangi to find and secure knowledge for the people. This knowledge was brought back in three kete: te kete Tūāuri, te kete Tūātea and te kete Aronui. His journey to find and secure the kete personifies traditional Māori values pertaining to knowledge. In the Māori world, knowledge has tapu and belongs to the group and knowledge can lead to the *world of light* (enlightenment). This thesis is about Māori people who suffer from substance abuse problems and their journeys to the *world of light*.

Abstract

This thesis examines and describes Māori cultural components used in the treatment of substance abuse problems in the Taha Māori Programme at Queen Mary Hospital. This study explores themes that arise from the experiences of three therapists who worked in the Taha Māori Programme and eight clients who experienced cultural components in treatment. Together their personal narratives describe the healing journey from substance abuse. A Māori centred approach was used to guide the research process and a qualitative case study method was used to collate and analyse the data. Significant themes that emerged from the data were presented in a whakapapa paradigm that examined the healing journey from the realms of *Te Korekore ki Te Pō ki Te Wheiao ki Te Ao Mārama*.

He Mihi

He uri tēnei nō ngā maunga Tararua me Tarawera.
E rua ōku kāwai whakaheke tāngata, arā,
ko Rangitāne me Te Arawa.
No reira, e te iwi, kei te mihi, kei te mihi, kei te mihi.

He mihi nui tēnei ki ngā tauira me ō koutou kōrero ataahua i homai nei ki ahau hei tuhinga whakaaro mō te rangahau nei. Ko te tūmanako kei runga tonu koutou i te waka toiora tangata.

Ki ngā kaiāwhina me ō koutou kōrero toiora tangata, toiora whānau hei whakatinanatia tēnei rangahau, ngā mihi nui ki a koutou katoa. He mihi hoki tēnei ki ngā kaihautū i whakatō te kākano kia tīmata ake nei i te kaupapa o Te Aroha o te Hauangiangi.

He mihi hoki tēnei ki ngā kaimahi o te hōhipera, tēnā koutou katoa mō to koutou manaaki mai i ahau e rangahau ana tēnei mahi.

Ki ōku hoa kaiārahi mai te tīmatanga tae atu ki te whakamutunga, arā, ko Paul Hirini, Taiarahia Black me Margaret Forster, ngā mihi nui ki a koutou katoa.

Ki ōku hoa, kua tautoko mai nei i ahau, ahakoa ngā piki me ngā heke, ko tēnei te mihi aroha ki a koutou katoa, arā, ko Kirsty Maxwell-Crawford me te whānau whānui o Te Rau Puāwai.

He mihi hoki tēnei ki tōku whānau, arā, ko tōku pāpā me tōku māmā. He mihi nui, he mihi aroha tēnei ki tōku hoa rangatira me tāku tama ataahua ko Whaitiri.

No reira, e te whānau, tēnā ra koutou katoa.

Contents

Introduction

Substance abuse permeates every sphere of an individual's life. For Māori people it damages the wairua, hinengaro, tinana and the whānau. In order to address these treatment issues, dedicated Māori substance abuse programmes use cultural components to facilitate in the healing process for Māori clients. Therefore, this thesis endeavours to explore the use of cultural components in the treatment milieu, in order to add to the knowledge about Māori healing processes in substance abuse treatment.

Chapter one reviews the literature relevant to Māori alcohol and drug use, cultural perspectives on health and wellbeing and cultural components used in the treatment milieu. In particular, studies on Māori, Native American and Alaska Native peoples are reviewed.

Chapter two presents a description of a Māori centred approach to health research and a qualitative case study method that was used to inform the data collection and data analysis for this research. In addition, a whakapapa paradigm is introduced that presents four interrelated realms: Te Korekore, Te Pō, Te Wheiao and Te Ao Mārama. Together these realms are used to present the findings for this research.

Chapter three presents the whakapapa of Te Aroha o te Hauangiangi, the Taha Māori Programme at Queen Mary Hospital and a description of the treatment environment.

Chapter four presents the research findings starting with Te Korekore the realm of potential being. This realm explores the cultural concept of *kahupō* and the potential to heal from substance abuse

Chapter five presents the realm of Te Pō, the realm of becoming. This realm describes cultural components used to facilitate the healing process for the taha Māori whānau in the treatment milieu.

Chapter six presents the realm of Te Wheiao, the realm of emerging. This realm explores the emergence of leadership roles within the taha Māori whānau and tuakana/teina relationships pertaining to the transmission of knowledge from one whānau to the next.

Chapter seven presents the realm of Te Ao Mārama, the realm of being. This realm explores the cultural concept of *toiora,* the state of wellbeing achieved in the treatment milieu. This realm also describes the cultural and recovery aspirations of the taha Māori whānau.

Chapter eight presents the kōrero on Te Korekore, Te Pō, Te Wheiao and Te Ao Mārama and endeavours to draw the threads together of this thesis in a concluding statement.

Chapter 1: Literature Review[1]

Introduction

Kei hea rā

Kei hea rā

Kei hea rā te huarahi hei oranga mōku, mō te iwi Māori e

arā, titiro whakamuri ki ngā taonga tipuna hei tikitiki mō tāku māhunga e

arā, hei tikitiki, hei tikitiki mō tāku māhunga e[2]

This introduction precedes with the words from a contemporary haka, that encourages Māori people to look to the past, to our tipuna who have gone before us and use the taonga that they possessed, as a way to guard against the loss of te reo Māori me ōna tikanga. This haka proposes that the maintenance and continuation of the Māori language and cultural practices can also offer a path to healing, and promote wellbeing within whānau, hapū, and iwi. In essence, the use of te reo Māori me ōna tikanga is advanced as a foundation to locate Māori developments and initiatives within a Māori world view in contemporary times.

For instance, the establishment of kōhanga reo and kura kaupapa Māori schools in the 1980s fostered the revitalisation of the Māori language, customs and protocols, by conducting full immersion Māori language classes across the curriculum for children under five years old and over, as a hedge against the otherwise demise of the Māori language (Smith, 1990). Therefore, kōhanga reo, kura kaupapa Māori and more recently whare kura and whare wānanga are examples of how the teaching and transmission of cultural values, beliefs and practices within a nurturing environment can instil a sense of cultural pride and a positive Māori identity within the children involved.

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[1] This literature review began as part of an ALAC Summer Scholarship (1999-2000), it forms the initial literature review for my masterate thesis research and has been updated to include later material.

[2] The late John Tapiata wrote this haka in 1978-9, a respected kaumatua of Te Kupenga o te Mātauranga (Massey University College of Education).

The revitalisation of te reo Māori me ōna tikanga can be viewed in the wider political context of Māori self-determination. Durie states that, "Māori self-determination is about the advancement of Māori people, as Māori, and the protection of the environment for future generations" (Durie, 1998:4). In the last twenty years, Māori self-determination has been linked to the philosophy of Māori development. While there are similarities between the aims of Māori self-determination and positive Māori development, there are differences in emphasis. On the one hand, both are concerned with social, cultural, and economic development, and Māori delivery systems, thus, the aims of self-determination place more importance on the locus of control with Māori regarding resources and greater independence from the state (Durie, 1998). On the other hand, the aims of Māori development are not necessarily out of step with government initiatives and polices (Durie, 1998). While Māori self-determination and positive Māori development are linked to Māori autonomy, it was decided by Māori leaders that the promotion of positive Māori development would be the appropriate vehicle for carrying the message of self-determination within mainstream frameworks (Durie, 1998).

The theme of positive Māori development had its genesis at the Hui Taumata, the Māori economic summit meeting held in 1984. While the endorsement for kōhanga reo and the revitalisation of te reo Māori was one initiative discussed, other areas of concern focused on strengthening the Māori economy and closing socio-economic disparities between Māori and non-Māori (Conference Steering Committee, 1984). In response to these concerns, Māori leaders identified key priorities for Māori cultural, social and economic advancement that signalled the launch of a decade of positive Māori development (Durie, 1998). It also marked the government's new right agenda for economic reforms, which supported the devolution of several government functions to iwi authorities, for example, Matua Whāngai, Mana Enterprises and Maccess training programmes (Durie, 1998). These initiatives were consistent with *Te Urupare Rangapū* a policy document supported by Hon. Koro Wetere that was designed to guide Māori towards greater self-sufficiency and reduced dependency on the state (Wetere, 1988). Although these were government programmes, it was acknowledged that Māori were in a better position to offer

certain services to their own people (Durie, 1998). The Hui Taumata concluded with six broad themes that formed the basis of the decade of Māori development: the Treaty of Waitangi, tino rangatiratanga, iwi development, economic self-reliance, social equity and cultural advancement (Durie, 1998).

While the recommendations from the Hui Taumata and the political climate in which they were envisaged supported Māori service delivery in health, education, social services and other sectors, it was at the Hui Whakaoranga held in the same year that considered the importance of "cultural factors" in Māori health delivery (Durie, 1994:67). However, the consideration for cultural perspectives in Māori health started emerging in the 1970s, in response to the medical model approach that considered the disease and not the whole person (Durie, 1994). Māori perspectives that were advanced emphasised traditional cultural values and beliefs that encapsulated a holistic view of Māori health, for example, the whare tapa whā model (Durie, 1994), te wheke (Pere, 1984), and ngā pou mana (Henare, 1988).

In recent years, the inclusion of Māori cultural perspectives has been found to have utility in the treatment of Māori with substance abuse problems (Sellman, Huriwai, Ram, & Deering, 1997). Moreover, parallel developments internationally among other indigenous communities have helped establish a growing body of knowledge pertaining to the use of culture in the treatment milieu (Abbott, 1998).

Since the 1980s, Māori have become more aware of the impact of colonisation, acculturation, and urbanisation on Māori society (Walker, 1987). These factors combined with a growing cultural awareness, and revitalisation of the Māori language and customs (Walker, 1987), and a greater understanding of the Treaty of Waitangi for positive Māori development (Durie, 1998), has provided a strong base for alcohol and drug services to be more culturally responsive to Māori (Ministry of Health, 2001).

Huriwai, Sant Ram, Deering and Sellman (1998a), assert that Māori had expressed dissatisfaction with traditional Western treatment modalities and

self-help groups that had not met the sociocultural needs of Māori clients. Māori concerns with these practices prompted the formulation of alcohol and drug services specifically for Māori clients. This initiative was supported by the Core Services Committee (1994), which recognised the need for services to develop relevant policies and procedures to incorporate Māori cultural practices in treatment programmes.

Government commitment to addressing health status disparities in Māori communities acknowledge that alcohol and drug related problems may be more effectively managed by programmes developed by Māori for Māori (Ministry of Health, 1998; Ministry of Health, 2001). Similarly, First Nations communities in North America and Alaska share the same philosophy in that alcohol and drug treatment components must be designed by and for Indian communities (Abbott, 1998). Alcohol and drug treatment programmes for Māori, are generally provided by dedicated Māori services that run alongside mainstream services. Dedicated Māori alcohol and drug treatment services are defined by Huriwai, Sellman, Sullivan and Potiki (1998b), as a service that is underpinned with a Māori philosophy, aimed at Māori clients and incorporates Māori customary values, beliefs, and practices.

This thesis reviews customary healing practices used as therapeutic interventions for addressing sociocultural needs in alcohol and drug treatment programmes. However, there is a lack of published research specifically examining cultural elements in treatment. In accordance with this limitation, this research presents a selective overview of customary indigenous therapeutic approaches to substance abuse problems from Aotearoa/New Zealand, North America and Alaska, with descriptions of cultural components and wherever available, information on utilisation and outcome.

Therefore, this chapter has three objectives. First, to discuss relevant historical and contemporary issues pertaining to the impacts of alcohol and drug problems on Māori. Second, to describe Māori health perspectives used in alcohol and drug treatment programmes. Third, to review key literature relating

to the use and evaluation of cultural values, beliefs, and practices in the treatment of substance abuse problems.

Māori Alcohol and Drug Use

The following analysis, of the extent of alcohol and drug use and misuse among Māori highlights historical and contemporary issues pertaining to alcohol and drug use. Māori along with a number of indigenous cultures, for example, the Trukese of Micronesia, Inuit people of Canada and other Native American tribes, did not prepare or produce alcoholic beverages prior to European contact (Hutt, 1999; Mancall, Robertson, & Huriwai, 2000). The preferred drink among Māori was water, which explained their initial aversion to alcoholic beverages prompting the use of the term waipiro (stink water) (Kaunihera Whakatūpato Waipiro o Aotearoa, 1995).

Captain James Cook and his crew first brewed alcohol in Aotearoa/New Zealand in 1769 and their first efforts involved the use of native plants, such as, manuka and rimu twigs in the production process (Hutt, 1999). By 1830, the use of pipe tobacco was evident among Māori who traded with Pākehā and was often sought after along with other commodities, such as, muskets and blankets (Hutt, 1999).

The 1830s also signalled the growing systematic colonisation of Aotearoa/New Zealand by Europeans culminating in the signing of the Treaty of Waitangi in 1840 between Māori and the British Crown (King, 1997). Three objectives characterised the Treaty of Waitangi: the protection of Māori interests; the promotion of the colonisers interests; and the advancing of secure strategic benefits for the Crown (Adams, 1977). In essence, the Treaty of Waitangi was to form a partnership between Māori and the British Crown. However, in the ensuing years, "the Treaty was used, not to protect Māori, but to separate them from their land and culture and to boost emigration from an overcrowded Britain" (Durie, 1998:176).

At the time the Treaty of Waitangi was signed, many Māori chiefs and Pākehā missionaries were concerned about the effects of alcohol use and misuse

among the Māori people (Mataira, 1987). In a partial response to these concerns, Governor Grey imposed the Sales of Spirits Ordinance in 1847, which prohibited Māori from selling or buying alcohol (Te Puni Kokiri, 1995). The intention of the Act was to control Māori access to alcohol and prevent social unrest between Māori and Pākehā settlers (Mataira, 1987). Initial concerns regarding the extent to which Māori were drinking, became a moot point, as the Ordinance was imposed on Māori only. Thus, the 1847 Act was considered discriminatory by Māori and strongly resented. However, the Act did garner some Māori tribal support, at least until the 1850s (Awatere, 1984). By the 1860s, alcohol consumption among Māori had become more prevalent (Te Puni Kokiri, 1995). This trend was inextricably bound with the loss of traditional Māori lands. In addition, Māori indebtedness that incurred through alcohol consumption was sometimes used to justify forced land sales or the outright confiscation of lands (Te Puni Kokiri, 1995).

In a contemporary Aotearoa/New Zealand context, Māori contend that the loss of traditional Māori lands, along with urbanisation had contributed to the dismantling of traditional tribal structures (Walker, 1990). Huriwai and colleagues (1998a) assert that Māori regard the systematic breakdown of iwi tribal social systems, general loss of dignity, respect and identity have been contributing factors in the disparities between Māori and Pākehā health statistics, including high Māori rates of alcohol and drug disorders.

Concerns related to the mounting incidence of morbidity and mortality from alcohol related causes among Māori, highlight Māori alcohol patterns of use and misuse (Public Health Commission, 1994). During the period 1989-91, Māori males were 2.2 times more likely to die of an alcohol related problem than non-Māori males, whereas Māori females were 2.9 times more likely than non-Māori females to die from an alcohol related problem (Pomare, Keefe-Ormsby, Ormsby, Pearce, Reid, Robson, & Watene-Haydon, 1995). Furthermore, Māori general health status is lower than non-Māori in terms of medical disorder (Pomare et al., 1995), psychiatric disorder and alcohol and drug disorder (Te Puni Kōkiri, 1996). In further support of the negative effects, research indicates there is a strong correlation between alcohol consumption

and cirrhosis morbidity for men in the overall population (Kaunihera Whakatūpato Waipiro o Aotearoa, 1995). In addition, more Māori than non-Māori are hospitalised for pancreas and liver problems.

A national survey conducted by the Alcohol & Public Health Research Unit, found that alcohol was the most commonly used drug in Aotearoa/New Zealand followed by tobacco and cannabis, while cannabis was the most popular of the illegal drugs (Field & Casswell, 1999). Wyllie and Casswell (1989) reported in their survey on drinking in Aotearoa/New Zealand that fewer Māori than non-Māori consume alcohol. However, those Māori that did drink were more likely to be heavy consumers, consuming approximately twice the volume of non-Māori on each drinking occasion (Wyllie & Casswell, 1989). For example, the average quantity of absolute alcohol consumed on the last drinking occasion was 60 ml for Māori males versus 30 ml for non-Māori males, and 36 ml for Māori females versus 21 ml for non-Māori females.

The New Zealand Household Health Survey highlighted a continuation of these drinking pattern differences between Māori and non-Māori (Ministry of Health, 1993). For instance, there were fewer drinkers among the Māori respondents who reported not having a drink in the week prior to the survey. However, those who did, drank more heavily (21% versus 18% of non-Māori who consumed 200 grams of absolute alcohol or more over a seven day period) (Ministry of Health, 1993). Thus, confirming a suspected trend among young Māori (male and female) who do drink, that they are more likely to adopt a binge-drinking pattern of consumption.

A 1990 telephone survey showed that 43% of the population between the ages of 15-45 years had used marijuana, though not on a frequent basis (Black & Casswell, 1991). In a more recent comparison study for the same age group, first time users had increased from 43% to 52% in 1998 (Adrian & Casswell, 1999). Concerns about the prevalent use of cannabis among northern tribes in Aotearoa/New Zealand have emerged in a study conducted by Te Runanga o Te Rarawa. This study reports high cannabis misuse among Māori youth that extends through to the elderly (Te Runanga o Te Rarawa, 1995). This finding

highlights the potential for inter-generational misuse of cannabis within the whānau, hāpu and iwi, as indicated in a recent report "Cannabis: The Publication Health Issues 1995-1996."

As previously noted, prior to White contact, Native American and Alaska Natives did not prepare or use alcoholic beverages, except for Native Americans in the Southwest (Abbott, 1998). The Pima, Papago, Zuni, and Apache tribes used alcohol beverages for both ceremonial and secular use (Waddell & Everett, 1980). These tribes had an advantage over other tribes in the north, in that the integration of alcoholic beverages into their religious, ceremonial and secular traditions were introduced over time. However, other tribes were not party to a gradual process of assimilation. Instead, their introduction to alcoholic beverages "was more precipitous by fur traders, trappers, and frontiersman" (Abbott, 1998:2607). Native Americans and Alaska Natives have higher accounts of morbidity than other ethnic groups in the United States from suicide, homicide, and injuries or accidents, most of which are alcohol related (Abbott, 1998). Māori, Native Americans and Alaska Natives share a similar history, that is, they have not been able to escape the ravages of alcohol misuse borne out of Western colonisation.

Māori Health Perspectives

For Māori, the rationale for the incorporation of cultural elements in alcohol and drug treatment programmes is underpinned by the interpretation of the etiology of alcohol and drug abuse. Eschewing all other etiological theories of addiction, addictive behaviours are largely interpreted by Māori people as having come about because of their status as a colonised and dispossessed people. Because dispossession is about the loss of land, culture, language and ultimately the loss of mana of the individual, the inclusion of cultural elements are deemed to be integral for facilitating healing for Māori. In addition, cultural elements, that are relevant for Māori in alcohol and drug treatment programmes, aim to instil a sense of cultural and personal self-esteem and in turn provide a cultural hedge to the continuation of negative alcohol and drug use.

