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MAI I MURI KA HAERE WHAKAHAE RE:
MAORI WOMAN IN MENTAL HEALTH NURSING

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Abstract

For many years Maori women in mental health nursing have been subsumed within the dominant nursing and healthcare organisational cultures that are politically driven. This study aimed to examine the socio-political and cultural influences on the multiple realities (identities, role, relationship and status) of Maori women in mental health nursing in their homeplace, schoolplace and workplace. Maori women are distinguishable by their membership in three distinct groups derived from 1) whanau, hapu, iwi, 2) western patriarchal experiences, and 3) cultural and colonising experiences growing up in te ao Maori and te ao Pakeha.

Six participants were selected to meet the aim and study objectives which are to explore the challenges they encounter and the strategies they use to meet these challenges; and to identify the contribution they make to mental healthcare. Maori women in mental health nursing are in a strong position by virtue of their whakapapa, 'mana wahine' and clinical expertise to make a substantial contribution towards positive health outcomes for tangata whaiora and whanau.

He Mana Wahine Tuku Iho framework was developed upon which to analyse the participants' korero. This framework is based in Maori cosmology and customary society and affirms the importance of whakapapa, te reo, tikanga and wairuatanga to Maori. There are three components to the framework 1) He Whakapapa o nga Atua, 2) He Whakapapa o Mana Wahine, and 3) He Tikanga o nga Wahine Rangatira. A qualitative methodology was used based in kaupapa rangahau which affirms Maori epistemology and ontology – matauranga, tikanga and mauri. From the initial contact and interview the participant's whakapapa was acknowledged. The participant's were afforded opportunities to authenticate the transcripts, ensure anonymity for themselves and whanau, review chapters during the early writing-up phase, and contacted for clarification concerning points as needed during the later stages of the writing-up process.

Findings confirmed that growing up Maori in te ao Pakeha was challenging. Tension is evident at the interface of te ao Maori and te ao Pakeha with te ao Pakeha perniciously

imposing its values and beliefs in a way that actively undermined mana Maori and ‘mana wahine’. Experiences beginning in childhood and continuing into adulthood served to strengthen the participants’ identities as Maori women. These experiences also affirmed the importance of whakapapa, te reo, and tikanga in attainment of wairuatanga as a manifestation of well-being. Knowledge of and confidence in their multiple identities as Maori women enable the participants to contest and create space that allows them to successfully live in both worlds, meet the challenges of te ao hurihuri and fulfil both whanau obligations and professional responsibilities.

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Tena koutou,

This thesis is a glimpse into the lives of six Maori women in mental health nursing. Their korero is very precious, and regretfully due to the constraints of preparing a Master's thesis a fuller reflection of their korero was not possible. A special thank you is extended to them for sharing their experiences with us. E iti noa ana na te aroha.

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CHAPTER ONE

Kupu Whakataki: Introduction

Haere e whai i te waeuue o Uenuku, kia ora ai te tangata: Go search for the footprints of Uenuku so that humankind may be nurtured.

(Mead & Grove, 2001, p. 52).

1 Introduction

It is my contention that the contribution Maori women make in mental health nursing generally goes unrecognised and is subsumed within the dominant nursing and organisational structures that are politically driven. Further, it is suggested by Tomlins-Jahnke (1996) that Maori women are distinguishable by their membership to three distinct groups that are derived from 1) whanau, hapu, iwi, 2) western patriarchal experiences, and 3) cultural and colonising experiences. The experiences of Maori women while having commonalities with Maori men are also different. Therefore, it is my assertion that the work of Maori women in mental health nursing is carried out within the simultaneously inter-related and contradictory demands of formal 'western' nursing structures, specialised mental health nursing knowledge and practice, gender and ethnic colonisation, and kinship. To achieve this Maori women actively contest and create space for themselves in te ao Maori and te ao Pakeha.

This study is about Maori women in mental health nursing, and examines their multiple realities within the homeplace, schoolplace and workplace. These realities begin in the early years and culminate in the adult years as they go about their practice as mental health nurses. The overall aim of the study is to explore the socio-political and cultural influences that contribute towards their sense of identities, role, relationships and status in Aotearoa New Zealand.

The objectives are:

- To explore the challenges that Maori women mental health nurses encounter and the strategies they use to meet these challenges

- To identify the contribution Maori women make in mental health nursing within the provision of mental healthcare.

2 Maori Mental Health Nursing

The motivation for this study has derived from my experience as a Maori woman 'born and bred' in Rotorua,¹ and from becoming a registered mental health nurse, nurse educator and nurse researcher. I became a member of the Australian and New Zealand College of Mental Health Nurses Inc. (ANZCMHN), NZ Branch (College-NZ), Maori Caucus of the College-NZ.² Through this experience I realised I was a member of a small and unique group of Maori mental health nurses, and that Maori women form the majority of Maori mental health nurses. My focus on Maori women stems from this fact and from my interest in the effects of colonisation and dominant Pakeha discourse upon Maori women. Crowe (1997) asserts that nursing is a political activity that is influenced by the wider and socio-political and cultural context of healthcare and healthcare provision. It is not good enough that mental health nursing takes for granted the assumptions that underpin practice, relationships with tangata whaiora, knowledge about mental health or the systems of healthcare provision (Crowe, 1997; 1998).

According to the Nursing Council New Zealand (NCNZ) annual practicing certificates (APC) survey in 2000 there were 2889 active mental health nurses, of which 12 percent identified as Maori (New Zealand Health Workforce Advisory Committee [HWAC], 2001). Recently released NCNZ workforce data (state of nursing between 1994 and 2002) indicate that Maori Registered Nurses (RN) comprise 2.7% of the total nursing workforce, of which amount nearly one third works in mental health (National Council of Maori Nurses [NCMN], 2004). The HWAC (2001) noted there continues to be a substantial under-representation of clinically trained Maori in the mental health workforce. This is of concern because of the percentage of Maori users of mental health services and the recognition by government that this is a high priority health area.

¹ Born on Pukeroa Hill, one of the original pa sites of Ngati Whakaue, and where Rotorua Hospital has been located since the late 19th century.

² On 30th July 2004 the College-NZ was dissolved and on 1st August 2004 Te Ao Maramatanga (New Zealand College of Mental Health Nurses Inc.) was established. Maori Caucus has a prominent place in the new organisation.

The DALY (disability adjusted life years) burden of disease statistics for psychiatric disorders have Maori at 18 per 1000: 20.9 per 1000 for Maori women and 15 per 1000 for Maori men. Suicide, self harm, substance abuse and mood disorders are the major concerns. Of note are that the findings of the Decades of Disparity Report (Ministry of Health [MOH], 2003), which highlighted an under-reporting of Maori ethnicity data related to how Maori have been defined and the collection of ethnicity data. O'Brien et al. (2002) discovered in their national audit of mental health nursing files that identification of Maori ethnicity was carried out subjectively by Pakeha nurses based on acuity of presentation and skin colour.

Te Rau Matatini [TRM], is a MOH workforce development initiative doing an analysis of existing Maori mental health services, and developing and implementing strategies to enhance these services. A number of educational developments are in progress, such as Te Rau Puawai Workforce 100, a MOH/Massey University initiative aimed at increasing the Maori mental health workforce; and a Clinical Training Agency (CTA) postgraduate diploma in Maori mental health nursing offered at Waikato Institute of Technology (WINTEC), which counts towards a Masters in nursing.

During my time in clinical practice I observed that there was little recognition of or value placed upon the cultural aspects and knowledge of Maori mental health nurses. As a group we were often marginalised by the medical and nursing professions, Maori cultural workers and clinical management's perception of what comprised Maori mental health issues, and who were the 'cultural experts' to be consulted. This prompted a personal and professional journey of reflection as I wondered what it would take to effect cultural and clinical professional development and advancement for Maori mental health nurses. It seemed to me that Maori mental health nurses were an important part of healthcare provision, and that within the context of a rapidly changing healthcare environment their future contribution to Maori mental healthcare was significant. I theorised that Maori mental health nurses are in a unique position by virtue of their whakapapa and clinical expertise to offer cultural and clinical insights that would make a difference for tangata whaiora, whanau, hapu, iwi (Morrison-Ngatai, 1999a; 1999b; 1999c).

3 Thesis Overview

The thesis draws on the korero of six Maori women who are mental health nurses living and working in Aotearoa New Zealand between the years 1970 and 2000. The thesis examines how they stand and endure to make a positive contribution within a system that forces them to contest and create space. The study progresses from consideration of the existing literature (Chapter Two) related to the history and development of Maori women in nursing and in mental health nursing throughout the 19th and 20th centuries. The study concludes in Chapter Eight, which completes the weaving of the strands of the whariki by acknowledging the participants' experiences, and the meaning they make of them, and their qualities deriving from 'mana wahine' that empowers them to contest and create space as Maori women growing up in Aotearoa New Zealand.

Literature related to Maori women in cosmology and customary society is reviewed in Chapter Two and provides an understanding of the spiritual meaning of 'mana wahine'; the detrimental effects of colonisation and Pakeha hegemony on the traditional position of Maori women in society; and the constructs on which my theoretical framework, He Mana Wahine Tuku Iho, was developed. Theories and frameworks relevant to mental health nursing, and Maori perspectives on health are also reviewed.

He Mana Wahine Tuku Iho (MWTI) framework is defined and discussed in Chapter Three. The deeds of nga wahine tupuna as evident in the meta-narratives inform the development of the framework. The MWTI framework consists of three components that promulgate the importance of whakapapa, te reo (in the ingoa and kupu), tikanga and wairuatanga for Maori; frames the multiple realities of Maori women, and identify the qualities in nga wahine tupuna that remain relevant to Maori women today. The MWTI framework connects contemporary Maori women with the women of ancient times.

Chapter Four examines the qualitative methodology utilised in the research that is derived from within a kaupapa Maori paradigm. Kaupapa rangahau is examined and discussed in relation to the impact that western research and colonisation has had on Maori and in particular on Maori women. Design and ethical issues are also examined in this chapter. I also articulate my personal position as a Maori researcher and mental health nurse. My

insider position can be seen as both an asset because of my familiarity with the topic, and a limitation because of the potential for personal bias.

The participants' korero is analysed in Chapters Five, Six and Seven. Chapter Five provides a contextual description of the time and location of the participants' experiences in te ao Maori and te ao Pakeha during the years of maturation from tamariki to rangatahi in the homeplace and schoolplace. These experiences create meaning that impacts on their sense of being Maori women, their role and relationship within their whanau, hapu, iwi and their interaction with te ao Pakeha. These are the initial experiences that help to create meanings that remain influential in their adult lives.

Chapter Six examines the participants' korero in relation to what was occurring for them in adulthood as whaea and pakeke, within the homeplace, schoolplace and workplace. How they mature, position themselves and contest and create space within the context of whanau and societal expectations and barriers are also examined. The juxtaposition of te ao Maori and te ao Pakeha is often a cause of conflict for the participants as they marry, have children, further their education and pursue their career in nursing. Their sense of being Maori women is strengthened by the challenges they overcome in societal norms and the status quo.

Chapter Seven concludes the analysis of the participants' korero. This chapter identifies and examines how the participants stand and endure the complexities of their workplace and the contribution they make ensuring the workplace is culturally appropriate for Maori. Their confidence in being Maori women in mental health nursing is fortified by their acceptance of 'mana wahine' and their identities, role and status as 'he wahine toa'.

Chapter Eight summarises the main findings of the study, which include (a) the fundamental importance of whakapapa, te reo, tikanga and wairuatanga in the attainment of wellbeing; (b) 'mana wahine' as being a factor that enables and empowers the participants successfully to contest and create space for themselves in both te ao Maori and te ao Pakeha; and (c) the qualities of strength, aroha and knowledge that are influential in the achievement of the participants' aspirations. The strength of this study resides in the articulation and development of MWTI framework and informing the body of knowledge about Maori women in mental health nursing. The limitations are also addressed, including

the constraints inherent in completing a Master's study part-time, and the academic scope. The major recommendations that emerges from the study is the necessity of increased support for the advancement of Maori epistemology and ontology in nursing education, research, management and the practice of Maori mental health nursing.

4 Conclusion

This study is about Maori women and the experiences that influence their sense of identities, role, relationships and status. Maori women in mental health nursing encounter challenges within the workplace that derive from the contradictory demands of living in te ao Maori and te ao Pakeha. These challenges strengthen their sense of Maori identity despite their contribution in the workplace often being unrecognised. The literature review examines Maori women in nursing, mental health nursing, effects of colonisation on Maori women, Maori and mental health nursing models of health, and the role of Maori women in cosmology and customary society. The theoretical framework MWTI was briefly previewed locating contemporary Maori women's whakapapa, identifying their multiple realities, and the inherent qualities of 'mana wahine'.

Kaupapa rangahau derives from Maori epistemology and ontology and this is the main reason it was used for this study about Maori women in mental health nursing. However, it also aligns well with the qualitative design and methodology of the study. The three data analysis chapters are outlined, indicating the context, time and location of the participants' experiences in te ao Maori and te ao Pakeha. Through their experiences they create meanings that remain influential in the achievement of their aspirations in adulthood. Chapter Eight concludes with an overview of the findings, discussion, strengths, limitations and recommendations for future advancement of kaupapa Maori in mental health nursing.

The following chapter examines the literature providing an overview of cultural and nursing dynamics, and the historical and contemporary socio-political influences that impact on Maori women, and particularly on Maori women in mental health nursing.

CHAPTER TWO

Raranga Mohiotanga: Literature Review

E kimi ana i nga karu i toro ki tarahiti: Seeking the shoots that stretch far out

(Mead & Grove, 2001, p.29).

1 Introduction

To understand the contribution Maori women make to mental health nursing, it is imperative that the historical and socio-political implications within the context of healthcare are acknowledged (Crowe, 1997; 1998). This literature review therefore provides an overview of the cultural dynamics, and the historical and contemporary socio-political influences that have impacted upon Maori women, Maori women in nursing and mental health nursing in Aotearoa New Zealand. The literature is examined under the broad topic areas related to Maori nursing and mental health nursing; ‘mana wahine’ (cosmology and customary practice); and mental health nursing theory and practice and Maori models of development and health. The socio-political influences that shape the context of mental health nursing practice; in particular government policy, professional policy and regulation, and the impact of the Treaty of Waitangi (Treaty) ³are also reviewed.

A two-stage literature search was conducted specifically to looking for Maori women in mental health and mental health nursing. This search yielded numerous quantities of literature related to Maori women and ill health, and Maori women as consumers of health services. As this literature did not directly inform the scope of this study, it was not reviewed. Published literature specific to Maori nursing and Maori mental health nursing is minimal and limited to recent times. However, some unpublished material was located through my professional Maori mental health nursing network. Within the literature common themes are evident based on the historical and socio-political effects of

³ The Treaty of Waitangi 1840 is an agreement between the chiefs of Aotearoa New Zealand and the British Crown. The Treaty of Waitangi Act 1975 and the Treaty of Waitangi Amendment Act 1985 gave legal weight to redressing historical and current grievances. Government agencies are compelled to conduct their business in a manner consistent with the Treaty principles.

colonisation on Maori women (Maori people) and their culture (including values and beliefs regarding health); and Maori aspiration, development and advancement within the context of healthcare are evident.

A substantial amount of literature was located concerning Maori women in cosmology, customary society; and effects of colonisation on Maori, as well as on Maori women; and Maori women's cultural renaissance of recent times. This literature was used to inform the theoretical framework and contributed largely to the analysis and discussion of the participant's korero. A further search was conducted to locate literature related to qualitative research, nursing research and kaupapa rangahau. This literature informed the research methodology selected for the study that is examined in Chapter Four.

2 Decades of Development

2.1 Late 19th Century and Early 20th Century

Maori women were generally invisible as marginalised members of a new society built on colonial constructs that rendered women as dependent possessions of men (Rei, 1993). The colonial government did not recognise the mana of Maori women at the signing of the Treaty even though thirteen women participated in the signing, indicating hapu and iwi recognition of their status as rangatira and kaitiaki of the land (Rei, 1998). The 1865 Native Land Act gave Maori women the ability to hold Crown grants for land, and in 1893 along with Pakeha women, Maori women were given the right to vote.⁴ Health issues became of paramount concern to Maori as the effects of introduced diseases saw the population dwindle from approximately 150,000-200,000 (late 1700s and early 1800s) to 42,000 by 1896 (Durie, 1994). Societal concerns and responses regarding health at the end of the 19th century and in the early 20th century were about the effects of poor Maori health (small pox, influenza and the threat of bubonic plague) upon the Pakeha community (McKegg, 1991; 1992; Holdaway, 1993). Government measures at this time included the creation of the 'native nursing service', the training and employment of Maori nurses; and the passing

⁴ Electoral Act 1893

of Maori Council Act 1900.⁵ These measures were designed to appease Maori health concerns and demands for self-determination and the powers to make by-laws concerning sanitation, water supplies, drunkenness, tohunga, and other issues considered injurious to public health (McKegg, 1991; Holdaway, 1993). Members of the Te Aute College Student Association [TACSA]⁶ such as Maui Pomare, Te Rangi Hiroa (Peter Buck), Hamiora Hei, James Carroll and Apirana Ngata were responsible for driving these initiatives (McKegg, 1991; Holdaway, 1993). Maori women entering nursing were subject to the constraints of government policies and regulation, patriarchal hegemony and a fledgling professional body.

McKegg's (1991; 1992) examination of Native District Nursing between 1909 and 1939, draws attention to the fact that Pakeha nurses and Maori nurses were agents of the Pakeha government designed to nurse and educate Maori according to Pakeha health values, beliefs and practices – essentially to teach Maori to become 'brown skinned Pakeha' (1991, p. 50). Holdaway (1993), in her article about the impact of early nursing education and practice upon Maori student nurses, points out the constraints of the training and employment scheme that rendered Maori nurses as inferior to Pakeha nurses, and limited their opportunity for professional advancement and employment. The aim was to train Maori girls as assistants who would become "efficient preachers of the gospel of health" (Pope⁷ cited in Holdaway, 1993, p. 27). Holdaway (1993) highlights the fact that the training scheme failed largely because of the inequalities that existed. Both McKegg (1991) and Holdaway (1993) concur that the difficulties for Maori women entering nursing were immense, and they were overlooked by those in positions of authority.

Institutional racism became embedded as government departments of the day failed to recognise Maori health values, and beliefs, and practices; as well as any cultural conflict the individual may have experienced coming to terms with a western based model of health,

⁵ Dr Maui Pomare was appointed as Health Officer to Maori and a number of sanitary inspectors were also appointed. The scheme was in serious trouble by 1905 due to inexperience, lack of government commitment and under-funding (Holdaway, 1993).

⁶ TACSA was founded in 1891

⁷ James Pope was the Inspector of Native Schools 1880-1900. He developed a policy of disseminating health policy through the schools

education and service provision (McKegg, 1991; Holdaway, 1993). Traditional healers, known as tohunga, were legislated out of practice in 1907,⁸ an example of the ongoing oppression of Maori health practices. Durie (1994) describes traditional healing as being closely linked to spirituality and a fundamental belief system that incorporated concepts of tapu, noa, rahui, mate atua and mate tangata. This was the socio-political health context that Maori nurses encountered in their training and practice at the beginning of the 20th century. Today there is evidence that racism has a negative effect on health outcomes for consumers by excluding them from the norms and benefits of society (Howden-Chapman & Tobias, 2000; Reid, 2003).

According to McKegg (1991), by 1914 there were 12 Maori health nurses registered and providing services to Maori communities throughout the North Island.⁹ The first Maori nurse on the Register,¹⁰ a Mary Ann Helena Leonard (Number 252), was only recently discovered, when the link was made to Mereana Tangata, a Hukarere secondary student, who entered nurse training in 1893, graduated in 1896, and started work at Auckland Hospital in 1889 (Our first nurse, 2002). For reasons not stated she chose to train and register under a Pakeha name rather than her family name, and later under her Pakeha married name of Nurse Hattaway (Our first nurse, 2002).

2.2 Twentieth Century forward into the New Millennium

Throughout the 20th century Maori women in nursing struggled to pursue and establish a political voice in healthcare provision, nursing education and professional representation. Their struggle paralleled the growth and establishment of Maori women's health movements responding to ongoing concerns about high infant mortality, unsanitary living conditions and high infectious disease rates (Rogers & Simpson, 1993; Durie, 1994; Dow,

⁸ Tohunga Suppression Act 1907 remained in place until the Tohunga Suppression Appeal Act 1964.

⁹ Amongst these women are – Akenihi Hei, Ema Pakipaki, Sara Birch, Eva Repa, Heni Whanapiritia, Pinenga Hall, Hanna Hippolite, Maude Mataira and Wi Repa. NB: This list is incomplete. There were a number of community workers, one of whom is Miss M. Ngapo.

¹⁰ NCNZ Register of all registered nurses.

1999).¹¹ Similarly, Maori women in midwifery education struggled for visibility and voice; often with Maori women being stereotyped (Tupara, 2000).

At the end of the 20th century and the beginning of the 21st century the concerns about poor Maori health status remain evident in research, highlighting the continued and increasing disparities between Maori and non-Maori health outcomes (Reid, Robson & Jones, 2000). Reid et al. (2000) discuss the hegemonic discourse in which Maori are framed as “other”, different from ordinary (Pakeha) New Zealanders and thus abnormal. Blaming Maori behaviour, genes, culture, socio-economic status, and engagement or non-engagement with health services for their health status shifts responsibility away from social institutions and healthcare practices. Reid (2003) asserts biological determinism is not the main factor that determines health status but rather it is social class and inequities in power. A study by Marmont (1996; 1999) concluded that there were differences between the death rates of higher and lower ranked British civil servants after retirement. Turia (2003) identifies that poverty and systemic discrimination contribute towards the ongoing disparities in health and mortality rates between Maori and non-Maori. For Maori, the major, dominant effect on health outcomes results are from the way in which Maori are excluded or included within society (Reid, 2003).

During the 20th century, however, some notable achievements in nursing were led by or strongly influenced by Maori nurses. These included the establishment of: NCMN - Te Kaunihera Nga Neehi Maori Aotearoa 1983; Waiariki Institute of Technology (WIT) nursing programme based on the holistic Maori concept of Te Wheke 1985; National Maori Student Hui 1988;¹² NCNZ cultural safety 1992; Tihei Mauri Ora programme at Waikato Polytechnic (WP/Waikato Institute of Technology [WINTEC]) 1993; the post-entry clinical training (PECT) Postgraduate Diploma in Nursing (Maori Mental Health) introduced by WINTEC in 2001; Te Runanga O Aotearoa of the New Zealand Nurses Organization (NZNO) 1991; Nga Maia o Aotearoa me Te Waipounamu Maori Midwives 1994; Maori Caucus of the College-NZ in 1994; and Wharangi Ruamano Maori Nurse

¹¹ 1929 Maori Women's Institute (Te Awapuni); 1930s Women's Health League (Nurse Ruby Cameron – Gisborne and Rotorua); 1951 Maori Women's Welfare League.

¹² This hui arose from student concerns expressed at a NCMN hui. It has become an annual event supported by NCMN and Wharangi Ruamano.

Educators 1995. Maori nurses continue to seek to promote Maori aspiration, development and advancement in accordance with rights stipulated in the Treaty and the Treaty principles of partnership, participation and protection, which emerged from the Royal Commission on Social Policy (RCSP) conducted in 1988.

In 1998 the Ministerial Taskforce on Nursing [MTN] highlighted concerns raised by Maori nurses that involved wider Maori realities such as the tension between a 'pan-Maori' vision instead of an iwi vision; neglect of the partnership between Maori and Pakeha as enshrined in the Treaty; poor Maori health; marginalisation of Maori health values and beliefs; and a healthcare 'system'¹³ that remained culturally inappropriate. Recruitment and retention of Maori nursing students (both undergraduate and postgraduate) was complex for many reasons, including whanau obligations, distance, resources and an environment that was not conducive to being Maori. A number of nurses claimed "Maori undergo a loss of identity upon entering the education system" (MTN, 1998, p. 83). Maori nurse attendees at the Taskforce hui indicated a need for a comprehensive strategy that would build capacity in the Maori nursing workforce through the promotion of leadership in specialty practice, research, academia, and management. Central to these concerns is the need to provide quality healthcare for Maori in a variety of settings, including iwi provider groups and independent practice: ultimately to achieve positive health outcomes for Maori. Irwin (1995) refers to hospital facilities that marginalise Maori patients and whanau, and advocates for Maori nurses to be "poutiriao or guardians of order" (Irwin, 1996, p. 16). Munro-Keepa (1996), attending a Maori nurses hui, reports the aspiration of Maori nurses to be 'poutiriao' and the need then to exert a measure of control over health services thereby influencing outcomes for Maori (p. 16).

A fundamental tenet underpinning Maori nursing is the desire to care for, and contribute to, the strengthening of whanau, hapu, iwi. Putiputi O'Brien, the Patron of the NCMN, was formerly a district nurse in her Mataatua iwi area, and role modeled the dedication and commitment to whanau, hapu, iwi, often seen in Maori nurses (McCorkindale, 1996; personal communication). Likewise, Hakiaha (1999) relates how important it is to work for

¹³ The wider system involving the process of educating, registering, employing, and advancing professional and career development of Maori nurses.

iwi and implement practices that benefit whanau, such as health education packages in schools, kohanga and iwi groups. Irwin (1995) advocates Maori nurses to challenge inflexible hospital institutional systems that prevent Maori from getting a 'fair share' of care (p. 19). On a broader basis, Edwards (1990), Szaszy (1993), and Moir (1994) affirm the practice of Maori women committing themselves to the promotion of health and well-being of the whanau, hapu, iwi with their hard work and sharing of skills, abilities and resources. Davis (1999) sums up her perception of Maori nursing:

Being a Maori nurse means taking with you all the dreams and aspirations of your whanau that have been an integral part of your existence... the war of the two worlds, Maori and non-Maori will continue... Maori as professionals have long faced barriers to their participation in the mainstream health system. (Davis, 1999, p. 5).

Concerns identified by Maori nursing students and new graduates in the last decade of the 20th century emphasise the significance of a culturally safe environment for education and practice that is cognizant of Maori culture and aspirations (Hill 1991). Issues about the low numbers in nursing, a lack of Maori tutors, teaching provision that does not commit or cater for Maori learning styles, invisibility of taha Maori yet a presence of transculturalism, resistance by Pakeha to Maori presence, and a general ignorance of taha Maori make student life for Maori students difficult (Manchester, 1996). Hunter (1999) and Maxwell (1999) extol the benefits of learning in a programme that offer students a setting that promotes whakawhanaungatanga -- manaaki, awhi and tautoko. Smith (1999), describing her experiences as a mother, whanau member and a nurse, talks of the challenges of study: Her determination, whanau awhi and aroha sustained her to complete her degree, and continue in postgraduate practice and education. She recognises the system is "tauwiwi based... and it is hard to relate the system to the needs of Maori" (Smith, 1999, p. 13).

Hill (1991) articulates the contribution that Maori nursing students make toward the conception of cultural safety in nursing education and practice.¹⁴ Donnelly and Jones (1999) report that Maori nursing students remain concerned about the marginalisation of cultural

¹⁴ In 1992 the NCNZ, compelled by Section 181 of the Education Act 1990 to acknowledge the principles of the Treaty, and to maximise community participation, amended its Standards of Registration to include cultural safety in nursing and midwifery education.

safety in nursing education; the lack of visibility of the Treaty in the nursing sector; and difficulties for Maori students to pursue cultural responsibilities and professional development. The notion of culturally safe or culturally competent¹⁵ care has gained increasing attention in mental health nursing over the past decade. Since 1992 the NCNZ requires cultural safety to be part of the undergraduate nursing curriculum, and specifies competencies for registration and ongoing certification of practice (NCNZ, 1996; 2001; 2002). Cultural safety is defined as:

The effective nursing or midwifery practice of a person or family from another culture and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse or midwife delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her own professional practice. Unsafe cultural practice compromises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (NCNZ, 2002, p. 7).

The kaitiakitanga, development and promulgation of kawa whakaruruhau/cultural safety by Irihapeti Ramsden,¹⁶ initiated and championed by Maori nurses, exemplifies the contribution to the provision of acceptable nursing care given to members of our society (Ellison-Loschmann, 2001).¹⁷ Richardson (2000), in her thesis researching the teaching of cultural safety in the undergraduate nursing programmes, comments on how the presence of the Treaty creates a complex political climate: perhaps no better demonstrated than by the public national debate on the presence of Maori in determining the cultural safety concept in nursing resulting in a parliamentary select committee enquiry in the mid-90s (Ellison-Loschmann, 2001).

¹⁵ "Cultural competence is the ability to view each patient as a unique individual, fully considering the patient's cultural experiences within the context of the common developmental challenges faced by all people" (Oakley, 2001, p. 135).

¹⁶ As a prominent advocate for kawa whakaruruhau/cultural safety, Irihapeti Ramsden produced numerous documents on cultural safety and nursing education, and the effects of colonisation on Maori health. Publications span more than a decade, her last being her doctoral thesis "Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu" in 2002. Irihapeti died in April 2003.

¹⁷ Acknowledgement is given to the many non-Maori nurses who contributed and supported the development of kawa whakaruruhau/cultural safety in Aotearoa New Zealand.

Over a decade after the introduction of cultural safety into the nursing curriculum, negative criticism still exists, and is often mistakenly seen as a 'Maori thing' (Pere, 1998; Richardson, 2000). It is argued that the concept of cultural safety (as originally intended to address Maori cultural safety) has been appropriated by hegemonic processes and a separation (tantamount to marginalising Maori) has occurred whereby poor Maori health and the Treaty are constructed separate from culturally safe nursing practice.¹⁸ However, the alternative argument is that the separate focus allows Maori health and the Treaty to be more explicit (NZNC, 2002).

It is often difficult for the nursing profession to acknowledge the origin of this concept, and truly value the input from Maori. On a wider societal level, many Pakeha still struggle to understand their relationship with Maori and their responsibilities in that relationship as defined in the Treaty, Aotearoa New Zealand Law,¹⁹ and International Law regarding human rights and indigenous rights. Brash (2004) speaking on 'Nationhood', gained popularity mainly from Pakeha, for a political policy that promotes the standardisation of New Zealanders as "one people", diminishes the government and Pakeha ongoing responsibilities to Maori under the Treaty; restricts the right of Maori to due process under Law; and subsumes Maori as just another minority group with some socio-economic disparity mainly in rural areas. That a Pakeha male, as a member of the dominant group, should construct Maori and Maori knowledge in a way that suits his political agenda and euro-centric perspective is not unusual (Walker, 1990).

Some would argue that the Principles of the Treaty are a 'watered down' version of the Treaty and its Articles. The Articles clearly recognise Maori sovereignty; grants exclusive and full rangatiratanga over all possessions and resources; and bestow the right of equitable access to Pakeha institutions and society. The Principles seem to imply equity, economic and cultural security for both parties to the Treaty that is Maori and the Crown. Durie (1994) suggests that by incorporating these Principles in organisational culture Maori do

¹⁸ Personal conversations with participants who attended the Cultural Safety Forum, Western Institute of Technology, New Plymouth, March 2003.

¹⁹ The Treaty of Waitangi Act 1975 established the Waitangi Tribunal set up to hear Maori grievances about contemporary concerns, and in 1985 the Tribunal was given authority to look at concerns dating back to 1840. The State Sector Act 1986 committed the Crown to acting in a manner consistent with the principles of the Treaty of Waitangi.

have an access opportunity to culturally appropriate healthcare that should promote better health outcomes.

However, current health research provides evidence that poor Maori health outcomes reflect inequitable access to the socio-economic and cultural determinants of health afforded Pakeha (Howden & Tobias, 2000; Blakely, 2003; Robson et al., 2000). Dyll, Bidois, Gurney and Harawira (1998), in their research investigating Maori preference of health outcome measurement tools, discovered that tangata whaiora, kaumatua and whanau preferred mental health services to be run 'by Maori, for Maori, in Maori places'. An overriding contention made by Maori is that when the Articles (sovereignty, exclusive possession and rangatiratanga, and equal access to the benefits of society) are genuinely integrated into the healthcare system, then Maori may then perceive that their healthcare needs are being met and positive outcomes more likely (Dyll et al. 1998).

2.3 Government Direction, Nursing Changes and Implications

Since 1975 Maori rates of mental illness have increased, while physical health problems appear to be reducing (Durie, 1997). This trend accelerated in the 1980s and 1990s, coinciding with national economic restructuring that often left Maori without employment and impoverished. Over the last 10 years government policy has recognised the need for greater Maori involvement at strategic, governance, provider and tangata whaiora levels (MOH, 1994, 1997a, 1997b, 2002a, 2002c, 2002d). Government public health policy aims to reduce the prevalence of mental illness through health promotion and to improve the health status of, and reduce the impact of mental illness on tangata whaiora, whanau and the community (MOH, 1997b). Te Puawaitanga Maori Mental Health National Strategic Framework (MOH, 2002c) outlines five strategic goals to achieve the government's aim that include: comprehensive services; the participation of Maori in the planning and provision of services; the choice for, tangata whaiora of mainstream or kaupapa community services; increasing the number of Maori workforce; and the maximising intra- and inter-sectoral cooperation.

To meet their population health goals the Government has identified nursing as a key provider of healthcare, and specialty scopes of practice include services in rural

communities and services for Maori. The MOH has supported the introduction of primary healthcare nursing, nurse practitioner and nurse prescribing rights (MOH, 2001, 2002b, 2003b). Opportunities for Maori mental health nurses to further their educational and research needs have increased with the establishment of MOH workforce development initiatives, such as Te Rau Puawai 1999, which aims to build workforce capacity; Te Rau Matatini 2002, a workforce development group; and the Henry Rongomau Bennett Scholarship 2003, to advance Maori mental health leadership.

