UNDERSTANDING MATAKITE:

A Kaupapa Māori Study on the Impact of

Matakite/Intuitive Experiences on Wellbeing

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Ronald Spencer Ngata

Ngāti Porou, Te Whānau-a-Karuwai

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KARAKIA

(Dedication)

Ka tohia atu koe ki te tohi nuku, ki te tohi rangi

Kia hoaia koe ki te pūtiki wharanui, kia tiaia koe ki te manu rererangi

Te rau o tītapu, kia pai ai koe te haere i runga rawa

I rangahaua koe i te pō uriuri, i te pō tangotango

I rākaitia koe ki te piki kotuku, te rau o te toroa, te huia titama

Whākina ngā kupu o te riri, ngā kupu o tawhiti

He mea ka mau mai, ka kapiti runga e, ka kapiti raro e

He pokanga a nuku, he pokanga a rangi

He pou hihiko, pou rarama, tiaho i roto, marama i roto

Tēnei te pou, te pou tokomanawa, te pou o tēnei whare, te pou o ēnei kōrero

Hui te ora, hui te mārama

Whano, whano, haramai te mauri

Haumi e, hui e, taiki e!

The above **karakia** was taught to me by Professor Kereti Rautangata, given to him by Dr. Pakaariki Harrison. It is used on special occasions, such as the birth of a child or the blessing of a student, and for other purposes. The general intention of such a **karakia** was to affirm the spiritual nature and origin of the person (Kereti Rautangata, personal communication, 2013). It has appropriately been used in recent years (with slight variations) as a dedicatory **karakia** for theses affirming a **Māori** worldview and spiritual understandings.

PEPEHA

Ko Hikurangi te Maunga

Ko Waiapu te Awa

Ko Te Whānau a Karuwai ki Maraehara te Hapū

Ko Te Rehu a Karuwai me te Hiku a Mahiti ngā Tīpuna Whare

E aroha hoki ana tōku ngākau ki te Whetumatarau, ki te Awatere,

tae noa ki ngā whare tūpuna ko Hinerupe rāua ko Rongomaitāpui

Ko Ngāti Porou te Iwi.

Kokonga whare e kitea
Kokonga ngākau e kore e kitea

ABSTRACT

This thesis is a response to expressions of concern from within **Māori** communities and also from within mental health that some **Māori** who are diagnosed as mentally ill are actually having spiritual experiences, which in the **Māori** culture are called **matakite** (among other terms). The thesis explores this issue from a **Kaupapa Māori** perspective, which enables a multi-layered, culturally resonant, exploration and analysis of the health issues that arise in relation to **matakite**. Thus, while exploring the nature of the experience, the thesis also explores the impact of social, cultural, political, and economic factors upon the wellbeing of people experiencing **matakite**, and which have hindered the use of the **Māori** spiritual knowledge-base as a health resource. It is expected that this thesis will increase understanding of the nature of the experience and its relevance within contemporary **Māori** society, and therefore contribute to the reduction, and ideally elimination, of the misdiagnosis of **matakite** as symptomatic of a mental disorder.

An exploration of the literature reveals a history of ignoring or misunderstanding experiences of a spiritual nature by mainstream Western mental health researchers, clinicians, and policy makers. However, new interest in this field is emerging, and attention has been turned to the development of bio-psycho-socio-spiritual models. Nevertheless, Western biomedical frameworks continue to dominate the discourse and practice in mental health, despite decades of calling for a more integrated approach from many health disciplines, researchers, indigenous communities, and mental health consumers.

The study reveals new understandings about the nature of **matakite** experiences, which may support efforts to distinguish between **matakite** and pathology. Multiple factors are identified as impacting upon the wellbeing and health of people experiencing **matakite**. The impact of social and cultural factors, as well as the politics of mental health, upon the wellbeing of **matakite** are identified, and possible strategies for enhancing and protecting wellbeing around **matakite** experiences are discussed. To this end the study challenges the norms and structures in mainstream Western mental health and highlights how traditional **Māori** knowledge about **matakite** can be used as a resource for mental health in **Aotearoa** New Zealand.

NGĀ MIHI: ACKNOWLEDGEMENTS

Ehara taku toa i te toa takitahi. Engari, he toa takitini.

Success is not the work of one, but the work of many

He hōnore, he korōria ki te Atua, he maungarongo ki te whenua, he whakaaro pai ki ngā tāngata katoa. Ka mihi kau atu ki ōku tīpuna, kaumātua, koutou kua akiaki mai kia aumou tonu ki runga i tēnei ara. Tēnā koutou. Tātou ngā mokopuna e ora tonu nei i tēnei taha o te arai, tēnā anō rā tātou. He mihi maioha ki a koutou kua āwhina mai kia whakaoti pai ai tēnei mahi. Ka mihi hoki ki ōku pou-tikanga, ki a Tākuta Rangimārie Turuki Arikirangi Rose Pere rāua ko Ahorangi Kereti Rautangata i tō kōrua tautoko-a-wairua, a-tikanga hoki.

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I also acknowledge a debt of gratitude to those **Māori** students and scholars who have gone through the academy before me, and who have dedicated (and continue dedicating) their time and energy to transforming the structure, often at the expense of their own progress, to make it easier for us younger ones to succeed. Additionally, I want to acknowledge the accomplished researchers whose work I drew on to inform and extend my understanding of **Kaupapa Māori** research.

Throughout my doctoral study I received generous financial support, including a Career Development Award from the Health Research Council, which funded the first three years of the study. To the team at the HRC, and especially to the **Māori** Health Committee, thank you for your enduring and patient support. Other sources of much needed financial support in the remaining years included the Massey University Pūrehuroa Awards and a doctoral completion grant from Ngā Pae o te Māramatanga. I must also thank MAI ki Waikato for their support through writing retreats, workshops, and opportunities to share with other PhD students.

I am grateful also to the Massey University Human Ethics Committee for granting approval for this research, and the Graduate Research School and Doctoral Research Committee for their on-going advice and support.

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This thesis is dedicated to my daughter Hinekahukura, to our esteemed **matakite**, past, present, and to come, and to those generous souls who shared their stories and insights on such an intensely personal topic.

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CHAPTER ONE: INTRODUCTION

An Experience of Matakite

Uncle Ben[1] had barely survived a forty-foot fall from a construction platform onto a concrete floor. He had just saved a young man from falling off the platform, but in the process he himself had fallen. His injuries were so horrific that he wasn't expected to survive. Somehow he pulled through, and shortly after being released from hospital he and his wife, Aunty Dollie, were visiting with friends. While the adults were talking, the friends' young daughter entered the room and immediately became visibly agitated. She was swiping at the air, as if trying to swat something away, and she eventually left the room in a state of intense distress. Aunty Dollie followed to find out what was going on and found the daughter in another room babbling incoherently, swiping at the air, and shifting clothing in the closet. Finally the daughter exclaimed: "There's an octopus on that man! There's an octopus on that man!"

Little did she know that Uncle Ben's family had a history of a **kaitiaki**[2] [spiritual guardian] that took the form of an octopus. Hearing what the daughter had seen, Uncle Ben understood that this ancient guardian of his family was helping with his healing process. However, the daughter was not a relative of Uncle Ben's and had never before heard of an octopus **kaitiaki** connected with Ben's family. Yet, without any prompting, she perceived it. Fortunately for the daughter, the adults were able to

[1] Pseudonyms have been given to the people in this account.

[2] NOTE: Throughout this thesis, **Māori** words and short terms have been **bolded** for two reasons: 1) to privilege **te reo Māori** in a thesis written primarily in English, and 2) to indicate to the reader that translations of these terms may be found in the glossary with more extensive explanations. The reasoning for adopting this practice will be discussed in greater depth later in this chapter.

help her re-interpret her experience as a friendly visitation—an agent of healing—which totally changed how she made sense of her experience and consequently how she was affected by it.

On hearing of what his daughter had seen, her father started performing a **mihi** [traditional greeting] and a **karakia** [ritual chant]. The room appeared misty, and Uncle Ben and Aunty Dollie felt suspended in the air as if levitating. Time also seemed to be suspended. They might have been there for ten or more minutes, but it felt like it was for an hour. Then a neighbour knocked on the door, and immediately the mist disappeared. When they left that night, they still felt suspended. Their friend explained that his daughter "saw" things. In **Māori** culture, this experience of "seeing" is called **matakite**.

From the time Uncle Ben's sister shared this story with me some 20 years ago, I have wondered what might have happened to the daughter—how traumatised she would have been—if she had not been able to access the information about the **kaitiaki** to help her make sense of what she was seeing in a positive light. I also shudder to imagine what might have happened had she been referred to a health professional who did not understand how to make sense of such an experience without pathologising it, and I was reminded of the times when I had heard from various people, both **Māori** and non-**Māori**, of their concerns about the pathologisation of experiences like **matakite** when well-intentioned Western-trained health professionals interpret such experiences through a reductionist, positivist, Western biomedical framework. Over the years, these concerns have continued to be expressed. There are many such stories in **Māori** communities, but **Aotearoa** New Zealand's mainstream

health system often struggles to understand them from outside of a pathological framework.

My Personal Journey

I too have had a number of experiences that have had a powerful influence on shaping my worldview, and stimulating a question within me about the mental health issues that may arise around the experience of **matakite**, and particularly as a result of the loss of our traditional spiritual knowledge-base and its replacement of a predominantly Western biomedical framework in mental health. One personal experience has been particularly influential to this thesis. I was ten years old, and my great-grandmother, Heni Haere Ngata (nee Te Opaipa), had just died in Gisborne. She was married to Paratene Ngata (known as Paratene Paku), son of Hone Te Ihi Ngata who was a half-brother to Sir Apirana Ngata. Paratene and Heni raised my father, Piniha Tāmauahi Ngata, also known as Peri Ngata.

We had just returned from the cemetery to the house of my **Pākehā** grandparents, Betty and Don Schollum. Most of the family were gathered in the living room, and we children were sitting on the floor, when all of a sudden the room blacked out on me. I could no longer see anything or anyone—everything had gone pitch black, but I could still hear everything going on around me. Then, directly ahead of me in the pitch blackness, I beheld my **kuia** [great-grandmother]. Waves of love engulfed me as she stood there silently, with shafts of violet light radiating from her being. She looked elderly, just as we had last seen her, but at the same time she had a youthful vitality about her that contrasted with her elderly appearance. I understood her presence to

be a blessing and a reassurance that her loving guidance was not lost to us. In my inner eye, I still see her as clearly today as I did those 37 years ago.

In that moment, I was so overwhelmed by the experience that tears were streaming down my face, and all I could exclaim was: "I can see her! I can see her!" However, I knew certain adults present in the room were very sceptical about this kind of thing, having seen them tease my **Pākehā** grandmother about her experiences of second-sight. This created an extra dimension to my experience, because while I was deeply inspired to see my **kuia**, I was simultaneously shrinking with embarrassment because I expected that these adults would not take my experience seriously. As I mentioned earlier, I could still hear everything going on in the room, so I was keenly aware of the stone-cold silence that had fallen over the other family members. I knew they were looking at me, and I was telling myself to not attract any attention. My ears were burning under the intensity of their gaze, and I expected to be teased by them later.

It was a huge relief, therefore, when one man, a very close family friend, walked in the room and openly declared that he could see her, too. He was a Scottish man, who from childhood had the intuitive gift known to the Scots as "the fey." Since that day, I have carried an awareness of how a person's wellbeing can be affected around these kinds of experiences depending on the response of others around them, especially when those *others* are adults who have a lot of power or authority, and even more so when the person having the experience is a child.

This, and other experiences in my youth, led me to undertake an exploration of the spiritual potential that lies within every human being. However, I had no easy access to mentors who could help me make sense of these experiences, from a **Māori** cultural

perspective or otherwise. We were raised in the city, and in a predominantly **Pākehā** context, spending time with my mother's (and therefore **Pākehā**) side of the family during holidays. Of course, I loved them all dearly, but the result of this upbringing was that I did not have easy access to possible **Māori** cultural mentoring around my experiences. Eventually, our family moved to Australia. In the absence of such cultural and spiritual mentoring, I turned to books and meditation for answers. Weekends often found me at the local new-age bookstore scanning the literature about meditation and spirituality. One of the things that stood out in everything I read was the importance of having an experienced teacher/mentor.

In my late teens I returned to **Aotearoa** [one of the traditional **Māori** names for New Zealand] to attend a family reunion in **Rangitukia** on the East Coast. While there, I discretely asked some aunties if they knew anything about the kinds of things I had been experiencing. They recommended I talk with an uncle who was a respected authority on **karakia** [traditional chants/invocations], whom I was unable to contact until after returning to Australia. He kindly sent me some **karakia** to learn and encouraged me to practice them. However, the demands of helping increasing numbers of interested youth in **Aotearoa** meant that he couldn't give me the kind of mentoring I needed.

Shortly thereafter, a friend introduced me to the writings of Paramahansa Yogananda[3], one of the first great yoga masters from India to introduce the ancient techniques of Raja Yoga meditation to the West in the 1920s. The impact of Yogananda's spirit

[3] A detailed account of Paramahansa Yogananda's life, including his meetings with many saints and sages, is found in *The Autobiography of a Yogi,* now considered a spiritual classic.

through his writing was profound. Reading one of his booklets, I became rapt in a state of inner communion that I had only read about in mystical texts up till that point. The eloquence and authority with which Yogananda wrote about these experiences convinced me that he was intimately acquainted with these, and even greater, experiences. Furthermore, he could enter these states at will and teach others to do the same, yet he also exhorted his students to remain grounded and of practical service to humanity, often citing his guru's words: "Those who are too good for this world are adorning some other….So long as you breathe the free air of earth, you are under the obligation to render grateful service" (Yogananda, 1999, p. 141).

In his teachings I had found the kind of practical mentoring I was searching for. Although Yogananda died in 1952, several of his direct students were still living and passing on his advanced techniques of meditation. Furthermore, Yogananda had founded a monastic order where students of his teachings could become monks or nuns and dedicate their lives to their spiritual quest within in the ashrams of the Self-Realization Fellowship Monastic Order. I travelled to the United States and was accepted into the order. For the next several years I lived as a monk, working in various capacities in the church's public meditation gardens and publications centre, and practicing techniques of meditation for up to five hours daily.

During this period, I was blessed with a few insights into our own **Māori** spiritual traditions, yet I grieved that I had not been able to find anyone in our own culture who was an embodiment of the highest spiritual traditions of our ancestors—that is, someone who could commune at will with the Source of all Knowledge, as modelled by our celestial ancestor **Tāne-nui-a-rangi**, and who could teach others to do the same.

For the reader's information, **Tāne-nui-a-rangi** (**Tāne**-the-great-son-of-**Rangi**) was a celestial child of **Ranginui** (Sky Father) and **Papatūānuku** (Earth Mother). Although the accounts differ somewhat between various **iwi**-based teachings, a common account is that **Tāne** was chosen from among the 70 celestial children of **Ranginui** and **Papatūānuku** for the task of ascending to the highest heaven and obtaining the "Baskets of Knowledge" to be brought back down to the Earthly realm for the enlightenment of all creation. Although this account may be considered by some as a simple myth, those who have been initiated into the traditional esoteric knowledge understand the relationship between mythological accounts and timeless spiritual principles. Regarding this particular story, the Rev. Māori Marsden (Royal, 2003) states that

> Myth and legend are an integral part of the corpus of fundamental knowledge held by the philosophers and seers of the **Māori**….Modern man has summarily dismissed these so called myths and legends as the superstitious and quaint imaginings of primitive, pre-literate societies. That assumption could not be farther from the truth….They were deliberate constructs employed by the ancient seers and sages to encapsulate and condense into easily assimilable forms their view of the World, of ultimate reality and the relationship between the Creator, the universe and man (pp.55-56).

However, at the time I did not have the good fortune of meeting people in our **Māori** communities who held esoteric knowledge as well as the techniques by which sincere students could learn to directly access that same knowledge-source referred to in the **Tāne** account. I wondered how many other young **Māori** were seeking spiritual understanding but were unable to access our own spiritual traditions because of the devastation of spiritual knowledge that resulted from colonisation and legislation like

the Tohunga Suppression Act 1908.[4] I was sad that it was so difficult to find within our own **Māori** people the level of spiritual mentoring that I was looking for.

Of course, I'm not saying that someone of that spiritual calibre did not exist in **Māori** communities, but I did not meet or identify them at that time. Instead, my journey led me to turn outside of our own traditions and community—to a Californian ashram to study the teachings of a Swami who had died some 40 years earlier, but who had left behind step-by-step instructions on some of the most powerful techniques of yoga meditation. I have since learned that such teachers are extremely rare, and also that there is a right time and place for things to happen. So while my personal journey took me a long way from home, I feel tremendously blessed to have learned from Yogananda's teachings and the senior monks and nuns of the monastic order he founded, and to have lived in the ashrams where he had his samadhi experiences of spiritual ecstasy—now visited each year by thousands of spiritual pilgrims from all over the globe.

After several years in the order, a series of events resulted in my return to **Aotearoa** in 2002. Since then I have had the good fortune of learning from some generous teachers who have shared with me their knowledge of **Māori** spiritual concepts and practices. These experiences and relationships have shaped the ontological and epistemological bases from which I have approached the study. It is important for transparency's sake that these assumptions be stated up front.

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[4] The Tohunga Suppression Act 1908 was designed, among other reasons, to replace traditional **Māori** healing with "modern" medicine. See Appendix A for a copy of the Act.

The Researcher's Epistemological and Ontological Position

I embrace the **Māori** cultural assumption that we are essentially spiritual beings, and that realms exist beyond the physical dimension to which our enduring conscious essence goes after physical death, and where our **tīpuna** [ancestors] abide. This assumption is evidenced by various cultural beliefs and practices that acknowledge the existence of a spiritual realm and the involvement of spiritual beings and ancestors in formal gatherings, as well as our daily lives. Common examples of these beliefs and practices are found in the performance of **whaikōrero** [formal speech-making], where the speaker acknowledges the spiritual origin of all things, the **whare tupuna** [ancestral house], **maunga** and **awa** [ancestral mountain and river], and the **hunga mate** [deceased], before directly addressing the living.

A further example is provided in the **karakia** included at the beginning of this thesis, in the line ***I rangahaua koe i te pōuriuri, i te pō tangotango*****,** translated by Mitira (1972, p. 5) as "Thou wast acclaimed from the depth of darkness, and in the changeable nights." These words affirm that our essential nature as human beings was forged in the unfathomable realm of spirit. Additionally, I also embrace the **Māori** cultural assumption that it is possible for two-way communication to occur between these dimensions, and that we have inherent faculties by which this two-way communication can occur. These faculties, for some reason, seem to be more active in certain individuals than in others. This belief is affirmed by the very concept of **matakite**.

The inclusion of a deeply personal story of mine will indicate to readers that this thesis is not written under the pretence that I am an objective observer. They will see that there is some passion in the words I have written, and that I share the concerns of

others in **Māori** communities about the inappropriate application of Western biomedical frameworks that result in the pathologisation of experiences like **matakite**. I do not subscribe to the notion that social science researchers should (or are necessarily *able* to) conduct their study as objective and disinterested third parties—a stance that is promoted by positivist research paradigms (Guba & Lincoln, 1994, p. 112). This position has long been exposed as a myth in feminist literature, particularly in relation to conducting research on politically sensitive topics. For example, a study about violence against women highlighted the importance of conducting research in a way that does not contribute to the trauma already experienced by the victims (Hoff, 1988). To advance this, Hoff recommended researchers explicitly state their values up-front, in the recognition that the mere conduct of research is not neutral but instead has an effect on research participants and therefore is a form of intervention.

Critiques about the notion of scientific objectivity have also come from within the field of Western science, challenging the argument that science "rests upon a strictly objective approach to the analysis and interpretation of the universe, including Man [sic] himself and human societies" (Beckwith & Miller, 1976, p. 17). These critiques identify many subjective factors affecting the conduct of "objective" scientific research. Such factors include the assumptions that scientists bring to their study, the reasons a scientist might ignore certain experimental data, economic interests that privilege certain research agendas over others, the personal preferences of politicians, and the cultural values of dominant social groups .

A classic example is given by Beckwith and Miller, which while somewhat dated, still illustrates how economic interests can control scientific research agendas. The

example reveals how scientific studies were used by the asbestos industry in the United States to hinder the development of regulations to reduce worker exposure to the toxic substance. This despite the health hazards of asbestos exposure being known by the industry and life insurance companies for over 50 years prior. The industry achieved this by controlling the funding of most of the "scientific" research conducted on the hazards of asbestos exposure. A critical analysis at the time showed that the research funded by industry consistently found asbestos "blameless or not a serious hazard," while the studies *not* funded by industry found it to be "a dangerous unhealthy material," (Kotelchuk, 1974, cited in Beckwith & Miller, 1976, p. 19). Furthermore, the research scientists specifically colluded with the industry by choosing research subjects who were employees of the industry but who had minimal exposure to asbestos or who were still relatively young, despite it being widely known that it took from 10 to 30 years of exposure before workers developed asbestos-related diseases.

These types of critical accounts help reinforce the position that there is no research that is purely objective, and that the best a researcher can do is explicitly state their assumptions, values, and any conflicts of interest so the reader does not have to "sniff out" the researcher's ontological and epistemological position. Of course, the challenge to assumptions about objectivity does not mean that a study cannot maintain the expected standards of academic rigour. This is also reflected in comments by Dame Joan Metge (1998), who in relation to anthropological studies states that researchers are not "neutral observers," but are "involved, personally and professionally" yet nevertheless must maintain their integrity as scholars. **Kaupapa**

Māori also emphasises this point, being described as research that is "culturally relevant and appropriate while satisfying the rigour of research" (citing Kathy Irwin in L. T. Smith, 1999a, p. 184).

On Language and Formatting

As explained in a footnote on page 1, **Māori** terms in this thesis have been **bolded** for two reasons, these being political and practical. In her doctoral thesis, Linda Tuhiwai Smith (Mead) (L. T. Mead, 1996) explains that **Māori** language "can not simply be slotted into an English structure without losing some of its meanings," and that certain **Māori** words "have other meanings attached to them which connect the word itself to other contexts, to experiences and to concepts related to spirituality, emotion and values" and one strategy to mitigate the misappropriation of **te reo Māori** is to format it in such way as to distinguish it from English text (p. 31). In her thesis, Linda chose to use ***bold italics*** to make this distinction. This principle has been recognised in various **Kaupapa Māori** theses, where the authors have also chosen to distinguish **te reo Māori** from English in various ways. I have chosen to format **Māori** words and sentences in **bold** from the surrounding English text. That is, the main text of the thesis is formatted in roman type (as opposed to *italic*), so **te reo Māori** in the main text is formatted in **roman bold**. However, as the participants' comments are formatted in italic to distinguish them from the main text, **te reo Māori** in their comments was formatted in ***italic bold***.

The second reason for bolding **te reo Māori** is practical. Some of the **Māori** words used are spelled exactly like certain English words, which if not identified as **Māori**

would cause sufficient confusion to disrupt the flow of the text. For example, the **Māori** words **kite** [to see, to discover, to perceive], **mate** [sickness or death], and **take** [subject] might be read initially as English words.

Additionally, the names of the participants have also been bolded in the surrounding text, whether in the main text or participant comments. This was done to assist the reader in distinguishing between references to participants and references to published authors.

One more aspect of the thesis should be mentioned regarding the academic practice of referring to authors by their last names. As with Leonie Pihama (2001), I have found it difficult to discuss the works of **Māori** people with whom I have close relationships, and for whom I have deep respect, by referring to them solely by their last names. The practice does not sit well with my ideas of respect. I would not do it in speech, and so I have struggled with doing it in academic writing. Throughout the study I have vacillated on the issue for a number of reasons. I began the thesis defaulting to the academic standard. However, when I came to discussing the work of certain **Māori** researchers and elders I know personally, I felt uncomfortable referring to them in this way, so I referred to them by first and last names. Then some colleagues recommended I revert to the academic standard, explaining that the use of first names can be annoying to thesis examiners (and one does *not* want to annoy one's thesis examiners!) So I changed them all back again.

Ultimately, and for simplicity's sake, I chose to introduce people with whom I have a personal or cultural and political relationship by using their full names on the first reference and thereafter moving to a last name reference. There are some exceptions

to this rule, such as when I refer to a handful of people with whom I have a much stronger connection, either personally or culturally, and whom I could not bring myself to refer to merely by their surnames. Other authors with whom I do *not* have a personal or cultural connection have been referred to by their last names because, in traditional academic style, this is how their works are often cited in the wider literature (for example, Egon Guba and Yvonna Lincoln simply as Guba and Lincoln).

Settling on the Thesis Topic and Methodological Approach

In 2006, as a postgraduate student, I wrote an essay for a paper on Community Health Psychology at the University of Waikato. It was titled: "Honouring the Spiritual: How Critical Psychology Theory and Research Can Prevent Misdiagnosis of **Matakite** Experiences Among **Māori**." This was the first opportunity I had to write an academic paper about Uncle Ben's story, which I had carried with me for 20 years. Community Psychology, as a discipline, provides a critical lens through which psychological issues are analysed and addressed, which permits an assessment of the wider environmental determinants (such as physical, social, political, economic) that affect people's mental health. The essay was well-received by my lecturer, and I began to consider the issue as a possible topic for a PhD. However, when I approached potential supervisors, I received several discouraging comments, ranging from polite declinations accompanied by comments like "I don't think I'm qualified to supervise a topic like that," to straight-out refusals like: "That's too airy-fairy for me!" I was particularly stunned by this last comment, which came from a **Māori** researcher in psychology,

who I assumed would grasp the importance of addressing issues of misdiagnosis in relation to experiences like **matakite**.

Somewhat discouraged, I began to wonder if I had chosen the wrong research topic. Inwardly I gave the idea back to my **tīpuna** and asked them to make it obvious beyond doubt if they wanted me to take on the topic of **matakite**, otherwise I would choose another topic also close to my heart. That week I attended the 2006 Joint Conference of the Australian and New Zealand Psychological Societies, held in Auckland that year. The opening address was presented by Dr. Peter Sharples, MP for the **Māori** Party. In his address he asked if any psychologists had taken up the challenge laid down by his fellow MP Tāriana Turia at the 2000 conference for the New Zealand Psychological Society, where she asked if psychological training addressed issues like spiritual **kaitiaki**. Dr. Sharples then proceeded to tell the conference about his own **kaitiaki** and a spiritual visitation by his deceased mother, and finished with an exhortation for psychologists to research the issues related with **Māori** spirituality. I was surprised at my **tīpunas'** speedy response. However, convincing me wasn't going to be that easy. Past experience has taught me that my own personal biases and desires can sometimes interfere with my ability to listen to the more subtle inner signals. So I asked my **tīpuna** to make it obvious beyond doubt if they supported the topic of **matakite**. I wanted to know that such a study would be supported spiritually and not driven merely by my own personal preferences. The next affirmation was not long in coming. During the same conference, Keriata Paterson (then President of the NZ Psychological Society), gave her presidential address and reiterated Dr. Sharples' call for research into such experiences.

Later in the conference, an indigenous Australian researcher, Wendy Nolan, challenged Abraham Maslow's (1970) well-known hierarchy of needs, which positions physiological needs as the most basic of human needs. However, Wendy's argument was that spirituality is fundamental to life, and if our spiritual connection is broken we'll make a mess of things in this world. This is because everything (land, people, flora and fauna, ways of knowing and doing, economic systems, language, kinship), emerges from the Dreaming, and so it is from the Dreaming that all other needs are met (Nolan, personal communication, September 9, 2013).

As a result of these **tohu** [signs], I was pretty much convinced that the **matakite** topic had the "green-light," so-to-speak. However, my confidence in this choice was further strengthened when my cousin, with whom I was staying during the conference, took me to dinner to meet our uncle Hone Kaa, whom I had not yet met. The Reverend Dr. Hone Kaa was a highly respected Canon of the Anglican Church and a **Māori** cultural authority who grew up immersed in the world of **matakite** and **Māori** spirituality. Needless to say, he shared personal stories and was full of encouragement for a PhD thesis on **matakite**.

Now all that remained was the task of finding the supervisors. I called the office of Sir Mason Durie (then Professor) and asked if I could meet with him to discuss the matter. I hadn't met Sir Mason before this point, but because of his reputation and extensive connections I thought that surely he would know if there were any potential supervisors around the country who were interested in supervising a thesis on **matakite**. When I told him of the topic and my unsuccessful efforts to find supervisors, and asked if he knew anyone who might be interested, he responded directly and

simply: “Yes. *I* am interested.” That clinched the deal for me, and that is how the thesis topic was chosen.

Once the topic was clear, I considered various methodological approaches. Initially, an ecological perspective was recommended to me as an appropriate lens through which to explore the research question. Some of the disciplines concerned with health on a broad scale (e.g. Community Psychology), have borrowed the metaphor of an eco-system from the discipline of biology, which argues that the broader context, or *ecology*, in which a phenomenon occurs must be taken into account when trying to understand a research subject (G. Nelson & Prilleltensky, 2005, p. 33). This allows human problems to be analysed on multiple levels, such as individual (e.g. coping skills), micro-level (e.g. family, peer-group), meso-level (e.g. work settings, schools), and macro-level (e.g. social policies, social class, social norms) . Having studied Community Psychology and completed papers at the University of Waikato that provided a cultural and critical analysis of psychology, I was determined that this exploration should include an analysis of all of these factors that impact upon the wellbeing of individuals experiencing **matakite**. So this is the approach that I started with.

However, as time passed, and I came to understand **Kaupapa Māori** Theory better through a more thorough review of the literature and also through getting to know some leaders and practitioners of **Kaupapa Māori** research, I realised that it was by far the most appropriate approach for this study. This is because it provides the multi-leveled analysis that an ecological model provides, but additionally it explicitly affirms a **Māori** worldview(s). This is not saying that an ecological approach would not

acknowledge the importance of cultural norms, but simply that **Kaupapa Māori** does everything an ecological analysis does, and more. It explicitly affirms a spiritual basis to **Māori** knowledge (Tuakana Nepe, cited in L. T. Smith, 1999a, p. 187), and as such it affirms the importance of **Māori** traditional knowledge about **matakite**.

Furthermore, **Kaupapa Māori** makes space for a critical analysis of the assumptions of our own traditional **Māori** worldview(s) and knowledge-bases, and how these have been and are being constructed . It also allows a careful consideration of the assumptions of other worldviews and research approaches and how these might be applied to enhance **Māori** wellbeing. However, it rightly positions **Māori** paradigms, values, and protocols as a starting point.

This has not been an easy starting point for me for many reasons, primarily because I have needed to undergo my own decolonisation process as a part of engaging with this topic and with a **Kaupapa Māori** approach. In many ways it feels like I have not even arrived at the starting point that a **Kaupapa Māori** approach affirms. I am a **Māori** man, born of a **Pākehā** mother and a **Ngāti Porou** father, raised in a predominantly **Pākehā** context until fifteen years of age, then in a predominantly white-Australian culture for a further ten years (although I also got involved with the **Māori** community there), followed by another ten years in the culture of a yoga-based ashram in the United States with monks from all over the world, and finally with the last ten years actively learning **te reo Māori**, **tikanga** [cultural protocols], **whakapapa** [genealogies], as well as getting to know my **Ngāti Porou kaumātua** [elders], uncles, aunties, cousins, nephews and nieces.

All of these past ten years of cultural immersion, of course, have still occurred within and/or alongside a dominant **Pākehā** society, and I am keenly aware of the clash of worldviews between these contexts in which I have lived and which have shaped my personality and consequently how I have conducted this research. So it has been difficult for me to feel confident that I am "doing" authentic **Kaupapa Māori** research when claiming centre-stage for my **Māoriness** has been such a continuous struggle of unlearning, learning, practicing, and reflecting—all the while navigating the various **Pākehā** and **Māori** contexts and relationships that are part of my daily world.

However, I have come to understand that **Kaupapa Māori** is a process rather than an endpoint—a process that not only requires cultural knowledge but also requires a commitment to ongoing theorising, practice, and reflection (G. H. Smith, 2012). As such, **Kaupapa Māori** creates a space for the researcher to be at whatever stage they are at in respect to decolonisation, and acquiring **te reo** and **tikanga Māori.** With this in mind, I acknowledge my **Kaupapa Māori** journey has, in many ways, just begun, and so I submit this thesis with the acknowledgement that there is much more for me to learn about this potent tool of personal and social transformation.

Positioning the Thesis in an Academic Context

This thesis is not only a response to my personal interest in **matakite**. But as already stated, it is a response to expressions of concern in the **Māori** community about the misdiagnosis of these experiences as symptomatic of mental illness, particularly within a mental health system that relies predominantly on Western biomedical frameworks that have historically ignored spirituality (Cloninger, 2011), and through which

colonisation has been perpetuated in modern times (Bullard, 2007; Ranzijn, McConnochie, & Nolan, 2008). Western biomedical frameworks have retained their dominance in explaining and treating mental distress, despite the inclusion of bio-psycho-social frameworks in the international literature since the 1970s (Engel, 1977). Since the 1980s, recommendations for bio-psycho-socio-spiritual models (Hiatt, 1986; Katerndahl & Oyiriaru, 2007), and the inclusion of **Māori** holistic models in health and education policy in **Aotearoa,** have arisen. However, the Western biomedical model with its concomitant reliance on pharmaceutical drugs has continued to dominate conventional mental health practice (Read, 2005).

This thesis is, in part, a response to expressions of concern about the uneasy relationship that exists between spirituality and mainstream psychiatry (and often clinical psychology), and the tendency for experiences like **matakite** to be interpreted through a pathological framework by mainstream practitioners. This includes the local concern for the misdiagnosis of **matakite**, as well as the increasing acknowledgement of the importance of cultural competency and understanding spirituality in relation to mental health.

At this stage, I should state to the reader that this thesis is strongly critical of the dominance of Western biomedical frameworks in mental health. This is intentional. However, I should emphasise that it is the dominance of this framework, and the resulting marginalisation of holistic and cultural frameworks, which is seen as problematic. In saying this I acknowledge the many advances that Western biomedicine has brought to the world, including **Māori** communities. However, the dominance of biomedicine has also come at a cost in that other significant influences

upon our wellbeing have received minimal attention. These influences include social, cultural, political, and economic factors, and so it is the intention of this thesis to include an analysis of how these factors impact the wellbeing of people experiencing **matakite**.

On a broader level, this thesis addresses concerns about the impact that the suppression of our traditional spiritual knowledge-base has had on the health and wellbeing of **Māori**. It responds to those who have spoken to me about growing up without access to a spiritual knowledge-base such as that which was formally provided through the traditional **whare wānanga** [institutions of higher learning] as well as informal systems of spiritual education where knowledge about experiences like **matakite** was passed on. It was through access to this knowledge that people had the opportunity to know their essential spiritual nature through direct personal experience, and to engage with the experience of **matakite** from a position of confidence, agency, and autonomy. It is this very knowledge-base that was so damaged by colonisation and the Tohunga Suppression Act 1907.

As a result of the erosion of spiritual knowledge, amongst other factors, research into **matakite** is relatively unexplored. However, the importance of undertaking research about **taha wairua** [the spiritual side of health] in relation to mental health has been outlined by a number of other researchers. For example, Christina Lyndon (1983) explored the relevance of beliefs about **tapu**, **makutu**, and **mate Māori** to the diagnosis of mental illness among **Māori**; Louise Ihimaera (2004) explored the facilitation of **taha wairua** in mental health services; Melissa Taitimu (2008) investigated **Māori** ways of understanding schizophrenia and extraordinary

experiences; Hukarere Valentine (2009) explored **wairua** as an important aspect of **Māori** wellbeing from a psychological perspective; and Te Kani Kingi and Mason Durie (2000) proposed a method for measuring **Māori** mental health outcomes as applied to the four dimensions of the well-known health model **Whare Tapa Whā** (Durie, 1998b), one of which is **taha wairua.**

This thesis focuses on the specific experience of **matakite**, which has been recognised in literature pertaining to **taha wairua** (Ihimaera, 2004; Ihimaera & MacDonald, 2009; Taitimu, 2008; Valentine, 2009), although not exclusively explored as the primary focus of a thesis. The aim of this study to explore the factors affecting wellbeing around the experience of **matakite** through a broader lens than that which is commonly used in conventional mental health research, which tends to focus primarily on the nature of the phenomenon under observation, and in comparison with features of western mental disorders. Such a narrow focus creates a possibility for the experience to be pathologised, and for the impact of wider environmental factors to go unaccounted for. In contrast, this thesis explores **matakite** as a phenomenon that can be understood in a non-pathological way, and which exists in a context of socio-cultural, economic, and political forces that can impact the health of individuals experiencing **matakite.** It is expected that the broader focus will also inform both professional and public understandings relating to this experience.

However, because this topic has rarely been explored, I also had to produce a working definition for **matakite** itself, as well as an appropriate interpretation into English that carries the spirit of the word in **Māori** but which is not laden with English connotations

that are not part of the concept in a **Māori** language and worldview. This led me to include two preliminary questions in the thesis:

1) *What is **matakite**?*

2) *What is an appropriate English interpretation for **matakite**?*

These questions provide the foundations upon which to answer the primary thesis question:

What are the factors impacting the wellbeing of people experiencing matakite?

Thesis overview

The chapter summaries that follow describe the way in which I approached the research question and organised the findings of the research. Providing an overview of the chapters here is designed to aid the examination of the thesis, to detail its scope, and to further shape its direction and focus.

Chapter Two describes the rationale behind selecting a **Kaupapa Māori** approach to conducting the study. The first half of this chapter discusses the methodological basis for the study. It explores the historical context in which **Kaupapa Māori** research emerged, and the epistemological and ontological assumptions underpinning **Kaupapa Māori** research, particularly in relation to knowledge acquired through intuitive means. Some responsibilities of the **Kaupapa Māori** researcher are also explored, including a commitment to the acquisition of **te reo Māori** as well as engaging with decolonisation processes. This section concludes by emphasising the importance of

the researcher's own reflexive praxis, and the need for adequate cultural and **Kaupapa Māori** mentoring through research communities and cultural communities.

The second half of the chapter describes the methods used to carry out the research, including the establishment of a support network, the data generation process, participant selection, and the interview processes. I explore the challenges I experienced in relation to the interviewing process, which required greater flexibility than what might usually be expected, some taking several visits to complete. I then discuss the process of analysing and organising the data, which took a number of attempts to come up with a workable framework, and although the issues are inherently interconnected, a four-chapter framework appeared to be the clearest framework with which to reveal the findings of the research.