In support of this position, section 16 of the Draft Declaration of the Rights of Indigenous Peoples 1993, recognises the significance of culture to personal development and wellbeing. Indigenous peoples have the right to have the dignity and diversity of their cultural, traditions, histories, and aspirations appropriately reflected in all forms of education and public information (Te Puni Kokiri, 1994).

As I have previously mentioned the emergence of Māori health perspectives in the 1970s considered a holistic view of health and wellbeing that resonated with Māori. A widely known and acknowledged contemporary model of Māori health is the whare tapa whā model, also known as the four cornerstones of Māori health (Durie, 1994). This model describes four dimensions that contribute to Māori wellbeing: te taha wairua, the spiritual component; te taha hinengaro, the mental component; te taha whānau, the family component; and te taha tinana, the physical component. An essential aspect of this model is that it is anchored on a spiritual rather than somatic base.

An example of a Māori alcohol and drug programme that incorporates the whare tapa whā model is the Taha Māori Programme at Queen Mary Hospital in Hanmer Springs. This programme is a dedicated residential Māori treatment programme that runs alongside mainstream services (Kaunihera Whakatūpato Waipiro o Aotearoa, 1998). The eight-week long program includes both Western forms of therapy and cultural components, for example, psychotherapy, psychodrama and customary Māori components, such as pōwhiri, karakia, mihimihi and waiata. In addition, the Taha Māori Programme also demonstrates that Māori alcohol and drug programmes need not stand in isolation in order to provide quality health care for Māori. The Taha Māori Programme blends theoretical frameworks from both Western and Māori perspectives, allowing for a balanced delivery to Māori.

The Ngā Punawai Aroha day programme incorporates similar cultural components as the Taha Māori Programme. However, instead of the whare tapa whā model proposed by Durie (1994), Ngā Punawai Aroha integrates three primary elements that constitute its philosophy and service provision.

These elements include: Te Puna,[3] Te Punawai[4] and Te Puna Aroha[5] (McCracken, 1999). Each element represents a stage in the healing journey characterised by a metaphorically stream. Therefore, the name Ngā Punawai Aroha[6] is derived from the elements that it represents (McCracken, 1999).

In recent years, other Māori health perspectives have been developed that complement the whare tapa whā model of Māori health and wellbeing. For instance, process orientated frameworks such as Poutama and the Rangi Matrix developed by Te Ngaru Learning Systems and the Dynamics of Whanaungatanga (DOW) (Ministry of Health, 2001).

The Dynamics of Whanaungatanga is a practice model widely used in the alcohol and drug field throughout Northland. It is used to facilitate processes of engagement, with people, a supreme being and the environment (Health Research Council of New Zealand, 2004). Other components include: tapu (intrinsic value), tika, pono and aroha (truth, faith and love), kōkiri or tautoko (roles), mana (authority, presence), te wā (stages within time), noa (righting the wrong or the violation of tapu) and hohourongo (reconciliation/peace binding) (Health Research Council of New Zealand, 2004).

Rangataua Mauriora is a kaupapa Māori alcohol and other drug service based at Takapūwāhia marae in Porirua. They are committed to strengthening the mana, mauri and tapu of tamariki, rangatahi and their whānau (Health Research Council of New Zealand, 2004). In addition, by adhering to the principles of pono, tika and aroha they learn to take responsibility for their own actions. The pōwhiri is used in the engagement process with whānau and mātauranga (knowledge) and kupu (spoken word) are used to rebuild mana, mauri and tapu. These processes aim to realise the potential of rangatahi in relation to their tipuna and whakapapa. Central to their service delivery is the waka ama[7] programme for rangatahi and pakeke. Whānau learn about tikanga pertaining to

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[3] Te Puna *"The spring,"* initial contact with clients.

[4] Te Punawai *"The cleansing spring,"* six week day programme.

[5] Te Puna Aroha *"The spring of love,"* aftercare follow-up.

[6] The cleansing spring of love.

[7] The waka ama programme is called - Waka Ama Information Technology (W.A.I. Tech).

the waka and the moana and they learn how to collectively work together to achieve their treatment goals.

Central to the cultural components incorporated in these programmes is the nurture and discovery of one's mana, that is, personal and cultural self-esteem. Māori cultural components can provide opportunities to learn how to replace dysfunctional addictive behaviour patterns with Māori cultural values and beliefs. Changing unhealthy addictive behaviours and healing cultural and personal self-esteem requires a holistic approach of nurturing the spiritual, emotional, physical, and intellectual selves.

Cultural Components in Treatment

The following examines the literature pertaining to specific cultural components found by researchers to facilitate in the healing process for Māori, Native American and Alaska Native clients in their respective alcohol and drug treatment programmes. The central focus of this review is on the use of customary cultural components in residential and day treatment settings.

As previously mentioned alongside the relatively poor health status of Māori, exists an increasing awareness that traditional Western modalities of treatment and self help groups have not been meeting the cultural needs of Māori clients in both the treatment setting and 12 step fellowship groups outside the treatment milieu (Huriwai et al., 1998a). Furthermore, Huriwai and colleagues (1998a), note that anecdotal evidence through clinical observations suggests many Māori are not accessing treatment or remaining in treatment long enough to benefit from therapy. In addition, Māori who have been engaged in treatment appear to relapse at a greater rate following treatment.

Abbott (1998) outlines parallel reports from Native Americans and Alaska Natives in that Western treatment modalities present a number of barriers that may deter successful alcohol and drug treatment. For example, treatment acceptance, entry, compliance and retention. Early dropout rates and low utilisation of treatment facilities may be due to disparities in values and beliefs between the therapist and client (Flores, 1986). For instance, Native Americans

value harmony within their environment. Therefore, therapies that are orientated to confronting the client may facilitate early dropout. Subsequently, Native Americans and Alaska Natives have begun to preserve and revitalise a number of customary practices to facilitate the healing process, such as, sacred dances,[8] sweat lodges,[9] talking circles[10] and cultural enhancement programmes (Abbott, 1998; Hall, 1986).

Sellman, Huriwai, Ram and Deering (1997), define *cultural linkage* as a process of reconnecting Māori with aspects of their heritage, thereby nurturing an increased cultural awareness and pride in being Māori. In order to explore the notion of cultural linkage, Huriwai and colleagues examined the link between cultural components offered in dedicated Māori alcohol and drug services, by interviewing clients on their experience of these programmes. They found that the small number of clients interviewed in the study, encountered "positive therapeutic experiences" and that they had gained "something special" through the process of cultural linkage (Huriwai et al., 1998a:36). However, because of the small sample size of Māori clients, additional research was recommended to strengthen this position.

Furthermore, Beauvais (1998), states that many Native Americans and Alaska Natives consider the loss of their culture as the primary cause of many social and alcohol related problems among their communities. Subsequently, many community-based alcohol and drug treatment programmes incorporate cultural components to revitalise customary beliefs, values and practices that may strengthen the client's cultural and personal self-esteem. Thus, reflecting a

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[8] For example, the Salish Spirit dance, the Algonquin and Plains Indians' Sun Dance, and the Gourd Dance have been utilised for their healing effects on individuals with alcohol problems (Abbott, 1998).

[9] The sweat lodge is a place for prayer and healing and consists of a dome like structure made of willow poles covered with canvas tarpaulins. At the center of the lodge, heated rocks are placed in a pile, on which water is poured to release steam. The subsequent release of steam facilitates the sweating process among the participants, who sit around the periphery of the steaming rocks (Waldram, 1997).

[10] Talking Circles is a form of group therapy where participants sit in a circle and discuss personal experiences (Manson, Walker, & Kivlahan, 1987). The meeting begins with a tra ditional smudging ceremony, with individuals smudging themselves with sweet grass or sage. Finally, the meeting is brought to an end with a closing prayer.

similar adherence to the notion of cultural linkage outlined by Sellman et al, (1997).

Client Satisfaction

Research on client satisfaction provides information on whether indigenous clients endorse cultural components. Thus, positive affirmation supports the notion of cultural linkage as a process for reconnecting not only Māori, but other indigenous communities with their cultural heritage in alcohol and drug treatment programmes.

In support of this position, Huriwai and colleagues (1998b; 2000), investigated a sample of 105 Māori clients from both dedicated and non dedicated Māori alcohol and drug services, on the importance of cultural factors in treatment. They found that over 90% of the clients felt that cultural factors in treatment were significant in their recovery/treatment process. For example, out of 21 cultural elements rated by clients, kawa, whakapapa, and tikanga Māori were highly endorsed in both dedicated and non-dedicated Māori programmes. In addition, client satisfaction results were significant; those Māori treated in dedicated Māori services were five and a half times more likely to be satisfied with treatment compared with those in non-dedicated Māori services.

Additionally Huriwai and colleagues (1998b; 2000) note that the level of acculturation of Māori clients was not an issue concerning their compliance and involvement in a dedicated Māori programme. The level of acculturation for Māori clients may be apparent in their connected or disconnected relationships with whānau, hapū and iwi. However, those clients that participated in the research, considered customary cultural components that instilled a sense of pride in being Māori as important in their treatment/recovery process.

Added support for the inclusion of cultural components was found in an outcome evaluation of Māori clients who attended the Ngā Punawai Aroha day programme. The day programme incorporated customary healing components to facilitate in the discovery of one's mana through learning karakia,

whakapapa, kaupapa, kawa, kotahitanga, mihimihi, tika, pono, awhi and waiata (McCracken, 1999). McCracken, reported that the majority of clients found the day programme to be "excellent," along with the inclusion of kaumātua within the delivery of the programme was also noted as being "vital" to building "confidence and self-esteem" within the clients (1999:63).

The findings outlined above build on the research of Sellman et al, (1997), in that, Māori clients from both studies support the inclusion of cultural components in treatment and benefit from the therapeutic experience of cultural linkage. Furthermore, cultural components included in Ngā Punawai Aroha day programme are similar, if not the same, in context and application to the cultural components found in those dedicated Māori treatment programmes researched by Huriwai and colleagues (1998b; 2000).

Client Retention

Simpson (1979) purports that time spent in treatment is an important predictor of treatment outcome. Findings derived from his analysis of 3,000 individuals collected in the Drug Abuse Reporting Programme, suggest a strong link between length of time in treatment and positive treatment outcome. In addition to time spent in treatment, is the notion that poor retention outcomes for minority clients may be due to treatment programmes orientated to the majority culture (Fisher, Lankford, & Galea, 1996). A salient example of this is provided by Gutierres, Russo, and Urbanski (1994), in that, findings from 28 female and 30 male residents in a day treatment programme, demonstrated that retention rates were significantly higher when offered standard therapeutic approaches and cultural and spiritual methods of healing.[11] Gutierres and colleagues (1994) found that 78.6% of the female and 83.3% of the male clients remained until the completion of their treatment.

Fisher and colleagues (1996), investigated whether or not the implementation of cultural elements that enhanced Native lifestyles would assist in Native Alaskan treatment retention. The cultural components of the programme

[11] For example, sweat lodges and talking circles.

stemmed from the Spirit Camp Model consisting of four major elements: spirit groups; cultural awareness activities; urban orientation and individual counselling (Fisher et al., 1996). Findings preceding the inclusion of cultural components demonstrated that Alaskan Native clients had significantly shorter retention rates than other clients. Furthermore, after the implementation of cultural components, Native clients notably increased their retention duration. Fisher and colleagues, attribute the findings to the inclusion of cultural components.

Brady (1995) notes that the use of the sweat lodge in contemporary North American is a prominent feature in alcohol and drug treatment programmes. The sweat lodge has been used widely in prisons, drug and alcohol treatment, and in cultural programmes to facilitate in developing a positive cultural identity (Waldram, 1997). Hall, surveyed 39 Native American alcohol treatment programmes at random, in an investigation of the revival of the traditional sweat lodge as an indigenous treatment modality. Participants who take part in the ceremony are said to encounter a powerful physical, mental and spiritual experience (Hall, 1986). Hall, found that 50% of the treatment programmes offered sweat lodges on site or provided access to them. For example, the use of sweat lodges with residential or outpatient clients, community education programmes, and self help groups, such as, Alcoholics Anonymous. In addition, tribal treatment services based on reservations were less likely to incorporate practices, such as the sweat lodge or other traditional rituals, if those practices were not native to their areas.

While sweat lodges may be an integral component in developing a positive cultural identity for First Nations peoples in North America, the same can be concluded for Māori alcohol and drug programmes incorporating te reo Māori me ōna tikanga, as a healing pathway to facilitate Māori clients in reconnecting with their heritage and nurture a positive cultural identity. This position is supported by Jackson (1988a; 1988b), in that, Māori cultural esteem and mental wellbeing may be enhanced with a positive cultural identity. Thus, enabling Māori clients to *cope* more effectively and may contribute to changing aberrant behaviours. Furthermore, Durie (1997a) states that a secure

cultural identity not only contributes to cultural affirmation, but may also afford some protection against poor health.

Summary

This review aimed to collate research studies on the efficacy of cultural components with Māori and First Nations communities in North America and Alaska. Even though there is a paucity of research documenting the evaluation and outcome of treatment services, the literature suggests a strong link between culture and health as a path to wellness for indigenous peoples.

Therefore, based on this literature review, the following conclusions can be drawn:

- For Māori and First Nation clients, treatment modalities orientated to the majority culture present a number of barriers that may deter successful alcohol and drug treatment. Evidence of compromised retention rates in treatment indicates a failure of these programmes to address the sociocultural needs of indigenous clients. First Nation clients, in culturally specific programmes, strongly indicate higher retention rates, thus, supporting the notion that longer time in treatment is related to positive treatment outcomes.

- Māori clients in dedicated alcohol and drug treatment programmes strongly endorse customary cultural interventions.

- Linked to client satisfaction and retention rates is the cultural linkage process that underpins indigenous specific alcohol and drug treatment programmes. A sense of reconnection with their culture, helps strengthen the client's cultural and personal self-esteem and assists in dealing with their alcohol and drug problems from a cultural perspective.

Studies reported on in this literature review suggest a strong link between cultural interventions in treatment to client satisfaction and client retention. In addition, Sellman et al (1997) highlighted the need for further research that

describes the process of cultural linkage, thus, presenting a case for a qualitative study to examine this area of concern.

Therefore, in order to research the phenomenon of cultural linkage this thesis utilised a case study research method guided by a Māori centred approach to health research to explore the cultural experiences of both kaiāwhina (therapists) and tauira (clients) in a dedicated Māori alcohol and drug programme. In addition, emergent theories generated from the data may provide valuable insights into the healing process, and inform Māori service providers on future evaluation protocols and substance abuse programme development.

As I have previously noted in my opening comments, Māori are reclaiming their cultural heritage and language. From an early age, young Māori children have the opportunity to immerse themselves in the Māori culture and be nurtured in an environment that is supportive to their needs as Māori. The same can be said for Māori who are in dedicated Māori alcohol and drug treatment programmes, in that, cultural interventions can facilitate in their healing process and assist in building cultural self-esteem and a strong cultural identity. Parallel initiatives among First Nation communities in North America also reflect a positive stance in healing from their own cultural health perspectives. Indigenous communities continue to fight a high attrition in the battle against alcohol and drug abuse and by incorporating customary cultural components in the treatment milieu it is helping curb the loss of human potential among these communities.

Chapter 2: Methodology

Introduction

This chapter describes a Māori centred approach to health research and a qualitative case study method that was used to inform the data collection and data analysis for this research. In addition, a whakapapa paradigm is described that presents four interrelated realms: Te Korekore, Te Pō, Te Wheiao and Te Ao Mārama. Together these realms are used to present the findings for this research.

Māori Centred Research

Māori research initiatives in recent years have progressed the development of research frameworks and methodologies that are consistent with Māori cultural aspirations and positive Māori development (Durie, 1996). These approaches are a result of a much needed critique by Māori academics on Western approaches to research conducted on Māori people that have revealed ethical and methodological issues that have been detrimental to Māori people (Tuhiwai-Smith, 1996; Stokes, 1985).

Two emerging research paradigms are Kaupapa Māori (Tuhiwai-Smith, 1996; Bishop & Glynn, 1992; Pihama, 1993; Smith, G., 1997) and Māori centred approaches (Durie, 1996, 1997b). Both these approaches identify similar aims that are consistent with Māori cultural aspirations. Furthermore, both approaches reclaim the locus of *control* over the research process. For the purposes of this research a Māori centred approach was considered appropriate, in order to build on existing Māori health research pertaining to the importance of culture to Māori health.

In recent years, a Māori centred approach to research has been advanced in response to medical and health research in Aotearoa/New Zealand that is based on "eurocentric views and philosophies" that are attuned to "Western modes of thinking and investigating" (Durie, 1996:2). In addition, Durie states that while

cultural views are acknowledged the contemporary health approach to science research may obscure "key linkages and causal relationships" that might otherwise have benefits for Māori (1996:2). Furthermore, Durie (1996) asserts that contemporary health research is confined to disciplines that are unable to consider a "holistic understanding of health and wellbeing important to Māori concepts of health" (Durie, 1996:2).

Beauvais (1998) reported similar research issues with North American Indian communities. For instance, many North American Indian community-based alcohol treatment programmes have a strong cultural or spiritual component that is intended to revitalise traditional beliefs and serve as the primary source of individual strength in maintaining sobriety. However, the research community has been reluctant to accept the idea that *culture* and Indian *spirituality* may be important to the prevention and treatment of alcohol problems (Beauvais, 1998). Two reasons are cited for this. Firstly, "non-Indian views of the psychology of behaviour are primarily secular and for the most, regulate culture to a peripheral role and second, methods to measure spirituality, cultural beliefs, and values have not been well developed, hindering scientific study in those areas" (Beauvais, 1998:256).

This account by Beauvais raises two important issues for indigenous research. First, it highlights the limitations of Western methodologies for researching indigenous health perspectives and it clearly demonstrates that indigenous culture is placed at the periphery of the research activity. This is in direct contrast to a Māori centred approach to research that places "Māori at the centre of the research exercise and is cognisant of Māori culture, Māori knowledge and contemporary Māori realities" (Durie, 1996:2).

Second, it raises the issue of developing appropriate outcome measures for indigenous peoples. While this has been a daunting task for Māori researchers, there have been significant advances in this area. For instance, Durie and Kingi (1998) have developed a framework for measuring mental health outcomes that considers the views of consumers, clinicians and the whānau. This information is important to be able to measure the effect of a particular intervention on the

domains of wairua, hinengaro, tinana and whānau. For North American Indians and Māori people *culture* and *spirituality* are important components of their substance abuse programmes. Therefore, outcome measures that consider the efficacy of cultural interventions not only benefit clients, clinicians and whānau but also indigenous health services by providing valuable information to justify government funding based on evidence based cultural practices.

The shift in recent years towards outcome measures has implications for this research. Māori alcohol and drug programmes need to know *what works* in the treatment milieu. This fundamental question drives both Māori and non-Māori providers to understand and utilise appropriate best practice models for the client groups they serve. While this research is not a randomised controlled clinical trail, it does seek, however, to understand how cultural components and processes are applied in practice. Thus, illuminating key features that may enhance the healing process for Māori people.