3 Maori Women in Mental Health Nursing: 20th Century – Today

The literature review undertaken revealed a deficit of published records about Maori women in mental health nursing, particularly during the first 85 years of the 20th century. A few articles, some of which are unpublished (Elliot, Taitoko & Balzer, 1987; Morrison-Ngatai, 1997, 1998, 1999a, 1999b, 1999c; Sewell, 1999; Carwell-Cook, 1999; Bennett, 1998; Webby, 2001),²⁰ provide insight into the perspectives of Maori mental health nurses on health and unwellness, workforce issues, quality healthcare in relation to standards and competency of care, tangata whaiora rights, the principles of the Treaty, and ways of engaging effectively with Maori. However, no literature was found that related to the personal experiences and views of Maori women as mental health nurses, the topic of this study.

The main concern discovered in the literature is about nursing care that meets the cultural needs of Maori, delivered by practitioners with a strong affinity and knowledge of Maori cultural values, beliefs and practices. Bennett (1998) eloquently describes an interaction with a male Maori patient who eventually commits suicide. This description highlights the tension present between te ao Maori and te ao Pakeha. Identified are the cultural understandings shared between Maori of their shared experiences contesting space in te ao Pakeha: “They call to him. I want to laugh. These pakeha, their ignorance makes them look foolish. He hates them. There can be no reasoning where there is no trust” (Bennett, 1998, p. 12). Bennett (1998) speaks of trust and empathy, and whakawhanaungatanga: “I was his

²⁰ During the late 1990s government funding was made available for workforce development via the Clinical Training Agency (CTA) for post-entry to clinical practice studies in mental health nursing. The author and several other Maori colleagues enrolled in various courses and found the lack of Maori presence and content frustrating. It was generally felt that the course offerings were of limited value to Maori.

sister, his cousin, his mother, his advocate, his enemy, his confidant. I was his nurse” (p. 13).

Elliot et al. (1987) introduced the “Gallery of Life”, whereby a Maori perspective of the individual’s relationship to the world, God, people and behaviour is seen to be holistic and multidimensional. This perspective is contrary to the biomedical model’s narrow focus on pathology and physiology; and the bio-social-psychological model that ignores the relationship with tikanga, wairuatanga, te ao hou (te ao Pakeha) and te ao tawhito. This Gallery of Life model uses te reo and whakapapa as a primary that underpin Maori identity within the multiple realities of life and death.

Sewell (1999) challenges western notions of self and mental disorder and contends that the “medical model is biased against Maori discernment of reality and truth, and is thus particularly harmful to Maori tangata whaiora” (p. 1). Concepts of whanaungatanga, nga taonga tuku iho, and the beliefs about the land, whakapapa and identity are paramount for the mental well-being of Maori. Sewell (1999) maintains that Maori have the right to retain access to their cultural, social and economic institutions to secure a sense of identity commensurate with mental well-being.

Morrison-Ngatai (1997, 1999a, 1999b) raises several issues about service provision that are both culturally and clinically sound. For example, Morrison-Ngatai (1997) advocates that effective communication with Maori is achieved when communication processes and techniques are based in tikanga. Processes of engagement are quite different for Maori, and if successfully accomplished rapport is established with tangata whaiora and whanau, enabling the therapeutic relationship to develop, and the achievement of tangata whaiora and whanau participation in healthcare. The lack of culturally safe practice and sub-standard healthcare in acute, sub-acute and tertiary healthcare settings often disadvantages Maori. Discussing non-therapeutic engagement, Morrison-Ngatai (1999c) examines a complex crisis situation and the negative impact for tangata whaiora and whanau when healthcare provision is sub-standard (measure being ANZCMHN standards and competencies) and whanau are denied access to appropriate cultural support and services.

Another example of an issue confronting Maori mental health nurses identified by Morrison-Ngatai (1999) is the importance of a workplace environment that acknowledges and appreciates the importance of Maori cultural identity and whakapapa alongside Maori health values and beliefs. Maori nurses today, as in the early 20th century, are in a strong position to provide care to Maori tangata whaiora and whanau by virtue of their dual capacity of cultural knowledge and whakapapa, and clinical expertise (Morrison-Ngatai, 1999).²¹ This concept is supported by Street and Walsh (1997), who conclude that culturally competent care for Maori means:

Maori must be given the opportunity and resources to design and deliver health services, and Pakeha nurses need to insist on being properly resourced for its cultural component of their work. (p. 61).

The issues that arise from inequitable staffing ratios between Aotearoa New Zealand trained nurses and overseas trained nurses, in an acute inpatient unit with a predominantly Maori population are raised by Carwell-Cook (1999). Concerns are based on the observation that culturally unsafe care is provided by immigrant nurses and short contract foreign nurses who have no understanding of the concept of cultural safety within the Aotearoa New Zealand context:

There are concepts within the culture of Maori that only Maori can fully comprehend such as wairua, tapu and noa, and tino rangatiratanga for example. I do not believe some European or overseas nurses can truly comprehend these concepts and what they mean for Maori and Maori realities. (Carwell-Cook, 1999, p. 6).

Carwell-Cook (1999) cites an incident where a 23-year-old Maori male is described by a foreign nurse as being psychotic, when from a Maori perspective what was occurring was whakawairuatanga. The young man felt “it was like wairua was lifting from within me and heading for the heavens, I cried and it began raining lightly as if my friends were crying with me” (Carwell-Cook, 1999, p. 6).

²¹ Te Rau Ararau Advisory Working Group (Te Rau Matatini/MOH, 2004), are currently finalising a document that addresses the need for dual clinical and cultural career pathway for Maori mental health nurses (Maxwell-Crawford, K.M., & Emery, M.A., in press).

Morrison-Ngatai (1998) and Sewell (1999) both critique the appropriateness of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) for tangata whaiora. It is a classification system based on western empiricism designed to categorise and label. There is little acknowledgement within the DSM system of classification (signs and symptoms, and duration) of the wider concepts of being human, spirituality, age, culture, relationship dynamics, historical socio-political issues, and current socio-political and economic determinants of health. That psychiatry has the power to classify mental illness according to pathology exemplifies the biomedical approach that ignores socio-economic and cultural aspects of health. For Maori, diagnoses are detrimental to well-being and simply reinforce persistent assumptions within psychiatry that Maori having genetic predisposition to madness (Morrison-Ngatai, 1998; Sewell, 1999; Racism shock... , 2000). O'Brien and Morrison-Ngatai (2003) examine the culturally determined nature of western psychiatry and assert that the illness model of mental distress contrasts with traditional cultures, for example, Indian, Asian, African and Maori cultural beliefs. Further, they clarify that the western perspective of mental illness is about disengagement from self, and that in pursuit of wellness this search becomes focused on the 'ideal individual self'. This approach does not recognise traditional Maori paradigms of mental well-being as a direct outcome of harmony and balance with oneself, one's whanau, hapu, community, ancestors, creator and environment (O'Brien & Morrison-Ngatai, 2003).

4 Maori and Mental Health Nursing Theories and Models of Health

Theories and models provide a framework to understand, and suggest treatment strategies for, complex human behaviour, thinking and emotions (Stuart, 2001a). Mental health nursing education and practice in Aotearoa New Zealand remains heavily weighted with western paradigms. Principles of psychiatric nursing practice are based on western models that emerge from psychoanalytical, interpersonal, social, existential, supportive, and biomedical approaches. These models are used to assess, diagnose and treat behavioural deviations (behaviour that is aberrant from western/Pakeha norms) of the individual, measure effectiveness of the treatment process and facilitate research into human behaviour (Stuart, 2001a). Western models and theories tend to compartmentalise, lineate and individualise the mental illness experience. By the process of colonisation, Maori social and cultural lore is undermined in favour of a euro-centric worldview (MacFarlane, 2004a). This is contrary to the holistic and collective nature of Maori models and theories, which

are based on cosmology, tikanga, wairuatanga, and cognizant of the impact of colonisation (Davies, Elkington & Winslade, 1993; Durie, 1994; Pere, 1997; Royal Tangere; 1997; Keelan, 2004; MacFarlane, 2004a, 2004b). Maori models are inherently well-being focused and inclusive of socio-economic and cultural determinants of health and the experience of colonisation (ibid). Mainstream healthcare services are based on the biomedical model that emphasises pathology and ‘curing’, which is the deficit approach to healthcare.

4.1 Maori Models and Frameworks

Colonisation over the past 164 years has had a devastating impact on Maori well-being, causing the breakdown in whanau, hapu, iwi structures, loss of and alienation from land, whanau, resources and identity, as well as the introduction of physical diseases and socio-economic deprivation (Mental Health Foundation of New Zealand [MHFNZ], 2004). The Putangitangi model developed by Davies et al. (1993) gives credence to the diversity of Maori cultural experiences as a consequence of colonisation. Durie (2001), in describing access to the fundamental requirements for Maori health today, places equal importance on the personal and collective journeys of Maori and the impact of the forces of colonisation.

Table 1: Foundations for Health. (Adapted from Durie, 2001, p. 36)

Society and Economy	Housing, education, income, justice
Lifestyles	Smoking, gambling, injuries, recreation and leisure, nutrition, alcohol and drugs
Journeys	Collective stories, the forces of colonisation, terms of participation in society
Identity	Access to the Maori world, culture, heritage, whanau
Uniqueness	Genetic endowment, personality and temperament, personal journeys

Pere (1997) draws on the ancient knowledge of her forebears to construct a framework for health and well-being: Te Wheke symbolizes the infinite wisdom of Hawaiiki and the interdependence of all things across the universe. Te Wheke’s head is the person, and well-

being is reflected in the eyes (Pere, 1997; Durie, 1994). Each part of the body represents a dimension that requires attention and sustenance for the whole to achieve well-being. Complex cultural constructs and their relevance to the achievement of whaiora are identified. This model is based in wairuatanga and mauri and is highly integrated with merging concepts and permeable boundaries. Te Wheke is about “peace, love, joy and truth to the universe” (Pere, 1997, p. 58).

Te Whare Tapa Wha (Durie, 1994) is a framework developed from the shared wisdom of kaumatua that emphasises four dimensions of health – taha wairua, taha hinengaro, taha tinana and taha whanau. These dimensions are represented by the four walls of a well-built house that is both symmetrical and strong. The analytical, reductionist and compartmentalising approach is less preferred; rather a synthesized, synergetic approach that takes into account wider realities and relationships between phenomena is preferred (Durie, 1997a). Taha wairua is regarded as the most essential requirement for health, “... without a spiritual awareness and a mauri (spirit of vitality, sometimes called life force) an individual cannot be healthy and is more prone to illness or misfortune” (Durie, 1994, p. 71). Taha hinengaro is the intellectual and emotional dimension on which behaviour, thought and feelings are based. For Maori, a holistic, comprehensive approach is necessary in the pursuit of meaning, and this has implications on the provision of appropriate healthcare. Maori view poor health as a “... manifestation of a breakdown of harmony of the individual and the wider environment” (Durie, 1994, p. 72). Knowledge about particular states of the mind is clearly distinguishable in Maori models and frameworks; however, the process of care must be compatible with tikanga and wairuatanga.

Te Poutama²² model describes the process of learning and growth, and is adapted from the story of Tane-nui-a-Rangi who ascended to the twelfth heaven to procure the three kete of knowledge (Royal Tangaere, 1997). The poutama has been adapted for the process of mental health healing, beginning with karakia to unlock the wairua and enable the tangata whaiora to discover and meet their personal challenges during each stage of ascent and descent. There are several other models that are being used in education, mental health and alcohol and drug services. For example, Te Ngaru Learning Systems (Paraire Huata) based

²² A pattern used in raranga and whakairo depicting a stairway to heaven, the symbolic pathway of Tane-nui-a-rangi.

on the waves of Tangaroa, Te Tuakiri o Te Tangata (Peta Ruha) based on the features of man and Te Harakeke based on the qualities, care and sustainability of the flax bush.

MacFarlane (2004a) criticizes traditional western theories of development for their “compartmentalised, seemingly absolute approach which is incompatible with a Maori worldview” (p. 38). MacFarlane (2004a) suggests a developmental framework based on the creation meta-narrative and customary and current practices: a series of relative transformations during the lifespan culminating in a transformation from the world of light into the spiritual world of Hawaiiki. MacFarlane (2004a) further proposes that the main considerations for a Maori developmental theory must incorporate an appreciation of history and mythology, kinship with nature and the afterlife, whanau, hapu, iwi, and Maori concepts and values with wairuatanga at the centre. Development from a Maori worldview as proposed by Keelan (2004) in relation to rangatahi, is underpinned by the principles located within an ancient whakatauki²³ – appropriate time and place, opportunities to access resources, cultural integrity, and spirituality.

4.2 The Interpersonal, Psychotherapeutic Management, Tidal and Advanced Practice Models

Peplau's²⁴ interpersonal theory is regarded as foundational in the practice of mental health nursing, and focuses on the interpersonal processes and therapeutic relationship between the nurse and client (Forchuk, 1993). This theory assumes the nurse is a self-reflective educator, has influence during the client's illness experience, and by the use of principles, and methods is able to foster personality development in the direction of maturity that enables clients to grapple with everyday interpersonal problems or difficulties (Forchuk, 1993). This theory also assumes the cultural competency of the nurse exists.

Keltner and Schwecke (1999) promulgate a three-component approach to care: the therapeutic nurse-patient relationship, psychopharmacology, and milieu management. It

²³ “Ka pu te ruha, ka hao te rangatahi: When the old net is worn out and cast aside, the new net is put to use.”

²⁴ Hildegard Peplau developed this model in response to the need she perceived in the 1940s for advanced psychiatric nursing education and practice.

recognises a need to balance the three components to form a powerful model of care that may be provided across the continuum of care. It acknowledges the inter-professional nature of healthcare provision and attempts to identify the unique role of mental health nurses as managing the intricacies of care in an appropriate and timely manner based on these three aspects. This model focuses on psychopathology (biomedical and deficit model) and is more suited to acute inpatient healthcare provision with nurses being the 24-hour providers of care. It is not without merit if the inter-professional team and the environment support Maori healthcare beliefs and practices, Maori staff, including Maori mental health nurses whilst maintaining a 'recovery focus'.²⁵

More recently, Barker (2000) has developed an approach to mental health nursing designed to show nurses how they may empower consumers and their families and clarify the kind of 'care' consumers need from nurses. This model emphasises the unpredictability of human experience through a metaphorical description of an ocean journey paralleled with elements of the psychiatric crisis and experience. It emphasises the role of nurses in providing appropriate forms of 'emotional rescue' and healthcare that enables the client to 'put to sea' again in wellness (Barker, 2002). This model has some resonance with Maori behaviour, thinking and feeling, which lends itself to metaphorical and spiritual explanations for the human experience, as well as a traditional affinity to the sea as ocean-faring explorers (Ramsden, 1994).

Crowe (1998) identifies that advanced practice in mental health nursing places the onus on the nurse to understand the socio-political and historical context of care that places the client at the centre. Advanced practice is a dynamic process embedded in researched evidence and ongoing critical reflection. In practice therapeutic techniques must be based upon principles of knowing oneself and others, partnership, empowerment, respect, and acceptance within a safe environment.

²⁵ Recovery-focused care places the tangata whaiora at the centre, draws on tangata whaiora experiences, and strengths to influence care provision, whilst maintaining tangata whaiora and whanau hope.

4.3 The Individual and the Collective

In the discipline of mental health nursing the notion of ‘self-concept’ is accepted as a powerful framework through which a person interacts and views the world (Stuart, 2001b). Self-concept may be defined as:

[A]ll the notions, beliefs, and convictions that constitute a person’s self-knowledge and that influences relationships with others. It includes one’s perception of personal characteristics and abilities, interactions with other people and the environment, values associated with experiences and objects, and goals and ideals. (Stuart, 2001b, p. 314).

Childhood experiences are the events that mould and shape our lives and provide meaning for current and future intra-personal and interpersonal interactions and the environmental context with in which we live. It is generally accepted within the mental health profession that positive and adaptive behaviours emerge from a strong sense of identity, whilst negative and maladaptive behaviours emerge from a weak sense of identity (Stuart & Laraia, 2001). Within recent times, the relevance of positive self-esteem and cultural-esteem is recognised as contributing to the development of a well-integrated and adjusted personality.

The Maori perspective of well-being is grounded in holism and perceived optimum function of the individual as an integral member of whanau, hapu, iwi. Durie (2001), in his examination of health and well-being, concludes Maori good health is dependent on a synergy of biological, cultural, social, economic, lifestyle and political factors. Awatere (1995) asserts that Maori women are sustained by their ‘Maoriness’ and their identity as Maori women. Furthermore Awatere (1995) claims “confident and successful Maori women will relate that they had a very nurturing experience in childhood” (p. 36). Not surprisingly, Awatere considers positive self-esteem fortifies Maori women against racism and sexism in te ao Pakeha (1995).

Oakley (2001) proposes that culture²⁶ serves to provide a framework for behaviour, and interpreting and understanding the world. The individual and group identity is fostered by

²⁶ The writer has drawn on cultural models from within her mental health education and practice, and has not referred to sociological and anthropological models.

the transmission of the social constructs of culture by language, music and dance. Morals are conditioned by cultural background, and emotions are shaped by cultural values and beliefs, ideas, practices and institutions. This framework is not incompatible with notions from within a Maori perspective of the defining elements of culture such as tikanga (encompassing values and beliefs); and waiata, raranga and whakairo as physical expressions of the metaphysical components of tikanga.

5 Mana Wahine: Cosmology and Customary Practice

The position of Maori women in cosmology and customary society was one that attributed high value and significance. Maori women's role and identity in customary society is described in cosmological narrative, whakapapa, waiata, nga moteatea and te reo (Tomlins-Jahnke 1996). The links Maori have with Papatuanuku indisputably establish the status and role of Maori women within Maori society by whakapapa (Mahuika, 1975; Sinclair, 1975; Pere, 1987; Walker, 1990; & Tomlins-Jahnke, 1996). This status is integral to the traditional position of equality and power Maori women enjoyed alongside Maori men. Maori Marsden (1975) and Pere (1982) define mana as an attribute bestowed by the gods and therefore in the Maori sense irrefutable. Marsden (1975) locates the term mana within the spiritual realm as "... lawful permission delegated by the gods to their human agent to act on their behalf and in accordance with their revealed wills" (p. 193).

Marsden (1975) argues that mana is authoritative and powerful; it can be abused, it can cause harm and it may be withdrawn. According to this notion it could be inferred that Maori women are spiritually powerful and possesses authority. This is certainly the case in the meta-narratives and in customary society. Pere (1982) provides an in-depth commentary on the spiritual roles assumed as kaikaranga, whare tangata, presiding over child birthing, tangihanga, repository of hapu and iwi knowledge, planting and harvesting, and even warfare; from her tribal perspective of Tuhoe-Potiki and Kahunungu. The term 'mana wahine' defines and describes what counts in relation to Maori women, and that the definition is based on notions of personal power and autonomy derived from cosmology and customary society (Tomlins-Jahnke, 1996).

The following aspects of 'mana wahine' have been selected for brief consideration because of the inherent prestige and synergy associated with the identities, role, status and relationship of Maori women to whanau, hapu, iwi within tikanga. These are te whare tangata (whakapapa), kaikaranga (te reo), apaakura (whanaungatanga), and whakatapu and whakanoa o nga wahine (wairuatanga).

5.1 Te Whare Tangata: House of Mankind

Women are depicted as the house of mankind because all human beings are conceived and developed in the womb (Barlow 1991). The nature of conception, gestation, birth and nurturing depicted in the cosmological narratives are often reflected conceptually in tribal whakapapa, tauparapara, waiata, karakia and whakairo and raranga. Women are not only the generators of life, but, through Hine-nui-te-Po, humankind's mortality was established, and the afterlife secured in Rarohenga (Kahukiwa, 1984). Women as well as men are both guardians and owners of the land (Pere, 1982). Te Awakotuku (1992) reminds us that although Maori women carry the responsibility and are defined as whare tangata, women without children also contribute to the shaping of a world for our mokopuna.

5.2 Kaikaranga and Apaakura: Ceremonial Caller and Lament

Karetu (1975) explains how the beauty of te reo is expressed in the karanga, and how moving the calling is. The woman's voice is the first to be heard on formal occasions: her words weave the spiritual fabric for the interaction to occur with integrity. Barlow (1991) likens the karanga on the marae to the cry of women giving birth, when the child leaves the womb and enters the world of light. It arouses the spirit of those who have passed on, to the spirit world: the high-pitched cry penetrating beyond the physical world to the spiritual realm. Likewise, the act of apaakura refers to the public heart-rending weeping of women who lament the loss of whanaunga at tangihanga (Karetu, 1975). Within Te Arawa, practitioners of apaakura are highly valued for the pathos and inspiration they generate during tangihanga; this action is a powerful expression of the esteem and affection in which the deceased was held, and provides comfort to the bereaved.²⁷

²⁷ Witerina Harris, Ngati Whakaue, personal conversation on the death of my grandfather.

5.3 Tapu and Noa: Restricted and Unrestricted

He wahine te kai tohu i te tapu. He wahine hoki te kai whakanoa i te tapu; A woman instigates the sacred; a woman dissipates the sacred

(Barlow, 1991, p. 39).

Women inherently possess the ability to make tapu (as in pregnancy and menstruation) and the power to make noa as in removing the tapu from a new house (Pere, 1982). The operational perspective of tapu and noa was described by Pere (1982) as being a concept applied to everyday living, complex rituals and social controls. Tapu is associated with restriction upon a person, place or thing while noa is associated with warmth, benevolence, life-giving, constructive influences and ceremonial purification. The mana of a highborn female is particularly potent in negating or neutralizing tapu according to Marsden (1975). Examples used to illustrate this point include a female depleting the mana of a male by stepping over a man (a negative influence), and the decontamination of tapu in a new building (positive influence). Ngoi Pewhairangi (cited in King, 1975) explains that all Maori learning involves tapu, and that breach of tapu can cause dire consequences. Te Uira Manihera (cited in King, 1975) exhorts a young man to remove tapu books from the presence of food and clothing that belong to women lest the tapu be nullified. As illustrated, women were often the holders of knowledge of tapu and noa, and provide advice to restore balance, and to cure or protect from mate Maori.²⁸ Durie (1994), in referring to the regulation and control aspects of health, offers a working definition of the two terms as tapu being protective and noa denoting safety, both complement each other, and the process of interaction is dynamic.

6 Mana Wahine: The Effects of Past and Present Hegemony

Literature written about Maori women by Pakeha contributes to the misinformation and negative stereotyping of Maori women that locates them as chattels, inferior to Pakeha men and women and Maori men (Tomlins-Jahnke, 1997; Pihama & Johnson, 1994). From the very arrival of Pakeha, Maori society came under threat as Maori were renamed, redefined

²⁸ I recall several instances, and purakau told by kuia, from my childhood, when advice was given to procure 'spiritual' protection and healing with the use of wai, karakia, flora, Paipera (Bible) and special actions.

and reframed to fit the current Pakeha ideology, which was based in Social Darwinism, Christian-Judeo evangelism and assimilationist policies (Tomlins-Jahnke, 1997; Hoskins, 2000). The esteemed position and status of Maori women (Jenkins, 1992) was undermined by the dominant discourse of colonisation that marginalised and disempowered Maori women, portraying them in disparaging and unflattering ways (Evans, 1994; Tuhiwai-Smith, 1997; Tomlins-Jahnke, 1997; Johnson, 1998; Beets, 2000). The role of Maori women as fully independent participants in society was suppressed and supplanted by the colonial government: as rangatira, landowners and signatories to the Treaty, their rank and mana were ignored and they were generally excluded from the benefits of colonial society (Rei, 1998). According to Orange (cited in Rei, 1998) some Maori women were prevented from signing the Treaty, and it was generally not recognised or accepted that Maori women as landowners were entitled to vote under the landownership eligibility from 1857 onwards (Whaitiri, 1993; Rei, 1998).

For Maori women, the non-recognition of their position in Maori society by the colonisers became problematic for Maori communities. Traditional roles, responsibilities, status and relationships within whanau, hapu, iwi were undermined effectively destabilising the whanau. Tuhiwai-Smith (cited in Hoskins, 2000) asserts that Maori women in general constantly struggle to maintain their cultural authenticity based in Maori cosmology and customary practice. Johnston (citing Tuhiwai-Smith, 1998) suggests Maori women were:

... written out, marginalised and made invisible. Those who wrote the stories assumed that the leading characters within Maori history were Maori men. The invisibility of Maori women was a direct consequence of the colonial process, and through schooling practices in particular, Maori women came to be portrayed in unimportant roles. (p. 31).

A case in point is Fitzgerald (1977) who asserts that Maori women are less traditional and prefer to identify with European roles because Maori males occupy more leadership roles in traditional society. This statement perpetuates the Victorian myth of the subservient position of Maori women, and ignores their traditional status and role.

However, the fact that Maori women ideologically have equal status with Maori men does not translate into customary practice of today (Szaszy, 1986; Walker, 1997 cited in Hoskins,

2000). Hoskins (2000) questions the notion of gender equality within Maori society today; she asserts as Maori men have become the legitimate keepers and interpreters of what is considered to be authentic traditional knowledge, tikanga and kaupapa; their own interests and political goals are served to the detriment of Maori women. Mikaere (1994) and Wilson (2002) suggest that the abuse of Maori women by Maori men is directly linked to the destruction of the traditional role of Maori women and the breakdown of traditional society where violence towards women and children was not sanctioned. Rangahau (1975) succinctly distinguishes difficulties faced by Maori in being and defining themselves in the face of pressure from Pakeha:

You know the number of people, Pakeha people, who know better than I do how I am to be Maori just amazes me. I could never be so audacious to suggest to Pakeha that I know better how to live as Pakehas. (p. 237).

Since colonisation, Maori women have struggled with dispossession and oppression of their culture and status, and this struggle is quite different from Pakeha feminism (Whaitiri, 1993). The distinction between Maori women and Pakeha feminism is the different worldviews, philosophy and identities located in Pakeha language by Pakeha women from positions of privilege and power (Smith & Taki, 1993; Evans, 1994; Mita 1994; Tuhiwai-Smith, 1997). Tomlins-Jahnke (1996) explores the discourse of Maori women on 'Pakeha feminism' and illustrates how it is unsuitable for Maori women and in fact has failed Maori women, and other indigenous women. Tomlins-Jahnke (1996) asserts that any analysis of Maori women must be grounded in te ao Maori. Evans (1994) articulates a view of Maori feminism that is located in cosmology and customary society:

... Maori feminism was grounded in the identity and creation of this country, grounded in the rivers, lakes, mountains, seas and forests, grounded in the war and peace between the tribes and families, tribes, waka, Gods and Goddesses grounded in notions and concepts of time and space that required reclamation and if the price was a re-fashioning of Maori society then so be it. (p. 7).

Tomlins-Jahnke's (1996) analysis of the education of Maori girls confirms an approach that sought to assimilate Maori girls to be good wives and mothers similar to Pakeha women through mainstream education, based upon Victorian ideology. Maori 'girls' were denied meaningful education that suited their cultural identity and context (te reo was banned

from schools in the early and mid 20th century, and resources were euro-centric). Being Maori in a mainstream school could be a lonely and humiliating experience, which dislocated one from cultural and tribal identity (Te Awekotuku, 1988). Educational opportunities that reflect a valuing of Maori cultural expression and autonomy were not readily available until the introduction of kohanga reo, kura kaupapa, and in more recent time's tertiary institutions such as wanaanga. During the last 20 years there has been an increased global awareness of issues associated with indigenous peoples as they seek to redress their grievances pertaining to alienation and loss of land, resources, language and forms of cultural expression, cultural institutions and customary status. Maori women are an active part of this movement as they weave and reclaim 'mana wahine' into the discourse in Aotearoa New Zealand (Mead, 1994; Te Awekotuku, 1992; Hoskins, 2000).

7 Conclusion

The literature review revealed common themes based on the historical socio-political effects of colonisation on Maori women, and Maori cultural values and beliefs regarding well-being and healthcare. Maori women in cosmology and customary society held a preeminent role and status in Maori society but this has been undermined by Pakeha ideology and hegemony since colonisation. This former status and role is integral to the traditional position of equality and power Maori women enjoyed alongside Maori men: their mana was bestowed by the gods and therefore, in the Maori view, irrefutable. Literature written about Maori women by Pakeha contributes to the misinformation and negative stereotyping of Maori women, who are often portrayed in disparaging and unflattering ways. However, Maori women are sustained by their 'Maoriness' and their identities as Maori women, and strive onward to maintain their cultural authenticity based in Maori cosmology and customary practice.

The impact of early nursing education and practice on Maori student nurses, illustrates the constraints of an education system that rendered Maori women nurses inferior to Pakeha nurses, and limited their opportunity for professional development. During the 20th century some notable achievements in nursing were led or strongly influenced by Maori nurses in education, professional organisations and practice environments. These initiatives promoted Maori epistemology and ontology. Participation by Maori nurses in the MTN

(1998) raised issues related to the importance of iwi distinction as opposed to pan-Maori, nursing representation and voice, inclusion of kaumatua, adherence to tikanga, targeting Maori recruitment into nursing education and practice, adequate resource supply and capacity building in Maori nursing research, and strategies to increase sound Maori nursing leadership. Although there were no specific items about Maori women in mental health nursing, literature written by Maori mental health nurses articulates concerns about healthcare and education that fails to meet the cultural needs of Maori. Western theories and models compartmentalise lineate and individualise the mental illness experience. In comparison, Maori theories and models of health are holistic, based in tikanga, wairuatanga, cognizant of the collective nature of Maori society, and the forces of colonisation on Maori.

The following chapter will examine the development of my theoretical framework 'He Mana Wahine Tuku Iho', on which the participant's information will be analysed. This framework derives from the concept of 'mana wahine' as articulated in cosmology and customary practice, which has Maori women as central to the creation and sustainability of humankind and the world in which we dwell.

CHAPTER THREE

To te Wahine Mana Tuku Iho: Theoretical Framework

Na Rangi taua na Tuanuku e takoto nei: ko ahau tenei ko mea a mea: We are descended from Rangi and Tuanuku; as for me I am so-and-so, child of so-and-so

(Mead & Grove, 2001, p. 315).

I was raised by my grandmother of Ngati Whakauae, and she raised me to have enormous pride in being a Maori woman, she taught me to always carry myself with the pride of my people²⁹... I am much honored to be in your presence and in the presence of your ancestors whom you bring with you

(Awatere, 1995, p. 31).

1 Introduction

The interpretation of Maori women and girls in the literature is usually within Pakeha cultural frameworks, and is therefore generally inappropriate and inaccurate (Tomlins-Jahnke, 1996). The previous chapter reviewed the literature pertinent to Maori women, in particular to Maori women in nursing and mental health nursing. This review revealed a lack of published knowledge about Maori women in mental health nursing, a situation similar to Maori 'girls' in education. Common themes that were evident related to the historical socio-political effects of colonisation on Maori women (Maori people) and their culture (including values and beliefs regarding health); and to Maori aspiration and advancement within the context of healthcare.

Maori women in cosmology and customary society held a preeminent role, enjoying equal status and power with Maori men; their mana being bestowed by the gods. The prestige of Maori women was negatively affected by the Victorian patriarchal ideology of the 19th and 20th centuries. A change in power dynamics in relationships between Maori men and Maori women before and after colonisation was noticeable. Post-colonisation, they

²⁹ Raising the eldest mokopuna is a time-honoured practice within Maori culture. Mostly it is a valuable and precious experience that engenders a sense of love, belonging, self-belief and caring in the mokopuna. This was my experience.

mimicked gender relationships in Pakeha society, and their position was reduced to that of their Pakeha counterparts (Wickliffe, 2004). Maori women are sustained by their 'Maoriness,' and their identity as Maori women enables them to contest and create space in te ao Maori and te ao Pakeha (Awatere, 1995).

In this chapter I develop the He Mana Wahine Tuku Iho (MWTI) framework based on the exploits of nga wahine tupuna as described in the creation meta-narratives of Maori cosmology; as articulated by Kahukiwa (1984) and Tomlins-Jahnke (1996); and as recollected in the stories with which I was bought up.³⁰ The MWTI framework provides a paradigm on which to validate the participant's perspectives of their multiple realities (identities, role, relationships and status) in the homeplace, schoolplace and workplace. This perspective identifies the special place they share with other Maori women by whakapapa. As well as Maori women in mental health nursing, it is anticipated the MWTI framework will have relevance to other Maori women who have not been exposed to traditional stories and practices during their upbringing, should they choose to embark on their personal journey of self-discovery.

He Mana Wahine Tuku Iho framework comprises three components:

- He Whakapapa o Atua puta he Tangata (Figure 1)
- He Whakapapa o Mana Wahine (Figure 2)
- He Tikanga Rangatira o Mana Wahine (Figure 3).

2 Contextual Concepts

Three assumptions underpinned this study. First, a Maori worldview is considered both valid and authentic. Maori cultural experiences are founded on philosophical and metaphysical beliefs and values that engender a subjective spiritual experience often referred to by Maori as 'wairuatanga'. Marsden (1975) describes how an abstract, objective approach to understanding Maori culture does not work because "The way can only lie through a passionate, subjective approach" (p. 191). Second, it is assumed there is a difference between pre-Pakeha Maori society and post-Pakeha Maori society. Pre-Pakeha

³⁰ Oral traditions (including purakau) from Te Arawa/Ngati Whakaue shared to me by grandparents, parents, aunts, uncles and cousins.

arrival was a period when customary and traditional practices formed the basis of 'commonsense' and preeminent ideology. Post-Pakeha arrival, particularly following the signing of the Treaty and the establishment of the New Zealand Constitution 1852, Maori society and culture was threatened with extinction. Maori found themselves in an untenable position having suffered deliberate dispossession of and alienation from their land and resources³¹, industry and economic bases. This alienation was supported by the use of legislative and military measures that destroyed the fabric of Maori political and social systems, and left Maori with insufficient resources to maintain whanau, hapu, iwi well-being (Wickliffe, 2004). The erosion of social structures and prohibition of te reo in schools also meant that the effective transmission of culture was undermined. The third assumption is that the concept of 'mana wahine' underpins the lives of Maori women in mental health nursing, and this inherent quality strengthens and guides them to contest and create space within their multiple realities and differing places in te ao Maori and te ao Pakeha.