Chapter Three introduces a working definition and interpretation of **matakite**, and explores the historical and contemporary contexts in which **matakite** sits. I then explore the need to find an appropriate English interpretation for **matakite** because the thesis is written in English. After touching on various options, I propose the term "heightened intuition" as a fitting interpretation, drawing on examples of how similar concepts from spiritual traditions around the globe have been translated. This is followed by an exploration of the international literature pertaining to spirituality and conventional mental health, including concerns about misdiagnosis of spiritual experiences. Local literature is also explored, considering the context of colonisation and the subsequent devastation of the traditional **Māori** spiritual knowledge-base. **Kaupapa Māori** frameworks that normalise **matakite** experiences are also discussed,

including investigations by **Māori** researchers into the relationship between **taha wairua** [spirituality] and **Māori** wellbeing.

Chapters Four through Seven organise and discuss the findings from interviews and conversations. In Chapter Four, new information about the nature and scope of **matakite** is explored. First I address the politics of defining **matakite,** issues pertaining to **Pākehā** intuitive experiences in **Aotearoa,** and the cultural context of **matakite**. I then look at issues around traditional and contemporary definitions of **matakite**, including the multi-sensory and multi-dimensional nature of **matakite** experiences, the cultural context, and the importance of distinguishing **matakite** from imagination.

Chapter Five identifies key themes from the data in relation to the personal, social and cultural factors affecting the wellbeing of people experiencing **matakite**. This reveals a number of personal characteristics and skills that are helpful for **matakite** individuals. I then look at the importance of **tikanga** [cultural protocols] for the wellbeing of **matakite**. Other factors that support wellbeing are also highlighted in this chapter. These include spiritual guidance and education, decolonisation and healing tools, and the support of loved ones and **whānau**.

Chapter Six addresses the politics of the mental health industry, and identifies a number of factors that constrain the employment of **matakite** understandings and **matakite** practitioners in mental health. These include power relations in mental health that marginalise **Māori** cultural experts and **Māori** spiritual knowledge; the continued dominance of the Western biomedical paradigm that tends to see **matakite** through a pathological lens; the conceptual limitations of psychiatric theory, diagnosis, and treatment; the benefit that the pharmaceutical industry gains from biomedical

dominance; and the spiritual ignorance that exists in many parts of Western society, which also supports a culture of biomedical dominance in mental health.

Chapter Seven presents three main strategies that emerged from the interviews for reducing the incidence of misdiagnosis, and enhancing the wellbeing of individuals experiencing **matakite,** as well as the various challenges facing these strategies. The first strategy involves furthering the project of rebuilding the **Māori** spiritual knowledge-base as a resource for wellbeing. The second strategy addresses the employment of **matakite** individuals and **matakite** understandings in mental health. The third strategy involves the development of transformative education programmes for mental health leaders and professionals.

Conclusion

The concern among **Māori** about the misdiagnosis of **matakite** as pathology is confirmed by participants in this study. This thesis helps shed light on various factors influencing the health and wellbeing of people experiencing **matakite**, and it identifies barriers within mental health and society at large that must be addressed if we are to find concrete solutions. However, this is not an easy task. The ignoring, or at best marginalisation, of spirituality within conventional mental health reflects a general climate of materialism within Western society. Addressing this problem will require education at numerous levels, including education for mental health professionals, education for the public, and specialised education for those having **matakite** experiences. The thesis also contributes to the expansion of understandings about

matakite by adding contemporary understandings and by showing how **matakite** is positioned on a spectrum of related experiences.

CHAPTER TWO: METHODOLOGY

Tēnei au, tēnei au, te hōkai nei i taku tapuwae
Ko te hōkai nuku, ko te hōkai rangi,
Ko te hōkai a tō tipuna a Tāne-nui-a-rangi
i pikitia ai ki te Rangi-Tūhāhā, ki Tihi-o-Manono.
I rokohina atu ra ko Io-matua-kore anake.
I riro iho ai ngā kete o te wānanga
Ko te kete tuauri, ko te kete tuaatea, ko te kete aronui
Ka tiritiria, ka poupoua ki Papatūānuku
Ka puta te ira tangata ki te whaiao,
ki te ao mārama

Here am I, here am I, here am I
Swiftly moving by the power of my karakia for sacred journeying,
Traversing the earthly and celestial realms,
Traversing as did thine ancestor Tane-nui-a-rangi
who ascended to the rarefied regions,
to the summit of the heavenly peak Manono,
and there beheld Io-the-parentless alone.
And acquired the baskets of knowledge,
the basket named Tuauri, the basket named Tuaatea, the basket named Aronui.
Portioned out and implanted in Mother Earth,
the life principle of humanity comes forth into the dawn,
into the world of light.

The above **karakia** epitomises a **Māori** worldview and the assumptions it holds about the nature of reality (ontology) and our ability to know that reality (epistemology). It indicates who is qualified to obtain such knowledge—one who has developed the requisite intuitive capacity to commune with **Io-matua-kore** [the unbegotten Source] via subjective experience. It then describes the obligations of the individual who

acquires such valuable knowledge—to translate and disseminate knowledge into a physical world context. And it describes the aim of the knowledge—to enhance the life principle of humanity and all creation. In essence, this **karakia** takes for granted a **Māori** worldview and is therefore a fitting illustration to support a **Kaupapa Māori** approach to this study. This is important in terms of positioning the study within a particular research paradigm.

Part One: Methodology

Part One of this chapter explores some key methodological definitions, including the nature of a research paradigm, along with the difference between methodology and method, which are sometimes confused within research, despite their long history of use. I then explore **Kaupapa Māori** as the chosen methodology by examining the historical context in which it has arisen and its resistance to the dominant positivist research paradigm. I also consider the ways that **Kaupapa Māori** differs from other research paradigms and those alternatives to positivism. I follow this discussion with an exploration of some key ontological and epistemological assumptions underlying **Kaupapa Māori**, paying close attention to the spiritual concepts that are of particular relevance to this thesis. I then explore how cultural and personal worlds intersect, and how I as a researcher might enact **Kaupapa Māori**. This is followed by a summary of the key points discussed, before engaging with Part Two of the chapter, which describes the methods used to conduct the research and examine the central hypothesis.

Methodological Definitions

The notion of a research paradigm encapsulates the entire context in which the research sits. It defines the methodology, the research priorities, the conceptualisation of problems, and the appropriate methods for a study. It addresses the researcher's beliefs and assumptions about the nature of reality (ontology), and how she or he relates to that reality (epistemology). The paradigm also heavily influences how a question is approached (Kuhn, 1970). This underscores the importance of being clear on one's research paradigm, as well as one's personal and cultural paradigms so the methodology and methods chosen to explore the subject matter actually do what the researcher wants them to do.

While the difference between method and methodology may be obvious to some experienced researchers, an attempt to explain this difference here is appropriate because I have found it quite challenging to grasp the difference, even after nine years of university study and detailed reviews of multiple texts on qualitative research methods. And it seems I am not alone in my confusion, and so a closer look may be helpful also for other researchers to further define the position of this thesis and the platform upon which it sits.

De Marrais and Lapan (2004) note that the terms "method" and "methodology" are often used synonymously, and their definitions "are not always shared across authors or across disciplines and theoretical perspectives" . This has motivated them to collaborate with other researchers to produce a text that defines the difference between them, along with other research terms, with refreshing simplicity. They explain:

> A method is a particular research technique or way to gather evidence about a phenomenon. Methods are the specific research tools we use in research projects to gain fuller understanding of phenomena. Examples of methods include surveys, interviews, and participant observation. These methods or tools can be used in many different approaches to research .

In the same text, Schutz, Chambless, and DeCuir (2004) also provide a crystal clear description of methods:

> The use of a particular method can be thought of in much the same way that a skilled carpenter might approach his or her craft—with a variety of tools. Thus, different methods have different purposes. Some methods work well for certain research questions, whereas others may only work for other questions. It is the researcher's job to choose the best tool for the particular research problem and question at hand .

In contrast to method, methodology describes the researcher's justification for why they thought the tool they used was the best for the job. It involves an analysis of the worldviews, assumptions and practices used in a particular inquiry. As such, methodology explains *why* the researcher might choose a particular research tool (or tools) over others. Schutz, Chambless, and DeCuir (2004) explain:

> Much more than just methods or tools of research, methodology involves the researchers' assumptions about the nature of reality and the nature of knowing and knowledge....Methodology encompasses our entire approach to research. Our assumptions about what we believe knowledge is are embedded in methodological discussions and therefore have consequences for how we design and implement research studies .

Schutz, Chambless, and DeCuir (2004) also note that a researcher's ontological and epistemological assumptions come into play at the level of methodology "because these assumptions provide the context from which research problems and questions

emerge, methods are selected, and how the data is collected, analyzed, and interpreted" . In relation to contemporary psychology, Yanchar and Hill (2003) note that there has been a historical lack of an explicitly stated ontology. They point out that when the ontological status of a study has not been predetermined and carefully thought-out, especially in relation to research on psychological phenomena, it is easy for the epistemology to default to a positivist (and therefore materialistic) paradigm. This has led to aspects of psychology such as spirituality and the phenomenological essence of experience being rendered non-existent or meaningless , but Yanchar and Hill pose the compelling question: "What difference would it make in the lives of human beings to grant these phenomena genuine ontological status?" .

Additionally, Guba and Lincoln (1994) point out that positivism is an aspect of the received view[5] that has dominated research by Western researchers in the physical and social sciences for the past 400 years. This point is particularly relevant to this study because of the tendency for conventional mental health practitioners to default to a positivist received view upon which Western biomedical explanations rest (Moldavsky, 2003), and which also tends to pathologise experiences like **matakite**. This in turn influences the reasons why a researcher chooses certain methods over others to inquire into the research question (methodology). In contrast, a **Māori** world view normalises **matakite** experiences, and indeed, sees them as containing potentially valuable information pertaining to individual and/or collective wellbeing.

[5] A received view is any world view that is taken for granted by the receiver. It "refers to a point of view that is never questioned, or a belief that is foundational to a theory or culture. It is common for writers to use the term received view to describe contemporary beliefs that need correcting" (Bostrom, 2009).

Kaupapa Māori Research

Kaupapa Māori research has been described by many leaders in **Māori** research. Graham Smith (1992) provides a succinct description of **Kaupapa Māori** research as "the philosophy and practice of being and acting **Māori**" , where "**Māori** language, culture, knowledge and values are accepted in their own right" . Other descriptions will be covered in the following discussion. However, it is important to state at the outset that no single, definitive description will be provided and that to a large extent no single definition currently exists. Powick (2003) holds that **Kaupapa Māori** is more easily defined by what it is *not* rather than what it is. This point is also held by Glover (1997), who describes **Kaupapa Māori** by explaining that it is *not* a positivist approach to understanding the world. This issue is also captured well in Linda Tuhiwai Smith's (2011) description, which highlights the flexible boundaries and multiple dimensions of **Kaupapa Māori** research:

> If I think about **kaupapa Māori** as it was, as it is, and as it will be, in some kind of definitional framework I think it's really simple. It was what it was, it is what it is, and it will be what it will be. It is more than, and less than, other comparative terms. It is more than a theory and less than a theory; it is more than a paradigm and less than a paradigm; it is more than a methodology and less than a methodology. It is something much more fluid. For me, I love these sorts of spaces because there's a sense that you can continue to create what it will be .

Such an indefinite statement might be considered by some as adding little clarity to a description of **Kaupapa Māori** research. Indeed, when I first read these words, I felt somewhat frustrated. With some reflection I began to see that my frustration was caused by my attachment to uncomplicated, pithy definitions, which cannot

accommodate the holistic and multi-layered nature of **Kaupapa Māori**. However, **Kaupapa Māori** cannot be understood in a simplistic manner. Perhaps the best place to start making sense of **Kaupapa Māori** research is to place it within the historical context in which it has arisen, where it was essentially a response to the dissatisfaction among **Māori** with the continued failure of Western research paradigms and practices to address the needs of **Māori** communities. This failure has occurred on several levels. The heavy reliance upon positivistic paradigms in conventional mental health research is one of them (Moldavsky, 2003).

Resisting Dominant Research Paradigms

The positivist paradigm has been criticised for several reasons, especially in relation to its application in qualitative research. Guba and Lincoln (1994) comment on five aspects of positivist research that are particularly problematic. First, it strips the context within which a phenomenon occurs, thus rendering any research results irrelevant to the real world because they can only be replicated in an equally context-stripped environment. Second, positivism assumes that people are like inert objects and therefore the meaning and purpose that people attach to their activities and experiences is irrelevant. The third point is that positivism imposes etic (outsider) theories that have little or no meaning for the groups or individuals being studied. Fourth, it applies general theories that may be totally inaccurate on an individual level (for example, if 80% of individuals presenting given symptoms have lung cancer, this does not mean that a particular patient presenting with such symptoms has lung cancer). The fifth point is that positivism excludes the discovery dimension in inquiry

by valuing empirical inquiry over creative and divergent thinking, which have provided the inspiration for some significant scientific discoveries (e.g. Kekulé's discovery in a dream of the circular structure of a benzene molecule). These aspects of positivism have promoted a worldview that runs counter to the worldview of many indigenous peoples, including **Māori**. Furthermore, positivism treats phenomena that cannot be observed by the physical senses as irrelevant or unreal.

Other research paradigms have emerged to challenge the assumptions of Positivism, of which Critical Theory should be mentioned here because many of its paradigm positions align with those of **Kaupapa Māori** theory. They both are anti-positivist, have goals of critique, resistance, struggle, and emancipation from structures of oppression (L. T. Smith, 1999a, p. 185), and they both challenge and expose the underlying assumptions of positivism "that serve to conceal the power relations that exist within society and the ways in which dominant groups construct concepts of 'common sense' and 'facts'" (Pihama, 1993, p. 56).

In their discussion of what they call "competing research paradigms," Guba and Lincoln (1994, pp. 105-117) lay out the paradigm positions of Positivism, Postpositivism, Critical Theory and Constructivism in a helpful comparison to highlight their fundamental differences. The point of this discussion is to highlight the differences between Positivist and Critical research paradigms, so I will draw upon Guba's and Lincoln's distinctions between these two paradigms alone. They observe that positivism aims to explain phenomena in order to predict and control, whereas Critical Theory aims to critique and transform social, political, cultural, economic, ethnic, and gender structures that constrain and exploit humankind." Positivism claims that it is

"value free," whereas Critical Theory acknowledge that values are inescapable and always influence research, whether acknowledged or not. In Positivism, the inquirer's voice is that of the "disinterested scientist" informing decision makers, policy, etc. In Critical Theory, the inquirer's voice is that of the "transformative intellectual" who has the insight necessary to confront ignorance and misapprehensions. In Positivism, novices are trained primarily in technical knowledge and quantitative methods. In contrast, Critical Theory starts by resocialising its novices from their early indoctrination and exposure to the received view of science. Students come to appreciate paradigm differences and the consequent implications for how they affect inquiry. They also are helped to understand wider contexts in which a phenomenon occurs (pp. 112-116).

From this comparison one can see that the assumptions between these two research paradigms differ at a fundamental level. On this point, Guba and Lincoln (1994) state:

> Differences in paradigm assumptions cannot be dismissed as mere "philosophical" differences; implicitly or explicitly, these positions have important consequences for the practical conduct of inquiry, as well as for the interpretation of findings and policy choices .

All of these aspects of Critical Theory also align with the values of **Kaupapa Māori** theory, and as such, the fundamental assumptions of **Kaupapa Māori** stand in contrast with those of Positivism. However, these two approaches also differ in at least two fundamental ways. First, **Kaupapa Māori** takes for granted a **Māori** worldview that assumes the reality of a spiritual dimension. I have not yet found any such spiritual assumptions underlying Critical Theory, although Critical Theory is now is being amalgamated with spiritual traditions to enhance transformative educational

leadership (Dantley, 2003). Second, Critical Theory is a general philosophical approach to research, rather than a specific action-oriented approach, and therefore it does not have as strong an emphasis upon practical application as **Kaupapa Māori** has. This second point has led to Critical Theory itself being criticised for its failure to be translated into practical application in order to realise their emancipatory goals for oppressed communities (Elkind, 2004; Leonard, 1990) and specifically for **Māori** (Russell Bishop, 1994). And this is one of the reasons why **Kaupapa Māori** Theory emerged -– to claim the rightful place of centre-stage for **Māori** values, language, and culture, as well as **Māori** control over how our knowledge is used, and with whom it is shared.

Linda Tuhiwai Smith (1999a, p. 184) also points out, "culturally sensitive" research models (that have been born within the mainstream research paradigm) have not satisfactorily created the kind of safety they were intended to create. Both Graham Smith (1997) and Linda Tuhiwai Smith (1999a) describe **Kaupapa Māori** as a local application of the emancipatory and transformative goals of critical theory. Linda writes:

> **Kaupapa Māori** is a 'local' theoretical positioning which is the modality through which the emancipatory goal of critical theory, in a specific historical, political and social context, is practiced. This 'localising' of the aims of critical theory is partly an enactment of what critical theory actually offered to oppressed, marginalised and silenced groups .

Kaupapa Māori: A Localised Critical Theory

Kaupapa Māori research is a political tool, and in the context of **Aotearoa** it provides a tool for decolonization, which as Bishop (1994, p. 175) suggests, "addresses the prevailing ideologies of cultural superiority which pervade our social, economic and political structures" . Bishop (1998) also refers to various methodological factors that should be considered when conducting research with indigenous peoples and especially with **Māori** communities in order to avoid misrepresenting "**Māori** understandings and ways of knowing by simplifying, conglomerating, and commodifying **Māori** knowledge for consumption by the colonizers" . These factors include valuing indigenous perspectives, worldviews, and ways of gathering knowledge.

At the centre of these issues is the need to address the historical abuse of research power, which has been used to meet research objectives at the expense of the interests and concerns of the research participants—interests such as self-determination, inclusion in decisions that affect them, and respect on a personal and cultural level. Likewise, indigenous researchers such as Deyhle and Swisher (1997) emphasise this point in research with indigenous North American peoples, as do Ladson-Billings (1995, 2000) and Stanfield (1994) among other minority communities.

Linda Tuhiwai Smith (1999a) also writes about the anger, distrust and pain that many indigenous populations associate with research in the introduction to her classic text *Decolonizing Methodologies*, referring to the very word *research* as "one of the dirtiest words in the indigenous world's vocabulary" . This is because of the way that research has become inextricably linked with European imperialism and colonialism. The

intention of **Kaupapa Māori**, then, is to address the failings of Western approaches to research by creating a space that validates **Māori** paradigms, knowledge and values, gives **Māori** power over the whole research process, and addresses the political and social determinants that affect **Māori** wellbeing on every level.

However, this does not mean that **Māori** worldviews are considered more important than those held by any other culture or academic discipline, or that **Māori** worldviews should be forced upon other groups. **Māori** wellbeing cannot be accomplished by simply flipping the coin of oppression on the other side. Instead, **Kaupapa Māori** promotes the reclamation of a sovereign **Māori** space, taking **Māori** values and paradigms for granted, and engaging with issues affecting us from that sovereign position. As Pihama (2001) states:

> **Kaupapa Māori** theory...is not dualistic or constructed within simplistic binaries. It is not about asserting the superiority of one set of knowledge over another or one worldview over another. It is not about denying the rights of any peoples to their philosophical traditions, culture or language. It is an assertion of the right for **Māori** to be **Māori** on our own terms and to draw from our own base to provide understandings and explanations of the world (Pihama, 2010, p. 11).

Key Ontological and Epistemological Assumptions within Kaupapa Māori Research

An important assumption underpinning **Kaupapa Māori** pertaining to this study is the value that **Māori** culture places upon knowledge that originates from beyond the physical world, and can be acquired through a process of spiritual inquiry, as is

affirmed by the **karakia** at the beginning of this chapter. This is explained by the **Rev**. **Māori Marsden**:

> It is also accepted that the **Māori** does not, and never has accepted the mechanistic view of the universe which regards it as a closed system into which nothing can impinge from without. The **Māori** conceives it as at least a two-world system in which the material proceeds from the spiritual, and the spiritual (which is the higher order) interpenetrates the material physical world of **Te Ao Mārama** (Royal, 2003, p. 20).

This echoes other indigenous epistemologies. In relation to traditional Native American methods of scientific inquiry, Gregory Cajete (2004) notes that Native scientific philosophies recognise the body, mind, and heart as instruments by which knowledge is gathered "in altered states of being, in songs and dance, meditation and reflection, and in dreams and visions" (p. 52). This particular type of knowledge, which has been acquired through intuitive means, has also been described as "revealed knowledge" (Cajete, 2013, personal communication).

The assumption of the existence of a spiritual realm and the interaction between the spiritual and the physical is central to a **Māori** worldview, which a **Kaupapa Māori** approach takes for granted. Indeed, Nepe (cited in L. T. Smith, 1999a, p. 187) considers the spiritual realm to be the origin of **Kaupapa Māori** knowledge as it provides the epistemological and metaphysical foundations from which **Māori** knowledge arises. This is particularly relevant to the subject of this study, as the very concept of **matakite** affirms a spiritual basis to humanity and the environment that is embraced by many indigenous cultures, which as aforementioned, has often been

minimised or ignored by researchers with positivist research paradigms. As Bishop (1996) writes:

> The process of colonisation developed an alienated and alienating mode of consciousness that has tried to take away a fundamental principle of life from indigenous peoples; that we do not objectify nature, nor do we subjectify nature.... We know that there is a way of knowing, that is different from that which was taught to those colonised into the Western way of thought. We know about a way that is born of time, connectedness, kinship, commitment, and participation .

Various other writers express similar ideas about the spiritual and physical realms underpinning **Kaupapa Māori** research in different ways. Henry and Pene (2001) write about these ontological assumptions in terms of various philosophical beliefs and social practices including collective relationships (**whanaungatanga**), interdependence (**kotahitanga**), "a sacred relationship to the 'gods' and the cosmos" (**wairuatanga**), and the human responsibility to protect and nurture the environment (**kaitiakitanga**) (p. 237). Rangimārie Rose Pere (1991) acknowledges multiple universes in her description of **whanaungatanga**, which she describes as "kinship ties" or "extended family" in which "everything across the universe is interrelated" (p. 6).

Such definitions illustrate a fluid relationship between the physical and spiritual as well as an inherent ethical responsibility to protect life as a response to one's essential connection with all living things. These assumptions about the nature of reality also indicate important epistemological assumptions, or the way in which one is seen to relate to that reality.

Of particular epistemological relevance to this thesis is the notion that people have the capacity to communicate between the physical and spiritual realms, and indeed we exist within these realms simultaneously. The **karakia** at the beginning of this chapter describes this aptly by indicating that the way by which an individual can obtain knowledge is via direct communion with the Source of all knowledge (**Io-matua-kore**) as a result of having developed the intuitive capacity to achieve this.

This stands in stark contrast to the way in which the spiritual dimension is viewed within Western society, which if acknowledged at all, tends to be conceived of as distinctly separate from the physical dimension, with each world being a closed system into which neither realm can impinge. Saler (1977), who writes about the indigenous Ojibwe worldview, has pointed out that even the concept of "supernatural" is a Western construct that implies a natural-supernatural dichotomy that is not a part of an Ojibwe worldview. Professor Kereti Rautangata (personal communication, 2012) also challenges this natural-supernatural dichotomy from a **Māori** perspective by proposing a redefinition of the concept of "**Māori**," which is commonly translated into English as "native" or "natural" in a physical world context. In other words, **Māori**, who are the indigenous people of **Aotearoa** are seen as "native" to this physical environment. However, Kereti argues that the term "**Māori**" can also refer to the natural state of being that encompasses both natural and supernatural dimensions that a Western worldview treats as distinctly separate. Said differently, in a **Māori** world view we are simultaneously both physical *and* spiritual beings, human *and* divine.

This discussion also highlights the problem of translating between languages. In **te reo Māori** there are often spiritual connotations that are not evident in the common translations into English. A brief look at one of the cultural values that guide **Kaupapa Māori** research first outlined by Linda Tuhiwai Smith (1999a, p. 120) and later by Fiona Cram (2009), illustrates this point. The first principle mentioned by Smith and Cram is **Aroha ki te tangata**, which is translated as "Respect for one's collaborators and participants." While the word **aroha** indeed can be translated as "respect," one can also find deeper spiritual connotations, as demonstrated by Rangimārie Rose Pere (Pere, 2006), who separates **aroha** into two root words: **Aro** and **Hā**. She explains: "**Aro** refers to one's presence, and **Hā** refers to the breath of the Godhead within you, which is unconditional love." Thus, the term **aroha ki te tangata** also conveys a sense of "inclining one's spirit toward another person." Hudson, Milne, Reynolds, Russel, and Smith (2010) also affirm this interpretation of **aroha** in relation to **Māori** research ethics. In this context, the principle implies a spiritual connection between researcher and participant that requires a much deeper commitment to ethical practice than is conveyed in the English translation of "respect."

The implications of such ethical responsibility are that research with **Māori** needs to be led and performed by researchers with sufficient depth of understanding of **Māori** language and worldviews so that these extra layers of ethical responsibility are not lost in translation in a research context. However this raises questions about how this can be properly achieved when an aspiring **Kaupapa Māori** researcher (in this case myself) may only be at the beginning of a years-long process of language acquisition and

decolonisation? To what degree can a study be true to the principles of **Kaupapa Māori** if the researcher currently has only a limited grasp of the language and culture?

The Responsibility of the Kaupapa Māori Researcher

As the previous section illustrates, language, culture and worldviews are inherently interconnected. This has implications for anyone wishing to undertake **Kaupapa Māori** research, particularly so because for many **Māori** researchers **te reo Māori** is not their first language. Sir James Henare (cited in L. T. Smith, 1999a, p. 188) metaphorically describes the relationship between language and thought: "The language is like a cloak which clothes, envelopes, and adorns the myriad of one's thoughts. **(Ko te reo te kakahu o te whakaaro te huarahi i te ao turoa o te hinengaro)**." Linda Tuhiwai Smith (1999) further talks about the revival of **Māori** knowledge that has accompanied the revival of the language, and which has stimulated much debate about the knowledge forms carried by the language.

Leonie Pihama (2001) discusses the importance of learning language and culture as a part of **Kaupapa Māori** research because they are inseparable, correlating them with "communication and action" and "theory and practice" . She cites Dr. Rangimārie Rose Pere, who emphasises the importance, and indeed, the centrality of **Māori** language and culture to **Kaupapa Māori**:

> **Kotahi he tino taonga ki a ngai taua te Maori, ahakoa te iwi, ahakoa te hapu, ahakoa te whanau, ko to tatou reo rangatira. Ko te reo i heke mai i Rangiatea, te hoki ki nga rangi tuhaha, i whakaparekereketia ai ki te oneone, i tanumia, a, mai i te kohuretanga ake i toro i te oneone nei, i whakatipuria ai, i poipoia ai, i penapenatia ai, i manaakitia ai, i tipu ai, a no te tipunga, ka**

> **haumi, ka awhiowhio tona kakara ki nga topito o te ao a ratau ma. Te reo rangatira nei, he wairua kamaatu tona, he momo huna, kia kore e mohio a tauiwi ki ona hohonutanga, engari te raruraru i tenei wa, he maha nga tangata Maori, kaore i te mohio ki nga hohonutanga, nga whanuitanga o te reo.**

The following translation is provided in the publication by Pere herself:

> There is one truly great treasure among us **Māori**, no matter which tribe, sub-tribe, or family, and that is our chiefly language. The language which came from **Rangiatea**, the highest heaven of the far-flung heavens, down to earth, was planted here, and thereafter since it was first uncovered in the soil, it was grown, it was cherished, it was nurtured, it was cared for, it grew. Then from its growth, it gradually spread its sweet scent to every corner of the universe of the ancients. This chiefly language has its own spirit of inherent wisdom, it is communication of the abstract, in order that outsiders might not understand its hidden depths. The problem at this time is there are many **Māori** who do not know its depths, or the breadth of the language (Pere, 1999, pp. 3-10).

The centrality of the acquisition of **te reo Māori me ōna tikanga** (**Māori** language and its protocols) to **Kaupapa Māori** then begs the question: How does the researcher conduct their study in a way that is faithful to the principles of **Kaupapa Māori** when the English language may be the first language that the researcher was indoctrinated with, and one that promotes an essentially different worldview from that communicated by **te reo Māori**? The culture and language of the person can shape an individual's, or even a whole society's assumptions about the nature of reality and consequently the methods they use to inquire in to the nature of a particular subject.

Indigenous psychologist Eduardo Duran (1990) notes that many indigenous languages have a very different structure from English in that they are primarily verb-based

(instead of noun-based), and this tends to create and affirm a worldview that humans are an inseparable part of a living cosmos. He also notes the Western tendency to compartmentalise experiences into discrete categories through the use of static nouns, and he compares this with how the verb-based language of Native American peoples supports and affirms a holistic view towards experiences and toward creation. This is also true with **te reo Māori** (Browne, 2005).

In her doctoral thesis on ***Mana Wahine*** *as a* ***Kaupapa Māori*** *Framework*, Leonie Pihama (2001) considers **te reo Māori** not only as central to **Kaupapa Māori** but also as "a necessary part of our survival as **Māori** people" and that **te reo Māori** is "the only language through which **Kaupapa Māori** can be fully expressed" (p. 117). However, she also acknowledges the reality of many **Māori** having limited fluency in **te reo** and that we should not overlook:

> …the inherent danger of **Māori** being defined as being 'real' **Māori** only if we have fluency in **te reo Māori**….To be **Māori** cannot be measured on levels of fluency or knowledge of **tikanga**. Experience may tell us that to be fluent in **te reo Māori** does not immediately mean that person is any more or less knowledgeable of what it means to be **Māori** than someone who has no knowledge of **te reo Māori**. Nor does being fluent in **Māori** necessarily mean that one will act in ways that are in the interests of **Māori** .

This indicates that although **te reo** carries uniquely **Māori** concepts of the world and therefore can influence one's worldview simply through its acquisition, this is no guarantee that a person with deep knowledge of **te reo** and **Māori** culture will naturally embody the values of **Kaupapa Māori** research. There are enough pre-colonial accounts of **tīpuna** [ancestors] who, although with deep knowledge of the

language and values of **Māori** culture, nevertheless acted in self-serving ways at the cost of the rest of the **Māori** community.

One example is that of my **tupuna** Tūwhakairiora, regarded as one of **Ngāti Porou's** finest warriors, who made unwanted advances toward his brother's wife, Hinerupe. She returned his gesture by hitting him with a digging stick, to which he responded by striking her on the head, leaving a nasty wound. She left the area with her husband, Hukarere, and arrived near the mouth of the Karakatūwhero River near the township now known as **Te Araroa**. She was welcomed there by her sister, Te Aopare, who had been given **mana** over the land between the Karatūwhero and the Awatere rivers. On seeing Hinerupe's wounds, Te Aopare inquired as to what happened and was told about Tūwhakairiora's indiscretion and violence. Out of **aroha** for her sister, Te Aopare promptly gifted Hinerupe all the land between the Karakatūwhero and the Awatere, saying: "**Hei a koe i te huka o te tai ki te aoparauri. Ko te ahi e kā mai rā kaua e tineia e koe. Waiho hei mahi ahi mō tō kāinga.** You shall have from the foam of the tide to Te Aoparauri. The fire that burns yonder do not extinguish. Leave it to be a hearth for your home" (McConnell, 1993, pp. 16-17; 1996, p. 5).

This story illustrates the point that in addition to having deep knowledge of the language and culture, one must also be committed to embodying certain values—to challenge and transform oppressive behaviours and structures that diminish the wellbeing of individuals and communities. This, of course, also requires a commitment to creating new structures that enhance wellbeing. This value also is recognised as central to **Kaupapa Māori**, which Graham Smith (2013) refers to as "transformative praxis." Graham Smith deliberately borrowed the term "praxis" from the work of

Paolo Freire, a critical theorist. Praxis refers to the process of operationalizing a theory and putting it into action. In the context of **Kaupapa Māori**, it is applied in the sense that researchers need to be constantly engaged in a process not only of theorising, but also of action and reflection so the theorising is never performed for its own benefit but rather for the practical benefit of **Māori** through the transformation of practices and structures that undermine **Māori** wellbeing (G. H. Smith, 2012, p. 12):

> Political analysis and action is needed for the other important concept embedded in **Kaupapa Māori**: transformation. Transformation is about assisting the self-development project for **Māori**. The one thing I ask my students to do is be involved in some transformative project. But they need to have some idea about what transformation is. It is not about describing the status quo, or altering a few aspects of it. It is about a transforming or a changing **Kaupapa** for all of us. **Kaupapa Māori** is about making a difference and a change in people's lives. If it is simply about describing what is going on, or just making it more '**Māori**-friendly', it is simply contributing to reproducing the status quo. And the status quo ain't working (ibid G. H. Smith, 2012, pp. 14-15).

As such, transformative praxis is an essential concept of **Kaupapa Māori** research. If this aspect is neglected, then the radical potential of **Kaupapa Māori** is at threat of becoming domesticated .

It is important to discuss one more aspect of **Kaupapa Māori** that the researcher must take responsibility for—the aspect of self-decolonisation. Aroha Mead noted that the effects of colonisation had entered into "the hearts and minds and values of **Māori** people, **Māori** leaders, **Māori** men" (A. Mead, 1994, p. 3). This is also recognised more recently by Helen Potter (2011) who summarised a series of **Kaupapa Māori** workshops that included the need to "decolonise our own thinking" (p. 68). Of course,

engaging in the acquisition of the **Māori** language and **tikanga** are an essential part of decolonising our thinking. However, a great number of my "Ahah!" decolonising moments have resulted from informal conversations with **Māori** elders who have been raised immersed in **te ao Māori**, as well as senior **Kaupapa Māori** researchers who have been actively involved in their own decolonisation processes for much longer than I have. This reveals how important it is for anyone committed to authentic **Kaupapa Māori** research to be part of a **Kaupapa Māori** research community to support their praxis.

Part Two: Methods

In the introduction I mention how I came to choose **matakite** as the topic for my study, which involved a process of inner inquiry with my **tīpuna**. After this was chosen, the next step was to establish a support network to advise, guide, and encourage me through the PhD process. **Māori** elders and healers were consulted before and throughout the study. Two **tikanga** advisors—both recognised cultural experts within their respective regions—were willing to give advice on protocols and other necessary cultural considerations and practices. Both of them were previously known to me, and they also had knowledge of my commitment and study of spirituality within a **Māori** worldview. Contact with them was mainly by phone, and sometimes in person, and I was effectively able to call on them whenever I needed their support.

The next level of support came from my university research supervisors, who have experience in directing studies of this nature. These were Sir Mason Durie and Dr. Te Kani Kingi. This academic support network was, for the most part, by phone, email,

and Skype, because we were based in different locations. This was challenging for me and I would have preferred to have had more face-to-face contact with my supervisors. However, due to limits on time, academic workloads, and funding constraints impacting upon us all, this was not possible.

Finally, a small collection of friends, loved ones, informal mentors, and work colleagues provided an informal support network (although life circumstances meant that this network also changed during the project). My partner, Meg, in particular was an invaluable support in the last year of study.

Generating the Data

The highly descriptive and subjective nature of this topic led naturally to a qualitative approach of data generation and analysis. The data generation process therefore involved three key steps: A review of the literature on **matakite** and an exploration of the context in which **matakite** exists, the selection of participants for the study, and the interview process with those participants. The initial literature review was undertaken to establish what research was already available on **matakite**, which proved to be very limited. What started as the literature review chapter, therefore, became the context chapter, in order to better position **matakite** in relation to literature around intuition and to discuss the social and political contexts that **matakite** individuals are affected by. Additional literature was also explored later throughout the analysis and writing process. The second aspect of data gathering involved the selection of participants for interviews.

Selecting Participants

This was typically a snowball process, in that experts in the area recommended I talk with others they knew who had knowledge of **matakite**. Other individuals (who later became participants in the study) contacted me after seeing me interviewed on **Te Kāea** [**Māori** Television News] on August 7, 2008. The *New Zealand Herald* also featured an article on the study, on August 1, 2008, titled *$75,000 to research **Māori** spiritual seers*. While this article somewhat was somewhat inaccurate in the description of the study, it may have indirectly profiled the research (see Appendix A). A total of 15 individuals were eventually interviewed as part of the research. They were all 18 years or older. Some identified themselves as **matakite** or at least as people who had experienced **matakite**. Two of these participants had engaged with the mental health system in the past as clients and now are working in different capacities informing mental health policy and practice and therefore were able to contribute from this dual perspective.

Other participants comprised close relatives and/or friends of those who have experienced **matakite**, as well as professionals working in various social sectors (education, health, etc.) who could provide practical input on how understandings of **matakite** can be used to improve **Māori** wellbeing through these sectors. Among the participants were two **Pākehā** women, known to me personally. They were included because I have heard some **Māori** describe **Pākehā** as **matakite**, as well as their "seeing" experiences as **matakite**. I was therefore interested in exploring the issues surrounding the use of the term **matakite** to describe such **Pākehā** experiences,

particularly where they contain **Māori** content, such as historic events and **kaitiaki** or **tīpuna**. I was also interested in whether **Māori** understandings about **matakite** could be helpful for **Pākehā** having such intuitive experiences, particularly if they end up in mental health, or are experiencing distress around the experiences.

Some participants noted that factors such as **whakapapa** connections, or **kaupapa** connections, such as my involvement with certain **wānanga** [in-depth cultural knowledge immersion], influenced their decision on whether or not to participate (or continue participating) in the study. The comments of one particular participant, **Hēmi**, are pertinent to the issue of **whakapapa**, and his comments raise questions about the qualifications of a researcher and whether just any researcher is the right person for a particular research project. He referred to our meeting, as well as the timing of the study, as **nā te wā** [meaning something was preordained]. A quote from his interview will perhaps speak for itself:

> ***Hēmi****: Well, the other thing is you, yourself, coming here. Now, it wasn't until we were here that I thought about your **whakapapa** connections with the **kuia [elder woman]**. I raised it because you have a **whakapapa** link back on the Ngata family side, but I could also say that **nā te wā,** it was something that was bound to happen, and calling your connection to the **kuia** [pointing to a photo of a **Ngāti Porou kuia** on the wall] and she was a **matakite**...*
>
> *Now was it you who triggered this response from me, or was it something in the past that sent you along? It may not have been your research; it may have been something that goes further back. This is how my cultural part of me begins to look at the way in which we've been brought to meet each other. Ron Ngata was the one who introduced himself to me over the phone, but Ron Ngata was sort of an abstract figure. But now Ron Ngata is here and there is another reason for your being here now, because I can say this to you now....*

And it's not just coincidence; it's something that is making it happen. And here you are now, and I think: ***Nā te wā koe i haere mai ki kōnei*** *[it was preordained that you came here].*

And even your subject area, I think it's ***nā te wā****. If you go back far enough and start reading about* ***Te Araroa*** *history, you'll find heaps and heaps of things there that will confirm for you that there's more than just the fact that you're doing the study. That's about all I can say at this stage, but I know that when I looked at the photo it triggered off something, and that's why I had to get up and say something to you that I think it wasn't just your subject but the time has determined your visit here. It has been a chosen time; it didn't just happen. It has been chosen and determined.*

These comments reflect key assumptions within a **Māori** world view, particularly in terms of the connection between the spiritual and physical realms, in which one's actions in the physical world exist within the context of a web of relationships and connections stretching through time and space. While I was aware of the influence of my **tīpuna** in terms of their support for this research at the onset of the study, **Hēmi's** comment about **nā te wā** reassured me of that support and further indicated that the extent of this support went beyond the timeframe of which I was initially aware.