Within the context of this thesis, three principles that underpin a Māori centred approach to health research were used to guide the research process:

- Whakapiki tangata: Enablement, or enhancement, or empowerment;
- Whakatuia: Integration; and
- Mana Māori: Tino Rangatiratanga (Durie, 1996:6).

The principle of *whakapiki tangata* draws on the concept of empowerment. For instance, this research endeavours to describe cultural processes that are important to the healing process for Māori suffering from substance abuse. By undertaking this research, it may reveal key cultural components and processes to guide future initiatives in Māori substance abuse programme development.

The second principle *Whakatuia* - integration, validates a Māori worldview and takes into account historical and contemporary issues that have shaped Māori realities. This research recognises the cultural deprivation suffered by Māori and other indigenous peoples through colonisation. Therefore, this research is

aligned to the advancement of Māori people by reclaiming cultural practices that inform Māori perspectives to health and wellbeing.

The third principle *mana Māori* draws on the concept of Māori self-determination and places importance on control over the research process that involves Māori subjects, Māori society, and Māori knowledge. The concept of mana Māori also engenders an attitude of respect and humility that is needed in order to conduct ethical research. For instance, throughout this research each step of the process from initial discussions with participants, ethical considerations, and data collection phases were progressed in accordance with tikanga Māori processes that maintained the mana, mauri and tapu of the participants and the researcher.

Qualitative Research

A Māori centred approach to health research does not ignore the range of research methods and methodologies that are employed in Western research disciplines, however, what is important is that this approach consciously places "Māori people and Māori experience at the centre of the research activity" (Durie, 1996:2). In addition, both quantitative and qualitative methods are employed were appropriate in Māori health research. Within the context of this research, a qualitative approach was deemed suitable to study the participants' cultural experiences in the treatment milieu.

Qualitative research methods were developed in the social sciences to enable researchers to study social and cultural phenomena. Coffey and Atkinson (1996), argue that the goal of understanding a phenomenon from the point of view of the participants and its particular social and institutional context is largely lost when textual data are quantified. In addition, qualitative research involves the use of qualitative data, such as interviews, documents, and participant observation data, to understand and explain social phenomena (Maxwell, 1998). Furthermore, qualitative studies are useful for understanding *meaning* for the participants in relation to the events, situations, and actions they are involved with and the accounts they give of their lives and experiences (Denzin, 1989). In this research, a case study method was employed to

understand meaning for the participants in relation to substance abuse treatment and their experiences of culture in the treatment milieu.

Case study is a method of conducting qualitative research, and while those terms are sometimes used interchangeably, they are not synonymous. Case study research evolved as a distinctive approach to scientific inquiry, partly as a reaction to perceived limitations of quantitative research (Gall, Borg, and Gall, 1996). Merriam (1998) reported that case studies are used in education, anthropology, history, sociology, and psychology to examine specific issues, illuminate problems, and to evaluate programs and interventions. In addition, political science, business, journalism, economics, and government make particular use of case studies to influence policy formulation. Furthermore, the design of a case study can be customised to address a wide range of research questions and types of cases and can incorporate a variety of data collection, analysis, and reporting techniques (Merriam, 1998).

As a research method the term case study has multiple meanings. It can be used to describe a unit of analysis (e.g. a case study of a treatment programme) or to describe a research method. For this research, the focus is on case study as a research method. According to Robson (1993), case studies vary according to the situation under investigation and the orientation of the researcher. For instance, exploratory case studies require an emergent design, thus allowing the researcher to gain an understanding for what is going on in novel situations (Robson, 1993). These types of case studies are initiated with minimal consideration for the research framework and conceptual theory, as these elements are developed and refined during the course of the research process. On the other hand, confirmatory case studies that aim to confirm previously developed descriptions and theory tend to utilise a pre-structured design, in that, the theoretical groundwork and research design are completed prior to initiating data collection (Robson, 1993). However, most case studies tend to be situated between emergent and pre-structured designs. For instance, the researcher would have developed a theoretical knowledge base, and ideas relating to the case being studied, before beginning the research process itself.

This research used a partially pre-structured case study design that considered relevant themes from the literature on the use of cultural components in the treatment milieu. In addition, the case study design provided a starting point to explore the cultural linkage process and to formulate relevant questions for participants that would inform the purpose and aims of this research. In essence, a case study design provided an open approach to evolving the conceptual framework and refining the design of the case study during the research process (Patton, 1990). For instance, in this research the initial focus was on interviewing clients in a dedicated Māori alcohol and drug treatment programme who had experienced cultural components in treatment. However, because there is very little literature documenting the use of culture in the treatment milieu, it was deemed a useful exercise to also interview senior Māori therapists who delivered cultural components in treatment. This modification to the case study design allowed both the therapists and clients' voices to illuminate the phenomenon of Māori culture in substance abuse treatment.

Purpose and Aims

The purpose of this research is to explore and describe the cultural experiences of both kaiāwhina and tauira in a dedicated Māori alcohol and drug treatment programme. This will provide insights into how cultural components incorporated in the treatment programme facilitate in the healing process for Māori clients with substance abuse problems.

There are four specific aims of the research:

- To hear the *voices* of tauira who have undergone treatment within a dedicated Māori alcohol and drug treatment programme;
- To hear the *voices* of kaiāwhina who deliver cultural practices in the treatment milieu;
- To provide an understanding of Māori cultural practices in treatment and the effect on tauira and their recovery/treatment process; and
- To propose a model that describes the *cultural linkage* process.

The Research Site

In order to meet the purpose and aims of this research, consideration was given to the Taha Māori Programme, at Queen Mary Hospital as an appropriate research site to gain an understanding of the cultural linkage process in substance abuse treatment. The Taha Māori Programme is a kaupapa Māori based medium term (eight week) residential alcohol and drug treatment service (Taha Māori Unit, 1997). The Taha Māori Programme incorporates both the whare tapa whā (Durie, 1994) model of health and well being and the principles of 12 step recovery programmes to address the issues faced by tauira with alcohol and/or drug dependencies[12] (Taha Māori Unit, 1997). Central to the application of the whare tapa whā model is the use of cultural components that help tauira to explore the domains of wairua, hinengaro, tinana, and whānau. Therefore, the Taha Māori Programme was relevant to this research on two points. First, the programme utilised cultural components in the treatment milieu and second, potential participants would have experienced cultural components in treatment.

Negotiating a Research Relationship

The opportunity to discuss my research project with the Taha Māori Programme staff came at a conference held at Te Pūtahi-ā-Toi, School of Māori Studies, Massey University in February 2001. The conference was part of the Te Rau Puāwai - Workforce 100 Programme, of which I was a mentor for the Māori studies papers. Both the manager and senior kaiāwhina of the Taha Māori Programme were students on the programme and I was able to meet with them *kanohi ki te kanohi* to discuss my research intentions. I had not met the manager before, but I had met briefly with the kuia (the senior kaiāwhina) at recovery hui in the past. Our meeting was positive and I was able to reaffirm my recovery links with the Taha Māori Programme as I had been through the programme nine years before the commencement of this research.

[12] Bunn (1999) and colleagues report that Queen Mary Hospital adheres to the definition of *addiction* promoted by the American Society of Addiction Medicine (ASAM), which states that, addiction is "a disease process characterised by the continued use of a specific psychoactive substance despite physical, psychological or social harm" (cited in Steindler, 1994:1). Moreover, a central assertion of the disease model is that alcoholics are incapable of drinking in moderation (one is too many, and a thousand never enough). This symptom of the disease is viewed as progressive and incurable, but possible to arrest through total abstinence (Miller & Hester, 1995).

After our whanaungatanga kōrero, I talked about my research with them and outlined a brief on what it would involve. They both agreed for me to conduct the research and their only concern was that I needed to schedule an appropriate time with them to start the data collection.

For my research, I needed to interview tauira who were nearing the end of treatment, who had experienced the cultural components of the programme. I knew from my personal experience that week six would be appropriate, because whānau week was scheduled for the seventh week of the programme and it would be a busy time for both the kaiāwhina and tauira. Fortunately, they both agreed for me to begin data collection the weekend before whānau week. It was decided that the weekends would be suitable, because tauira would be able to participate and more importantly I would not be encroaching on time allocated for therapeutic sessions during the week. The manager and I scheduled the following dates 19-20 June 2001 for recruitment of participants and conducting interviews. I coordinated these dates with my work schedule for Te Rau Puāwai. Therefore, I was able to mentor the Taha Māori staff before conducting interviews with the taha Māori whānau on the weekend.

I was also advised by the manager to send a letter outlining my research intentions to John Beattie the Director of the Hanmer Institute Queen Mary Hospital (see Appendix 1). In brief, the letter was one of introduction, that outlined the aims of my masterate research and my involvement with the taha Māori staff as a mentor for the Te Rau Puāwai Programme. Consequently, I received an approval letter dated 18 May 2001, from the Director of Treatment agreeing to my research and data collection schedule.

Sample Selection

This research used a purposeful sampling procedure. Purposeful sampling permits the researcher to select settings, persons, or events for important information they can provide that cannot be gotten as well from other choices (Patton, 1990). This strategy allowed me to consider the research setting and participants in terms of typicality and relevance.

Initially, only eight tauira were going to be interviewed for this research. The rationale was that one data set would provide enough information for an in-depth analysis. However, after discussions with my supervisor and fellow researchers, the suggestion was made to interview both the tauira and kaiāwhina. Fortunately, the kaiāwhina were receptive to the idea and their participation added another dimension to the data analysis and presentation. Furthermore, the case study design was flexible enough to accommodate another data set.

The selection criteria for both sample sets were focussed on gaining relevant data to inform the purpose and aims of this research. For instance, in the case of the tauira, three criteria were specified. First, they needed to be sixteen years and over. Second, identify as Māori. Third, they had to be in their last two weeks of treatment. While the first two points were important, the last point was essential. For instance, tauira nearing the end of treatment would have experienced the cultural components and were more likely to participate and share their stories. On the other hand, a sample taken on admittance would have proven difficult, in that, tauira would have been adjusting to the treatment environment and in some cases in a state of detox. In addition, it would have also been quite invasive and perhaps not helpful for detox and treatment. Therefore, tauira who were fully immersed in the programme were considered suitable participants for this research.

Kaiāwhina were selected on two criteria, they needed to be senior clinical staff who also identified as Māori. These criteria allowed access to people with a wealth of experience in the programme and it ensured that they were knowledgeable in the area of culture in substance abuse treatment.

Ethical Considerations

This research is about Māori people who were undergoing treatment for substance abuse problems. Therefore, my main concern as the researcher was that my involvement with the taha Māori whānau might distract or hinder their progress towards their treatment goals. This concern motivated me to consider all the relevant ethical issues from both Māori and non-Māori perspectives. The

following sections consider the ethical issues and strategies used to maintain the mana, mauri and tapu of the taha Māori whānau and the researcher.

Massey University - Codes of Conduct

In order to undertake this postgraduate research project it was necessary to submit a research ethics proposal to the Massey University Code of Ethical Conduct Involving Human Subjects. The Code is intended to protect the participants in human research, the researcher, and the University. Each ethical concern was addressed in the proposal submission. Consequently, approval[13] was granted, pending minor amendments to the Information Sheets and Consent Form (see Appendices 2,3 & 4).

Māori - Codes of Conduct

In addition, to the University procedures for initiating entry to the research site there were a number of Māori processes that were necessary to integrate into the research process. Smith (1999:120) outlines a code of conduct relevant to any social situation involving Māori, and in this case Māori researchers. They include, kanohi ki te kanohi (fronting up in person), kaua e takahi te mana o te tangata (do not trample over the mana of people), titiro, whakarongo, kōrero (listen and observe before engaging in the discussion), kia tūpato (be cautious), and kaua e manaki (do not flaunt your knowledge). I was conscious of these cultural processes, and they provided a guide for how I conducted myself during the research process.

Data Collection - Queen Mary Hospital

When I arrived at Queen Mary Hospital for the first phase of this research, I went directly to the main office and made myself known to office staff in administration. They knew I was coming and they gave me an identity badge for visitors. I then met with the Director of Treatment and we discussed my research pertaining to culture in treatment. He thought that it was an interesting topic, and we talked about the use of culture in treatment and other therapeutic approaches used at Queen Mary Hospital. He also gave me two books to look

[13] Massey University Human Ethic Committee: PN Protocol 01/9.

at on chemical dependency with African Americans and thought it would be a good idea if I met with the research coordinator for programme evaluations for the hospital. After meeting with the coordinator, I was given the latest evaluation report for the Taha Māori Programme and this document has been useful for this research. Both meetings were fruitful and they were both supportive of this study.

The following sections describe the participant recruitment and interview process for both tauira and kaiāwhina and are documented under the following headings: First Phase and Second Phase.

First Phase - Tauira Recruitment

When I arrived at the Taha Māori Unit I was welcomed with a pōwhiri by the taha Māori whānau and kaiāwhina. It was an overwhelming and emotional experience for me as I had attended the programme over nine years ago and it brought back many memories, especially of the whānau I was in treatment with and my hope was that they were still on the recovery waka.

After the mihimihi I was given time to talk to the whānau about my research project and I also talked about my own recovery journey, the highs and lows and my involvement with recovery whānau that helped me to stay drug and alcohol free in the Manawatū. I finished my kōrero with an invitation to tauira from te roopu tuarua (the tuakana roopu) to meet with me at 4.00 p.m. that afternoon to go over the information sheets for the research.

A total of eight tauira attended the hui. I walked them through the information sheets (see Appendix 3) and consent form (see Appendix 4). I assured them that the focus of the research was specific to culture in treatment and that participation was on a voluntary basis. I also went over the section on confidentiality and stated that I would present their kōrero in such away that other readers would not be able to identify them by their responses. I also let them know that the kaiāwhina staff had allocated time over the weekend for them to participate if they wished. At the end of the hui I gave them all copies of the information sheets and consent forms to take with them and I asked them

to let me know by 4.00 p.m. the next day if they wanted to participate in the research. I also made myself available to talk over any issues they may have had and that they could find me at main office in the Taha Māori Unit.

Personally I thought the hui went well, however, it was up to the whānau if they wanted to participate and I dreaded the thought that it could be all over before it began. However, a few hours after our hui a representative from the whānau informed me that they had all agreed to take part in the research. I thanked him and said that I would draw up an interview timetable so they could choose a time suitable for them to participate.

First Phase - Tauira Interviews

A total of eight tauira participated in this research and the data set consisted of four tāne who were aged between 23 and 38 years and four wāhine aged between 32 and 42 years. Interviews were conducted over a weekend period and I scheduled four interviews per day. All interviews were held in the Taha Māori Unit, where I was allocated an office to conduct interviews. During the weekend tauira were cleaning the offices so I was grateful for the quiet space. Outside the office, the kuia was in the kitchen making fry bread and making sure the tauira had done a good job cleaning the offices. Amongst the hustle and bustle, my first interviewee turned up on time and I ushered her into the office to start the interview.

In order to maintain a sense of consistency and keep focused throughout all the interviews, I developed an *interview schedule* to guide the process (Patton, 1990). The tauira interview schedule (see Appendix 5) was developed from what was known in the literature on Māori culture in treatment and my own personal experiences. The schedule focussed on past, present, and future cultural involvement. The first section also included questions on whānau to help put tauira at ease and build a sense of whanaungatanga between myself and the interviewee, before going on to the questions on cultural involvement.

Before the commencement of each interview, tauira signed a consent form and I reminded them that they could stop the interview session at anytime. For each

interview, I started with a karakia and mihi and then proceeded through the interview schedule. I also wrote brief notes on ideas to follow up on in the next interview, for example, the whānau I was interviewing had recently had a poroporoaki for their tuarua whānau (the tuakana roopu), when the senior whānau left, they (the whānau) moved up to take their place. With this in mind, I also included questions on *expectations* as te roopu tuarua. At the end of each interview, I finished with a karakia and mihi, and thanked them for their participation.

All the interviews went smoothly and to schedule. However, there was one time where I had to turn off the tape and stop the interview because of a disturbance outside. It turned out to be one of the whānau in an inconsolable state and she was being attended too by one of the kaiāwhina. Meanwhile the kuia was guiding him through the process of consoling her. When she had settled down, the kuia sang a waiata and I went back to the office to finish the interview. While I had experienced similar situations with my own whānau in treatment many years ago, it was still a stark reminder of the reality of treatment and what our people go through in order to heal from substance abuse.

This incident also reminded me as a researcher, to adopt a cautious attitude in my interactions with participants; this is encapsulated in the following kōrero, *kia tūpato te haere* (tread carefully). I enacted this attitude by not socialising with the taha Māori whānau unless I was invited too and I remained in close proximity to the kuia and other kaiāwhina during the two days I conducted the interviews.

Second Phase - Kaiāwhina Recruitment

Six weeks after the tauira data collection, I returned to Queen Mary Hospital to recruit kaiāwhina for the second phase of this research. During the first day, I left information sheets (see Appendix 2) for them to peruse in their own time. Later on that day I returned to the Taha Māori Unit to ask who would like to participate in the research. The kuia and two other wāhine agreed to take part and two tāne who were also kaiāwhina said that they were unable to participate

because of whānau commitments. While it would have been interesting to ascertain a male's perspective on culture in treatment, I was grateful to have three participants.

Second Phase - Kaiāwhina Interviews

Interviews for kaiāwhina were held over one day. The first interview took place at the nurses' hostel, where one of them was staying. The second was held at the Taha Māori Unit and the third was held at a flat on site.

The interview schedule (see Appendix 6) developed for the kaiāwhina consisted of questions pertaining to the history of the Taha Māori Programme, the philosophy of the programme, and cultural components used in treatment. Before the commencement of each interview, kaiāwhina signed a consent form and I reminded them that they could stop the interview session at anytime. For each interview, I started with a karakia and mihi and then proceeded through the interview schedule. During one interview, I was asked to stop the tape deck because of the sensitive nature of the kōrero. At the end of each interview, I finished with a karakia and mihi, and thanked them for their participation.

During this data collection phase, I was asked to participate in a hui with kaiāwhina to discuss possible changes to the programme. A directive from senior management indicated that the Taha Māori Programme was going to start running *open groups*. The Taha Māori Programme runs *closed groups*, whereby, each new intake of tauira starts together and finishes together. However, the concept of open groups allows new tauira to come into the programme at any time, thus, weakening whanaungatanga. For instance, it is difficult to maintain whānau unity when every few days they would have had to accommodate new tauira.

Issues like this were not uncommon for kaiāwhina to grapple with on a daily basis and I admired their resolve to maintain and protect fundamental cultural elements of the programme that enhanced whānau unity and whānau wellbeing.

Equipment

An equipment kit was assembled before conducting the interviews. The kit included: one high-quality tape recorder (designed for recording the voice); an ancillary extension cord; one three point plug; two sets of spare batteries and one brightly coloured tablecloth (to help set the scene and absorb excess background noise). Where possible an electrical source was used but as a precaution, new batteries were inserted into the audio-recorder as a back-up precaution in case of electrical failure. Lapel microphones were used which gave high quality audio recordings. Tape cassettes were the type C-60 recommended for oral history interviews (Royal, 1992:48). Each cassette was named, numbered, dated and filed after each interview session. All tapes were copied and a master set was archived in the archival room at Te Pūtahi-ā-Toi, School of Māori Studies, Massey University.