Once a worldview is formed, people are able to identify themselves as unique and make meaning of the world in which they dwell; this information is passed on to the next generation in stories, myths, values, beliefs, customs and traditions (Oscar Kawagley cited in Tomlins-Jahnke, 1996; Mikaere, 1994; Pihama, 1995; purakau). The framework utilised by Tomlins-Jahnke (1996) defined a Maori worldview of women from the gendered multiple realities of men and women as illustrated in the myths and legends of cosmology, and customary society (Mikaere, 1994; Pihama, 1995; purakau). Walker (cited in Tomlins-Jahnke, 1996) argues for the importance of myths and their significance as instructional and insightful validation of human performance and relationships within the context of the human experience in the physical and metaphysical world.

3 Te Ao Tawhito: The Ancient World

The creation narrative is important to gain an understanding of the structure and dynamics of the relationship between men and women and the influence on tikanga in customary society. Figure 1 outlines a simplified version of the creation process in the form of

³¹ The Native Land Court, established in 1862, facilitated the alienation of several million acres of Maori land over the period 1865-1900 (Wickliffe, 2004).

whakapapa, and highlights the particular wahine tupuna that remain influential in a Maori worldview (Reed, 1963; Kahukiwa, 1984; Yates-Smith, 1998; purakau). Walker (cited in Tomlins-Jahnke, 1996) reiterates how whakapapa as articulated in the meta-narratives “...codified and defined the origins of the world, basic elements in human culture and behaviour, the rituals of encounter and the relationships between human beings and nature” (p. 59). Whakapapa is important for Maori and can never be understated as it is deemed the credential by/on which one’s identities, role, status and relationships are founded (Sinclair, 1975). The establishment of the whakapapa of Maori women within traditional knowledge places women as different but equal to men – their whakapapa is sourced from their relationship to the deities, land, natural resources and man (Wickliffe, 2004). Tomlins-Jahnke (1996) contends “understanding about the position, status and role of women in customary society continues to have some relevance to Maori woman today” (p. 73). Thus, any analysis of Maori women must be grounded in te ao tawhito and reflect ‘mana wahine’, the term used to describe the embodiment of whakapapa, multiple realities and qualities inherent in Maori women.

The nature of gender roles within cosmology forms the basis on which the constructions of men and women in customary society were founded. Notions of the female and male principles are examined in the creation stories of Papatuanuku and humankind, which reinforce the significance of women in the establishment of the universe and the birthing of humankind. According to Kahukiwa (1984), women are integral to the accomplishments and wondrous deeds of men in cosmology that made possible the genesis of the present world. There is an absence of patriarchal notions of female subordination and male domination in these stories, gender relationships are considered interdependent and based on the notions of complementarity and reciprocity. Jenkins (1992) maintains that in cosmology Maori women occupy an important role that balances the physical power of men; and that women achieve psychological dominance through their knowledge of the universe; their control of natural forces and resources; and their ability to move with ease between the spirit world and the earthly world.

4 Te Ihi Te Wehi Te Mana: Mana Wahine

The notion of ‘mana wahine’ is inextricably linked to the concept of mana and the role and status of Maori women in cosmology and customary society. Tomlins-Jahnke (1996)

explores the relationship between land and women, whenua meaning both land and placenta. She describes how the land is:

likened to woman who sustains her young with milk from her breast. The use of such a simile emphasises the view that woman and land were considered fundamental to life... women and land was analogous to the wellbeing of humankind. (Tomlins-Jahnke, 1996, p. 59).

Figure 1: He Whakapapa o Atua puta he Tangata



The strong metaphysical link between women and land is depicted in the whakatauki “*He wahine, he whenua ka ngaro ai te tangata: By women and land men are lost.*”³²

Women were active in all aspects of customary society as explorers, chiefs, and founders of hapu; teachers and repositories of knowledge such as whakapapa, tohunga, warriors, and property owners. Tomlins-Jahnke (1996) asserts this evidence exists in tribal histories

³² Meaning that without the nurturing roles of women and land humanity is lost.

through whakapapa, waiata, whakatauki, and korero tawhito. The use of non-sexist language illustrates that men and women were considered similarly, and provides confirmation that Maori women were viewed as powerful and autonomous beings (Tomlins-Jahnke, 1996). Examples of such powerful and autonomous women are Hinematiaro of Ngati Porou (a warrior and founder of hapu); Te Aokapurangi of Ngati Whakaue (who saved her hapu from perishing with her quick wit and actions); Hinemoa of Ngati Te Roro o Te Rangi (who risked her life to be united with her lover); Hinehopu of Ngati Pikiao (a warrior); and Wairaka of Tuhoe-Potiki (who rescued the Mataatua waka from drifting out to sea) (Tomlins-Jahnke, 1996; Mahuika, 1975; Mead & Grove, 2001; purakau).

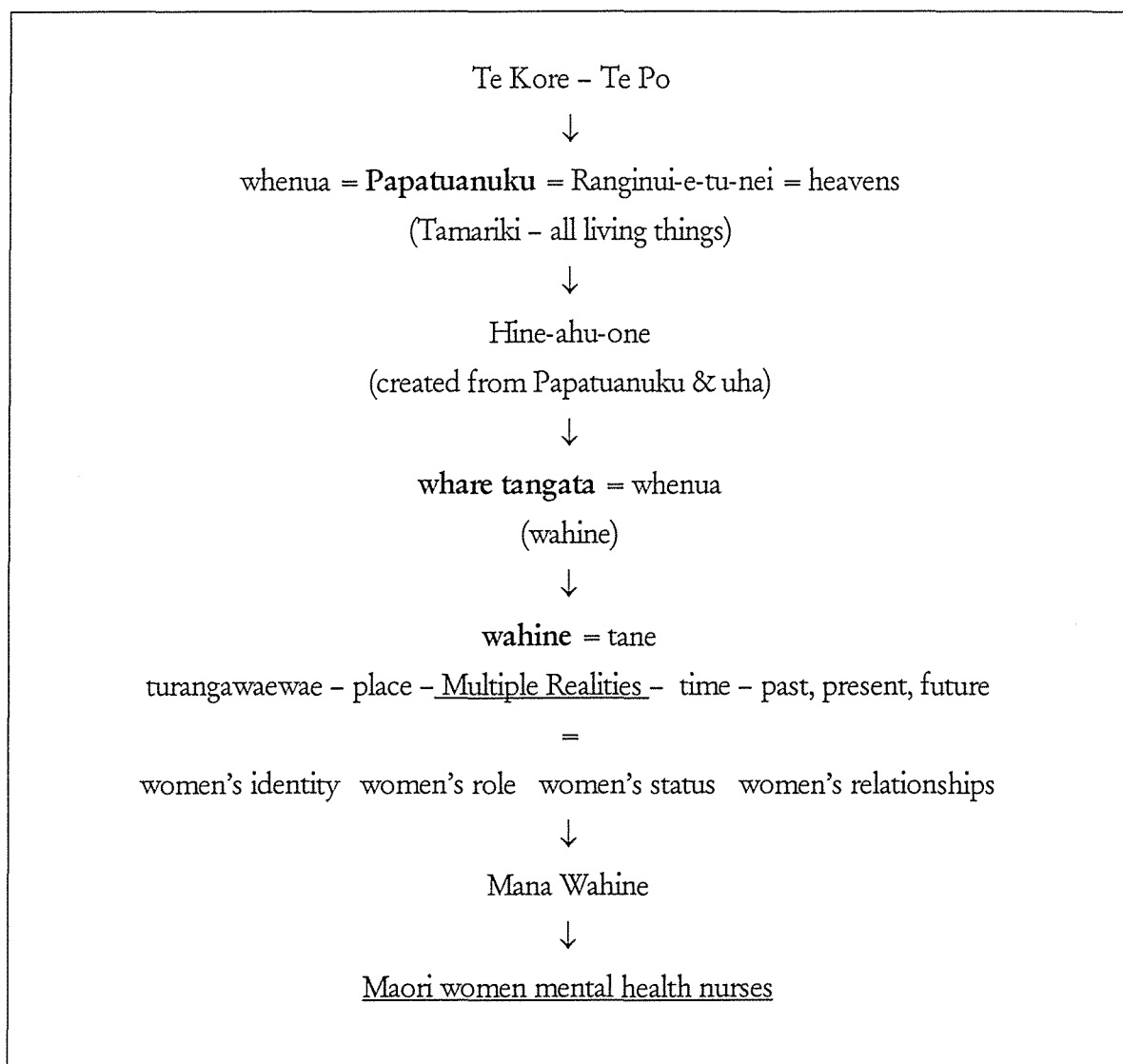
MWTI framework provides a context to understand and find meaning in the lives of Maori women through the embodiment of knowledge that defines their status, role, responsibilities and relationships within whanau, hapu, iwi, and is passed down to each generation of Maori women. The intergenerational (whakapapa) and interdependence of the multiple realities of Maori women is aptly described by Merata Mita (cited in Tomlins-Jahnke, 1996) who states that 'mana wahine' is not only different but more extensive than Pakeha feminism in that it:

...incorporates a dimension of spirituality emanating from the primary element of Hine-ahu-one. I am Maori, I am woman, I am family, I am tribe, and only one of the facets of which I am fit[s] comfortably under feminism. (cited in Tomlins-Jahnke, 1996, p. 77).³³

The relevance of 'mana wahine' in today's world is further asserted by Tuhiwai-Smith (cited in Te Awekotuku, 1992) who states that simply being a Maori woman places her at the cutting edge of change and innovation. Whitiri (1993) and Mead (1994) remind us of the efforts by nga wahine tupuna who fought for political voice and change for Maori whanau, hapu, iwi since the mid-19th century. Mead (1994) challenged Maori leadership to ensure the inclusion of Maori women and address gender issues influenced by patriarchal hegemony and colonisation. Sykes (1993), discussing constitutional reform and 'mana wahine', maintains Maori women remain at the forefront of efforts to establish kaupapa Maori as the basis upon which human rights are based in Aotearoa New Zealand.

³³ Hine-ahu-one is the first woman formed at Kurawaka and breathed life into by Tane-nui-a-rangi

Figure 2: He Whakapapa o Mana Wahine



Through whakapapa (refer to Figures 1 & 2) Maori women inherently assume their status as a birthright, divinely ordained.

5 He Tikanga Rangatira o Mana Wahine: The Qualities of Nga Wahine Tupuna

Maori women have survived the repositioning of their realities within whanau, hapu, iwi in both te ao Maori and te ao Pakeha despite the damaging effects of colonisation; today they are reclaiming their traditional place. Kahukiwa (1984) asserts that within Maori cosmology:

CHAPTER FOUR

Tahuri ki te Rangahau: Research Methodology

If we conduct research in a dreamless world then we do not create a vision of hope for our mokopuna. I looked up the word 'research' in the dictionary last night and it comes from the old French word – to search again. The word qualitative as in qualitative research has to do with finding qualities. I hope that in our research we find the qualities which make us strong and which made us unique. That we search again for the faith in ourselves so that we are no longer trapped in the box which first put us in the category of a primitive inferior.

(Jackson, 1999, p. 77).

1 Introduction

The research methodology locates the korero from the women within a socio-political context that affirms their multiple realities. The processes selected for this study needed to be culturally appropriate and validate Maori epistemology and ontology. Jackson (1999) refers to the need for qualitative research to discover those qualities that engender cultural pride, resonance and hope. He Mana Wahine Tuku Iho (MWTI) framework described in the previous chapter embodies the whakapapa of creation and nga wahine tupuna, and the qualities of nga wahine tupuna, to analyse the korero of the six participants. It relates their realities to the concept of 'mana wahine'. This chapter examines the development, components and recognition of kaupapa rangahau as an appropriate research methodology; the study's design and methodology; and the researcher's perspective and position in this study.

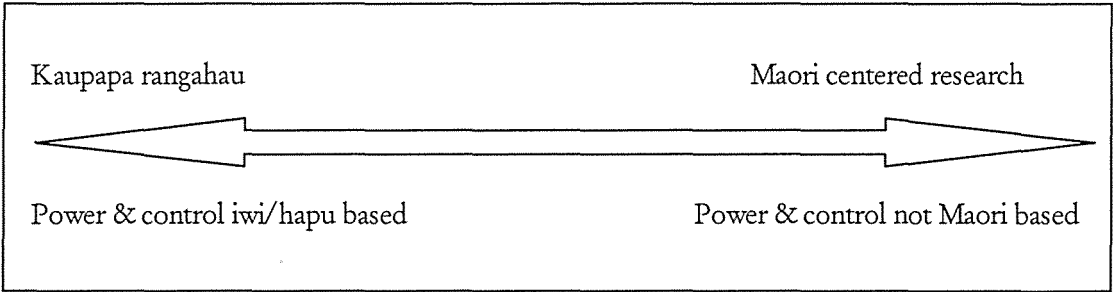
2 Kaupapa Rangahau

Kaupapa Maori... encompasses a reclaiming and re-articulation of many notions that have been a part of Maori epistemologies over thousands of years. It includes the validation of te reo Maori and tikanga Maori within a framework that maintains critical reflection and is actively anti-colonial.

(Pihama, 1995, p. 37).

The concept of kaupapa Maori is defined in this study as the underpinnings of Maori epistemology, ontology and matauranga Maori, on which tikanga (procedures, protocols) is based. The following section examines the significance of kaupapa rangahau by examining the combined effects of colonisation, the implications of tikanga and matauranga, and the developments involving research with Maori in recent times. In the broadest sense, kaupapa rangahau may be defined as a theorised approach to research that centralises Maori values, attitudes and practices; and is conducted by Maori with Maori in Maori communities and Maori research institutions (Tuhiwai-Smith, 1999). Kaupapa rangahau affirms whanau, hapu, iwi; Maori epistemology and ontology; and the Treaty.

Figure 4: Continuum of Research Involving Maori. (Adapted from Cunningham, 1999).



Kaupapa rangahau enables the cultural identity of Maori to be expressed, and acknowledges the imposition of dominant ways of knowing, and the western worldview. Kaupapa rangahau exists on a continuum (Figure 4) of research controlled by Maori to research that may be Maori centered and not under Maori control (Cunningham, 1999). Durie (1999) and Cunningham (1999) identify the current lack of research skill base amongst Maori and the small numbers of Maori to carry out the work as a constraining factor that limits the proliferation of kaupapa rangahau. They pragmatically propose that Maori centered-research is a more viable proposition until Maori research capacity is further developed (Durie, 1999; Cunningham, 1999). Maori research units established since 1988 in a number of universities continue to support the development and advancement of kaupapa rangahau by academic scholarship, education, project management, mentoring and researcher capacity building, networking with other indigenous peoples and dissemination of research for Maori advancement (Tuhiwai-Smith, 1999). The development of kaupapa rangahau researchers is also being supported by

Health Research Council (HRC) funding grants for Maori by student fellowships (HRC, 2004).

The legitimacy and need for kaupapa rangahau has been established over the last decade (Te Pumanawa Hauora, 1999). Strategic goals for kaupapa rangahau include the retention, transmission and development of both old and new knowledge, by the use of multiple methodologies, collaboration and analysis based in kaupapa Maori (Durie, 1999). Strengthening Maori identity, autonomy, capacity building and resource development should guide research projects involving Maori (Durie, 1999). Within this study involving Maori women in mental health nursing, Maori cultural identity and knowledge is affirmed, which enables the development of new knowledge to inform clinical and cultural practice

2.1 Impact of Colonisation

The importance of kaupapa rangahau, similar to many other issues for Maori and indigenous peoples, originates in the consequences of western imperialism and colonisation. Johnson (1999) articulates Maori concerns about how the ‘colonising gaze’³⁴ of Pakeha analysed and constructed Maori epistemology and ontology into forms that were unrecognisable to Maori. This gaze portrayed Maori as deviant, the cause of our socio-economic, cultural and political deficits, and ignored the devastating impact of colonisation and assimilationist policies. Tuhiwai-Smith (1999) articulates the need to ‘decolonise’ research methodologies to counter the approach by western scientific paradigms that she asserts are racist, ethnocentric and exploitative. Tuhiwai-Smith (1999) argues research conducted by Pakeha about Maori provided justification for their beliefs about Pakeha’s innate racial superiority. The systematic manner in which Pakeha explored and researched Maori, beginning with Tasman and Cook, used a process whereby “they came, they saw, they named, they claimed” (Tuhiwai-Smith, 1999, p. 80). Geographical landmarks including headlands, mountains and rivers were re-named according to Pakeha preference beginning with the naming of New Zealand by Tasman in the 17th century.

³⁴ A term invented by bell hooks, 1992, in “Black Looks, Race and Representation, South End Press, Boston, p. 2.

The first census was carried out by Cook in the 18th century, who estimated numbers according to coastal settlements at approximately one hundred thousand (Durie, 1994). Maori were seen as one people and named as such. Royal (1992) and Pihama (1993) point out that the term 'Maori' was a Pakeha construct introduced by the Pakeha settlers to make sense of the pre-Pakeha society in Aotearoa New Zealand. By naming tangata whenua 'Maori', the people normally identified by tribal and sub-tribal affiliations had the nature of their tribal traditions, tribal diversity and tribal authority undermined. This created a standardised norm that also ignored the diversity inherent in the meta-narratives of each tribal tradition, and the 'mana' associated within the diversity of tribal history and expression (Royal, 1992). This situation remains problematic for Maori, although today there is an increasing acceptance by Pakeha of the diversity within 'Maoridom',³⁵ and an acknowledgement of mana whenua status.

Pihama (1995) maintains kaupapa rangahau actively opposes dominant research constructs, and insists on a methodology that promotes Maori epistemology and ontology as determined by both the participants and the Maori researcher. Kaupapa rangahau assumes a position that unquestionably affirms the cultural authority of Maori, anything less than this approach in research with Maori risks invalidating the research process and outcomes.

2.2 Research and Maori Women

Since the beginning of colonisation, information about Maori women has been constructed on western, white patriarchal ideologies with the research benefiting the researcher rather than the researched (Pihama, 1995; Johnson, 1998; Tuhiwai-Smith, 1999; Hoskins, 2000). Maori women have been constructed as 'other' by white patriarchies and white feminisms and defined in terms of their differences to Pakeha and Maori men and Pakeha women (Pihama, 1995). Maori women are usually objectified and seen as one-dimensional 'exotic pacifica': for example, in many instances when photographed in traditional dress during the late 19th and early 20th centuries they were billed as "unknown" (Beets, 2000). Tuhiwai-Smith (1999) considers the problems of 'voice, silence and invisibility' for women identified by western white feminists, and suggests that although there may be some universal

³⁵ Term in current usage coined to collectively define Maori domains throughout Aotearoa New Zealand.

characteristics and universal oppressions, the experience of colonisation by black and indigenous women is special to them because of the consequences that saw their traditional status, role, responsibilities and relationships within the whanau, hapu, iwi undermined. The assumption that the experience of colonisation can be articulated and described by a dominant white feminist analysis of gender relationship and power is misinformed: this perspective denies the reality of colonisation to Maori women, perpetuates the myth that Maori women and Pakeha women are the same, and asserts that white feminist research is universal. Kaupapa rangahau enables the diversity, flexibility and dynamic nature of Maori culture, Maori whanau and Maori women to be reflected correctly (Pihama 1995).

2.3 Development of Contemporary Maori Knowledge

During the last 15 years Maori research theory and practice have developed, and provide a basis to understand and critique historical research by Pakeha (Royal, 1992). This critique questions the appropriateness of dominant research methods; analyses the power issues, and questions the validity of previously accepted 'knowledge' created by Pakeha about Maori and promulgated in the education system (Royal, 1992). Today there is greater awareness within the research community of the legal, moral and ethical rights of Maori, which has resulted in the recognition that Maori have greater influence and control over research involving Maori (HRC, 2004).

The collective efforts of Maori in pursuit of Treaty settlement claims have seen the emergence of kaupapa rangahau methodology, which benefits Maori and maintains tribal integrity. First, historical memory is maintained through oral tradition – storytelling, waiata, whakatauki, wahitapu and whakairo (Royal, 1992). Second, Maori have researched and told their tribal stories of dispossession, discrimination, disempowerment and alienation from their cultural heritage. Third, the pursuit by Maori of their legal and moral rights granted under the Treaty saw the emergence of information that has challenged the misinformation surrounding the history of colonisation and the settlement of Aotearoa New Zealand. The literary works of Pakeha historians and academics (in more recent times) such as Don Stafford, Michael King, Dick Scott, Claudia Orange, James Belich, James Ritchie, Judith Binney and Anna Salmond have been influential in the development of a more accurate representation of the history of Aotearoa New Zealand.

2.4 Research Involving Maori and Research Funding

The HRC (2004) requires recognition of Article Two and Article Three of the Treaty. These two Articles articulate the retention of Maori control (*tino rangatiratanga*) and the right to a fair share of society's benefits. The HRC also stipulates the importance of partnerships, and appropriate consultation processes and practices that ensure any research effectively contributes to Maori health development, wherever possible. Alongside these requirements is the HRC commitment to "building both a sustainable Maori research capacity and long term research partnerships between non-Maori researchers and Maori groups and communities" (2004, p. 3). The current position of the HRC is an improvement for activating Maori research potential. However, past experience demonstrates the need to maintain vigilance of all research processes from topic selection, design and methodology, investigating team membership, leadership, and contractual constraints.

Dr Margret Mutu (1999) identifies several barriers associated with the implementation of *kaupapa rangahau*, such as contracts and funding, well-intentioned expert opinion by Pakeha that had disastrous consequences for Maori³⁶, the 'Humpty Dumpty' principle,³⁷ and Pakeha who speak for Maori. Compliance with western methodologies and academia during the application process for funding can undermine the integrity of a project. Mutu (1999) illustrates this point with an example where a funding body did not recognise the 'public good' of supporting a *kaumatua*-defined project using oral tradition and *te reo* when researching tribal history and traditions. She found herself in the position of having to meet contractual requirements ahead of *kaumatua* expectations and culturally appropriate outcomes, which compromised the interests of *kaumatua* participants and ultimately Maori epistemology and ontology. Morrison-Ngatai (in O'Brien et al., 2002) promotes the need for careful analysis of research contracts, and joint leadership arrangements with Maori where Maori are prominently involved. When Maori are not considered as part of the project leadership and not included in research design and methodology, violation of *mana* and *tikanga* can result, which is detrimental to Maori.

³⁶ Mutu is referring to an article in the New Zealand Herald, October 16th, 1997, p. A17, which caused considerable problems for Muriwhenua Waitangi Tribunal Claim.

³⁷ This principle from Lewis Carroll in 'Alice in Wonderland' states: "When I use a word, it means exactly what I chose it to mean, neither more nor less." Mutu (1999), quoting Bruce Biggs, in I.H. Kawharu (Ed.). (1989). *Waitangi: Maori and Pakeha Perspectives of the Treaty of Waitangi*. Auckland: Oxford University Press.

2.5 Implications of Tikanga and Kaupapa Rangahau

Tikanga is the rules, principles and conditions underpinning Maori customary practice and behaviour (Ryan, 1989). Tikanga embraces Maori ethicality and as such it is important that tikanga is respected (Durie, 1999). The following section will briefly examine cultural concepts, practices and processes that underpin kaupapa rangahau. Kaupapa rangahau supports the broad principle of Maori aspiration and advancement. Measures developed by Russell Bishop (1996), Mason Durie (1999), Chris Cunningham, (1999), Charles Royal (1992, 1999), Arohia Durie (1999), Margret Mutu (1999), Jill Bevan-Brown (1999) and Whetu Tapiata-Walsh (1999), will be examined as they inform the methodology of this study, which has adapted a mixture of elements from these frameworks.

Bishop (1996) asserts kaupapa rangahau positions the researcher in Maori cultural aspirations, preferences and practices and “challenges the prevailing ideologies of cultural superiority which pervades our social, economic, political and educational institutions” (1996, p. 12). He argues that Aotearoa New Zealand is founded on the Treaty, which is “a charter for power sharing in the decision making processes of this country and for Maori self-determination of their destiny as the indigenous people of New Zealand” (Bishop, 1996, p. 12).

Cunningham (1999) identifies a holistic Maori worldview that values the concepts of connectedness (whakapapa) and interdependence across time and space. Royal (1999) develops these premises by proposing the use of whakapapa as an emerging research paradigm whereby the nature, origin and relationship of phenomena under study are organised and explained, trends identified and made available to predict future phenomena. The use of whakapapa in this sense is an integral component of the MWTI framework, providing a link between the participants and nga wahine tupuna. At a fundamental level, whakapapa is about whanau, hapu, iwi. Royal (1992) reminds us that any research involving Maori must acknowledge there is “no such thing as Maori history only tribal history” and “tribes are complexes of families, therefore any tribal history is family history” (1992, p. 9).

Research design and methodology must ensure that the individual and collective mana of a group is enhanced; and that the process implements partnership, collaboration and co-operation. Ownership of tribal intellectual knowledge remains the property of the group

under study. Arohia Durie (1999) states that interaction within a Maori context is underpinned by the principles of mana, mauri, mahitahi and maramatanga, and that these principles are an integral part of the construction of an appropriate methodology for researching into the lives of Maori people.

Durie (2001) states that although no single domain, set of encounters, or psychology can explain the complexities of Maori thought and behaviour; there are key aspects and processes that contribute to a better understanding of, and interaction with Maori. Specific rituals happen in accordance with tribal tikanga and kawa during the course of a gathering, for example, karanga, karakia, whaikorero, whakahoahoa, hongi, kai and poroporoake; and these are important factors to consider when researching with Maori (O'Brien et al., 2002). Reciprocity is a key factor in Maori relationships, and the expectation is the opportunity for mutual exchange that reflects generosity, respect and acceptance (Durie, 2001; personal communication with a Te Arawa kaumatua). It is important for a researcher to remember it is the long-term relationship that counts, so careful adherence to tikanga and respectful interaction is warranted (Morrison-Ngatai, 1997; O'Brien, et al., 2002; Royal, 1992).

In this study interactions with the participants demonstrated a respect for individual and tribal mana. The nature and terms of the relationship were negotiated according to appropriate tikanga of the occasion; a formal mihi occurred (and kai in some instances), which strengthened existing connections and established new ones.

2.6 Interface of Kaupapa Rangahau and Western Research

This study is located in Maori epistemology and ontology, and Maori ownership and control. Pakeha design and methodology, and academic requirements compatible with kaupapa rangahau, are included, such as ethical aspects of informed consent and confidentiality, interviewing methodology and participant inclusion in data analysis. Where there was discord, ways to address and manage the process were sought within a kaupapa Maori worldview. The researcher's knowledge and 'lived' experience, from a Pakeha perspective, provides the ability to interpret and understand the data in a meaningful way (Geanellos, 1995; O'Brien, 1994). From a Maori perspective, however, this stance can be

interpreted as a double-edged 'mere'.³⁸ It should not be assumed that knowledge of Maori and a 'lived' experience necessarily guarantee insider access. Regard for the whakapapa and the mana of the researcher and the participants must be evident on every occasion. As manuhiri (the visiting researcher), respectful attitude and behaviour towards the mana whenua (local participant inclusive of whanau, hapu) is expected. Tapiata-Walsh (1999) exhorts Maori researchers to exercise 'kia tupato'; and this is achieved by respecting the participant's tikanga, working in partnership, consulting and adhering to the participant's wishes with regard to the information shared and written up in the thesis. 'Insider' status does not necessarily guarantee access as Maori have become more guarded about who carries out the research on them and why (Johnson, 1999). Walker (cited in Waitere-Ang, 1999) declares that, "It is not acceptable for a person to claim that by virtue of being a Maori researcher that their research will be 'more valid' than that of a Pakeha when the tools both are using are viewed by Maori as coming from the same deficit tool box" (p. 225).

Tools in this instance can be viewed as those that diametrically oppose matauranga Maori and tikanga. Tuhiwai-Smith (1999) advises that despite these potential problems this issue is not unsolvable and simply requires a great deal of reflexivity, and researcher access to strong whanau, hapu, iwi support. Waitere-Ang (1999) advocates 'insider' belonging, as it is useful and allows for ease of access to insights otherwise unknown, and acceptance from those who may be sceptical of an 'outsider'. Royal (1992) recommends "a good general principle to observe is to proceed with caution, love and in consultation with your family and/or tribal supervisor" (p. 13).

Spiritual integrity and the safety of the researcher and participants in this study were addressed at the onset with karakia. Royal (1992) speaks of the importance of karakia as "the opportunity for you and those working with you to prepare yourselves for the job ahead by recalling the spiritual world" (p. 12): this is also supported by O'Brien et al. (2002).

³⁸ The 'double-edged mere' is a phrase similar in meaning to the 'double-edged sword'. The implication is that the mere is doubly dangerous as it cuts both ways.

3 Research Design

The ultimate aim of research design is to develop strategies, which ensure that the data collected is authentic, accurate and meaningful interpretation can be successfully deduced (Polit & Hungler, 1999). Nursing has its own traditions of oral history, and the practice of mental health nursing is based largely in oral communication and the therapeutic interpersonal relationship. The participant's korero represents their current recall of their experiences in the homeplace, schoolplace and workplace; this according to Ihimaera (1999) and Phibbs (2001) is all that it can be, a valuable contextual memory. A focus in this study is identifying consistencies in the information shared.

Geanellos (1995), in her study about storytelling in mental health nursing, used a hermeneutic approach to interpret and uncover epistemological meanings dependent on the interplay between the researcher's experiences, the phenomena under study, and the information. The researcher's lived experience is integral to the credibility of the research process (Geanellos, 1995). However, it could be argued that this approach might bias the findings. Strategies are important to offset researcher bias, and in this study I place an emphasis on reflexivity, verification of interpretation with participants, discussion with supervisor(s), colleagues and kaumatua.

The aims and objectives of the study influenced the research design. These are to explore the socio-political and cultural influences that contribute to the participant's sense of identities, role, relationships and status in Aotearoa New Zealand; to explore the challenges Maori women mental health nurses encounter and the strategies they use to meet these challenges; and to identify the contribution Maori women in mental health nursing make within the provision of mental healthcare.

3.1 Participants

Six Maori mental health nurses currently working in clinical practice were purposively selected using both personal and professional networks. The very nature of this study determined the population group to be targeted and thus purposive sampling was an appropriate strategy to use (Polit & Hungler, 1999). The number of participants was determined by the scope, resource and time constraints of the study. Potential participants had to meet the criteria for inclusion in the study:

- Be a Registered Psychiatric or Comprehensive Nurse, with a current practicing certificate and have a minimum of 2 years postgraduate experience in mental health nursing.
- Currently provide mental health nursing services within a mainstream health service environment.
- Preferably have a broad clinical background with inpatient, community and forensic experience including sub-specialties such as dual diagnosis, child youth and family, and general adult.

3.2 Data Collection and Analysis

The collection of data used semi-structured, open-ended, *kanohi ki te kanohi* (face-to-face) interviews (Minichello, Aroni, Timewell & Alexander, 1990; Batchelor & Briggs, 1994; Morrison-Ngatai, 1997). A pre-designed interview schedule based on Tomlins-Jahnke's (1996) work (Appendix 4) was posted to the participants. The questions guided the participants to reflect and consider influential experiences growing up and living in *te ao Maori* and *te ao Pakeha*. Following this, the venue and time for the interview was organised. The interviews were audio-recorded and transcribed by the researcher (Burnard, 1991). The interview was recorded using two (one for backup) high-quality recording systems with personalised microphones and C-60 audiotapes, which Royal (1992) advises are better for archival purposes in that they are less prone to corruption. While electrical mains were used, batteries were available for emergency use. Having the batteries, however, also made it possible to meet a participant's request to be interviewed in her garden. Each tape was coded for identification appropriately. Written notes were also made as a memory aid on points that might later need further explication or clarification.

The interviews began with introductions, sharing *whakapapa* and information pertaining to landmarks and *pepeha* that was important to us. However, background information reported in this thesis has been limited to protect the anonymity of the participants. Each participant was allocated a pseudonym, and only tribal affiliation, general place of birth and decade of birth are stipulated in the text.

A thematic analysis of the interview transcripts, described by Burnard (1991), maintains that, "... attempts must be made to represent the thoughts and feelings of others in a systematic but honest way" (p. 465). To do this the participants authenticated the transcripts. They were also sent the first draft of the theoretical framework and the first data analysis chapter for comment, thus ensuring any sensitive or identifying material could be further screened.

The data analysis was conducted in stages whereby themes were identified and categorised under appropriate headings based on the theoretical framework. MWTI provides a guide to analyse the participant's korero in terms of their identity and position in the world through the influences of whakapapa, tikanga, and significant relationships and experiences throughout identified phases of their life. The analysis of the transcripts was undertaken manually using the colour-coded method employed by Jahnke-Tomlins (1996), in conjunction with replaying the audio-tapes and referring to notes taken during the interviews.³⁹ Burnard (1991) suggests notes are useful to offer the researcher preliminary identifiers, initial insights and intuitions, and as memory joggers that aid in analysis. These notes were of immense value to the analysis and provided a sense of context for the interview experience. The analytical process was lengthy and involved discussions with supervisors, critical reflection and review of material, discussion with kaumatua, and colleagues (for general matters), and participant involvement in the early writing up stage. This process aimed to:

- minimise researcher bias⁴⁰
- ensure accuracy of memory and representation
- identify and eliminate redundant material
- ensure appropriateness of categories; and
- ensure the final writing up remains close to original meanings and contexts.