Additionally, the meeting with **Hēmi** was facilitated by one of my cultural advisors, Professor Kereti Rautangata. Kereti's introducing me to **Hēmi** was important in that I had not met **Hēmi** previously but had heard of the many demands on his time. My not wanting to add to these demands, combined with my feeling quite inadequate with the level of my **reo** acquisition and relative lack of familiarity with cultural protocols, had created somewhat of a barrier to my contacting **Hēmi** directly. However, mentioning to Kereti my desire to talk with **Hēmi**, he offered to facilitate the contact

by asking **Hēmi** if he was interested in talking with me. Once **Hēmi** had agreed, I called him briefly to introduce myself over the phone and set up the interview.

Following is a brief introduction of the participants. They have been grouped according to the particular perspectives they brought to the study. Each participant was assigned a pseudonym to maintain anonymity:

Te Hihiko, Māia, Hēmi, Hinekotiri, and Te Hānui are widely-recognised **Māori** leaders. **Māia**, **Hēmi** and **Te Hānui** are authorities on **Māori** language and culture and are involved in various leadership roles in **Māori** communities, and the wider **Aotearoa** community, in the fields of arts, law, education, and **Māori** health. These participants were able to comment on **matakite** from their varying degrees of direct personal experience, their deep knowledge of their own specific **iwi** histories, and also from their broad knowledge of cultural understandings that tend to be shared across most **iwi** in **Aotearoa**.

Tui, David, **Terēhia, Te Maru and Te Ariki** are **Māori** who have either worked in the mental health system and/or have been clients of mental health. Most of them would rightly be called **matakite** because they continue experiencing it on a daily basis. Two of them, **David** and **Te Ariki**, were misdiagnosed as mentally ill as a result of their experiences, admitted to psychiatric units and treated with psychiatric medication. **Te Maru** and **Te Ariki** have worked together in mental health, and they were interviewed together. All of these participants now use **matakite** in their work in varying degrees in educational and clinical roles in the mental health sector. These participants have used their **matakite** abilities and understandings in the mental health context and have

intimate knowledge of the structural factors in the mental health sector that help or hinder the use of **matakite** understandings as a resource.

Rafael and **Tūkaha** are psychiatrists. **Rafael** is of **Pākehā** ancestry. He is fluent in **te reo Māori**. **Tūkaha** is **Māori**, and although not having experienced **matakite** directly, he works often with **Māori** clients who have such experiences. These two participants were included because of their specific knowledge of psychiatry and the mental health system in **Aotearoa**, as well as their deep engagement with **Māori** communities, and thus were able to comment on issues of misdiagnosis from a psychiatric perspective and also on the systemic issues in mental health that may help or hinder the use of **matakite** understandings as a resource.

Fran and **Rachel** are both **Pākehā** and are also colleagues and friends of mine. Their experiences raise the question of whether **matakite** is something that can only be experienced by **Māori**. While of **Pākehā** ancestry, their experiences held primarily **Māori** content and related to pre-colonial historical events. Additionally, they participated because their perspectives may also shed light on whether **matakite** understandings could be helpful for non-**Māori**, especially if they experience distress from these experiences and end up engaging with the mental health system. **Fran**, in particular, had worked in a **Kaupapa Māori** organisation with **Māori**, Pacific Island, and **Pākehā** youth, and had seen all of the participants, irrespective of cultural identity, benefit from the inclusiveness of a **Kaupapa Māori** approach. **George** is a spiritual teacher, educator, and writer. He is **Pākehā.** Having heard that his practical guidance has helped many people experiencing distress in relation to intense spiritual experiences, I saw his participation as an opportunity to explore the specific actions he

took in helping those people, and whether this knowledge might also be helpful for people experiencing **matakite**.

Interviews

Individual interviews and **hui** [formal group gatherings] were conducted at a place and time that was mutually agreed upon by the participants and myself, and a couple of interviews were **hui** with **Māori** mental health service providers. It may be tempting for researchers not familiar with **Māori** culture to consider the term "**hui**" as a synonym for "focus group" or some similar term used in Western social science research to describe a group interview process. However, it is important to explain that a **hui** should be understood as a distinctly different process from these others in that they are organised, opened, conducted, and closed according to **Māori** traditional protocols and paradigms that acknowledge the spiritual dimension as an integral part of the process of knowledge-sharing.

I originally designed an interview schedule (see Appendix B), which was then approved by my supervisors and the Massey Human Ethics Committee. However, in many cases, I didn't follow it strictly because it felt more important to stay connected to where the participants were at. In retrospect I think the interview sheet was too complex, and just a few open questions would have sufficed. However, interviews had a life of their own, and even those few questions may not have elicited the information needed to sufficiently address the research question, so it is difficult to know what would have worked best. In the end, they evolved into a combination of semi-formal conversations and in-depth, semi-structured interviews. This provided a degree of

flexibility for myself and the participants to ask each other further questions, thus producing a richer collection of data.

At the same time, there was specific information I wanted to obtain, in order to address the research question, so I made sure that in most cases I obtained this information. This was the information pertaining to the nature and scope of **matakite** experiences, examples of their personal experiences, the impact on wellbeing, and if they had concerns about misdiagnosis.

Participants talked about a range of issues, including their **matakite** experiences, what sort of education (if any) they'd received about **matakite** and the impact of this on their experiences, how these experiences had affected their lives or the lives of their loved ones, responses to their experiences from their families and communities, and their learning and development over time. Some participants also spoke about the politics of the mental health system and misdiagnosis. These tended to be the ones working in mental health in some capacity, either as mental health researchers, cultural clinical specialists, or psychiatrists. For much of the time I simply allowed participants to talk. One of the participants preferred to take the interview schedule home to think more carefully about the responses. They subsequently sent me their written comments.

Royal (2002) uses the term "semi-formal conversations," in which the goal is an "indigenous to indigenous exchange" of perspectives and experiences, and this is a more accurate description of what some of the conversations were like, which tended to go beyond the expected length of one and a half hours. With such a deeply personal subject, coupled with the fact that some of the participants are highly

esteemed elders in the **Māori** community, it did not feel appropriate to cut the interviews short just to keep to a time limit. Some participants asked to have further conversations because they just couldn't go deep enough with a single interview.

A couple of interviews were more like protracted **wānanga** [in-depth cultural knowledge immersion], rather than interviews or even conversations. In one meeting with a participant who has an enormous workload, I expected 30 minutes would be the most he could afford, and for that I would consider myself extremely fortunate. However, as he talked, one story after another unfolded, and five hours later he was still going strong. He actually laid aside other meeting plans to focus on the interview. During that interview I checked in on a few occasions to see if the participant was happy to continue talking, considering his workload, but he said he was happy to do so. However, reflecting afterward, and remembering the fatigue I saw in his face after talking for several hours, I wondered if it was appropriate to "let" the participant continue talking for so long. I resolved to explore other options in future interviews.

One of the main challenges I experienced in relation to the interviewing process, was the great degree of flexibility required in a **Kaupapa Māori** approach in order to complete the interview stage, which in some cases required several return visits. In a couple cases this was because I noticed the participant's energy was flagging, and even though they were enjoying the opportunity to share their experiences, it would not have been right to leave them exhausted just so I could capture all they had to share in one fell swoop (as if it were even possible to capture their experiences and insights in one sitting). This, of course, was the lesson I learned in an earlier interview. Yet other participants stopped of their own accord, even after just a short talk. It was as if they

needed a break in order to feel just how much more information they were comfortable sharing. Other interviews took several hours, as mentioned earlier, and some included overnight stays at their houses at the invitation of the participants (which might initially seem ethically unsafe. However, these participants were also **whanaunga** [extended family], meaning no ethical boundaries were crossed).

Overall the interviews required much greater flexibility than what is usually expected around conventional western interview protocols, which I initially found challenging because I did not expect this at the onset of the study. Linda Tuhiwai Smith (2011) has noted these challenges when she wrote that the literature around conducting interviews does not prepare a researcher for interviewing **Māori**:

> They don't tell you it's hard to find them, even if they have a phone. The books don't tell you they say, "Yes please, come at 3 o'clock", and then they may not be home. You might design a one-hour interview, but it's going to take you six hours. Or you might design an interview with questions, and instead they tell you, "No, we're not going to answer those questions. We're going to tell you a story, but first you've got to listen to the **karakia**, the **whakapapa**, and then, if we feel like it, we might answer some of your questions".

The interview schedule was designed to solicit information pertaining to basic demographics, the participants' level of cultural affinity, their thoughts about nature and scope of **matakite** experiences, the effects of **matakite** upon wellbeing, the implications of using **matakite** understandings (for society, education, mental health, and so on), and the practical implications for health professionals. However, as Linda's comment suggests, interviews had a life of their own.

Reflecting on the interview experience, the degree to which I followed the original schedule depended upon several factors, which also influenced the kind of information elicited from the interviews. These factors included the availability of the participants, their perspectives and experiences, the order in which the participants were interviewed, their levels of energy (particularly if a **kaumātua**), and how the "flow" was going. For example, some participants were interested in talking for much longer than the intended hour and a half interview, while others were available only for a lunch break. Some participants are current employees within the mental health sector, and therefore could answer questions about the influence of organisational structures, policy, and attitudes within the mental health sector on the degree to which **matakite** understandings are used as a resource.

Other participants were **Pākehā** so had no authority to talk about **Māori** cultural aspects of **matakite**, so I did not ask questions pertaining to culture. Additionally, the order in which the participants were interviewed also influenced the kind of data elicited. In earlier interviews I adhered somewhat to the interview questionnaire, yet still allowing flexibility for the participant to share what they felt was important. However, as the study progressed, and as themes began emerging, it became obvious that the sheer number of questions on the interview schedule would not accommodate an interview of 90 minutes, considering the storied nature of the experiences and the time needed to explore the issues relevant to their experiences.

As certain issues arose, I became aware of questions that would have been helpful to ask of all the participants, but which had not occurred to me earlier when designing the interview schedule. For example: Would you use the term **matakite** to describe

similar experiences had by non-**Māori?** Would you call a non-**Māori** a **matakite**? and What are your thoughts about non-**Maori** calling themselves **matakite**? I would also have asked the mental health professionals: What are the specific criteria you would use to distinguish between **matakite** and symptoms of mental disorder? and What symptoms and categories of mental disorder would you consider **matakite** mostly likely to be mistaken for? Time constraints, however, prevented my gathering responses to these questions. I managed at least to gather some responses that were helpful in identifying core issues around the politics of using the term.

Data Capture, Transcription, and Storage

Data was captured on a high-quality digital audio recorder. It was small enough to simply place on a coffee table. Only in one interview did the participant refuse recording. This was because of past negative experiences of people misusing information he had shared. In this case, I resorted to hand notes, and this, of course, affected the amount of detail I could capture in that particular interview.

Due to the heavy workload of transcription, a **Pākehā** professional transcriber was contracted for most of the interviews, working under a confidentiality clause (using the "Transcriber Confidentiality Form" provided by Massey University. See Appendix F). The digital data was personally delivered to the transcriber by me, using a USB stick. Transcriptions were emailed back to me. Audio files were deleted from the transcriber's computer after the transcriptions were complete.

Data Analysis and Writing the Thesis

After the interviews were transcribed, I began the process of checking the transcriptions for accuracy and analysing the data as I went. The content of the interviews was analysed using content analysis. Content analysis is the process by which the primary patterns or themes in the data are identified, coded, and categorised (Patton, 1990). The purpose of data analysis is to identify valuable information collected in the research in order to address the research question.

It then took a number of attempts to come up with a framework to best meet my needs to organise the data in a way that would make sense to both myself and the reader. Initially, I identified themes that illustrate how wellbeing is affected around the experience of **matakite** on various levels, including personal, cultural, societal, educational, and political. However, this did not work well. After reorganising, brainstorming, seeking guidance from my various support networks, and writing some more, I eventually settled upon four sections: expanding understandings of **matakite**; the personal, social and cultural factors impacting upon health; the politics of mental health; and protecting and enhancing wellbeing around matakite. While the issues in these sections are inherently interconnected, this seemed to be the clearest framework with which to reveal the findings of the research. Additional literature was also explored throughout the analysis and writing process in response to the findings.

The actual writing process was a broken one, partly because of various life circumstances, including the death of my father, going through a marriage break-up, forming a new relationship, having a child, becoming a sleep-deprived father, and moving house four times. However, aside from these life changes, I also believe this is

simply the nature of the beast. Writing is a non-linear process, despite the fact that one is attempting to create a linear text that a reader can follow with ease. In reality, the writing process is equally about the discovery and creation of the study itself as it is about recording the process of it. It is like riding a wave. The surfer can possess all the skill in the world, but at the end of the day, they can only do so much because the ocean has the final say. There have been many such moments when I thought the thesis would take a certain direction, only to find it went somewhere totally different.

Disseminating the Knowledge

After the content was analysed, participants were included in decisions around ownership and dissemination of information, and confidentiality. Although the Information Sheet (see Appendix F) for the study said the participants would receive a typewritten copy of their interviews to ensure their input and intent had been accurately captured, time constraints prevented this from happening prior to the thesis being submitted for examination. However, I contacted each of the participants and asked if they would be satisfied receiving verbal feedback on the findings of the study, as well as digital copies of the data section so they knew their comments that were ultimately included in the study were represented faithfully. Ideally, more time would have been taken to go over the participants' contributions in finer detail with them to flesh out even more relevant information. However, as I will continue exploring this research topic at a postdoctoral level, the opportunity will still be available for continuing feedback and knowledge-sharing to occur with the participants.

The other aspect of the dissemination process is linked to one of the more significant aims of the research and to contribute to professional *and* community understandings about the broader social issues related to **matakite** and wellbeing. I therefore presented the initial findings at four conferences. These included the Health Research Council's **"Hui Whakapiripiri"** conferences in 2010 and 2012, as well as the "4th International Traditional Knowledge Conference" in 2010 hosted by **Ngā Pae o te Māramatanga,** and "**He Manawa Whenua** Indigenous Research Conference" in Hamilton in 2013. I also presented the study at a community gathering of traditional **Māori** and contemporary healers, including my own tribal relatives and received encouragement and support from them.

Tikanga and Ethics

Three main process-related challenges emerged during the course of the study. The first involved the contrasting requirements that exist between **Kaupapa Māori** ethics and institutional ethics. The university's role in the research is founded on ethical processes that are facilitated through codes of ethics and supervisory relationships. The Health Research Council and Massey University required me to prepare a research proposal explaining how I planned to undertake the research in an ethical manner. In contrast, the participants assessed my suitability for the study based on different markers, such as **whakapapa**, my being **Māori**, their understanding of the concept of **nā te wā** [predetermination], their previous knowledge of me and my understanding of the principal of reciprocity, and in some cases based on their own **matakite** experience.

Massey University emphasised the need for participants to sign a consent form (See Appendix G). Many of the participants placed very little weight on this however, and in some cases initially were reluctant to sign them. I nevertheless received signed consent forms from all who participated in the study and informed the thesis, although many would've been happy with a verbal agreement.

Māui Hudson (2004, p. 57) writes about the extra layering of ethical dimensions that need to be considered by **Māori** researchers conducting health research, which beyond the normal considerations of research ethics, include the researcher's personal ethics, and **Māori** ethics. The overlapping of these three dimensions is illustrated in the diagram below.

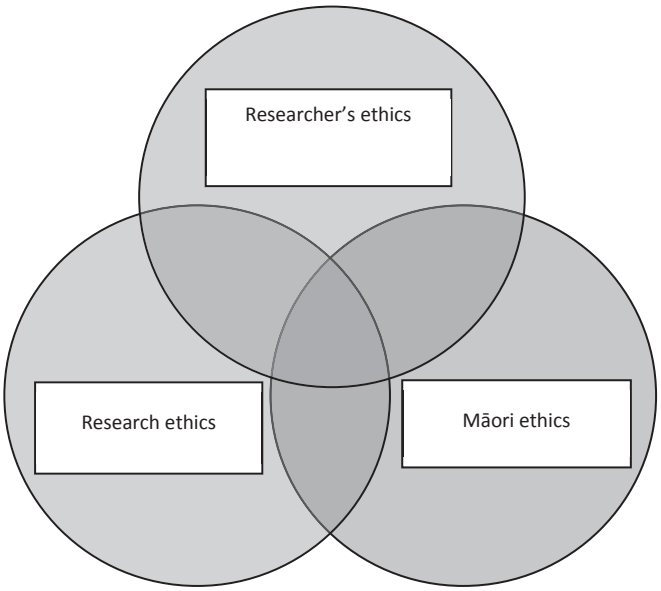

Figure 1. The Ethical Dimensions of Research for Māori

(M Hudson, 2004, p. 66)

The ethical dimensions of this study are therefore seen to have been mediated through a number of relationships, rather than just a relationship with the University ethics committee. These include my relationship with participants themselves, my

supervisors, my personal support network, my cultural advisors, the Health Research Council of New Zealand (who provided a three-year scholarship for the study), and the relationship with the Massey University Human Ethics Committee—the formal ethical overseer of the study.

In reflecting on how these relationships functioned, more frequent contact with my supervisors would have been helpful. However, time and resource constraints prevented this from happening, because I was based in the Waikato region, while my supervisors were based much farther south. This, combined with my not having done a Master's thesis and therefore not being familiar with writing on this scale, was an unfortunate combination that made the task of writing a very isolated experience for much of the journey. I did, however, receive invaluable support from the **Māori** and Indigenous programme (specifically MAI ki Waikato) through residential writing retreats, workshops, academic advice, and student **hui**.

A second challenge emerged in relation to the anonymity of the participants, which Massey University requested be protected. Some participants would have preferred to be named in respect for the principle of **he kanohi kitea** [a seen face], while others were somewhat indifferent as to whether or not their identities were kept confidential. I was unable to produce a satisfactory solution for this, and the final choice for simplicity's sake was to proceed with anonymity by assigning carefully chosen pseudonyms.

The last challenge that emerged involved the transcription of the interviews. The question arose as to whether or not it was appropriate to engage the services of a professional transcriber without checking first with the participants if they were

comfortable with this. Given that some of the participants were high-profile public figures in the **Māori** community and had revealed quite sensitive and personal information in the interviews, they might not have shared this information if they knew someone else was going to have access to it. Furthermore, because some of the information shared by these participants was in **te reo Māori,** it seemed that if, indeed, a transcriber was to be engaged, it should be a person fluent in **te reo Māori** and therefore more likely to know the participants.

The challenge with this issue has already been faced in relation to **Kaupapa Māori** research and the added ethical considerations that arise in relation to transcription, **te reo**, and maintaining participant anonymity. Hine-tu-whiria-o-te-Rangi Waitere-Ang (Waitere-Ang, 1999) also engaged with this issue, where the participants in her study were concerned about not knowing whether a **Māori** transcriber migh have **whakapapa [**genealogical] ties with them, which could compromise confidentiality. In her case, Waitere-Ang chose a non-**Māori** transcriber to maintain anonymity, especially because pseudonyms had not, at the time of transcription, been assigned. Regarding the participants in my study, some were such well-known leaders in the **Māori** community that they would have been easily identified by their voices alone. My eventual choice was the same as Waitere-Ang's in that I chose a **Pākehā** transcriber. However, this also meant that the transcription of participant comments in **te reo Māori** were left for me to perform.

Although the transcriber would be required to sign a Confidentiality Agreement, this still did not give me the assurance I needed to fully honour the principle of confidentiality and informed consent offered to the participants at the time of the

interviews. The Information Sheet and the Transcriber's Confidentiality Agreement, both approved by the Massey University Human Ethics Committee did not initially address this ethical point. However, as the study progressed, and the question arose in my conscience, the commitment to observing **tikanga** (following what is "**tika**" or "**right**") made it necessary to address the issue. The Information Sheet promised the participant's identity will be kept confidential, but it did not explain that the data may be made available to a professional transcriber who would have access to everything the participants shared in confidence with me personally. To address the issue around transcription, the participant consent form was amended to include the statement: "I agree/disagree to this interview being transcribed by a third party under a confidentiality agreement" (see Appendix G).

With the informed consent issue resolved, another ethical issue arose in relation to transcription. This had to do with the increasing ease with which a digital copy of the material may be made and kept by the transcriber after the study is completed. Additionally, it is becoming increasingly difficult to prevent such copies being made. Whether or not any transcriber might actually do this is irrelevant; my point is that I had promised that the information would be secure, when in fact the transcription process compromises that promise of security.

This issue is one that has become increasingly important in our highly digital age. In exploring the confidentiality issues related to medical transcription, Davino (2004) looks at the degree to which the principle of patient confidentiality is compromised when healthcare providers outsource their transcription to vendors, who may sub-contract other vendors to help them with their workload. Davino says the

"transmission of confidential medical information outside of facility walls places an obligation on the provider to ensure that the vendor protects the confidentiality of the information." This principle applies equally to research data gathered under a confidentiality agreement.

Regarding the storage of digital data, Kanuka and Anderson (2008) point out that our increasing storage of digital data on Internet servers means we cannot give the same assurance of participant confidentiality that we have been able to give when storing only paper records:

> Researchers need to be cognizant that other people might have access to—or might be able to access—data that are kept on an Internet server. Hence, assurances for privacy, confidentiality, and anonymity cannot be provided by the researcher to the research participants as compared to paper documents that are kept securely under lock and key .

Possible solutions to this issue could be to require the researcher to purchase what is known as "copy lock" software that prevents copies being made of digital files. Other suggestions have been offered by (Davino, 2004), which include assessing how the transcriber safeguards the security of electronic information, such as password access to files and folders, whether files should be transmitted between vendor and provider in an encrypted format, and what security measures they have in place for sub-contracting (if this occurs). Despite these challenges, which I became aware of only after transcription was carried out, approval was granted by the Massey University Human Research Ethics Committee. They are nevertheless emerging security issues faced by many organisations working with the storage of sensitive digital information, and which research ethics committees are no doubt becoming aware of.

Reflections on My Kaupapa Māori Experience

A final challenge emerged that pertained to my exploration, and ultimate choice, of a **Kaupapa Māori** methodology for this study. One aspect of this challenge had to do with the question of whether or not my limited knowledge of the **Māori** language and cultural protocols at the commencement of the study would be sufficient for such an intensely "**Māori"** research project. While a number of my own personal experiences of **matakite** since childhood have given me certain insights into the experience of **matakite**, my being raised in a predominantly **Pākehā** context with English as my only language growing up has had its influences. The **Pākehā** education system I received, which was dominated by negative colonial discourses about **Māori**, taught me some tragic ideas about my own people. It wasn't until I started university studies in my mid-thirties that I unravelled some of the beliefs I had been indoctrinated with, such as **Māori** being better off as a result of colonisation. For example, when I learned about the prosperous merchant ships and flourmills owned by **Māori** up till the country's annexation by the British, and how their success was undermined shortly thereafter (Petrie, 2002), I become aware that this idea about "being better off because of colonisation," which was fed to me at some time during my childhood, had held continuous but hidden real estate in my psyche since childhood. I am still troubled by the insidious way that this idea quietly undermined my beliefs about the entrepreneurial capacity of my people.

Returning to the fact that English was my first and only language growing up, I believe that this alone had a powerful effect on my worldview and how I relate with the world

and others. As mentioned earlier, I have been asked on a couple of occasions during the study if my limited grasp of **te reo Māori** has affected the quality of the study. I believe it has. However, when I asked one of my cultural advisors, Dr. Rangimārie Rose Pere, what she believed to be the most important skills that a researcher should have for this kind of study, she asserted that "the ability to listen respectfully" was more important than other skills of language fluency and knowledge of cultural protocols. I note also, that it was Rangimārie Rose Pere who was quoted earlier on the centrality of **te reo me ōna tikanga** in relation to **Kaupapa Māori**, so I do not interpret her advice about listening respectfully to mean that **te reo Māori** is any less central. However, as explained earlier in *Chapter Four: The Responsibility of the Researcher*, the mere acquisition of **te reo Māori** does not automatically mean that a person will always behave in the best interests of **Māori** (citing Pihama, 2001, p. 118). In any case, Aunty Rose's advice gave me the reassurance I needed to continue with confidence.

Indeed, I drew upon language rarely in the course of the investigation—far fewer times than I drew on the need to listen with humility and respect. And although I strive to become increasingly proficient in **te reo Māori**, my experience reflects the deep value placed upon relationship connections within **te ao Māori** [the **Māori** world]. While the connection is enhanced by knowledge of **te reo**, the research relationship is also forged on levels beyond language. At the same time, I recognise that richer information could have been gathered, had I possessed a deeper knowledge of **te reo Māori** than I currently possess, as some of the participants and key informants, while fluent in English, expressed a preference to converse in **te reo Māori** about these matters.

Despite this limitation, I found that prior training in Nonviolent Communication (Rosenberg, 2001) was an important skill I drew upon, especially when participants were describing an experience that was beyond any frame of reference I had. Nonviolent Communication is a method of communication that I have studied and practiced for the last 10 years that develops skills in deep-listening, reflection, and inquiry and the ability to follow the natural flow of communication. It supported the creation of a respectful space for participants to share deeply personal stories, especially those stories that they have never shared before, even with their own family members for fear of being thought of as "crazy."

Chapter Summary

Part One of this chapter investigated key methodological definitions, including the nature of a research paradigm, along with the difference between methodology and method. **Kaupapa Māori** is then discussed as the chosen methodology by examining the historical context in which it has arisen and its resistance of the dominant Positivist research paradigm, including a discussion of Critical Theory which has contributed to the formation of **Kaupapa Māori**. In terms of the goal of this study to explore the factors affecting wellbeing in relation to **matakite**, **Kaupapa Māori** reveals the need for a critical analysis of the social and political context in which **matakite** occurs. Anything less would fail to address significant contextual factors affecting the wellbeing of people having such experiences. I then explore some key ontological and epistemological assumptions underlying **Kaupapa Māori**, with an emphasis on the spiritual concepts that are of particular concern to this thesis. The responsibility of the

researcher conducting **Kaupapa Māori** is then discusses, including the importance of being actively engaged in acquisition of **te reo Māori me ōna tikanga** and knowledge of **Māori** cultural protocols, particularly as a part of the researcher's own decolonisation. Finally, I highlight the importance of the researcher being engaged in transformative praxis, being a cycle of theorising, action, and reflection so that the research can contribute to the transformation of structures that affect the wellbeing of people experiencing **matakite**.

Part Two described the various processes undertaken to carry out the research. This began with establishing a support network that included university experts, cultural advisors, and a personal support network. An account was given of how the data was generated and the process of selecting participants, including the reasons for taking account of a range of participant experiences such as people with direct **matakite** experience, family and friends or **matakite**, **Pākehā** participants, and health professionals with experience of working with **matakite**. I then explain my approach to the literature review, which addressed definitions of **matakite** and its various translations, and how such experiences have been conceptualised and treated within mental health, both internationally and locally, which have led to the current concerns about misdiagnosis of **matakite** as symptomatic of mental illness.

In-depth semi-structured interviews and less formal conversations ranging from one hour to overnight stays were used to gather data. I then discuss the interview process and methods used to capture, transcribe, and store the data. The approach to data analysis is described, which included a number of transformations before settling on a four-part discussion of the main themes. Lastly I explain the various ways in which the

research material has been disseminated to date. This is followed by a discussion of the four major dilemmas that emerged. These included issues surrounding the disjunction between formal and informal ethical relationships, the question of my own cultural competency for this project, the disjunction between the normal academic requirement for participant anonymity and the **Māori** value of "**kanohi ki te kanohi,**" and issues with how to actually sustain anonymity in a context of the new security issues that arise with digital technology.

Despite the various challenges that have arisen during the research, my overall sense is that I have successfully achieved what I was hoping for in a way that aligned with many of the principles and values required by a **Kaupapa Māori** methodological approach to research. Such an approach has enabled the gathering and analysis of rich data in a way that was culturally appropriate for the participants and researcher.

CHAPTER THREE: MATAKITE IN CONTEXT

__Matakite__ has been there since the beginning of time. Every indigenous group recognises the __matakite__. Every indigenous group knows what we're talking about.
– __David__, research participant

This chapter begins with a review of the limited literature on **matakite** and includes examples of **matakite** individuals in recent **Māori** history. A thorough investigation of historical writings is made in order to produce an appropriate English interpretation for **matakite** (however qualified). Literature is explored pertaining to the factors impacting the wellbeing of people having experiences like **matakite**. An exploration of the international and local literature recognising the importance of spirituality in mental health literature and policy is also made, including **Kaupapa Māori** health initiatives in **Aotearoa**. Literature critiquing the culture of biomedical dominance in conventional mental health is covered, paying particular attention to the tendency for experiences like **matakite** to be pathologised in such a culture. The socio-political and economic factors that contribute to misdiagnosis are also explored, and some recent investigations by **Māori** mental health researchers into the relationship between spirituality and **Māori** mental health are summarised. To this end, this chapter is designed to provide a suitable platform for the thesis, its rationale and focus as well as key concerns and challenges.

What Is Matakite?

The phenomenon of **matakite** has been defined in various ways, but always with the assumption that it is an experience of perception that is beyond the normal scope of the five senses. The Williams *Dictionary of the **Māori** Language* (1992) defines the word as "Seer, one who foresees an event; also, the vision" (p. 188). That is, the experience is called **matakite**, and individuals who frequently experience it may also be called "a **matakite**."

Ryan (1997) adds the further descriptors of "second sight" and "intuition." A related term, **matatuhi**, is defined by Williams (1992) as one who frequently is able to perceive the spirits of deceased people (i.e. "**koinei ngā tāngata e kaha ki te titiro i ngā tiramāka, arā ngā wairua o ngā tāngata."**). Keane (2011) defines a **matakite** person as "someone who could divine information about the future, or about present events in other places" and notes that, "A **tohunga** was often a **matakite**." Best (2005) also explores **matakite** and other related terms in the following passage:

> The word **matakite** denotes a seer, any person believed to be possessed of second sight, one who practises divination; also any act of divination, or any utterance that embodies a prophecy or augury. The terms **mata** and **kite** are also employed separately to denote such an utterance, while **matatuhi** is used as is **matakite**, to define a seer. It is also used in an adjectival sense, as in **he tangata matatuhi** (an oracular person, one who practises divination). Such a diviner is also termed a **tangata titiro mata**, or **tohunga titiro mata**; in some cases the form **tirotiro mata** is used; **matamata aitu** also denotes a seer. The word **mata**, in ordinary speech, denotes the eye; **kite** means "to see, to discover, to perceive"; while **tiro** and **titiro** mean "to look" .

Best further explains that the experience of **matakite** may occur as a warning that comes to the seer while sleeping or waking, and its content may include warnings of impending disaster for individuals or the larger community. The terms **tohunga matakite** (Best, 1924a, p. 241) and **tohunga matatuhi** (1924b, p. 73) have also been used to describe expert or adept seers.

In pre-colonial **Māori** society, the skills of a **matakite** were drawn upon in various ways. Whether deliberately invoked, or occurring spontaneously, their **matakite** experiences often had significance for the wellbeing of the community. These experiences have included foretelling the arrival of **Pākehā** (light-skinned immigrants from the United Kingdom or Europe) to **Aotearoa**, predicting disasters, locating lost or stolen objects, foretelling the outcome of a battle, diagnosing the cause of an illness or death, and determining the appropriate treatment to restore health to the sick. The ability to diagnose the cause of illness and prescribe a remedy was especially helpful if the illness was the result of a breach of **tikanga** or **tapu** law (Best, 2005; Goldie, 1998; S. T. Robinson, 2005).

An historical account of strikingly accurate **matakite** is described by Binney (1995), who refers to the vision of the famous **matakite** Toiroa Ikariki of Nukutaurua on the Mahia Peninsula. Toiroa foresaw the coming of strangers to his land three years before Captain James Cook landed in **Aotearoa**. Binney (1995) describes Toiroa's experience of seeing strangers:

> …with their red or white skin, like the earthworm **titipa**. Toiroa named these people '**Pakerewha'** possibly alluding to '**rewha'**, disease, which they brought. He drew images of them in the sand, with their ships and carts and horses, although he did not know these names, and he wove items of their clothing out

of flax. He made a little basket and when he was finished he put it on his head and called it a **taupopoki** (hat). He slit a cloak and turned it in to trousers (**pukoro**) which he wore. He made a strange article of stone, its stem a branch of the **kamokamo** shrub, and puffed smoke from a dried **pohata** leaf through it. He named it '**he ngongo'** (a pipe). He made a wooden sailing boat with a rudder. Then he took a small black mussel shell (**hanea**) and set a fire burning within it. It was a the funnel for the steamer, which he called, wryly, '**ngatoroirangi'** (the fires of heaven)….All these tokens of a changing world Toiroa transported to the nearby villages, including those of Turanganui a Kiwa—where James Cook would soon make his first landfall (Binney, 1995, pp. 11-12).

Another documented event is described by South Island historian Herries Beattie (1917):

> An intelligent old Native said to me:—"When I was a boy I went on voyages and knocking about with White sailors I lost my belief in the ancient ideas of my people, until a thing occurred which made me see that there was something in what the old **tohukas** [priestly expert] had taught. I was at the Taiari kaika [home of the Taiari family], near Henley, when the 'Waimea'—a small two-masted schooner of about twenty-five tons came up the river on her way from Dunedin to the Bluff. The vessel lay at the bridge for about a week then sailed, taking a girl as passenger to the Neck at Stewart Island. This was about 1866 or 1867, and a fortnight passed with no word of the craft's arrival at the Bluff. At the end of three weeks the girl's relatives had given her up for dead, and were going to hold a **taki-aue** over her when the old **tohuka** Te Makahi bade them wait until he found out if the 'Waimea' was lost and the girl dead. They scoffed at him and said that he could not do it as the White men had driven away the **mana** of the **Māori**. *'***E kore e māna'** they said, but the old man said he would consult the spirits and see if there was not still power to tell these things. He said no one must follow or watch him and he went out into an orchard. I sneaked out the back door, in my stocking soles, and crept silently along. I

> could hear the old man reciting words I have never heard before or since and which I did not understand, and he seemed to be casting twigs in the air. All of a sudden he stopped his chanting and without looking round called out angrily, 'There is someone watching me. It is you….(naming me). Go inside at once or the **mana** will depart.' I was so astonished that I obeyed him at once. Some time after, he came in and said the vessel had been blown out to sea and was now sheltering in a place which he had never seen before but which he described exactly, and that all on board were well.' The old **tohuka** was so sure of what he had seen that everyone believed him, and sure enough word reached us afterwards that the 'Waimea' had had to shelter in Waikawa Harbour in exactly the position he had told us. Te Makahi died soon after, but he opened my eyes as to what **tohukas** could do. Witchcraft by sticks or divining by twigs was called **rotarota** or **niu**, but I doubt if anyone has been able to do such for many years past (Beattie, 1917, pp. 109-110).

Matakite remains an acknowledged phenomenon within many parts of contemporary **Māori** society, although I have not heard any contemporary accounts of using the traditional divination rituals. More recent accounts of **matakite** are included in an autobiography by Arapeta Awatere (Awatere, 2003) where he describes his experience of **rehu**[6] (a related term to **matakite**) as falling within the category of extra-sensory perception. The scene was Tunisia during World War II, at Point 209 where Lieutenant Te Moananuiākiwa Ngārimu was killed and subsequently awarded posthumously the Victoria Cross. In Awatere's own words:

> I looked across at Te Moananuiaakiwa. I saw he appeared 'double.' I saw others who appeared 'double.' Sergeant Baby Kingi was not far from me. I saw him 'double' too. May I digress. In **rehu** or **matakite**, if I saw someone

[6] The Williams Dictionary of the Māori Language (H. W. Williams, 1992) defines **rehu** as "dimly seen" and **whakarehu** as "see in a dream."

> appearing ‘double’ that sign portended death of that person. I am not the only **Māori** who sees ‘double.’ There are others (Awatere, 2003, p. 158).

The Rev. Māori Marsden (Royal, 2003) described another form of **matakite** (which he translated as “spiritual insight and perception”) where a person can perceive the **mauri** [life force] “as an aura of light and energy radiating from all animate life,” noting that it is possible now to photograph that **mauri** (p. 50).

Although the literature pertaining to **matakite** is somewhat limited, and mostly written by **Pākehā** ethnologists (and therefore from an outsider perspective), **Māori** did record and acknowledge **matakite** in other forms. One of these forms was in song, where prophetic visions in dreams were composed and sung by the seer. One example of such a song, or “**mata,**” is the one composed by a great Ngāti Kahungunu **tohunga** and seer named Tiu who accompanied a war party from the Wairarapa area to do battle alongside Ngāti Apa against Whanganui **iwi**. Downes (1916) explains that Tiu settled a dispute about when to attack the enemy by saying: “We will go now, for even at this moment the Whanganui people are preparing to resist us, and tomorrow we will meet them and be victorious” (p. 3). He then encouraged the war party on by singing the **mata**, which contained the following lines:

Kua moea e au kai te po,	I dreamt in the night
E tū ana Kaiwharawhara,	I saw Kaiwharawhara standing,
Ka nunumi kai Otaaue.	He had gone beyond Otaaue.
Kua tangi mai te karoro,	The sea-gull then gave its cry,
‘Aue, ī! taku kai, he piro tangata!’	‘Alas! My food will be the guts of men!’

(excerpted from A. T. Ngata & Jones, 2006, pp. 426-427)

Indeed, as prophesised by Tiu, they encountered and easily defeated their enemy at Kaiwharawhara, a ridge of hills on the south side of mouth of the Whanganui river, and they were also successful attacking a **pā** [fortified village] named Otaaue.

Already several terms have been identified as related to **matakite**, such as **rehu**, **matatuhi**, **mata**, **poropiti**, **matamata aitu, niu, raurau, rotarota,** and others. Some are synonyms, with variations in usage between different **iwi**, while others are related with processes and practices related to divination. As the study progressed, I became aware that quite an extensive lexicon of terms related with this experience has been developed over time, even though only a limited range was used by participants when talking about their experiences. In order to support the retention and use of this rich lexicon, I conducted a search of as many related terms as I could find. The list is by no means comprehensive, as the primary source is the Williams Dictionary of the Māori Language (H. W. Williams, 1992). However, the breadth of terminology gathered from this source alone illustrates the sophisticated degree to which the concepts and distinctions related to **matakite** were developed, and as such it may contribute to a richer understanding of the phenomenon itself, as well as the language we use to talk about it. This list is provided in Appendix D.