Tape Transcriptions

In all, 14 C-60 audiotapes from 11 interviews were transcribed verbatim for this research. The tauira tapes ranged from 45 to 60 minutes in duration and kaiāwhina tapes ranged from 1 to 3 hours duration. The transcription process took over 2 months to complete. In addition, because of the sensitive nature of some of the disclosures on tape, I transcribed all the audiotapes myself, and made it clear with all participants that I would be the only one transcribing the data. I assigned pseudonyms for each participant in order to maintain confidentiality. Each participant was assigned a number according to the sequence in which they were interviewed, for example, the first tauira was recorded as tauira one, the second, tauira two and so forth. The same process was used for the kaiāwhina.

Data Analysis

Coffey & Atkinson (1996:26), assert that the analysis of qualitative data begins with the identification of key "themes and patterns." In order to identify key themes and patterns in the data I used a qualitative software programme called NUD*IST (Non-numerical Unstructured Data Indexing Searching and Theory Building), for data management and analysing the textual data. Initially, all

transcripts were typed in Microsoft word format and then converted to "Text Only With Line Breaks" files and imported into the programme.

I then had to learn how to use the software programme and through a process of trial and error became familiar with its analysis functions. The strength of this software programme was its code and retrieve facility. Coffey & Atkinson (1996) describe coding as the process by which code words are attached to segments of text. This process allowed me to mark segments of data by attaching code words to those segments, and then to search the data, retrieving and collecting all segments identified by the same code or by some combination of code words.

While the software programme provided the ability to code and retrieve text, I still found it to be a daunting task. However, what made the process less daunting was the way I organised the initial codes. For instance, I used both the tauira and kaiāwhina interview schedules as guides for coding. With the tauira data set, I coded segments of data to kōrero relating to past, present, and future involvement with Māori culture. I then coded segments of data under those main themes. For instance, coded data allocated to the broad theme of *past* involvement with Māori culture, included a code on *whānau* and coded to this theme was data pertaining to the concept of whānau, for example, marae, tamariki, using (drugs and alcohol) and separation.

In the case of the kaiāwhina data set, I used a similar coding strategy. For instance, kōrero pertaining to the philosophy of the Taha Māori Programme included a theme on *Te Aroha o te Hauangiangi*, and coded to this theme was data that related to Te Aroha o te Hauangiangi, for example, ngā kaihautū, mana whenua, whakapapa, cultural components, and Western therapies.

In total, 663 coded segments of data were arranged around questions asked in the interviews. Once the initial phase had been completed, I then organised the data according to cultural processes and concepts that emerged from the data. For example, the cultural concepts of *awhi* and *mirimiri* had meaning in both cultural and therapeutic contexts. I followed these leads by conducting text

searches on awhi and mirimiri and then coded data segments under these themes to generate ideas on how and why these cultural concepts were used in treatment.

This was another strength of the software programme, in that; I was able to conduct searches on both data sets at the same time. For instance, when I conducted a search on the word pōwhiri, I could then review data from kaiāwhina that provided salient examples on *why* they used pōwhiri in treatment and from the tauira data set their impressions of the pōwhiri encounter. I then organised the data around conceptual clusters or themes that interwove the narratives of kaiāwhina, tauira and the literature to form the basis of the write up phase of this research.

Whakapapa Paradigm

While I had arranged the data into clusters or themes that were relevant to the purpose and aims of this research. I still needed to organise the data into a coherent story line. Weiss (1994:153) described a process whereby a "coherent story may be achieved by the diachronic strategy of describing movement through time." This strategy informed how I organised the data. For instance, because I asked tauira questions relating to past, present, and future involvement with Māori culture, I found that the data indicated a sense of change or transformation overtime.

I then went back to the literature and looked for references to change and transformation within a cultural context. A salient example was revealed in a whakapapa paradigm described by Māori Marsden (1975:216):

Te Korekore i takea mai, ki Te Pō-tē-kitea, Te Pō-tangotango, Te Pō-whāwhā, Te Pō-namunamu ki te wheiao, ki Te Ao Mārama.

From the realm of Te Korekore the root cause, through the night of unseeing, the night of hesitant exploration, night of bold groping, night inclined towards the day and emergence into the broad light of day.

Marsden states further that:

According to the Io tradition, at the border between Hawaiki Tapu in the Pō regions is Te Waipuna Ariki (the divine fountain of Io the fountainhead). This is the fountain though which the primal energy of potential being proceeds from the infinite realms of Te Korekore through the realms of Te Pō in to the world of light (Te Ao Mārama) to replenish the stuff of the universe as well as to create what is new. Thus, it is a process of continuous creation and recreation. Te Korekore is the realm of potential being, Te Pō is the realm of becoming and Te Ao Mārama is the realm of being (Marsden, 1975:216).

A key linguistic feature of this whakapapa paradigm is the word korekore. Marsden explained that the word "kore" means, "not, negative, nothing" and when the root word is doubled to korekore it intensifies its meaning and assumes a more positive connotation. The accent on the words *positive* and *potential,* had significance for this research, in that, the whakapapa paradigm illustrated the *potential* for Māori to change, heal, and transform.

I then conceptualised a model or framework that allowed me to present the data for this research in a coherent story line that was congruent with a Māori worldview. This was accomplished by theorising in terms of the data and its relationships to the whakapapa paradigm. For instance, it was possible to conceptualise the whakapapa paradigm in the following sequence:

Te Korekore (Realm of potential being)	**Te Pō** (Realm of becoming)	**Te Wheiao** (Realm of emerging[14])	**Te Ao Mārama** (Realm of being)
Addiction	Taha Māori Programme		Abstinence
Past cultural involvement	Present cultural involvement		Future cultural involvement

In this arrangement, the whakapapa paradigm illustrates the potential for change and transformation from Te Korekore to Te Ao Mārama. Each realm is informed by data from both data sets thus, providing a logical sequence to

[14] While Māori Marsden did not describe an English translation for Te Wheiao, I used the word *emerging* to delineate the movement towards Te Ao Mārama.

present the data. Therefore, the data for this research is presented under the following chapter headings: Te Korekore, Te Pō, Te Wheiao, and Te Ao Mārama.

Chapter 3: Te Aroha o te Hauangiangi

Ma te whakaatu, ka mōhio
Ma te mōhio, ka mārama
Ma te mārama, ka mātau
Ma te mātau, ka ora.[15]

Introduction

In order to appreciate the discussion and analysis on cultural components used in the Taha Māori Programme, it is important that I provide the whakapapa of Te Aroha o te Hauangiangi and a description of the treatment environment. Kaiāwhina two recalled the reasons why the Taha Māori Programme came into being:

Yeah, I'm really grateful to [whaea for] getting this thing up and going for our people. You know, it's true when she said that, "people were going out of here in droves," because there was a lack [of] understanding the needs of our people. (Kaiāwhina Two)

Kaiāwhina two described a time when Māori people were leaving in *droves* from Queen Mary Hospital. Before the Taha Māori Programme began in the 1990s, the only option for Māori was to enter the Hanmer Programme to address substance abuse problems. The Hanmer Programme consisted of elements based on the Minnesota Model commonly offered in American addictions treatment. This model of addiction treatment advocates a spiritual twelve-step (AA) philosophy, augmented with group psychotherapy, educational lectures and films, and alcoholism counselling, often of a confrontational nature (Cook, 1988).

For Māori, the confrontational approach to alcoholism counselling was not ideal and was one of the main reasons why the founders of the Taha Māori

[15] Nā Pā Henare Tate (as cited in Barlow, 1991:xi) te kōrero nei, "by discussion cometh understanding, by understanding cometh light, by light cometh wisdom, By wisdom cometh life everlasting."

Programme considered a culturally appropriate approach to healing and wellbeing that would meet the needs of Māori clients and increase client retention rates.

... and that's why [whaea] named this place Te Aroha o te Hauangiangi (A warm and gentle breeze of love), [and] that we wouldn't confront people, we would awhi from behind. (Kaiāwhina Three)

Kaiāwhina three described the kaupapa of Te Aroha o te Hauangiangi and its intention to *awhi* from behind. The concept of *awhi* literally means to *embrace,* however, the broader meaning of this concept can be characterised by offering physical, emotional and spiritual support. In order to realise the kaupapa of Te Aroha o te Hauangiangi the Taha Māori Programme formed their own unit within Queen Mary Hospital. For both kaiāwhina and tauira, this signalled a fundamental shift away from confrontational approaches to one that was cognisant of Māori culture and Māori healing processes.

The Basket Weave

In essence, the establishment of the Taha Māori Programme offered a "Māori centred approach" to therapy along side mainstream options (Durie, 2001:168). This approach to healing from substance abuse is based on two assumptions. First, that cultural practices can provide a culturally appropriate healing environment, and second, help establish a secure Māori identity. This blend of cultural practices and traditional Western substance abuse treatment approaches has been aptly termed *The Basket Weave* (Bunn, 1998).

We talk and we deliver the tapawhā model here and it fits in with the 12 step abstinence programme. [They were] principles our tupuna lived [by] long before they were actually 12 steps of AA. When we've had a good look at them they fit into the four cornerstones of health for us, they're there. So we have basket weaved them into the service that we deliver here and it is done very well. It is done simply, but it is done very well. (Kaiāwhina One)

Kaiāwhina one acknowledged the connection between the 12 steps[16] of Alcoholics Anonymous (AA) and the whare tapa whā model of Māori health and wellbeing. The common denominator here is that both models acknowledge the need to heal the spirit. For instance, in Alcoholics Anonymous alcoholism is viewed as a condition that individuals are powerless to overcome on their own. The hope for this condition lies in turning over one's life to a Higher Power (AA World Services, 1978). Similarly, for Māori people the acknowledgement and relationship with a Higher Power or powers is central to our cultural tradition. However, for tauira in treatment, their first task is to form a relationship with their wairua and once this has been achieved, relationships outside of themselves are then possible.

The Taha Māori Whānau

The Taha Māori Programme is based on the concept of whānau. Unlike the traditional notion of whānau founded on whakapapa shared by a common ancestor, the taha Māori whānau is based on a group of Māori people with a common mission (Metge, 1995). For the taha Māori whānau, their mission is to heal and work through issues and problems associated with substance abuse with the view of living a substance free lifestyle.

This is not to say that the taha Māori whānau operates in isolation from traditional notions of whānau, hapū, and iwi. Indeed, from its inception in the 1990s, the taha Māori whānau has had the full backing of mana whenua - Ngāti Kuri. Furthermore, when there have been significant cultural events held at the Taha Māori Unit, Ngāti Kuri have supported the taha Māori whānau by upholding the mana of the paepae.

Yes, [we] always contact Ngāti Kuri first and even when we have big occasions when some dignitaries come to the place, we always contact Ngāti Kuri to come down and be on the pae for us. (Kaiāwhina Two)

[16] Both Queen Mary Hospital and the Taha Māori Programme also encourage participation in Narcotic Anonymous (NA). This self-help group is modelled on the 12 steps of Alcoholics Anonymous and is for individuals recovering from psychoactive drug use. Tauira in treatment participate in both groups.

All the kaiāwhina participants in this study acknowledged the special relationship with Ngāti Kuri that has been nurtured and maintained over the years the programme has been operating. This relationship has been reciprocal in nature, in that, during this time a number of whānau members from Ngāti Kuri have graduated from the programme and gone on to take up leadership roles amongst their people.

With the support of Ngāti Kuri, the taha Māori whānau operates using cultural components or tikanga Māori practices used in most Māori settings throughout Aotearoa/New Zealand. For example, pōwhiri, karanga, mihimihi, karakia, kapa haka and poroporoaki are but some of the tikanga practices used in the treatment milieu. These practices provide opportunities for learning and healing.

The Whareiti and the Wharenui

The Taha Māori Unit utilises two main spaces for therapeutic work, the Whareiti and the Wharenui. Both spaces are supported with Māori health promotion posters around the walls, well placed whakairo (Māori carvings), and tables set aside for taonga that have been presented to the Taha Māori Programme over the years. Each space also has mattresses positioned in a circular pattern for the whānau to sit on. Placed in the middle of each circle is a whāriki that has small kete arranged on it. Some of these kete contain books of readings that are used in karakia each morning and evening and the kete that remain empty are used as vessels to receive kōrero that takes place in group work.

Both spaces utilise seating arrangements based on traditional tribal wānanga where students sat in close proximity to one another. Kaiāwhina one explained the therapeutic rationale for using this approach in group work:

The first two weeks are really about allowing our whānau tuatahi to bond and to begin the trust process. Even in the way we seat people in the Whareiti, it is about sitting on mattresses in the wānanga position and a lot of them don't like that because they want a chair. The kōrero that goes behind that is that you

have to learn to feel safe about touching other people. You know, it is a form of intimacy when you sit like that and it is healthy. You know, it's not that you are looking at each other and thinking sexual thoughts or whatever. It's about how can we do this in a healthy way and I [tell them], "that's one of the principles behind why we seat you the way we [do], it's a learning. When we wānanga, that's how we have always [done it] in the past." So we need to use all those tools in this programme to help us. (Kaiāwhina One)

Kaiāwhina one highlighted that the absence of chairs brings the whānau together - pakihiwi ki te pakihiwi (shoulder to shoulder). The concept of noho tahi (sitting together) offers therapeutic opportunities, in that, the whānau learn to occupy each other's personal space and by doing so they learn to trust one another. Central to building trust is the ability *awhi* one another. The concept of awhi, to give each other physical, emotional, and spiritual support is a key process in building trust and healthy relationships.

In summary, to place the use of cultural practices in context a discussion on Te Aroha o te Hauangiangi examined the whakapapa of its inception and the rationale for incorporating a Māori centred approach to healing along side traditional Western approaches to substance abuse treatment. Completing this section was a discussion on the physical layout of the therapy spaces and how they are used in the treatment milieu.

Chapter 4: Te Korekore: The Realm of Potential Being

Introduction

This study was initiated to explore the personal experiences of both kaiāwhina and tauira within Te Aroha o te Hauangiangi, the Taha Māori Programme at Queen Mary Hospital, with a view to understanding how cultural components used in the programme facilitate in the cultural linkage process for Māori clients with substance abuse problems. The findings from this study are presented within a whakapapa paradigm outlined in chapter two. The whakapapa paradigm consists of four interconnected realms: Te Korekore, Te Pō, Te Wheiao, and Te Ao Mārama. Together with the participants' personal experiences and supporting literature the whakapapa paradigm provides a Māori theoretical perspective to illuminate the healing process from substance abuse.

Te Korekore

Te Korekore is the realm of *potential being*. The realm of Te Korekore acknowledges those individuals who are actively engaged in a lifestyle of substance abuse and those seeking pathways towards health and wellbeing. Substance abuse permeates every sphere of an individual's life. It damages the wairua, hinengaro, tinana, and the whānau.

A key indicator of wellness from a Māori perspective is to make an assessment on the state of the wairua. A damaged and neglected wairua is the state of *kahupō*. Kruger and colleagues (2004:22) describe kahupō as being:

... the state of having no familiarity with wairua. If you are kahupō then you are already spiritually blind and already 'dead.' You have no ulterior purpose or meaning in life. Life is but a physical drudgery.

The state of kahupō, to be spiritually blind and lacking any real purpose in life, is reflective of a life marred with substance abuse. The state of kahupō also has

significance for Māori who are victims of physical, sexual, and psychological abuse and those who perpetrate abuse (Kruger, Grennell, McDonald, Mariu, Pomare, Mita, Maihi, & Lawson Te Aho, 2004).

For Māori, the state of kahupō is the most undesirable assessment of wairua that can be made. If kahupō is a state of spiritual blindness and a life without direction then a desirable state must be an awareness, "of wairua and a passion for life" (Kruger et al., 2004:22). The realm of Te Korekore recognises the state of kahupō and supports the innate desire in Māori to nurture a relationship with their wairua and to live a purposeful life. It is through this innate desire activated by life circumstances that motivates the wairua to merge with the primal healing energy of Te Korekore - *potential being.*

Kahupō: The State of Wairua

The following section explores the realm of Te Korekore. Essentially, the realm of Te Korekore is experienced before entering the treatment milieu. The personal narratives that follow present salient examples of the state of kahupō and the realm of Te Korekore. These examples are woven together with an analysis of the themes.

Kaiāwhina three draws on a constant cultural phenomenon she has observed over many years as senior therapist for the Taha Māori Programme.

... many come in here with their wairua wounded ... (Kaiāwhina Three)

Working with the wairua of the individual and the taha Māori whānau are the primary challenges for kaiāwhina in the treatment milieu.

Tauira five described the state of her wairua before she developed problems with alcohol use:

... I know my wairua was trampled on prior to picking up. But I felt that it (alcohol) suppressed it and trampled on it throughout my drinking years. (Tauira Five)

She stated that her wairua was *trampled* on before using alcohol and that abusing alcohol further compounded the damage. Kaiāwhina three referred to this as wairua wounds and added that these are often inflicted from an early age. Children are naturally born with their wairua intact. However, for Māori who are brought up in abusive whānau environments, the sanctity of their wairua is unassured.

... a child is open and is innocent. But what do the grownups do, they takahi on the wairua of that person. (Kaiāwhina Three)

These tamariki have experienced the state of kahupō from childhood, because of childhood abuse in all its forms. They have learned to live with a wounded wairua from an early age and in some cases, they have hidden their wairua as a protective measure where it is almost inaccessible to themselves and to others.

... well they've learnt to hide it so much, they've push[ed] it down and I guess that's why they don't trust, they never trusted anyone. (Kaiāwhina Three)

When in a state of kahupō the wairua is at a disadvantage, it is unable to inform or guide the individual. A lack of trust in themselves and others is a consequence. For kaiāwhina, an assessment on the state of the wairua is a key therapeutic task along with the implementation of cultural strategies to *bring out* and *enhance* the wairua in the treatment milieu.

Kahupō: Substance Abuse

As outlined in the section on Te Korekore, substance abuse damages every sphere of a person's life, namely, the wairua, hinengaro, tinana, and the whānau. Moreover, for some Māori the damage to wairua happens at an early age and is compounded by substance abuse. For Māori who are substance abusers, their lives are a physical drudgery to be endured and not lived with passion. A life of active addiction is a merry-go-round of actively seeking and using drugs or alcohol to feed an addictive habit.

Kaiāwhina three highlighted the point that Māori who are addicts suffer numerous consequences for their addictive behaviour:

Every time you drink, there is a consequence. I mean this is why these people come here, because they've lost control. Every time they have a drink or a drug there is a consequence to it. (Kaiāwhina Three)

For tauira one, it was her mother who initially told her that she needed to seek help and cited the neglect of her tamariki was one of the reasons:

Neglecting my children, yeah. Which was right, you know, they were always with me, but that was still neglecting them. Yeah, even when I was drunk and stoned I'd put that before my children. (Tauira One)

Her addictive behaviour had overtaken whānau responsibilities, namely, the neglect of her tamariki for the pursuit of drugs and alcohol. Through her mother's encouragement and honesty, she was able to take the first step and seek help from her General Practitioner.