³⁹ A computer software programme was trialled initially however manual coding by reading and listening to the audio-tapes was more conducive because of the use of te reo and vocal inflection of the participants.

⁴⁰ The researcher, in acknowledging her position as a Maori woman in mental health nursing, has designed procedures and processes that assist to eliminate any imposition of researcher views on the views of the participants. The difficulty often faced is the accusation of being 'subjective' and 'too emotionally' involved (Batchelor & Briggs, 1994).

3.3 Dissemination of Results

On completion of the research, participants will be sent a letter advising of study completion, and given a photocopy of the thesis. They will also be offered the opportunity to buy a hard-covered thesis and advised of library access. It is intended the findings will be published and promulgated at conferences and hui that have a mental health nursing, Maori or indigenous mental health focus.

3.4 Ethical Considerations

3.4.i Treaty of Waitangi and Maori Involvement

Government health research policy is underpinned by a commitment to the Treaty (HRC, 2004). This means ethical approval for the study could only be obtained if the study demonstrated how Article Two (tino rangatiratanga) and Article Three (right to a fair share of society's benefits) of the Treaty were met. This study was conducted 'by Maori, with Maori and for Maori', which leant itself to Maori control over conceptual design, methodological processes and interpretative content analysis based in Maori epistemology and ontology (Tuhiwai-Smith, 1995; Cunningham 1999). The topic of the thesis met the HRC (2004) requirements of Maori development, aspiration and capacity by:

1. providing new information about Maori women's perspectives in mental health nursing
2. building Maori research capacity
3. producing knowledge that can inform healthcare provision to improve Maori mental health outcomes
4. undertaking a collaborative project between Maori researcher and a specific Maori community.

3.4.ii Informed Consent

A detailed information sheet (Appendix 1) was provided to all potential participants. They were given the opportunity to discuss the project and the possible implications for them as a result of their participation and to give informed consent *kanohi ki te kanohi*. They were

also given a week to make a decision about participating, and return a signed form of consent (Appendix 2).

3.4.iii Confidentiality

The women were given the opportunity to choose their own pseudonym to preserve anonymity and confidentiality. They were encouraged to edit the material they shared during the interviews where it might disclose sensitive issues, and lead to the identification of themselves, of whanau and hapu, of place of work and of tangata whaiora. The participants were also given the right to include material they believed was important and which enhanced the mana of their whanau, hapu, iwi. Public figures, public statements and tribal whakatauki were included where contextually appropriate.

The data collected were secured and stored in a locked filing cabinet and a lockable briefcase during transit. Access to tapes and data was restricted to the researcher and supervisors. Arrangements were made with Massey University, the host institution, to securely hold all information, including audiotapes, transcripts, and field notes made during research process and post completion of study, for auditing purposes. The research material will be held for 7 years, and then destroyed. Transcripts and audiotapes will be returned to those participants who requested this.

3.4.iv Potential Benefits and Risks

Benefits

The potential benefits to the women participating in the study are fourfold:

1. The study provides an opportunity for the participants to talk about and reflect on their life experiences.
2. There may be a satisfaction of knowing they have contributed to the development of knowledge about Maori women and Maori women mental health nurses.
3. There may be an opportunity to enhance personal understanding about cultural-esteem and professional-esteem, which are often undervalued in the workplace.

4. This research enabled participants to raise issues from the clinical and cultural interface as seen in the workplace, and to facilitate change that could ultimately benefit tangata whaiora (Rolfe, 1998).

A personal benefit for the researcher is gaining a Masters degree, which increases opportunities for career advancement, particularly in research and education. The participants were informed of this and support given was indicated by their willingness to participate in the study.

Risks

This study does not involve any significant risk; however, participants had the right to withdraw from the study at any time before the authentication of the data. Exposure of identity could not necessarily be guaranteed in terms of the participants being recognised by colleagues and whanau members, or by the participants' own disclosure at public venues (Walsh-Tapiata, 1999). In general, all sources of information to be included in the study, consultation processes in the setting up, and strategies to promulgate the study would incorporate efforts by the researcher to work in partnership, actively promote participation of the participants and regard the protection of the participant's mana.

It is often the case that introspection and reflection cause painful memories to resurface, leaving the participant anxious and distressed (Batchelor & Briggs, 1994). Participants were provided with a debriefing opportunity following the completion of each stage, and a kuia was available for support, but this was not required. Another potential risk of participation was the cost of valuable time, which was alleviated to some extent by the researcher travelling to the participant at a mutually agreed venue and time. Cost was minimised by conducting only one kanohi ki te kanohi interview, and making use of postal contact and one or two telephone conversations.

4 Personal Perspective and Position

The researcher's informed perspective based on her whakapapa, upbringing, and personal and professional life experiences, is seen as strengthening the study. Matters identified for clarification were my relationship with and accountability to whanau, hapu, iwi; and my

professional accountability to the profession, colleagues, tangata whaiora and the workplace. The overarching strategy to achieve the aims of the study was to place the participants at the center of the research and work from there. This central positioning of the participants emphasised a personal regard and respect for Maori mental health nursing colleagues, tikanga and tribal preferences, whanau, hapu, iwi diversity, and also a commitment to establishing an enduring relationship with the participants (Batchelor & Briggs, 1994). It also provided transparency for the researcher's position (whakakpapa, personal and professional life experiences) within this research.

The principles inherent in kaupapa rangahau align with tikanga learnt during my upbringing in Ohinemutu, Rotorua (Ngati Whakaue, Te Arawa). Cultural and kaumatua supervision was essential to protect tikanga, ethicality, participants, whanau, hapu, iwi and the researcher (Bevan-Brown, 1999; Tapiata-Walsh, 1999). An example of consultation required with kuia, participants and supervisor(s) involved the inclusion or exclusion of sensitive material. It was mutually decided to include material that contrasts and emphasises the experiences of some Maori whanau in a society that did not necessarily and equitably care for all its members.

As a Maori woman in mental health nursing, my accountabilities are first to whanau, hapu, and iwi. This is congruent with my 'insider' position as a Maori women, builds on interpersonal and inter-iwi relationships, and promulgates matauranga Maori as an alternative to the dominant ideological constructs of research that currently exist (Pihama, 1995; Tuhiwai-Smith, 1999). As a mental health nurse I am required to demonstrate professional qualities of identity, independence, authority and partnership, a commitment to ongoing education, and a contribution to the development of theory and practice in mental health nursing (ANZCMHN, 1995). At advanced practice level I am required to build and sustain relationships with self, colleagues/profession, consumer/community and workplace (ANZCMHN-NZ Branch, 2002).

5 Conclusion

The contribution by Maori women in mental health nursing goes largely unrecognised, and this study aims to rectify this situation. There was a need to search out and make explicit old and new knowledge that affirms Maori epistemology and ontology as it relates to the korero of the participants. The use of a qualitative approach, design and methodology, together with collaboration and analysis based on kaupapa rangahau was seen to strengthen the study. Kaupapa rangahau encompasses all the requirements that affirm the cultural authority of Maori, and validates the research process and outcomes of this study. Kaupapa rangahau enables the diversity, flexibility and dynamic nature of Maori culture, Maori whanau and Maori women to be reflected correctly and in a way that benefits the participants.

Over the last decade kaupapa Maori and kaupapa rangahau theory and practice have developed, and this provides a solid foundation on which research involving Maori can be based. The interface between kaupapa rangahau and western research is compatible in some aspects of design and ethicality. Areas of tension between western and kaupapa Maori research were highlighted as contractual constraints and leadership issues. The centrality of Maori epistemology and ontology, and the location of power are the defining factors that differentiate between good and bad research involving Maori. Changes in the current research environment have occurred as a result of which there is greater recognition of Maori preferences that may be summed up as 'by Maori, for Maori, with Maori, in Maori places'.

In this study six Maori women working in mainstream mental health nursing were selected and interviewed using processes that acknowledged their whakapapa and tikanga, took regard of personal anonymity, and enhanced the mana of whanau, hapu, iwi. Risks to anonymity and personal health were minimised through collaboration with the participants. The main benefits of participating were identified as an opportunity to korero their experiences, and personal satisfaction knowing they were contributing to the body of knowledge about Maori women in mental health nursing. The 'insider' position of the researcher was addressed through transparency about professional gains, through kaumatua

(including for the participants if required) and supervisor support, and through placing the participants at the core of the study.

The following chapters, starting with Chapter Five, provide a contextual perspective of the participant's tamariki and rangatahi years in the homeplace and schoolplace. Chapter Six examines the years of whaea and pakeke in the homeplace, schoolplace and workplace, and Chapter Seven focuses on the participant's experiences in the healthcare system. The data are organised under four inter-related categories representing the multiple realities of identities, role, relationship and status. These categories are Sense of Self, Sense of Contribution, Sense of Connection, and Sense of Significance. Throughout the analysis, the juxtaposition of te ao Maori and te ao Pakeha are examined and discussed from a macro- and micro-perspective of the socio-political context of growing up and living in Aotearoa New Zealand.

CHAPTER FIVE

Whakaaturanga Whakaoho: Beginnings

Kua tupu te pa harakeke: The flax plantation is growing
(Mead & Grove, 2001, p. 275).

*I am a descendant of the ... , my mother was from Ngati... and my father was from Ngati... I was born
and bred there... Life there helped to determine the sort of person I am now*
(Hinengahere, lines 1 and 25).

1 Introduction

The previous two chapters identified and examined the theoretical framework, 'He Mana o nga Wahine Tuku Iho' (MWTI), and the methodology for this study, which authenticates kaupapa Maori and provides integrity for the research process. The MWTI framework incorporates three independent but integrally linked components: whakapapa (Figure 1); multiple realities (Figure 2); and the characteristics of 'mana wahine' (Figure 3). The genealogical connection of Maori women to 'nga wahine tupuna' is established in Figures 1 and 2, and provides the platform to examine the multiple realities of identity, status, role and relationships, while Figure 3 outlines the characteristics demonstrated by nga wahine tupuna that are then compared with characteristics discovered in the participant's korero.

The findings of the participant's korero are presented in the following three chapters. Each woman recalls her sense of origin from her knowledge of events and people that significantly influenced the choices she made and the paths she took in life. Hindsight has been criticized for being located in the current values, needs and beliefs of the person doing the recall: the very nature of narrative changes according to the time, context and concepts of self and other (audience) (Phibbs, 2001). Nevertheless it can be argued that hindsight can be considered normal behaviour, and therefore at the very least an authentic expression of meaning for the person doing the recollecting. This is supported by Ihimaera (1999), who makes a cultural observation that Maori responses are subjective, direct and often related to a particular day, prompted by a particular memory; on another day this

could be different. Bird and Drewery (2003), discussing the making of meaning from a social constructionist⁴¹ perspective, affirm that human beings are active participants in their own lives and as such create cultural, social and personal meanings within the context of their lives.

In this chapter I present background information about the participants in their homeplace and their schoolplace and provide the context in which the concepts of whakapapa, te reo, tikanga and wairuatanga are examined. The women had the opportunity to describe their own “personal, physical, spiritual and genealogical landscape” (Paraha cited in Moir, 1999, p. 9) and significant influences on the formation of their identity, role, status and relationships during their childhood and young adulthood. MacFarlane (2004a) describes human development from a Maori perspective as being about whanau, hapu, iwi and the spirit of kotahitanga. This approach is “deeply underpinned by values of wairua (spirituality), manaaki (care for others) and whanaungatanga (maintaining the family)” and “kept alive in rituals and stories...everyday contexts, such as greetings and partings, blessing food before eating together, caring for one another’s children, even sharing cars and other possessions” (MacFarlane, 2004a, p. 38).

2 Tamariki – Rangatahi: Homeplace and Schoolplace

Childhood and adolescence are hugely influential in terms of growth and development. They are the developmental stages when the personality and behaviour are shaped within the context of cultural and social experiences that affirm identity, role, responsibilities and status according to values and beliefs of the groups and society in which one lives. The participants’ experienced different upbringings; however, a consistent reality was evident in the korero of living in two worlds; te ao Maori and te ao Pakeha. The imposition of the Pakeha socio-cultural and political norms and values of the time was often experienced as these two worlds inter-face, and has considerable impact on how Maori view themselves. Research into racism in the schoolplace conducted in New Zealand (Alton-Lee, Densum & Nuthall cited in Bird & Drewery, 2000) and Britain (Troyna & Hatcher, 1992, cited in Bird & Drewery, 2000) highlights the difficulties for children from ethnic minority groups who

⁴¹ Constructionism is defined as both theory about how knowledge is developed, and how language works to frame human action (Bird & Drewery, 2003).

are harassed in a variety of ways, particularly name-calling. Often it is the language used by the dominant group (Pakeha) that differentiates the 'we' (Pakeha) from the 'them' (Maori), implying that the dominant group alone counts (Bird & Drewery, 2000).

From a western perspective, childhood can be described as a time of forming and informing that lays the foundation for trust or mistrust, autonomy or doubt, initiative or guilt, industry or inferiority (Turner & Helms, 1991). For Maori it is a time when the child is socialised into a wider community that forges strong intergenerational, whanau and hapu links (Bird & Drewery, 2000). Combined with the opportunity to derive psychosocial meaning from interaction within the environment, a child may develop confidence, a sense of autonomy, and a meaningful understanding of the environment in which one lives. It is a period when a sense of hope, purpose and competence may be developed within an individual, culminating in a strong sense of identity and belonging in the world.

The experiences for Maori children growing up in te ao Pakeha (particularly before the Maori renaissance movement of the 1970s) with its assimilationist policy, can be viewed as threatening mana Maori, 'mana wahine', mana tane, mana tamariki, mana rangatahi, and mana whanau, by marginalising Maori culture. If the tasks of these stages of life are not achieved satisfactorily potential difficulties may create a sense of fearfulness, suspicion, self-doubt, introversion (whakama), guilt, and an abiding sense of inferiority and shame (Turner & Helms, 1991; Bird & Drewery, 2000).

The six participants were born during the four decades from the 1940s to the 1970s. Dunstall (1991) identifies key social changes over this time that include:

1. The lingering effects of the Great Depression and World War Two, during the 1920s, 1930s and 1940s.
2. The rejuvenation of the concept of the egalitarian state – equality of both condition and opportunity for all.
3. The emergence of the welfare state aimed at “maintaining affluence, tempering inequalities and ensuring security...” (Dunstall, 1991, p. 398).
4. Rapidly expanding population growth between 1945 and 1975 of both Maori and Pakeha.

5. Urbanization of Maori that resulted in 70% of Maori living away from their tribal rohe by the mid-70s.
6. Evidence of youth rebellion in the 1950s, and a commercialised and politicised youth culture in the 1960s.
7. The Vietnam War, growing Maori and feminist movements, a resurgence of Maori culture, the lowering of European immigration, and the increasing of Pacific Island immigration in the 1970s.

King (1991) describes the situation for Maori during the first half of the century as a time when “social institutions weakened, as a result of earlier population decline and the continuing loss of land” (p. 280). Land had been the traditional method of earning a living, and the loss to Pakeha remains a central issue for Maori in addressing past grievances. By the mid-20th century a new sense of self emerged as Maori moved to the cities, although tribal identity persisted (King, 1991). During this period health, education, employment and economic opportunities continued to be issues for Maori as they endured paternalistic, euro-centric and assimilationist government policies that marginalised their culture (Dunstall, 1991; King 1991). These socio-political events were the major influences on the whanau, and impacted on the lives of the participants growing up in the changing world of te ao Maori and te ao Pakeha.

3 Multiple Realities

3.1 A sense of Self: Identities

Identity for Maori is holistic and encompasses who a person is in relation to whanau, hapu, iwi, tupuna, the environment and the metaphysical world. This section draws on the participant’s recollections from childhood of their learning and understanding of identity, as Maori, and as a Maori female; and their sense of relationship with whanau, hapu, iwi; and the behaviours and expressions of being Maori – specifically whakapapa, te reo, tikanga and wairuatanga in te ao Maori and te ao Pakeha. From a mental health nursing perspective, identity is defined as the “organizing principle that accounts for the unity, continuity, uniqueness, and consistency of the personality. It is the awareness of the process of being oneself that is derived from self-observation and judgment. It is the synthesis of all self-

representations into an organized whole” (Stuart & Laraia, 2001, p. 862). Both perspectives will underpin the following analysis.

The first three women were born in the 1940s in rural communities. Their earliest memories are a combination of good times and sad times, of hard work, whanau, hapu love and belonging, loss and grief, marginalisation, and violence and abuse (both in the homeplace and the schoolplace).

3.1.a.i Awhina: Ngati Porou

Waiapu kōka hūhūa; Waiapu of many mothers.

Awhina’s whanau was part of the Maori land development scheme instigated by Sir Apirana Ngata during the 1920s and 1930s in response to concerns about supplying the growing population, the effects of the Great Depression, and attempts to consolidate fragmented Maori land-holdings to prevent further land loss (King, 1991; Orange, 2004). She is the youngest of a large family, raised on a farm outside her tribal area. The most influential people in her life were her parents and an aunty. She spoke of them with deep fondness and respect: *“I always consulted with my Mum and my aunty, they were the most influential people in my life, besides my Dad”* (Awhina, line 24).

What became apparent is that Awhina was raised with the knowledge of all aspects of Maori culture and Ngati Poroutanga. She was clear about whakapapa, te reo, tikanga, and mana whenua. She was taught values of manaakitanga, whanaungatanga, hard work, life preservation skills, tautoko, respect and aroha. While her marae experiences were limited as a child, she enjoyed the many occasions of extended whanau visiting and staying on their travels between the ‘Coast’ and ‘Up North’. She has a strong sense of affiliation with her tribal turangawaewae as a result of exposure to the people and the stories:

my parents came about 70 years ago now.. they knew they were in a different tribal area, that Te Arawai were the people of this area, and they maintained that throughout their time here.. My mother... her wish was to go back to be buried, not only because she was Ngati Porou but because she was our link to that area (Awhina, line 2).

3.1.a.ii Te Awa: Ngati Rangitane

Tini whetu ki te rangi, ko Rangitane nui ki te whenua:

Like the multitude of the stars in the sky, so is Rangitane on the earth.

Te Awa is another post World War II child. She is the second eldest sibling but at times took on the role of the eldest for several reasons. Unlike Awhina's childhood, Te Awa witnessed much violence and abuse, her father frequently assaulting her mother and her siblings. On occasions Te Awa's siblings were 'whangaied'⁴² to relations in the area for their protection and safety, although her elder sister stayed with their grandmother at times. For unknown reasons, Te Awa's father ascribed her special status and she became the go-between, buffer and "negotiator" (Te Awa, line 28) between her father and the whanau. As a child she was raised to work hard, provide for and organise the whanau, and not disclose her father's violent behaviour, despite it being obvious. At that time government authorities afforded little protection to sufferers of domestic violence, and although the extended whanau intervened, the consequences of such intervention were often worse than if they had they not. Life was difficult. They were poor with few material possessions, including clothing and shoes. However, they were well fed, with most of the food being grown and raised on the farm by their mother. Her father worked as a rural labourer for Pakeha farmers around the lower North Island area. According to King (1991), this was common amongst Maori who were unable to access money from banks for their own land development. Despite this hard upbringing Te Awa is able to recount feeling love from her extended whanau and the members of her mother's church, and the land "*I was born and raised under the Ruahine ranges in humble dwellings on a farm which was the ancestral land of my mother*" (Te Awa, line 2). Not surprisingly, Te Awa left home as soon as she found a work opportunity and remains outside of her tribal area today. However, she has a strong sense of belonging and passion in relation to her mother's ancestral land and has been home for tangihanga and whanau reunions.

Te Awa's mother's refused (to the point of risking her own life) to relinquish her kaitiakitanga of the whenua. Her mother's stance and motivation can be explained in part by the concept of ahi kaa roa or long burning fire. Sinclair (1975) explains that continuous

⁴² The word whanga'id is a corruption of the Maori word to foster a child and is used as an adjective.

occupation established one's right of occupancy. “*‘This land is my ancestral land, this house is my parents and I am not going out of this house or off this land’* [citing her mother]...” (Te Awa, lines 66 and 67). Close affiliation with the land is also derived from whakapapa; mankind's origin from Papatuanuku and Ranginui, according to Sinclair (1975).

It was much later in life that Te Awa came to understand the social, psychological and physiological conditions that contributed to the violent man her father was: a returned serviceman with a head injury, alcohol misuse, and employment insecurity.

3.1.a.iii Hinengahere: Ngapuhi, Tainui (by marriage)

Ngapuhi kohao rau kai tangata: Ngapuhi of a hundred holes, man-eaters.

Hinengahere has a strong sense of attachment to the bush and she treasures her childhood bush experiences. “I was born and bred in the Taitokerau... I am the eldest... my childhood was a mixture of very happy... very sad, very troubled years... we lived in the ngahere... my playground... was... the trees and in the swamps” (Hinengahere, lines 2, 3, 4 8 and 9). As a child she recalls playing Tarzan and Jane in the bush and felt her life was like a fairytale up to when her father died when she was 7. She recalls the use of ponga fronds as a carpet in their tent and claims “... these latest household carpets...their texture would have nothing on the ponga fronds” (Hinengahere, line 11). A strong physical and emotional relationship to the land and sea was forged at this stage of Hinengahere's life. Sanctuary was found when playing in the bush and the sea, and when gathering kaimoana.

Hinengahere's parents were both hardworking, her father a contracted bulldozer driver. They lived all over the North following his current employment. Hinengahere recalls being the “apple of [her] father's eye” (Hinengahere, line 23). She describes a father who was very affectionate and loving towards her, and yet violent towards her mother. She recalls some enjoyable times when extended whanau visited (mother and father's relatives), and was inspired to be a nurse by her aunts and her mother's cousins. Hinengahere describes with skill, the whakapapa associations between members of her extended whanau that she grew up with. After her father died she lost contact with her father's whanau for a number of

years. Living for 3 years with her mother's whanau on the papakainga by the sea was a difficult time due to what Hinengahere describes as an "abusive, anti, anti, quite narrow-minded thinking people" (Hinengahere, line 37) because of their strict gender-role division of labour and generational authority: "females inside, males outside working, you're the younger two so you'll be given all the orders and you'll take the orders" (Hinengahere, line 26).

Two points are raised about customary approaches to gender and work and the tuakana-teina relationship. An ancient, well-known whakatauki describes the relationship between generations as a mutually beneficial arrangement that simultaneously teaches and challenges knowledge: 'ma te tuakana ka totika, ma te teina ka totika te tuakana: It is through the older that the younger learns the right ways, it is through the younger that the older learns tolerance.' It may be suggested that a misuse of power was displayed in the situation described by Hinengahere. Makereti (1986) of Te Arawa maintains there was a clear division between women's work (inside) and men's work (outside). However, Pere (1982) offers a contrary perspective in that gendered work division was influenced by the availability of workers, regardless of gender or status.

The next three women were born during the 1950s, 1960s and 1970s.

3.1.a.iv Marama: Tuhoe Potiki, Te Arawa

Tuhoe mau mau kai, mau mau taonga, mau mau tangata ki te po: Tuhoe, lavish with food, lavish with goods, lavish with men who fall in battle.

Marama was born in the 'baby boomer' decade (1950s) a time of increasing urbanisation of Maori. "... I was born into a 'mimipo' or 'potty'... that created a lot of comment from me when I found out and also from the people that were there..." (Marama, line 1). Ironically, one meta-narrative tells of Uepoto, a child of Papatuanuku and Ranginui, who was 'borne away on the tide of his mother's urine'. He experienced the cool breeze of space and light, which he enjoyed as a change from the close, humid environment that he and his siblings inhabited in the confined space between their parents (Reed, 1963, p. 26).

Marama is the youngest daughter born of a “socialite mother” (Marama, line 4) who died when she was 7, and a father who she perceives as being “negative” (Marama, line 249) and who treated her as a boy. Her father gave up his paid job to take care of his children after her mother died, which was unheard of at the time. However, Pere (1982) makes the point that men customarily participated alongside women in all aspects of child caring. Marama grew up in her tribal rohe and has strong associations with several marae. Her knowledge of tikanga is strong. Her father encouraged active participation in all marae activities, and whanau, hapu interactions were plentiful. Te reo was spoken in her home and the entire district, but was banned at school, which caused Marama much grief. She recalls being “whipped” (Marama, line 39) for speaking te reo.

Marama appears to have been favoured by her father but she found his expectations very demanding, and after completing secondary school she tried unsuccessfully to leave home to begin general nursing training in Dunedin. She helped her father raise two nephews from birth, and felt she did not have any teenage years, although she dearly loves her nephews and accepts that at the time it was what she needed to do. Today, even though she is the potiki, she has been ascribed a leadership role by her whanau.

3.1.a.v Te Manawa: Te Arawa, Ngati Maru, Ngati Raukawa

Ko Te Arawa mangai nui: Arawa of the great oratory.

Te Manawa was born in the 1960s to Maori parents (mother half-caste),⁴³ at the time of youth revolution and establishment of youth culture (Dunstall, 1991). A new wave of Maori political awareness began with a group of educated young Maori activists emerging mainly from Wellington and Auckland to drive the movement. Nga Tamatoa was the most well-known, coming to fame during the early 1970s. When describing her childhood experiences, Te Manawa differentiates between paternal and maternal influences: paternal being positive, while the maternal influence was driven by a negative perception of being Maori, and of te ao Maori. Her mother and both grandmothers were very influential, as was

⁴³ Half-caste is the term used to describe the offspring of a full-blooded Maori parent and a full-blooded Pakeha parent.

her father. She was raised to know about roles and responsibilities according to Te Arawa kawa, and at an early age she learned to contest and create space as a Maori woman.

My learning has been from both families... both completely different values and beliefs... on Dad's side there was very strong taha Maori... not only the reo but tikanga, and who we were and who we were connected too... most of my years was spent around Dad's family and my grandparents (Te Manawa, lines 3 and 4).

Today her association with whanau, hapu, iwi, and marae activities is strong. Her mother, realizing the importance of Maoritanga since her husband died, encourages her children to pursue their taha Maori and maintain links within hapu and iwi. Te Manawa has a very clear sense of identity, and positive self-esteem and cultural-esteem.

3.1.a.vi Haeata: Te Arawa

Ko Te Arawa e waru pumanawa: The eight beating hearts of Te Arawa.

Haeata was born in the 1970s at the time of the Maori cultural renaissance and significant protesting about land confiscation. She is the child of a Pakeha father and Maori mother. Duff (1999) describes the marginalisation he experienced as a 'half-caste', and the national pre-occupation with the amount of Maori blood one had or did not have.⁴⁴ As well as class and cultural differences, there were some hurtful and humiliating times related to racism (Duff, 1999; Smith, 1999). From the beginning, Haeata struggled to secure a positive sense of self as a Maori, and describes her father as a racist, discouraging her mother and the whanau from involving themselves in marae activities, even though they lived close to their tribal papakainga (Haeata line 8).

My father being Pakeha ... really influenced my life... My mother... and my grandparents that I spent a lot of time with as a toddler... have influenced me in a lot of ways too (Haeata, lines 3 and 4).

Today Haeata no longer struggles with her identity as a Maori woman, being confident and actively pursuing opportunities. Reid (1995) encourages Maori women to deconstruct the social construct of what being a Maori is and then make a simple decision to affirm their

⁴⁴ For much of the 19th and 20th centuries there was a preoccupation with the amount of Maori blood one had. Record keeping required these details. The prevailing societal value was the less the better.

own reality and whakapapa: “perhaps we should look at all the Maori realities and take the best from our quest for the mythical beast, the real Maori. Be yourself, you’re Maori aren’t you? I am” (p. 30).

This section has provided introductory profiles of the six women identifying aspects of their personal socio-cultural context growing up in te ao Maori and the impact of the wider socio-political realities upon Maori. That is assimilation, post-war growth and development, urbanisation, neo-politicalisation of Maori, and the cultural renaissance of Maori. The combined experiences of te ao Maori and te ao Pakeha determined and shaped their sense of cultural-esteem, well-being, relationships and sense of belonging. Awatere (1995) argues that for Maori women and men, the experience of being Maori in Aotearoa New Zealand since colonisation has resulted in immeasurable harm, with cultural identity and heritage threatened. Today, Maori culture and being Maori continue to be viewed by many Pakeha as inferior, with an expectation that Maori should give-up their ‘Maoriness’ and rights conferred by the articles of the Treaty (Brash, 2004; King cited in Watkins, 2004). In the stories of the women there is evidence of the conflicts placed on Maori to one degree or another. Te Manawa provides a personal example of common beliefs held by Pakeha about Maori and Maori cultural practices. Her maternal grandmother (Pakeha)

a cathol[i]c[French]... saw our Maori side as being evil, she... condemned anything to do with being Maori... going on the marae... the language... it’s own religion, she believed that it would bring us down (Te Manawa, line 15).

3.1.b Te Ara Maori

Maori cultural identity was encouraged or discouraged by the degree of exposure to Maori cultural activities and institutions. Tomlins-Jahnke (1996) talks of the homeplace as a place of learning encompassing whakapapa, te reo, tikanga and wairuatanga. Specific tribal boundaries and land exist and are of importance according to the whakapapa (history) of the area. For example, special meaning is attached to an area because of ancestral occupation, events that have relevance, and food cultivation and harvest. Customary and traditional practices create a ‘turangawaewae’ (a place to stand), and various sites within the tribal area express connection and collective ownership, for instance, marae, whare tupuna, urupa, awa, maunga, wharekarakia, papakainga, ngahere, moana, and whenua (Sinclair,

1975; Tomlins-Jahnke, 2002). The relevance and importance of places and people while growing up is integrally associated with the institutions of Maori culture, values and beliefs, evident in the participant's korero. These experiences and interactions had an affect on their identities, relationships, roles and status (Rogers & Simpson, 1993; Ihimaera, 1999).

Four of the women were brought up in rural locations in the 1940s and 1950s, one of them had a close association with her marae, another speaks of papakainga, another of urupa, and another of ancestral land. The two younger women were raised in a thriving urban township in 1960s and 1970s close to their marae, although only one of them was encouraged to participate in marae activities. Te Manawa identifies the importance of marae encounters for learning *"Dad was always taking me and my older sister to tangihanga, hui... that's how I learnt my own tikanga"* (Te Manawa, line 3). In Marama's situation identities and relationships are affirmed by participation in marae activities in the fundamentally important way of feeding the whanau and manuhiri – manaakitanga:

relationships with our hapu and marae were very strong, we were part of the tangihanga, hui hui... if not doing the cooking or doing the cleaning or setting tables it was about taking kai... it was our job to catch the hei heis, to kill the hei heis, to pluck them and gut them, then we'd take them over to the marae (Marama, lines 29 and 30).

Today, like many Maori, she works in the city but she speaks of that metaphysical closeness referred to by Tomlins-Jahnke (2002), which is also nurtured by returning to *"do some mahi there"* and how she *"takes (in her heart) my marae with me, all of them"* (Marama, lines 320, 374 and 405).

Te Manawa stresses her gratitude for the many opportunities afforded her to participate in and be exposed to marae activities and processes because of her father's and grandmother's influence and expectation that she know her taha Maori. She draws a parallel with her mother's whanau, particularly her uncles, who are unable to function in their kaumatua roles. *"They are considered elders of the marae now and they understand what inadequacies they have in their knowledge and tikanga"* (Te Manawa, line 27). The marae is a vibrant expression of Maori culture and is an important social institution for the three women as it supports their sense of identity and belonging. Awhina recounts a lack of opportunity to socialize on the marae

as a child due to being geographically isolated on a farm. However, as a young adult she was embraced by her husband's whanau:

I lived in a marae environment, the people of the marae made me join in with them, that I shouldn't be sitting at home... I started... realizing.. there was some etiquette... my parents started enlightening me about experiences on the marae (Awhina, line 10).

Hinengahere, as an adult, fondly values her relationship with her husband's whanau, hapu, iwi. She associates herself strongly with the whanau marae and urupa "*that's where he was born and bred, and that's where my mother and father-in-law are buried*" (Hinengahere, line 85).

Haeata lived on the marae's "*doorstep*" (Haeata, line 8) but her father actively opposed participation and "*any interaction... with the marae... was perceived as being of absolutely no use to the family at all*" (Haeata, lines 3 and 4). She realises her life would have been different had her grandparents lived longer because of their influence and standing in the whanau and hapu. Today she recognises she has much work to do to reclaim her place on the marae, and feel a sense of belonging and acceptance by the hapu. The experiences of the women are different but each realises the importance of the marae to their sense of personal and cultural identity and well-being. Durie (2001) identifies the marae as the quintessential institution where Maori culture is promulgated in its highest form.

3.1.b.i Whakapapa

Whakapapa is important to Maori as illustrated in the meta-narratives, and is the currency on which one establishes his or her relationship to the land, kinship ties and status in society (Mahuika, 1975). Pere (1982) goes further and says whakapapa is a system of social stratification (senior and junior ranking), where every adult person is expected to be able to at least trace back to a common ancestor. Holders of whakapapa knowledge are revered (Pere, 1982). Ramsden (Irwin & Ramsden, 1995) maintains that, "the fundamental Maori denominator is still whakapapa" (p. 112).