Who Are Matakite?

As shown previously, the term **matakite** can be used to describe the experience of second sight or intuition, as well as any individual for whom such experiences are frequent and who may be able to access such experiences at will. Several well-known figures in recent **Māori** history were regarded as extraordinary **matakite** and also as

poropiti (prophetic **Māori** religious leaders) and healers and deserve mention at this point. It is important, however, to emphasise that the specific aspect of **matakite** that this thesis is addressing is the experience of intuitive perception (or people having authentic experiences of such), as distinguished from a self-appointed religious leader whose authority is *not* founded on authentic intuitive experiences. That being said, the following people were spiritual and/or religious leaders, mostly of syncretic **Māori**-Christian religious movements, who were regarded as authentic **matakite**.

Takurangi

One of the most detailed descriptions of **matakite** abilities was by Smith and Cowan (1920), who write on the subject of "Clairvoyance among the **Māoris**." The activities of Takurangi, wife of Te Heuheu Tūkino, M.L.C. are of particular note. Smith and Cowan gave accounts of her ability to discover long-lost family heirlooms and treasures such as sacred ancestral weapons, as well as her ability to determine and remedy the causes of illness. Her ability was a gift from Mahuta, the **Māori** king, just before he died. Cowan quotes the Hon. Te Heuheu Tūkino, M.L.C.'s account of the origin and nature of his wife's abilities:

> When Mahuta, knowing he would shortly die, bestowed this **kapeu** [a greenstone ear-drop with a curved end] upon Takurangi, he bade her wear it constantly about her neck and await the **tohu**, or sign, which would announce to her the sacred powers embodied in the stone. In due course these strange powers manifested themselves in various ways. Ever since Mahuta's death his spiritual powers have had their abiding-place in Takurangi .

….It is through the possession of this very sacred jadeite ornament of the Potatau family, together with the spirit-voice of Mahuta, and of Potatau, heard in the sleeping ear, that such deeds as these are performed by my wife Takurangi. And this power is used only for good and useful purposes, the recovery of lost treasures and detection of the causes of people's illnesses. It is not **makutu** (witchcraft) or any other evil **mahi tohunga** (priest's work), but its reverse—it is similar to the miracles mentioned in the Bible—and it is a power not to be used lightly or for reward. Many have asked Takurangi to use her powers for finding articles, but she refuses; it is only for highly important occasions or needs .

Papahurihia

Papahurihia lived in the nineteenth century in Northland and was one of the earliest recorded **poropiti** (**Māori** prophets). One account that particularly relates to a **matakite** experience was recounted by John White in 1861. Papahuria (or Te Atua Wera, as he was also known) had "seen" one night some canoes in trouble during a storm. Through the agency of his spirit deity, Te Nakahi, his friend was saved from drowning. The next morning, the boat of his friend returned to shore, and Papahurihia's friend affirmed that he had been in great danger on the ocean but had been miraculously saved (Elsmore, 2011, p. 113). It is said that Papahurihia inherited his powers of **matakite** from his ancestors. On his father's side was a long line of **tohunga**, and his mother was regarded as a powerful oracle descended from a race of spirits (**waiariki**). It is said none of these ancestors participated in cannibalism for fear of destroying their sanctity (Tregear, 1904, p. 499). Interestingly, Papahurihia's spirit deity, Te Nakahi, spoke to him with whistled messages, and Elsmore (Elsmore, 2011)

notes that the traditional way in which **atua** spoke to humans was “heard as a half whistle, half whisper” .

Marsden (1932) also wrote on this. When he asked the **tohunga** Muriakau if he had any communication with their god, Muriakau replied that he had heard the god whistle, and others also commented that they heard their **atua** [supernatural being] in the form of a whistle with a low note . Shortland (1856) commented:

> **Atua** sometimes communicate their will to men in dreams; sometimes more directly, by conversing with them while awake. Their voice, however, is not like that of mortals; but a mysterious kind of sound, half whistle, half whisper. This I have myself heard, having been once honoured by a conference with the spirits of two chiefs who had been several years dead. And I have been assured that such is always the peculiar voice of **atua** when they talk with men (Shortland, 1856, p. 84).

Other Noted Matakite

There are many other extraordinary **Māori** leaders who should be mentioned in a thesis about **matakite**, each one beloved by their own **iwi, hapū, whānau**, and communities. While the life-stories of some of them have been documented publicly, the primary focus of these accounts has centred on the significant roles they played as social or political leaders. It would also be valuable to produce a detailed account of their **matakite** experiences and the impact these experiences have had on community wellbeing. However, the constraints of this thesis do not permit such an in-depth investigation. Nevertheless, a brief mention should be made. Some have played major roles as **iwi** religious and political leaders, while others played a more direct role as spiritual leaders and healers in the community. They include:

- **Ani Kaaro** (? –1901) Ngā Puhi leader, prophet. Regarded as the senior leader of Ngāti Hao, a hapū of Ngā Puhi, with her authority based on being the grand-daughter of Ngā Puhi leader Eruera Patuone, and her reputation as a **matakite** (Binney, 2012a).

- **Winnie Kaika** (birth/death unknown), a **matakite** from Otorohanga in the Waikato was described as a "greenstone-diviner" and was known to have located buried greenstone in various regions of the country (S. P. Smith & Cowan, 1920, pp. 153-154).

- **Rangi Hauiti Pokiha** (1895-1980). Ngāti Pamoana and Ngā Rauru; farmer, surveyor, orator. As a child he was chosen by his elders to carry the tribal knowledge. "A man of deep conviction and an Anglican church warden at Koroniti, he had his unwanted gift of prophecy (**matakite**) removed by a **kaumātua** [elder woman or man] through ritual purification in the Whanganui River" (P. Robinson, 2012).

- **Aperahama Taonui**, (?-1882). A visionary leader of Ngā Puhi hapū Te Popoto, and founder of the Kotahitanga movement. His prophetic visions are part of the history of the north and have been adopted by the Rātana movement (Binney, 2012).

- **Atareta Kawana Ropha Mere Rikiriki** (1855/56–1926). A noted healer who inaugurated the **Hāhi o te Wairua Tapu** (Church of the Holy Spirit) and inspired the Māramatanga movement. She was a spiritual mentor to Wiremu Tahupōtiki Rātana (Te Tiwha Puketapu, 2012).

- **Hipa Te Maiharoa** (1800s), of Waitaha and Ngāti Huirapa of the South Island. A **tohunga** of the Kaingarara religion who gained a reputation as a prophet, carried out ceremonies to remove **tapu** [sacred restrictions] from objects and localities and was said to perform miracles (Somerville, 2012).

- **Kīngi Tawhiao Tukaroto Matutaera Potatau Te Wherowhero** (? –1894). Second **Māori** King. Regarded as a great visionary. His sayings were

regarded as prophetic. He adopted the Pai Marire religion as the faith of the King movement (Mahuta, 2012).

- **Rua Kenana Hepetipa** (1868/9?-1937). Tūhoe prophet and religious leader who was the prime target of the Tohunga Suppression Act 1907, but was never charged under the Act (Binney, 2012b).

- **Te Kooti Arikirangi Te Turuki** (?-1893). Rongowhakaata leader, military leader, prophet, healer, and religious founder. Founder of the Ringatū church who had visions and revelations while imprisoned at Wharekauri (Chatham Islands) (Binney, 2012c).

- **Te Whiti o Rongomai** (?-1907). Taranaki leader, prophet. Leader of the non-violent resistance movement at Parihaka along with Tohu Kākahi (Keenan, 2012).

- **Tohu Kākahi** (1828-1907). Te Ati Awa and Taranaki prophet. Leader of the non-violent resistance movement at Parihaka along with Te Whiti o Rongomai (A. Smith, 2012).

- **Te Ua Haumene** (?-1866). Taranaki leader, prophet, and religious founder. Founded the Hauhau church. Had visions of the Archangel Gabriel who commanded him to cast off the yoke of the **Pākehā**, and that **Māori** would be restored to their birth-right of sovereignty in New Zealand (Head, 2012).

- **Riwha Titokowaru** (?-1888). Ngāti Ruanui leader, military leader, prophet, and peacemaker. Considered a successor to Te Ua Haumene (Belich, 2012).

- **Hōri Te Kou-o-rehua Keeti** (1895/96-1961). Ngāti Maniapoto, Te Whānau-a-Apanui and Te Whakatōhea; healer, tohunga, Ringatū minister. Also known as George Gage. Regarded as an extraordinary seer and healer whose support and advice was sought out by people from across the country (Amoamo, 2012).

- **Alexander Phillips** (1908?-2008). Regarded as the last **Māori** prophet, he founded the Kotahitanga Building Society to free people from mākutu (curses). He established Manu Ariki marae near Taumarunui (Binney, 2013).

Other highly-regarded **matakite** also remain and are currently very active both locally and internationally in various leadership roles in education, mental health, arts, cultural revitalisation, and indigenous peoples' wellbeing, but the gathering of their stories should be reserved for another time and project. Suffice to say that from the aforementioned literature and life-stories, it is fair to consider that the experience of **matakite** involves the use of a faculty or degree of perception that operates beyond the normal scope of the five senses. **Matakite** experiences may include an element of premonition and may also carry important messages regarding the health of the individual experiencing **matakite**, or the health of the wider community. Additionally, individuals in whom this faculty was highly developed were thought of as invaluable members of **Māori** society who contributed to the wellbeing, and even survival, of the community in a highly specialised manner (Best, 2001; S. P. Smith & Cowan, 1920). The ability to use this faculty was apparently natural in some, while in others it was developed through formal practice.

Similar Experiences Within Other Cultures

Other cultures and traditions recognise similar experiences and the specialized roles played by those individuals who could access this experience at will. A few examples include the Scottish Highlander Gaelic term *An Da Shealladh,* which has been translated as "the two sights," referring to the experience of having normal sight *and* second sight

(Coleman & Collins, 2004). The Zulu term *sangoma* is used broadly to describe individuals in South African cultures who are the "spirit mediums/ diviners/ healer/priests" (van Binsbergen, 2003), and the Zulu term *isiyezi* has been translated as "to open the Gates of Distance" whereby knowledge of remote events is acquired through some means beyond the normal channels of sense (Lang, 1900). Similarly, the Tibetan word *kuten,* which His Holiness the Dalai Lama Tenzin Gyatso translates as "medium", is used to describe the individuals who can access remote information through a trance state (Dalai Lama (XIVth) - Tenzin Gyatso, 1999). The most well-known *kuten* in Tibet is the State Oracle of Tibet, who is consulted on many matters of importance to the State. Another common term in Tibetan for the experience of second sight is *Ngön she,* which translates as "heightened awareness" (Dalai Lama (XIVth) - Tenzin Gyatso, 2002). In relation to traditional Native American methods of scientific inquiry, Gregory Cajete (2004) notes that Native scientific philosophies recognise the body, mind, and heart as instruments by which knowledge is gathered "in altered states of being, in songs and dance, meditation and reflection, and in dreams and visions" (p. 52). This particular type of knowledge, which has been acquired through intuitive means, has also been described as "revealed knowledge" (Cajete, personal communication, November 15, 2013). Many other examples could be given of the various concepts of "seeing" in different cultures, but the few already given are sufficient enough to support a claim that these experiences are not unique to **Māori** culture. In this sense, the experience of **matakite** might be considered a **Māori** cultural description of a universal experience.

However, the **Māori** cultural worldview through which the experience is interpreted needs to be considered because it lends various layers of meaning that are difficult, and perhaps impossible, to translate into any single English term. Nevertheless, for the purposes of this thesis, an English interpretation was required. This has presented some challenges because some of the English translations of **matakite** mentioned earlier have connotations that are not necessarily attached to the concept in the **Māori** language. For example, while the term "seer" is a common translation, it does not accurately convey the practical nature of the role that **matakite** individuals provided in **Māori** society. A thesaurus search (seer, 2012) will return will return a list of synonyms including "fortune-teller," "soothsayer," "palmist," "crystal gazer," "doomsdayer," and other terms usually associated with circus side-shows and 0-900 number scam artists. While some of the literature about **matakite** may include descriptions that resemble an element of fortune telling, one will also see that the phenomenon of **matakite** never had the kind of circus side-show connotations that the term "seer" has in modern Western society. The term I have found to be most fitting as a translation for **matakite** is that of "heightened intuition." However, this also requires further exploration because intuition is a complex notion that has no single definition.

Exploring "Intuition" as a Translation for Matakite

As mentioned earlier, Ryan (1997) offers the word "intuition" as an English translation for **matakite**. The term "intuition" has been defined in various ways. The Oxford English dictionary defines it as: "the ability to understand something instinctively, without the need for conscious reasoning" and cites the word's origin as "late Middle

English (denoting spiritual insight or immediate spiritual communication)." However, this definition fails to distinguish between instinct and intuition, a distinction that Sadler-Smith and Shefy (2004) and Dane and Pratt (2007) argue is important to make. Instinct, as defined by Sadler-Smith and Shefy (2004) refers to the "in-built fast biological reactions with which evolution has equipped us in order that we can respond to stimuli in ways that maximise our chances of survival in the face of a physical threat." Intuition, on the other hand is something very different. Sadler-Smith and Shefy (2004) define it as:

> A form of knowing that manifests itself as an awareness of thoughts, feelings, or bodily sense connected to a deeper perception, understanding, and way of making sense of the world that may not be achieved easily or at all by other means .

As such, intuition is seen as operating at a completely different level than instinct.

The *Oxford Dictionary of Psychology* (Colman, 2001) explains the root derivation of intuition as coming from the Latin *intueri* to gaze at, from *tueri* to look at. It then goes on to define intuition as "immediate understanding, knowledge, or awareness, derived neither from perception nor from reasoning" while also being an "unjustified opinion" such as "I have an intuition that I will win the lottery today." The last part of this definition does little to distinguish intuition from mere fanciful thinking (unless, of course, the person has accurately intuited that their fortunes are about to change for the better!).

The concept of intuition has also been explored in a number of other fields, especially in relation to the psychology of decision-making. In nursing research, Greenhalgh

(2002) defines intuition as "a decision-making method that is used unconsciously by experienced practitioners but is inaccessible to the novice." She goes on to say that it is "rapid, subtle, contextual, and does not follow simple, cause-and-effect logic" (p.395). In this context, intuition is viewed as a form of unconscious information-processing or decision-making which is dependent upon extensive past experience.

Nyatanga and de Vocht (2008) link intuition with the unconscious, defining it as "knowing without knowing how one knows" (p.492). They state that "the use of unconscious thought can lead to valuable ideas that might not have emerged if one relied solely on conscious thinking" (p.495). However, they point out that "even the strongest intuition can also be fallible at times," and "such fallibility is also common in other sources of knowledge like rationality and or empirical evidence" (p. 495) Other researchers, such as Polgar and Thomas (1991), also believe that even the strongest intuition is sometimes fallible when put to empirical test and that intuition should therefore not be measured or judged like empirical evidence, as it requires a different type of "understanding." However, they claim that this should not be taken to mean that intuition is not a valuable source of knowledge, but that it can be used as a component of decision-making processes which should be complemented with information from other sources of knowledge whenever possible.

Most definitions of intuition in the aforementioned literature tend to conceptualise it as an unconscious process or unconscious thought that is dependent upon prior knowledge and experience, and which may be inaccurate at times. It is easier to see how it is generally conceptualised when the various definitions are summarised in a table, as has been done by Dane and Pratt (2007), who explored intuition and its role

in managerial decision making and who promote the description of intuition as a "nonconscious" process. Italics have been added to highlight references to a nonconscious process based on past experience.

Table 1. Definitions of Intuition

Source	Definition of intuition
Jung (1933: 567–568)	That psychological function transmitting perceptions in an *unconscious* way.
Wild (1938: 226)	An immediate awareness by the subject, of some particular entity, without such aid from the senses or from reason as would account for that awareness.
Bruner (1962: 102)	The act of grasping the meaning, significance, or structure of a problem without explicit reliance on the analytic apparatus of one's craft.
Westcott & Ranzoni (1963: 595)	The process of reaching a conclusion on the basis of little information, normally reached on the basis of significantly more information.
Rorty (1967: 204)	Immediate apprehension.
Bowers, Regehr, Balthazard, & Parker (1990: 74)	A preliminary perception of coherence (pattern, meaning, structure) that is at first *not consciously represented* but that nevertheless guides thought and inquiry toward a hunch or hypothesis about the nature of the coherence in question.
Shirley & Langan-Fox (1996: 564)	A feeling of knowing with certitude on the basis of inadequate information and *without conscious awareness of rational thinking*
Shapiro & Spence (1997: 64)	A *nonconscious*, holistic processing mode in which judgments are made with no awareness of the rules of knowledge used for inference and which can feel right, despite one's inability to articulate the reason
Burke & Miller (1999: 92	A cognitive conclusion based on a decision maker's *previous experiences* and emotional inputs
Policastro (1999: 89)	A tacit form of knowledge that orients decision making in a promising direction
Lieberman (2000: 111)	The subjective experience of a mostly *nonconscious* process—fast, alogical, *and inaccessible to consciousness*—that, *depending on exposure to the domain or problem space*, is capable of accurately extracting probabilistic contingencies
Raidl & Lubart (2000-2001: 219)	A perceptual process, constructed through a mainly *subconscious* act of linking disparate elements of information
Hogarth (2001: 14)	Thoughts that are reached with little apparent effort, and typically *without conscious awareness*; they involve little or *no conscious deliberation*
Myers (2002: 128–129)	The capacity for direct, immediate knowledge prior to rational analysis
Kahneman (2003: 697)	Thoughts and preferences that come to mind quickly and without much reflection

(Source: Dane & Pratt, (2007, p. 35)

Other comparisons between various definitions of intuition have been made in an attempt to distinguish between the many ways it is conceptualised. Behling and Eckel (1991) analysed 24 books and articles published between 1976 and 1987 dealing primarily with managerial intuition and found eighty-seven descriptions that "ranged from precise to vague" (p.47). The only common thread between them was that intuition was not a result of obvious formal analysis. They divided these 87 descriptions into six distinctly different conceptualisations of intuition. These were: "as a paranormal power or sixth sense; as a personality trait; as an unconscious process; as a set of actions; as distilled experience; and as a residual category" (p.47). By "residual" they meant that some authors use "intuition" as a catch-all term to describe any process of decision-making that is "not clearly a product of systematic, conscious data gathering and analysis" (p.50). Behling and Eckel also noted that the differences between the various concepts of intuition were not trivial, and that some authors skipped "back and forth among conceptualizations within single books or articles" (p.47).

This diversity of conceptualisations reveals the complexity of the notion of intuition, and how difficult it is to have a sophisticated discussion about it based on commonly-held understandings. Only the conceptualisation of intuition as a "paranormal power or sixth sense" begins to approach how intuition has been understood in centuries-old spiritual traditions, where it is considered an experience of *heightened consciousness* (rather than *nonconscious* or *subconscious*), which is not dependent upon past experience, and which, when fully developed is highly accurate and reliable. Within such traditions, intuition is considered to be a faculty that is inherent in all people and

which can be developed to a greater or lesser degree depending on a person's aptitude and discipline. They also conceptualise it within a spiritual framework that is congruent with **Māori** worldviews, and it is this specific concept of intuition that we shall now consider.

Intuition as a Spiritual Concept

Guiley (1991a) describes the many ways that intuition can manifest. She describes it as involving extrasensory perception but also "much broader; it functions on physical, emotional, mental, and spiritual levels" (p. 285). She further explains:

> There may be physical sensations, such as tingling of the skin or a feeling of leaden weights in the stomach; clairaudient voices; seemingly inexplicable attractions or aversions to newly met people; inspirational solutions to problems, feelings of closeness to God or the Divine Force; mental imagery; or cues from the environment, such as circumstances that alter plans (p. 285) .

Guiley also holds that people can cultivate and strengthen intuition by paying close attention to "whole-body responses to information, people, and situations; by relaxing both body and mind through diet, exercise, yoga, meditation, and prayer; [and] by working with dreams" (p. 286).

Beyond Guiley's explanations, I shall examine two primary sources of commentary on intuition that build an understanding that accurately resembles understandings of **matakite**. They are the writings of two contemporary practitioners of esoteric spiritual traditions, Paramahansa Yogananda and Imre Vallyon, who although not **Māori**, have published extensive descriptions of intuition based on their own direct, personal

experience. Their writings are so comprehensive and detailed that they lend an important aspect to the literature that is not generally covered in the academic discourse on intuition. The insights of these two writers are particularly relevant because they are based on direct personal experience of heightened intuition rather than mere intellectual study.

Yogananda wrote prolifically on many aspects of spirituality—so prolifically in fact that over 60 years after his death in 1952, new volumes of his insights and experiences are still being published. He was described by Raymond Piper, Professor Emeritus of philosophy at Syracuse University, New York as "A rare genius who has penetrated further than most men into the secrets of spiritual existence" (cited in Self-Realization Fellowship, 2013a). Referring to the value of knowledge based on direct personal experience rather than mere intellectual investigation, the Rev. Arthur Porter said of Yogananda:

> In one week's training under Swami Yogananda, I have received more genuine education than in the two universities and two seminaries of which I am a graduate. The Course has been to me a startling revelation. I have learned the vital difference between interpretation and realization (Self-Realization Fellowship, 2013b).

Yogananda defined intuition as the "directly perceiving faculty of the soul which at once knows the truth about everything" (1984b, p. 2). While the following quotes are lengthy, his explanations are so in-depth that they deserve to be included here in their entirety. He states:

> Intuitive perception requires no medium of the sense experience or reason. Intuition connects true reason with the ego and soul. Like many of his other

> divine powers, man's intuitional faculty remains undeveloped in the average person. Without exercise, no faculty can be developed. The nature of intuition should be better understood, and methods of developing it considered…. Everyone demonstrates the power of intuition more or less. It peeps forth through the loopholes of calmness produced in the interwoven materials of thoughts and sensory perceptions. Intuition gives knowledge of things without requiring any objective or inferential data.… True intuition comes to you as a calm, haunting feeling, as distinguished from disturbed emotional obsessions. This intuition comes to you as an inner voice, or whispering .

Elsewhere Yogananda explains that "intuition is that power of Spirit inherited by the soul by which truth is perceived directly, without the medium of any other faculty" (1997, p. 298). He further explains:

> It requires no intermediary, no proof from the testimony of the senses or reason. For example, how do you know you exist? You know because you know. There is no doubt. Nothing in this world would make you believe otherwise. Even if you were paralyzed and could not see yourself, still you would feel or *experience* your existence through the perception of the soul.… It is a deep feeling of *knowing* within you. Most everyone has experienced a hunch that has come true. That is a manifestation of developing or uncontrolled intuition .

In contrast to the accounts of intuition as something that can be either right or wrong, Yogananda makes a distinction between "the delusive fanciful voices of the subconscious mind" and "real intuition," and he also validates the use of critical reasoning alongside it. He writes:

> Real intuition can never be wrong. It does not consist merely in believing a thing firmly or doggedly, but in knowing it directly and unmistakably. Intuition does not contradict but is always supported by a right sense of perception,

> reason, and inference. All things known by intuition are invariably true, both materially and intellectually; but the opposite is not always true (1984b, p. 2).

Yogananda provides other helpful distinctions by classifying intuition into three categories: 1) latent intuition; 2) semi-developed intuition (which is developed through frequent but unconscious exercise); and 3) consciously developed intuition (developed through meditation) (1984b, p. 5). He also cautions about the danger of blindly depending on undeveloped intuition, writing:

> Errors are made by people who fail to distinguish between a real intuitional feeling and their convictions born of intellectual experience, superstition, partial uniformity of events seeming to justify the same prediction, habits, shrewdness, or the delusion of "because it happened many times before it must happen again" .

Other aspects of intuition are acknowledged by Yogananda, such as the process of receiving visions in one's dream state, and the experiences of clairaudience and clairvoyance—processes that have been described in anthropological literature as part of the **matakite** experience (Best, 2001). These capacities, Yogananda claims, can be developed when the intuitive faculty of the eyes or ears is increased (1984a, p. 2). This point is interesting because it suggests that intuition operates *with* the senses—it augments them, in a way, rather than being a completely separate sense (as in a "sixth sense").

Hungarian-born, Imre Vallyon is a spiritual teacher based in **Aotearoa** who also teaches and practices esoteric traditions. Also a prolific writer on spirituality, he won the Ashton-Wylie Charitable Trust Award for his four-volume treatise called *Heavens and Hells of the Mind*, which was described by the award judges as "a remarkable and

exhaustive work on human consciousness and the wisdom of the ages" (Ashton Wylie Charitable Trust, 2008). Each year he leads residential esoteric retreats in **Aotearoa** and throughout Europe, some of which I have had the privilege of attending.

Like Yogananda, Imre (Vallyon, 2007) has much to say about the faculty of intuition. He distinguishes between lower experiences (which he refers to as "psychic" or "etheric," and higher experiences, which he calls "true" or "spiritual" intuition . He likens the ability of "average psychics" to "looking through dark glass" and "listening to music through a muffled speaker" . Instead, he recommends people cultivate "pure seeing" and higher intuition through meditation and the guidance of a qualified teacher. Like Yogananda, Vallyon argues that people can be misguided by their own subconscious minds and are often "inaccurate, misguided and misinformed, however well-intentioned they may be" (p.293). With regard to intuition, he says:

> Contrary to what most people believe, intuition has nothing to do with subconscious hunches or instincts. Intuition is the spontaneous receiving of Higher Knowledge from the deeper layers of consciousness, without the aid of reason, deduction or logic. Intuition sees in whole, not in parts….Intuition is the direct insight of the Higher Mind (Vallyon, 2007, p. 328).

These definitions of intuition are congruent with views of **matakite**. Therefore, it is in the light of these understandings that the term intuition will be used in this thesis as a translation for **matakite**.

English Translation for Matakite and Word of Caution

The working English translation for the term **matakite** draws upon the existing limited literature on **matakite**, as well as the commentaries on intuition that position it as an

aspect of psychic/spiritual perception and which distinguished it clearly from concepts of instinct and unconscious decision-making processes. I have decided to further emphasise the distinction between the psychic/spiritual definitions of intuition and the mundane definitions by the use of "heightened intuition." Thus, for the purposes of this thesis, **matakite** will be translated as:

> "A **Māori** cultural term for an experience of heightened intuition."

This translation was confirmed as appropriate by my cultural supervisors Dr. Rangimārie Rose Pere and Professor Kereti Rautangata. A note of caution should be made at this point, however, in that *understanding* a definition does not equate with *knowing* the concept. Further, and if anything is to be learned from the discussion thus far, it is that no single definition (at least in English) will adequately capture or convey the full experience of **matakite**. As with any definition or term, the words are only an attempt to describe a phenomenon; they are not the phenomenon itself. Perhaps Alfred Korzybski, the founder of General Semantics, put it best when he said: "A map is not the territory it represents, but if correct, it has a similar structure to the territory, which accounts for its usefulness" (Korzybski, 1958). Therefore, no definition, no matter how detailed and accurate, can faithfully represent the actual experience it describes because it is only a representation. Moreover, special attention must be taken when dealing with definitions that also involve translations. John Rangihau (1992), a widely-regarded authority on **Māori** culture and language, cautioned people about relying upon simple English translations of intrinsic **Māori** values with a narrow mind-set and thereby totally missing their essence. He said:

> It's very difficult for me to be able to interpret in a way that the **Pākehā** mind can see….I have seen so many aspects of **Māori** life that are difficult to explain

> that I tend to withdraw and not say too much about them…. Generally the New Zealand public is very interested in things **Māori** and that's good. But in some cases….they want to get a doctorate in **Māori** things right away without going through the preliminary stages….I have been talking about such things as life force, aura, mystique, ethos, lifestyle. All this is bound up with the spirituality of the **Māori** world and the force this exerts on **Māori** things. It seems to me that people who want to enter this world need to enter it with a lot of respect" (Rangihau, 1992, pp. 12-13).

So, while I have endeavoured to create as relevant and useful a translation as possible for the purposes of this thesis, the translation offered herein by no means pretends to be final or authoritative. Unless the reader has had a direct personal experience of **matakite** themselves, I recommend they use the terms herein with diffidence. As Peta Awatere (2003) claimed "it [**matakite**] takes a life time of living and learning to understand and to know its meaning and effect on the personality" .

Spirituality Within Mainstream Mental Health

One further note should be made that while I have chosen the term "heightened intuition" as an English equivalent for **matakite**, the literature around such experiences tends to use terms such as "spiritual" and "religious experiences." Some authors use these terms synonymously (Hayes & Cowie, 2005), while others call for a clear distinction between the two. For example, Leibrich (2002) describes spirituality as an experience that is "beyond doctrine," whereas religion is "an interpretation of the experience of spirituality" (p. 146). In either case, these terms tend to dominate the discourse around the relationship between such experiences and mental health, so it is to this literature that I now turn.

Despite the important role that spirituality has in the lives of so many people, it has historically been ignored, and at times actively rejected in conventional mental health (Cloninger, 2011; Haque, 2001). Hayes and Cowie (2005) map out the relationship between religion and psychology and note that a sceptical attitude toward religion still predominates throughout mainstream psychology and that most theories of human development omit mentioning spirituality.

It is generally acknowledged that the point in Western history where this division was formalised was with the "mind-body dualism" agreement made between the medical profession and the Christian church, whereby doctors were permitted to dissect the human body, but people's minds and behaviour remained the purvey of the church (Engel, 1977). From that point onward, medicine was practiced on the assumption that the human body worked like a machine and could best be understood by reducing it to its component parts (reductionism), and mind and body were totally unrelated to each other. Any non-physical aspect of the human being, therefore, was considered irrelevant to physical medicine (Achterberg, 1990).

While this approach brought great progress in understanding the structure and function of the human body, the spiritual aspect of wellbeing was relegated to the care of other disciplines, and since that time, spirituality has received little, if any, inclusion in medical training. However, recent systematic reviews of spirituality as a component of medical training in the United Kingdom (Neely & Minford, 2008) and the United States (Koenig, Hooten, Lindsay-Calkins, & Meador, 2010) show that it is increasingly included in medical curricula, albeit with little uniformity and with varying degrees of

commitment to further curriculum development (particularly by medical school deans in the US).

The same can be said for psychological curricula. In the 1990s, Shafranske and Maloney (1990) showed that as few as 5% of United States clinical psychologists have had religious or spiritual issues addressed in their professional training, and Lannert (1991) reported that no US internship programs offered education or training about spiritual or religious issues. More recently, Brawer, Handal, Fabricatore, Roberts, and Wajda-Johnston (2002) show that the topic of religion and spirituality "is being covered to some degree" by most programs accredited by the American Psychological Association, although in an unsystematic and highly variable manner. Additionally they note that historically psychological research has had a negative stance on religion and spirituality, and this is evident in the literature, which has tended to "overemphasize pathology and dysfunction while minimizing the roles of adjustment and wellbeing" .

Likewise in **Aotearoa**, an assessment of spirituality in New Zealand's medical schools by Lambie, Egan, Walker, and MacLeod (2013) revealed that although spirituality is regarded as an important aspect that should be included in the medical curriculum, spirituality does not have a well-defined place in New Zealand medical schools, and it is not clearly understood by those involved in curriculum development and delivery. Fulford and Sadler (2011) explain that this is partially the result of the conflicting worldviews between psychiatry and religion. While they talk specifically of religion, Fulford and Sadler's comments are worthy of consideration because much of the

literature investigating experiences like **matakite** tend to use the terms "religion" and "spirituality" synonymously:

> The long-standing difficulties in the relationship between psychiatry and religion…come to a sharp focus in psychopathology. This is partly a matter of conflicting worldviews….Psychiatry, as a discipline within scientific medicine, is at best uneasy with the received authority and revealed truths of religion. Conversely, many of those within religious and spiritual traditions are at best uneasy with the causal (hence deterministic) models of human experience and behavior that underpin the sciences basic to psychiatry. These conflicting worldviews, in turn, carry different and sometimes contrary implications for treatment. One man's miracle is another man's medication, as it were, and the burden of deciding between them is carried, from the perspective of psychiatry at least, by psychopathology (pp. 229-230).

Many researchers tend to use pathological terms for spiritual experiences, despite their intention to find neutral terms. This highlights the difficulty that so many mental health researchers seem to have with stepping outside of a pathological framework when exploring experiences like **matakite**. For example, Rhodes and Jakes (2004) explore evidence of delusions in relation to cognitive behavioural therapy. While they claimed the intention of the study is to explore psychiatric patients' perspectives "without prior assumptions" about the nature of the unusual experience, they frame the patients' experiences as "delusional," thereby positioning the experience within a pathological framework by default .

Rhodes and Jakes conclude the patients took an "unscientific" approach to making sense of their experiences because they failed to distinguish between "neutral" data (i.e., *what* they perceived) and "theorizing" about the data (i.e., the *interpretation* of what they perceived). However, Rhodes and Jakes (2004) themselves failed to

demonstrate awareness that their *own* use of the term "delusional" is an interpretation. While they attempt to outline possible limitations of their study by stating their understandings may have been influenced by prior assumptions and conceptions, they fail to question their basic assumption about the patients' experiences being fundamentally delusional. This highlights the difficulty that specialists may experience in getting beyond their own enculturated assumptions about the nature of reality.

Other mental health researchers are making a concerted effort to find non-pathological terms. For example, Morrison (2002) refers to them as "intrusions into awareness or culturally unacceptable interpretations of such intrusions"; Rachman (1981) uses the term "unwanted intrusive cognitions" , and Nelson (1994) describes them as "extreme nonordinary experiences" (p. xvii). However, while these terms are an improvement from the likes of "delusion" or "hallucination," they nevertheless may be problematic depending on who is determining what is "a culturally unacceptable interpretation" or "unwanted." For example, how can a culturally incompetent mental health professional with no knowledge of **matakite** determine what is culturally unacceptable? Other terms have been coined in an effort to unpack the assumption-laden language around these experiences, and which are free of connotations belonging neither to pathological *nor* spiritual concepts. These include "alternate states of consciousness" (Evans, 1989), "extra-ordinary experiences" (Taitimu, 2008), and "anomalous" experiences (McClenon, 2002). What is important here is that all these attempts to find neutral language reflect the growing number of critical

practitioners and researchers who are attempting to address the assumption-laden research that has explored this issue to date.

International Advances in Research on Spirituality and Mental Health

Recent research into the subjects of religion and spirituality suggest that these elements can have (though not always) a powerful positive effect upon mental health. While Hayes and Cowie (2005) use the terms "religion" and "spirituality" synonymously, others make a clear distinction between the two. For example, Leibrich (2002) defines spirituality as "an experience," and "beyond doctrine," whereas religion is "an interpretation" or an "expression" of spirituality. Irrespective of such distinctions and definitions, the research suggests that spirituality and religiosity (however defined) can improve health status, facilitate recovery from illness, and help cope with illness (Levin & Schiller, 1987; Levin & Vanderpool, 1989).

Special issues of health publications are being dedicated to the relationship between spirituality and health, such as the May 1999 issue of the *Journal of Health Psychology*, and branches of the mental health profession have developed with a specific focus on this issue, such as transpersonal psychology, pastoral counselling, and counselling psychology. Academic journals wholly dedicated to investigating the relationship between religion, spirituality, and mental health also have emerged, such as *Philosophy, Psychiatry, and Psychology*, and the *Journal for Religion, Culture, and Mental Health.* While the increased focus on spirituality is an encouraging development, it still remains relatively marginalised within conventional mental health research and practice. This is evidenced by a three-year analysis of the content of

three major general medical journals, which revealed that between 1998 and 2000 less than 1% of the published quantitative studies explored some aspect of religion, spirituality, or both (Olive, 2004).

The internet, also, has become a powerful domain for offering alternatives to pathological frameworks in relation to mental distress, and especially for acknowledging the dimension of spirituality. For example, *The Icarus Project* (http://www.theicarusproject.net/) seeks to "offer an inspiring manifesto about the experience of 'mental illness' which draws its strength from myth and metaphor as opposed to the paradigms of disease and dysfunction." Another website, *The Spiritual Competency Resource Center*, (http://www.spiritualcompetency.com/) provides resources and training programmes for therapists wanting to incorporate spiritual understandings into their practice. The Center is directed by Dr. David Lukoff, a veteran in transpersonal psychology and who co-authored the DSM-IV category for "Religious or Spiritual Problem" published in 1994.

In 1999, the Royal College of Psychiatrists in the UK established a Spirituality and Psychiatry Special Interest Group. This was established following greater recognition by psychiatrists of the spiritual and religious needs of their patients, and also because psychiatrists themselves wanted to explore the relationship between their own beliefs and practice and their professional work.

More recently, Peteet, Lu, and Narrow (2010) co-edited an impressive symposium sponsored by the American Psychiatric Association Corresponding Committee on Religion, Spirituality and Psychiatry. Chapters were submitted by leading scholars on the topic, with recommendations for inclusion in the fifth edition of the American

Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders (DSM-IV). These recommendations touch on issues related to culture, age, and gender and include "the impact of religious/spiritual factors on phenomenology, differential diagnosis, course, outcome, and prognosis" (p. xviii). Additionally, The American Psychological Association has a division named The Society for the Psychology of Religion and Spirituality, which promotes the application of psychological theory, interpretive frameworks, and methods to diverse forms of religion and spirituality (Aten, 2009, p. 14).

A few branches of psychology also attempt to deal directly with these experiences. For example, Transpersonal Psychology, which is the branch of the discipline that stands at the interface of psychology and spirituality, explores mystical states of consciousness, shamanic states, the overlap of spiritual experiences and disturbed states such as psychosis and depression, ordinary and non-ordinary states of consciousness, and worldviews of indigenous traditions" (Davis, 2003). Integral Psychology also acknowledges spiritual experiences as it strives to "honor and embrace every legitimate aspect of human consciousness" (Wilber, 2000). Similarly, Process Oriented Psychology, which was developed by Arnold and Amy Mindell in the mid 1970s, began with incorporating elements of Taoism, physics, indigenous worldviews, and Jungian psychology, and by the 1990s, grew to include quantum theory (Mindell, 2004; Mindell, Sternback-Scott, & Goodman, 1982).

Despite its historical disregard for the spiritual realm, the general trend in mainstream health research appears to be toward developing a holistic approach. George Engel (1977) originally proposed the bio-psycho-social model in the late 1970s as a way of

acknowledging the influence of the physical, mental, and social dimensions upon health, and this model has gradually become popular among health research and practice. Now researchers are turning their attention to the influence of the spiritual dimension. Hiatt (1986) was one of the first to propose that the bio-psycho-social model be expanded to include spirituality. Later, Katerndahl (2008) proposed a bio-psycho-socio-spiritual model as a natural extension of Engel's model and is developing a framework to measure each dimension in terms of its unique symptoms and functional status. The same trend toward developing a holistic model is evident in **Aotearoa**. However, this appears to be driven largely (though not exclusively) by **Māori** challenging and informing the mental health profession.