Kaiāwhina three provided another example of neglect and its affect on whānau:

... maybe no food in the cupboards for the kids, it could be and that's a big one. Because what's happening is they're putting their drugs and booze before anyone else. (Kaiāwhina Three)

Kaiāwhina three highlighted how addiction directly impacts on the whānau, namely, the tamariki. She stated that tauira in treatment may have had no food to feed their kids, but there was always money to buy alcohol and drugs. The very fabric of whānau life is ripped apart in order to maintain their addiction(s).

A consequence of tauira two's drinking was a night in the police cells for fighting. While in the cells he had a moment of clarity and reflected on where his life was taking him:

Fighting, yeah fighting and then I was just sitting in the cells thinking; I was just thinking where's my life taking me and [I] just had enough, [I] just wanted to, you know get off it. (Tauira Two)

Both tauira one and two provide examples of epiphanies they experienced while they were still abusing alcohol and drugs. For tauira one it came in the way of her mother telling her that she needed to get help for her substance abuse because she was neglecting her tamariki. Tauira two experienced a moment of clarity while in a prison cell and questioned where his life was taking him. Both these examples highlight experiences regarding their addictions that prompted them to take action and seek professional help for their substance abuse problems.

In summary, the realm of Te Korekore - *potential being*, acknowledges the state of kahupō and the potential to change and heal from substance abuse. The state of kahupō has been described as a loss of connection between the individual and their wairua. Kaiāwhina know from experience that many Māori who enter treatment have a *wounded wairua*, and this condition is further compounded by substance abuse. The state of kahupō is also characterised by a lifestyle that has no purpose and meaning that impacts directly on the whānau.

Chapter 5: Te Pō: The Realm of Becoming

Introduction

Te Pō is the realm of *becoming.* The realm of Te Pō examines cultural components in the treatment milieu that enable tauira to become *whole* again. As outlined in the realm of Te Korekore substance abuse permeates every sphere of an individual's life. It damages the wairua, hinengaro, tinana, and the whānau. However, out of these four domains the damage to wairua is the most significant for Māori people. This is the challenge for tauira in treatment, to reconnect with their wairua and begin the healing process from substance abuse.

The following sections on cultural components pertain to the first four weeks of treatment when tauira are introduced to the cultural components of the Taha Māori Programme. The latter four weeks of treatment are explored in the next chapter on Te Wheiao.

Pōwhiri

Once a month, pōwhiri are held at the Taha Māori Unit to welcome new tauira to treatment. Pōwhiri are conducted in the Wharenui by kaiāwhina and the taha Māori whānau (te roopu tuarua - the tuakana roopu). During the pōwhiri, kaiāwhina support tauira and guide the taha Māori whānau through all stages of the proceedings. The pōwhiri process begins with the karanga. Tauira are then ushered into the Wharenui and are seated. A formal speech of welcome is given by one speaker from the taha Māori whānau followed by the waiata - Ānei ra te Whānau. Following the waiata, the taha Māori whānau stand and give their pepeha and state whether they are an alcoholic and/or drug addict. It is then handed over to the manuhiri to introduce themselves and then the proceedings finish with the hongi and harirū.

Kaiāwhina two explained the importance of the pōwhiri:

Very important the pōwhiri, because we want to know who you are, where you're from and that's all part of that pōwhiri process. So that we know if we're from the same area you are. We may not necessarily know you, but there's someone in your whānau that someone will relate too and it's that "whanaungatanga." (Kaiāwhina Two)

From a cultural perspective, kaiāwhina two explained the importance of knowing who people are and where they are from and that new tauira may have whānau connections with others in the taha Māori whānau. An awareness of whānau connections builds *whanaungatanga* within the roopu. However, for tauira who do not have a strong cultural identity, the ability to make connections at a whānau, hapū and iwi level are lost, until such time they learn and understand the significance of whakapapa.

Kaiāwhina two explored this theme further:

Most of them come in out of their "tree" and there is a lot of them that [have] never been raised in a Māori environment, they're frightened. But we reassure them, we keep it simple. [We] mirimiri those ones and say to them, "listen it's ok, no one is going to threaten you or put you down because you don't understand, we're all here to learn together." And we keep the process very simple so that it accommodates anyone that has come from anywhere in the motu. (Kaiāwhina Two)

Kaiāwhina two's observations, provide insights on two issues that are addressed in treatment. First, many tauira have used drugs and/or alcohol right up to their admission time. Therefore, some of them need to detox, in the first two weeks of the programme. Second, many of them have no understanding of Māori cultural norms and practices. Although these are daunting issues to contend with from the outset, they are also characteristic of addiction and the state of kahupō. Furthermore, she reassured them that they would not be chastised for not knowing anything about their culture and that they would eventually learn and understand for themselves. Essentially, their participation

in the pōwhiri is about learning to take risks in recovery, and having faith in the process.

For participants in this study, taking a risk and participating in the pōwhiri was a powerful and inspiring experience:

I remember just walking in and yeah I thought it was really touching ah. I thought it was quite emotional. I found it emotional and very spiritual and then I realised you know everyone was just like me. I thought they were different. I thought they were healed (laughter). (Tauira Eight)

Well, I felt this peace come over me and all this. I just felt real emotional, [I] broke down and cried. It was a spiritual experience for me, but a real peace of mind too. (Tauira Three)

... the hairs on my neck stood up and it was just [an] awesome experience for me. I knew I was safe. I knew it was the right place for me to be. I just felt good all over. I didn't [know] what to expect really at the start, but I just felt welcome. I felt [it] as soon as I sat down. (Tauira Two)

Well when I came in through the door it was scary at first ... this whole new group of people here that I didn't know. What settled that was when people got up to do their pepeha and you got to know a little bit about them and then after we had all done our whaikōrero we awhi(ed) each other, greeting yeah. It's not quite the same in a European setting. I mean you would go along and shake hands with somebody and that's it, it's over, hi and it's over there is no awhi (laughter). (Tauira Six)

I tangi(ed), my wairua just cried and cried because I knew how I felt about our Māori people and things Māori. I knew I would get better [and that] I would get healing from here. I felt it as soon as I walked in, I knew it yep; this is where I'm [going to] get the understanding from our Māori people - why they do the things that they do. And as soon as they sung Ānei rā te Whānau, I knew,

I could feel it, in my puku my wairua. I felt the ihi the wehi the wana, yeah. (Tauira Five)

I can't even remember who was there with me or who I saw or anything (laughter). I remember ( ) getting up and doing his whaikōrero and then they sang Ānei rā te Whānau. But I can't remember actually seeing them or anything, because I had my head down most of the time. Then I got up to do my mihi and I started shaking, but managed to get through that. And I remember hearing, "Hikurangi te maunga" and that was one of the guy's on the tuarua whānau he got up and so I knew he was from Gisborne or somewhere along the coast if Hikurangi was his maunga. Yeah, I looked at him and I thought, "oh, somebody close from home." (Tauira Seven)

For these tauira the pōwhiri was an emotional and spiritual experience. For tauira three, he felt a sense of peace. Tauira two felt at home and that he was in a safe place. Tauira six noted the differences between Māori and non-Māori ways of interacting. Tauira seven connected with whānau from her rohe. Tauira eight had a realisation that they were all the same. Tauira five knew she would heal and get better. While the majority of tauira did not make connections at a whānau, hapū or iwi level they did make connections on a personal level that were significant. These positive experiences are in direct contrast to the state of kahupō, in that; active addiction is a life of exclusion. Conversely, this was an inclusive experience, which made them feel welcome and safe.

Whakawātea

Whakawātea is a process used in treatment to make *clear* or to *cleanse.* The process involves working through substance abuse issues in order that tauira can then take on board the cultural components of the programme. Two processes facilitate the whakawātea process: the 12 Steps of Alcoholics Anonymous (AA), and a whānau approach to detoxification. The following discussion explores the work undertaken in Alcoholics Anonymous and the whānau approach that is used in the detoxification process.

Whakawātea - Alcoholics Anonymous (AA)

The Taha Māori Programme uses the 12 steps of Alcoholics Anonymous to help tauira understand the nature of their addiction(s) and it provides the tools to identify addiction issues that led them to treatment. Kaiāwhina two explained how they worked step one in treatment:

... they start working on step one in their first week and we work as a whānau ... they're asked to write about the crises that got [them] here and [they] then go back over [their] history of waipiro and tarukino. Where did it come from and what were the consequences of [their] using. So there is a lot of painful things that come out, but that's the best part of the whanaungatanga that comes out. Because that's when they start to accept one another and bond. In my perspective, that's the whanaungatanga. So what I say to them is, "[if] you do a good first step, that's the foundation of your mahi [for] the rest of the weeks that you're here. You'll always refer back to that first step. Because if you get up to week five and you're "messy" and you're not doing any work it's because you didn't do an "honest" inventory on your first step when you first came in. Somewhere down there your acceptance of your addiction is not there, that's why." And sometimes when they start sitting back and not doing any work it's because they haven't grabbed the essence of the "reasons" why they are here and the consequences of their use. And from time to time some of them need to go back there. (Kaiāwhina Two)

After completing the first step,[17] tauira are encouraged to share their *story* in group with the rest of the whānau. This process of whānau interaction is therapeutic for both the tauira and the whānau as a whole, in that, by weaving together their stories of hurts, fears, guilts, resentments, and tragedies experienced in a life of addiction they begin to form a deeper sense of whanaungatanga. Furthermore, at another level, by sharing their stories, tauira also begin to clear out the *piro* the negative feelings and emotions that have become embedded in the *puku*.

[17] Steps one to five of Alcoholics Anonymous are completed in treatment.

Kaiāwhina three described this process:

... what the 12-steps do is clean out the piro in order to be able to bring those taonga in here (pointing to her tinana). Because the old people would say, "it won't live there, if there's piro there, it won't live there," so you've got to clean it out ... (Kaiāwhina Three)

Kaiāwhina three explained that by using the tools of Alcoholics Anonymous tauira were able to clear out the *piro* embedded in the puku, thus allowing a place for *ngā taonga Māori* to reside. She also recounts a fundamental teaching of her tipuna that states that the whakawātea process is essential in order for tauira to take on board cultural teachings and practices offered in the treatment milieu.

Whakawātea - Detoxification

Detox, short for detoxification, is the first step to recovery for many tauira who are admitted to treatment. As previously stated, by kaiāwhina two, "*most of them come in out of their tree.*" Her observation concurred with that of kaiāwhina one:

... a lot of them have come in [and] have used right up to the front door and rather than let our whānau stay down [on the ward] and use the medical / clinical model of medicine. We say to our doctors that we need our whānau up here. They can detox just as well up here on the mattress, so our whānau can awhi them through the process. So they don't stay down there in their rooms, they have got to come up here. (Kaiāwhina One)

Kaiāwhina one explained that they use a whānau approach to detoxification, so that they can *awhi* each other through the process. This is not to say that the Taha Māori Unit disregards the medical approach to detoxifying the body of drugs and/or alcohol. In fact, the whānau approach is carefully managed in conjunction with doctors and nurses on the main ward of the hospital.

Kaiäwhina one explained that:

... sometimes they need medication. Because we are finding now that a lot more people are coming in with bipolar conditions that need medication. So we are not saying take them off all their medication, what we are saying is that if the doctor says you require the medication and it [has] been prescribed down there, so be it. But we also monitor that with the doctors. Especially when they start going into therapy in week three, where often they have to start talking about their treatment issues and a lot of that is real deep stuff, hard stuff for them to handle emotionally. They'll go running back to the doctor and say, "I've got a headache and I can't go up to group and ra, ra, ra, ra." We will ring the doctors and tell them what [has] happened in group therapy with this person, "so if they come to you – you will at least know what has happened to them during the day up here." So, we've got real good open communication like that and very often the doctors will say [to the tauira], "you go back up to group, your pill is in group, go to group." And we have had to work at that one with the doctors and the nurses. Because it's not about a medical issue, it's a "hinengaro" one, you know we can cope with that, they don't need a pill. Often we find [with] the bipolar people or the schizophrenics that come in [is that] it's all drug induced a lot of it. Very often by the end of the programme, there's hardly any psychoses, if any. You know and it's because we believe they've learnt to deal with those issues; that nobody's made them look at before and nobody's made them talk about before. You know the more they talk the clearer the "picture" comes about what is theirs and what isn't. Yeah, let go of what isn't theirs and take hold of who you are and that's about their growth while they are doing the programme. It is really quite amazing; you know its quite amazing this programme. (Kaiāwhina One)

Kaiāwhina one highlighted the collaborative working relationship they have with the medical staff that allows them to include tauira who are detoxing in whānau group. She also acknowledged the increase of tauira who present with bipolar conditions that are in most cases drug induced. Subsequently, kaiāwhina have found through clinical and cultural observations that psychoses diminish overtime in relation to the *work* they put into addressing issues that they have never talked about.

Kaiāwhina one described how they work with tauira who are detoxing in whānau group:

... they are [with] the whānau in the Whareiti and we allow them to lie down. But whānau know "why" because that's not a done thing in our group rules that people can lie around in group. There has to be a specific reason "why" and normally [in] the first two weeks if people are doing that, it's because of their detox. So whānau see them detoxing and understand what's happening, they know how to "awhi" them without saying, "well how come he never came to group" or "I think he is lying down there and he is full of crap, he should be up here." So we say to them, "right you look after them now" you awhi them. So up they come objecting of course, but that's all right, that's what it's about learning how to do it differently. Whānau challenge them as well, you know there comes a time when detox is over and I guess it takes another addict to know an addict. So they challenge them and it's a good way for them to learn how to do that in a healthy way, rather than "dump" on them. It's about "I feel," you know, own your statements, so you can support that person you are going to put the challenge out to, it's "magic." (Kaiāwhina One)

The whānau approach to detoxification is based on the concepts of *awhi* and *mahitahi* (working together). The whānau as a whole take responsibility for looking after the needs of tauira who are detoxing by including them in group activities even though they are not yet able to contribute in group work. Most tauira will naturally participate at the end of detox, however, those who are reluctant or unwilling to participate are challenged in group. By involving tauira who are detoxing in whānau group, it maintains whānau group cohesion and provides opportunities to do things *differently* and in a *healthy way*.

However, spending time detoxing in treatment can ultimately put tauira at a disadvantage in the latter stages of the programme. Tauira one stated that:

I think it's going too fast. I am a bit worried now. I would like time to slow down a bit. I should have sobered up out there [and] come in with a clear

head. Yeah, but I didn't, because I knew better. Yeah, and I regret that [now]. (Tauira One)

On reflection, she concluded that it would have been better to arrive in treatment with a *clear head.* With only two weeks left in treatment, there was less time to address any outstanding issues before leaving the programme.

In summary, the whakawātea process takes place in the first two weeks of treatment. Although, Alcoholics Anonymous and medical detoxification are mainstream approaches to substance abuse treatment, the Taha Māori Programme has weaved them into the programme for the benefit of building whānaungatanga and exploring the cultural concepts of awhi, and mahitahi with the whānau. Essentially, the whakawātea process allows for cultural and addiction issues to be addressed simultaneously, thus strengthening and healing the whānau while recovering from substance abuse.

Recovery Identity

In treatment, two distinct identities began to emerge: a recovery identity, and a cultural identity. Both identities evolve out of participation in recovery and cultural activities. Kaiāwhina three highlighted the connection between the 12 step programme and a recovery identity:

... when they first come in, identity is important; you're here to find out about your "mate." This is what you find out, that's about identifying who you are ... so that's important for them to identify, because through the 12 steps it's important to address that ... You're Māori you're [an] alcoholic [or] addict, because this is a 12-step programme. (Kaiāwhina Three)

Kaiāwhina three explained that by learning about their *mate* (illness) or in this context addiction, tauira begin to construct a recovery identity. For example, in Alcoholics Anonymous and Narcotics Anonymous meetings, members introduce themselves by stating their first name and refer to either being an alcoholic and/or addict (Denzin, 1987). In treatment, tauira work through the first five steps of Alcoholics Anonymous and regularly attend meetings.

Consequently, there is the likelihood that they will identify with a recovery identity in treatment, thus strengthening their resolve to remain abstinent when they return to their communities.

Tauira three provided his insights experienced at Alcoholics Anonymous meetings:

Well what they are sharing, I've done. What I've done in my "addiction" yeah. Everything that's been shared in those meetings so far, that's me too you know, that's me. (Tauira Three)

Tauira three related to the *sharing* that took place in meetings. He identified with other peoples stories, in that, he had experienced the same things when he was using alcohol and drugs. By making connections and relating to other people's stories of addiction, he knows that he is not alone in his recovery journey and is more likely to return to meetings in the future.

Cultural Identity

As stated previously, many tauira enter treatment with no knowledge of Māori cultural norms or practices. From the beginning of the programme, kaiāwhina weave in cultural components that offer cultural enhancement and therapeutic opportunities. Kaiāwhina can only provide the initial impetus to start them on their journey to find out who they are and where they are from. Therefore, it is put to the tauira to take up the *wero* (challenge), and find out about their whakapapa. Kaiāwhina three explained that:

... you're here to address your "ko wai au" issues "who am I" and my challenge to them when they first come in is by the eighth week [they] know who [they] are. Because in addiction there are a lot of families that are fragmented and they never returned home, they don't even know who they are. These kids grow up not knowing ... they [may] know their father came from Ngā Puhi. [But they say,] "I don't know him, I don't know anything about him." Well, ring up your father, he must [know] someone [and they say,] "oh, no my fathers dead." Well, ring up your aunty, there must be whānau, [and

they say,] "I don't know who they are" and I don't let them go at that. I say, "miracles happen, you find out who you are - that's my challenge to you." (Kaiāwhina Three)

The foundation of a strong cultural identity is based on answering a fundamental question - ko wai au? Who am I? Tauira are encouraged to seek out this information from their whānau while in treatment. In essence, they are searching for their whakapapa, family genealogies that link them to whānau, hapū, iwi and the environment. This challenge may also have a healing affect on their immediate whānau, in that, by taking a risk and reaching out to whānau members, they may be able to breach the void born out of whānau dislocation through addiction.

Tauira six provided insights on learning about his whakapapa and its inherent responsibilities:

Yeah, I knew most of it before I came here. I was lucky, in that, before my mother died she gave me a lot of my pepeha. But I'd never ever used it and that sort of comes along with living in that European world. Now I'm learning that by coming to Taha Māori I'm learning that my pepeha is very important, because it says who I am and where I come from and it doesn't matter where I go to live in the world - that is who I am and where I come from. And I mean at the end of the day, I suppose that's where I'll end up going back too. I was having a [kōrero] with an uncle who was a minister at my mother's tangi and we were talking about when it was my time, I was going to be going home, to our own urupā. I said to my uncle, "well I've written it [in] my will [that] they are to leave me in the South Island, that's where I live, that's where my family is now." And he gave me a beautiful [kōrero] that I hadn't even thought of, "son you can only control your tangi for as long as you are alive, your sisters will just come and get you" and [that] opened up another doorway. I realised then [that] once I had walked on to our own urupā, how much a piece of that ground I am. So [I am of] the opinion now, that I have no option. When it's my time I go home, no matter where I am. (Tauira Six)

For tauira six, it took going to treatment for him to learn the significance of whānau whakapapa. In treatment, he had an epiphany that when the time came he would return to his whānau urupā. Although, he thought he had a choice on this matter in the past, he now understood his obligations and responsibilities to his whānau whakapapa.