In the women's korero a number of comments illustrate the value placed on whakapapa. For example, how humankind connects to the atua, the whenua and urupa, marriage and

inter-iwi relationships, and the naming of a child. An example was earlier given by Awhina of her mother's desire to be buried at her marae as a way of maintaining the link to the land and tupuna, for her descendants. Marama mentions two experiences of going out of her rohe to work, and she makes a point of connecting to the local iwi by whakapapa to the atua of cosmology: *"I whakapapa back down to Ranginui raua ko Papatuanuku... and that's it as far as I'm concerned... linking back ... makes us all a part"* (of the whole) (Marama, line 217).

On a personal basis, Marama expresses satisfaction and confidence knowing who she is:

Of being, of being part of a whole, of being part of a whanau, I belong to a whanau... I belong to a hapu, I belong to an iwi. The whole point is that we do exist, a recognition and acknowledgement (Marama, line 437).

Hinengahere speaks of the natural way she assimilated her whakapapa and of the confidence she possesses:

When I was growing up... I was just who I am and where I lived... I didn't know that I belonged to whanau, hapu and iwi in the wider sense. I knew I had my mother, my father, my sister, my brother, and my cousins and that... In the last 5 years I've become more assertive about whakapapa ... It's about knowing who I am... It gives me more confidence, more self assurance in my mahi (Hinengahere, lines 192, 193 and 194).

Similarly, Awhina identifies that even though at Hukarere⁴⁵ they did not deliberately set out to establish whakapapa, they usually did so informally:

The girls were from all parts of New Zealand and Ngati Porou, ... we saw them as friends, today we're always interested in what tribe and what areas each other comes from, whereas in school we just found out in passing (Awhina, line 13).

Te Manawa speaks of traditional practices of marriage and the importance of whakapapa. She cites the following illustration of her paternal grandparents union and her father's marriage:

An arranged marriage... it was a privilege for him (grandfather) to marry her (grandmother)... She comes from the line of the oldest woman... she was a 'puhi' and it

⁴⁵ Private Anglican Church, Secondary School for Maori girls in Hawke's Bay.

was always acknowledged... My grandmother was upset when Dad decided to marry my mother because in her thinking she was planning to arrange a marriage between... (well-known ariki)... and my Dad... She (grandmother) was never in the kitchen... you would hear all the aunties talking "who does she think she is?" But really through whakapapa they knew where she was from (Te Manawa, lines 35, 36 and 38).

As a young woman Te Manawa's father used whakapapa to gauge approval or to disapprove of her relationships, and this determined the longevity of the relationship. *"My father was very strict... about what boys we went out with. He won... he could whakapapa back... he was quick to judge them by their family history"* (Te Manawa, line 86).

3.1.b.ii Te Reo

Language is fundamental to the retention of culture; it is the oral vehicle of expression for culture. It is common knowledge that government policy prohibited the speaking of Maori language in schools during a large part of the 20th century, and as a consequence the number of speakers dropped dramatically, with many Maori losing confidence in using te reo (Pere, 1982; Moir, 1994; Selby 1999). The conflict and difficulties that arose are reflected in the participants' experiences, particularly in the schoolplace. Efforts to protect and foster the language have been, and remain, hard won in spite of official and legal recognition of the Maori language since the Treaty of Waitangi Act 1975, and the establishment of kohanga reo throughout the late 1970s and 1980s. Maori women were largely instrumental in starting and developing the kohanga reo movement in the late 1970s (Awatere, 1995).

One of the saddest things that occurred for Maori is that, encouraged by assimilation policies and protecting their children from punishment, te reo and the institutions where oratory was practised were sacrificed.

Our mother's main aim was to ensure that we learnt how to read and how to write (English)... there is a terrible, terrible thing that's happening in the country... you will get the strap (for speaking Maori) ... she said it is important that you learn English, later on you can pick up your Maori language (Te Awa, line 53).

In their desire to insure the best for their children parents and grandparents promoted the attainment of Pakeha education.

He (father)... you will learn when you have too and you will know.. I miss hearing him speaking te reo with my grandmother... it was absolutely beautiful. When I go to the marae now, I don't hear that kind of classic Maori (Te Manawa, lines 90 and 91).

Hinengahere laments rejecting her mother's offer to teach her Maori as a child, childishly thinking she only needed a Pakeha education to succeed. *"I was about 11... this little whakahihi kotiro says 'what I want to learn to speak Maori for I'm going to get a Pakeha education'. I can korero now but not as fluently"* (Hinengahere, lines 43, 44 and 45).

In the context of harmful and humiliating schoolplace experiences that confused her, made her angry, and damaged her self-esteem and cultural-esteem, Marama comments on the aroha and support provided by kaumatua. *"I learnt... by being near and holding on to what our kuniā and koroua shared... they were always there, during the times of pain"* (Marama, lines 49 and 50). Edwards (1990) and Selby (1999) recount tales of bad experiences for Maori growing up during this period; similar tales are expressed by the participants. Marama refers to being *"... whipped for doing what was natural (speaking te reo)... or laughed at when you didn't know these particular subjects which was English mainly"* (Marama, line 47). Awhina recalls the punishment she received for speaking Maori in a native school:

I remember getting strapped... I used to have to write these lines that 'I must not speak Maori' and I was always going up in the air⁴⁶, I'd get hit for that (too). When we went home, Mum and Dad always spoke Maori to us, and that established... my reo for me (Awhina, lines 5 and 11).

She recounts a different experience at Hukarere where te reo Maori was encouraged.

Language is the vehicle through which one engages in one's culture. The loss of language undermines the acquisition of culture, and denies the fundamental human right to be fully expressed through one's cultural identity. Hita (cited in Watkins, 2004) at age 31, summarises the difference between his generation and his parents:

... in my father's generation, being involved in Maori culture or speaking Maori was a self-conscious thing. When they came to the city they knew if they were

⁴⁶ Blackboard chalk writing that slopes upwards from point of origin.

too Maori they would be disadvantaged... But my generation, we're not self-conscious about our culture. (p. 20)

3.1.b.iii Tikanga

Tikanga is the founding social constructs that guide how Maori society and culture are organised and manifested: the influence of the meta-narratives of cosmology. Concepts such as whanaungatanga, manaakitanga, tapu and noa, tuakana-teina, powhiri, whaikorero, karanga, tangihanga, wairuatanga, kaitiakitanga influence behaviour and relationships; and importantly validate relationships extending into the realm of eternity – past, present and future (Barlow, 2001; Morrison-Ngatai, 1997). Tikanga are important principles guiding attitudes, behaviours, feelings and processes in interactions with people, things and environmental resources. The guidance given to Marama by kaumatua reflects the value placed on people and how to skilfully manage relationships “... *not to be whakahihi... not to takahi tangata... the three main things... not to trample on people, not to put people down and not to break*” (Marama, lines 350 and 351).

3.1.b.iv Wairuatanga

Maori place a strong emphasis on spirituality, a concept that is inclusive of the past, present and the future, and on the relationship between the metaphysical and temporal realms. While wairuatanga is not confined to a particular dogma of faith, it may embrace such a dogma. Durie (2001) contends that Maori are a very spiritually based people and lean towards abstract thinking. Wairuatanga underpins well-being and is indivisible from the physical, mental, emotional and whanau health. The following participants' experiences illustrate how spiritual satisfaction is obtained, when the combination of positive self-esteem and cultural-esteem is endorsed and affirms the 'mauri' (spirit) of humanity and life.

Ahwina talks of the origins and importance of her spirituality and Maoritanga; and how the church offered her a faith: “*my Mum was tuturu Maori, Ringatu and Maoritanga are a part of our life... Hukarere confirmed religion in my life and I have always appreciated that because it gave me a faith to cling to*” (Awhina, lines 8, 9 and 12). For her there is no conflict between the church and

te ao Maori. They are compatible in the sense of their positioning for the interrelatedness and interdependence of the environment and humankind:

The values of te ao tawhito are still important to us; we believe in gods, we have gods for all sorts of things. Nature and the environment are important – conservation – our environment is linked to us as people. When we go to tangis... you hear the speakers... relate to the environment... we are a part of it (Awhina, lines 41 and 42).

Haeata recalls how going to church became the means to attend tangihanga, “the church was in the village... any tangihanga that occurred went on at the church too, so we were able to attend those things because she was a Catholic and my father would allow us” (Haeata, lines 7 and 9).

Te Awa talks of her mother finding sanctuary from the harsh reality of living with her violent and abusive father, and acknowledges the warmth and kindness she personally experienced from members of her mother’s church:

Her (mother) sanctuary was the church... we had tremendous respect for the Latter Day Saint members... their love and affection used to pour out on us by inviting us around to Sunday dinners after church... we looked forward to going to church not necessarily to understand the faith but to see these wonderful people who just loved us, because love and cuddles and hugs were very foreign to us (Te Awa, lines 42, 43 and 44).

The physical and spiritual realms are integrated, and every act or natural phenomenon has spiritual implications. Supernatural forces govern the way people interact with each other and the environment (Pere, 1982). Ruiha Werahiko (cited in Moir, 1994) describes the wairua that people bring to an occasion as the source that gives her inspiration and strength for her role as kaikaranga.

Marama and Te Manawa talk about heightened supernatural awareness and experiences when seeking spiritual solutions for events and circumstances. After a series of untimely deaths Marama and her sisters rallied together to identify and dispute the reason for such bad luck. “We had a big karakia... my aunty... believed that the women’s line was cursed... I

can remember saying to her... “you know you don’t have to carry it on”. She couldn’t have children and she saw that as a legacy” (Marama, lines 175, 176 and 177).

Spiritual advice from a wahine matakite was sought following the death of a nephew in tragic circumstances. This advice led to a number of actions that appears to have solved the problem for Marama and her sisters:

Something’s not right all our young are going... She (matakite) asked about a particular kuia... so I told her. She said, “that’s right, you have to go back and do some mahi”⁴⁷ ... I went back home... [we did] a karakia... we walked around the place... What I felt was an energy, an understanding... coming from this fairway... Then we went across to the marae, then the home... Since then things have quieted, that’s nearly 5 years ago (Marama, lines 179,180, 182, 184 and 185).

Marama believes strongly in the extrasensory perceptual abilities of ‘special’ people who encompass knowledge, foresight, dreams and an affinity with the spiritual realm. The old people taught her about moemoea, dreams and visions when she was a teenager. She sums this up as, “... acknowledgement to tupuna ... karakia is acknowledgement of Io... In all those things consent is given ... from the spiritual realm. But it is man who makes it work” (Marama, line 333).

Te Manawa recalls a period as a teen, when her family struggled with the concepts, practices and consequences of different spiritual values and beliefs: Pakeha religion and makutu stemming from te ao tawhito. She describes a time of raruraru when her father sought consultation and guidance from a tohunga. She recalls the events of a night:

Mum nearly lost her life... I saw the depths of something that I have never seen before... He (tohunga) was praying over her, doing karakia... then he stood up and he walked out the door and went to the toilet... I saw all this writh come flying out of his mouth... I just looked and I froze... I was really scared (Te Manawa, lines 71, 72).

She questioned her parent’s actions and a decision was made that night by both parents to commit to the practice of Pakeha religion, which seemed less intense and frightening.

⁴⁷ In this instance spiritual cleansing. Making noa.

Kereopa (cited in Munro-Keepa, 1996) draws attention to wairuatanga as the essence of healing and well-being, from which derives awareness of past and present knowledge, and a future focus. It is wairua that must be guarded (Kereopa is referring to 'Poutiriao, guardian of order') for Maori to stand as "he atua, he tipua, he tangata" (Munro-Keepa, 1996, p. 16).

3.2 A Sense of Contribution: Roles and Responsibilities

*He mahi ano ta te tarua uho, he mahi ano ta te tarua para: The functions of the heartwood are one thing,
those of the sapwood another*

(Mead & Grove, 2001, 534, p. 92).

According to this whakatauki it may be said that those of noble descent work with industry, and responsible parents ensure their children are trained in proper conduct to be useful members of the whanau, hapu, iwi (Mead & Grove, 2001). The effective performance of roles that contribute to whanau ora is an expected norm in te ao Maori – in this are the expectations attributed by whakapapa, prowess with te reo, a knowledge and processes of tikanga, and a focus that increases wairuatanga of the group. A role in te ao Pakeha is defined as "a set of socially expected behaviour patterns associated with one person's function in various social groups. Roles provide a means for social participation and a way to test identities for consensual validation by significant others" (Stuart & Laraia, 2001, p. 866). This definition is somewhat removed from the collective responsibility and spiritual aspects of role performance for Maori.

Stuart (2001a) maintains that several roles are occupied at any one time and that adequate role performance supports positive self-concept, identity and healthy self-esteem. There are several internal and external factors that influence a person's acceptance and adjustment to the roles they have. Stuart (2001a) also suggests roles are reinforced by significant others, compatibility and complementarity of various roles, cultural congruency, and various expectations of role behaviours. When one is unable to fulfil the roles assigned because of inadequate preparation for the role, or the role is seen as inferior and under-valued, conflict and a loss of self-esteem and esteem of others arise. Role modelling by grandmothers, mothers, aunties and cousins reinforces the notion of whanau ora. Inevitably, the interface

of te ao Pakeha and te ao Maori caused tension, and some of the women's experiences illustrate this.

Te Manawa learnt about roles through play with extended whanau and through marae participation; in particular she mentions the discovery of the tuakana-teina relationship. *"I didn't see any particular role at first... later I began to learn that there was a hierarchy, certain rules for older sisters, females and males, depending on where you are in the family"* (Te Manawa, line 7). Te Manawa also speaks of her role changing from second to eldest by de-facto to fulfil tikanga when her sister, the eldest mokopuna, was raised by the grandparents. *"My role changed...I had to be the older sister to my younger brother and sister... I learnt about responsibility very quickly, what it is like to take care of people and putting their needs before your own"* (Te Manawa, lines 49, 50 and 54).

An important role in customary society was that of hunting and gathering food. According to Pere (1982) and Makereti (1986), men were generally expected to do the more strenuous work and women the everyday, but safer, tasks. However, work roles were not necessarily assigned by gender or status, or age (Pere, 1982). There were expectations that everyone should contribute to the welfare of the whanau and hapu, and it was not uncommon to see women doing 'men's work' or men doing 'women's work' as circumstances dictated. This contrasts with te ao Pakeha and the gender division of labour, a cultural expectation of early settlers.

Awhina tells how there was a strong survival and work ethic in her whanau, and an intergenerational caring for others:

We were brought up to work, work the land, work for ourselves and work within the home... To be survivors wherever we went... After we were grown up Mum and Dad got some mokopuna... there were always mouths to be fed and things to be done around the house (Awhina, line 3 and 20).

Similarly, Te Awa describes her role was to care for her siblings *"We all had roles and functions... from an early age I learnt to cook, clean and meet the needs of younger siblings of our whanau"* (Te Awa, lines 4, 5). However, Te Awa's mother is described as a hardworking woman who ran both the farm and the home:

My mother did a lot of the manual work... she milked the cows, she ensured that the stock were OK... chop wood and bring it down from the hills... she ensured that we were sufficiently fed from food off the farm... about ½ acre of ground used to be turned over regularly and she used to crop that herself... from root crops to vegetables, cabbages, silver-beet and ... potato, pumpkin... she used to churn her own butter, make her own bread, and just to reserve the water for drinking and cooking purposes, she used to daily take all the clothing wrapped up in a sheet over several paddocks... to the ... river and wash them all by hand... (Te Awa, lines 6, 7, 8, 9, 18 and 19).

In these situations, role performance was high and reinforced positive self-esteem. However, compromises were necessary to negotiate the different cultural expectations, as illustrated by the next examples. In the absence of a mother, Marama refers to having a hard upbringing and being required to assume the responsibilities of managing the household chores at a time when it conflicted with teenage desires to pursue activities with peers: “*I sort of felt cheated later when I got a bit older and I realised that I didn’t really have a teenage life*” (Marama, line 44). Similarly, Te Manawa also speaks of the conflict of being a teenager in te ao Pakeha and helping with her whanau: “*I had friends... and I wanted to have fun with them... but I realised I had to put my family first*” (Te Manawa, line 54).

Marama recounted how her father gave up his paid job after his wife died to care for his daughters, to prevent his children being ‘split up’ by Social Welfare. However, his influence broadened their gender roles: “*We always told him... he treated us more like boys... sent us out fencing, carrying water, milking cows. But kei te pai we survived it, even though there were a lot of hardships*” (Marama, line 32).

Teaching about the environment was the role of senior men and women in customary society (Pere, 1982). Storytelling was used, which often incorporated stories of the supernatural. Every opportunity became a learning opportunity: Marama recalls when her kuia gathered to clean lice from their heads “*kimi kutu... they’d sit there, and they would be chatting away... talking to us... that was part of the tohutohu... giving some of the knowledge*” (Marama, line 296).

The concept of reciprocity is illustrated in the role of the eldest mokopuna with grandparents. Te Manawa recounted:

When my grandfather died... my grandmother insisted that my older sister be left with her... That was a struggle through my Mum's life because she felt that my older sister is hers and it was her right to bring her up... It was destiny for my sister to look after my grandmother when my grandfather died" (Te Manawa, lines 46, 47 and 48).

Marama recounts how whanau members looked out for everyone's children (rather than the Pakeha style of the nuclear family), and suggests that even today the need to be with whanau compels Maori to seek membership in a 'whanau' group (which includes those who are geographically isolated or spiritually estranged):

All our kuia and koroua... looked after the children. It wasn't just about mum and dad... Beyond your own geographical area [rohe], you're not going to be with all your whanau and so you go and find some more whanau, and that's how it is (Marama, lines, 297, 298 and 299).

When role performance is not achieved, difficulties occur for the individual, whanau and hapu that often create a sense of low self-esteem and alienation. Te Manawa mentions the difficulties of her uncles' "*inadequacies in their knowledge and tikanga*" (Te Manawa, line 27) that stop them from meeting cultural expectations as kaumatua on their marae and paepae. This situation is replicated among many whanau across Aotearoa New Zealand; and more so among urban Maori who often have limited cultural experience and knowledge of whakapapa, tikanga, te reo and perhaps wairuatanga.

3.3 A Sense of Connection: Whanaungatanga

Whanaungatanga "deals with the practises that bond and strengthen kinship ties" (Pere, 1982, p. 23). Interactions across generations help to shape realities congruent with cultural values and beliefs and are vital to well-being. The traditional view of relationships within Maori culture is one of transcending time constraints. Connections with the past are maintained, connections in the present are understood and fostered, and the future well-being of mokopuna is prized. Kaumatua provide the link to te ao tawhito and customary society. "*The old world, I don't believe that it's ever left because it's in our waiata, some of the*

karanga... kuia and kaumatua pass on what they think we need, for the next world or the next journey" (Marama, lines 350, 351 and 352).

The values of te ao tawhito and customary society are still important to Maori in spite of the magnitude of the dominant Pakeha ideology that has undermined Maori society – whanau relationships:

Pakeha have had a huge influence on us but many of us in my generation and maybe the next generation... will still hold dear to what our tipuna and parents practised in maintaining that ahua. We find that it is a more respectful way to honour them, and the place that we live. Pakeha don't see it like that because... once the dead are dead there is no more to them, whereas we are a part of our generations beke iho beke iho (from that which precedes)... What happens today very often can surface... in the next generation, it may not be immediately after us but in generations beyond us (Awhina, lines 43 and 44).

Whanau for Te Manawa is about belonging and how to maintain whanau cohesion, viability and sustainability. This is illustrated by her father, *"He was not only a role model to us as a father but to his brothers and his sisters and to his cousins and the extended whanau who... truly loved him"* (Te Manawa, line 10). Her grandmother was also hugely significant in maintaining whanau ora:

She was a very strong woman... she kept her family together though there were a lot of issues they dealt with. They had land... and a huge farm... which her father managed for the tribe, for the whanau (Te Manawa, lines 14 and 32).

Whanau has tremendous value for Awhina and she emphasises the importance of whanau in the sense of manaakitanga: *"We have always been family orientated. Mum's family used to come and stay with us a while and then move on"* (Awhina, line 6). Recollecting family bereavements still affects her emotionally, as many of her siblings died when they were young (Awhina, line 4).

Te Awa, in speaking of extended whanau tautoko and aroha during the times of violence, describes occasions when her mother *"... used to have a younger sister who visited... and tried to be a support person. Mum would ask her sisters to whangai her children because of their safety"* (Te Awa,

lines 48 and 51). She recalls her grandmother taking care of her eldest sister, and aunts and uncles [cousins of her mother] looking after her brothers:

My eldest sister was raised by my grandmother until she was 7 years old. She adored and lovingly took my sister on, which left me to be the eldest in the home... The rest of my brothers were whangai'd out to aunts and uncles, distant cousins of Mum (Te Awa, lines 26 and 27).

Living in te ao Maori and te ao Pakeha causes tensions and, in some instances, disconnection from strong whanau, hapu, iwi relationships. A sense of connection and belonging are important in Maori culture and this is fostered by practises that endorse communal behaviours and beliefs and discourage individualistic behaviour and beliefs. Interdependency rather than independency is valued; privacy, rather than isolation. Sullivan (1993, cited in Stuart & Laraia, 2001) states that, "learning about one self occurs from the mirror of interaction with other people" (p. 318). For Maori, learning about one's self in relation to whanau, hapu, taha Maori and Pakeha in the historical, socio-political context of colonisation and assimilation requires acknowledgment.

Te Manawa explains the painful emotional conflicts that can materialise in whanau when Maori are forced to choose between te ao Maori and te ao Pakeha. She also mentions the insidious way racist ideology is internalised and distorts the interactions with the oppressor (Freire, 1996).

Dad's side was very dark and my mother's side was very white... as kids you noticed the difference, especially when you are the dark cousins running around amongst all these whiteys... my grandmother [maternal] was very colonised... she use to wash my cousins and myself separately... she would give me a pumice to scrub and she would give them (cousins) a soap to scrub. We didn't tell my mother until years later because we knew she loved her mum... I don't have good memories about my grandmother. Before she passed away... she asked my mother to bring us in and she called us her little roses and that always confused me ... I never felt like a little rose (Te Manawa, lines 12, 13, 22, 23 and 24).

Another illustration highlights the difficulties that can arise when racist behaviour and language are internalised by the targets of racism:

My mother and father-in-law loved my daughter... without reserve...she was the apple of her grandmother's eye. She was dark and my father-in-law was dark. My mother-in-law was very fair. Some of the cousins used to tease... her (Hinengahere's daughter) about her colour; '... if you were in a room and there were no lights on you'd have to open your eyes so that we could see you'. She said 'Nanny, I wish I could be your colour'. Mum asked her why and my mother-in-law said to her 'next time any kids say that to you, my pal, you say to them that I'm like my papa and he's beautiful'... and of course mum was meaning that her colour was the same as her grandfather's and nanny thought that he was beautiful and so that would apply to her (Hinengahere, lines 66, 67 and 68).

Finally, an example given by Marama explains the sense of metaphysical connection to tupuna whom Maori consider to be with them always. When missing the presence of her mother, she would reconnect by “going up onto the hill and playing my guitar... I used to abuse (voicing her pain and frustrations of the moment) ... her at the urupa” (Marama, line 32).

3.4 A Sense of Significance: Status Ascribed, Attributed and Attained

Mana is achieved in various ways. It may be attributed and attained in recognition of whakapapa, and feats that have contributed to the well-being of the people (Te Arawatanga; Marsden, 1975; Pere, 1982). ‘Status’ in modern sociological terms is defined as a claim to social esteem and honour based on privileges that is expressed in terms of socio-political and economic lifestyle and cultural expectations of the group in which one is situated (Gerth & Mills, 1970). Any similarity between two worldviews ends with the non-recognition of the spiritual aspects of mana, which according to Maori epistemology and ontology is a delegated godly authority (Marsden, 1975; Pere, 1982).

Awatere (1995), Pere (1982) and Marsden (1975) remind us that in customary society and cosmology women are the *whare tangata* and the bearers of the future generation. As such, they have ascribed status and powerfully influence the regulation of whanau, hapu, iwi life, activities and wairuatanga. The following excerpts sum up the participants’ understandings of the status of Maori women.

Te Manawa speaks about Maori women being very strong, having authority and providing guidance:

All the tragedy they have been through and what they have had to cope with – breast cancer, losing their husbands early, marrying and having large families – they coped well... I see that as being strong (Te Manawa, line 28).

My grandmother made it very loud and clear that she was around to give my Dad guidance, plus Dad's father and brothers (Te Manawa, line 30).

For community responsibility and leadership, Te Manawa's grandmother clearly promoted the importance of her whanau contributing back to the hapu by acquiring knowledge and skills from Pakeha education, as well as maintaining taha Maori:

She always wanted us to succeed in our schooling. She was looking at producing doctors and teachers and lawyers. Looking at us making some sort of difference for our people. There are twenty of us who are now 30 plus... sixteen of us... have got degrees and there's about four who are continuing... my grandmother only died a couple of years ago... we were celebrating her 83rd and she was just looking at all her grandchildren smiling and saying 'I can die well' because she felt that her job had been done... she made it very clear... that we need to do the same if we had children (Te Manawa, lines 39, 41 and 42).

Marama provides leadership by sharing her knowledge about tikanga, and will openly challenge breaches of tikanga. She draws on the belief that being a male of a certain age today automatically privileges you to sit on the paepae, "Our koroua on the paepae were there because they earned the right not because they were a (certain) age" (Marama, line 370).

4 Conclusion

This chapter examined the participants' beginnings, their childhood and adolescent experiences. Their experiences are different, but the reality of growing up and living in two worlds, te ao Maori and te ao Pakeha, was influential for each of them; consolidating a perception of themselves as young Maori women within te ao Maori and te ao Pakeha. A strong sense of Maori identity was influenced by knowledge of and engagement in activities

that promulgated whakapapa, te reo, tikanga and wairuatanga in Maori places such as papakainga (homeplace) and marae (turanagawaewae). Cultural-esteem and self-esteem was positively or negatively enhanced according to role-modelling in the whanau and the wider community – at times being Maori was difficult, often associated with shame and embarrassment. A sense of belonging and closeness with whanau, hapu, iwi stemmed from early involvement and activities as a result of which the participants provided care-giving based on concepts such as manaakitanga, whanaungatanga, tautoko, respect, aroha, life preservation skills, and a diligent work ethic. An understanding of role responsibilities did not always prevent conflict and ambivalence, as some of the women's experiences illustrate. However, there is a strong sense of contribution to others as this behaviour is highly valued in te ao Maori. Leadership was role-modelled by grandmothers, mothers, aunties and cousins. By their knowledge, love and strength they motivated and inspired the participants to achieve success in both worlds, rather than one world at the expense of the other.

The following chapter continues the analysis of the participants' korero by examining the whaea and pakeke stage of their life. Leaving home, entering adult relationships, bearing children and choosing a career are examined to reveal how they contest and create space in the homeplace schoolplace and workplace.

CHAPTER SIX

Kia Pakari: Positioning and Contesting

Toi te kupu, toi te mana, toi te whenua: The permanence of the language, the prestige and the land

(Mead & Grove, 2001, p. 405)

I am very pro-Maori, I try to do all I can to keep things Maori, our rituals and our respect ...

Strengthening us... My heart cries when we haven't got enough men or women to maintain our marae and marae etiquette because of work... Work to keep our families fed, housed and clothed, to live, really

(Awhina, line 45).

1 Introduction

The juxtaposition of two worlds is always influential, and the experiences of the participants during their tamariki and rangatahi years illustrate their increasing awareness of being Maori in te ao Pakeha. Maori culture takes on greater significance for them as participation in cultural activities and institutions reinforce learning of whakapapa, tikanga, te reo and wairuatanga. A sense of closeness and belonging stemming from early involvement and participation with whanau and hapu in papakainga and marae activities fostered behaviour and attitudes of manaakitanga, whanaungatanga, tautoko, respect, aroha, life preservation skills, and a diligent work ethic. Resilience of character is fostered by seemingly negative experiences that affronted their status as women and tamariki. Fathers and grandfathers were influential figures but differently from grandmothers, mothers and aunties who are seen as positive role models and visionary leaders who possess knowledge and qualities of love and strength.

Their beginning experiences created meaning for the participants that formed and informed their behaviours, thinking and motivation. Growing up in a society that did not affirm Maori culture challenged their understanding of mana Maori, 'mana wahine', mana tane, mana tamariki, mana rangatahi and mana whanau. However, as they matured they began to question the justification of Pakeha hegemony, and the impact on the role of Maori women in te ao Maori and te ao Pakeha. All the participants assert their whakapapa,

and being a Maori woman in te ao Maori and te ao Pakeha becomes a place of contest for them. In this chapter I continue the analysis of the participant's korero by identifying and examining issues that have meaning for them as adults and how these influence the way they contest and create space for themselves in the homeplace, schoolplace and workplace.

2 Whaea – Pakeke: Homeplace, Schoolplace and Workplace

From a traditional Maori perspective, the well-being of the individual is located in the well-being of the extended whanau. Kinship ties control and direct a spirit of kotahitanga that requires active planning, economic contribution and redistribution of resources (MacFarlane, 2004a). Durie (cited in Drewery & Bird, 2004; 1997b) points out that there are costs as well as benefits through which individual needs are subsumed by group needs, and this illustrates the challenges of living in two worlds.

Adulthood can be described as a time of expansion of identities, roles and responsibilities. It is a time when intimacy and love in close meaningful relationships are established. A time for sharing oneself with others on a moral, emotional and sexual level such as occurs in marriage (Turner & Helm, 1991). A time to resolve personal psychosocial issues remaining from childhood. Erickson's tasks of this stage of life are not achieved satisfactorily if there is the potential for a sense of aloneness and an inability to love and care for self and others (Turner & Helms, 1991).

The formation of meaning about personal and cultural self emerges strongly from the participants' korero. The participants' relationship with their parents, kaumatua, siblings, partners, children and teachers are all extremely influential on their sense of well-being and life choices. Care-giving modelled by their mothers, grandmothers and aunts appears to be influential in determining their type of career choice. Events such as engagement and marriage, unplanned pregnancy, separation and divorce, employment opportunities requiring relocation, trauma and whanau mental health concerns were contributing factors for the women in this study to enter mental health nursing as a career.

3 Multiple Realities

3.1 A Sense of Self: Making Meaning and Challenging Norms

3.1.i Whakapapa

Maori ancestry remains a fundamental factor that supports the claim of being Maori (Sinclair, 1975; Ramsden, 1995; Hirschfield, 2000). Through whakapapa, connections and relationships to ancestors and cultural reference points such as waka, mountains and rivers are established. Whakapapa is not measured by fractions of blood, legal, racial or ethnic definitions, membership criteria or cultural affiliation or desire (Te Arawatanga; Reid, 2003). Haeata recounts when she and her Pakeha husband talked about whakapapa and the naming of their offspring:

I wanted a Maori name for her and that was difficult for him to accept. In the end we had to concede, so her second name is Maori and her first name is English... For me she is a Maori child, her whakapapa is Maori but for him he would rather say she was a New Zealander than admit to her being Maori. This does cause some real tension in our relationship (Haeata, line 87).

Marama sees women as repositories of knowledge, including whakapapa, who impart information to the succeeding generations. “The knowledge that we impart to our tamariki... will help them in their adult life, when they have tamariki, and we are not here, we have to impart that knowledge to them as much as we can” (Marama, line 417).

3.1.ii Te Reo

Since te reo was given official status in the 1970s the establishment of the kohanga reo, the Maori Language Commission, kaupapa schools and in more recent times Maori Radio in the 1990s and Maori Television in March 2004 have followed. Fluent te reo speakers have increased from 18% in 1973 to 25% in 2001 (Watkins, 2004). Before this period there were few native speakers and little evidence that te reo was a living language. The marginalisation of te reo was and is still reflected in healthcare and education services. During her training and early nursing experience Awhina noted that:

although there was a lot of Maori staff, a few Maori in the long stay area and quite a few Maori in the acute area, there was no Maori component whatsoever in the place... the reo

wasn't even mentioned, only in the names of people would we korero kupu Maori. I don't even think we said kia ora to each other... that was a major gap (Awhina, line 57).

Today it gives Awhina much pleasure to hear te reo in educational institutions and the workplace.

Haeata, however, wants more language immersion opportunities for Maori. She is not fluent in te reo and it is important for her and her whanau to establish their fluency as a means to build positive self-esteem and cultural-esteem, and take their rightful place in te ao Maori with confidence:

As a Maori woman I am really conscious of what I do and what I say because I know that she [daughter] absorbs all of that and I want her to be strong. I have tried to set things up for her so that she is fluent in te reo; she is in a total immersion class (Haeata, line 109).

In Haeata's view, the education system still marginalises te reo with structural barriers that mean te reo immersion classes are unavailable at the higher levels of mainstream secondary schooling. To her, Maori are denied their human and legislative rights. The lack of access to immersion classes compels her to make a choice she is reluctant to make for her daughter:

Once you have reached a certain age the opportunity to continue in total immersion is taken away, because once you get to high school unless you are in a special little school, they become bi-lingual and not total immersion. So again Maoritanga becomes diluted. I don't believe that a bicultural/bilingual class provides the same whiria or kawa in the same way (Haeata, line 110).

3.1.iii Tikanga

At times the tikanga of te ao Maori and the expectations of te ao Pakeha collide causing feelings of ambivalence. The traditional roles for women within Te Arawa can be a source of conflict. Te Manawa recounts the frustration she feels when she tries to integrate traditional and modern approaches as a woman in the workplace: "*There is a lot of boundaries and issues that come up, especially when you are with your own and being reminded of the roles that you have*" (Te Manawa, line 99). When Te Manawa seeks guidance from Maori men associates she often encounters resistance and barriers as the tikanga of traditional roles for men and women contrast with the modern educational background, and those she seeks advice from.