Spirituality and Mental health in Aotearoa

Few events have stirred public ridicule about the relationship between **Māori** spirituality and mental health more than the 2000 address by then Labour MP Tariana Turia's keynote address to the New Zealand Psychological Society's annual conference, when she challenged the psychological community with the question:

> Does your training and education address issues like the nature of the **Māori kaitiaki**, the spiritual guardian all **Māori** have? What if I told you I have been visited a number of times by my **kaitiaki** and had carried out a conversation? What if I said to you that my **kaitiaki** had cautioned me about a particular action? (New Zealand Herald, 2000).

Media headlines quickly followed, citing National MP Roger Sowry's description of Turia's address as "the most off-the-planet speech made by a politician in living memory" (Royal Society of New Zealand, 2000). However, Turia (2000) later

commented to another audience that: “Recognition of my **kaitiaki** gives me the confidence and composure I need to contend with any backlash”—suggesting a positive contribution of resilience as a result of acknowledging this element in her life. In the same vein, Dr. Pita Sharples, **Māori** Party MP, recently revived the debate during his opening address to the 2006 Joint Conference of the Australia and New Zealand Psychological societies, talking about one of his own **kaitiaki**, a **kahu** [hawk], and asking if our psychologists have taken up the challenge laid down by Tariana in 2000.

Despite the negative response towards Turia’s speech, a number of critical researchers of schizophrenia and psychosis are taking the relationship between spirituality and mental health in New Zealand seriously. In her presidential address to the 2006 Joint Conference of the Australia and New Zealand Psychological societies, Keriata Patersen expressed concern about **Māori** being diagnosed with psychotic disorders and prescribed medication if they talk about their spiritual experiences of **kaitiaki** “in the wrong place at the wrong time” (Patersen, 2006). She called for greater understanding about this phenomenon in a mental health context. Keriata’s concerns are held by many people, **Māori** and otherwise, including many mental health professionals around the world.

Randall and Argyle (2005) report on complaints from service users that mental health professionals, especially psychiatrists, tend to pathologise the spiritual aspect of life, and they call for the concept of “spiritual emergency” as a model for assessing anomalous experiences. The term “spiritual emergency” was first coined by Stanislav and Christina Grof (1989, p. x). As a “play on words,” it suggests both a crisis

(emergency) as well as an opportunity of rising to a new level of awareness, or "spiritual emergence."

Aside from these advances, much of the movement towards recognising spirituality (particularly **Māori** spirituality) within mental health in **Aotearoa** has been driven by **Māori** who are resisting, adapting, or informing conventional mental health theory and practice (for example Ihimaera, 2004; Mark, 2012; Taitimu, 2008; Valentine, 2009; Waitoki, 2012), although some **Pākehā** researchers are also exploring spirituality and mental health (Randall & Argyle, 2005). The mainstream response to this drive arises out of the national imperative to develop cultural competency connected to the Treaty of Waitangi. Although the Treaty remains a highly controversial point of connection between **Māori** and **Pākehā**, it nevertheless provides some level of motivation, at least at a policy level, to include **Māori** initiatives for meeting **Māori** needs on many issues, including mental health.

As with other colonised indigenous populations around the world, **Māori** communities are faced with high levels of mental illness, alcoholism, drug addiction, crime, and suicide (Baxter, Kingi, Tapsell, Durie, & McGee, 2006; Doone, 2000; MaGPIe Research Group & Bushnell, 2005; New Zealand Ministry of Health, 2006). As such, **Māori** wellbeing exists within a specific socio-political environment that involves the continued impact of colonisation and historical trauma upon **Māori** individuals, combined with the current socio-political struggles in which **Māori** communities exist. One of these socio-political factors was the virtual decapitation of traditional spiritual knowledge and its associated practices.

The Erosion of Māori Spiritual Knowledge

Indigenous spiritual knowledge systems have undergone massive damage as a result of both Western religious and medical politics. By the time the missionaries arrived in **Aotearoa**, the indigenous healing traditions of Europe had been decimated through centuries of witch-hunts, which had peaked in the 17th century. Ehrenreich and English (1973) wrote:

> The partnership between Church, State and medical profession reached full bloom in the witch trials….The Church explicitly legitimized the doctors' professionalism, denouncing non-professional healing as equivalent to heresy: "If a woman dare to cure without having studied, she is a witch and must die."

With colonists coming to **Aotearoa** from such a political climate around medicine, it is not surprising that the traditional carriers of spiritual knowledge and medicine within **Māori** society were also viewed in a similar manner. The erosion of these traditional systems was a gradual process. By the time the Tohunga Suppression Act was introduced in 1907, **Māori** communities had lost almost all of their land to political theft through unjust land policies and war.

Described as "the greatest blow to the organisation of **Māori** knowledge and understanding" (Durie, 2001, p. 51), the Tohunga Suppression Act criminalised the practice of traditional **Māori** healing methods and undermined the legitimacy of **Māori** methodologies and traditional healing knowledge. Various reasons have been theorised for the creation of the Act. The parliamentary discussions at the time of its proposal include expressions of concern from **Māori** members of parliament about the traditional practices of **tohunga** failing to treat appropriately the diseases introduced by **Pākehā**, such as using cold water treatments for treating tuberculosis (Voyce, 1989,

p. 191). However, there was also a political motive in that it was an attempt to counter the protest movements led by popular prophets, such as Te Whiti and Rua Kēnana (Dow, 1999, p. 129). The Act allowed for the prosecution of any person:

> …who gathers **Maoris** around him by practising on their superstition or credulity, or who misleads or attempts to mislead any **Maori** by professing or pretending to possess supernatural powers in the treatment or cure of any disease, or in the foretelling of future events, or otherwise [See Appendix A for the full version of the Act].

In quite a real sense, the **Tohunga** Suppression Act was also a **Matakite** Suppression Act in that it criminalised the passing-on of information acquired intuitively by individuals who may not have been **tohunga** but who nevertheless were regarded by their communities as sources of important knowledge vital to their wellbeing. It also contributed to the erosion of the spiritual knowledge-base that served as a resource for understanding, coping with, and interpreting experiences like **matakite**.

Although the Act was repealed in 1963, significant damage had been done by then. Commenting on the impact the Act had on traditional healing practices, Durie (1998a) stated:

> The Act forced **Māori** healers underground, although their skills were not entirely lost, the transmission of the methodologies faltered. For succeeding generations, the significance of **rongoā** (traditional healing methods) and **karakia** (rituals such as prayer) were not only scarcely appreciated, but often with scorn, even after the Act's repeal in 1963 .

It should be noted that since the Act's repeal, no pro-active legislation has been introduced to support the re-building of this knowledge-base as a health resource even

though **taha wairua** [spirituality] has become recognised in health policy as an essential element of **Māori** wellbeing.

Another factor that has contributed to the erosion of Māori spiritual knowledge is the use of the disiplines of western medicine and psychology as tools of colonisation. Mental health practice relies predominantly on Western biomedical frameworks that have historically ignored spirituality (Cloninger, 2011), and particularly indigenous spirituality. Researchers have written on the role that the disciplines of psychiatry and psychology have played as tools of colonisation of indigenous peoples and lands. Bullard (2007), for example, notes that "colonial psychiatry generally produced knowledge while intentionally ignoring or dismissing local beliefs and practices," and Ranzijn et al (2008) note that "relations between psychology and the Indigenous peoples of Australia have historically been uneasy and fraught, since psychology has been seen in the past as an agent of colonisation." In this climate of spiritless medicine, it is not surprising that **Māori** cultural expressions of spirituality and the related traditional knowledge-base, struggle to be incorporated in any meaningful way in policy and practice. Nevertheless, attempts have been made to achieve this.

Mainstream Attempts to Include Māori Spiritual Understandings in Policy and Practice

Concepts of spirituality are being recognised by researchers and policymakers across a diverse range of socio-political dimensions in **Aotearoa**. For example, spirituality is being recognised as an essential element of education. The New Zealand Curriculum document (New Zealand Ministry of Education, 2007) includes the image of the

nautilus shell, used by the physician, writer, and poet Oliver Wendell Holmes as a symbol for intellectual and spiritual growth. The Health and Physical Education section, in particular, recognises spirituality under the key area of Learning of Mental Health. It includes the concept of **hauora** [health, breath of life], which is described as "a **Māori** philosophy of wellbeing that includes the dimensions **taha wairua, taha hinengaro, taha tinana**, and **taha whānau**, each one influencing and supporting the others" (p. 22). Egan (2001) discusses the ramifications of this inclusion in relation to the Health-Promoting Schools project and argues that the incorporation of "spiritual wellbeing" into New Zealand's schools is an essential element of public health. However, he also cites Leibrich's (2002) warning to avoid spiritual correctness, supermarket spirituality, and a "tokenistic attitude" to spirituality (p. 16).

Ten years later, progress appears slow in actually implementing anything substantial to the curriculum that uniquely addresses spiritual wellbeing. A search for "**wairua**" on the Health Promoting Schools website returns "0 results," despite "spirituality" being one of the elements that Health Promoting Schools claims to address. The same search in the Executive Report for the New Zealand Health Promoting Schools National Strategic Framework returns similar thin results. In that report it appears that the Ministry of Health is satisfied that the aspect of "**wairuatanga**" (spirituality) is satisfactorily met when a school:

- "Connects, coordinates and integrates the whole school community to enhance the environment
- Developing safe and supportive infrastructure aimed at improving staff, student, parent and **whānau** wellbeing.

- Act efficiently and with integrity" (New Zealand Ministry of Health, 2011).

I would argue that there is nothing in these criteria that uniquely distinguishes them from aspects of social wellbeing, and therefore they are not appropriate indicators of spiritual wellbeing. If the categories are distinctive (i.e., physical, psychological, social and spiritual), then so should be their indicators. Interestingly, the literature review for the same report fails to present evidence of any positive attempts to nurture spiritual wellbeing. The closest that this report comes to acknowledging anything that could uniquely be assigned to spiritual wellbeing is the list of **Māori** Ethical Principles for Public Health, which states that "public health practice shall acknowledge and respect the right of all persons to spiritual freedom" (New Zealand Ministry of Health, 2011, p. 96). While the recognition of **wairuatanga** is an improvement worth celebrating, the practical application of the concept needs much development.

The concept of **wairua** has also become acknowledged in New Zealand health policy. The **Whare Tapa Whā** model (four-sided house) (Durie, 1998b, pp. 68-73), which includes **wairua**, is now embedded in **Māori** health policy and research and is being adopted by some mainstream health providers. This has led to a wider understanding of the holistic nature in which **Māori** mental health issues should be addressed (Rochford, 2004). However, despite these advances, the concern about misdiagnosis remains, particularly in relation to services provided by mainstream health institutions where Western biomedical frameworks dominate the services offered to their **Māori** clients, despite the inclusion of bio-psycho-social frameworks in the international literature since the 1970s (Engel, 1977), and more recent recommendations for a bio-psycho-social-spiritual model (Hiatt, 1986; Katerndahl & Oyiriaru, 2007).

The inclusion of holistic **Māori** models in **Aotearoa** health and education policy since the 1980s, such as the **Whare Tapa Whā** (Durie, 1985) and **Te Wheke** (Pere, 1988), also seems to have brought little substantial change to conventional mental health practice, provoking criticisms that it is merely an "illusion" that psychiatry and psychology have integrated a bio-psycho-social (let alone spiritual) approach into their understanding and treatment of mental distress (Read, 2005, p. 597). In reality the continued dominance of Western biomedical understandings at a practical level leaves Read, along with Steven Sharfstein (a former president of the American Psychiatric Association) (2005), describing the status quo as a "bio-bio-bio" model. They are forthright in identifying what they believe to be the main reason for this situation: The economic interests of the pharmaceutical industry. Read (2005) quotes the letters of resignation by two past presidents of the American Psychiatric Association, Loren Mosher and the abovementioned Steven Sharfstein, as evidence of the pharmaceutical industry's influence. Mosher described psychiatrists as "minions of drug company promotions" no longer seeking "to understand whole persons in their social contexts," and Sharfstein commented on the "over-medicalization of mental disorders and the overuse of medications" cautioning psychiatrists about being "pill pushers and employees of the pharmaceutical industry." Such challenging statements coming from psychiatric leadership must be taken seriously when exploring the culture of mental health education, policy and practice, especially when exploring experiences such as those addressed in this thesis from a **Kaupapa Māori**, and therefore critical, perspective.

This suggests a large degree of tenacity with which Western biomedical frameworks have retained their dominance in explaining and treating mental distress. As a result **Māori** spiritual understandings remain marginalised within mainstream health. This is one of the reasons **Kaupapa Māori** health initiatives have emerged.

The Problem of Misdiagnosis of Matakite

One of the health-related issues that arise around the experience of **matakite** has to do with the possibility of it being misdiagnosed as symptomatic of a mental disorder. **Māori** spiritual and educational leader, Dr. Rangimārie Rose Pere, who works often with mental health clients and professionals, believes many **Māori** people experiencing unusual states have been misdiagnosed as mentally ill and that they merely need guidance in understanding what is primarily a spiritual experience (Pere, 2006). Dr. Pere also suggests spirituality is not merely a resource for health but rather it is central to our being, and she often quotes the words attributed to Pierre Teilhard de Chardin: "We are not human beings having a spiritual experience; we are spiritual beings having a human experience." Of course, it must be acknowledged that not everyone who says they are having a **matakite** experience may be actually having one. And even if they *are*, this may not discount an appropriate use of medication if deemed necessary by clinical and cultural specialists. Nevertheless, the possibility of experiences like **matakite** being misdiagnosed and treated as symptomatic of a mental disorder is a concern in **Māori** communities and also in mental health services.

This possibility is acknowledged in a *Guideline for Clinical Risk Assessment and Management in Mental Health Services* (New Zealand Ministry of Health, 1998), which

calls for mental health professionals to: "Identify and differentiate cultural manifestations of behaviour such as '**matakite**' as opposed to pathological syndromal features of a Western mental illness" (p.22). The awareness of a difference between the phenomenon of **matakite** and Western concepts of mental disorder is very encouraging. However, the document provides no guidance or information about who is qualified to make such differentiations, nor is it clear about when such people should be consulted. The document does, however, recognise cultural issues and the importance of considering, among other factors, different concepts, language, the involvement of **tohunga**, and that "mental health services should provide staff training in cultural psychiatry and cross-cultural communication issues, and should employ staff specifically to advise on appropriate cultural management" (p.11). Furthermore, it recommends that information should be elicited and documented "pertaining to disclosed or known transgressions of **tapu**/sacred entities which can only be resolved through mediation of a cultural process" (p.22).

While no study could be found that attempts to identify the frequency of misdiagnosis or how widespread the concern is, the mere existence of the above documents suggests that people experiencing **matakite** may have been misdiagnosed, and that **matakite** understandings can be an important health resource. Indeed, when describing their pathways of recovery from diagnoses of mental illness, some **Māori** rejected their diagnoses and adopted an identity as a **matakite** (Lapsley, Nikora, & Black, 2002, pp. 76, 79).

The concern about misdiagnosis of such experiences is not new. Cook (2004) discusses the overlap between the criteria by which a psychiatric diagnosis of schizophrenia is

determined and descriptions of mystical experiences. He notes that the International Classification of Diseases (ICD-10) published by the World Health Organization (WHO) states that the presence of delusions is indicated when ideas are "culturally inappropriate and completely impossible," but in an example of delusional thought it refers to "natural or supernatural forces…at work to influence the afflicted individual's thoughts and actions in a way that are often bizarre" . Cook notes that no guidance is given as to how "bizarre" may be distinguished from normal. One might also ask the question "against whose culturally defined standards of normal is this behavior measured?" Similarly, Lukoff (1985) looks at the diagnosis of mystical experiences with psychotic features and notes the overlap of features. Of particular relevance is his acknowledgement of the co-existence of features indicative of both experiences, as illustrated in the diagram below.

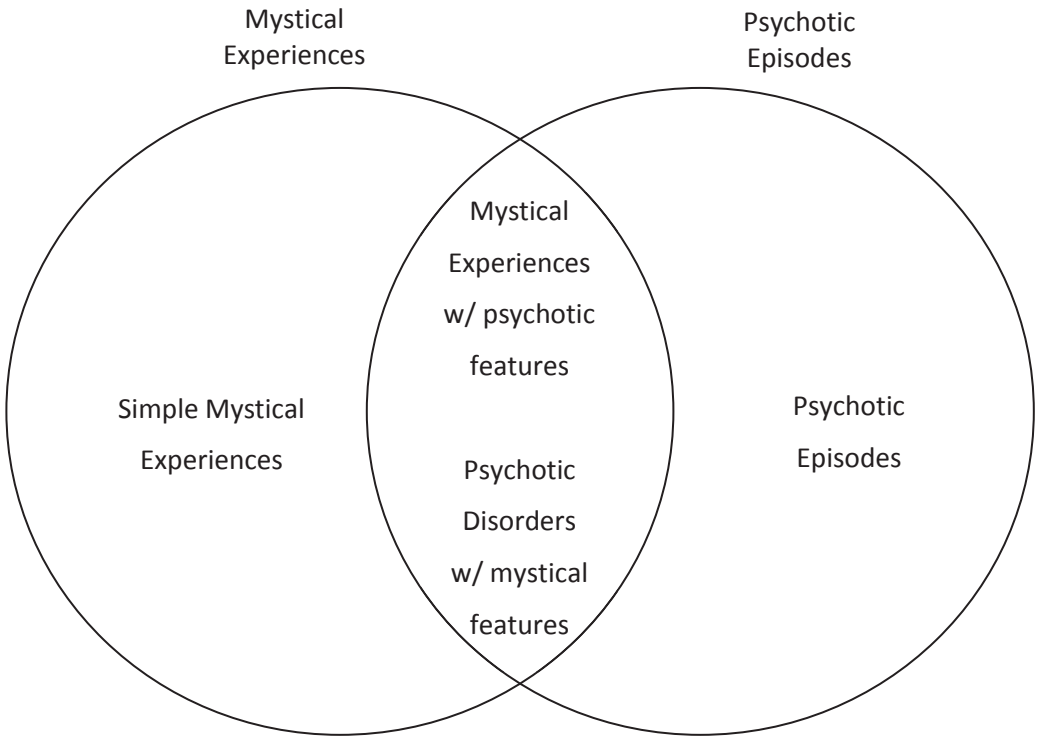

Figure 2. Relationship between mystical experiences and psychotic episodes

(Lukoff, 1985, p. 156)

The figure above illustrates the difficulty that clinicians may experience in making a differential diagnosis, in which the presence of a disorder is identified when several alternatives are present. This appears also to be the case when considering the features of the **matakite** experience, hence the recommendation by the Ministry of Health (1998) for the possibility of **matakite** to be considered by clinicians when conducting a risk assessment.

This concern is also found in **Māori** communities, as indicated in a report by Jackson, Fisher, Warbrick, Savila, and Wyllie (2001) on the pre-testing of an advertising campaign to reduce stigma and discrimination associated with mental illness. Watchers of New Zealand television might know it as the "Like Minds, Like Mine" campaign. The report revealed the anger and resentment by **Māori** who feel that a "**Pākehā** mental health system had failed **Māori**" and that **Māori** were being "locked up for their **matakite** experiences," with some **Māori** recommending the introduction of an 0800 number to help people find out more about **matakite** experiences .

Two of the video clips made for this campaign were ultimately not included in the campaign because they were considered too controversial. These were of singer-songwriter Mahinaarangi Tocker talking about **matakite** in relation to mental illness. The clips were considered "controversial" for **Pākehā** because they addressed issues around race and **Māori** spirituality that were unfamiliar to the "average **Pākehā** viewer," and it was therefore decided that "the clip held limited value for the campaign objectives" (H. Jackson et al., 2001, p. 6). The opinions raised by the **Pākehā** respondents revealed how little they were willing to understand the **Māori** experience

(even though **Māori** are compelled daily to accommodate the worldview of mainstream **Pākehā** culture), as the following quote illustrates:

> I have two opinions on that. Firstly, I really like the concept of **Matakite** and what that says and that's a different way of looking at things. I'm not sure if she's relating that to having a mental illness or just to be different or whatever. The other thing what's going through my head is how I'm fed up with being able to understand the **Māori** perspective—hmm that's for sure.
>
> I have to agree with what she said about the **Māori** perspective all the time and just all the **Māoridom**, it's always on the paganism and stuff like that—people might just see it as another way of 'oh so we can…because you're **Māori**.' (H. Jackson et al., 2001, p. 25)

The ultimate editing choice to exclude these clips demonstrates the difficulty in communicating complex issues such as **matakite** to the public through an advertising campaign. Additionally, the report stated that a majority of health professionals:

> Felt it would be helpful…to have a **Māori** person in the campaign who spoke of their experiences in a way that did not challenge certain sectors of the population as much as the **matakite** / vision comments had the potential to .

This highlights how mainstream **Pākehā** culture, as well as conventional mental health approaches, might prevent a more sophisticated conversation taking place that challenges mainstream assumptions about the nature of experiences like **matakite** and how they relate to concepts of mental illness or the accuracy of psychiatric diagnoses. Sadly, there is no indication in the report that any of the editorial team questioned the assumptions of those with the most powerful voices. Instead, the assessment team was concerned that Mahinaarangi's second clip, in which she talked about people being locked up for their gifts, might "raise racial ire, being seen as 'the **Māori**'s trying

to hide behind their culture'." Furthermore, the report states that "health professionals felt "dumped on" by this clip and that her words were not acknowledging how hard they were "fighting for the health and rights of people with experience of mental illness" (p. 27). From this literature a picture emerges of a struggle for experiences like **matakite** to be seen through a **Māori** cultural lens and for the **Māori** spiritual knowledge-base to be used as a valuable resource for support. This is a concern not only in **Aotearoa** but also internationally.

Measuring Taha Wairua in Practice

Some encouraging signs of progress are the attempts by some **Māori** mental health leaders and researchers to measure and operationalize **Taha Wairua** at a practical level. Kingi and Durie (2000) developed **Hua Oranga**, a tool to measure mental health outcomes for **Māori**. This tool was developed through the application of the holistic Māori health model **Te Whare Tapa Whā** (Durie, 1985). Kingi and Durie proposed that aspects of these four dimensions may be measured through triangulating each dimension with reports from clinicians, clients, and the clients' relatives to determine criteria by which each dimension can be measured. In relation to measuring **taha wairua**, they proposed the question: Does the intervention make the client feel stronger in themselves as a **Māori**? (Kingi & Durie, 2000, p. 15).

However I question whether spiritual wellbeing can be measured using these criteria. While it is reasonable to assume that prior to colonisation most **Māori** had a strong cultural identity, it does not necessarily follow that most **Māori** also experienced optimal spiritual wellbeing. Indeed, this proposed criterion has proven to be

somewhat problematic (Te Kani Kingi, personal communication, July 17, 2013). I am inclined to follow Ellison's (1983) argument that just as measures of physical wellbeing may be indices of underlying physical health, measures of spiritual (and not just cultural) wellbeing could serve as pointers of underlying spiritual health. So perhaps attempts to identify these spiritual pointers would support the tool's applicability on the **Taha Wairua** aspect. Of course, this does not negate the strong positive relationship between cultural identity and wellbeing that is already recognised in the literature (Usborne & Taylor, 2010). However, the fact this question was proposed as a criterion against to measure spiritual wellbeing indicates the extreme difficulty of the task of operationalizing **wairuatanga**, even by our own **Māori** mental health leadership. Additionally, our own traditional healers have experienced similar difficulties in discussions about quantifying and measuring **wairuatanga**, questioning whether such an attempt is appropriate or even possible (Ahuriri-Driscoll, Hudson, Bishara, Milne, & Steward, 2012, p. 35).

Other emerging **Māori** psychologists are also addressing this issue, including Louise Ihimaera, Melissa Taitimu, and Hukarere Valentine. Ihimaera (2004) explored pathways by which the use of **taha wairua** could be facilitated in mental health services. One particular case in Louise's study showed how a participant's cultural skill and knowledge prevented the use of the Mental Health Act to commit a young girl against her will into an inpatient unit. The participant had been asked by a psychiatrist to assist with the girl's assessment, and after seeking confirmation from the girl's **kaumātua**, the participant concluded the girl was experiencing a crisis as a result of **matakite** experiences and all she needed was a good rest (Ihimaera, 2004, p. 109).

Louise proposed a comprehensive framework, *He Ara ki te Ao Mārama*, that identifies the structural, political, funding, human resourcing, and cultural issues that need to be addressed so that **taha wairua** could be used to greatest benefit in mental health provision.

Melissa Taitimu (2008) explored **Māori** ways of understanding extra-ordinary experiences commonly labelled schizophrenic. She covered the critical literature that challenges the construction of schizophrenia as a medical label from both scientific and critical perspectives. Melissa also calls attention to the overuse of psychiatric medication as the predominant form of treatment, which has produced "limited positive, sometimes negative, and other times dangerous outcomes" and generally regarded by consumers as a negative experience yet often the only form of treatment on offer . The findings showed that **Māori** constructions around extra-ordinary experiences are well-defined and lead to specific and practical ways of understanding these experiences, and that **Māori** cultural constructions may contribute to more positive outcomes than psychiatric clinical constructions. The participants in her study described **matakite** experiences as distinctly different from **mate Māori** and **Pākehā** illnesses depending on the level of integration and control over the experience. Melissa concluded that it is unlikely that **matakite** individuals could be misinterpreted as experiencing **mate Māori** or a **Pākehā** illness. She nevertheless acknowledges that a crisis may be experienced for people experiencing **matakite** without any guidance on how to control or integrate the experience .

Hukarere Valentine (2009) also explored the relationship between **wairua** and **Māori** wellbeing from a psychological perspective in order to understand what **Māori** mean

when they talk about **wairua**, and to explore the relationship between an orientation to wairua and **Māori** psychological wellbeing. This led to the formation of a 30-item self-report measure named *Kia Ngawari ki te Awatea Orientation to Wairua*. Among other findings, the study found that **wairua** can be conceptualised as an "intuitive consciousness that exists within all **Māori**" .

These emerging studies are particularly relevant to the phenomenon of **matakite** because they tend to discuss the phenomenon as related to the dimension of **taha wairua**, a positioning also used in other mental health literature (Ihimaera & MacDonald, 2009, p. 29; Lapsley et al., 2002). Despite the challenges, these studies highlight the pioneering attempts at operationalizing **taha wairua** in response to specific aspects of **Māori** health. They are a powerful sign of progress, given the socio-political barriers that constrain them.

Kaupapa Māori Approaches to Health

While the dominance of the biomedical model in conventional mental health tends to focus on the individual and to see **matakite**-like experiences as symptomatic of pathology, a **Kaupapa Māori** approach will often account for socio-political and economic determinants of wellbeing. This approach is therefore more likely to normalise **matakite** within an overarching context of spirituality and cultural identity. The philosophy of **Kaupapa Māori** has entered into mainstream health policy through the scholarship of several leaders in **Kaupapa Māori** research and also through the introduction and application of holistic **Māori** frameworks. These frameworks, which recognise the importance of spiritual wellbeing, are a common approach used by

Kaupapa Māori health service providers, and therefore they are more likely to include knowledge and expertise that accommodates, rather than pathologises, **taha wairua** experiences like **matakite**.

One example of the use of such knowledge and expertise is given by Rev. **Māori** Marsden (Royal, 2003), who describes a case where he drew on **Māori** cultural and spiritual understandings to help someone who was diagnosed with schizophrenia. He wrote:

> A young **Māori** boy labelled schizophrenic is brought by his mother. He is a third generation product of urban Auckland. His links with his tribal background are severed, he speaks no **Māori**. He insists that his great grandfather both appears and speaks to him—a phenomenon that is regarded as not unusual in **Māori**dom. Asked what they talk about and it appears that the grandfather is teaching him his genealogies. Knowing his background, I ask him to recite what he has just learnt. He does so correctly on different lines and for about fifteen generations back. It is no figment of the imagination. I say mass for his ancestors and especially for the grandfather and put his spirit to rest. The grandfather no longer appears and a year later he has had no further trouble. He has been on drugs and I point out that this has opened up his personality to that dimension (Royal, 2003, p. 97).

This is a prime example of the way in which a **matakite** experience may be pathologised in the mainstream health system, and yet is perfectly understandable in a **Kaupapa Māori** context. Similar stories were told to me by a **Pākehā** healer who is of the opinion that some of the patterns of illness within **Māori** individuals arise from a disconnection from their **whakapapa**, or what he terms "their **mana** lines" (G. Robinson, personal communication, 2013). An essential part of his healing work is helping re-establish those connections with one's ancestors. This approach is affirmed

by **Māori** cultural therapist Wiremu Niania (Bush & Niania, 2012), who describes the role of concepts like **mauri**, **mana**, and **tapu** in relation to mental health. According to Wiremu, **mauri** refers to the life force of a person or an object, but it more importantly refers to:

> Being in relationship to the creator', which *is* the life force. **Tapu**,…is the sacredness of that relationship. **Mana** [is] the spiritual authority of power invested in a person or **whānau** (family). It is the **mana** which comes from that relationship and other key relationships which gives a person the authority to have control over themselves, their circumstances and other entities that may be impinging on them (p. 349).

Although there is no single **Kaupapa Māori** approach to health, these stories nevertheless illustrate a way of working with individuals that assumes the interconnection between the physical and spiritual realms in which communicating with one's ancestors is seen as normal, and the building of connections with them essential to wellbeing.

Numerous **Kaupapa Māori** frameworks of wellbeing have emerged in the last 20 years. These acknowledge the spiritual dimension as an essential part of **Māori** identity and wellbeing and reflect the international trend toward bio-psycho-socio-spiritual models (Katerndahl & Oyiriaru, 2007). The aforementioned **Whare Tapa Whā** model draws upon the image of a four-sided house, which illustrates the importance of the interlocking dimensions that contribute to overall wellbeing. These include **Taha Wairua** (spiritual dimension), **Taha Hinengaro** (mental, emotional, hidden dimension), **Taha Tinana** (physical dimension) and **Taha Whānau** (family, or social dimension) (Durie, 1985). Another model, **Te Wheke** (the octopus) an ancient model of wellbeing

promoted by Rangimārie Rose Pere (Pere, 1988) also acknowledges these four aspects and additionally incorporates the dimensions of **hā a koro mā, a kui mā** (cultural heritage) **whatumanawa** (the emotions), **mana ake** (a person's uniqueness), and **mauri** (life principle, ethos).

The **Mauri Ora** framework (Kruger et al., 2004), which was developed to address domestic violence in **Aotearoa**, conceptualises a continuum of wellbeing between **kahupō** (no life-purpose, or a state of spiritual blindness) and **mauri ora** (total wellbeing), that calls for a balance between several aspects of our humanity, including **wairua** (spirit), **hinengaro** (mind), **ngākau** (heart), and **tinana** (body). This framework also promotes an integration of **Māori** and Western approaches, aiming to transform the tension arising from conceptualising the two approaches as polar opposites.

Through health sector agencies incorporating such frameworks we can see that the utilisation of **Māori** concepts of health can benefit non-**Māori** as well as **Māori**. Indeed, a **Māori** elder who works at one of these health providers mentioned that many of their non-**Māori** clients have said they feel safer there than in the mainstream system (Rolleston, personal communication, 2006). The incorporation of **Te Whare Tapa Whā** into the delivery of health services by **iwi** and mainstream providers is documented by a number of policy and technical reports (Pitama et al., 2007). These reports illustrate how this framework (and therefore the **Taha Wairua** dimension and concepts like **matakite**) is being operationalised and adopted by many **Kaupapa Māori** health service providers, medical practitioners, and researchers. However, the potential good these services can do is constrained for various reasons, which are explored in the next section.

The Socio-Political Constraints upon Kaupapa Māori health Initiatives

The potential of **Kaupapa Māori** health initiatives to provide culturally-appropriate services to **Māori**, and therefore respond to people experiencing distress around **matakite** experiences in a culturally-appropriate manner, is constrained by multiple factors—among which a major contributor is a lack of financial and legislative support. Durie (1999) writes, "No matter how dedicated and expertly delivered, health promotional programmes will make little headway if they operate in a legislative and policy environment which is the antithesis of health." Despite the continued efforts of **Kaupapa Māori** health providers, the socio-political environment can make their work more challenging than it already is. Without greater support, financially and legislatively from the government, the great good that **Kaupapa Māori** services can do is limited.

Boulton (2005) notes that **Māori** health providers are expected to "deliver mental health services which are aligned with those values and norms enshrined in **Māori** culture" but are often not resourced to do so . Furthermore, any bicultural initiatives within mainstream health organisations are positioned within an institutional structure dominated by the priorities and philosophies of Western biomedical frameworks. The same is true for mental health. However, the socio-political dimensions in which health and illness exist have been historically ignored within psychology and psychiatry. Instead, individual responsibility and "lifestyle" choices have been emphasised. Howell and Ingham (Howell & Ingham, 2001) point out that the concept of "lifestyle" introduced in the 1980s cleverly served to redefine public issues as

personal troubles, thereby allowing the role and obligations of government to be downplayed.

There is a wealth of other literature on the various socio-political elements that affect the health of marginalized communities challenging this discourse of individualism. Williams, Neighbors, and Jackson (2003) describe the impact of racism upon mental health, and Karlson and Nazroo (2002) demonstrate that racism has a negative effect on a wide range of health indicators. Similarly, in **Aotearoa**, Nairn, Pega, McCreanor, Rankine, and Barnes (2006) examine the impact on **Māori** health by racist media representations of **Māori** on New Zealand television. They argue that such media representations contribute to the "maintenance and naturalisation of colonial relationships" and call for the inclusion of critical media scholarship in critical public health psychology. Additionally, Hodgetts and Chamberlain (2006) have looked at how mass media outlets in **Aotearoa** have privileged "lifestyle" explanations of health issues over explanations that hold the wider social determinants accountable.

Other health determinants, such as the negative impact of land confiscation on **Māori** health have also been documented (Sheppard, 2003). The **Māori** mental health workforce development document *Kia Puawai Te Ara Rau* (Te Rau Matatini, 2006) also points out cultural differences between therapists and clients can have a significant impact upon diagnosis:

> People learn to express distress in culturally acceptable ways, similar symptoms may hold different meanings in different cultures. Misdiagnoses can result where clinicians do not understand the client's culture (p. 60).

Such research builds a picture of health that extends far beyond one's personal life choices, and underpins why Rev. **Māori** Marsden (Royal, 2003) called for the reformation of the mental health system so that mental illness among **Māori** is understood in the context of colonisation and the resultant disconnection from our cultural knowledge, identity, and essentially spiritual worldview.

Mental health policy, like much policy in **Aotearoa**, fails to take into account the socio-political elements that affect health, despite their public statements of intention to serve the needs of **Māori**. For example, the 2002 **Māori** Mental Health National Strategic Framework (New Zealand Ministry of Health, 2002b) recognises one of its goals as "To ensure that active participation by **Māori** in the planning and delivery of mental health services reflects **Māori** models of health and **Māori** measures of mental health outcomes" . Yet it fails to identify the various socio-political factors that work against this, which must also be addressed in order to improve **Māori** wellbeing. That is, it does not identify the impact of the status quo, such as **Pākehā** cultural hegemony, and materialistic consumerism in mainstream Western society and government as major factors affecting **Māori** mental health.

The document ***He Korowai Oranga: Māori*** *Health Strategy* (New Zealand Ministry of Health, 2002a) also claims the government is "conscious of its broader social and economic policies on the health and wellbeing of **Māori**" and are therefore working across sectors and agencies to address these determinants . However, since the release of these documents, other legislation and policy has been put in place that contradict these intentions, such as the infamous Foreshore and Seabed Act, and continued granting of permits for international oil companies to undertake risky

drilling practices that affect marine life, traditional food-gathering practices, and which threaten to permanently change coastal marine areas (Clean Country Coalition, 2013). These policies continue to negatively affect **Māori** wellbeing.

The lack of acknowledgment of these major factors by policies that claim to recognise the impact of "social and economic policies on the health and wellbeing of **Māori**" are egregious oversights. This suggests that the Western cultural, political, and economic power structures benefiting from the status quo are willing to acknowledge socio-economic determinants only to the degree that they do not have to relinquish their power and privilege. Thus, the ability of **Kaupapa Māori** initiatives to fulfil their function is severely hindered. Despite the continued efforts of **Māori**, and the inclusion of **Kaupapa Māori** frameworks in health policy, the mainstream system has for the most part struggled to change, and the issue of power-sharing continues to be a significant barrier to facilitating the full potential of utilising traditional **Māori** knowledge, especially spiritual knowledge, in mental health provision.

Chapter Summary

This chapter has revealed a working English translation of **matakite** as "a **Māori** term for an experience of heightened intuition" by exploring traditional understandings of **matakite** and various definitions of the term *intuition*. An investigation of these definitions shows that the understandings of intuition in the context of spiritual traditions adequately align with traditional **Māori** understandings of **matakite**. This is followed by an exploration of research on spirituality within mainstream mental health, which reveals a history of ignoring and sometimes actively rejecting spirituality

in the practice and education of mental health professionals. This has resulted in claims of **matakite** experiences being pathologised. Some international advances in research and practice in relation to spirituality and mental health are noted, such as the development of disciplines within psychology with a primary focus on spirituality, as well as the dedication of some issues in mainstream medical journals to the relationship between spirituality and health. However, these advances are still relatively minimal, and a culture of biomedical dominance prevails in conventional mental health research and treatment of mental distress. Another concern has been the lack of access to the **Māori** spiritual knowledge-base as a result of legislation like the Tohunga Suppression Act 1907. This lack of access has prevented the effective use of traditional **Māori** spiritual knowledge as a health resource to support people having **matakite** experiences.

Despite the increasing (although still minimal) recognition of Western and **Māori** constructs of spirituality in policy and research, conventional mental health continues to struggle to accommodate them on a practical level. **Kaupapa Māori** health services have arisen to meet **Māori** health needs in a culturally safe manner, and these services tend to incorporate **taha wairua** [spirituality] in policy as well as practice. Although relatively rare, examples of very effective partnerships are emerging between **Māori** healers and psychiatrists, where **matakite** plays an important part in accessing information that produces lasting benefits for the clients. However, the ability of these services to achieve their full potential is constrained by a lack of financial and legislative support from the government.