For tauira, two and three, it has been a positive learning experience:

The only Māori words I could speak were "kia ora," just the basic ones. Since I've come here I can say my whakapapa. It's just a real spiritual, spiritual thing. (Tauira Two)

... the Māori side of it is coming clearer, it's clearing. Because that's what I want to do is be proud of my ancestry and that's for me as a Māori. Just get stronger and stronger in it. At least I can say where I'm from anyway for a start. (Tauira Three)

For tauira two, it was a spiritual experience and for tauira three he had connected with his culture. Both tauira have gained a better understanding of who they are as Māori and are proud to give their whakapapa when they stand to do their mihi. While they are starting out in the pursuit of knowledge pertaining to their whakapapa, they are committed to the learning experience.

In summary, both recovery and cultural identities support the healing process from substance abuse. Essentially, a recovery identity and cultural identity are about aftercare. In that, a recovery identity is linked to attending Alcoholics Anonymous or Narcotics Anonymous meetings in their own communities and a strong sense of cultural identity enables tauira to access the Māori world. Both identities are brought together when tauira stand to give their pepeha, for example, after the pepeha is recited tauira will state whether they are an alcoholic and/or an addict. Thus, answering the question - ko wai au? I am Māori and I am an alcoholic/addict.

Mana Wāhine

The karanga is the call of welcome heard when visitors advance onto the marae (Barlow, 1991). In treatment, the wāhine learn to perform a karanga for both cultural and therapeutic reasons. Kaiāwhina two and three explained the tikanga elements of the karanga:

... we teach them and we say to them that, "this is only for the time that you're here, when you go home you need to ask permission." (Kaiāwhina Two)

... I teach them that they don't do it when they are hapū, they don't do it when they've got their mate [wāhine]. (Kaiāwhina Three)

Both kaiāwhina two and three, teach tauira to adhere to tikanga practices that pertain to the karanga. Once tauira are taught the wider cultural aspects of learning karanga, they then experience it for themselves. Kaiāwhina two and three, explained the learning process:

...we practice inside the unit, inside the room they're working in. Then we take them outside and for those that don't know this place there is snow on the Southern Alps, right around, at this time of the year. But what we say to those girls is that, "your tipuna are up there looking down on you, watching you in your first experience doing your karanga." And you know they look up at those mountains and I teach them the breathing skills and something tells me when I see them, the nervous ones, so I go and stand by them to "awhi" them through the words and you know they start "crying," because we explain to them for years in your addiction your "voice" has been suppressed for one reason or another. This is an opportunity to bring that "voice" out. But remember your tipuna are on those mountains. Look up at the mountains when you do your karanga. So that you can find your voice deep down and bring it up and they cry and they give it a go and they're nervous and they're excited ... and it really heals them. You know, they carry on practicing you can hear it. Because where the unit is, their voices echo right down around the grounds. (Kaiāwhina Two)

So it's a natural ability for them to be able to do it, it's inside. It's like a fire you know you've heard of "Te Ahi Ka," ah, and that's it. You know when the fire is right at its "ember stage" and it doesn't know whether to go out or whether to - all it needs is (breath) and it comes to life and we give them that (breath). (Kaiāwhina Three)

Kaiāwhina use the karanga to empower wāhine who have had their *voices* suppressed in addiction. By performing the karanga under the spiritual guidance of their tipuna, they are able to bring their *voice* out and be heard. For tauira, this is an emotional and spiritual experience that empowers them to take back their *mana wāhine*:

... the karanga [is] very empowering in the sense that I know deep down inside the puku of that women is a beautiful voice ... that part of her is so gentle, because it's about her mana wāhine. Living with addiction often that's contaminated. I mean, I don't say "its" contaminated, because I think she protects it so much, even at her own expense. The fact that she is physically abused, sexually abused, all those violence's and a lot of women subject themselves to that and what happens I believe, [is that] they lose their voice ... [It's about] getting her to empower herself and say, "no more, no more." It's about them valuing themselves enough to be able too and this is what the karanga does, [it] empowers them. I mean, I use that word empowerment; I don't know what it is in Māori - to take back her mana wāhine. I mean, it's about your mana wāhine, because that's a beautiful thing. The same as I say to the tāne, "the mana tāne it's a beautiful thing" and that's the one. (Kaiāwhina Three)

Kaiāwhina three explained the significance of karanga in terms of reclaiming their *voice* and *mana wāhine* from a life lived in addiction and abuse. For kaiāwhina three, the hope is that by reclaiming their voice, they will begin to express themselves more in whānau group:

... these women are afraid to put their "voice" out in group. You see I keep on encouraging them. If you read in karakia you're putting your voice out there

and it's about putting the voice out, you need to be heard. You know, women have a voice the same as tāne have a voice. (Kaiāwhina Three)

In summary, the karanga is used to empower wāhine to reclaim their mana wāhine. In addition, the process empowers them to put their voice out in whānau group. By participating in group they may begin to address addiction and abuse issues that have suppressed them in the past.

Mana Tāne

In the taha Māori Programme, the tāne learn whaikōrero. The whaikōrero is a formal speech performed on the marae (Barlow, 1991). For many tāne, it is a new learning experience. Kaiāwhina two explained that:

... all the men [learn] a simple whaikōrero and you know, as we are as people, we always laugh and make mistakes. Nothing is ever wrong, you know, nothing you do is incorrect. Not like the Pākehā world, it's either correct or it's not correct. But in Māori and this is what we have to teach the whānau, it's ok to make a mistake and it's ok to pronounce something incorrectly. Because when we laugh, we're laughing with you, not at you. So the men all give it a go and you see their chests swell (laughter) and they all learn and some of them if they're having difficulty with the words, we "awhi" them a long. So it [gives] those [tauira] that have just arrived time to stand, this is Māori now, you know, if you make a mistake - kei te pai. Whereas, they've come from a Pākehā world where things are black and white. (Kaiāwhina Two)

Kaiāwhina two described the Taha Māori approach to teaching and learning that provides a positive and supportive learning environment for tauira. The key point here is that tauira are encouraged to participate and that it is not about delivering a perfect whaikōrero. Instead, the focus is on supporting each other, allowing oneself to make mistakes, and to have fun while learning.

A similar approach is used for teaching the haka:

[Whaea] explains to everyone what haka is and what pūkana is [and] what warriors are. [We] have a lot of fun, even the girls are there watching because their turn is coming the next day (for karanga). And it's good, it gives them "mana," even though some of them aren't sure. But it is up to us, the staff to awhi them all along [and] tell them they are doing fine. They might be a bloody mess but you tell them they're doing well ... then they really practice and do well, because they have waiata practice twice a day. (Kaiāwhina Two)

Kaiāwhina two explained how they *awhi* those tāne who are unsure no matter what the performance. For kaiāwhina, it is not about aspiring to achieve a polished kapa haka performance. Instead, it is about tāne recognising their own *mana* in the cultural practices they engage in.

Tauira three described how far he had come in his learning:

That's another hard one for me, because I never done that either, even growing up. I've never done that sort of stuff see and doing it now is, well it's ok, nothing wrong with it ... I was real nervous at the start, but when I got there, actually in front of the people, I just blocked them out that's all and done it. So I know how to do that now you know ... [I was] freaking out all morning because we had to do it in front of the whole programme, yeah. And [I] got up there and it was a different story, [I] just blocked them all out [and I] didn't care who was watching or who was there, [I] just done it. (Tauira Three)

Tauira three found it difficult initially to learn the haka, because he had no previous experiences to call on. Nevertheless, he managed to overcome his anxiety when the whānau performed the haka in front of the Hanmer Programme. In essence, he was able to draw upon his mana to help him perform the haka.

Tauira two described the following experience:

Yeah, [I] release everything that I'm feeling. All my feelings come out. Because the haka is all about the alcohol [and] the drugs, it's just awesome. It's a true

story behind it and I'm letting [my feelings] out because I am just sick of the alcohol and drugs and I'm letting it all out there. Ripping it out of my chest and in my head, just getting it all out into the open. (Tauira Two)

Tauira two used his haka performance to let go of negative feelings about his addiction. For both tauira, learning the haka had enhanced their mana and their understanding of Māori culture.

Mana Whānau

The concept of whānau is what binds tauira together in the treatment milieu. Whānau cohesion is maintained by working together *mahitahi.* Kaiāwhina three cited an example of mahitahi as it was taught to her, by her tipuna:

... without the women, there is no whaikōrero, without the tāne there is no karanga. (Kaiāwhina Three)

This teaching demonstrates the function of complimentary roles in the Māori world. The maintenance of these roles ensures the delivery of tikanga practices on the marae. While complimentary roles are essential for the maintenance of tikanga, in the treatment milieu initial teachings are focused on learning to respect one another:

... I teach them together because I think it's about "men" respecting "women" and it's about "women" respecting "men." Because I turn it around and I say [to the wāhine], "when you're at your highest, your most tapu time, you don't walk over men, you don't sit on those cushions either. Because a man comes along and puts his head on there, see that's his most tapu part, where he stores the knowledge." (Kaiāwhina Three)

These cultural practices have practical applications in the treatment milieu, in that, tauira learn to occupy the same space without transgressing tikanga and by following cultural guidelines, they learn to acknowledge and enhance each other's mana. Furthermore, kaiāwhina three explained that the kōrero

pertaining to the tapu nature of the upoko (head) provided an opportunity to raise the issue of whānau violence with the tāne:

... See If I can teach them to value their children at the same time, [because] some of [these] guy's are whacking [their] boy's over the head ... But you see alcohol contaminated a lot of that, I say that because my father didn't do it, you know what I mean, he never did it. So I say alcohol contaminated a lot of that tikanga. (Kaiāwhina Three)

Her whakaaro (thoughts) are that alcohol has *contaminated* tikanga practices that her father adhered to in his generation. By educating tāne to value their sons (and daughters), they learn that, "violence is the abuse of tikanga" (Kruger et al., 2004:21).

Tauira five provided insights on the concept of mahitahi:

... that's what I've been taught in here by whaea is that the tāne and the wāhine have got to work together. Its just blowing me away, I've just [got] so much understanding now. Her perception is that the "tāne" are the ones that sort of gotta get healed first and foremost so that they can work side by side and I understand that, I understand that yeah, so I do a lot [for] Tama Tū. (Tauira Five)

For tauira five it has been a profound learning, in that, she now understands the importance of tāne and wāhine working together especially with the *Tama Tū* (Kaikōrero for the taha Māori whānau) because of her role as *Hine Ora*. Both these roles are complementary roles within the taha Māori whānau and they need to work together in order to support and guide whānau members who are new to the programme.

Tauira two realised the importance of mahitahi especially when it came to waiata:

[It] makes me feel stronger, not alone [and] it's good to have a "wāhine" there with her strong "voice" and cause we have to do a solo as well for "Wairua Tapu," so yeah it's good. (Tauira Two)

By learning cultural practices and cultural teachings, tauira have learnt to develop healthy relationships and value each other as tāne and wāhine. In addition, they have learnt to come together as a whānau and function in a cohesive manner. The following tauira provided their insights on the process of whānau development within the treatment milieu:

We have our ups and downs, but we always get over it. Heaps of awhi. If one is down the whole lot will come up to you and say, "it's all right" and that's the main thing. And that you haven't done, or you have done wrong but they're all still there for you as a whānau and they're not disowning you or abandoning you. We're all there as "one" and we all make mistakes. (Tauira Two)

... I isolate myself, just old habits. But I have learnt that that's not the way to get better. It's by sharing and positive feed back from whānau that helps. That's what helped me through my time here so far, [to] come out of my shell and well I'm doing alright, ah. I'm feeling good about my whānau around me and what I'm putting out there. It's for me not them. It's for them too, but it's mostly for me. (Tauira Three)

My sisters and my whānau [who] have come through here [said], "it's beautiful, it's spiritual, it's a beautiful journey." But they never ever told me it was going to be hard work. [In] the second week I was here I was calling to [go] home. I didn't like it here, because I had to look at myself, who I was [and] my buttons were being pushed. I didn't like who I was when I came in here. I felt fake and my buttons weren't being pushed. But slowly, but surely, I understand why and I understand the movements of my tipuna now. Why I had to come here and why these people are in my whānau. You know, I understand because if I had had a whānau that I liked and got on with my buttons wouldn't [have] been pushed. Therefore, I felt I wouldn't of taken that step forward and

learnt about myself and [now] I'm so grateful for these people being on my course. (Tauira Five)

All three tauira acknowledged a time when they lived in a state of kahupō where irrational fears and dysfunctional relationships were a way of life. However, in treatment, they have learnt culturally appropriate ways of behaving as individuals and as a collective within the context of healthy whānau relationships (Kruger et al., 2004).

The processes that the taha Māori whānau undergo to form healthy relationships are not lost on Māori clients who have opted for the Hanmer Programme. Kaiāwhina one explained that:

You have the Hanmer Programme, which is for Pākehā, Māori [and] Pacific Islanders [and] if they choose to go to the Hanmer Programme [it] is about five and a half weeks long. But every time we have whānau who come in and go to that programme we have an opportunity to interview them. Perhaps help them make a decision about where they "need" to be, rather than where they "want" to be. Very often it's about the programme [being] shorter and for wāhine they've got tamariki out there [that] they have to look after, so that has a lot to do with their decision about going there. And sometimes we leave them for a couple of weeks to mull over what they are doing in the programme or what they are not doing. And often our whānau, the whānau concept, the whānau group we have here, [they] get around them down there, or they (Māori on the mainstream programme) watch them and they watch and see "why" things are happening, "who" they're happening with and often they'd [transfer] to our programme. So in about week two or three they'd come to us. (Kaiāwhina One)

Through their observations of the taha Māori whānau at mealtimes and in 12 step meetings, they had noticed that the whānau operates differently to the Hanmer Programme. Kaiāwhina one, stated that:

They want to be "whole" and often in our interview, they say to me, "I want to be whole when I get out of here" and I say, "well you can't disregard your Māori side. Because you don't get blood transfusions and it's more than just that. It's [that] you can't transfuse to Pākehā and that's it, end of story. So if you want that "wholeness" then you need to do this programme the Taha Māori Programme." And [they] identified [that] when they came over, it [was] the strength of the whānau, [because] they've seen how they "work," even if they are having "rarurarau" together, at least it gets worked out and people "awhi" each other after it's over and they don't get that in the Hanmer Programme. A lot of them say, "you are on your own." (Kaiāwhina One)

Kaiāwhina one explained that Māori clients who transferred to the Taha Māori Programme acknowledged the whānau as being a positive influence on their decision to change programmes. Furthermore, in an evaluation of the Taha Māori Programme conducted by Bunn and colleagues (1999), they noted that those clients who transferred programmes underwent a dramatic cultural experience that helped strengthened their Māori identity:

> Strength of identity issues, including improved strength of Māori identity, more positive feelings about the experiences of being Māori, and more positive about their non-Māori side, too. This change probably is the most pronounced that Tauira experience, especially those who are admitted with little, or no, appreciation or understanding of their heritage. None are more dramatic than those Tauira who enter Queen Mary Hospital on the Hanmer Programme and then request a shift to Taha Māori after a few weeks in treatment (Bunn et al., 1999:52).

Through cultural teachings taught by kaiāwhina staff, tauira learn culturally appropriate ways to behave that enhance their mana and the mana of others. These processes build cultural self-esteem, in that, as individuals they feel valued and as a whānau they have the capacity to support each other through the process of healing from substance abuse.

Mana Wairua

As previously stated in chapter four, tauira enter treatment in a state of kahupō, the state of spiritual blindness. Subsequently, kaiāwhina utilise cultural practices to bring out the wairua so it can be nurtured and healed. In treatment, tauira experience the revitalisation of their wairua through cultural practices, for example, pōwhiri, karanga, mihimihi, haka, karakia, and through the cultural concepts of awhi and mahitahi.

Kaiāwhina also weave into cultural practices the 12 steps of Alcoholic Anonymous, these steps involve sharing personal stories of addiction. This is an important phase of treatment, in that, if the *whakawātea* process is not engaged in then any progress made enhancing and nurturing the wairua is short lived. For instance, if addiction and or abuse issues are not addressed in treatment then the wairua will remain lost to the individual.

In the treatment milieu, kaiāwhina use karakia to enhance and maintain the wellbeing of wairua. Within the context of treatment for substance abuse, karakia is used to help tauira form a relationship with a *Higher Power.* A relationship with a Higher Power is the goal of the third step in Alcoholics Anonymous (AA World Services, 1978). Although the term *God* is often used in Alcoholics Anonymous, there is no prescription about how tauira should conceive of his or her Higher Power:

... you don't have to have the same God, it's your God of your understanding and that's really important because when whānau come in here, a lot of them think the word "God" means church from a Pākehā perspective. You know, they are very reluctant to go there, when they come in. So I think the way we [do] karakia here in the morning helps them to overcome that. That it's not a God in a church we are talking about. It's a God of our own understanding and I think that is important, initially it is ... [when] they come in here we say to them these are the things we suggest you do, to stay clean and sober, to have a better quality of life. That's all we can do is "suggest" and they have to take responsibility [for either] picking that up and going with it or leaving it, yeah. (Kaiāwhina One)

Kaiāwhina one highlighted that they suggest to tauira to turn their alcohol and drug use over to God as they understood him, to assist them in their recovery journey. In the Taha Māori Programme, they also refer to Te Atua as another option for tauira to consider in helping them in their recovery from addiction(s). Kaiāwhina three explained that:

... it's just acknowledging that when it comes back to Te Atua, I can use that. It's only validating what a lot of our people are already in touch with. But [to] have a "Higher Power" confuses them. So yeah, it's about taking away that confusion and getting on with what we need to do. (Kaiāwhina Three)

For tauira one, it was a difficult task for her to connect with a Higher Power:

Well it's starting to mean something now. It didn't when I came in, it took along time to find the Higher Power. Yeah, yeah, I always thought God was mean. Catholic upbringing ... Yeah, he wasn't a God of love; he was going to strike you dead for all your sins. Yeah, it's taken me a while to find him again ...Yeah, yeah, mainly from listening to everyone else. Yeah, I did fake it for a while, you know, fake it until you make it they were saying. So, I did that for a while. (Tauira One)

Tauira one first had to work through issues regarding her Catholic upbringing in order to reconnect with God. However, the process was made easier by listening to others in the taha Māori whānau share their understanding of a Higher Power. She also commented on a process that is often used in treatment, whereby, tauira *fake it until they make it,* which involves forming a tentative connection until it becomes a heartfelt relationship. This process of forming a connection to a Higher Power can be supported by the wairua of the individual, in that, the wairua can inform, guide, and reveal insights that give meaning and value to their relationship with a Higher Power.