Violence within the whanau was not the norm in traditional Maori society and it occurs today in a historical context that reshaped the foundations of Maori society through colonisation. Increasing incidence of male abuse against women and children diminishes the status of women as te whare tangata and of children as mokopuna, the wellspring of life. It is disturbing and reflects the loss of Maori knowledge and way of being, the transgression of tikanga, and an imbalanced wairua or spiritual sickness (MOH, 2002e):

... when they [kaumatua] try to hide it [abuse] I think, no way. When I found out he had done mahi kino [sexual abuse] to his mokopuna I blew up our paepae... How dare you put somebody like that there [paepae].... We have to bring back nga tikanga... It's about the tapu me te noa, it's those things from te ao tawhito where the wahine me nga tamariki were gems (Marama, lines 362, 363, 364 and 365)

Although the traditional sanctions no longer have a prominent influence or the ability to contain such behaviour (MOH, 2002e; Wilson 2002), the participants make a stand against such behaviour upholding traditional tikanga.

Another example of the conflict between te ao Maori and te ao Pakeha is illustrated by Marama's experience when she was expected to boast about her achievements in her curriculum vitae (CV). In te ao Pakeha this is an expected practice but for her it meant breaking tikanga and being whakahihi (Marama, lines 356 and 357). The correct way according to a traditional whakatauki was, "*waiho ma te tangata mihi: Let someone else sing your praises.*" From a Maori perspective, the testimony of others such as kaumatua, whanau, professional peers and tangata whaiora is considered better than your own report (verbal or written). The need for self-report can make it difficult for Maori when seeking employment and promotional opportunities if the organisational structure fails to accommodate Maori preferences in the interviewing process.

3.1.iv Wairuatanga

Wairuatanga is fundamental to individual, whanau and hapu well-being, and when compromised, individual and collective personality, psyche and integrity can be severely damaged, which can result in sickness and death (Durie, 1994). The importance of wairuatanga is illustrated by Haeata, who alludes to the emotional and spiritual pain experienced when a Maori child is exposed to racism and put downs. She recounts her personal story about her father's racist attitude towards Maori. "*As a child he talked to us*

children about being Maori... and his perception was that ultimately we will be losers... that we will be no hoppers" (Haeata, line 6). As a mother, Haeata contests and creates space that allows her daughter to grow up strong and proud in her Maoriness; ironically, her daughter is the love and pride of Haeata's father since her birth.

3.2 A Sense of Contribution: Becoming a nurse.

3.2.i. The decision to enter nursing

Awhina:

I was at a stage of life where anything could happen... I had nothing really except school certificate, which was just sitting squashed up in a drawer somewhere (Awhina, line 23).

Te Manawa:

I achieved my School Cert, I did Sixth Form Certificate... I worked there [health camp] for 11 years... enjoyed what I did and I learnt a lot about people, about children, about adults and about families. I realised I was at the peak of my career there and that I wanted to move on and extend my career (Te Manawa, lines 92, 93 and 94).

Haeata:

I always thought I wanted to be a medical doctor... and was fortunate enough to be accepted, but I couldn't bear the thought of leaving her [baby of 4 months]... nursing was available... (Haeata, lines 25 and 26).

Hinengahere:

Hinengahere idolised her father's sister for whom she was named. When she grew up she wanted to be just like her, "a nurse" (Hinengahere, line 19).

Whilst I was being a mother my wanting to be a nurse resurfaced, I used to dream when I was looking after my baby, that as well as being her mother I was a nurse (Hinengahere, line 63).

Marama:

Marama spent 5 years at secondary school where she was doing well, so she went directly into nursing education. Initially, she wanted to go to Dunedin and begin general training

(she had been accepted), but because of whanau responsibilities (caring for her father and two nephews) she remained within her tribal rohe and started Community Nurse (now referred to as Enrolled Nurse [EN]) training (Marama, lines 57, 58, 60, 65 and 66). For her, becoming a nurse enabled her to enjoy social activities with people her own age, and the uniform became an outward expression of professional knowledge that boosted her self-confidence. *“When I got that uniform on I was quite different, I was full of confidence and I knew what I was doing”* (Marama, line 61).

Later in the mid-1990s Marama recognised there was little future in her role as an EN, especially as the regulatory requirements limited her ability to extend her scope of practice, which she wanted to do. Despite a recent marital break-up, four boisterous teenage boys and a hefty mortgage, she enrolled at the local polytechnic to undertake a 3-year Diploma, which then allowed her to become a Registered Comprehensive Nurse (RCN).

Te Awa:

Te Awa’s uncle introduced her to the Matron at the local hospital. She was offered a nurse aide position to start immediately, with accommodation provided in the nursing home, *“my first experience of mental health in 1968 was working with the disabled”* (Te Awa, line 72). After the difficulties faced in her childhood, Te Awa enjoyed the opportunities to engage in an active social life and sporting activities. She relished her new-found independence and lifestyle free from the terrors of abuse. She started to travel to places she had never been to before, *“I felt a sense of belonging, with a group of people that appreciated me. I felt valued and I felt this can’t be happening to me”* (Te Awa, line 75). Nursing gave her much satisfaction, and with encouragement from her Matron she undertook her registered nurse education.

Several motivating factors influenced the comprehensive educated nurses to enter mental health nursing:

1. The increasing incidence of Maori mental illness.
2. Personal experience with youth suicide.
3. The need to change career.
4. Personal experiences of depression following marital break-up.
5. A desire to see more Maori services and therapies.

6. A desire to make a positive difference to Maori health outcomes.

3.2.ii Care-giving

Maori women have traditionally been care givers, and this is reflected in 2001 Census statistics that indicate they are more likely to have children at an earlier age compared with Pakeha women, live in an extended whanau situation, and undertake higher levels of childcare and household work outside the home (TPK/MOWA, 1999). As a result of helping raise two nephews from infancy, Marama had a tremendous sense of being responsible for everyone and often felt overwhelmed by the responsibility of continuous caring and giving: *"I thought I was responsible for everybody and everything and that's not healthy, I can see why we get so mame"* (Marama, line 260). It took many years for Marama to recognise that she was an interim caregiver and could only offer guidance to her nephews and encourage them to be responsible. *"You can guide them so far, and as I said to them, there's always a way but it is not mine"* (meaning they had to follow their own path) (Marama, line 269).

3.2.iii Education

Historically, Maori women's participation in tertiary education has been lower than Pakeha. However, numbers increased during the 1990s, with Maori women more likely to study humanities, education and social, behavioural and communication skills (TPK/MOWA, 1999). Nursing education and nursing knowledge reflects te ao Pakeha and is predominantly mono-cultural in content. Attitudinal barriers that fail to recognise the Treaty and a Maori worldview of learning, combined with poor support for Maori students and Maori nurse educators, creates a recruitment and retention problem in undergraduate and postgraduate nursing education (MOH, 1998). Recent research conducted by the Ministry of Education [MOE] (2003a) investigating how Maori student achievement could be improved confirms that the quality of face-to-face relationships between students and their teachers makes the difference; as well as a classroom environment that is culturally appropriate and responsive to learning needs. This same study identified effective teachers of Maori students demonstrate a commitment and belief in the educational success of Maori and care for their students as culturally located human beings (MOE, 2003b).

During Awhina's training in the 1970s there was no accommodation of Maori cultural preferences or Maori nurse educators in nursing education within a psychiatric hospital.

Awhina welcomed informal support from a Maori couple who took her and other Maori students under their wing: *“When I trained all those years ago there was a huge component of Maori staff... right across all of those shifts and in our training I don’t remember anybody Maori teaching us anything”* (Awhina, line 54).

The concept of whanau support is corroborated by Haeata, who undertook her learning in a polytechnic during the 1990s. Haeata valued the encouragement she received within the whanau group: *“my biggest support came from the Maori students because I learn better in a group, being able to bounce ideas off people”* (Haeata, line 35).

During the 1990s Maori students in a whanau group faced difficulties created by the political climate of the time, which was largely anti-Maori, and anti-cultural safety in nursing. During discussions about Maori health, Maori culture and the place of the Treaty in healthcare and society in general, Maori students often bore the brunt of racist attitudes and behaviours. As a result, they experienced stress and conflict, which contributed to a high attrition rate, despite the existence of whanau group support:

It was a time of turmoil, classes were disrupted... It was really unfortunate by the time it came to third year there were five or six of us left... There were several Maori students who weren’t wanting to be a part of the whanau group. It was about the time that a lot of the Treaty issues were being raised and integrated into the programme (nursing curriculum) it was such a taboo subject (Haeata, line 32, 33 and 34).

The non-involvement of several Maori students in the whanau group appears indicative of the conflicting position some felt themselves to be in: the choice arbitrarily was the whanau group (associated with te ao Maori) or mainstream groups (associated with te ao Pakeha).

3.2.iv Racial Discrimination

Maori women have historically experienced unequal access to education and employment opportunities because of a Victorian ideology that compels them to fit a subservient role for a woman that required her to lack initiative, be obedient to her husband, and be employed in domestic or manual labouring jobs (Mikaere, 1994). Potter (2002) suggests that for Maori women racism and sexism cannot be separated, which intensifies their

effect. Racism as defined by Neufeldt and Guralnik (1989) is an unscientific belief that race accounts for differences in human character or ability and that a particular race is superior to others; and discriminatory behaviour and prejudice based on race.

Marama first became aware of racism in her childhood and adolescence when she noticed the different treatment of Maori and Pakeha in the community and school setting: “*We weren’t good enough, even coming through school there was an unspoken racist attitude that peruded telling us to ‘go back to the bush where we belonged’*” (Marama, line 92). Marama recounts an experience from the 1970s. Her response is clearly one of taking a position against and contesting racially discriminating employment practises.

Apparently I was the first Maori nurse to work there [most Maori were cleaners].. There had been recruitment for a community nurse and when I applied she said I couldn’t have the job. So I said to her ‘I’ll have you up on discrimination, I’m a registered nurse’... I got accepted for the job although I was put on a month’s probation (Marama, lines 84 and 87).

According to the TPK/MOWA report (1999), Maori women are more vulnerable to unemployment, more likely to be unemployed, work in part-time employment, unpaid employment or industries that have little growth. This is despite enrolment in formal tertiary education doubling over the last 8 years. The issue of Maori women seeking professional employment opportunities and socio-economic improvement in general remains a concern today. With regard to Maori health, needs the Government is committed to increasing Maori workforce capacity by recruitment, educational opportunities and expansion of Maori services (HWAC, 2001). However, in spite of nearly a third of Maori RNs working in mental health, there is anecdotal evidence that it is difficult for kaupapa services to recruit the numbers of Maori nurses they require because there are not sufficient numbers overall (Mere Balzer⁴⁸, email communication September 2004).

⁴⁸ Current President NCMN - Te Kaunihera Nga Neehi Maori Aotearoa New Zealand.

3.2.v Gender Expectations

Pre-colonisation Maori women held a central place in Maori society and a complementary role to men. It was the collective responsibility of members to see that respective roles were valued and protected (Mikaere, 1994). Pere (cited in Mikaere, 1994) considers Maori women in customary times to be liberated, autonomous individuals who were free to identify with various kinship groups, dress in similar garments to men, own property, have children and divorce without negative societal judgment, and be accorded protection from abuse. Unfortunately, many Maori men have embraced the colonised gender role with its male superiority and dominance. This has created real barriers and frustrations for Maori women, who are aware of their customary status and role.

Awhina spoke in general terms about the role of Maori men and women:

When I was growing up we were taught to always respect men, they always came first. One time I was at home and my Mum was still alive at the time. My husband was helping me with the dishes and she growled him and told him to sit down and that that was my job. I think the attitude of making men important was that the men were the breadwinners; they went out and worked, whereas women of the time were the homemakers; they stayed home, looked after the children. Today I'm a worker, women can work, they're good organisers, they organise themselves to look after the home, go to work, as well as engaging family members to do their bit too, to help because it is all for the whanau (Awhina, lines 38 and 40).

Haeata believes the demands on Maori women are great. She draws this conclusion from her observations of the role, responsibilities and contribution to whanau, hapu welfare made by her mother and grandmother:

... I have learned that you look after the children, after the men and you even look after your brothers and sisters first and your own needs last. It doesn't matter if you're falling apart at the seams, so long as you are looking after everyone else first and particularly as the eldest child... I do really well at looking after everybody else irrespective of my own wants and desires, they are put aside (Haeata, lines 113 and 114).

Marama speaks of how she has found her energies waning because of the demands and negative energies of others:

I think it's just through being so involved and having so much different energies coming at you, ... especially for wahine Maori, I believe that we get much more thrown at us than the other women ... they expect us to be a lot of things (Marama, line 242).

She intentionally seeks serenity within her personal reflections and creates tranquillity in her homeplace.

3.3 A Sense of Connection: Support and Barriers

Partnerships and friendships established in this stage of life are pivotal to personal well-being and provide another context from which women gain comfort, strength and motivation to contest and create space in te ao Maori and te ao Pakeha. Husbands can be either supportive or a barrier to career demands.

In Haeata's circumstances, her husband:

[H]asn't always understood why I have wanted to do things or what's compelled me... He still to this day does not understand Maori issues, his own view about the Treaty land claims, even cultural identity, is quite different to my own. He nonetheless supports me in continuing the journey as a Maori woman and he sits for hours and listens to me rabbit on. I talk about things simply as a sounding board and he knows better than to offer advice (Haeata, lines 85 and 86).

Te Awa was tricked into a blind date with her husband-to-be by work friends. As they grew more seriously involved she related her difficult childhood to him and found him to be compassionate, accepting and loving. She introduced him to her parents on his insistence with his expressed intention of "*asking for my hand in marriage*" (Te Awa, line 98). A somewhat embarrassing introduction and meeting was had with her parents who, fearful of her leaving, acted in a manner that was uncouth and uncivilised in the hope of putting him off. Not long after that Te Awa and her fiancé left for another hospital and continued in their nurse training together (Te Awa, lines 94–121).

Often husbands are good listeners and offer support even if they do not understand the intricacies of the work related situation or problem at hand. Awhina welcomes the

opportunity afforded her to seek out her husband's help and viewpoint: "My husband has been a good helper, I can korero with him and see what he thinks" (Awhina, line 37).

For others support comes from whanau and sisters:

I have a support network and it's outside the service and outside my nursing. It's going back to my own whanau and there I actually gain the knowledge of which way I should go... My eldest sister and my younger sister... we all go to each other and talk about issues pertaining to our positions... I love talking to them about issues to do with Maori women and where we want to go... A reference that is made in our family is that 'you're got to watch out for these Te Arawa women because they're very strong' and it's quite amazing, you'll find the girls talking about a lot subjects and you'll find the men just sitting watching TV. This is a role reversal from when I was a little girl seeing the men talking and the women actually doing the cooking and getting things ready" (Te Manawa, lines 107, 108, 109 and 110).

3.4 A Sense of Significance: Challenging Constraints

The hearts, minds and values of Maori people, Maori leaders and Maori men have been colonised, and this is one of the difficulties facing Maori women. The challenge is redressing patriarchal colonisation of Maori men who, along with Pakeha, think and behave in sexist ways towards Maori women (Mead, 1994). When Maori women assume their customary rights and legal rights (New Zealand Bill of Rights Act 1990; New Zealand Human Rights Act 1993) they are often considered to be radical and breaching tikanga and kawa.

Te Manawa challenges the cultural boundaries imposed on the expansion of a Maori woman's role in the workplace. In seeking kaumatua guidance on a career pathway change she received advice she found limiting and professionally frustrating. She attributes her frustration to greater awareness and higher education:

Sometimes I've come to encounter... barriers... 'this is your role and this is where you have to stay' ... I get very frustrated because in a sense what they're saying is right but I suppose in another sense if we want to move from where we are at... we can't always have those

boundaries, and maybe a tane is not the best person for the job, maybe it's a wahine who has the skill in that area and can do it better (Te Manawa, lines 101 and 102).

Mead (1994) challenges Maori male leadership to recognise their skills and limitations and value the input from others (particularly Maori women) that can complement them for the collective good. Maori women, in Mead's view, are the 'backbone of Maori society'. Their skills, energy and commitment to whanau welfare are being wasted, especially as leadership roles are denied and Maori women are excluded from decision-making processes. They are essentially confined to a gendered role of domesticity (Mead, 1994).

Paradoxically, there is a danger of driving Maori women away from whanau if their identities, role and status are deemed less important than Maori men, and if sexist attitudes and behaviours continue to be "perpetrated by colonists and Maori men" (Szazy & Awatere cited in Mead 1994, p. 13). However, despite the damaging effects of sexism and economic marginalisation, Maori women as a cohort continue to be at the forefront of social and cultural developments for Maori. They are a major driving force behind te kohanga reo, kura kaupapa and other initiatives in healthcare and community service provision (TPK/MOWA, 1999).

Marama identifies those qualities that are important for leadership: truthfulness, the ability to discern deceit, directness and an empathy required to manage others in a way that is not demeaning. Marama takes it upon herself to challenge men who come short of truthfulness: "*They're doing korero and suddenly I don't feel it is right and I will look at them and their faces go all... they change and I know it's a tito. I have no problem telling people, but I have had to learn there are ways of doing so*" (Marama, lines 377 and 378).

Dame Mira Szazy (1986; 1994) a well-known Maori leader of the recent past, championed Maori women's issues, including speaking rights on the marae, and exhorted us to remember the original place of Maori women in cosmology and customary society. Haeata sees the importance of Maori women providing good leadership and strives to do this: "*I want to be a good role model for people, for Maori women and children so they will grow up to be strong, for their children*" (Haeata, line 112).

4 Conclusion

The meaning the participants make of their whakapapa, tribal tikanga, te reo and wairuatanga is what propels them into contesting and creating space for Maori in te ao Pakeha and Maori women in te ao Maori. Managing the expectations of both worlds is challenging, particularly when the expectations are often gender based, deriving from Victoria ideology promulgated during colonisation in the 19th and 20th centuries. Contesting and creating space in te ao Pakeha is demonstrated by the participant's response in a variety of settings that assert and affirm the importance of Maori epistemology and ontology. For example, using te reo in the schoolplace and workplace; supporting Maori content and ways of learning in nursing education; and challenging racist employment practises.

Contesting and creating space in te ao Maori can be both challenging and frustrating. However, the participants' korero indicates they have an understanding of their identities, role, and status in cosmology and customary society, and it is this knowledge that sustains them to be strong, loving and pursue more knowledge. The tikanga deriving from cosmology and customary society takes precedence over the tikanga that has been corrupted by te ao Pakeha. Instances where the participants' challenge sexist and immoral behaviours, attitudes and motivations in te ao Maori are: the abusive treatment of Maori women and children; deceitful korero; and gendered role expectations that do not recognise the knowledge and abilities of modern Maori women.

Skill is required to maintain and sustain satisfying relationships with whanau, hapu, iwi as these relationships are highly valued, and in fact are the motivation for the women to strive for mana Maori and Maori well-being. Their concern for the increasing numbers of Maori experiencing mental illness is a reason for the participants choosing to specialise and remain in mental health nursing. For them it is important as Maori women to conduct their lives according to Maori values and concepts, such as manaakitanga, whanaungatanga, tautoko, respect, aroha, life preservation skills, and a diligent work ethic. The role of Maori women in leadership is acceptable and seen to be an outcome of the modern world, and desirable for the future welfare of the generations.

The following chapter continues the analysis of the participant's korero by identifying issues in their workplace that affront their sense of being Maori women. A particular focus will be on the personal and professional interface; and the qualities that enable the women to stand and endure the complexities of living in te ao Maori and te ao Pakeha. At this stage of their journeys the participants are clear that they are 'he wahine Maori', and there is a sense of pride despite the barriers within te ao Pakeha and at times te ao Maori.

CHAPTER SEVEN

E Ara ki Runga Wahine Toa: Standing and Enduring

*Kia mau mahara ki to mana abua ake, te mana abua ake te homaitia, te ana a Io ki a koe: Remember
you uniqueness and your absolute power over yourself.*

(Author unknown)

It is a privilege to have been born a Maori woman

(Marama, line 150).

1 Introduction

A strong sense of Maori identity is created growing up Maori in te ao Pakeha. Despite the occasions of negative experiences resulting from a society dominated by Pakeha ideology the participants all identified with 'being Maori' and belonging to whanau and hapu. As they matured and developed from tamariki to whaea, they learnt the value of whakapapa, te reo, tikanga and wairuatanga as underpinning mana Maori, 'mana wahine', mana tane, mana tamariki, mana rangatahi and mana whanau. The gendered expectations within te ao Maori and te ao Pakeha propelled the participants to contest and create space within the homeplace, schoolplace and workplace, asserting their 'mana wahine'. They developed a number of strategies and a fortitude that enabled them to achieve their aspirations, for example, quiet persistence, directness that did not demean another's mana, discernment of truth, support network, boundaries, and pursuit of knowledge. Leadership was accepted as a part of their role as Maori women living and working in te ao Maori and te ao Pakeha.

This chapter examines issues that arise at the personal and professional interface and the qualities that enable the women to stand and endure the complexities of working in te ao maori and te ao pakeha. The participants raise issues in the workplace that impact on maori epistemology and ontology, and on their practice as maori mental health nurses. Their experiences are often frustrating but the women demonstrate a tenacity, courage and

strength of purpose that motivates them to contest and manage issues as they arise. at this stage of their journeys the participants demonstrate a sense of pride and confidence in what they are – ‘he wahine maori’. “*Just prior to my working in a kaupapa service I felt strong to stand up and say i am he wahine Maori*” (Haeata, line 106).

2 Wahine Toa: Workplace

Three of the participants trained in hospital-based specialist psychiatric programs, during the 1970s and 1980s, and three trained in a comprehensive nursing diploma program in a Polytechnic during the 1990s, all specialising in mental health after registration. The participants have worked in a variety of mental health settings such as traditional mental health institutions, general hospital mental health services, and non-government iwi services. Specialty practice areas include mainstream acute adult inpatient, community adult and youth specialist teams, forensic inpatient and community, and both mainstream and independent kaupapa services.

The following section briefly examines aspects of two participants’ journeys of self-discovery. Personal issues originating from experiences in childhood, adolescence and young adulthood are overcome and resolved in a manner that allows them to move forward in a positive way.

Marama found that working in mental health helped her confront personal grief issues about her perceived abandonment by her mother (who died when she was young), separation and divorce, the loss of loved ones, and hurtful racist experiences in both schoolplace and workplace. While past issues are resolved, she realises and accepts that contesting and creating space is ongoing for Maori women, a “*reality of who I am as a Maori nurse, as a wahine Maori... believing in everything that I do*” (Marama, line 253). Confidence and self-belief are important to sustain her.

Te Awa similarly came to understand and resolve issues concerning her father’s violence and abuse:

I forgive my father... he may have had a mental illness... he may have been affected by colonisation, the effects of the Treaty that was not honoured. He may be aggrieved... he came from work sometimes with no money at all: he may have done lots of hard work in the back areas and not been paid and came back very angry and took his frustration out on us... My father gave me life... and with my life I will help somebody else (Te Awa, lines 313 and 314).

Te Awa also rationalises her father's behaviour with the evidence that in the area in which she grew up Maori men did not enjoy the same employment opportunities as Pakeha men after World War Two. She believes her father was denied equitable treatment and opportunity. The land that had fed them and sheltered them from their father's wrath (as they hid in the hills) became a place of fun and joy during the recent whanau reunion to honour their mother (Te Awa, lines 318 and 319).

3 Multiple realities

3.1 A Sense of Self: A Maori, a Nurse or Both?

Sewell (1999) suggests there is a tension between the professional nurse identity and the Maori identity for Maori mental health nurses. The expectation from te ao Pakeha is that the participants are primarily nurses and take precedence over matters concerning Maori cultural expectations. This is illustrative of the culture of nursing taking precedence over the individual nurse's cultural, ethnic or racial background. During the analysis of the participants' korero it became apparent that they have a perspective of what it would take on a personal and professional level to maintain their cultural well-being and progress Maori aspirations within mental healthcare services. Either way, their sense of identities is strengthened as a result of events and engagements in the workplace that impact on being Maori.

Fundamentally important is maintaining a balance between family life (te ao Maori) and the workplace (te ao Pakeha):

I'm a wife, a friend of someone who in his own right is quite assertive, I'm the mother of two young people... I learn how to be alongside them, behind them or in front of them, I am a

homemaker... and proud of how I live my life alongside my profession (Hinengahere, line 182).

Being an expert in ‘biculturalism’⁴⁹ involves understanding the knowledge, skills, attributes and attitudes required to live and work successfully in two worlds. Hinengahere acknowledges her skills and resourcefulness when she says, “*I can manage in your world* (te ao pakeha) *and my world* (te ao Maori)... *I can back it in two worlds*” (Hinengahere, line 195).

The primary aspiration for Maori staff is working in a healthcare service that acknowledges Maori culture and provides a culturally safe environment for Maori. Such an environment would not expect Maori to give up or lose their Maori identity on entering the mainstream system, as has been the experience of Maori nursing students (MTN, 1998). Awhina articulates her position: “*My heart is Maori... I practise more as a Maori as well as being aware that I was trained as a general psychiatric nurse, to look after all people*” (Awhina, line 30). As Maori women in mental health nursing, the participants draw on their ‘Maoriness’ to strengthen and help them be resolute in advancing Maori aspirations despite the obstacles in te ao Pakeha.

3.2 A Sense of Contribution: Partnership

How the participants endure the challenges and maintain space for Maori epistemology and ontology in the workplace is their contribution. Contesting the interface of cultural and clinical matters requires energy, commitment and determination; it also requires an unyielding sense of identity.

3.2.i Whakapapa

Knowledge of whakapapa provides a culturally safe context from which to engage with tangata whaiora and whanau. It is essential to know one’s own whakapapa, and mana whenua whakapapa and have access to Maori resources within the rohe in which one resides and works (Maxwell-Crawford & Emery in-press). Maori women hold whakapapa

⁴⁹ This term originates from the concept of the founding agreement between Maori and the Crown inherent in the Treaty between two partners sharing a relationship based on the Articles.

knowledge but this often goes unrecognised in te ao Pakeha, and this can be frustrating for the participants.

Haeata talks about her professional credibility being enhanced by the evidence that she knows her whakapapa and maintains a strong relationship with her hapu and marae: “*The first thing when you meet a Maori family, (they ask) ‘where are you from?’ ... Often they say ‘I know so and so and so and so’ and it is really embarrassing to say I don’t know anybody*” (Haeata, lines 116). She recognises the importance of intergenerational and hapu interaction as pivotal to ongoing relationships, and seeks to re-establish and strengthen her association with her hapu and marae.

3.2.ii Te Reo

The use of te reo in conversations with Maori colleagues and tangata whaiora/whanau is desirable because of the inherent prestige of the language and its ability to enhance a person’s mana. Awhina accepts and understands that: “*Particular kupu have a lot of mana and it is possible to enhance a person’s “life-force... giving them back their mana”*” (Awhina, line 67). Hinengahere challenges the mispronunciation of Maori names and the ongoing disrespect for te reo, but finds the continuing negative responses by Pakeha demoralising: “*they can’t or won’t say (refers to the correct term)... even with continually saying ‘no, that’s not how it is pronounced’... I just gave up trying to encourage people to say Rewi instead of Roy*” (Hinengahere, line 101).

However, Marama highlights the diversity of expertise within Maori because of the marginalisation of te reo in te ao Pakeha. She stresses the importance of support and tolerance for those who are not fluent, “*a te wā ka ta mai te wā ka uru mai te matauranga: when the time is right you will be given it. We had to leave one thing to learn another*” (Marama, lines 289 and 290).

3.2.iii Tikanga

Difficulties for the participants arise from the ignorance, minimisation and subordination of tikanga. Freire (1996) locates this type of behaviour within the context of the dominant group constituting and organising the other. Hinengahere has learnt to be assertive and speaks out concerning cultural offences when she feels “*tikanga is weighed down and mainstream is greater*” (Hinengahere, line 187). She claims there is a constant need to be “*... affirming all the time what is ours, what is my tikanga... and that it is as important, and more important at times than mainstream*” (Hinengahere, line 190).

However, equally frustrating is the assumption that all Maori are expert in tikanga and that Maori women are able to kaikaranga and waiata on official occasions. Te Manawa speaks about some of the expectations she experiences being Maori in a mainstream workplace:

[T]here are a lot of expectations, not only from your own iwi and whanau, but also from management and other colleagues... being Maori you must be an expert... supposed to know everything about your own culture, and that is not always the case (Te Manawa, line 100).

Te Manawa mentions how she struggles at times with her role as a professional and her role as a woman in relation to her tribal tikanga. She has several strategies to protect her and speaks out when the matter is important:

... if I am strong about issues I definitely have to say something.. I am not a forceful person.. I'll just keep repeating.. in a gentle way, and if I can't go through the window I will go through the back door, and if I can't go through the back door I'll go around to the front door until I can in my own way get them to see a perception wider than where I think they are going (Te Manawa, line 111).

The concept of tuakana-teina relates to the respectful acknowledgement of the authority attributed to the older generation over the younger. For some, the interpretation is one of power over another rather than a mutually beneficial process of guidance provided by the older, with the younger expected to challenge old knowledge with new. Both Te Awa and Haeata speak of the difficulties they experienced as senior nursing staff in delegating duties and disciplining older Maori staff members: “*A supervisor told me to hurry up and learn to direct somebody to do things instead of doing it myself*” (Te Awa, line 168). Haeata speaks of her sadness

in managing disciplinary processes involving Maori staff members who were her tuakana, and the detrimental impact this had on her relationship with other Maori colleagues:

They were my elders... one of them almost held kaumatua status... I had to enforce policy and procedure that went against them in terms of their practice... I think I was perceived as... 'An onion', brown on the outside, white on the inside, and making people cry... not truly Maori (Haeata lines, 45, 46, 47 and 48).

Awhina emphasises the notion of reciprocity, which she perceives as being at the core of the concept of tuakana-teina as it honours the intrinsic agreement and interdependence of the generations (and wahine and tane). She describes the advent of a younger nurse entering the Maori services as whai neehi:

I am dependent on the younger nurses that come through. I look forward to working with her because of the changes within services, the new drugs and new ideas she may be bringing from her perspective... I look forward to having her... I'm willing to help her, as she is willing to learn from me (Awhina, lines 51 and 52).

The participants' korero indicates they advocate strongly for the observation of tikanga as a vital component of the therapeutic plan for tangata whaiora, whanau and hapu. Treatment must embrace Maori cultural values, beliefs and practices. It must be holistic, recovery and strength focused, and capable of addressing specific whanau and hapu emotional, intellectual and spiritual needs (MOH 2002c, 2002d). Te Awa recounts her involvement in the rehabilitation of a forensic tangata whaiora:

I took him (tangata whaiora) back to his homestead where the offence occurred. Took him back to the urupa where his wife was buried, back to the hapu, where they could all talk and heal... We have a beautiful culture, who needs pills? You need to weep, you need to acknowledge the wrong and you need to repent. I saw a changed man ... all that raru was wrapped up in 1 day. We were able to lift the tapu and whakanoa with his hapu and his wife's hapu; his wife's whanau and his whanau. (Te Awa, lines 256, 261, 267, 269, 270, 271 and 272).

Awhina stresses the importance of supporting tangata whaiora through the grieving process as a way of maintaining well-being and honouring tikanga. "When they lose someone we ought to awhi them as well as their whanau to prevent readmission" (Awhina, line 47).

Marama has observed misappropriation and misuse of tikanga in the workplace for personal status and gain, and to appease the expectations of te ao Pakeha. She offers guidance and challenges any infringements of tikanga, because to her at the heart of tikanga is the well-being of Maori whanau and hapu:

The powhiri acknowledges tupuna. Karakia acknowledges Ia. So in all things the consent is always given by and from the spiritual realm... But it is man who makes it work... A house of mental health run on kaupapa Maori or tikanga... what is really needed is the wairua, and the aroha that goes with it, because if you are doing kaupapa for other reasons it won't work (Marama, lines 332, 335 and 337).

3.2.iv Wairuatanga

Preserving one's cultural and spiritual well-being in an environment that is Pakeha dominated is difficult. The participants' korero indicates their concern for the opportunities to practise rituals that enhance well-being and nurture the wairua of Maori staff and tangata whaiora/whanau. Hinengahere stresses both the value of saying karakia and the subsequent benefits of protection: *"not forgetting to give thanks in prayer or ask for guidance in prayer"* (Hinengahere, line 207). Marama links mental well-being with spiritual well-being that can be treated with karakia and waiata: *"Rongoa isn't just what you put in your mouth... it is much more than just what they are expected to swallow"* (Marama, lines 144 and 146).

Although not directly linked to Maori spirituality, a concern articulated by the participants is the detrimental effects of unsafe cultural practises on the well-being of tangata whaiora and Maori staff: *"I am not sure what kind of education they are given on the cultural concepts of things in Aotearoa before they register... Honestly, they totally offend a lot of our clients"* (Te Manawa, line 120). The damage inflicted on Maori as a result of colonisation and assimilationist policies can never be underestimated, and this requires special understanding and skilful care. Te Manawa also mentions tangata whaiora, *"rediscovering their wairua and tikanga"*, and firmly believes Maori mental health nurses have a supportive role to play on that journey (Te Manawa, line 121).

3.2.v Professional Development

3.2.v.a Promotion and Clinical Leadership

Te Awa and Haeata articulate their experiences of promotion and clinical leadership:

When the next vacancy came up I was directed to put in for it... I was appointed and of course it caused a furore, people appealed, I was the youngest charge, and a Maori at that, to be appointed (Te Awa, lines 169, 172 and 173).