CHAPTER FOUR: FINDINGS - EXPANDING UNDERSTANDINGS OF MATAKITE

*Matakite has been there since the beginning of time. Every indigenous group recognises the **matakite**. Every indigenous group knows what we're talking about*

*– **David**, research participant*

The findings of the thesis are presented in four chapters—Chapters Four through Seven. The findings are organised in this manner so as to better elucidate the information collected and better inform the objectives of the thesis. Chapter Four presents the information shared by participants, and expands our current understandings about the nature and scope of **matakite**. The chapter presents **matakite** as a multi-sensory, multi-dimensional experience that exists within a certain cultural context. As such, it affirms the working definition/translation of **matakite** as a **Māori** cultural experience of heightened intuition offered in the Context chapter. Distinctions are also made between **matakite** and imagination, and **matakite** and forms of pathology.

The Politics of Defining Matakite

How **matakite** is understood and defined, by the public as well as health professionals, has direct implications upon how individuals experiencing **matakite** are treated in society. However the very act of translating the concept into English brings into play certain cultural and political issues that need to be considered.

The experiences of those interviewed as part of this thesis were reflective of the literature pertaining to intuition as a psychic/spiritual concept. However, their experiences also need to be seen within a cultural context, particularly because of the connection between **matakite** and **whakapapa**. The cultural filter through which **matakite** experiences are translated, along with the culturally specific processes used to support people experiencing **matakite** are also identified as significant factors. Furthermore, the cultural context in which **matakite** sits is marginalised by the dominant **Pākehā** culture, which places it at greater risk of being misunderstood and/or co-opted or appropriated. For example, one participant, **Hine-kotiri**, talked about the inherent problem of defining **matakite** for **Pākehā** mental health professionals, arguing that they tend to rely on an intellectual definition and then consequently assume they know all about it. She is concerned that learning about **matakite** from an intellectual perspective alone will open people up to more and more questions that simply can't be answered with the rational mind, and that intellectual understanding is no suitable replacement for direct personal experience. She also holds that that everyone has the potential for **matakite**, but that each person has to feel that in their own being, "down into their **puku**" [core, belly].

> ***Hine-kotiri****: I can't allow anyone else to define what is* ***matakite*** *and who is* ***matakite****, and who is not, because that's what the world is doing, is trying to define it. What people come to do is rely on that definition without using their instinct, without using their ancient memory, without understanding through their ancient knowledge. I believe it's intrinsically in everyone, but it has to touch the base of them, come down into their* ***puku*** *[belly] and start going through themselves and feeling for it. I mean you can do a lot of study, that's cool, but what does that open you to? More questions! That's what it does. I*

*don't want to do that to a beautiful, beautiful state of being—being **matakite**, being able to talk to the **wairua**—and then make some sort of definition for them [referring to **Pākehā** intellectuals]. They can hardly define schizophrenia, and that's all they're going to do. That's what I am saying: As knowledgeable as they get, what does that do? It just leads them into more and more questioning. I don't want to define it for those people. They will re-diagnose each other over and over and over again. It's not in their experience; it's in their **hinengaro** [mind], you see. And while it's a "knowledge" in your **hinengaro**, instead of a "doing" in your **tinana**, then it becomes nothing. Your knowledge is nothing if you don't practice it in your life—YOUR life, not everybody else's life—yours, in your own way that you interact with your partners, that you interact with your children, that you interact with your **whānau**, you know? Yeah, so that's that question anyway, I can't define it.*

Hine-kotiri's comment speaks to concerns about the co-option of **Māori** cultural concepts by **Pākehā** who may mistakenly assume they know all about a **Māori** cultural concept because they have an intellectual understanding of it. However, they may still miss its essence if they haven't actually had a personal experience, at an organic level, of **matakite**. This issue will be further explored shortly.

Returning to the challenges of defining Matakite, the next comment from **Te Hihiko** suggests that some **matakite** experiences may be impossible to define, simply because of their ineffable nature.

***Te Hihiko**: Some of the experiences, they're beyond description. You can't actually put into English terminology to articulate or to get to the core of it. The experience lies beyond description. So I think sometimes we have to be careful that we don't get caught up when you're trying to figure out the "why and how."…If someone said "Well how do you know that experience?" You have two options, you can either try and justify your experience, or you can just say*

> *"because I know, because of what my experiences gave me, as subtle as they may have been, I know." And so sometimes I think we get into that space where you say "well, okay you might know that, but how are you going to convince the rest of society that that experience is something real?"*

These comments raise questions about who has the power to define, how such definitions might be used, and by whom. They tie in directly with warnings by two highly-respected authorities on **Māori** culture, where John Rangihau (1992) cautions people about relying upon simple English translations of intrinsic **Māori** values with a narrow mind-set and thereby totally missing their essence, and where Ngoi Pēwhairangi (1992) talked about only "certain people, certain families, inherit these different aspects of our **Māoritanga** and are entitled to pass them on (p. 11)." This also emphasises the importance of a **Kaupapa Māori** approach to addressing these issues because it challenges outsider assumptions about who has the right to define **Māori** issues and how they are addressed, and it recognises the political aspect of the translation and co-option of **Māori** language and concepts (L. T. Smith, 1999b).

While the intention of this study is to contribute to understandings about **matakite** in relation to **Māori** wellbeing, **Hine-kotiri**'s comments reflect a concern about how such information might be used by some **Pākehā** who have historically used **Māori** knowledge to the detriment of **Māori** communities. For example, Tauri (2005) has written about the strategies used by the New Zealand government in response to the over-representation of **Māori** in the criminal justice system. These two strategies have been the *indigenisation* of the prison workforce through hiring **Māori** employees to contribute to the running of the system, and the *co-option* of selected **Māori** cultural concepts so that programmes and services are seen as "culturally appropriate" and

therefore more likely to "work" for **Māori** . However, neither of these strategies has created any meaningful improvements for **Māori**, nor have they addressed core issues around colonisation, empowerment and self-determination . Moana Jackson also commented on this issue when he stated:

> Justice for **Māori** does not mean the attempted grafting of **Māori** processes upon a system that retains the authority to determine the extent, applicability, and validity of the processes. No matter how well-intentioned and sincere such efforts, it is respectfully suggested that they will merely maintain the co-option and redefinition of **Māori** values and authority which underpins so much of the colonial will to control. A 'cultural justice system' controlled by the Crown is another colonising artefact (M. Jackson, 1995, p. 34).

Similar critiques have been made of New Zealand's education system. Graham Smith wrote about the inclusion of ***taha Māori*** (the **Māori** "side") in New Zealand schools, which he described as: "a **Pākehā**-defined, -initiated and -controlled policy which serves the needs and interests of **Pākehā** people" (cited in G. H. Smith & Rapatahana, 2012, p. 88). In relation to **Māori** governance, Te Rina Warren also explores how these structures and practices have been produced by the colonial government, which only provide the "illusion of traditional control." To truly remedy this, she argues that traditional knowledges "must move from the peripheries of 'knowing' and re-establish themselves back at the centre" (Warren, 2009, p. ii).

Considering the scale of co-option and indigenisation that has taken place, **Hine-kotiri**'s concern about defining **matakite** within the context of mental health is valid. There is some evidence that the term is already being used in a context that is stripped of its traditional spiritual connotations, such as a synonym for organisational mission and vision statements. Thus, the term is being used to describe an intellectual (or, at

best, imaginative) visioning exercise. For example, several District Health Boards have started to use **matakite** as a synonym for their organisational vision of promoting, enhancing, and facilitating the wellbeing of people in their respective regions (Canterbury District Health Board, 2012; Tairawhiti District Health Board, 2013; Taranaki District Health Board, 2013; Waikato District Health Board, 2013), as well as the office of the Health and Disability Commissioner (Health and Disability Commissioner, 2014). Similar co-option also appears to be emerging in the education (Wellington Institute of Technology, 2012) and social services sectors (Pillars, 2014). Rangimārie Rose Pere expressed concern about this usage:

> They're using it in a completely different context from what I've been taught. For me working as a healer, I believe we need to look at other terms from our language that can be used by those organisations (personal communication, January 4, 2014).

One alternative term suggested by participants was **Titiro whakamua** [to look ahead]. Additionally, **Te Hihiko** also offered the term **tirohanga** [view, sight, aspect].

> ***Te Hihiko**: **Tirohanga** perhaps might be an appropriate term. I think of **matakite** in terms of definitely having a spiritual element to it. Definitely when you say **matakite**, there is a person who is like a **tohunga**.*

Equally concerning is the knowledge that each of these District Health Boards has **Māori** cultural advisors on staff. However, it is not clear as to what extent these advisors were involved in decisions about the use of the term in this context. In any case, this issue reflects wider concerns about the secularisation of spirituality by a materialistic Western society (Norman, 2002). It is therefore also the position of this

thesis that in order to avoid the secularisation of uniquely spiritual terms in the **Māori** culture, any proposed inclusion of the term **matakite** in the development of policy should be verified by **Māori** cultural authorities with specific knowledge about **matakite** as an intuitive/spiritual concept, and should include input from those individuals and communities who have directly experienced **matakite**, and continue experiencing it.

This section, therefore, highlights the politics of defining **matakite**, and the risk of the misappropriation of complex cultural concepts and their potential inaccurate use within mainstream policy. However, while these concerns are valid, it is important that the intuitive/spiritual aspect of **matakite** be emphasised so that opportunities are not missed as to how best to enhance the wellbeing of people experiencing **matakite**, and to reduce or eliminate the wider socio-political, cultural, and economic factors that may negatively impact wellbeing around this experience. The participant stories and comments in this chapter are therefore included to expand our understandings of **matakite** without attempting to form absolute or rigid conclusions.

Pākehā and Matakite Experiences

As mentioned in Chapter Two: Selecting Participants, I have heard some **Māori** describe certain **Pākehā** as **matakite**, as well as their "seeing" experiences as **matakite**. For example, I have heard my **Pākehā** grandmother described as such. I was therefore interested in exploring the question of whether **matakite** pertains only to **Māori** individuals or whether the term can also be used to describe similar experiences had by non-**Māori**. I was also interested in whether understandings about **matakite** might

be helpful for non-**Māori** having such experiences, especially if they get distressed and end up engaging with the mental health sector. These questions are integral to defining **matakite**, especially in the context of a bi-cultural and multi-cultural society where some non-**Māori** are now beginning to acquire **te reo** and **tikanga Māori**, and thus cross-cultural references to spiritual/intuitive experiences like **matakite** is likely to occur in **te reo Māori.**

The experiences had by **Fran** and **Rachel**, two **Pākehā** women, were stimulated by their being in specific geographic locations where historical massacres had occurred between warring **iwi**. As such, these experiences contained purely **Māori** historical content. This raises the question of whether such intuitive experiences could be called **matakite** if had by non-**Māori** people,—a question that will be addressed shortly. However, we should start with their accounts.

> ***Fran**: We went on this end-of-year trip, and our hosts wanted to take us down to one end of the beach to get some **kai moana** [sea food]. Right from the start I felt uneasy about going, but I went along with everyone else anyway because I could see that the main fellow who was our guide seemed okay with it all, so I figured there was nothing to be worried about (yet another lesson in listening to my intuition). Anyway, we were led along a track for about half an hour, and the further we went along, the worse I began to feel. By the time we got to the beach, I was feeling really terrible—like we just shouldn't be there, so I left the group and went back to our sleeping huts as quick as I could. By then I was crook, so I got into bed and was shivering and shaking with a full-on fever. That went on for most of the afternoon and evening, until suddenly I woke up and knew I had to go over to the main house. I got there just in time to hear one of the **mana whenua** [local **iwi**] talking about the history of the area, and the terrible massacre that had happened there. We had walked right over the area where this had taken place and which was still full of the bones of those who'd*

died there. Well, now what was happening to me started making sense, because I often tend to pick up things like that in my body. But I don't always have the skill to decipher what's going on—especially when it hits me that quick and hard. But I started getting a bit better after that, although I didn't feel fully well again till we left the place the following day.

Fran also had an experience of perceiving **Māori kaitiaki** [spiritual guardians/ protectors].

***Fran**: I remember when my son was about five months old, he was waking every hour through the night having these nightmares, and eventually one night I saw (not like physical seeing, because I don't see like that), but I saw in my mind's eye this giant spider, and then I became aware of other creatures being there, like **tuatara**. But I was so tired from waking up all the time with his nightmares that I couldn't figure it all out, so I went to the healer I know that is great with that sort of thing, and I was told that the spider and other creatures were the **kaitiaki** of the [**Māori**] clients that my boy's father worked with in the psych ward (he's a mental health professional). Anyway, the **kaitiaki** were trying to talk with my boy's dad so that he could help the patients he was working with better, but he wasn't listening, so they came to us (me and my boy). I guess they'll go to anyone to try and get the message through. Once we passed the message on to his dad, they stopped waking my son up.*

An account of **Rachel's** experience is below. Rather than any single sense dominating the experience, it was instead a full-blown multi-sensory experience as if she were actually there witnessing an historical event.

***Rachel**: I was at a gathering in **Wainui Bay** in **Takaka**, a women's gathering…. We were going for a walk at **Taupo Point**….It was focussed around connection and women, singing, deep sharings, but at that stage we were only three days into a week-long event that runs annually, and it was the first I had been to. We were going for a swim, and I was just feeling quite normal, and then we did*

an exercise on the way over where one person was blindfolded and another led them over the rocks. I was leading a pregnant woman, and I felt a strong responsibility at that point. It's about a three-quarter hour walk around ***Wainui*** *and you go around the waterfront and over some rocks and then we get to just before the point.*

Suddenly I got really starving, so I stopped and ate, and then everyone had walked across by then, and I got up and was about to walk across, and I remember my friend being behind me, and I hit a bubble. I could feel it, and I dropped to my knees, and I started sobbing. It just came out of nowhere, and I could hardly breathe—there was this invisible bubble all over the point, and it terrified me, I didn't know what was going on. It wasn't' like I was sleep deprived, and I was eating, but it totally whacked me. There was a moment when I thought "I don't have to do this." There was a choice. When I was on my knees sobbing, I said: "Yes." No one knew what was going on. They thought I was having a healing catharsis. As I was walking over, I started seeing things. I saw a ***Māori*** *woman running and screaming. I saw blood. I saw people being bashed over the head with sticks, and as we went up, I saw there was where a baby had been killed. There was this blood all over the place. I saw people hiding around the point in a cave. There was a woman running away, and there seemed a lot of women and children, and these things were coming at me—absolutely terrifying, and I hadn't told anybody this was happening. And I went over to the beach, and all these women were swimming, and I know now everyone thought I was having a "thing." And I wasn't in my body because someone came and sat next to me, and I was rocking, and my eyes had changed, and I was retching. I was really nauseas. I wanted to get the hell out of there, completely confused. And then I walked back, and they walked with me, and I kept collapsing in this spot where I saw this baby, which was the cross-over point, and there was a massive amount of pain in that place. And then I walked over and got out of there, and out of the bubble, and I slowly came back into my body, and the nausea went away, and I got back to the camp. It was such a big experience for me that I didn't know how to put it into*

words and it's almost too painful to talk about it. I didn't go back there—I was too scared—till last year 2009, three years later.

*I have since learned that there are many people who have gotten sick going up there and have had otherworldly experiences there. I didn't know this at the time. So I started to connect with the **marae**. I wanted to know the history. I wanted to know everything about what was known about the area. I was told about the historical massacres that happened in the area. So everything started to link up with what I had experienced. But it was very uncomfortable because I didn't have a link with the **marae**, so it was weird to have this random person asking all these questions so I didn't know how to approach it.*

The content of **Rachel's** experience has some historical accuracy in that the area is renowned for its history of violent encounters between various **iwi**, resulting in the near annihilation of the previous occupants (Mitchell & Mitchell, 2004). **Te Hānui** also related a similar incident to those experienced by **Fran** and **Rachel**.

***Te Hānui:** One of the things I've been doing over the years is blessing **Pā** [fortified village] sites. And there was this place where they were building a new sub-division. The site was owned by a **Pākehā** farmer—he was an atheist and didn't believe in anything—and he would be picking up hay bales and putting them in the barn, and he'd come back and the hay bales had been moved. And at the same time his daughter became really sick. They brought her to the hospital, but the doctors didn't find anything. I got the call to go, I said: there was a **Pā** site there. Has it been blessed?" "No" So we went down and explained to the family the importance of the **Pā** site and why it needed to be blessed, and we got them fully supporting it. Plus they were really worried for their girl; she had been really sick for a year. So we did our **karakia** and blessed the site, and we left it after that. It wasn't long after that we heard the girl got better. They had sensed all these things but had tried to avoid it. And from that day on we made them respect that there are things that even if they're not from our culture but are living close to things that are part of our*

*cultural reality, then there must be respect accorded to it. If you're a **Pākehā** living in the context of **Aotearoa**, **ahakoa ko wai** [no matter who], those things will impact upon you in some way, and there needs to be some type of process to clear those things. Even if you're non-**Māori**, they can actually have an impact on you as well. The father sensed these things, but he said "being an atheist, I don't believe in these things." What I have been trying to do with **Pākehā** who have sub-divisions, is start educating them about the importance of where they are living.*

Fran's, **Rachel's**, and **Te Hānui's** accounts illustrate that **matakite** understandings, especially in relation to **wāhi tapu** [sites of sacred and cultural significance], are relevant not only for **Māori** but also for non-**Māori** who may be having such experiences. This is also a topic of international interest, and such phenomena are not unique to **Aotearoa**. Dr. Karina Walters (personal communication, November 15, 2013,) has spoken about people having similar experiences during a community-based participatory research project in the southern United States that involved Chocktaw tribal members retracing the trail of tears (travelling 254 miles by foot) as part of an intervention rooted in Choctaw understandings of health[7].

One of the ways that this phenomenon is being discussed in psychological literature is under the term "emotional residue." Savani, Kumar, Naidu, and Dweck (2011) explored beliefs that people's emotions leave traces in the physical environment, which can later influence others or be sensed by others. While their research explored "beliefs" about this phenomenon, rather than direct experiences of it, their findings are nevertheless relevant. Their studies revealed that "beliefs about emotional

[7] The Trail of Tears refers to the trail taken during the forced relocation of the Choctaw Nation from their traditional lands to west of the Mississippi River in the 1830s. Nearly 2,500 people died enroute (Choctaw Nation, 2010).

residue can influence people's behaviors" and that "emotional residue is likely to be an intuitive concept, one that people in different cultures acquire even without explicit instruction".

Returning to **Rachel's** story, at this point she indicates a keen awareness of the dissonance caused by her ideas of what **Pākehā** *should* or should *not* be talking about while at the same time wanting to understand such an undeniably powerful experience, which comprised purely **Māori** historical content.

> ***Rachel**: This is where I get uncomfortable, because as a **Pākehā** I want to respect—this is not my bloodline, and what is going on here, why is this happening to me? And I wanted to understand and make sense of it, wanting to check in with myself that there was no other stuff going on around "am I just doing this to be seen?" There was a lot of that stuff in my life back then. But the dreams started coming after that, so it was almost like someone wanted something to be done, and there had been so much fucking over of that area, because it's a place that tourists just walk past with no awareness that this is a sacred place. This needs to be recognised that this happened here, and this just can't happen. People can't just crunch through here, and it was something about respect.*

Rachel's discomfort arose out of her awareness of how **wāhi tapu** have been, and continue to be, violated by **Pākehā** and by government policies that fail to recognise many such significant sites. However, these stories highlight the importance, not only for **Māori** but also for non-**Māori**, of recognising and protecting such sites and the traditional local knowledge pertaining to their histories. These factors have been identified as vital components in recovering the optimal wellbeing of people and their environment (Kahu & Wakefield, 2008).

Fran's and **Rachel's** experiences also raise the question of how such experiences might be understood in relation to the concept of **matakite**. Can such experiences be called **matakite** if experienced by **Pākeha**? And can **Pākehā** individuals who have them be called **matakite**? Some participants see **matakite** as a universal experience, but which is qualified by a **Māori** cultural framework and **whakapapa**. This will be explored in the next section.

Matakite as a Māori Cultural Expression of a Universal Experience

Several of the participants commented that they believe **matakite** to be an experience shared by many cultures and is an inherent ability (although largely undeveloped) in all people.

> ***David**: **Matakite** has been there since the beginning of time. Every indigenous group recognises the **matakite**. Every indigenous group knows what we're talking about.*
>
> ***Te Ariki:** I believe that as **Māori** some of our experiences are unique to **Māori**, but it's like saying that a bacon and egg pie and a mince and cheese pie—they're still a pie. They're still basically pie-shaped, they have a pie crust, but a few of the ingredients are different. That's how I view it. I know plenty of non-**Māori** who have amazing abilities. I also have a concern that these understandings are seen as exclusively **Māori**, when instead they are universal. These understandings are a part of all cultures.*
>
> ***Te Hihiko**: I think **matakite** can happen to anyone, anywhere, anytime, depending on your state of wellness, wellbeing, or otherwise.*
>
> ***Hēmi:** **Pākehā** would say it is sixth sense. **Māori** would say it is simply part of your spiritual makeup. Some feel that the spiritual makeup is well advanced in*

some people than in others. It lies latent. The potential to grow is there, but you have to have certain events occurring, which may be able then to allow you to develop that.

Rangimārie Rose Pere also commented on this issue:

> It's not only a **Māori** cultural experience. We have that in all cultures. I know, because I interact with a hundred and fifty plus nations, and they have seers like anybody else. And a lot of the people who come here, they're **matakite**! And they're not **Māori**. And I trust them implicitly because I know for a fact that they can because I've been able to pick it up myself, working with them. The whole of humanity, we're one, and all of the gifts that have been given, they've been given to the whole of humanity (Pere, personal communication, December 8, 2013).

These comments suggest that such experiences had by non-**Māori**, such as **Rachel** and **Fran,** might be described by some **Māori** as **matakite**. However, this is a point where we also engage with the politics of defining, and two other questions are raised: Who has the right to use the term **matakite**? Should non-**Māori** be calling themselves **matakite**? One **Māori** mental health professional working in a District Health Board expressed concern about this:

> I've found inside an organisation you have to be quite careful about that because some of our experiences here is we've got **Pākehā** calling themselves **matakite** without having had connections through **whakapapa**. We have to be quite careful about what we do about it. And that's experiences that we're having inside of mainstream organisations is that they want **Māori** things to happen for **Māori,** but now we've got **Pākehā** doing it, the **Pākehā** thinking they are the experts on all of those things (Anonymous, September 17, 2008).

Regarding these concerns, Rangimārie Rose Pere believes non-**Māori** ought to use their own terminology.

> The term itself should be in our own hands. They [non-**Māori**] have their own terminology, "seer" or whatever, but **matakite**—that's our own terminology. If we honour someone from another culture with it, that's up to us (personal communication, January 3, 2013).

Fran shares this position, and although she had previously been called a **matakite** by **Māori**, she said she would never use the term to describe herself:

> ***Fran:*** *That's up to a* ***Māori*** *person to call me that. It's not my right. It's far too complex a term for me to claim. And I'm well aware of the historical and continued appropriation of* ***Māori*** *cultural symbols, language and knowledge by* ***Pākehā****, which I want to resist adding to. So no I certainly wouldn't call myself a* ***matakite****.*

This thesis therefore takes the position that **Māori** alone should maintain control over the use of the term **matakite** and its associated knowledge-base, determining how it is used and by whom. This is not only because of the historical misappropriation of **Māori** knowledge by **Pākehā** but also because participants acknowledged the deep cultural knowledge required to fully understand **matakite** and distinguish it from similar experiences in other cultural contexts. To them, the cultural framework through which these experiences are translated is what makes **matakite** a local expression of a universal experience.

> ***Hēmi****: I mean there's potential in everyone. There's a* ***pito mata*** *[potential] in everyone. And the* ***pito mata*** *to develop what others would say psychic power, or* ***matakite-tanga****, is dependent on your circumstances, your cultural background. Some have never had any sort of* ***Māori*** *cultural background, but they do have this capacity to sense things or see things. You don't have to have a* ***Māori*** *background in order to have a capacity to be able to engage. But it's*

*the interpretation by **Māori** as to what it means to them, in their context. That's where the difference lies.*

*The actors are different, but what they go through, the process, is similar. But how a **matakite Māori** sees something, and how a **matakite** "other" (**Pākehā**) sees something, can end up in quite different ways. For instance, if you attend these indigenous people's conferences and talking about these things, you'll find a lot of similarities between the indigenous peoples and those that have come from a western background, where your cultural markers determine the way you view and see things. In the **Māori matakite**, your cultural background would ask of you some slightly different questions that you would need to answer. For instance, if you say "psychic" and I say "**matakite**," what are the things in **Māori** that trigger me off as a **matakite**? See you might ask those psychics how do they get it, and they will say: "I grew it in me" or "it developed in me," or "it was there," whereas sometimes in **Māori** it is latent, and when it is activated, it's activated in a cultural context so that your eyes and your perceptions are conditioned by that cultural context.*

Other participants extend this idea and draw attention to the connection between **matakite** and **whakapapa** [genealogy].

***Tui**: I'd probably say what defines it [the difference between **matakite** and clairvoyancy] is **whakapapa**, because it's unique to who we are, as **Māori**…. Whereas when we look at the medium or clairvoyant, that can be anybody anywhere doing anything on that level that can work through that spiritual realm. But I think that what defines us is around our uniqueness to our culture.*

Te Hānui:** If you look at the word **matakite**, face, that's the spiritual eye that enables us to communicate and interpret the messages that have being given from the spiritual world down through our ancestors to those who become the medium, the **taumata ahurewa,** the **nohoanga o ngā ātua** [the abiding place of the divine powers], so that the messages can come through, to the **tohunga

*who then is able to interpret and give the **tohutohu** that are appropriate to the **whānau** and **hapū**.*

Interestingly, **Hine-kotiri** acknowledged her **matakite** abilities as having come from non-**Māori** as well as **Māori** ancestors.

***Hine-kotiri:** I would describe myself as Celtic **Māori** because I'm both Irish and Scottish and so with that alone comes a heritage of the same thing. My mother was the Scottish Irish, and she was the entrepreneur and she was the **matakite**.*

Rangimārie Rose Pere also acknowledges seers in her English ancestry, when talking about the history of **matakite** in her family. "We've had some very powerful seers on our English side. And my grandmother, she covered both sides. She had a lot of stuff on her English side as well as her **Tūhoe** side" (personal communication, December 13, 2013). All of these comments suggest that although the experiences of **matakite** can be seen as related to the aforementioned terms found in the international literature on intuition or psychic phenomena, what makes **matakite** distinct is the cultural framework within which it exists, and in particular its connection to **whakapapa**.

Additionally, the consideration of **whakapapa** is central to the practice of **matakite** individuals working in a health context. In his work as a cultural clinical advisor, **Te Maru** considers **whakapapa** as important when he used **matakite** as part of the process for determining the cause of an issue affecting a person's wellbeing, whether or not the actual client is experiencing **matakite**.

***Te Maru**: Well that's part of the **mahi** that I do. I would look at everything spiritually first, all the rest can wait. **Natemea, e hoki atu ki taua kōrero, i hāngaia tātou e te Atua kia hikoi tātou te hikoi tangata** [I return to the premise that we are created by God to undertake the journey of human existence]. First and foremost I would consider that I'm a spiritual being*

*experiencing the human existence. So, based on that I have to look at everything spiritually first. So what I would do is try to eliminate things like **whakapapa**, and anything that's happened in **whakapapa**.*

Te Maru went on to explain the sorts of things he would be looking for to identify if **whakapapa** may be a relevant factor in a particular case:

> ***Te Maru**: **Takahi mana**, transgressions of the forefathers, and so I use a biblical principle to say: "The sins of the forefathers may fall upon the children, upon the son." So, **ka heke haere mai**—If it misses a generation, it might hit another generation, so it's a matter of going back and breaking those ties if you like. I tend to call that a "**herenga ngākau**"—a "soul tie"—and for good or bad every contact you make is a **herenga ngākau.***

In other words, **Te Maru** addresses **whakapapa** connections that may be negatively impacting upon a person's wellbeing. Thus, another aspect of **whakapapa** in relation to **matakite** includes identifying and mitigating the intergenerational effects of past transgressions on the wellbeing of current generations. Glenis Mark (2012) discusses this principle in her doctoral thesis exploring the underlying philosophies of **rongoā Māori** [traditional **Māori** healing], where it is recognised that the causes of illness might extend back several generations of **whakapapa** (p. 110).

All these comments begin building a picture of the central connection between **matakite** and **whakapapa**. This contrasts with **Fran's** experience, and although she sees her intuition as an inherited gift, she also talks about being largely disconnected from her Celtic pagan spiritual traditions and the relative lack of value placed on ancestry in the **Pākehā** world.

> ***Fran**: My ancestral traditions have been broken down almost completely, [but] my ancestors are important to me and speak to me now and then. For*

example, without any prior knowledge, I was led to a grave site in an obscure little cemetery where the headstone had the same family name as mine. I later asked my father if any of our ancestors were buried up there, and he confirmed the name of the very site I was led to. However, I imagine most ***Pākehā*** *would say that their ancestors aren't really that important because many of them grow up in very disconnected families where sometimes they don't even know their grandparents. And I guess that's why most of the* ***Pākehā*** *I'm close to are also part of the* ***Māori*** *world in some way—either they have* ***Māori*** *partners or children….We don't fit very well into the mainstream* ***Pākehā*** *system…[and] when you don't fit into the mainstream, you look outside it to find systems that validate your experiences....I think I was drawn to* ***Māori*** *things because they validate my reality far more than mainstream Western philosophy does. And ultimately I think* ***Māori*** *ways are far more similar to the ways of my ancestors way back before the Inquisition, before the burning of the Witches, and before the Church began to dominate everything and push the Pagan traditions of my ancestors out, and before positivist science became the international religion and destroyed mysticism. I mean most* ***Pākehā*** *haven't got a clue about any of their ancient traditions. They've lost all their spiritual knowledge, their songs, stories—everything really.*

This comment suggests that understandings around **matakite** may also be a resource for wellbeing of **Pākehā** who have similar experiences but who cannot access their own traditional knowledge because of the disconnection from traditions surrounding such phenomena within mainstream **Pākehā** society. The contrast between **Fran's** experience and those of some **Māori** participants also shows that the knowledge of **whakapapa** pertaining to **matakite** is still securely in the hands of certain **matakite.**

Te Hānui gives a detailed account of the **whakapapa** of **matakite** (according to tribes descending from the **Mataatua** canoe), in which he is able to link **matakite** through various ancestors back to **Io-matakite** [one of the names of the Godhead that indicates

the spiritual origins of **matakite**] and **Te Kore** [the original state of limitless potential from which physical creation and the various celestial realms emerged].

> ***Te Hānui:*** *I'll start and explain some of my experiences in terms of where our* ***matakite pūmanawa****, those qualities, have actually come from in terms of our* ***whakapapa****. So one of the principle ancestors here,* ***tētahi tupuna rongonui, he matakite. Ko Hine-te-ariki tōna ingoa*** *[a famous ancestor; she was a* ***matakite****.* ***Hine-te-ariki*** *is her name]. In fact all of the* ***Mataatua*** *people descend from her. She comes from the lines of* ***Māui****.* ***Māui*** *is also a great voyager, navigator as you know, historian, and expert in* ***karakia*** *and he also had the power of prophecy. So most of us generally descend from* ***Māui****. One of the wives he married here was* ***Raukura****, so our* ***matakite*** *ability of course starts from the* ***mana tupuna*** *from the ancestral connections coming from* ***Māui****. If you go further back, the spiritual dimension of the power of* ***matakite*** *is the ability for us to interpret the spiritual messages that are being conveyed from* ***Io****, the Source of all things.*
>
> *And so the* ***mana atua*** *or the spiritual dimension in terms of the power of* ***matakite*** *commences from* ***Io-mareikura****,* ***Io-whatukura****, because the* ***matakite*** *power has both the elements of male and female ability which enables us to see both the physical and the spiritual….So the whole ability of having the spiritual understanding of* ***matakite*** *comes from* ***Io****.* ***Io-matua-nui****,* ***Io-taha-rangi****… [extensive genealogy recited here, and finishing with]* ***Io-matanuku, Io-matarangi, Io-matakite. Koinā te whakapapa. Mehemea ka kōrero tāua mō te tīmatanga o te matakite, tēnei taonga i ahu mai i a Io-matua, i a Io-matakite*** *[That's the genealogy. If we discuss the origin of* ***matakite****, this treasure comes from* ***Io-matua, Io-matakite****).*
>
> *We have four baskets of knowledge. Other tribes have other versions of how knowledge came to be. So the access of the knowledge comes through the* ***whēkite****. So* ***matakite****, comes from that basket of all things spiritual….****Tāwhaki nui a Hema*** *is the* ***atua*** *for us that was responsible for climbing the ten heavens*

*to the uppermost heaven of **Io** [the Supreme Creator] to access the knowledge of **matakite** and brought it down and deposited it into what we call **Te Whare Pū**, or **Te Whare Wānanga**, where the **tohunga** were then taught the knowledge to be able to access **matakite**. So that's the physical part of it in terms of the transference of the knowledge and how to access it through **karakia** and through the trainings as a **tohunga**, but then the spiritual side, the **mana atua** dimension of **matakite**, comes through being directly in line with the power source of **Io.***

*So then **matakite** spiritually comes down to **Rangi** and **Papa**, and each of their **tamariki ātua** have their own way in terms of how they convey messages, because **matakite** is all about messages to us, the **uri** [descendants] of **Rangi** and **Papa**. So knowing the different winds, north, south, east, west…so even within the domain of **Tāwhirimatea** a **tohunga** would need to know how to interpret which winds were giving what message. The same with **Tangaroa**,…the different tides each have their own unique way in terms of how things are conveyed. [Also), **ngā manu a Tāne, Te Aitanga a Hakuturi**, [the birds and insects]. So what I am trying to say is that a person that has to be quite steeped in the knowledge of all these things to understand the true potential of **matakite**.*

*So from **Rangi** and **Papa**, the gift of **matakite** came down to **Māui** [extensive **whakapapa** given here] down to **Tama-ki-Hikurangi**, who was one of the main **rangatira** of the original tribes here, and he was also a **matakite** of great renown. For the **Mataatua** people [descendants of ancestors who arrived on the **Mataatua** canoe], the power of **matakite** comes through a **mauri** [sacred object] that he placed here, and so the power of the **matakite** comes down [more **whakapapa** recited] to **Hine-te-ariki**. She was the **matakite** of her time, and she became the expert prophecy teller of this area and she married a Rarotongan man called **Waitaha-ariki-kore**. So when I talk about **matakite**, it's generally based upon our own traditions and I think that's what's important when you're interviewing people. There many interpretations and books, but*

*the knowledge of **matakite** we have is from the direct source of our own **tūpuna**.*

Te Hānui's point that their knowledge about **matakite** does not come from books but is directly handed down from their **tūpuna** illustrates the great importance placed by **Māori** culture upon unbroken lines of orally-transmitted knowledge. He goes on to talk in detail about the **matakite** gifts of his ancestor **Hine-te-ariki**:

***Te Hānui:** **Hine-te-ariki** could foretell when it was a good and bad omen to go into battle. She would dream at night time and then in the morning she would blow the **pūtātara** and call all the tribe together, and then interpret it and sing a **waiata matakite**. All the tribes in this area would go to her before they went into battle. They'd ask her: "Can we go into battle today?" She would go to sleep, dream away. Next day, she'd wake up and say: "**Kao**, not time to go yet." She was a cultivator, she was a prophecy teller, so she had quite an important role, **he arikinui, he tohunga ruanuku**. That's the female term for **tohunga** female, a **tohunga ruanuku. He ariki tapairu**—she she was of the highest of rank on her bloodlines and born and bred here as **tangata whenua** [people of the land], part of the original tribes **Te Tini o Toi, Te Tini o Awa, Te Hapū Oneone**.*

*The reason I make reference to that is because the source of the power of **matakite** comes from their land, their river. She knew also every single nook and cranny of her tribal boundaries because the power of her ability to talk and prophesize came from the natural earth. So her power source was knowing all the rivers and where all the **taniwha** were, because that's where she gained her ability to be able to astral travel, because **matakite** talks about that too. So when you are asleep, you are not quite asleep, and your **wairua** will travel and be able to communicate with the spirits of beyond, and then they will give you the messages that you needed to bring back. That's why in the morning when you wake someone up you're not supposed to really, that's why you take a*

*while to wake up, so that it gives your **wairua** time to come back inside your physical body, because you've been having an astral **tipi haere** [walkabout]!*

In this sense, **matakite** is seen as an inherited divine gift, a point noted by Māori Marsden (2003), who comments on the importance of uniting our human and divine natures in order to express our highest potential. He writes:

> From the **Māori** point of view, that transition and transformation will result in the perfect comprehension of the higher spiritual laws ever sought by the ancient seers (**tohunga**) to enable mankind to flow in union with the universal process and thereby become fully creative. This is man's transition from the purely human into **atuatanga** (divinity) whose manifestation has already become evident in the lives of the saints and seers of various peoples and religions.
>
> This **atuatanga** will mean the perfect blend and union of mind and spirit in which the gift of **matakite** (enlightenment) will allow man to exercise **mana** (authority, power) responsibly in perfect wisdom and freedom. Thus he will creatively lift up and transform creation itself (p. 50).

If indeed, the experience of **matakite** is a spiritual gift and an essential aspect of developing our full potential, it is doubly tragic then that individuals experiencing it are subjected to misdiagnosis with mental illness, instead of being provided the necessary support and knowledge to integrate it into their lives. It is interesting, also, to note that Māori Marsden (Royal, 2003, p. 50) translates **matakite** as "enlightenment," suggesting that the experience may encompass much more than perception on a psychic level, a point that will be explored in the next section of this chapter in greater depth.

Te Hānui also suggests that "a person has to be quite steeped in the knowledge of [the **whakapapa** of **matakite** to understand the true potential of **matakite**." He talks about

two aspects of **matakite** according to his own **iwi** traditions; one being the knowledge brought back by the ancestor **Tāwhaki** to the schools of esoteric knowledge, known in his **iwi** as **Te Whare Pū** and **Te Whare Wānanga,** in which **tohunga** were trained to access the experience of **matakite** through tools such as **karakia**; the second being "the **mana atua** dimension of **matakite**, [which] comes through being directly in line with the power source of **Io**."