For tauira six karakia had become part of his daily life:

I enjoy learning about karakia, being able to get up in the morning and start to set up my life on that. I'm not good at it yet but I'm still working on it. We have karakia in the morning, karakia in the evening before I go to bed. Yeah and as I say I'm not perfect at it, some nights I get into bed and realise I haven't had karakia ... out beside the bed and I'll have karakia. Some nights I get a bit lazy and I'll stay in bed and have karakia there (laughter) ... but it's about for me setting up those patterns so that I can get use to doing these things and make it a normal process. Try and make [it] as normal as getting up in the morning and having that first joint that I used to have ... I mean every morning I'd wake up, first thing on [my] mind is smoke a joint. If I haven't got any it's find a joint. So it's about replacing those things that I've taken away, with something positive, [to] get the day going. (Tauira Six)

In the past it was normal for tauira six to start the day by using drugs, however, in treatment he had learnt the value of karakia for starting the day in a positive way. He could also see the positive application of karakia in his recovery when he returned home.

In the past tauira five did not believe in karakia and she found it difficult to comprehend the value of karakia in her own life:

Well I couldn't even back out there. My sister would [say to me], "oh you've got to karakia for this, [and] karakia for that," and I use to [get] hōhā. I didn't believe in it. But now [when] I'm having a kai, oh, "e Ihowa whakapainga ēnei kai." I'm starting to say karakia. Whereas, like I said before, "when in Rome do as the Romans do," I would always do it in kōhanga or if we were at the marae, but I never used to do it at home for myself. But now I'm finding [that] I'm doing [karakia] every morning, every evening. If I'm feeling a bit down, I have a karakia and I guess it's because I'm feeling comfortable with myself. I love who I am [and] I'm proud to be Māori. I'm understanding it now more and more, as everyday goes on. Yeah so um yeah, I crack up at myself I think "oh" karakia. (Tauira Five)

In treatment, tauira five had reconnected with her Māori identity, which helped her to understand and explore the benefits of karakia in her own journey from substance abuse.

In summary, the realm of Te Pō examined the use of cultural practices in the healing process from substance abuse. Kaiāwhina employed a basket weave approach to delivering cultural practices in treatment that allowed tauira to explore both their cultural and recovery identities. In addition, cultural practices not only enhanced cultural identity but also provided therapeutic healing opportunities. For tauira in this research, cultural practices have enabled them to reconnect with their wairua and enhance their mana.

Chapter 6: Te Wheiao: The Realm of Emerging

Introduction

Te Wheiao is the realm of *emerging*. This realm of Te Wheiao explores the *emergence* of te roopu tuarua (the tuakana roopu). Every four weeks whānau leadership roles are handed from one whānau to the next. This process is essential for the maintenance of cultural practices and the transmission of cultural knowledge within the whānau.

Following the poroporoaki for whānau members who had exited the programme, tauira two and five reflected on the responsibilities that had been given to them:

... we have a lot more responsibilities, [we need] to guide our "tuatahi" through and try and keep them on the "waka." Because I know there's hard times where you do want to leave, because I've been there. And yeah, all I can do is give them my knowledge of what I've been through. And you know it doesn't get easier, it gets harder but it's better, you feel better and you've got heaps more confidence. (Tauira Two)

Tauira two felt confident in offering his support to the next whānau. He had experienced the highs and lows of the treatment process, and was willing to share that knowledge with others. This knowledge will be invaluable to the whānau as they begin their journey in the Taha Māori Programme.

Tauira five had mixed feeling about the change, however, she recognised that they would be role models for the next whānau.

I was feeling sad because I looked up to our "tuarua" and I was feeling sad and scared because gosh we are going to have to be "role models" now for our "tuatahi" that are coming in. (Tauira Five)

While there were feelings of sadness for the loss of whānau members, both tauira were willing to step into their new roles to awhi and guide the next intake of whānau into the programme.

Whānau Roles

The handover process for whānau roles happens before the poroporoaki for te roopu tuarua (the tuakana roopu). Whānau roles are handed over to perspective tauira in a ceremony held in the Wharenui. The whānau decides who will get a role and the kaiāwhina have the last say in the process.

Kaitiaki

From the inception of the Taha Māori Programme, the taha Māori whānau has conducted all the cleaning duties for the unit. A *kaitiaki* is chosen to allocate cleaning duties to the whānau and their job is to supervise the mahi. Kaiāwhina three explained the rationale:

Those ones that are the "kaitiaki" are the ones that look after the place and allocate the mahi to the different ones who come in. I teach them [that] they're the kaitiaki of this place and [I give them] the kōrero, "it's not about mahi, it's about mirimiri to keep the place warm, someone kept it warm for you, it's your turn to keep it warm for someone else, maybe it's your iwi, maybe it's your hapū, maybe it's your whānau." So they all get in and do the best they can. (Kaiāwhina Three)

For the whānau the concept of *mirimiri* engenders a sense of pride in what they have been given in treatment and that it is a taonga worth handing on to the next whānau that comes. Kaiāwhina two explained the criteria for selecting the kaitiaki:

So we don't tell them that it's a job, we say to them it's your role, so in a sense it is because the jobs are given to them for a therapeutic reason. You know like the bossy ones the controllers; they may get the "kaitiaki" role. They order in the cleaning materials, they also set the jobs for everyone else. But the idea of it is to tone them down and teach them how to work it. Because they can get

bossy and come charging back and say, "so and so hasn't done their work." How long has it been? "Today" (laughter), so I say to them, "your job is to go around and quietly look to see who has done their job and who hasn't; keep a mental note about it, if it happens three times in a row then come back and tell us." (Kaiāwhina Two)

Kaiāwhina two stated that the kaitiaki position is given to those tauira who need to check their controlling behaviour. However, their behaviour patterns are predictable and kaiāwhina have to remind them on occasion to take a more passive approach in their mahi. Cleaning duties also provide opportunities for kaiāwhina to observe those tauira who are perfectionists:

We had the drapes pulled down one day in the Wharenui, hā, next week the drapes were down again. I said, "what is going on"? "Oh the other ones said we have to pull the drapes down and wash them." I said, "listen leave those drapes alone they get washed again in spring" (laughter). Yeah you know, they'll go overboard, the perfectionists so we have to keep and eye on that too. Keep an eye on the way they're working, because some of them just go hard out and drive everybody else mad by their cleanliness. Yeah, but that's an illness in itself too, yeah. (Kaiāwhina Two)

The taha Māori whānau are charged with keeping the Taha Māori Unit clean and warm for the next intake, thus, maintaining the mana of the programme. In addition, the cleaning process offers therapeutic opportunities for both the kaitiaki and the whānau.

Tama Tū

The Tama Tū is the kaikōrero for the taha Māori whānau. He is also the liaison officer between the whānau and kaiāwhina staff and he reports directly to the kuia on any issues that may arise with tauira on the main ward of the hospital. Kaiāwhina three explained that:

... his role is to liaise between the staff and it may be that he [is] not so good in the reo, but he is teachable. And if he has a profile that he's popular amongst

all the rest [he] may not necessarily be the one that we choose. It may be that he is quiet and so the whānau choose the person because they see something, it's not about choosing someone that has done all these things. The challenge is to find someone that can "enhance" the things that are all ready in them. (Kaiāwhina Three)

Initially, tauira four was reluctant to take on the role of Tama Tū. Nevertheless, he recognised that the role would help build confidence and extend his understanding of Māori culture:

When I got handed the role I went, "oh shit," you know. But after a while, I went back to my room and I was just thinking about it and I'm a real whakamā person and [whaea] said it will give [me] a push and it has. [I] still get nervous you know when I [do] the whaikōrero. I still like [to] try and rush through it so I can get it over and done with and lately I've just been taking my time [and] going at my own pace. Otherwise, I'll get tongue-tied and it will come out wrong. I'll feel embarrassed if it comes out wrong and stuff like that ... And if any of the clients have got any "take" with anybody else they come and see me. If I can't resolve it, I bring them up here to [whaea] ... Just be there for people to talk to. I don't have to reply, I just listen to them, as long as I don't take to much of it on, cause I know I'll be slipping off my waka. If it gets to hard for me, I just bring them up to [whaea] or any of the counsellors. (Tauira Four)

Apart from being the kaikōrero for the whānau, his role is also to support tauira on the main hospital ward. While he has the support of kaiāwhina staff, he has to maintain a balance between meeting the needs of others and his own.

Hine Ora

The Hine Ora role also involves providing support to the whānau. For tauira five, it also meant that she would have to address her control issues:

I feel so proud, it's actually settled me down. I know I have control issues but its humbled me and to walk around with this "taonga." I'm not sort of showing

off or anything, but I just feel special; feel special that they gave it to me. And to work side by side with the "Tama Tū," I look up to him even though he is younger, a lot younger than me. I look up to him for guidance and strength. I don't have those issues where you are younger than me and you know, you respect me ... And I've had some good feedback from the tuatahi. They've come up to me and I've said to them, "if you have any rarururu or whatever if you want to talk to someone I'm here, that's my role." Whereas, before I'd be right into gossip and right into "harihari kōrero." But I've found [that] I don't do that anymore. So I guess it's to slow me down and to take the "control issues off." But to be there like a big sister and if they [have] got any problems they can come to me and they can trust me. (Tauira Five)

She is proud to have received the role and felt special wearing the Hine Ora taonga. In the taha Māori whānau, both the Tama Tū and Hine Ora roles are complimentary roles, whereby; they both mahitahi, work together to provide support for the whānau. In addition, she believed that the role had helped change old behaviour.

Kaea - Tāne

Kapa haka is an important cultural component of the Taha Māori Programme. There are two roles chosen for kapa haka: the kaea role for the tāne and kaea role for the wāhine.

Tauira two was given the kaea role for the tāne:

Well the "kaea" before, they all have a meeting and he suggested me and [whaea] said, "Yeah that was my choice as well." So, we were all in the Wharenui and we were handing over roles and I stood up and they put this "taonga" here around my neck ... Oh, it felt good. I felt proud and nervous about what I was doing and it's to lift my self-esteem up. (Tauira Two)

Tauira two felt proud that he had been given the taonga that represented his kaea role in the whānau. Part of his role was to lead the men in the haka and to

teach the haka to te roopu tuatahi (the teina roopu). In teaching te roopu tuatahi he had to overcome his fear of what people thought of him:

Yeah, it has been a good experience. I had my doubts at the start because I'm teaching them the haka. Yeah it's good, they listen to me. But at the start I was scared because I thought well they are not gonna want to listen to me. Because, you know, they'll see me as somebody different. They will probably have their doubts about me and say, "what's this Pākehā doing in the Taha Māori Programme." But I've got to get over that issue as well [as] what people are thinking of me ... They're listening and asking me to teach them in my free time. Like in the dungeon back at the "Hanmer Programme" and I'm happy to do that, go through the words, the actions. (Tauira Two)

Tauira two was worried that the tāne would not listen to him because he had a fair complexion, however, he overcome his anxiety and was asked to run extra haka training sessions during the week.

Kaea - Wāhine

For tauira eight, the kaea role was a physical challenge; because of her many years of drug abuse, her jaw was prone to locking up when she sang. However, she managed to overcome her physical disability and learned to enjoy the role. She also learnt from observing other kaea who performed the role:

I can't remember why she said she picked me but it doesn't have to do with whether we can "sing" or not, its got to do with bringing "something" out in us. Like it's to make me speak out or something, I don't know why because I speak out anyway. But obviously I'm just quieter than the others. I remember when I got it, I was just paranoid about my "jaw," because my jaw locks up from drug abuse and I just thought, imagine if it locks up when I have to sing. But actually, I like it; I like doing "kaea," because I don't have to do much. It's not much more than what everyone else has to do, it's only a little voice (light laughter). And when I heard the Christchurch AA group here, I was listening to their waiata [and] the kaea aren't loud. Everyone thinks that they've got to be loud, but they don't, just as long as you keep flowing, keep singing [when] the

others stop. But you know, I don't really mind that role. I just have to get more in tune (light laughter). I think it's because I can't pronounce the Māori. (Tauira Eight)

For kaiāwhina, the Tama Tū, Hine Ora, and Kaea roles are assigned to enhance the *wairua* and the *mana* of the individual and to help modify negative behaviours and attitudes. For those tauira who were given a role in this research, it was a positive cultural and therapeutic experience.

Central to these roles is the maintenance and transmission of cultural knowledge within the taha Māori whānau. For instance, the whānau employs a tuakana/teina approach to teaching and learning for kapa haka. This involves te roopu tuarua teaching te roopu tuatahi waiata and haka pertaining to the programme. The whakapapa to this approach has remained unbroken for over eleven years. Therefore, there has been a long tradition of tuakana/teina relationships that have maintained the mana of the programme. For tauira two he was proud of his role and looked forward to teaching the whānau and handing over his role to the next kaea:

Yeah, it makes me feel good. It makes me proud of who I am and then I've got that to show them, take them through it and I'll hand my role over to one of them. (Tauira Two)

The continuity of roles and the responsibilities that they engender are important to the maintenance of the wairua and the mana of the taha Māori whānau. While there are only five official roles that are handed over, essentially all members of the whānau have a role. Kaiāwhina three explained this further:

... we had one person come in [and] he had the skills for the guitar, he had te reo, had everything. So, what could we choose [for] him and he came to me and said, "I never got a role." I said, "yes you did." He said, "what is my role"? Well I said, "you've got the biggest role of all and that is to "awhi" this whānau" (laughter). And he sort of wondered. [Do] you understand what I'm saying"? And he said, "I think I know." Because I said, "you know, you've met

all those challenges." Maybe one that you haven't met is [to] allow yourself [to] "awhi" this whānau, [it's] not about them awhi you. He thanked me at the end of it. I didn't know what I was going to say to him when he sat down [and] I thought to myself, well no it's about you "awhi" this whānau. Yeah, so everybody has a role, no matter how great, some need "whakaiti," some need "whakanui." (Kaiāwhina Three)

While the vast majority of tauira who enter treatment are not proficient in te reo Māori or have an understanding of cultural practices, there are some tauira who are steeped in the culture. For kaiāwhina three, these tauira have already met the cultural *challenges* of the programme and by encouraging them to awhi the whānau it allows other tauira a chance to grow and learn from the experience.

In summary, the realm of Te Wheiao examined the *emergence* of te roopu tuarua - the tuakana roopu. This process involved the assignment of whānau roles that uphold cultural practices and provided support for new whānau members. In addition, the tuakana/teina approach for teaching and learning is used for kapa haka to maintain the mana of the programme. For tauira in this research, roles assigned to them had enhanced their mana and wairua. Furthermore, as a whānau they were also aware of their collective responsibilities to support and guide the next intake of tauira.

Chapter 7: Te Ao Mārama: The Realm of Being

Introduction

Te Ao Mārama is the realm of *Being.* The realm of Te Ao Mārama recognises the importance of *being* well and the healing journey from a state of kahupō. This journey involves transforming from a state of kahupō to a state of toiora or mauri ora (wellbeing) (Kruger et al., 2004). Toiora is the opposite of kahupō and is regarded as the maintenance of balance between wairua, hinengaro, tinana, and whānau (Kruger et al., 2004). The state of toiora is experienced in the realm of Te Ao Mārama. In addition, for tauira in this research the state of toiora or wellbeing is captured in their kōrero on how they intended to fulfil their cultural aspirations and maintain a substance free lifestyle when they leave treatment.

Toiora Tangata

At the poroporoaki for te roopu tuarua, tauira in this research had the opportunity to meet past whānau members of the Taha Māori Programme who had joined Te Rito Ārahi a non-residential dedicated Māori alcohol and drug service (Huriwai, 1998). Te Rito Ārahi returns every two months to share their recovery stories with tauira who are about to exit the programme. Kaiāwhina two explained that:

... we're really fortunate here in Taha Māori because when it's "poroporoaki" time, in the evening of their step out when they have their hākari, the whānau that have already been through this place who live in Otautahi will come back to "awhi." ... That's when the whānau whānui (Te Rito Ārahi) will talk to these ones on the programme and tell them how tough it is out there and the importance of continuing to stay on the 12 step programme. So it's actually good because the message gets through and then some of them don't want to go home. [Because] it's unsafe, they'll be going back to a "using" environment. And they have an opportunity to meet people from Otautahi who will put them up for a wee while, until they find somewhere to stay. Just to get

that stability [from] what they've learnt in here. It may take 3 months, it may take 6 months before they're ready to go back to their whānau. Sometimes they transfer down here and stay here, yeah. (Kaiāwhina Two)

Kaiāwhina two highlighted the importance of Te Rito Ārahi supporting those tauira who were about to leave the programme. By sharing their experiences in recovery with the taha Māori whānau, the whānau learns about the realities of recovery in the community. In addition, for some tauira returning home after treatment is not an option, because they are "using" environments and it would not be long before they reverted to their old behaviours (Bunn, 1998).

The Te Rito Ārahi recovery whānau is based on tikanga Māori principles and the 12 step programme of Alcoholics Anonymous. Whānau recovery groups are not a new concept. Indeed, from the inception of the Taha Māori Programme in the early 1990s, tauira who had graduated from the programme formed whānau recovery groups throughout the motu as a way of meeting their cultural and recovery needs. Similar efforts have been documented in the international literature with Native American Indians, who formed Indian Alcoholics Anonymous groups that affirmed their cultural identity and recovery journeys (Jilek-Aall, 1981).

In Aotearoa/New Zealand in the early 1990s, two groups were formed in the Manawatū region in the North Island. While the first recovery whānau disbanded after six years, the second whānau, Te Whare Manaaki o Manawatū Trust is currently in operation and has been offering peer support to recovering alcoholics and addicts for the last five years (Whanga, personal communication, July 9, 2006). In recent years, their efforts have been recognised by the Ministry of Health and they now receive government funding to run peer support recovery programmes for rangatahi and pakeke.

The whānau recovery approach provides a balance for tauira in this research who have strengthened their Māori identity in treatment and who need to maintain an abstinence focus in the community. For some tauira joining a recovery whānau was an option and for others who did not have a recovery

whānau in their communities their intention was to attend Alcoholics Anonymous and Narcotics Anonymous meetings:

When I leave here, I'll go to Te Rito Ārahi ... I know what I'm going to do. I'm going to explore my whole whakapapa. I want to go and learn everything about it [and] go to the wānanga in Otaki, [and] learn Māori lore and philosophy ... (Tauira Two)

I'm thinking about joining Te Rito Ārahi. [They] come back every four weeks, every eight weeks they come back to "awhi" the whānau, getting out, doing kōrero about what it's like and where's the support out there and that, yeah. See that's a big help, ah, them doing that. (Tauira Three)

I'll reckon I'll start going to AA meetings and NA meetings to keep something regular going. Because I know I have to ... I reckon they will keep me on the straight and narrow out there ... cause it's still some kind of connection. Because I know I've got to keep a bonding [with] something from here or else there is no "point," I may as well just leave now ... My sister said to me, "I should go back to varsity and take up te reo Māori." ... I'll just wait until I get there and see what I want to do, but I will probably do something like that and I reckon I'll take [it] up. (Tauira Eight)

I can go out there [and] stay sober, just taking it "one day at a time." Yeah, once I leave here I'm going to hit those meetings, get me a sponsor ... And I'm thinking about going back to school actually. Going back to school and [I] want to see if there is anything in ( ), [for] doing the taiaha. (Tauira Four)

For these tauira, maintaining a state of toiora will include recovery whānau groups, 12 step meetings and cultural pursuits, such as, learning whakapapa, te reo Māori and the taiaha. In addition, by following through with their recovery plans they will maintain positive changes that have occurred in treatment.