Haeata's promotion at a young age was difficult in light of the authority she had over Maori staff much older than her, as previously discussed. The expectations of te ao Pakeha created conflicts for her in choosing between cultural and clinical staff mix on a recruitment drive. She felt compelled to comply with the decision to hire overseas staff with depth of experience in mental health nursing before less experienced Maori nurses and inexperienced Maori new graduates. She regrets her decision but felt powerless to do differently:

Eight Maori staff applied and we did not employ one, not one, and that is my biggest regret. The reason we did not employ them was because they did not have the experience... At that time people (meaning service employees) were demanding experience – it was a strange culture (Haeata, line 49).

Personal resilience, whanau support, and support from Maori colleagues and some Pakeha colleagues enabled the participants to manage these situations.

3.2.v.b Postgraduate Education

There are difficulties in getting the time to pursue ongoing education because of high and acute workloads: *"There are so many things happening outside of work you feel you need to attend, like education and keeping up with what's happening in nursing, but I can not. I try to prioritise my work so that I do go to some of these sessions... they are important"* (Awhina, line 47 and 49).

At times the exposure to critical thinking at a postgraduate level can be unsettling, causing a deeper reflection on career goals and professional development as a Maori practicing in the mainstream:

The advanced nursing paper for mental health challenged me to consider if I wanted to be nursing anymore? The second thing it challenged me about was if I want to be a Maori practitioner how successful was I going to be in a mainstream structure? I decided that I wanted to be in a kaupapa system (Haeata, lines 65 and 66).

Awhina articulates the value she places on kaupapa postgraduate education and Maori facilitation because it enhances her well-being:

The sessions make me proud to be Maori. He (the facilitator) establishes that Maoritanga for all of us. We are always buzzing about the sessions and talking about the different subjects... how it affects us and our families at home and how we can work with whanau we are trying to help (Awhina, line 50).

Maori mental health nurses, because they are not officially employed under the umbrella of Maori mental health services, do not have access to kaupapa postgraduate educational opportunities as do their cultural counterparts. The expectation is that they attend generic postgraduate nursing education courses provided in Master's programmes by various tertiary education organisations. The implications of this exclusion are that they are denied opportunities to develop and or advance their cultural competency, strengthen Maori networks and nurture their wairua. Awhina is well respected by the Maori team in her service and is included in these cultural educational opportunities. She offers the following opinion on this:

I would like other Maori nurses as well to attend those sessions because I feel it is important for all of us for our own selves as well as the people we work with. They (tangata whaiora) look at us as Maori but they don't see us practicing as Maori or being there for Maori. I feel that our ngakau needs to be fed as a roopu working within the system (Awhina, line 62).

3.2.v.c Clinical Supervision and Mentoring

Haeata laments the shortage of Maori women role models and mentors in mental health: "They are very few and far between... I am desperately searching for a mentor. I gain a lot of support from Maori practitioners and for me it's important to maintain links with Maori Caucus" (Haeata, lines 105 and 108). The benefits of mentorship are also articulated by Hinengahere, who, as a new graduate on ward rotation, was fortunate to have two Maori

Charge Nurses. She found them inspirational role models, sharing their knowledge and strength with her. She was able to learn about how to “do our mahi as a woman in a usually male orientated area” and “learn about myself, about my strengths, about my weaknesses and standing on my own two feet” (Hinengahere, lines 147, 148, 149 and 150).

Awhina speaks of her preference for Maori clinical supervisors because they have more understanding of the requirements of working with Maori whanau and negotiating the clinical and cultural interface:

I really appreciate having supervision with my current supervisor, because I used to have supervision with Pakeha but they never looked at my cultural being and when I was stuck in things Maori, the Pakeha supervisor would say, ‘Well, you’re a nurse, you’re trained as a nurse’, and it used to sting me (Awhina, line 34)

In comparing generic training in clinical supervision and kaupapa training in supervision, Awhina believes generic training “*was too Pakehified* (colloquial term incorporating Maori/Pakeha language structuring)... *it was the language used... I found... (Maori supervision) sessions easier to understand and he (facilitator) gave a lot more examples; ‘nail the take’*⁵⁰ *was his theme*” (Awhina, line 66).

3.2.v.d Abuse, Harassment and Horizontal Violence

The participants’ responses are based on their understanding of who they are as Maori women and mental health nurses. Te Awa expresses her concern about staff ignoring and minimising violence and harassment in the workplace – towards each other, and at times towards tangata whaiora. She witnessed staff abuse on a tangata whaiora, and did not hesitate to report it: “*If I turned an (blind) eye, I am condoning the practise*” (Te Awa, lines 349 and 350). Te Awa also comments on issues of power in the workplace and learning about a “*definite hierarchical dominance of ‘do as you are told’...* ” (Te Awa, line 334). She recounts occasions when she had to confront bad behaviour such as the use of obscene language towards her by staff, and make formal complaints if a matter remained unresolved at an informal level: “*Quite often they would be taken aback because they wouldn’t expect a response; they would just take it for granted that I would know my place*” (Te Awa, line 336).

⁵⁰ This phrase means to support colleagues to identify their issue and their own solutions, deal with it promptly and moving on.

Haeata has experienced the situation where two Maori nurses (on the casual nursing pool) appear to have been de-sensitized to abusive behaviour. They were unable to detect early signs of escalating abuse and violence, which raised concerns about their ability to maintain a positive therapeutic milieu:

... you are often abused verbally, and physically threatened (inpatient unit)... it begins often as a subtle sort of a thing.. these people (casual staff nurses) ... didn't seem to notice or have any appreciation for how quickly it can escalate... No matter how much I talked to them about it they still couldn't appreciate it... couldn't see it or change (Haeata, line 50).

Two participants raised the issue of emotional hurt and rejection experienced by Maori working under the umbrella of Maori specific service in mental health. The experience created a feeling of not being valued or cared for, of being used and of not belonging: “Once certain things had been put into place you were no longer required; I had to learn that our own people can do it to us” (Marama, line 229). In another instance, Haeata recounts the humiliation she experienced when criticised by a Maori mental health worker for her perceived lack of knowledge of tikanga and her ‘unapproachable’ ways:

It was stated to me that she cannot call me because of my lack of understanding of Maori processes. Because of whom I am and the way that I am, she feels she cannot communicate with me. That is going to make working together very difficult ... I feel really awkward, very awkward... some of them (the Maori cultural team) seem to be amused by me, or by the whole thing (Haeata lines, 101, 102 and 103).

These experiences serve to strengthen the participants’ determination to be a Maori mental health nurse.

3.2.v.e Caring and Workload

Case-loads are heavy with tangata whaiora and whanau having complex and multiple problems. The constraints of an 8-hour day and a 5-day working week make holistic culturally appropriate caring difficult. Awhina expresses the conflict she experiences, which is not uncommon for Maori women in mental health nursing:

I let her (supervisor) know how stressed I am and how I'm not getting my work done in time. She tells me I'm not looking after myself... I know that, but then I get caught up.

People on my list are mainly Maori, they want to off-load because know one else gives them the time... Whether it's a Maori thing or practicing as a Maori woman, I lend them that ear and consequently I'm knocking off late while everyone else is gone home at quarter past four, half past four or on time. I'm conscious of it and yet I can't seem to do anything about it because I want to just give them that time (Awhina, line 63).

3.3 A sense of Connection: Whanaungatanga

3.3.i Tangata Whaiora and Whanau

As Maori, the participants feel an affinity with tangata whaiora and whanau, and express their concerns about the increasing incidence and prevalence of Maori mental illness and in particular alcohol and other drug problems: *"Drugs and alcohol have taken over a lot of the young people, we see them coming through the service, it's really sad that this is happening"* (Awhina, line 46). Young Maori males in particular are noticeable as an emerging client group with complex treatment and care issues. Often the whanau are emotionally and financially exhausted: *"They have destroyed any relationship they had with whanau, whanau are sick and tired of them, so there is no local social supports to link them into to keep them well"* (Haeata, line 60). This becomes a problem, with increasing numbers of tangata whaiora residing in residential homes: *"there are too many Maori clients in residential homes"* (Te Manawa, line 118). She recognises whanau are burnt out and advocates for more support for whanau. The fact that the *"Pakeha system is picking them up"* is because Maori whanau are in many instance ill equipped to provide the level of care and support required. *"I don't think that is okay"* (Te Manawa, line 119). Taipapa (1999) examined the economic cost of whanaungatanga to whanau and concluded that values remain strong and significantly influential on how time, income and belongings are used in Maori whanau to meet obligations. It was concluded that a better information base was required on which to base policy in regards to assessment of whanau eligibility for government assistance. The present situation of assessing need on the 'core family income' was inappropriate for Maori (Taipapa, 1999, p. 345).

3.3.ii E Hoa Rangatira

Work pressures and lack of funding often prevent Maori mental health nurses from gathering together for peer support and fellowship. This is seen as a problem. Marama

stresses the strength she gets from being with other Maori women on a similar “hikoi” (Marama, line 433), and Haeata mentions her need to have contact with the Maori division of her professional body (Haeata, line 108). When working alongside Maori mental health workers the benefits are seen to be immense, as indicated by the following comment:

It is really good having whaimunaaki working with us. If I need help with a Maori whanau it makes me more comfortable because I have a partner who is willing to share kaupapa Maori... This makes it easier for them (tangata whaiora and whanau) to understand where we come from working in a Pakeha system (Awhina, line 35).

3.3.iii Tane in Mental Health Nursing

The contribution Maori men make is appreciated, but the participants cited instances revealing Maori men can adopt a colonised, western position that reflects them as more powerful and perhaps acting more superior to Maori women. Hinengahere recounts an occasion when she realized her Maori male RNs were patronizing her: “On the one hand they were very helpful, but when I was able to stand back and think... they were being quite demeaning at times” (Hinengahere, line 157). However, she acknowledges and concludes that “not all tane are overbearing, or chauvinistic... there are some tane who hear what the wahine is saying and acknowledge them” (Hinengahere, line 205). Hinengahere also recounts the difficulties she had getting her perspective heard as the only female voice on a ward: “It was a very difficult I didn’t have another Maori female RN to korero with. At times it made me resentful of males. I used to think, how come their way and their knowledge is always the be all and end all? What’s wrong with my knowledge or my logic?” (Hinengahere, lines 172, 180 and 181).

However, Maori men are integral to whanau ora and the following comments acknowledge the special place held by Maori men alongside Maori women in mental health nursing: “I don’t believe we have enough Maori men in the services... issues for tane can only be straightened with tane but there are times when wahine are part of that journey” (Marama, line 271). The participants support Maori men, and this is summarised by Te Manawa:

He is rediscovering himself... we went to a Tiriti o Waitangi workshop and he discovered that procrastinating wasn’t good enough. You should have seen all the women stand up and say ‘hear, hear!’ We have always been there for him... He needed to acknowledge that, and now he’s joined the waka (Te Manawa, line 116).

3.3.iv Kaumatua

The importance of the presence of kaumatua is indisputable; “*their arahi, their guidance about what is right, and what is wrong as far as our tikanga goes*” is vital (Hinengahere, line 189). Te Manawa calls for greater visibility of kaumatua supporting Maori staff and tangata whaiora at the ‘flax roots’: “*You have to feel that they are there to support Maori. Being in the office ninety-nine percent of the time and just popping out one percent of the time isn’t good enough*” (Te Manawa, line 117). It can be a lonely experience working in te ao Pakeha. Hinengahere constantly seeks out and gives support to other Maori staff: “*I still find it an uphill struggle as a Maori nurse... I get arahi from my hoa, I arahi them too*” (Hinengahere, line 201).

3.4 A Sense of Significance: Tino Rangatiratanga

3.4.i Changes in the Healthcare System

Legislative, regulatory and policy changes during the 1990s provided an opportunity for Maori to influence the type of mental health services available. Maori have a choice that ranges along a continuum from mono-cultural Pakeha (te ao Pakeha) to kaupapa Maori (te ao Maori) (Durie 1994). Awhina, comparing her initial training and practice in psychiatric nursing in a Gazetted Psychiatric Hospital,⁵¹ recounts how she perceives the changes since the inclusion in legislation of the Treaty, the recommendations from the RCSP 1988, and the implementation of cultural safety in nursing education, nursing registration and practice certification:

The other thing that wasn’t around then was the Treaty. It was wonderful once it got established in law and then in our practises. It brought our mana back to us and we were able to have our culture and our mana identified. We can work under Maori kaupapa if we chose... Whanau is really important behind the scenes... and it gave them their mana back as well... In education (cultural) safety in our own culture and how we are to practise was looked after. It gave us comfort knowing that our own personal being was looked after too (Awhina, lines 60 and 61).

⁵¹ These hospitals were exclusively built in rural areas to contain mental health consumers and were commonly known as ‘big bins’. Deinstitutionalisation during the 1990s has seen the closure of these hospitals.

Te Manawa has worked in two health organisations since graduating from high school and in both places she has encountered the 'Maori' and 'Treaty' dilemma. Questions she raises today relate to how Maori *"fit in to today's society? How do we go about continuing to be who we are and still be able to achieve not only for ourselves but wider in the community and iwi?"* (Te Manawa, line 98). Te Manawa speaks of the 'bicultural' debate, which in her view denies Maori tino rangatiratanga (Te Manawa, line 121).

In terms of policy development within her service Haeata recounts how initially Treaty training was prioritised for Pakeha staff before decolonisation training for Maori. This made it unsafe for Maori staff, who often became recipients of Pakeha backlash, or faced both unrealistic Pakeha expectations of cultural performance by Maori staff, and Pakeha presumption of greater knowledge, of pity or denial for historical events:

Yes, it was important for Pakeha staff to be trained, but it was difficult being Maori and having Pakeha staff coming off the training and saying, 'oh yes, this' and 'oh yes, that' and 'poor Maori this' and 'poor Maori that' or alternatively saying they were attacked on this course, and you really had no injustices done to you at all (Haeata, lines 53 and 54).

Te Awa speaks of her pleasure and excitement in seeing her organisation change when cultural safety and the Treaty principles of partnership, participation, protection and tino rangatiratanga were endorsed in service configuration and in clinical practice. However, she did feel the need for cautionary measures during the transition period so that *"the clinical practise and the culture work side by side... not one more dominant than the other, but to work in partnership"* (Te Awa, line 363). She draws attention to differences in perception and understanding amongst Maori, particularly those who are more educated than others about the historical, socio-political issues for Maori in te ao Pakeha, and also the ignorance of Pakeha about these issues. Her preference is for a collaborative approach:

... working with my educated Maori colleagues who say things like 'we just do it, we don't need to explain'... frustrates me and infuriates me because it causes separation. We need to work together in health services to provide a culturally safe service. We can't work in isolation, and that's how it is. We are providing a service and the cultural component is part of that healing process, we are a part of a multidisciplinary team (Te Awa, line 361).

Awhina is grateful that a Maori team exists in the mainstream service in which she works:

In the early 90s when they (Maori mental health workers) came on board I was just so grateful we could practise our Maori rituals, customs and practises. It took the death of a person for the Maori mental health team to be established. It has grown from three to about twelve. Although I am still a community mental health nurse I practise as a Maori and maintain my Maori practice through staying within the Maori mental health team, and being available to them. I also work with Pakeha as well, but my focus is more Maori (Awhina, lines 31, 33 and 34).

However, Haeata draws attention to her experience when, as the Maori team in her service evolved, they became exclusive and a distinction was made between clinical staff Maori and non-clinical Maori staff: *“they have strengthened but they have also divided... At the end of the day they are a very exclusive group and it is sad to see that there is less membership of that group than there was before”* (Haeata, line 93 and 96).

Marama experienced the setting up of an independent iwi organisation and firmly believes that *“Maori are quite capable of setting up their own service and running their own kaupapa but the people who run it have to be true to the kaupapa”* (Marama, line 331).⁵² On a personal basis her experience was *“hard yakker”* (Marama, line 225), but what sustained her throughout the development was her firm commitment to iwi autonomy and tino rangatiratanga: *“I didn’t see it for me. I saw it for what we as a people, as an iwi, were achieving. Finally going to stand on our own two feet”* (Marama, line 229).

For Haeata, working in a kaupapa service was highly desirable to further her learning within te ao Maori, and she moved cities to fulfil her desire. She talks about the realization that she had her own colonised view and was *“trying to work mainstreamish”* (Haeata, line 68). She saw the struggle of the service to survive in te ao Pakeha and experienced the criticism and marginalisation of their service, which was placed on the fringes of mental health service acceptability. In order to survive, the service adopted *“a very, very anti-Pakeha attitude. It got to*

⁵² Privatisation of healthcare services during the 1990s enabled the growth of iwi services.

the point where they basically despised the mainstream system. They cut off any relationships they had with any mainstream system” (Haeata, line 70).⁵³

3.4.ii Taking on Leadership

Within the modern world, Maori women are achieving higher education that impels them into leadership positions. Awhina describes a changing world where Maori women are becoming better educated and entering the workforce: “I could see changes happening for women and Maori women too because they were getting themselves educated... They know what’s needed within the house, within the family and outside of home they... are becoming leaders” (Awhina, line 39). Te Manawa encourages Maori women in mental health nursing towards kotahitanga and towards becoming politically active:

I am very much wanting Maori nurses, especially women, to stand and direct their careers and not be the ‘little good nurse nurses’ following the system. Trying to infiltrate the system and change areas... We’ve had good Maori nurses doing that but it’s always a battle. Usually one goes ahead and the others are about 20 steps behind... I’m trying to guide them, saying we can do this as a team (Te Manawa, lines 112 and 113).

As with any leadership role, the challenges are immense and often the walk is difficult and lonely. Te Manawa urges Maori mental health nurses to practise good self-care, awhi and tautoko each other:

It is OK to step out of the game sometimes, to re-nuture yourself. We have one Maori nurse who has just started. Other Maori nurses will awhi her and bring her into the group and show her support ... till she feels she’s strong enough to come forward and become part of the team and continue our waka (Te Manawa, lines 114 and 115).

Marama expresses caution about the challenges and cost of leadership:

[W]hen you are in leadership you collect animosity, puhahae... those things you wish you did not have too... It is a lonely road... because there are always people who wish they were you... They have to learn to be happy about who they are... I have not got holes in my back,

⁵³ This kaupapa service is a thriving entity today being a preferred option for many Maori professionals and tangata whaiora/whanau.

I have a big one so that if anybody throws anything at me it goes right through (Marama, lines 377, 378 and 381).

Strength is found in the participants knowing and being comfortable with their identities and roles, their relationships with others and their status as Maori women.

4 Conclusion

The participants' korero provides different and similar insights into the changing context of healthcare during the 1970s, 1980s and 1990s. During the 1990s, legislation, policy and regulation provided opportunities for Maori development and an increasing presence in mental healthcare provision. The transition period between mainstream Pakeha dominated services to Pakeha/bicultural services and kaupapa services during the 1990s affected the participants in diverse ways as they adjusted to changes in the workplace that had increasing numbers of non-clinical Maori staff providing cultural care. Previously, the contesting was simply about being a Maori mental health nurse in te ao Pakeha and creating space for Maori to acknowledge who they were and to feel cared for in a foreign environment.

Contesting and creating space took another dimension in the 1990s as the participants were challenged to reflect on how they existed and were perceived by Pakeha and Maori at the clinical and cultural interface of te ao Maori and te ao Pakeha, within their identities, roles, relationships and status as Maori women and mental health nurses. It appeared for one participant that the expectations of te ao Pakeha and the expectations of te ao Maori subsumed her whakapapa, cultural identity and knowledge under the culture of Pakeha nursing. She felt marginalised as a 'colonised preacher of the Pakeha gospel of health'. Another participant, grounded in her Maori and professional identities, navigated the interface of clinical and cultural identities, role, and relationships, with ease.

All participants expressed satisfaction and pride at the increasing presence of Maori and Maori culture in the workplace. They are committed to seeing this grow and are keen to support Maori services on the continuum of healthcare provision. Being able to practise as a mental health nurses with the protection of tikanga, opportunities to korero te reo, and

working alongside kaumatua and Maori cultural workers are mainly gratifying and nurturing the wairua.

Frustrations are the lack of opportunity to receive kaupapa education, the lack of clinical supervision and mentorship by Maori, the lack of collegial fellowship, and, on two occasions, the exclusion from membership of Maori services in mainstream. Career options for Maori mental health nurses who wish to be immersed and extend their Maori culture and identity are seen as desirable.

The following, and final, chapter draws together the main points from the data analysis in Chapters Five, Six and Seven. This chapter will discuss the link between the participants' korero and the MWTI framework of the whakapapa of 'mana wahine' within the multiple realities of the participants and the resultant qualities and characteristics of nga wahine tupuna as expressed and demonstrated by the participants in the homeplace, schoolplace and workplace. The limitations of the study will be discussed and recommendations made for future research.

CHAPTER EIGHT

Kua Takoto Te Whariki: Conclusion

When I look at wahine I have met over the years, they are busy, busy trying to get it done. Moving forward... I like that vision
(Marama, line 244).

1 Introduction

This study contends that Maori women in mental health nursing are subsumed within dominant nursing and health organisational structures that are politically driven. Tomlins-Jahnke (1996) asserts that Maori women have membership of three groups, derived from (a) whanau, hapu, iwi, (b) western patriarchal experience, and (c) cultural and colonisation experiences. The overall aim of this study was to explore the socio-political and cultural influences that contribute towards the participants' sense of identities, role, relationships and status in Aotearoa New Zealand. The objectives were 1) to explore the challenges that Maori women mental health nurses encounter and the strategies they use to meet these challenges; and 2) to identify the contribution Maori women in mental health nursing make within the provision of mental healthcare. The underpinning assumptions for this study were firstly that a Maori worldview is authentic and underpinned by wairuatanga; secondly there is a difference between pre-Pakeha and post-Pakeha Maori society; and thirdly that 'mana wahine' drives and strengthens Maori women in mental health nursing to contest and create space in both te ao Maori and te ao Pakeha.

The concurrence of te ao Maori and te ao Pakeha significantly influenced the participants' development and the subsequent meaning they make of, and responses to, their experiences in the homeplace, schoolplace and workplace. Living in a society where Maori culture struggles to be affirmed and is driven by the socio-economic, hegemonic and cultural interests of te ao Pakeha is extremely challenging for Maori women. The marginalised status of Maori women as determined by te ao Pakeha disregards the original status of Maori women in cosmology and customary society and generates a tension between Maori men and Maori women in te ao Maori (Mikaere, 1994; Mead 1994). It is

from this position that Maori women contest and create space in te ao Maori and te ao Pakeha.

He Mana Wahine Tuku Iho (MWTT) framework is derived from cosmology and customary knowledge and practice, and locates the origins of Maori women from the atua (Figure 1, He Whakapapa o Atua puta he Tangata). It also links Maori women to nga wahine tupuna and frames their multiple realities; realities which have them as integral members of whanau, hapu and iwi, carrying out their roles and managing relationships from the security of their identities as Maori women and their status of 'mana wahine' (Figure 2, He Whakapapa o Mana Wahine). The qualities of 'mana wahine' (Figure 3, He Tikanga Rangatira o Mana Wahine) include attributes that assist the participants to remain grounded in whanau hapu and iwi relationships; remain committed to whanau, hapu and iwi aspiration and advancement; and contest and create space that is more in keeping with their traditional identities, role, relationships and status.

This concluding chapter will summarise the main findings of the participants' korero from the socio-political and cultural perspectives of growing up and living in te ao Maori and te ao Pakeha; it will do so under the subheadings: identities, contribution (role), connection (relationship) and significance (status). These findings will then be discussed in relation to the participants as Maori women in mental health nursing and the challenges they face; the strategies they use to contest and create space; and their current and future contribution to mental healthcare in Aotearoa New Zealand. The limitations, strengths and theoretical importance of this study will be examined and the thesis will conclude with a deliberation on future directions and recommendations emerging from the study.

2 Findings: Multiple Realities

2.1 A Sense of Identities

Growing up Maori in te ao Pakeha during the 1940s, 1950s, 1960s and 1970s provided a socio-political and cultural context for each of the participants that influenced their sense of identity as Maori, and as women. Being Maori and having their identity reinforced in the homeplace (and through marae activities) by exposure to whakapapa, te reo and tikanga

enhanced their wairua (self-esteem and cultural-esteem) and confidence. Common themes evident in the participants' korero are the importance of who they are in relation to their personal, physical, spiritual and genealogical landscape. The significance of this landscape is vitally important for understanding their identities and the meaning they make of their multiple realities in te ao Maori and te ao Pakeha. The participants' korero revealed similarities in their experiences of growing up Maori in te ao Pakeha despite differences in the constitution of their whanau, some being of exclusively Maori parentage, some of mixed Maori/Pakeha parentage and one of Maori and Pakeha parentage. Geographically there was diversity between participants who grew up in rural and urban environments and their proximity to tribal papakainga, marae, urupa, maunga and river.

The tension created at the interface of te ao Maori and te ao Pakeha is very evident with te ao Pakeha perniciously imposing its values and beliefs in a way that actively undermined mana Maori (epistemology and ontology), 'mana wahine', mana tane, mana tamariki, mana rangatahi and mana whanau deriving from cosmology and customary society. However experiences (beginning in childhood and continuing into adulthood) such as the marginalisation of te reo, the disregard of tikanga from te ao tawhito, corruption of tikanga to suit te ao Pakeha with its patriarchal ideology, racial putdowns, abuse (within whanau) and gendered relegation of Maori women and tamariki, served to strengthen the participants' identities as Maori women. These experiences also affirmed the importance of whakapapa, te reo and tikanga in the attainment of wairuatanga as a manifestation of well-being.

As whaea and pakeke (working during the 1970s, 1980s and 1990s) the participants make meaning of the norms and values of te ao Pakeha in a way that challenges that culture's supplanting of norms and values from te ao Maori; norms and values that derive from cosmology and customary society. Knowledge of and confidence in their identities as Maori women enable the participants to contest and create space that allows them to live successfully in both worlds, meeting both whanau obligations and professional responsibilities.

2.2 A Sense of Contribution

The experiences of the participants illustrate that roles and role performance within te ao Maori focus on the maintenance of whanau well-being. How this was expressed depended on the circumstances and resources available, but in essence it was achieved by doing what was required for whanau to survive, with both sexes and all generations supporting and working alongside each other. At times gendered roles – according to te ao Pakeha – were the norm (females inside and males outside), but on other occasions the reverse became the reality; thus, participants might be found just as readily gardening, killing stock or fencing as working inside the home.

Roles specific to women, such as kaikaranga, aapakura, the lifting of tapu, and childbearing and birth, as demonstrated by kuia, aunties and mothers and were embraced by the participants. Expertise in whakapapa, te reo (waiata, haka, pepeha, pakiwaitara, moteatea, whakatauki), and tikanga (including spiritual knowledge) was demonstrated by kuia who contributed their knowledge to whanau and hapu on formal and informal occasions. At times the prominent role a woman assumed on formal occasions was questioned by others who thought she should be ‘in the back’ or ‘in the kitchen’ despite evidence of whakapapa and the right to rangatira status being common knowledge.

Grandmothers, mothers, aunties and cousins role-modeled caring and care-giving in a manner that transcended their own needs and desires – what became paramount was the well-being of others. Concepts of manaakitanga, whanaungatanga and utu were important values that influenced attitudes, behaviours and feelings with regard to contributing to the well-being and comfort of whanau and manuhiri. The practise of intergenerational care-giving was accepted as normal, with tamariki caring for younger whanau and mokopuna caring for grandparents. Becoming a nurse, with its emphasis on caring for others, was unsurprising; it was also a favoured option because limited career opportunities for Maori women existed in the 1970s, 1980s and to a lesser extent in the 1990s.

As mental health nurses, the contribution participants make towards mana Maori is by contesting and creating space for the promulgation of Maori epistemology and ontology in the workplace. They do this by adhering to the Treaty, acknowledging the whakapapa of

colleagues and tangata whaiora, normalising te reo in everyday conversations within the workplace, maintaining tikanga within the workplace and ensuring that clinical practise is culturally safe for Maori thus enhancing wairuatanga. The benefits for the participants include being able to practice as Maori mental health nurses with the protection of tikanga and the support of kaumatua. The participants also contribute to Maori mental health nursing by being active agents of change: challenging barriers to professional fellowship, undertaking kaupapa postgraduate education, seeking professional advancement and providing leadership and mentorship for others.

2.3 A Sense of Connection

Whakapapa connects people to the gods, nga wahine tupuna, tupuna, whanau, hapu and iwi. Tribal association by whakapapa to land (for example, turangawaewae, papakainga, urupa, wahi tapu) rivers, mountains and seas nurtures a metaphysical and spiritual closeness to whanau, hapu and iwi that engenders a strong sense of connection and belonging. However, this knowledge alone is insufficient for the development of and maintenance of relationships with whanau, hapu, iwi. It is *participation* and *involvement* in activities and issues concerning whanau, hapu, iwi that strengthens kinship ties.

For the participants, a sense of belonging to and closeness with whanau, hapu, iwi stemmed from early activities and involvements that provided care-giving and caring based on concepts such as whanaungatanga, manaakitanga, tautoko, respect, aroha, utu and working together for the benefit of all. Examples include taking care of whanau in the absence of mothers or being taken care of by whanau in times of crisis, sacrificing individual needs (such as teenage pursuits and career opportunities), to work together to cultivate and harvest food, saying karakia, and attending hui and tangihanga.

On another level relationships are sustained and nurtured by the preservation of whanau, hapu and iwi knowledge by oral tradition (and written language in te ao hurihuri), raranga, whakatauki, waiata, pepeha and purakau. This knowledge is preferably gained by involvement with and exposure to primary sources at whanau, hapu, iwi hui. A strong sense of connection, established through partnerships and friendships during adulthood

and in collegial relationships with tane and kaumatua, is pivotal to personal well-being as these relationships provide the main comfort, support, and motivation to confront and contest space in te ao Maori and te ao Pakeha.

Not unexpectedly, the expectations of te ao Maori and te ao Pakeha may conflict: this makes life challenging. Examples of such conflict include participants' choosing to attend tangihanga with tangata whaiora or lengthy whanau hui after hours that do not attract workplace recognition. The homeplace (te ao Maori) is valued and a balance between whanau, hapu, iwi obligations and workplace (te ao Pakeha) responsibilities is deemed important, but this is sometimes difficult to achieve. To this end, participants draw on the strength of 'mana wahine', knowledge of whakapapa and tikanga, and the abiding aroha of nga wahine tupuna and whanau to prepare and support them to meet their obligations and responsibilities and surmount the barriers which confront them.

2.4 A Sense of Significance

The participants' korero provides an insight into the complex – and at times contradictory – nature of the values and beliefs arising from te ao Maori and te ao Pakeha in relation to the position of Maori women. The impacts of colonisation and Victorian patriarchal ideology remain a constant imposition which destabilises the position of Maori women in both te ao Maori and te ao Pakeha. The customary status of Maori women is diminished and dishonoured by abusive treatment and by tikanga that appears to be corrupted by Pakeha norms that position women as chattels of men and subservient to men who have power over them. Three participants observed their mothers (and siblings in one instance) being beaten by their fathers (one Pakeha father). Conversely, other participants observed fathers and sons bestowing the utmost respect and aroha upon their grandmothers, mothers, aunties and siblings – indeed, treating them as taonga.

As Maori women gain higher education than Maori men and are ascribed status within their roles as qualified health professionals, they are impelled into leadership positions in te ao Pakeha and potentially te ao Maori. This causes tension. However, the participants are

more willing to challenge contemporary roles which have them marginalised within te ao Pakeha and subservient to Maori men within te ao Maori.

Grandmothers, mothers, aunties and cousins are perceived as positive role models: strong and visionary; offering guidance to succeeding generations of daughters, sons, and mokopuna. These women are seen to be sharing their knowledge and skills selflessly as they engage in activities that place whanau, hapu, iwi at the centre of their lives. Their leadership motivates and inspires succeeding generations to achieve success in both worlds rather than one world at the expense of the other. Qualities they possess and which are admired are their truthfulness, ability to discern deceit, directness, compassion, tenacity, loyalty and the empathy required to manage others in a way that is not demeaning.

As Maori women gain knowledge and confidence in both worlds they are asserting themselves and defining a path that bridges te ao Maori and te ao Pakeha by contributing to the realignment of contemporary tikanga with tikanga from te ao tawhito. This is the participants' greatest significance and ensures 'mana Maori ake ake ake'.

3 Discussion

The intention of this discussion is to explain how the data patterns emerged as they did and to locate the content of the participants' korero relative to the aim and objectives of the study. The aim was to examine the socio-political and cultural influences that contribute towards the participants' sense of identities, role, relationships and status as Maori women in mental health nursing. The objectives were to examine the challenges Maori women in mental health nursing encounter in te ao Maori and te ao Pakeha; the strategies they use to meet these challenges; and the contributions Maori women in mental health nursing make in the delivery of mental healthcare.

The pattern emerging from the data was driven by the theoretical framework He Mana Wahine Tuku Iho (MWTI) which emphasises whakapapa and multiple realities – identities, role, relationships and status ('mana wahine'), and the characteristics of nga wahine tupuna. This framework is culturally and gender appropriate and therefore ideal for interpreting the

participants' korero. Three underpinning assumptions also contributed to the emergent data pattern; these were that a Maori worldview is authentic and underpinned by wairuatanga; that pre-Pakeha (te ao tawhito, cosmology and customary society) and post-Pakeha society (colonisation experiences) were different; and that 'mana wahine' impels Maori women to contest and create space in te ao Maori and te ao Pakeha. The women understand and possess a deep aroha for Maori epistemology and ontology; this, as well as their mental health knowledge, guide them to seek whanau, hapu, iwi well-being. Confidence in their identity as Maori women – he wahine toa - strengthens them to endure and remain steadfast to Maori ways of being and cultural aspiration.