All these quotes illustrate the distinction between **matakite** and psychic phenomena as being primarily around the way in which information is interpreted within a cultural context. Elements of culture that have been identified as important for optimising the full potential of **matakite** include having intimate and extensive knowledge of **whakapapa** (both celestial and human) in order to understand the divine origins of **matakite** and how it might manifest through the different realms of the **ātua** [celestial beings and their relative realms and elements], as well as how the gift of **matakite** has manifested in the lives of one's physical ancestors right down to current generations. Having an intimate knowledge, also, of one's tribal histories, territories is important because they provide knowledge that may help with interpreting **matakite** experiences and they also serve as a power source through which gift of **matakite** may manifest**.**

The Multi-Sensory Nature of Matakite

The literature pertaining to **matakite** cited in the Context chapter (which included definitions and related terms from various **Māori** dictionaries and ethnographic studies) discusses **matakite** in a way that is primarily based on the faculty of sight, with some references to hearing supernatural sounds. While these senses were certainly

reported by participants, they were not the only senses included, and this study reveals new understandings that suggest **matakite** spans a much broader spectrum of sensory perceptions. These may involve intuition working through all the five senses and also on levels akin to mystical experience and beyond. This produces a concept of **matakite** having a multi-sensory and multi-dimensional nature.

Some of the participant stories illustrate the problem of misdiagnosis of **matakite** as symptomatic of a mental disorder, and the consequent health implications. It must also be said at this point that for some people the "experience" of **matakite** is not so much an "experience" as it is an extension of their senses, easily accessed and playing an important part in how they navigate life and their relationships with others. To call it an "experience" would be like calling our normal sense of sight an "experience."

In relation to the word "**matakite**," a linguistic technique of word separation was used by one participant, **Hēmi**, which can sometimes be useful when trying to understand complex **Māori** terms. In the case of **matakite**, **mata** can be defined as "face" or "eye" (H. W. Williams, 1992), and **kite** "to see" or "to divine" (H. W. Williams, 1992). Hence, the general picture of a person gifted with prophetic or spiritual sight begins to emerge. Whilst, **Hēmi** (a respected **Māori** language authority) recommended caution when using this method in all situations, he thought this method might be useful to a degree for the term **matakite**:

> ***Hēmi**: It's always dangerous to attempt an interpretation of a word by splitting it up into two component parts, in the case of **matakite**, into "**mata**" and "**kite**." But I think that in this context, it's probably one in which I can say we can come up with a number of different interpretations as to what **matakite** means. If we were to take the word "**mata**," which is "face," and "**kite**," which is either "see"*

*or "be seen" we can also arrive at a point where we can say a **matakite** is someone who is able to see something. **Matakite** is also a face that can be seen. I look at you, I see your **mata**, so yours is a **mata** which I can see—he **mata kite**—because it has presented itself to me.*

Hēmi later expanded this definition based on sight to include sensing, seeing in a spiritual way, feeling, and interpreting:

***Hēmi**: In the general sense of the word "**matakite,**" I think most of us understand that it is applied to the ability of an individual to be able to sense, to be able to see in a spiritual way, and to be able to feel things, and at the same time be able to interpret what the apparition is, what the spectre is, or what you see as coming to you either in your mind or even physically seeing something.*

As many participants suggested, **matakite** is a phenomenon that involves the intuitive faculty and deals with sensing, seeing, and feeling things that may not be perceptible to others. It also includes the ability to correctly interpret what one has perceived:

***Tui**: A **matakite** is likened to someone like a medium or clairvoyant, and there are different levels of expertise, knowledge, and experience….Sometimes **matakite** is around your ability to interpret and receive, and that might be through form of vision, **moemoeā**, dreams, auditory, through sensory perception.*

***Rafael:** A **matakite** is someone who will see something and it usually has some meaning.*

***Te Hihiko**: **Matakite**, as I understand it in my limited knowledge of **te reo**, **matakite** being a visionary, a person who has insight. The ability to encounter things that aren't tangible.*

> ***Hēmi**: In the general sense of the word "**matakite**" I think most of us understand that it is applied to the ability of an individual to be able to sense, to be able to see in a spiritual way, and to be able to feel things, and at the same time be able to offer some interpretation as to why that visitation or that vision, or that whatever it is that they sense and see—to offer an interpretation as to the purpose of its appearance. And it's that part of it which separates someone who has a capacity to see and feel things but not know what to do with it, and those who know how to engage and use that for beneficial purposes and to help people out. That's how I would separate out just a **matakite** and a very good **matakite**.*

Although for some people the word **matakite** may connote a visual experience, it can also span the full spectrum of the senses, suggesting that in a **Māori** worldview the senses are not so rigidly separated as they are in a Western worldview. That is, while the **Māori** word **kite** refers to the sense of sight, it is not limited only to this sense and can accommodate other aspects of intuition. A person may intuitively perceive something but may not necessarily be visually seeing it. Nevertheless, they might say: **"Kei te kite…/He kitenga tonu nōku…"** (Enoka Murphy, personal communication, 2013). For example, while **David** experiences seeing a vapour-like haze above the ground where dead bodies are buried, he also experiences **matakite** through the sense of touch, such as feeling electrical-type impulses through his body.

> ***David**: It manifests for me like vapours coming out of the ground. Just like a haze rising off the road when it's hot, but in a very defined manner. It's also like an electrical impulse. The **matakite** has the ability to interpret the vapours, the impulse.*
>
> *When the **matakite** activates, it first appears to me like heat shimmering above a hot road, but it is sporadic, not stable. Then when I give it attention it*

becomes more stable, like a stable shimmering heat. It's kind of like tuning into a radio station.

This electrical impulse sensation may be similar to the "tingling sensation" described by Guiley (1991a, p. 285) as one of the indicators that intuition is active. Participants also made reference to other specific sensory aspects of their experiences. In **Te Ariki's** case, he was misdiagnosed with "olfactory hallucinations."[8] His story specifically highlights the problem of misdiagnosis and the lack of access to cultural consultation and expertise within mental health settings. Admittedly, this happened in the 1990s, and one would expect some improvements have since been made. However, **Te Ariki's** dissatisfaction with the mental health system in his current employment as a mental health professional suggests little actual progress has been made regarding the ability of mental health professionals to distinguish between **matakite** and mental illness. Both he and another participant, **Te Maru**, are able to sense sexual abuse via the sense of smell.

***Te Ariki**: One of the things that I got pinged with was olfactory hallucinations—by smelling things. For me particularly, sexual abuse has a smell.*

***Te Maru**: Yeah, it has.*

***Te Ariki**: Really strong and/or evil things that have happened in houses or assaults—male-on-female assaults—have a smell.*

***Te Maru**: Different smell for each one, the perpetrator and the victim.*

***Te Ariki**: And you can be sitting in a Multi-Disciplinary Team and they'll be discussing, even bringing up a case and you'll smell it.*

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[8] Defined by Leopold (2002) as "the perception of an odor (usually unpleasant) when there is no odorant or stimulus present" (p.611).

At this point, **Te Ariki** referred back to when he was committed to Tokanui psychiatric hospital under the Mental Health Act. While there he could perceive the odor of sexual abuse on some of the other patients—a perception that was misdiagnosed as olfactory hallucinations.

> ***Te Ariki**: It wasn't until one of the nurses at Tokanui thought "okay," and knew that these two people had been victims of sexual abuse and knew this person was a perpetrator of sexual abuse, and then started digging in and asked me: "Who else can you smell it on?" And I said: "This person here's a perpetrator, this person here's a victim, this person has been victimised by their uncle." And she goes: "I don't think this is an olfactory hallucination because you're absolutely right!"*

I asked **Te Ariki** why he was admitted into Tokanui psychiatric hospital in the first place. This aspect of his story will be explored in further depth later in this chapter in the section titled Distinguishing Matakite from Western Mental Illness.

Matakite may also manifest through the sense of taste. While a specific example of this was not reported by any of the participants, such as being able to perceive the odour of sexual abuse, it was nevertheless implied through comments that **matakite** involved all five senses.

> ***Te Hānui**: "**Mata**" is the ability to be able to see those things within the spiritual world. The senses that are known to us, smell, taste, see, hear, touch—those are the human dimensions of our ability to be able to sense things, both in the natural and spiritual and the environment around us.*
>
> ***Te Maru**: If you ask "do we see things?" We see things with all five senses. We have a saying, **"na te mea kei te rongo au i te kakara o te kai."** I can hear the flavour of the food, and then I say "**tae atu anō ki te tēpu ka kite au i te reka o***

te kai," *I see the sweetness of the food. So I'm tasting through my visual stuff. I'm smelling a fragrance through my ears—everything is interconnected.*

The manifestation of **matakite** though the sense of hearing was also mentioned. For example **Hine-kotiri** talks about having heard the thoughts of her friend and responding to those thoughts as if they were having a normal conversation. It wasn't until her friend pointed out that she hadn't spoken for the past half-hour that **Hine-kotiri** realised what was happening.

Hine-kotiri*: I've done that all the time, all my life, but I have effectively learned to switch it off because I felt like an intruder. The way I learnt it, I was driving this five-ton house-truck to Tauranga and my girlfriend is with me and I'm talking away and she's talking away and then I'm talking away, I could hear her talking to me, and I'm saying: "No, no girl, this is…" you know? And then she said: "Stop the truck!" I said: "What?" And then she told me, "You are an intruder!" I said "Why? What have I done?" She said "I haven't talked to you for the whole half hour, and you've been answering all the questions in my head. You have intruded into my head!" That just blew me away, you know? And she was frightened. She's thinking "What else does she know?"*

So I had to learn to shut it down. I shut it down by saying in my head: "I am not going to hear anything from anyone today. I am not going to answer questions in their mind. I am not going to ***hikoi i roto i te hinengaro o rātou****." From that day I had to learn, and I promised her: "I won't travel in your mind again." I hadn't realised that I was doing that, and she just wept and wept and then we got on our journey and I promised her I wouldn't do it again.*

Hine-kotiri seems to be talking about a form of telepathy, which had been operating without her conscious awareness. Her account suggests that, at least in some cases, it is possible for a person to gain sufficient control over the phenomenon that they can choose how and when it happens. It also illustrates the possible negative impact on

relationships when such phenomena are not controlled, and when others do not understand them. This, at least in part, is due to a loss of knowledge in **Māori** and mainstream society about such these experiences—an issue that will be discussed in greater depth in Chapter Five.

Some participants also experienced seeing or sensing sickness in a person or feeling it directly through their own body, described by **Tui** as "sympathetic pains." This is a very specific aspect of the experience of **matakite** where the person experiences or perceives aspects of an illness of another person. She spoke about how she distinguishes sympathetic pains from normal aches and pains:

> ***Tui**: How I've been taught is it is usually the first thought to your head. That's right. Without even looking at where I saw the lump, I got her to check in that area behind the ear, on the gland yea. So I've been taught it's the first thought to your head.*

The term **Te Maru** used for this is **mat<u>e</u>kite** (**kite** = the perception of, and **mate** =illness):

> ***Te Maru**: Well for me there's two ways, there's **<u>mate</u>-kite** being able to identify illness or see disease, and then there's **<u>mata</u>-kite**, being able to see what's coming around the corner, sitting down looking at someone's **āhua** [appearance]. I don't want to sound airy fairy, but I can often see death on people, and not death where you drop dead right there and then but a type of death of the **wairua**, I suppose, and it's about trying to reignite that [person's vitality]. So that's my **matakite** [definition]. There's two types…**mat<u>a</u>kite** and **mat<u>e</u>kite**—one that can see, and the other one who can see sickness. **Mat<u>e</u>kite** is to have knowledge of sickness or pain in others.*

Te Maru spoke of instances when he perceived **mate** [illness] with very specific detail.

I've sat next to a fellow in a meeting, and I happened to look down, and I could see his rib cage like an x-ray and on the fourth rib down he had like a little crack in the rib, and I said to him: "Excuse me, have you been to the doctor for your ribs, fourth one down on this side?" I thought: "Gee I had better get out," because I was making too much noise because I was saying: "Look, I'll ***karakia*** *for you later on." So I went out, and not long after that he come bursting out in the kitchen gave me a big hug. They came in and told me after they had to carry him from the car; he had crashed his taxi two days before. His ribs were already strapped, but I didn't know that, because he had clothes on, he had his jersey on.*

Te Maru*: One doctor was just throwing off a little bit about* ***kaupapa Māori*** *in our* ***wharenui*** *[large house, where formal* ***Māori*** *gatherings take place] so as I went past him, he had long pants almost the same colour as yours, sitting down on a mattress and I went past and said: "How long have you had that knee problem? He said "What knee problem? I haven't told anybody about a knee problem." I said "You've got it, and it's really bad. You were quite young when you got it." I walked out, and he came trotting along and he had had an accident when he was tramping. He's a very keen tramper and rock climber, and he fell and shattered his knee. He hadn't told anybody about this. It was probably 30 years before, never told anybody but it changed his attitude towards our* ***mahi****.*

Te Ariki and **Te Maru** spoke of another doctor who came to **Aotearoa** as part of his writing a book about shamanism:

Te Ariki*: Straightaway in the* ***wharenui*** *this fellow was a bit sceptical, and I think he just wanted to come over and sus out whether we're just full of shit. You could tell he was still sceptical, and he was like asking: "How do you know? What do you see? How do you know that sort of stuff?"* ***Te Maru*** *said to him: "Oh for instance I pick up something like the flutter that you've got on the left*

side of your chest, and your breathing. Perhaps I can talk to you about it a bit later."

***Te Maru**: He wouldn't say a word then. When we went out I said to him: "Before you go, can you tell me what it is?" He said "I'll come back and see you tomorrow in private." He said the doctors had diagnosed him as having an irregular heartbeat. They were saying it probably wouldn't be a problem with him, but he was still anxious about it. And then he said to me: "Do you see anything else?" I said "Well, if rejection is a spirit you have a mean spirit of rejection; there has not been any closure, and it's led to the **mahi** you're doing now."*

And he said: "My dad, when I was young, never had a good word to say about me—always put me down, always run me down," and he said he needed to understand what his dad was thinking, and his own response to his dad.

***Te Ariki**: He's still quite sceptical, like he came round for dinner and was asking what I saw, and I told him the same thing, that it was on the lower left ventricle of his heart, and he's like: "Yeah! That's the one!" I said "Of course, I see that you've got issues with your father" and he said: "Oh okay." So we had a bit of a discussion around that, and I described his father and described the surroundings where an event happened, and he confirmed it all. And I mean it's not just like "he's someone who is slightly tall, maybe slightly short, or maybe they were slightly fat, or slightly thinner." I mean the area that this thing had happened in, I described it perfectly, what it looked like, the smell of it, where it was, and so to me that's proof.*

These accounts demonstrate how **matakite** abilities may be used as a resource for identifying issues affecting a person's wellbeing, whether the cause be physical, psychological, or spiritual. This is a well-known aspect of **matakite** in traditional and contemporary **Māori** healing traditions. On an international level, such abilities are known, among other terms, as "medical intuition." This field is being developed by

physicians from various branches of medicine including neurosurgery and psychiatry, who are using their own heightened intuitive abilities in practice and who are working in partnership with gifted intuitives to explore the application of intuition in medical diagnosis (Myss & C Norman Shealy, 1988). Although Myss and Shealy made this concept popular in the 1980s, it is recognised that medical intuition has been practiced in the form of shamanism, midwifery, and herbalism for many thousands of years (Zion, 2012, p. 8). In the **Aotearoa** context, we can add the terms **matakite**, and **matekite** to this list.

This section expands the literature on the various ways that **matakite** may manifest. It confirms literature describing **matakite** as a visual and auditory experience and further reveals that **matakite** can manifest through all five senses. It additionally reveals that the auditory aspect of **matakite** may manifest as a kind of telepathy. The term **matekite** was introduced as a specific term for the ability to intuitively perceive a person's illness and its cause.

The Multi-Dimensional Nature of Matakite

The previous accounts of **matakite** have described how it manifests on a level that aligns with descriptions of conscious psychic phenomena. However, **matakite** may also manifest on other dimensions. The term "dimensions," in this context, refers to different states of consciousness through which **matakite** may manifest in a multi-sensory way. One of these dimensions or states is the subconscious (during sleep) and therefore involves dreams. As identified in Chapter Three, **matakite** may manifest while a person sleeps, and it was through their dream states that traditional **matakite**

received messages pertaining to their own, or the community's wellbeing. Several of the participants in the study mentioned dream states in relation to **matakite**.

> ***Te Hānui:*** *I was quite upset that I wasn't able to be at my grandmother's burial, but that night she was buried I had a* ***matakite****. I saw my grandmother in a dream.*
>
> ***Rachel****: At that time also I was having all these powerful dreams, so I learned that my dreams is one of the ways that I get spoken to. So now I write my dreams down.*
>
> ***Te Ariki:*** *I wasn't sleeping; things were coming into my dreams. I was going* ***tipi haere*** *[astral travelling] even when I was sleeping.*
>
> ***Terēhia****: I have a six year old* ***mokopuna****, a little girl who is always relating dreams, her dreams are very important, have been ever since she was little. So she'll wake up in the night to report her dreams to me and tell me about them. She's a very psychic child, and this will be the way* ***tohu*** *will come to her.*

While the term **rehu** was used by Awatere (2003, p. 158) (as mentioned in Chapter Three) to describe the conscious experience of double-vision that indicated to him a person was going to die, the term was also used by one of the participants, **Hēmi,** to describe a vision that could occur during sleep:

> ***Hēmi****: So [the* ***tohunga****] says: "We'll sleep the night, and whoever wakes up and has had a* ***rehu*** *can talk to us about the* ***rehu****."*

However, he did not use it exclusively as such, showing that **rehu** may be used to describe a **matakite** experience had either consciously or during a dream state.

> "*What a* ***matakite*** *sees is of a* ***rehu*** *nature—a* ***rehu*** *or a spiritual nature. A* ***rehu*** *is something that comes to you, and it may just come in a moment when you least expect it."*

Another dimension that **matakite** can manifest on aligns with descriptions of a mystical nature, rather than psychic nature. Talking with one cultural authority about the study, I was given the term **mātākitekite**, which he had heard some **kaumātua** use to describe an experience of Cosmic vision, as distinctly different in nature from psychic experiences (anonymous, personal communication, 2008). Such an experience resembles descriptions of mystical experiences more than psychic experiences. Guiley (1991) notes that while some people associate mystical experiences with phenomena like visions, voices, oracular dreams, and other features commonly associated with psychic perception, others argue that mystical and psychic experiences are qualitatively different (p. 390). She also notes that mystical experiences tend to transcend "the bounds of ordinary consciousness to an ineffable awareness beyond time, space, and the physical" (p. 384). This is the kind of distinction that **mātākitekite** implies. Such a distinction suggests there is a broad spectrum of experiences that relate to the experience commonly called **matakite**, upon which **mātākitekite** and **matakite** both exist. The term **mātākitekite** could therefore be a useful addition to the discourse around **matakite** in terms of restoring a deeper knowledge base around the experience. Such an addition also leads to the question of whether there is an experience of perception beyond that of **mātākitekite**. One of the participants, **George** wrote of an experience he had when he was three years of age and gave me permission to include it here as part of his contribution. Although he is **Pākehā**, his experience bares a striking resemblance with traditional **Māori** accounts of **Te Kore**, translated by Pei Te Hurinui Jones (2010, p. 34) as "the formless void," and by Tregear (1969) as "the primal Power of the Cosmos, the Void or negation, yet containing the potentiality of all things afterwards to come." Māori Marsden (Royal, 2003) uses the

term **Te Korekore** to emphasise the point that the void is not merely a negative state of "nothing" but rather a "realm of potential being….the realm of primal, elemental energy or latent being". **George**'s experience as a young child affirms this definition of "potential being" and is therefore relevant to this discussion around the full spectrum of intuitive experience related with **matakite**. He explains:

> ***George:*** *Before Creation, before a Cosmos comes into being, there is a boundless Stillness and Silence, the Unmanifest Absolute. It has been called the Dark, the Void, the Emptiness—an infinite, dark space with no stars or galaxies. When I was very young, around three years of age, I was somehow thrown out of the body into an experience of that vast Emptiness. I was in that space but there was no "I" and there was no mind or point of reference, yet I was there and experiencing it. It is difficult to put into words. After returning to the body the experience repeated, but this time I noticed the Sound, which later becomes the Creative Word. In that infinitude of dark space I could see nothing, but heard what seemed like trillions of orchestras and angelic choirs singing in total harmony. I then experienced that Sound-Vibration becoming Light, quite literally bursting into an Ocean of Light.*

George's experience adds a dimension to the spectrum of intuitive perception that goes beyond what is normally considered "perception" and provides an example of an element of **Māori** cosmology (**Te Kore,** or **Te Korekore**) that is not confined to an inconceivably distant past but as a mystical state that may be experienced in the here-and-now by those with the intuitive capacity to do so.

This discussion about the various dimensions involved with **matakite** is illustrated in Figure 3 below. The concentric rings show ever-broadening spheres of perception. As the normal sensory range is commonly considered the most limited, it is placed within the smallest ring at centre. The broader scope of psychic perception is placed in the

next ring, which includes commonly associated perceptions of a clairvoyant, clairaudient, clairsentient, clairolfactory, and clairgustatory nature. These perceptions correspond with **matakite** experiences of a similar nature described by the participants (such as *"I hear the flavour of the food,…I see the sweetness…."*). The next ring indicates experiences of a cosmic or mystical nature, corresponding with the term **mātākitekite**. The dotted lines between each layer illustrate the permeability of each level of perception, demonstrating the possibility that people may experience several levels of perception at the same time, and that each level is not exclusive of others. I have also included **Te Kore** in the figure. Thus it depicts the full spectrum of **matakite** experiences.

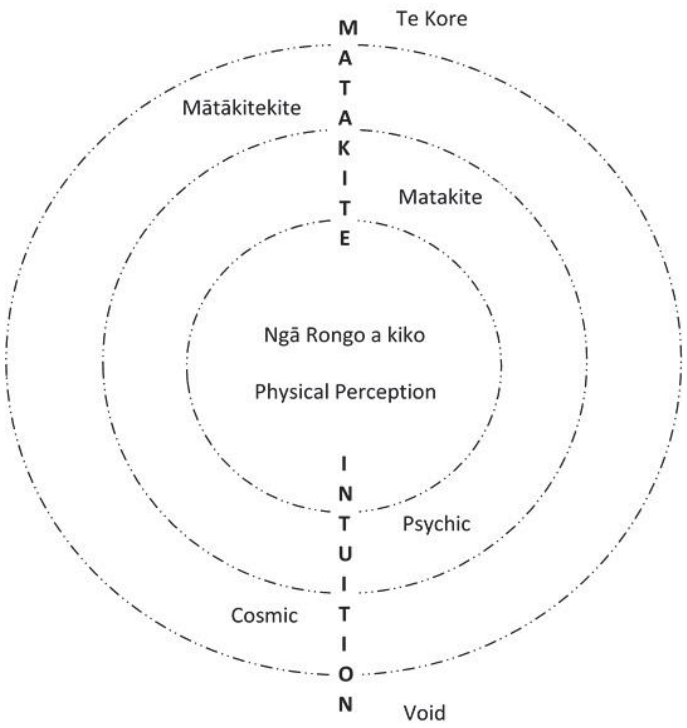

Figure 3: The multi-dimensional nature of matakite/intuitive experiences

What is clear from this study is that the range of **matakite** experiences is also reflected in the literature on intuition in a spiritual context, which recognises the multi-sensory and multi-dimensional ways that intuition can be experienced (R. E. Guiley, 1991b, pp. 285-287; Vallyon, 2007, p. 328). However, it is important to remember that **Māori** cultural worldview and frameworks through which these experiences are interpreted and integrated must also be accounted for in understanding **matakite**.

A final comment from **Te Ariki** should be included here in relation to how the different dimensions of **matakite** experiences have been depicted in relation to each other in Figure 3. His comment relates to a tendency he has seen for people to think of the differences between these experiences with a hierarchical mindset—placing greater value on certain experiences than on others.

> ***Te Ariki:*** *I personally think we may be missing the boat if we try to put a name to an experience rather than let the experience describe itself. What I mean by that is I've met lots of people who have had what might be called "high-level spiritual experiences." What I feel uncomfortable about is when people rank those experiences as lower-level and higher-level, stuff like that. It's an experience! And the experience doesn't define you, and you don't define the experience. You experience what you experience, in whatever way you experience that. And when we use language like "higher" and "lower" it puts a value judgement on it, which starts bringing ego into it. I've had people say to me: "You've had really high-level spiritual experiences," but I say: "No, I've just had experiences. But that doesn't make me any super shaman or anything. I'm just as weak and flawed and frail as every other person on this planet!"*

Te Ariki's comment calls for an awareness that when distinguishing between the different ways in which **matakite** manifests, that these distinctions be based on the inherent nature of these dimensions, rather than being based on value-judgements

that play into issues of egotism. This is the primary reason why Figure 3 is laid out visually in concentric circles, instead of vertical layers that are prone to hierarchical interpretation. Such a circular layout represents the distinctions made by the participants and literature in a way that (one hopes) accurately depicts their nature and does not reinforce egotistical value judgements.

Distinguishing Matakite from Imagination

Participants reflected on how they identified the difference between imagination and intuition. Many emphasised the need to listen to the first thought, and be able to put aside any internal censoring:

> ***David**: **Matakite** is the first thought. Not to be changed. Not to be swayed. Logic fucks it up. You must learn to separate **matakite** from you. I am the vehicle for the **matakite**. **Matakite** is the first instance. The first thought.*
>
> ***Tui**: It's usually the first thought to your head — that's how I've been taught.*

Tui also talked about the role of prayer in her **matakite** work, and confirmation as a bodily felt experience:

> ***Tui**: My experience is that you pray about it... and how do I know if that prayer worked and it's given me a tick…" yea you're right" or a cross…"no, this is not." So it will be a kind of feeling I get.…If it sits well with me, it will sit well within, like, the depth of my gut. It sits well there and it's like getting a fuzzy warm feeling; it's like an enlightenment. One thing I get is confirmation,…and what it is, is this red powerful light comes up through my eyes, like a sunrise….The confirmation comes in my own **tinana** or **hinengaro**. Either way I'll get confirmation.…It was how harmonious it sat within me, if that sounded right, and otherwise I would have just said "okay thanks, bye!"*

A few participants also talked about the importance of separating their own desires, motivations and ego from **matakite** to prevent their intuition from being corrupted:

> ***Tui****: Sometimes I believe people can will and manifest things to happen and that can be good or bad. A lot of people that I see…seek readings, they seek clairvoyancy, they want to know the message because they want to see something physical—"I want to know what's going on"—so that they try hard for that and they're desiring that so much that they want to, they get to a state of belief that it becomes the reality....I've gone through things where I've manifested and I've wanted things to be and* ***kua pau*** *it doesn't happen,* ***kua ngaro [it is lost]****. It's forced because you want things so badly to happen that way. Especially when the vulnerable part is when you've gone through traumatic or emotional trauma. I think that's where people turn to it most of all, I mean how many people go, end up seeking things, you seek, forever seeking.*
>
> ***David****: If I put "me" into the occasion, then all is lost. But if I use the first thought, then* ***matakite*** *has been activated. If you want to activate* ***matakite****, hit them with your first thought without internal censoring.*

This discussion draws attention to the need for **matakite** individuals to have an acute awareness of their own thought processes, and the ability to recognise their personal desires, motivations, and emotions, as distinct from the information received through **matakite**. Yogananda (1984c) also emphasises the importance of distinguishing between semi-developed intuition, which is subject to misperception and imagination, and fully developed intuition, which he argues is never wrong. He relates a personal story with a farmer who had an extraordinary degree of intuitive accuracy but assumed wrongly that his intuition was faultless. The farmer annoyed everybody by showing off his intuitive gifts, until Yogananda created an opportunity for him to learn

a lesson in humility. Yogananda's point was to illustrate the importance of developing our intuitive faculties to the degree that we can depend on them, and not assuming that just because we may occasionally experience accurate intuition that we are no longer prone to error.

> Intuition must be distinguished from self-confidence, overconfidence, and from the superstition that "because it has happened so many times, it will happen always." There are many such psychological states that pose as intuition and delude people. When such psychological upstarts are wrongly mistaken for intuition, trouble results. Real intuition can never be wrong (Yogananda, 1984c, pp. 5-6).

Chapter Summary

The findings in this chapter have revealed aspects of **matakite** experiences that are not in the extant literature on the subject. These aspects expand the understandings about the nature of **matakite** as a multi-sensory and multi-dimensional experience of intuition, and therefore affirm the use of "heightened intuition" in its psychic/spiritual context as an appropriate English translation for **matakite**. The term **mātākitekite** was introduced to refer to experiences more closely resembling perceptions of a mystical rather than psychic nature. The **Māori** cultural context in which **matakite** occurs must also be taken into account. This includes the influence of **whakapapa** in that **matakite** descends from **Io-matakite** [the Source of **matakite**], and may have a strong occurrence in some genealogical lines. People with deep knowledge of **whakapapa** and tribal history can be invaluable resources for information that can help people experiencing **matakite**.

Participants noted the importance of distinguishing between **matakite** and mere imagination. Key criteria that have been used to make such distinctions have been to capture the very first thought/impression and to put aside any internal censoring. This is distinguished from logic. **Matakite** need to be acutely aware of their own thought processes, desires, superstitions, habits, imagination, motivations, in order to distinguish them from real intuitive perceptions.

Matakite may include multi-sensory perceptions of objects that other people cannot perceive. It may include perceptions of people who have passed away, whether known or not to the subject. The experience may have negative, neutral, or positive content, and can affect the subject accordingly. People experiencing **matakite** may experience intense psychological distress as a result of their experiences, depending on the content, the degree of access to cultural/spiritual knowledge about **matakite**, and the degree of access to social support. The findings of this chapter are summarized in Table 2 following.

Table 2. Expanding Understandings of Matakite

	Findings
What is matakite?	**Matakite** is a **Māori** term for an experience of heightened intuition. **Matakite** is a **Māori** cultural expression of a universal experience, with strong connections to significant **Māori** cultural concepts, including **whakapapa**.
Who ought use the term matakite?	Because of the continued appropriation of **Māori** knowledge, language, and cultural symbols by **Pākehā**, the use of the term **matakite** ought to remain in the hands of **Māori** who have the sufficient cultural and spiritual knowledge to determine its appropriate use. Non-**Māori** should use their own cultural terms. Organisations ought to be guided by such individuals before using the term **matakite** within policy.
How can matakite manifest?	**Matakite** is multi-sensory. It can manifest through all the senses. This can include seeing, hearing, smelling, tasting, and feeling things that others cannot perceive (therefore associated with perceptions of a clairvoyant, clairaudient, clairsentient, clairolfactory, and clairgustatory nature). **Matakite** is multi-dimensional. It can be experienced in different dimensions, such as in normal consciousness, **rehu** (dreams), psychic, **mātākitekite** (cosmic/mystical visions), and experiences of **Te Kore** (the void). **Matakite** may include multi-sensory perceptions of objects that other people cannot perceive, and of people who have passed away. **Matakite** may be triggered by **wāhi tapu** (sacred sites) such as historical battlegrounds or **tapu** (sacred) objects.
How can matakite be distinguished from imagination?	**Matakite** is the first thought, without internal censoring, before logic comes in. Individuals must have sufficient skill and self-awareness to recognise and distinguish between their thoughts, desires, superstitions, habits, imagination, semi-developed intuition, and real intuitional feeling.

CHAPTER FIVE: FINDINGS — THE IMPACT OF PERSONAL, SOCIAL, AND CULTURAL FACTORS ON MATAKITE WELLBEING

The findings of this study reveal many interconnected factors that impact upon the health and wellbeing of **matakite** individuals. Personal attributes that individuals can cultivate are identified, as well as various social factors, such as access to spiritual education and **whānau** support, and whether individuals have access to decolonisation and healing tools. The disjunction between New Zealand law and traditional systems of settling disputes is also investigated through one participant's commitment to their **matakite** knowledge. This leads to a discussion of the loss of traditional knowledge and **tikanga** around **matakite** and the impact of the Tohunga Suppression Act 1908, revealing new factors that impact upon the health of **matakite** individuals that would otherwise not exist if that knowledge-base were still intact.

Personal Factors

Participants talked about key factors within their sphere of influence that affect wellbeing in relation to **matakite**. These pertain to personal qualities, beliefs, and cultural values within the **Māori** world having to do with character development and which are recognised as indicators of true leadership. Such qualities are seen to be directly under the personal power of the individual to develop:

> ***Hēmi****: One of the things you mustn't leave aside when you're talking about these spiritual things is that you have to have a large dose, as a component, of* ***aroha*** *or love. If it doesn't exist, then we're not talking* ***matakite****, no. But I*

believe that that has to exist in order for you to engage. If you didn't have that love, then I think it would be difficult to develop relationships with the ***taha wairua****. And love, it has so many definitions, but I believe that love in the context I'm talking about is that you have to be receptive. If you're not receptive, or if you deny entry to yourself or the other side, then I think you deny love....This is my interpretation, and I don't know if others would agree with me, but this is how I view it.*

Other participants also talked about the importance of **aroha** [love, charity] and **manaaki** [care], as well as the need for **āhurutanga** [creating safe spaces]:

Te Hihiko*: I wake up in the morning, I greet every day as brand new, I say my* ***karakia****, and then do what I do as a father, walking out the door and tell my family I love them….Take nothing for granted, and I try to make my own life as fulfilling and as rewarding, and you do what you have to do as a father, as a husband, as a partner. It's those things I suppose that actually give added strength….If I've learned anything from these experiences I'm sharing with you is the fact that this journey should be one that [includes] the right qualities of the human being—that being* ***aroha*** *(love), the art of giving (****manaakitanga****), creating safe space for your family and for your people (****āhurutanga****), the idea of* ***koha*** *from the heart and mind—all of those types of qualities.*

I think it makes life more fulfilling and rewarding spiritually, physically, emotionally, if you live practice and experience those things in their fullness; they give meaning and purpose to what we should be doing as human beings. The art of caring and sharing, being compassionate towards others, having a respect for nature, having a respect for our ***kaumātua*** *our elders, not just because they're* ***kaumātua*** *elders but purely for the fact that they, a lot of them actually have the experience. And as we know, true knowledge is experience; everything else is merely information.*

Hēmi's comment that **matakite** must have a component of **aroha** suggests that the cultivation of these personal qualities is part of the cultural knowledge-base around

matakite. Although no references in the literature around **matakite** could be found to support this suggestion, this is likely due to the lack of deep knowledge about **matakite** represented in the literature. As **Hēmi** is widely recognised as having deep knowledge of the language and culture, one can safely assume his opinion is based on cultural understandings about this phenomenon. Certainly, **aroha** has been identified in the literature as being fundamental to **rongoā Māori** [traditional healing] knowledge and practice, which recognises **matakite** as an essential aspect of healing traditions (Mark, 2012).

Additionally, various spiritual texts place great value upon the cultivation of qualities like love, humility, peacefulness, and wisdom—more so than the cultivation of phenomenal abilities such as psychic powers. Qi Gong master and healer, Yuan Tze Ren Xue (2008), warns people against developing what he calls "special abilities" without the support of a spiritual practice and spiritual teacher. He believes that this can not only be detrimental to the person, but can also lead to premature death, especially when the person has not cultivated enough stable energy within their body to use special abilities without creating an imbalance. He also draws attention to the importance of motivation, and encourages people to be motivated by being of service (pp. 87-95).

Various spiritual and religious texts reflect similar advice. The following are just a few examples. From a translation and commentary of the Bhagavad Gita (Yogananda, 1995):

> The devotee should concentrate not on astral phenomena or miraculous powers, but only on the attainment of joy in God (pp. 275-276).

> Even the highly developed yogi is reminded that he should meditate only to find God,…and not to satisfy any latent egotistical desires for spiritual powers and phenomenal experiences (p. 286).

From the New International Version of the Holy Bible:

> If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have a faith that can move mountains, but have not love, I am nothing (1 Corinthians 13:2).

The literature highlights the importance of cultivating such qualities because they are more likely to ennoble a person and bring happiness to themselves and others, whether or not they possess abilities like **matakite**. Certainly, these qualities were recognised as expressions of **mana**. As Tomas and Quince (1999) point out, the ways that a **rangatira** demonstrated their **mana** were through the cultivation and practice of **aroha** [empathy and kindness toward others], **atawhai** [humble service to protect the wellbeing of the community], and **manaaki** [nurturing those under one's care] . Aperahama Taonui (cited in Tomas & Quince, 1999), a highly-regarded 19th century **matakite**, is credited with saying: "***Kotahi te kupu o te whare wānanga — whakaiti, whakaiti, whakaiti*** (There is one important thing in the House of Learning—humility, humility, humility)." The quality of humility, in particular, comes from the belief or knowledge that the **matakite** is not "the Doer" and that proper recognition should be given to the Source of **matakite** (instead of accepting adulation that puffs up the ego). **Te Maru's** next quote illustrates this point:

> ***Te Maru****: One of the ways I found out was first and foremost to say "Well, no, I can't see anything at anytime with anybody." Straightaway they [people who come to see me] start to think "Oh, maybe I've come to the wrong place," which*

is good. The other thing is always reminding them that I'm not the Source; I'm only one part of it. And without the Source I am absolutely totally useless. Nothing works.

Ego is the biggest killer of people who are able to help other people, so that's the thing. I don't care what people say. It could be the universe, the Creator, it could be Jehovah, could be Allah, could be anyone, but that's the Source. So I refer to him as "The Man" even! Without The Man I can't go anywhere. So if somebody says: "Oh I'm so glad you came! [and makes a big fuss over me], I say: "Taihoa a minute. We've just got to go back," because if The Man is not with me, if he's not in front of me, beside me, behind me, shut the gate. I don't want to be here, and there's that understanding that you really are not The One—that there is a Source. And that's safety.

Te Māru's acknowledgement of the limitations of his abilities is important in that it recognises **matakite** individuals simply as human beings with human limitations, and it challenges any inclination a person might have toward assuming **matakite** should be 100% accurate 100% of the time. Additionally, his acknowledgement of being merely an instrument or vehicle for healing, rather than the Source of healing resonates with the values of **whakaiti** [humility] mentioned earlier, which are also recognised as an important aspect of rongoā **Māori** practice [traditional healing] (Mark, 2012). There is also an indication that **whakaiti** provides safety in the healing interaction and therefore also addresses ethical needs.