The journey from the realm of *Te Korekore ki Te Ao Mārama* involved a transformation from the state of kahupō to the state of toiora. For tauira in this

research, the transition was accomplished by engaging in cultural practices and Western recovery approaches to substance abuse. Cultural practices employed in the programme supported the cultural linkage process and provided therapeutic opportunities for tauira. This process was underpinned by a whānau approach to healing and transformation that permeated all aspects of the treatment/recovery process.

Chapter 8: He Whakamārama

Introduction

This research examined cultural components used in the Taha Māori Programme at Queen Mary Hospital for the treatment of Māori suffering from substance abuse. The Taha Māori Programme was developed in response to traditional Western approaches to substance abuse that were not meeting the cultural needs of Māori clients. Since its inception in the 1990s, the Taha Māori Programme has used cultural components to help tauira reconnect with their culture. The reconnection process has been aptly termed *cultural linkage* (Sellman et al., 1997). This research builds on the notion of cultural linkage by describing how cultural components facilitated in the healing process for tauira in treatment.

He Whakamārama

In order to present the kōrero of the participants a whakapapa paradigm was used to describe the healing journey from *Te Korekore ki Te Pō ki Te Wheiao ki Te Ao Mārama.* The healing process was informed by kaiāwhina staff who provided the rationale for cultural components in treatment and by tauira who experienced cultural practices in the treatment milieu. For tauira in this research, their journeys started in the realm of Te Korekore. In this realm, the condition of the wairua was described as being in a state of kahupō. Kaiāwhina acknowledged that many Māori present in treatment with a *wounded wairua*, and this condition is further compounded by substance abuse.

The realm of Te Pō examined cultural components used in the healing process from substance abuse. Cultural practices and processes underpin the basket weave approach used in the treatment milieu. This was evident in the whakawātea process that used the 12 steps of Alcoholics Anonymous and the whānau approach to detoxification. The basket weave approach also underpins the emergence of two distinct identities: a recovery identity and a cultural identity. Both identities evolve out of participation in recovery and cultural

activities in treatment and are linked to aftercare. For instance, by establishing a recovery identity tauira are more likely to attend 12 step meetings when they leave treatment and a strong sense of cultural identity enables tauira to access the Māori world.

Cultural components are used in treatment to teach cultural practices and to provide therapeutic opportunities. For instance, the karanga is used as an empowerment tool, for wāhine to reclaim their mana wāhine and tāne learn the haka and whaikōrero to enhance their wairua and mana. Both tāne and wāhine also learnt culturally appropriate ways of interacting based on the concept of tapu. By engaging in cultural practices, tauira experienced their own mana and the mana of others. Together cultural practices strengthened the wairua of the individual and the whānau.

Kaiāwhina used karakia to enhance the wellbeing of the wairua and to help tauira form a relationship with a Higher Power. The concept of a Higher Power is promoted in the 12 steps of Alcoholics Anonymous to help with the burden of substance abuse. Tauira are encouraged to hand over their alcohol and drug use to God, as they understood him to assist them in their recovery.

The realm of Te Wheiao explored the hand over of whānau leadership roles and responsibilities to the next te roopu tuarua. This process ensured the maintenance of cultural practices and the transmission of cultural knowledge within the whānau. The Kaitiaki role engendered a sense of pride in keeping the place warm for the next whānau that enters treatment. The Tama Tū and Hine Ora roles were complementary roles that maintained cultural practices and peer support for tauira on the programme. For tauira in this research, their roles enhanced their mana and wairua and provided therapeutic opportunities.

The realm of Te Ao Mārama explored the healing journey from a state of kahupō to a state of toiora. This realm explored how tauira were going to maintain a state of toiora when they left treatment. For tauira in this research, maintaining a state of toiora included recovery whānau groups, 12 step meetings and cultural pursuits, such as, learning whakapapa, te reo Māori and

the taiaha. In addition, by following through with their recovery plans it will help maintain positive changes that have occurred in treatment.

The journey from the realm of *Te Korekore ki Te Ao Mārama* involved a transformation from a state of kahupō to the state of toiora. For tauira in this research, the transformation was accomplished by engaging in cultural practices and Western recovery approaches to substance abuse treatment. Cultural practices employed in the programme supported the notion of cultural linkage and provided therapeutic opportunities for tauira. This process was underpinned by a whānau approach to healing and transformation that permeated all aspects of the treatment/recovery process.

He Kōrero Whakamutunga

In 2001, government alcohol and drug polices signalled a greater focus on non-residential alcohol and drug services (Ministry of Health, 2001). Consequently, the Taha Māori Programme closed its doors in 2003 due to funding cuts. While this was devastating news for many of us who had been involved with the programme over the years, it provided the impetus to finish this research, as this is the first qualitative study on culture in substance abuse treatment in Aotearoa/New Zealand.

Irrespective of the closure of the Taha Māori Programme, this research has highlighted the resolve of Māori people to utilise traditional resources to meet the needs of Māori suffering from substance abuse problems. In this research, the application of cultural components has facilitated the strengthening of cultural identity and provided healing opportunities for tauira in treatment. These findings affirm the use of holistic approaches to health and wellbeing currently used in residential and non-residential substance abuse programmes for Māori (Health Research Council of New Zealand, 2004; Ministry of Health, 2001). In addition, the basket weave approach also demonstrated how cultural and Western based recovery approaches can be woven together to provide responsive abstinence based substance abuse programmes for Māori.

In conclusion, this research acknowledges the valuable contribution made by kaiāwhina who have developed and refined the use of cultural practices in treatment over the years. Their efforts have enabled graduates from the Taha Māori Programme to heal from substance abuse and reconnect with their culture. Furthermore, cultural practices in substance abuse treatment support the wider contribution to Māori development by strengthening whānau and promoting whānau wellbeing.

Ka eke ai te kōrero ...

Toiora moana

Toiora whenua

Toiora tangata

Tihei mauri ora

APPENDIX 1

K.Te.R. Warbrick
282 Albert Street
Palmerston North
(06) 358 8299
k.te.r.warbrick@inspire.net.nz

John Beattie
Queen Mary Hospital
Private Bag 101
Hanmer Springs
CC: Maraea Handley

"Ehara taku toa i te toa takitahi, engari he toa takimano"
"Success is achieved with the support of ones family, friends and colleagues"

26 April 2001

Dear John

My name is Keremete Te Rangimaria Warbrick. I am currently a postgraduate student at Te Pūtahi-ā-Toi - School of Māori Studies, Massey University. I am also involved with the Te Rau Puāwai - Workforce 100 Programme, which provides bursaries for Māori students seeking university qualifications in a mental health related discipline at Massey University. Last year Kirsty Maxwell Crawford and I had two meetings with the Programme Manager - Maraea Handley and therapy staff from the Taha Māori Programme, concerning certificate and degree options for 2001.

Apart from promoting the Te Rau Puāwai programme, these meetings presented an opportunity for me to hold informal discussions concerning my Masters thesis topic. I indicated, then, my interest in a qualitative study to examine the clients' perceptions on the significance of cultural components in their experience of the Taha Māori Programme. The primary aim of the study is to generate a theory of understanding on the significance of cultural aspects of the programme from the clients' perspective. Furthermore, semi-structured interviews with therapy staff in the Taha Māori Programme may provide further scope in developing theory, on the use of cultural components in alcohol and drug treatment. My interest in this area stems from my own recovery journey that started over nine years ago in the Taha Māori Programme.

It is anticipated that findings from this study will be useful in providing a greater understanding of cultural components employed in treatment and their influence on the recovery/treatment process with Māori clients. Naturally, I hope that you will find such a study to be both interesting to you and advantageous as you and your staff explore potential areas of cultural development within the current programme.

In so brief a letter, it is not possible to provide greater detail on the study objectives, although I would be most pleased to discuss these further with you. Here, however, I wish to assure you that I have no hidden agenda, such as an effort to evaluate the work of the Taha Māori Programme. I would also assure you that any publications which may result from this study will mask the identities of persons involved for everyone's protection.

With your permission, and that of your co-professionals, the research would involve spending a few weeks (over a two month period) conducting semi-structured interviews with both clients and therapy staff, gathering data related to the use of cultural components in treatment. While I would be accessing clients and staff within the Taha Māori Programme, this would not occur without due regard to personal (client or staff) and clinical requirements for privacy and for the operations of the Taha Māori Programme. Except for semi-structured interviews with clients and staff (ranging from 60 to 90 minutes in length) I will not "make work" or otherwise complicate the efforts of your staff and clients.

My goal is to interview up to 12 clients and 4 staff members. Tentative dates for collecting data may coincide with my part-time work position with Te Rau Puāwai, in that, I will be supporting the tertiary learning of Taha Māori staff members enrolled on the TRP programme on Thursday 17 of May. The following three days maybe ideal for introducing myself to the whānau, and inviting clients to participate in the study. The following week is whānau week, so hopefully the first 4 to 5 interviews undertaken from Friday 18 to Sunday 20 of May, will provide initial data for the pilot stage of the study. The remaining interviews would be undertaken in June.

In anticipation of the research study being conducted in a clinical setting, a formal submission was presented to the Massey University Ethics Committee on 8 March 2001. Subsequently, the protocol has been approved, subject to an "Approval Letter" from yourself concerning this research project to be undertaken at Queen Mary Hospital. My research supervisor is Paul Hirini, a registered psychologist and senior researcher from the School of Māori Studies at Massey University.

At later stages of the study, I would be happy to present a report consisting of an overview of the findings to staff and clients who participated in the study, culminating in a presentation of a hard bound copy of my Masters thesis to the Taha Māori Programme. In this way, I hope my research will be of value, and reciprocate your cooperation in the study.

I look forward to your reply and would be happy to discuss any additional queries you may have regarding my proposed study.

Yours sincerely

Keremete Te Rangimaria Warbrick

APPENDIX 2

(Massey letterhead)

Information Sheet - Therapists

Tini ngā whetū ki te rangi
Ko Rangitāne nui ki te whenua
Tihei mauri ora

Kia ora

My name is Keremete Warbrick and I am a student at Te Pūtahi-ā-Toi, School of Māori Studies, Massey University. The research study that I intend to do will be part of my Master of Philosophy degree through Massey University and will be completed by December 15, 2001. I am going to ask if you would not mind taking part in a study that is focused on Māori clients trying to sought out alcohol and/or drug problems. The aim of this mahi is to get a better understanding of the healing process for Māori clients with alcohol and drug problems, so we can come up with better treatment programmes.

Project title
He rangahau tā te turoro titiro: Māori clients perspectives on cultural components in a dedicated Māori alcohol and drug treatment programme.

What is the study about?
The main focus of this study is to find out what therapy staff and Māori clients (both tāne and wahine) think about the use of Māori culture in treating alcohol and drug problems. For example, what is it about aspects of Māori culture like pōwhiri, mihimihi, waiata and karakia that has had an impact on the healing process. Therefore, I would like to know what your thoughts and ideas are about these things.

After I have talked with you, I am going to collate the kōrero and whakaaro with the aim of presenting both the therapists and Māori clients' views on the use of Māori culture in treatment and how it may help in the healing process.

Confidentiality and choice
Before I give you some more details about what your part in the project would mean, there are three important things I need to point out:

1. Taking part in this project is totally voluntary.
2. Everything that you say as part of this study will be kept confidential and no details of what you say will be revealed to anyone except my supervisor Tai Black. I am going to write about the things you tell me, I will do this in such a way that other readers will not be able to identify you.
3. If you do agree to take part in this study you are free to pull out at any time and you do not have to give a reason.

What does the project involve?
- If you agree to be interviewed, it will be undertaken at a time convenient

for you, and may be up to one to one and a half hours long. This will involve me asking some general questions, but you will get to do most of the talking. You do not have to answer a question if you do not feel comfortable and you can stop the interview at any time if you do not want to carry on.

- I would like to tape record the interviews so I can listen to them quite a few times to make sure that I record accurately what you are saying. If you want to, you will have the chance to read through your interview once it has been typed up. You will be able to make changes to anything that has been recorded incorrectly or take out things you do not feel comfortable with.

- All of the tapes and the write-ups of interviews will be kept in a locked filing cabinet at Massey University, School of Māori Studies and nobody will read them except my supervisor and myself. I will type up the interviews myself and interview tapes will be put back in storage until the end of the study. Interview tapes will be returned to you at the end of the study.

What will it cost?
The only cost to you will be your time, specifically one to one and a half hours to do the interview. However, this study will benefit other therapy staff and Māori clients in kaupapa Māori alcohol and drug services in the future.

What will happen at the end of the study
When all of the kōrero and other information has been collated and analysed I will make it available to share with therapy staff, clients, management and other Māori working in the alcohol and drug field, as well as within the Māori community in general. The writing up of results is a big part of this mahi and will take a long time, however, I expect to have the final report finished by December 2001.

More information
If you need more information or have any worries or complaints, you can contact[18] my supervisor or me:

Mr K Warbrick
School of Mäori Studies
Massey University
0800 782924

Mr Tai Black
School of Mäori Studies
Massey University
0800 782924 ext 7458

Noho ora mai
Na Keremete Warbrick

[18] This 0800 number is assigned to the "Te Rau Puāwai Office," School of Māori Studies, Turitea.

APPENDIX 3

(Massey letterhead)

Information Sheet - Clients

Tini ngā whetū ki te rangi
Ko Rangitāne nui ki te whenua
Tihei mauri ora

Kia ora

My name is Keremete Warbrick and I am a student at Te Pūtahi-ā-Toi, School of Māori Studies, Massey University. The research study that I intend to do will be part of my Master of Philosophy degree through Massey University and will be completed by December 15, 2001. I am going to ask if you would not mind taking part in a study that is focused on Māori clients trying to sought out alcohol and/or drug problems. The aim of this mahi is to get a better understanding of the healing process for Māori clients with alcohol and drug problems, so we can come up with better treatment programmes.

Project title:
He rangahau tā te turoro titiro: Māori clients perspectives on cultural components in a dedicated Māori alcohol and drug treatment programme.

What is the study about?
The main focus of this study is to find out what Māori clients (both tāne and wahine) and therapy staff think about the use of Māori culture in treating alcohol and drug problems. For example, what is it about aspects of Māori culture like pōwhiri, mihimihi, waiata and karakia that has had an impact on the healing process. Therefore, I would like to know what <u>your</u> thoughts and ideas are about these things.

After I have talked with you, and read some key books, I am going to pull all the kōrero and whakaaro together and try to get my head around it all. The main thing I want to work out is what are Māori clients views on the use of Māori culture in treatment and how it may help in the healing process.

Confidentiality and choice
Before I give you some more details about what your part in the project would mean, there are three important things I need to point out:

1. Taking part in this project is totally voluntary.
2. Everything that you say as part of this study will be kept confidential and no details of what you say will be revealed to anyone except my supervisor Tai Black. I am going to write about the things you tell me, I will do this in such a way that other readers will not be able to identify you with your particular responses.
3. If you do agree to take part in this study you are free to pull out at any time and you do not have to give a reason. If you do decide to pull out, this will not affect your taking part in the treatment programme.

What does the project involve?

- If you agree to be interviewed, it will be undertaken at a time convenient for you, and may be up to one to one and a half hours long. This will involve me asking some general questions, but you will get to do most of the talking. You do not have to answer a question if you do not feel comfortable and you can stop the interview at any time if you do not want to carry on.

- I would like to tape record the interviews so I can listen to them quite a few times to make sure that I understand what you are saying. If you want to, you will have the chance to read through your interview once it has been typed up. You will be able to make changes to anything that has been recorded incorrectly or take out things you do not feel comfortable with.

- All of the tapes and the write-ups of interviews will be kept in a locked filing cabinet at Massey University, School of Māori Studies and nobody will read them except my supervisor and myself. I will type up the interviews myself and interview tapes will be put back in store until the end of the study. Interview tapes will be returned to you at the end of the study.

What will it cost?

The only cost to you will be your time, specifically one to one and a half hours to do the interview. However, this study will benefit other Māori clients and therapy staff working in kaupapa Māori alcohol and drug services in the future.

What will happen at the end of the study

When all of the kōrero and other information has been gathered together and sorted out I will write it all up so that I can share it with clients, therapy staff and other Māori working in the alcohol and drug field, as well as with the Māori community in general. The writing up of results is a big part of this mahi and will take along time, however, I expect to have the final report finished by December 2001.

More information

If you need more information or have any worries or complaints, you can contact[19] my supervisor or me:

Mr K Warbrick
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0800 782924 ext 7458

Noho ora mai
Na Keremete Warbrick

[19] This 0800 number is assigned to the "Te Rau Puāwai Office," School of Māori Studies, Turitea.

APPENDIX 4

(Massey letterhead)

Consent Form

Project title

He rangahau tā te turoro titiro: Māori clients perspectives on cultural components in a dedicated Māori alcohol and drug treatment programme.

I have read the Information Sheet for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any time. I also understand that I have the right to withdraw from the study at any time, or to decline to answer any particular questions in the study.

I agree to the interview being audio taped, but I have the right to ask at any time to have it turned off.

I agree to provide information to the researcher on the understanding that the information will be used only for this research project and other publications arising from this research project.

I agree to provide information to the researcher on the understanding that my identity is kept completely confidential.

I agree to participate in this study under the conditions set out on the Information Sheet.

Name: _____

Signed: _____

Date: _____

APPENDIX 5

Interview Schedule – Tauira

- Consent Form
- Tape Identification

Karakia tuwhera / Mihi

PAST

1. Where are you from?
   - Parents
   - Brothers and sisters
   - Children
   - Drugs of choice

2. What has been your involvement in Māori culture?
   - Kōhanga reo, Kura kaupapa Māori
   - Marae/karanga/whaikōrero
   - Kapa haka
   - Tangihanga
   - Thoughts on being Māori

3. Did you know anything about the Taha Māori Programme before coming here?
   - What where your thoughts and feelings before coming to treatment

PRESENT

4. What are your impressions of the cultural components in treatment?
   - Pōwhiri
   - Waiata
   - Karakia
   - Mihimihi/Pepeha
   - Whaikōrero
   - Kapa Haka
   - Karanga
   - Whānau
   - Poroporoaki
   - Wharenui/Whareiti

FUTURE

5. Where do you see yourself in the future?
   - Your involvement in Māori culture
   - Recovery – Alcoholics Anonymous /Narcotics Anonymous meetings

Karakia whakamutunga

APPENDIX 6

Interview Schedule – Kaiāwhina

- Consent Form
- Tape Identification

Karakia tuwhera / Mihi

1. No hea koe?
   - What was your mahi before coming to work in the Taha Māori Programme?

2. How did the Taha Māori Programme come about?
   - History / development of the programme
   - Kawa / Tikanga / Mana whenua

2. What is the philosophy of the programme?
   - Healing approach

3. What are the cultural components of the programme?
   - Pōwhiri – poroporoaki
   - Roles – Tama Tū, Hine Ora
   - Efficacy of cultural input

4. What are the other programme within the Taha Māori Programme?
   - Te hokinga mai
   - Youth programme

5. How does the 12 step programme and other western recovery/therapies approaches work/or not with Māori culture?
   - Social dynamics
   - Drug and alcohol lectures

Karakia whakamutunga

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