Main points that emerged from the data analysis are 1) the effects of te ao Pakeha on the identities and status of Maori women growing up in a world that marginalised Maori and their culture; 2) the roles that had Maori women contributing to whanau, hapu, iwi ora were undermined by te ao Pakeha, and this contributed to the destabilisation of Maori society; 3) opportunities to retain close relationships (whanaungatanga) with whanau, hapu, iwi were diminished by experiences arising from colonisation and assimilation by te ao Pakeha; and 4) the participants demonstrated a determination to contest and create space for Maori epistemology and ontology in the homeplace, schoolplace and workplace.

3.1 Reclamation of Mana Wahine

The experience of colonisation, the impact of Pakeha patriarchal ideology and assimilation policies since 1840 altered the traditional expression of Maori epistemology and ontology based in cosmology and customary practice (Mikaere, 1994; Durie, 1997; McCarthy, 1997). This process created a perception that Maori and their culture were inferior and uncivilised; the result was a shift in beliefs and attitudes regarding how Maori society – its systems, institutions, culture, language and all that contributes to Maori epistemology and ontology - was perceived by both Pakeha and some Maori.

The impact of colonisation upon Maori women as prestigious, autonomous beings, equal to men, was greatly diminished after Pakeha arrived. Their status was reduced to that of Pakeha women, which was that “women and children were chattels to be used and abused

by the paterfamilias as he chose” (Scutt cited in Mikaere, 1994, p.3). There are three fundamental social units in Maori society with membership deriving from whakapapa (the ultimate and indisputable test of heritage) – whanau, hapu, iwi (Mead, 1997); Maori women were estranged particularly from whanau and hapu – previously their main support and area of significant contribution – by the breakdown of Maori society through legal,⁵⁴ religious,⁵⁵ education,⁵⁶ and economic⁵⁷ mechanisms (Mikaere, 1994; Te Whaiti, 1997). The relegation of Maori women to a status less than Pakeha men, Maori men and even Pakeha women also contributed to the demise of their standing and roles within te ao Pakeha and, lamentably te ao Maori. (Mikaere, 1994; Pihama, 1995).

Maori women’s experiences of colonisation and western patriarchal ideology as members of whanau, hapu, iwi were different from Maori men; nevertheless both share some disadvantages arising from the marginalisation of Maori culture and Maori epistemology and ontology. Rangahau (1975) mentions how Maori were accorded inequitable access to the benefits of being members of (as opposed to ‘belonging to’, which indicates acceptance and equal status) Aotearoa New Zealand society. Durie (1997), in her examination of the formation of Maori identity, comments on a “curious racism based upon the dichotomy between civilisation and barbarism” (p. 153) which had colonial Pakeha believing that traditional Maori society and lifestyle was intolerable and that it was imperative either to civilize Maori or exterminate them. For Maori and Pakeha, institutional and personal racism and sexism continued with the internalizing of negative myths and understanding of being Maori and a Maori woman (Te Whaiti & Puketapu-Andrews, 1997). The most detrimental consequence according to Puketapu-Andrews (Te Whaiti & Puketapu-Andrews, 1997) is the denial of Maori identity both individually and collectively and the internalisation of racism, creating a negative self-image and serious lack of self-worth. Jackson (cited in Te Whaiti & Puketapu-Andrews, 1997) asserts that self-negation and alienation from resources and taonga have damaged Maori spiritually and affected the very essence of being.

⁵⁴ The Native Land Act 1865 destroyed the concept of collectivism

⁵⁵ The Native Land Act 1909 denied the validity of customary marriages

⁵⁶ Church schools were deliberately set up to train Maori girls in the domesticity within the context of a nuclear structure.

⁵⁷ Urbanisation (post-World War One and Two) exacerbated the destruction of whanau, hapu structures.

The complexity of living in a society dominated by an alien culture and its detrimental effects upon the retention of Maori culture and te reo are explored by McCarthy (1997). Competency in te reo, according to Milne (2001), increases confidence, is spiritually uplifting and strengthens connections with whanau, hapu and iwi. Te reo serves as a vehicle through which Maori cultural components are properly formed and expressed; and the loss of te reo undermines classical determinants of health (Durie, 1997). The importance of te reo in establishing positive self and cultural-esteem is highlighted by Haig (1997, p. 44) in relation to tamariki growing up as Maori in te ao Pakeha: “I just feel that they are Maori children and when you teach them their language you give them back their wairua. Their wairua is the language. If they can speak Maori, it means they are Maori. If they can’t speak Maori, then what are they?”

Identity formation is closely associated with whakapapa and land. Loss of land detracts from the healthy development of personal and group identity and the ability to participate actively in marae and hapu events (Durie, 1997). Changing patterns of land ownership, urbanisation and socialisation have seen Maori estranged from whanau and hapu, turangawaewae and the opportunity to practise tikanga in traditional places (Durie, 1997b). Puketapu-Andrews argues that colonisation has caused cultural abuse and has dislocated whanau, hapu, iwi: “For our people it has meant the confiscation of land, the suppression of spiritual beliefs, the loss of places of learning and the breaking down of whanau, hapu and iwi” (Te Whaiti & Puketapu-Andrews, 1997, p. 70).

Durie (1997) suggests that for contemporary Maori, growing up (in te ao Pakeha) and securing a positive sense of self (and cultural identity), also demands extra fortitude of Maori, to develop of a strong personal (sense of self) and social identity. Pressures from te ao Pakeha interrupt and devalue Maori-determined identities, conveying implicit messages to Maori and Pakeha that Maori children and whanau have lesser status and are less deserving than Pakeha (Durie, 1997). A secure Maori identity is grounded in the land and can be encapsulated as:

Knowledge of whakapapa, matua tupuna, connections to whanau, hapu and iwi, turangawaewae, acknowledgement by iwi, hapu and whanau of reciprocal kinship connections, land shareholding, upbringing, facility with te reo, understanding of tikanga-a-

iwi, active participation in iwi organisations, commitment to fostering Maori advancement and freedom of choice (Durie, 1997, p. 159).

Despite the constraints of growing up Maori during the 1940s, 1950s, 1960s and 1970s the participants' korero identify four aspects of Maori epistemology and ontology that greatly influence their sense of identities and wairua. These are whakapapa (how they connect to the land and others), te reo (how they communicate with themselves and others), tikanga (how they interact with others and themselves) and wairuatanga (how they are within themselves and whanau, hapu, iwi). Wairuatanga is seen as a key force that underpins well-being for Maori and encompasses a positive sense of personal (individual) and collective (whanau, hapu and iwi) esteem that is demonstrated in the ability of individuals, whanau, hapu, iwi to maintain and practise whakapapa, te reo and tikanga in Maori-determined places, times and occasions.

Mikaere (1994) observes that

[T]he challenge for Maori women is to rediscover and reassert tikanga Maori within our whanau, and to understand that an existence where men have power and authority over women and children is not in accordance with tikanga Maori. Such an existence stems from an ancient common law tradition which has been imposed upon us, a tradition which we have no affinity and which we have every reason to reject (p. 12).

An important part of the restoration of mana Maori is the concept of Maori women as rangatira – meaning they have mana, are deserving of respect, and have autonomy of decision-making (Mead, 1994).

3.2 Mana Whāine in the Workplace

The alarming incidence of poor mental health of Maori is a reason for the participants' entering mental health nursing; ensuring the provision of culturally appropriate care for tangata whaiora and whanau in culturally appropriate environments is a reason for remaining in mental healthcare service provision. The participants' experiences of nursing education and practice in the 1970s, 1980s and 1990s highlight the marginalised position of

Maori, Maori culture and Maori women; a position that motivated them to continuously contest and create space in te ao Maori and te ao Pakeha on behalf of themselves, tangata whaiora and whanau. These efforts were often not recognised or appreciated in the changing healthcare environment of the 1990s that saw the introduction of cultural workers. Nevertheless the participants' role-modeled clinically and culturally safe practise, challenged inappropriate care and took opportunities to foster the development of culturally appropriate and effective services. The ability to practise as a Maori mental health nurse within a workplace that recognised whakapapa, te reo, tikanga, whanaungatanga, cultural assessments, kaumatua, rongoa and empowerment of tangata whaiora and whanau was always a strong desire and focus for the participants (MTN, 1998).

Over the last decade, government intentions slowly focused on improving health outcomes for Maori and reducing disparities between Maori and Pakeha (MOH, 1994, 1997a, 1997b, 1998, 2001a, 2001c, 2002a, 2002c, 2002d). Maori epistemology, ontology and cultural aspirations and advancement have been recognised as fundamental for the achievement of these goals. The implication for Maori women in mental health nursing is that, theoretically, the current climate allows greater freedom to be and practise as Maori mental health nurses in a range of settings from mainstream to kaupapa. The participants were in the midst of these changes and the changes, although not without some tension, were seen largely to be positive.

Current Government direction seeks to ensure that services for Maori retain a discrete and prominent identity because of the increase in Maori mental illness, the recognition that patterns of presentations are different, the acceptance that cultural identity is an important component of healthcare provision, and the continued progression towards culturally appropriate mainstream services, iwi/community-based services, and Maori workforce development (MOH 2002c). The overall government strategy is aimed at meeting policy and goals, designed to improve Maori health outcomes and highlights several key factors related to Maori. These are 1) the special relationship forged by the Treaty between Maori and the Crown; 2) provision of accessible and appropriate services for Maori; 3) Maori development in health; and 4) better mental health (MOH, 2002c). Since 2001, new initiatives in nursing supported by the Government have provided opportunities for Maori

mental health nurses to advance clinical and cultural practice to Nurse Practitioner status in Maori health, and to have a primary health focus (MOH, 2001b, 2002b).

He Korowai Oranga: Maori Health Strategy (MOH, 2001c) proposes four pathways towards the aim of improved whanau health. Inherent in this aim is the acknowledgment that “whanau (kuia, koroua, pakeke, rangatahi and tamariki) is recognised as the foundation of Maori society” (p.1). The four pathways are 1) partnerships with Maori; 2) Maori participation; 3) effective health and disability services; and 4) working across sectors (MOH, 2001c). The outcomes of the strategy are important for Maori and include holistic benefits that have Maori epistemology and ontology as central to well-being, with whanau more cohesive, nurturing, safe, able to give and receive support, providing secure identity, high self-esteem, confidence and pride, having the necessary physical and socio-economic means to participate fully in society and being able to provide for their own needs, and for whanau to live, work and play in safe and supportive environments (MOH, 2001c).

During the late 1990s Maori nurses (including mental health nurses) identified barriers to their professional development and the effective delivery of culturally appropriate care. They called for adequate resources that provided access to kaupapa postgraduate nursing education (as well as kaupapa Maori post-entry clinical training), Maori clinical and cultural supervision, close working relationships with Maori cultural staff inclusive of kaumatua; and which guaranteed that Maori nurses be adequately and appropriately prepared for work within a Maori framework (MTN, 1998). Essentially this means that the undergraduate and postgraduate nursing curricula reflect kaupapa Maori epistemology and ontology, and aim for this education to be provided in a culturally appropriate way.

The MTN (1998) identified an endemic lack of nurses in leadership positions; a lack arising from structural and attitudinal barriers. The same report suggested that this lack of Maori in nursing leadership would be addressed by increasing the number of nurses in policy and healthcare strategy, by professional organisations adopting a unified approach to leadership, and by making funding available for leadership development programmes (that also reflected kaupapa Maori)(MTN, 1998).

Recently, Maori mental health nurses under the auspices of Te Rau Matatini have identified a career pathway that incorporates dual clinical and cultural competencies that more appropriately reflect their responsiveness to tangata whaiora and whanau needs, strengthen best practice standards, provide a clear professional development framework, improve job satisfaction and raise the professional profile of Maori mental health nursing practice with Maori and iwi/community based services (Maxwell-Crawford & Emery, in press).

The dual competencies for Maori nursing practice demonstrate an appropriate acknowledgement of Maori epistemology and ontology by a commitment to 1) taha wairua as the most important dimension of health; 2) chiefly things (standards of excellence); 3) the Treaty; 4) secure cultural identity; 5) te reo me ona tikanga; 6) whanaungatanga; 7) hauora Maori; 8) mahi awhina; 9) partnership; 10) cultural safety as an appreciation of diversity; 11) contemporary evidence-based practice; 12) crisis management; 13) medication management; 14) legal and ethical practice; 15) tangata whaiora and whanau education and health promotion; 16) effective relationships with inter-professional teams; 17) resource management; 18) quality improvement; and 19) professional development (Maxwell-Crawford & Emery, in press).

Maori women in mental health nursing carry out their mahi in te ao Maori and te ao Pakeha within the interrelated and contradictory demands of formal nursing structures, specialised mental health nursing knowledge and practice, gender and ethnic colonisation and kinship. Like nga wahine tupuna the participants are active agents of change and demonstrate a strength, aroha and knowledge that empowers them to contest, create and reclaim space for mana Maori, 'mana wahine', mana tane, mana tamariki and mana rangatahi. They weave together the strands of whakapapa, te reo, tikanga and waiuatanga at the interface of both worlds and they stand up and take action to create new realms of possibility determined by the past, the present and their future vision.

4 Limitations of the Study

My personal position as a Maori woman in mental health nursing both enhanced and limited the research process. My familiarity with the issues allowed some insights but my

experiences and recollections are unique and influenced by reflection in hindsight. Time and financial constraints also limited more involvement by the participants in the analysis of the data. I had intended to perform a more complex analysis with a greater input from the participants by *kanohi ki te kanohi*, but as I conducted the study part time and during two job changes, including a geographical relocation, I found I could not follow-up interviews and had to rely on communication by mail and phone calls. Moreover, some of the participants changed employment during the period of the analysis and this also curtailed further contact and input.

5 Theoretical Importance of the Study

This study is important for several reasons. First, this study is the first significant study to inform the body of knowledge about Maori women in mental health nursing. Second, the development of He Mana Wahine Tuku Iho framework provides a culturally appropriate framework upon which to interpret and explain the behaviour, thoughts and motivations of wahine Maori in the multiple realities consequent on their living in te ao Maori and te ao Pakeha. Third, by examining and understanding the findings of this study it is possible to explore the interface of te ao Maori, te ao Pakeha and te ao hurihuri and to reflect on future possibilities for Maori women working in mental health nursing.

6 Future Directions – Implications for Practice and Recommendations for Further Study

The main finding of this study that affect practice is the importance of the delivery of healthcare that is culturally and clinically competent and which is practised in an environment that is culturally and clinically safe. The implications of this are three-fold, affecting 1) the profession of nursing – education, practice, research and management 2) healthcare organisations, and 3) the settings in which mental health nursing occurs.

First, nursing requirements for registration and ongoing competency to practice should include a robust assessment of cultural competency in order to ensure the provision of safe

healthcare for tangata whaiora and whanau.⁵⁸ This has implications for the further development of cultural safety in undergraduate and postgraduate education and registration by the NCNZ, particularly for overseas nurses who do not understand cultural safety, the Treaty and issues regarding Maori health. The content and delivery of cultural safety, Maori health and the Treaty in undergraduate and postgraduate nursing education must reflect a commitment to the promulgation of kaupapa Maori as being relevant to that relationship between Maori and the Crown established since 1840.

Second, the paucity of research related to Maori mental health nursing requires attention. The MTN (1998) recommended that the HRC widely promote, fund and support research by Maori nurses, and also recommended the establishment of a research centre that can focus on research by Maori nurses. The findings from my study suggest that further research is warranted in several areas. These are the impact of kaupapa Maori undergraduate and postgraduate education for Maori nurses on job satisfaction, professional advancement, and health outcomes for tangata whaiora, and the impact of care delivered by overseas staff not trained in cultural safety on health outcomes for tangata whaiora and whanau.

7 Conclusion

This study about Maori women in mental health nursing examined the multiple realities of Maori women in mental health nursing, and the socio-political and cultural influences that affected them growing up Maori in te ao Pakeha and living and working as whaea and pakeke in te ao Pakeha and te ao Maori. The literature review located very little published material on Maori women in mental health nursing but a substantial amount about Maori women in cosmology and customary society written in recent times by Maori women. The framework MWTI was developed based on Maori epistemology and ontology and this was used to interpret the participants' korero from the perspective of whakapapa; multiple realities (identity, role, relationship and status) within whanau, hapu and iwi; and the qualities of nga wahine tupuna of strength, aroha and knowledge. The methodology of the

⁵⁸ The Health Practitioners Competency Assurance Act 2003, came into effect September 18th 2004 and all requires registered health professionals to demonstrate competence to practice for both registration and ongoing practice certification.

study was kaupapa rangahau which encompassed the reclaiming and re-articulation of mana Maori and in particular 'mana wahine'. Significant findings from the data analysis clearly indicated that the participants' sense of identities, roles, relationships and status within te ao Maori and te ao Pakeha were greatly affected by the imposition of a Pakeha, patriarchal ideology whose economic interests overrode the cultural autonomy guaranteed by the Treaty; an ideology which also undermined the integrity of Maori, who found themselves progressively marginalised in their own place. An objective was to identify the contribution Maori women in mental health nursing make to the provision of healthcare services: the study showed that the experiences of growing up Maori, although challenging, strengthened a sense of identity as Maori women and made them more aware, capable and determined to contest and create space for Maori and themselves in the workplace, schoolplace and homeplace. Their mahi is ongoing.

For me as a Maori wahine in my profession the struggle is still there. What I say, what I do isn't off the top of my head, it usually comes out of here (points to her heart)... I will keep going with what my pito says (intuition), all the time gathering awhi from both wahine and tane, and continuing to try and keep the balance

(Hinengahere lines 204 and 206).

Glossary

Ahi kaa roa – maintenance of the home fires

Aotearoa – land of the long white cloud

Apaakura – special wailing on occasions of sadness

Ariki – person of paramount descent

Aroha – love, affection, sympathise

Atua - god

Awa - river

Awhi – therapeutic touch that is appropriate and agreed upon, embrace

Cosmology – the ancient world as depicted in Maori myths and legends, meta-narratives designed to explain the world in which man lived and died

Customary society – traditional Maori society before Pakeha arrival

Flax-roots – grass-roots, common, people's choice

Haka – fierce dance with chant

Hapu – sub-tribe

Harakeke – native flax

Hauora – health, wellness

Hawaiki – ancient homeland of Maori

He atua, he tipua, he tangata – gods, ancestors, mankind

He korowai orange – cloak of health and welfare

He mana wahine tuku iho – the mana of women passed down to succeeding generations

He tikanga rangatira – the qualities of chiefly persons

He wahine toa – formidable women

He whakapapa o mana wahine – the genealogy of the prestige and status of Maori women

He whakapapa o te atua – genealogy of humans and the gods

Hikoi – journey, walk

Hine-ahu-one – first woman formed at kurawaka, earth maiden

Hine-nui-te-po – mother of the dead in Rarohenga

Hine-titama – offspring of Tane and Hine-ahu-one

Hoa rangatira – special friend, partner, colleague

Homeplace – place(s) associated with upbringing e.g. house(s), papakainga

Hongi – special act of greeting by pressing noses, sharing breath

Ingoa – proper name of a person

Io – supreme god

Iwi – tribe of a designated geographical location

Kai - food

Kaikaranga – woman who initiates and responds to call of acknowledgement and enquiry of context in formal ritual of encounter

Kaimoana – sea food

Kaitiaki - guardian

Kaitiakitanga – actions of guardianship, stewardship

Kanohi ki te kanohi – face to face meeting

Karakia – ancient salutations to the universe, or prayers for some, special incantation

Karanga – special call raised by women on formal occasions

Kaumatua – aged people, respected elders

Kaupapa – foundation, basic ideas, factors, rationale

Kaupapa Maori - the foundation, the underpinning of tikanga

Kaupapa rangahau – Maori research

Kawa – criteria and standards, rules, tribal specific protocols

Kawa whakaruruhau – cultural safety

Kei te pai – it's alright

Kia tupato – be cautious

Kimi kutu – searching for head lice

Kohanga – language nest

Korero – talk, speech

Korero tawhito – words and wisdom from the ancient world

Koroua – old man

Kotahitanga – unity, united

Kotiro - girl

Kuia – elderly woman

Kupu – Maori word(s)

Kura kaupapa – Maori school with immersion in te reo, promoting Maori epistemology and pedagogy

Mahi - work

Mahi awhina – work to support and be alongside

Mahimarama – working towards beneficial enlightenment

Mahitahi – working together with accord

Mahuika – Maui-tikitiki-a-Taranga’s kuia

Makutu – sacred source

Mana Maori ake ake – Prestige of Maori retained and lasting forever and ever

Mana – status, standing, prestige

Mana wahine – prestige of women

Mana whenua – status of original whanau, hapu and iwi occupation

Manaaki – hospitality, generosity, reciprocity

Manaakitanga – actions of manaaki

Manuhiri - visitors

Maori - indigenous inhabitants of Aotearoa New Zealand

Marae – open space in front of wharetupuna

Matakite - seer

Matauranga - Maori knowledge created by Maori to explain their world

Mate atua – illness associated to transgressions

Mate Maori – Maori illness transgression of tapu

Mate tangata – illness related to human deprivation

Maunga - mountain

Mauri – life essence of all things, animate and inanimate

Mere – weapon shaped as a club usually made from pounamu/greenstone

Mihi - greeting

Mirimiri – to massage

Moana - sea

Mokopuna – grandchild, spring of previous generations, younger generation

Moteatea – poetic expressions

Multiple realities – identities, role, relationships and status

Muriranga whenua – Maui-tikitiki-a-Taranga's kuia

Nga taonga tuku iho – treasures handed down from generation to generation

Nga wahine tupuna – ancestress, goddess and women of fame contained in tribal stories

Ngahere – bush, forest

Ngaru – wave of the sea

Ngati Poroutanga – pertaining to the tribal traditions and history of Ngati Porou

Noa – unrestricted

Ora – well, alive

Paepae – place occupied by speakers / orators

Pakeha – white colonisers and their descendants

Pakeke – matured adult, middle age to just prior to kaumatua

Paki waitara – fairy stories, scandals

Papa kainga – land upon which extended whanau dwell, village

Papatuanuku (Tuanuku) – mother earth, personification of earth, environment and natural resources

Pepeha – tribal sayings

Ponga – native fern of some height

Poroporoaki – eulogy to farewell those who have passed on, to close a ceremony

Potiki - youngest

Poutama – stairway to the heavens

Poutiriao – guardians of order

Powhiri – formal occasion of welcome

Puhaehae – envy and jealousy

Puhi – special woman of chiefly descent

Purakau – tribal stories

Rahui – special period of restricted access

Rangahau – research

Rangatahi – youth

Rangatira – chiefly person (male and female)

Rangatiratanga – principality, realm

Ranginui-tu-nei / Ranginui- sky father

Raranga – weaving

Rarohenga – place of those who have died

Raruraru- conflict

Ringatu – Maori religious faith

Rohe – area, district

Rongoa – medicinal therapies including flora and fauna, karakia and spiritual counselling, physical treatments such as mirimiri

Schoolplace – designated Pakeha institutions of learning

Taha hinengaro – pertaining to the mind

Taha Maori – pertaining to Maori

Taha tinana – pertaining to the body

Taha wairua – pertaining to the spirit

Taha whanau – pertaining to the whanau

Takahi – trample on another's mana

Tamariki - children

Tane – male

Tanenuiarangi /Tane – god

Tangaroa – god of the sea

Tangata – human being

Tangata whaiora – person seeking wellness, consumer of mental health services

Tangi – to cry, shortened version of tangihanga

Tangihanga – period of grieving with deceased lying in state

Taonga – treasure, precious item not necessarily with high monetary value

Tapu – restricted

Taranga – Maui's mother

Tauparapara – classical chant to start speech

Tautoko – empathetic support

Te Ao Hou – the new world, the modern world

Te Ao Hurihuri – the ever changing world

Te Ao Maori – the Maori world

Te Ao Marama – the world of light

Te Ao Pakeha – the Pakeha world

Te ao tawhito - the ancient world

Te Arawatanga – pertaining to the traditions and history tribe Te Arawa
Te ihi, te wehi, te mana – the power, the awesome force, the prestige
Te Kore – the nothingness, potential
Te Po – the long night, potential
Te reo – Maori language
Te reo me ona tikanga – the language and the protocols
Te whare tangata – house of mankind
Teina – younger in age than another, generation down
Tika – appropriate, right, acceptable
Tikanga - protocols and processes
Tino Rangatiratanga – rights of sovereignty, self-determination, authority
Tohunga – special person expert in spiritual matters and healing
Tohutohu – signs and information saved and given
Tuakana – older in age than another, generation up
Tuakiri - identity
Tuku iho – handed down from one generation to the next
Turangawaewae – a rightful place to stand by way of inheritance/ whakapapa
Urupa – cemetery
Utu - reciprocity
Wahi taonga – site of importance to Maori
Wahine – female
Wahine tupuna – direct female ancestors
Wahitapu – sacred places
Waiata – song
Wairua – spiritual essence of a person
Wairuatanga – spirituality

Waka – tribal canoe of significance, vehicle

Wanaanga – place of learning where Maori epistemology and ontology is promoted, special hui for learning

Whaea – woman of childbearing years

Whaikorero – formal speech

Whaimanaaki – cultural support worker

Whaineehi – Maori nurse

Whaiora – well-being

Whakahihi - arrogant

Whakahoahoa – acts of fellowship

Whakairo – carving

Whakama – shame and guilt, withdrawal

Whakanoa – process of lifting restriction

Whakapapa – genealogy, layer upon layer

Whakataki – old proverbs and sayings

Whakatapu – process of creating restriction

Whanau - family, primary group

Whanaunga – relations, kin

Whanaungatanga – actions forging relationships and kinship ties

Whangai – foster child, adoption

Wharekai – eating house

Wharetangata – house of mankind (woman), womb

Whare Tupuna – special building named after ancestor

Whariki – woven flax mat

Whenua – land

Workplace – place(s) of employment

NB: Some Maori words used, for example, participants' korero and whakatauki are explained in text.

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Massey Letterhead

Provisional title: Maori women in mental health nursing.

Information Sheet

Ko Ngongotaha te maunga, ko Rotorua nui a Kahumatamomoe te roto, ko Utahina te awa,
ko Motutapu o Tinirau te motu, ko Te Arawa te waka, ko Tamatekapua te wharetipuna, ko
Whakaturia te wharekai, ko Te Papaiouru te marae, ko Whakaue-kaipapa te iwi, ko Pukaki
te hapu, ko Lin Morrison-Ngatai ahau.

Tena koe

As you may be aware I am undertaking a research project towards the completion of a Master of Arts (Nursing) at Massey University, Palmerston North. This project involves Maori women mental health nurses currently in clinical practice. Your name has been suggested to me from our mutual colleagues within the Maori Caucus of the Australian and New Zealand College of Mental Health Nurses Inc. - NZ Branch as a prospective participant. I understand that you have an awareness of my research and have indicated that you would welcome the opportunity to share your experiences. I am writing to provide you with information and invite you to participate in my research project.

My supervisor is Maureen Holdaway a lecturer in the School of Health Sciences currently completing her doctorate. My project is qualitative – semi-structured interviews - aimed at giving voice and visibility to Maori women in mental health nursing. This study is being undertaken for a number of reasons: as partial fulfilment of Masters of Arts; to highlight the contribution of Maori mental health nurses to the mental health workforce and service delivery; to inform the literature base and develop knowledge of Maori women in mental health nursing; to explore some of the challenges Maori women mental health nurses encounter and how these challenges are met; and to acknowledge the special and unique position Maori women have as members of whanau/hapu/iwi within the te ao Maori and te ao pakeha, in Aotearoa/New Zealand.

What you will be expected to do?

Take part in two interviews of approximately 60-90 minutes at a mutually acceptable time and venue.

The interview will be audio-taped and then transcribed by a typist who will sign a declaration of confidentiality. I may take notes during the interview to assist my analysis, with your permission.

I will send a transcript of the interview to you for feedback. You have the right to delete any parts of the transcript, and to withdraw from the study at any time. If I need to clarify information in the transcript I will ask your permission to conduct a brief interview by telephone or subsequent meeting.

Once the transcript has been returned to me I will assume that you give me your permission to undertake thematic analysis, to use the data for my thesis and for any publication or presentation that may occur in association with this study. My academic supervisor will be invited to check preliminary thematic analysis and the final analysis for validity. All persons associated with this study will sign a confidentiality form prior to viewing any transcripts and will not know the identity of participants. Your audiotape and transcript will be stored in a locked cabinet labelled with a pseudonym, and kept separate from the consent forms. At the completion of the study I will return the audiotape and transcript to you, or alternatively I will erase the tape and destroy the transcript after five years (a requirement for auditing purposes).

You have the right to:

- Decline to participate
- Refuse to answer any particular question
- Withdraw from the study at any time
- Ask any questions about the study at any time during participation

Provide information on the understanding that your name will not be used unless you give permission for your name to be used. This in particular relates to information regarding whanau/hapu/iwi.

- Access the summary of the findings of the study when it is concluded
- Ask for the tape to be turned off at any time

Potential risks and benefits:

Benefits from your participation will be the opportunity to talk about and reflect on your life experiences. You will be contributing towards knowledge and being (epistemology and ontology) as pertinent to Maori women and Maori women professional mental health nurses.

A potential risk of participation is the cost of your valuable time, which I hope to alleviate by travelling to you and by conducting only one or two interviews. The other risk is the revelation of whanau/hapu/iwi information, and commercially sensitive material, which I plan to avoid by the rigorous scrutiny of the information you provide and by adhering to the principles of Te Tiriti o Waitangi -partnership, participation, protection and tino rangatiratanga. A further risk could be that the questions may arouse feelings of disquiet and concern within you. Should this occur you will be assisted to obtain appropriate support in order to resolve your issues.

If you are interested in participating please sign the enclosed consent form, and return to me in the stamped addressed envelope within the next week. I will re-contact you immediately upon receipt of your signed consent form.

Thank you.

Noho ora mai

Lin Morrison-Ngatai – RCpN, BHSci, PGradCert. (MHNursing). Lecturer, Te Kura Whai Ora / Nursing, Health & Education, Waiariki Institute of Technology, Private Bag 3028, Rotorua. Ph. 07 346 8758 / Fax 07 346 8911 Work, Mobile: [REDACTED] Email: [REDACTED]
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Maureen Holdaway - School of Health Sciences, Massey University, Palmerston North. Ph. 06 350 5799.

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Approved by the MUHEC – PN 00/138

Massey Letterhead

Title of project: Maori women in mental health nursing.

Consent Form

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

- I understand I have the right to decline to answer any particular questions.
- I agree to provide information to the researcher on the understanding that my name will not be used without my permission. The information will be used only for this research and publications arising from this research project.
- I understand that the interview(s) may take approximately 60-90 minutes and that notes may be taken during the interview(s).
- I understand that the interview transcript will be returned to me for confirmation, or for me to make changes.
- I am aware of my right to participate, not to participate, or to participate with the right to withdraw from the study at any time.

(Please cross out the option not applicable).

- I agree / do not agree to the interview being audio taped. I also understand that I have the right to request the audiotape to be turned off at any time during the interview.
- I wish to have the audio tape and transcript returned to me / I consent to having the audio tape and the transcript destroyed ten years after the completion of the research (for the purposes of auditing)

I hereby agree to participate in this study under the conditions set out in the information sheet

Signed: _____

Name: _____

Dated: _____

Approved by the MUHEC – PN 00/138

Massey Letterhead

Title of project: Maori women in mental health nursing.

Non-Disclosure Form for Typist(s)

I understand that information being transcribed is confidential in all respects. All information being transcribed belongs to the consenting research participants and will not be disclosed in any manner whatsoever.

I will not discuss the contents of the audio tapes in general terms, or in specific terms with any person. I accept that any knowledge gained from the transcription of audiotapes, or through correspondence with the researcher, is confidential and may not be discussed or revealed. I understand that I may not retain any copies of the transcripts on hard drive or on disc.

Signed: _____

Name: _____

Dated: _____

Witnessed: _____

Approved by the MUHEC – PN 00/138

Interview Schedule

Sites: Homeplace, Schoolplace, Workplace

1. Biographical background

- Turangawaewae – marae and tikanga experiences
- Familial upbringing/how social relations were conceived and understood
- The influences of people/places/major events or changes on personal development and eventual career choice
- Attitudes, beliefs, practices, values and meanings gained from/attribution to upbringing and associated social and cultural experiences.
- Perceived outcomes, opportunities, losses and gains from experiences of the homeplace.

Strategies to cope with losses and gains

2. Experiences of schooling and education – early childhood, primary, secondary and tertiary.

- Major influences – family (parents and schooling)/teachers/peers/events/situations/institutions/environment
- Attitudes, beliefs, practices, values and meanings gained from/attribution to experiences of schooling.
- Effects of education on career trajectory
- Perceived outcomes, opportunities, losses and gains from experiences of schooling.
- Strategies to cope with losses and gains

3. Current clinical work place

- Career path to this point

- Nature and basis of the work/responsibilities held
- Current concerns/issues/understanding about: -
- The workplace
- Maori men, Maori women, and women in general
- Treaty of Waitangi
- Personal outcomes – initiatives, opportunities, gains, losses or changes from within the work-place
- Strategies employed to cope with difficulties/problems/issues/change

4. Mana wahine

- Te ao tawhito and links with today
- Mahi wahine – I roto I te ao Maori me te ao pakeha/he rere ke, he rite tonu ra nei
- Outside influences that impact on the work place
- Obligations to whanau including those specific to Maori women – impact and implications on the work place
- Issues/challenges

Strategies to cope with relevant issues/challenges

5. Multiple realities – expression of these in the women's lives

- Articulation and maintenance of multiple realities
- Comparison to Maori men, other Maori women and women in general
- Specific approaches, processes and strategies that are employed to cope with multiple realities in which they live.

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