Participants also identified the importance of being grounded and connected to a bigger spiritual perspective, and suggested that being motivated for solely personal or egotistical reasons can be dangerous, as the following quote illustrates:

> ***Terēhia****: For people to work in that [**matakite**] space they need to have a level of maturity about themselves, a philosophy about life, somehow being very spiritually grounded. I don't mind if that's Christianity; I don't mind if it's Baha'i faith; I don't mind if it's **Ratana**. To me, it's the good-source, or the God-source, is all the same if people have got their feet planted in it firmly and they're listening, and they're humble and they surrender their ego to the higher cause. [But] when a person is driving something or leading something through the personality or through their ego then we're going to have problems. It's going to lack depth; it's going to lack integrity; it's going to lack substance, and there is a vulnerability. We need to tread carefully and gently and look after them [clients] in that space.…We potentially can do more harm than good.*

Terēhia's comment indicates a need for an awareness of the power dynamics and responsibility inherent within the role of **matakite**. Similarly, the next quotes address the wisdom or discrimination required by **matakite** in terms of carefully considering the potential impact upon the recipient of the information they have to share:

> ***Hine-kotiri****: Sometimes even the knowing can be harmful, even the good can be harmful…in that you haven't ascertained if the person is ready to receive the knowledge, when you haven't done that with them...if they're not in the right frame to receive….You have to ask: "I have something that I need to say to you, but can I say it to you now or do you need me to wait a while?" Then they've got an opportunity to respond to that totally, because if you don't and you go giving them this other stuff and they're not ready for it, it can cause them to weep and hurt and although it's good, it hurts because they're not ready. You can't just think that because you see it, that this is the time to tell them. You've*

*got to hold it sometimes. So you have some wisdom in your **matakite**. See, even though you're **matakite** you've still got to grow in it.*

***Tui**: Some of the things you learn not to disclose because it's not yours to tell the future of, it's not for you to interfere with. Sometimes it's about timing; sometimes some people aren't ready to hear it.*

***Te Maru:** You develop an insight, a thing of wisdom of when to say something and when not. I mean like I was in church about ten years ago, and people were walking past, and I was: "Wow! That person's having it off with that person over there, and this one's committing adultery, and all that sort of thing, the pastor's daughter is **hapū** [pregnant]," and that's not stuff you just go bleating out in a church! I see sexual abuse, I see all that sort of stuff, you know? Those are the kind of things that need to be sort of handled, well confronted, but handled carefully, because you can't go just say that straight in front of a person's **wahine** or in front of a person's husband. But it needs to be dealt with, that's what I'm saying.*

This kind of discernment has been identified by other **matakite** and **Māori** healers as an essential ethical principle in their healing practice. Ahuriri-Driscoll et al. (2012) identified how the healers in their study were clear "regarding their responsibilities and professional obligations to not engage the **tūroro** [sick person, invalid, patient] in a discussion they are not ready to pursue" (p. 14).

The necessity of developing some degree of control over the experience is also identified as important, as the following quotes illustrate:

***Hine-kotiri**: I had to learn to shut it down….I shut it down by saying in my head "I am not going to hear anything from anyone today. I am not going to answer questions in their mind. I am not going to **hikoi i roto i te hinengaro o rātou**" [I'm not going to wander around in their minds]. I turn it off, like a radio,…take*

the CD out if you don't want to hear, and that's what I have to do…because it's not easy to be the way I am every day.

However, **Hine-kotiri** was not able to turn off all aspects of her **matakite**:

***Hine-kotiri**: But I can't stop the thing of smell. I got the smell. I can smell death—when I'm walking down the road and I'm in town. I don't go to town because I don't want to smell it anymore. And [working] in prison, the same thing; it's like I can't stop that.*

In **Hine-kotiri**'s case, the issue of agency is raised, or the sense of choice one has over one's experience. This could be considered as relating to an internal sense of **tino rangatiratanga** [absolute sovereignty, autonomy]. Other people who were not participants but who shared their experiences and concerns with me have also expressed their difficulty in controlling the experience. For some, it has simply been an issue of being told they can say to their **tīpuna** "thanks but no thanks." For others, the experience is like an unstoppable avalanche, and they are hopeless about having any sense of choice in the matter.

These comments highlight the factors that can affect the wellbeing, either positively or negatively, of people experiencing **matakite,** as well as people with whom **matakite** share their experiences. Such factors are, however, within the individual's capacity to influence, as they pertain to certain values and the degree to which these values are inculcated (or not) in one's character and relationships. They include attributes like discretion, **whakaiti** [humility], **aroha** [love, compassion], **manaaki** [respect and care] and other qualities that help them stay grounded, and connected to other people's needs—qualities that are just as relevant for **matakite** to develop as they are for anyone else. However, **matakite** do not exist in isolation, and there are many social

and cultural factors that also influence their wellbeing, which will be discussed in the following section.

Social and Cultural Factors

The findings of this study draw attention to a number of social and cultural factors that impact upon **matakite** wellbeing. These include the degree of access one has to on-going knowledge, guidance, and support for those having such experiences, how they are treated by **whānau** and the community, and broader social understandings of **matakite** and media representations.

Access to Knowledge and Support

Those interviewed believed that people who grow up with cultural knowledge, especially with **mātauranga wairua** [spiritual knowledge], tended to cope better with **matakite**, in that they saw it as normal, they understood **tohu** [signs], and were able to draw upon histories and **whakapapa** to make sense of their experiences. However, the opposite effect can result from *not* having access to **mātauranga wairua**.

> ***Hēmi****: If you develop a* ***hopo****, I don't know what the equivalent English word is, but if you develop a* ***hopo****, the* ***hopo*** *becomes your enemy, because* ***hopo*** *is a fear which grows and grows and grows because you don't understand. When you can develop an understanding, you're okay. But when you cannot grow that understanding, it goes the other way and becomes a fear; and the more you fear, the worse it gets. It's all-consuming; it's all consuming to the extent*

that you then have a problem with yourself. You can "lose it" in the sense that it consumes your whole life.

***Te Hihiko**: Some of us fail to develop because we take on a sense of fear of the unknown. A sense of not being able to control what you are feeling and seeing.*

Conversely, **Te Hihiko** talks about the support that knowledgeable elders can give, which helps address fear:

***Te Hihiko**: I've come to really appreciate and understand that no-fear is actually your biggest weapon and our **kuia** was instrumental in actually teaching us that quality of having no fear….Her strength helped to give me strength when I needed it and in those times of fear my **kuia** said to me: "**Kaua e mataku!** Don't you be scared. **Ko tēnei tō whare!** This is your house!" In other words you're the master of your own house; there's no need to have fear. Well those things stuck with me you know, and so when you encounter other experiences of a similar nature there's no need to fear. Depending on the type of metaphysical situation, you know how to deal with it because you come to a point where you realise the only people you have to fear are the living. That was her favourite saying too: "You don't need to fear the dead, **moko** [grandchild]. The only ones you need to fear are the living!" That gave you another boost of confidence, so we grew up having that….But when you actually encounter first hand yourself later on in life, that's where the challenge is! That's where you have to call upon your experiences of what may have happened and how you will deal with it. Now I've absolutely no fear now because I understand the nature of why some of those things happened.*

In addition to having knowledgeable elders around, the influence of growing up in a cultural context that normalises and affirms these experiences is also acknowledged as a positive influence and can contribute to resilience:

***Hēmi**: What I had was really only a tiny aspect of **matakite** when I was young. But I had the capacity to see. But I lived in a culture that talked about things **tapu**, which talked about **wairua** as part of everyday things, and I could discuss that with anyone and everyone, you know? It became the norm to be able to discuss these things—talking about **tapu**. There are some aspects of the process of **matakite** and the aspects of **matakite** that have a **tapu** associated with them. On the other hand, there are other aspects that don't have **tapu** at all. They're simply relating what the receivers see, the receptors see, and how they deal with that. And when you're living in a culture that has that thing all the time, it's normal rather than abnormal. But you don't have that now, and you don't have people to call upon. And even if you did, whoever works with you has to work much longer to get that support system in place.*

Hine-kotiri and **Tui** reiterate the importance of having guides and mentors within one's **whānau**:

***Hine-kotiri**: That's what I think is missing today for those that see, those that hear, those that sense, those that know. They didn't have a Nan. They don't know how to get to the river [an inner place of sanctuary] so they can go and find peace.*

***Tui**: I think it's also about being educated and guided and supervised so they don't flip out when things start happening, and you've got guidance around you to mentor you through it.*

Similarly, **Te Hihiko** stresses how important it was for him to have his experiences supported from within his **whānau**:

***Te Hihiko**: I've had some really good teachers. My parents were primarily my teachers when I first started. My **kuia** has been probably the most influential because I spent a lot of years with my **kuia**, and it was her experiences that allowed me to think outside the square.*

Other participants also drew attention to the need for support from **whānau**, as these next quotes illustrate:

> ***Hine-kotiri**: He's got the right **wahine** [woman] to help him do it. That's what's nice, yeah…is she's not of that [**wairua**] realm. She's just direct; she's earthbound, and she just snaps him back to earth, and so there's a sense of balance with her for him. Sometimes we stay up there for too long. You have to say: "Hey come back down to earth! Come here! Touch the ground!" and she does that for him.*

> ***Te Ariki**: There are times when she knows that I am getting worn down, but I can't say "no," and I'll tell her why I can't really say "no"—this person needs assistance for whatever reason, I might be able to provide it, and it's not fair on that person. But she asks: "So what about you?"…She'll let me go up to a point before she says "Enough. It's starting to compromise you; it's starting to compromise the home life." So really it's her call for me or else I just keep going till I fall over.*

All these comments emphasise the importance of appropriate information and guidance and having access to cultural knowledge about **matakite**. And at a day-to-day level, people also need the support of their loved ones and **whānau**. However, just growing up with exposure to **matakite** understandings does not guarantee that a person will not experience **hopo** [fear], and perhaps be affected in more dramatic ways if they experience **matakite**. For example **Te Hihiko**, who grew up with these understandings and witnessed his **kuia's** experiences, nevertheless felt some degree of fear around these experiences. This was both because of the malevolent nature and dramatic way these experiences manifested, as well as a result of being influenced by "ghosty stories" and the fear that was part of a "Christian Sunday school upbringing." This draws attention to the reality that **Māori** grow up being affected by two cultural

frameworks at least to some degree, and this can result in many contradicting messages and understandings. This also suggests that people might require decolonisation tools to unpack the complex conditioning they've received as a result of growing up within the context of colonisation and competing cultural narratives around the nature of experiences like **matakite**. **David** also commented on how religious zealots have stood at his front gate and yelled out that his **matakite** abilities are the "*work of the Devil."*

Access to Spiritual and Cultural Mentoring

Other participants comment on the need for spiritual teaching. In **Te Hihiko's** case, the fear he experienced as a child fell away when he came under the guidance of spiritual mentors who could transmit to him an experience of his own spiritual nature. Then he could engage with **te ao wairua** [the spiritual world] from a place of confidence and strength. This indicates a relationship between identity and wellbeing, not only on the level of personality but at a deeper core level. It suggests that the degree to which a person is able to engage positively with **matakite** experiences is linked to the degree to which they have had a direct, personal experience of their own spiritual nature—their **ira atuatanga** [or divine nature]. This also emphasises the importance of being able to access skilled and knowledgeable spiritual mentoring as an essential element of wellbeing on every level, as **Te Hihiko** stated:

> ***Te Hihiko****: I've absolutely no fear now because I understand the nature of why some of those things happened.*

When asked *how* he came to understand why these things happened, he explained:

***Te Hihiko**: Mainly the teachers. I mean everyone's got to have mountain guides and I mean my most influential mountain guides have been obviously my parents. I mean my mother's very intuitive; she has another connection to different dimensions as well.*

Hine-kotiri was also mentored as a child by her mother and **kuia** who were **matakite**.

***Hine-kotiri**: I began my life with a **matakite** mother and a **matakite** Nan and I was raised by my **kuia**, and I remember her taking me on journeys up to teach me. It's something that's inborn but it also needs to be nurtured and taught well, and the way she taught me was she used to go to the **kumara** patch and make me put my hands in the earth in the mounds that were like that and she would be going up and down and I'd be having my hands buried in those bloody mounds. As a child I never could understand a long time for what I want to go up there for Nan, she says: "You'll understand one day. Look for your hands, look for your hands," and she buried them. I mean, I could pull them out if I wanted to, but I never did.*

*But I do remember one day—and I don't know how long or what length of time—when I could see my hands in the earth. And then I saw them turning over, and I wasn't turning them over [physically]. They were nurturing the root system of the **kumara**—all these little vines. And I remember just getting in there and playing in the vines, and all these little vines off the **kumara** as they were growing and then travelling up, travelling up the **kumara** into the light. The light was in the leaves, the chlorophyll and smelling the life and then going back, diving back down deep into the bottom and working in the vines and playing in the vines making sure they were healthy. When there was one little thing that wasn't well I would pick it, prune it, I was in there pruning the root systems of **kumara** so they could do that. Tell that story to anybody! What are they going to do? Lock you up, eh, they are!*

Hine-kotiri also talks about the danger of *not* having this knowledge, where interested people might explore these phenomena indiscriminately and as a consequence begin to experience things without the safety and support of an experienced mentor.

> ***Hine-kotiri****: Our own people they scare me you know, they scare me because they're playing at things they don't know. They open the channels to stuff that I just have to work hard to close for them, without their knowing. They're not good spirits that come through with some of these people that are playing, and they are opening channels and allowing all kinds of* ***wairua*** *to come through, instead of the ones that they can just call for help. And they don't have their guides with them that can help them to choose between what is dark and what is not. So they unleash a lot of stuff unwittingly because they simply play at it without real [understanding].*

These comments illustrate the importance of having access to spiritual knowledge, guidance, and teaching as a resource for spiritual wellbeing. **Te Hihiko** considers the education system could possibly have a role to play in this guidance:

> ***Te Hihiko****: Why are the schools and universities still focused primarily on getting good jobs and pumping out and working tough hard for the economy and all those economic drivers and all that? Where are those teachers that teach you about how to deal with things of that metaphysical nature? Where are they? And those are the people, really at the end of the day, that I've had those experiences with that teach you more about "Who am I? Who am I really?"*

These comments, combined with **Te Hihiko's** long-term involvement in education, prompted me to ask about the place of spiritual education in the education system.

> ***Te Hihiko****: I think it should be if it's guided correctly. When I say "guidance," I am talking about someone who has a deeper layer of connection to God, man, and the universe. When I say God I don't mean that in religious terms; I relate it to more in a sense of the divinity that exists within creation. I'm really talking*

about people that actually give you the right methods and techniques. Like I say, when you practice those things and you experience those things, there is no fear.

This discussion has implications for wellbeing for youth today, in terms of having spiritual mentoring relationships to give them access to spiritual education. For example, **Hēmi** talks about the need to introduce **tikanga** and cultural knowledge as an aspect of wellbeing in general, but especially for people experiencing **matakite**:

***Hēmi**: There are some things where the person affected doesn't know any **tikanga** at all, and you have to introduce that person to those **tikanga** and get that person to engage totally in that **tikanga**. If they don't then you'll continue to have a problem. If they accept and agree to find a balance in their lives, then you can work effectively.*

George also reflects on the lack of spiritual knowledge in mainstream Western society, and the impact on the wellbeing of those seeking spiritual answers. Although he is non-**Māori** and is talking about intuitive experiences using terminology from Western esoteric traditions, his comments support those of the **Māori** participants about the need for spiritual guidance and support. He stresses the importance of having specialised spiritual teaching, without which can lead to negative experiences and mental illness:

***George**: Lots of people in the 60's and 70's were into the easy trip, the quick trip towards nirvana. I taught a lot of people because in those days they were taking LSD and doing Yoga and doing all kinds of strange practices was like the "in" thing to do, amongst the intellectuals….And a lot of them had no proper teachers, and of course they went in the wrong way and had some very bad experiences.*

Strange enough even some of the top psychologists and well-known figures in the United States and universities were taking LSD. Some of them survived, some of them didn't, some of them really became insane, but some of them managed to pull through. Because, as I said, they didn't know—and they still don't know—the distinction between lower psychism, middle psychism, upper psychism, and real spiritual development. They just mix everything together, they take a bit from here, a bit from there,…and they practice it and of course when the inner world breaks on them, or they break into the inner world, according to their practices, according to what they did, this will determine the kind of experiences they're going to have.

They all thought that when they do this trip, they all go to nirvana or ultimate realisation or revelation. But the fact is they don't. If their method is wrong, they go to a lower astral or middle astral or upper astral experience. But lot of them only ended up in the lower astral. They had no teachers to say: "This is the wrong practice, don't do it." I had a lot of these guys especially even in New Zealand, school teachers who in those days were tripping, I mean taking drugs as well as all kinds of strange breathing exercises and fasting and all kinds of yoga postures and everything else which put them in touch with the astral world, not the real spiritual dimension—but the astral world.

Another tragedy is that even if they did the right spiritual thing but if they're not prepared, if they haven't got knowledge behind it, they can also get into trouble. That's why I keep mentioning that in our group that knowledge is important, and I give knowledge—very precise knowledge about everything—because even if you do the right thing and you suddenly have this tremendous opening up inside, it will annihilate you because you were not prepared; you're just sitting and doing your meditation study then and boom, everything opens up. It can be shocking unless you already knew before that this can possibly happen. That's why knowledge is important—that you know that if you meditate, this or that can happen and often it's not sudden, but if it's sudden then of course it can spin your mind out.

Like in my 20's I initiated one person who was a musician, a very good musician, and he came to me to ask about spiritual stuff so I initiated him [and taught him a technique], which he did enthusiastically, and of course he suddenly opened the third eye and everything. Just his physical, his emotional, mental just completely disappeared into this huge, hugeness—like another world, supernatural world of intense vibration and all his personal sense of self completely disappeared. Any case, he got so freaked out that after that he said he never did any meditation again, he still doesn't I know, that person is still alive but he refuses to do any meditation. Totally freaked him out, was such an overwhelming experience and I did warn him that the whole idea of meditation is to have a revelation which puts everything in the right perspective for you in reality but he intellectually understood it, but it wasn't really prepared psychologically to take it.

A lot of the meditators—even if they understand intellectually what possibilities are there—but still they might have been not quite ready for the actual experience. So that's why we go very, very slowly. We teach them and allow them to go very, very slowly and experience slowly because if it all suddenly happens they can get freaked out. It's quite natural you know.

These comments all highlight the need for spiritual guidance and support when (and ideally before) the **matakite** experience emerges, which raises the question as to how this spiritual guidance can be made more easily accessible. The group that **George** refers to is his own school where he teaches esoteric knowledge and techniques. I asked him to what degree such knowledge could be provided through mainstream education. **George** was doubtful about the likelihood of deep spiritual knowledge being properly taught through mainstream education because in his opinion this knowledge is rare, even in religious instruction. eThis, of course, is highlighting the distinction between religious knowledge and spiritual knowledge:

***George**: In the East the children used to go to the guru when they were quite [young] and from 12 years age lived in the house of the guru and taught them the spiritual sciences. In other words the easiest way to learn spiritual science is when you are very young. Once you get to pre-teenage and teenage your mind gets totally blown away with all kinds of things and you won't recover from it until about 30, 40, or 50 years of age. So that's why all the ancient religions have this custom of teaching kids spirituality right from the early age so that when they get to puberty and teenage and after they have this spiritual background. Once you have the foundation, even if you drop it because the teenage years is very difficult. From say 14 to 30-35 is a difficult period, so even if you give up your spirituality you recover it after 35 because you're grounded in it. But if this generation is not grounded in it, they will never recover. They have to flounder all their life and that's the law.*

And you can't see it in schools. My daughters went to very exclusive schools and what did they learn for spirituality? Well, they got their religious classes which are Anglican and what the Anglican priest does is read stories from the Bible and they have to remember a story like Noah's story or something, and that was it. The priest is totally ignorant, unable to give them any spirituality you see? They just learn stories from the Bible, and then they grow up and they think they have been educated in Christianity, but they have not the slightest idea about meditation, or inner experiences, or different worlds, or what the Christ actually is—really nothing because the priest can't give it to them. So again the children go to school, but the opportunity is lost because there is nobody to teach them any correct knowledge. I mean the orthodox church people do their best, but they haven't got any knowledge themselves so they can't convey the knowledge.

While **George** believes spiritual education ought to begin in childhood, he sees this as problematic in a highly materialistic society like the West because if the parents have not been raised with spiritual knowledge, and are overly materialistic, it is unlikely that they will support spiritual education for their children. These factors increase the

likelihood that people experiencing **matakite** will be treated with suspicion by the public and potentially experience misdiagnosis within the mental health system.

Practical Healing Strategies

Participants also talked about what processes could help in the situation that an individual has not had this support and has become unwell or out of balance. **Hine-kotiri** talks about helping people to get grounded again:

> ***Hine-kotiri****: Bury their hands in the bloody dirt cause that's what I know, that's what I did, bury their hands, and there is* ***Papatuanuku****. How else would you learn it? Come and do some gardening. Come and place your hands in the* ***kumara*** *[sweet potato] patch and sit there, just like me. I don't know what the timeframe is. All I know is "Come bury your hands in the Papa, and she'll take you."*

George also talked about helping people get grounded after they had become disturbed as a result of kundalini energy being activated. "*Kundalini* is Sanskrit for 'snake' or 'serpent power,' so named because it is said to lie coiled like a serpent in the root chakra at the base of the spine," and while the term is from the Sanskrit language, it refers to a universal energy that is recognised in many different cultures (R. E. Guiley, 1991c, pp. 319-320):

> ***George****: When a person got disturbed like that, most of their problems were with the kundalini. The kundalini is the most devastating sort of a force, and when when you don't know how to handle it (because kundalini is the fire within nature and fire within yourself), it can burn. Kundalini is the worst thing to deal with, because if they haven't done it correctly it runs out of control. When it does, it can cause all kinds of convulsions and blackouts and lack of*

ability to relate to the physical dimension, lack of ability to relate to anything. It can cause a real breakdown, and people came to me like that and what I did with them—because I realised that they awakened the Kundalini, but ignorantly.

So the best thing is actually to calm the Kundalini down densifying the physical body, putting the attention on the physical body to desensitise you, make you insensitive to non-physical things. So usually what I suggested to these people is a healthy meat diet with vegetables and everything else, lots of physical work out in the sunshine, going to the water and the sea. Being physical, being this fanatically physical person and not to think of anything about Kundalini or meditation, anything spiritual. Just try to be totally 100% physical and it takes anything from six to nine months before they become kind of normalised. And that's without drugs. If these people they put into hospital in those days, they would have been electrocuted. I call them electrocution because that's what they do, they burn their brain cells out, plus heavy drugs, very heavy drugs which totally crystallises their physical body and their brains. So because I knew that in New Zealand that's the sort of stuff they did in the psychiatric hospitals, I said I'll try to help this person, because once they get into hospital they become cabbages after that quite literally. And anyway, this way they become normal but six months to nine months, and also, as I said, after that I taught them how to meditate gently and slowly.

Additionally, **Te Hihiko** talks about the need to treat people with care who are experiencing difficulty, and creating a safe environment for them to share about their experiences:

***Te Hihiko**: One of my cousins in Tokoroa, we had a **hui** down there, and we were in one of my uncles' houses and she said to me "Cuz', I've been having these real freaky experiences, and I said oh yeah, **moemoeā** [dreams], cuz? And she says "No! They're not dreams—they're actual experiences," and so we started talking. Now we were talking while all my uncles were in the lounge talking*

about rugby and having the rest of the conversation, but that space was so practical and was so appropriate that she and I could have a conversation while all the uncles are talking about everything else. And it was okay and we weren't looking at each other. My uncles were all hearing it and they were going: "Oh you know those two having a conversation over there," but it was a safe space, and I think…the important aspect to it is not so much the location, it's the attention to detail that actually makes the space, making sure everyone's got a cup of tea if they want a cup of tea; is making sure that the space is being created where you have a harmonious environment….It's that ambience that's created in that space where all of a sudden your heart will just open, your mind is open and no matter what comes out of the mouth of that person, you're 100% there….You treat it with care, and you treat it with respect, you treat it lovingly, and you're not going to throw judgement on it and say "oh my goodness, time for you to pack your gears and off to the giggle factory!"

Hine-kotiri and **Te Hānui** also talked about the importance of normalising **matakite** experiences and the importance of mentoring.

***Hine-kotiri**: I just normalise it, it's got to be normalised, and this is why there is no safety because there is no school [to learn about it].*

***Te Hānui**: I think what's important [is] to normalise the whole importance of **matakite**, both within mainstream and within the context of our own **Māori** communities. Because I think even we, [due to] colonisation, generally have been disconnected from the fact that **matakite** still exists in spite of the Tohunga Suppression Act....I mean it's in the **whakapapa**, it's there. No **ture** [law] can take it from us. It's still being used by some families at different levels….[But] because of the colonisation experience, most of us haven't normalised the natural ability that is in us all, to bring that out and make it a normal part of the daily routine of our lives.*

These comments highlight specific practices that can help "ground" a person who may be experiencing distress in relation to experiences of a spiritual nature. They also

identify social and cultural factors that impact upon wellbeing around **matakite** experiences. They include normalising the experience, creating respectful and safe environments and relationships to talk about **matakite**, facilitating access to cultural and spiritual mentoring, and utilising traditional knowledge. Unfortunately, these resources are not easily accessible for everyone experiencing **matakite** because of the loss of **mātauranga wairua** [traditional spiritual knowledge]. This brings us to the final theme in this section, which pertains to **tikanga** surrounding **matakite**.

Tikanga, Matakite, and Wellbeing

While a discussion of the findings in relation to **tikanga** [cultural protocols] and **matakite** could fit under the category of Social and Cultural Factors, the issues discussed by participants were significant enough to require their own section. Two broad issues related to **tikanga** and **matakite** were identified. They pertained to the tension that can arise between **Pākehā** law and **tikanga**, as well as the impact that a loss of **tikanga** has on the wellbeing of **matakite**.

The loss of **tikanga** surrounding **matakite** has had a significant influence on how **matakite** individuals are treated by the wider community. Some participants said that it wasn't the actual experience of **matakite** itself that had the greatest impact upon their wellbeing as much as how they were treated by others once they were identified as a **matakite**. It appears there is a loss of **tikanga** about how to behave towards **matakite**. This is illustrated by the comments from two participants, who felt they had to distance themselves from the community in order to protect their health. One chose to move out of town and find a secluded residence because he was the recipient

of what he described as harassment, while the other moved from his home town to a completely different part of the country to escape how he was treated by the community because he was a **matakite**. The following comments convey the intensity of feeling **David** has about this issue:

> ***David**: Is it a gift or a curse? It depends on the context. I didn't ask for it. Some people loooove the fact they have it. I don't. Sitting in the driver's seat, there's no joy. It's a curse because of the social implications. We [**matakite**] don't need enemies; it's **Māori** doing it to us—saying things like "you shouldn't be telling people this!" Sometimes I'm called to deal with a domestic violence situation. They have this attitude of: "Fix us because you're the magician. You're supposed to wave your wand. You're a god." You become a punching bag, a public tool, a captive. It's a curse in that way.*
>
> *When I do the work I have the whole session taped, so they don't call me back. In the past, people have called me after the sessions, asking me what I said about this or that, and I just couldn't get away from them. Now I have the whole session taped, so they don't call me back.*
>
> *Some people try to test me. One lady gave me a photo and asked: "Do you know about this lady?" I said to her: "You know what that is; why ask me!" Another asked me to help her find her cell phone. Another asked me to help find her keys because she misplaced her handbag at the pub. So where's the joy?*
>
> *Some people called me saying: "We're trying to find our pig dogs. They've been gone for three days. Can you help us?" I ask where they are. They say: "We're on **Hikurangi**." I'll tell them there's a piece of land to their right that looks like a ski jump. They'll say: "What!" I say, well you're facing such-and-such direction, right?" They say, "Yes, but how did you know that?" I say, "Go to that ski jump and call me when you get there." A while later he calls and says: "We're here." I tell him to whistle out to his dogs. He says: "What!" I say,*

"Well you're now standing facing the river, right? And the wind is blowing away from you, right? Now just whistle out to your dogs." Later the men call back and tell me the dogs came to them.

Other people call me asking: "Is my missus fucking around on me?" Another calls and says: "My missus is pregnant. I want to know if the kid is mine." Others call: "I can't find my cheque book/wallet/credit card/car keys." Others ask: "I'm sitting my driver's licence test tomorrow. Will I pass?" Others leave a message on the phone asking to call toll, or they leave a cell number. Well who pays the phone bill? I'm just minding my own business having a cup of coffee at a cafe, and a stranger comes up and says: "I have a bill in my hand; can you tell me what the amount is on the bill?" and I just reply: "Excuse me, but who are you? I don't know you!"

*The world of the **matakite** is fine. The contracting (for work) is simple. It is the ignorant people; that's the problem. They keep asking me "How did you do that?" I reply: "Well you asked for a **matakite**, didn't you? Why are you amazed? Did you not expect this?" I'm also dealing with assumptions about how a **matakite** should look. I get to a meeting, and people look at me as if to say: "You! Are you the **matakite**?" Well what the hell did you expect—a vampire!?*

I don't think this research will be worth anything. Will your research stop my phone from ringing? I have to change my phone number regularly because once the number gets out there, the phone just doesn't stop, any time of day or night. I have had to buy this property just to get some peace and quiet. Then people tell me I'm running away from things.

Te Maru also experienced a negative impact on his wellbeing due to the loss of **tikanga** in the community. He talked about his experiences of falling asleep on the sofa while the steady stream of visitors flowed into the late hours. He also mentioned his choice to move away from his home town in order to get away from people whose demands took too great a toll on his health. Part of the issue seemed to be the tension that

arose between the cultural imperative he felt to provide hospitality to one's guests, and the lack of reciprocal care and support he personally needed:

> ***Te Maru:*** *We had no door, like people would be coming all hours of the day and night, sitting on the couch and heck I've fallen asleep. I wake up, and they're either still here or they've gone. Can't handle it, tired, because it takes a lot out of you eh, especially when you see them three or four days before they actually arrive, and tell you what, it doesn't waste time because you're able to say: "Oh yea, have you been to the doctor with the spot on your lung? So that helps, but it was tiring. When I came down here I thought "No, I'm not going to say anything," but one thing leads to another. My* ***mahi*** *has increased down here, but I'm able to control it; I am able to keep a lid on it. I've had a few people come, but come quietly.*
>
> *I think sometimes like at the early stages "no" wasn't an option, because people turned up at your door, and the first thing is put the kettle on,* ***manaakitia te tangata*** *[respect and care for one's guests]. So when people turn up, your first thing is to offer them a cup of tea. Those are the things you're told when you are really young.*

Te Maru's comments show that a point of tension can arise when the cultural imperative to **manaaki** one's guests competes with one's need for rest and is not reciprocated. Another participant, **Te Ariki**, also spoke of the impact of how his own **whānau** members treat him as a result of his ability, along with other participants who spoke of strangers approaching them with challenges and requests because they had heard about their **matakite** abilities. The next quote summarises this aptly:

> ***Te Ariki****: Many people within my* ***whānau*** *who know, they'll approach me with everything and particularly of my wife's* ***whānau****. I mean I can't help you find your lost ring, or give you the lotto numbers, or tell you what I see around you. It's like the parlour trick when everyone is at a* ***whānau*** *gathering, there are*

*always people just inundating you and asking questions, and it's like "This isn't a one-stop shop; there's certain things I can do and that's **pai**, but I can't help you with that. Go and see somebody else." I mean, I am not going to rock up to someone like Robbie Williams and say "Robbie, sing me a song!" You don't do it! "Hey you, paint me a picture! I know you're an artist; paint me a picture!"*

All these examples suggest that there has been a loss of **tikanga** in the community about how to treat **matakite**, that is, how to relate to them with respect, and how to ensure the flow of **manaaki** [respect and care] flows both ways. Instead, as **David's** comments illustrate, social courtesies that are normally accorded to strangers are suspended if a person is identified as a **matakite**, and this can have a powerful negative effect on their wellbeing in many ways. Physically, the demands on one's time and energy can be very taxing. However it is equally important to note the psychological impact of this loss of **tikanga** in that **matakite** individuals may be susceptible to social isolation to protect themselves from being inundated with trivial questions and treated like a trick pony.

Another aspect of the loss of **tikanga** around **matakite** is revealed by **Hine-kotiri** who talks about women being raped by well-known **tohunga** who have abused their spiritual authority:[9]

***Hine-kotiri**: I looked after a woman that had been raped by [a well-known **tohunga**] and had his child, and didn't want them ever to know. I was a rape counsellor….Same as [another well-known **tohunga**]—the same! Women that have been abused, because of their status as "the **tohunga**."...It's not a **tohunga**, but a predator, or the **tohunga** on his dark side….And it scares me*

[9] The reader should know that the **Hine-kotiri** sought appropriate professional advice on how best to handle these cases in a way that did not further traumatise the women who had turned to them for help.

> *when there isn't the respect of the **whare tangata** [referring to the sacredness of women]....It doesn't make him a **tohunga** that he has the ability to rape women that he can because he is who he is, or thinks he is—very scary....[They] purport to be these so-called "authorities" or the so-called "people that know."…I've been through some of that stuff.*

These comments require careful consideration because they touch on the abuse of authority and the need for accountability with **tohunga**, or anyone in a position of spiritual authority. While **Hine-kotiri** referred specifically to **tohunga**, she was talking about the general principle of the ethical use of spiritual authority, which can also be applied to **matakite** individuals working in a similar capacity. Chauran (2013) comments on the powerful influence that psychics have in society, and of the concomitant ethics and responsibilities that they should develop. While psychics are not exactly the same as traditional **tohunga**, the power dynamics can be the same in that both have an authority, either inherent or projected onto them, that can be abused:

> Psychics have incredible power....What I'm talking about is the power to influence people's behaviour in a deep and meaningful way.…Whether a psychic accepts this mantle of responsibility consciously or not, it is given and sometimes recklessly abused….As a society, we all participate in constructing the power of a psychic over his or her client. And there are those who hate the fact that such power is freely given. Fraudulent psychics appear in nearly every culture worldwide (Chauran, 2013, from the Introduction).

Fran also reflects on this problem in relation to wider cultural norms around parenting that may contribute to people being vulnerable to unethical and harmful behaviour by those in a position of spiritual authority:

> ***Fran**: When you grow up in a culture where it's basically not ok to say "no," then it's very hard to develop clear boundaries. I mean as soon as kids are two or three and start saying "no" to everyone, adults start telling them off—"Don't say that! It's not nice." And from what I've observed, that's true within many **Māori** and **Pākehā** communities. Anyway, so by the time we're adults, it's no wonder we have problems with our boundaries—especially when non-physical things come in. [That's what] I need help with—my boundaries, so that I can say "no" more clearly and "yes" more clearly, and so that I can trust myself more deeply. Because if I don't have that, I'll just take what the **tohunga**, or the spiritual teacher says for truth (without feeling and assessing it in my body), and if they tell me to have sex with them, I'll probably do that too—and we all know that that has happened to hundreds of vulnerable people!*

This points to an important aspect of **matakite** work in that anyone using their ability, whether in a professional capacity or just informally in the community, needs to learn about the dynamics of power and the ethical responsibilities that come with this special role. However, as **Fran** stated, there is a wider aspect that needs to be considered, and that is the degree to which our parenting and socialisation practices contribute to the creation of children who are nice and unquestioningly obedient, which can render them vulnerable to abuse by people in positions of spiritual authority.

All these comments reflect a loss of knowledge and **tikanga** surrounding **matakite**, and the need for rebuilding that knowledge. As discussed in Chapter Two, understandings of **Māori** spirituality were devastated as a result of legislation such as the Tohunga Suppression Act, 1907, in that subsequent generations of **Māori** were denied access to a vast corpus of spiritual knowledge and support that could help people interpret and integrate experiences like **matakite** (Reinfeld & Pihama, 2008). This discussion

identifies specific factors that impact upon **Māori** wellbeing because of the loss of **tikanga** in the **Māori** community. These **tikanga** pertained not only to specific guidance for those experiencing **matakite** but also to how the community should treat individuals who play a specialised role of spiritual support in the community. The findings in this section of the thesis are seen to contribute to building a better picture of the impact of that loss of knowledge in relation to **matakite**.

In contrast to the issues that arise out of the loss of **tikanga**, the next section deals with quite different issues that arise when an individual is particularly knowledgeable about **tikanga**, but when this knowledge comes into conflict with the **Pākehā** legal system.

The Interface with the Pākehā Legal System

Te Hānui shared a story that illustrates the kind of tension that can arise at the interface between **tikanga** pertaining to **matakite** and the **Pākehā** legal system, and the difficulty of responding to **matakite** messages when taking action may have negative legal consequences. In his case, he was faced with a choice that had potentially explosive social and legal ramifications if he followed through with what his **kuia** was asking him to do in a dream state. However, he was also faced with the possible *negative* effects on the wellbeing of future generations in his immediate family if he did *not* act. In his own words:

> ***Te Hānui**: We have a **taonga**, an heirloom, which is a **tiki** been handed down from our **koroua** [he recites several generations of **whakapapa**], and this **tiki** was supposed to be handed down from eldest daughter to eldest daughter….So*

*my grandmother lay in state on my **Ngāti Pikiao** side, but this **tiki** was from **Matatā** and that's the power source of it. The **taonga** was made there, the **karakia** were recited there, so the power of its origins come from there. But when my Nan passed away my mum's sisters put the **tiki** on her neck, and it was taken over to **Te Arawa**, so it was taken away from its power source to another tribe….*

*On the second day of the burial, I had returned home. I was quite upset that I wasn't able to be at my grandmother's burial, but that night she was buried I had a **matakite**. I saw my grandmother in a dream, **ko tāna tohutohu mai ki a au: "Haramai, tikina mai te hei tiki. Whakahokia mai ki te kāinga, ki te wāhi tika. Tēnei tiki ehara nō Te Arawa. Nō Ngāti Awa kē"** [And her instructions to me were: "Come here and fetch the **hei tiki**. Return it to its rightful home. This **tiki** is not from **Te Arawa**, but rather from **Ngāti Awa**."] **Na, ka oho ake ahau me te whakaaro: "He aha rā hoki tēnei tohu?" Kua matakitehia te kōrero o taku kuia i ahau e moe ana.** [Then I awoke and wondered: "What on Earth is this about?" I had intuitively received the instructions of my **kuia** while I was sleeping.] It was about 11 o'clock just after the burial.*

*So anyway I had this **matakite** feeling that I needed to go and get the **tiki** that night. And so I [and two others] went, did our **karakia**, talked about how we were going to get the **tiki** and left home **Matatā** and when we got to it was a beautiful night, and the next minute a fog came over the car and followed us all the way to the **urupā**. This is at nearly midnight and we got to the **urupā**, where my grandmother was buried. Got there, the fog lifted, and then I went to my grandmother where she was buried, and I did my **karakia**, removed the flowers, we didn't have much time it was about 1 o'clock or 1:30am by this time.*

*So I started to dig down, we didn't take my grandmother out we just left her where she was lying, to rest in peace, and I said to the others: "Who's going to get in and get the **tiki**?" They replied: "Not me!" So I went in, did my*

***karakia**, unscrewed the lid, lifted it up and then put my hand in and the **tiki** just came. I believe the power of **matakite** through that was being guided by the things that we do. The **tiki** just came with no problem at all.*

*So they pulled me up and I put the dirt back in, covered it, put the flowers in as well, and did the **karakia** before we left. The fog came over the car when we left, and when we got to **Matahi** it lifted again, and I took it to one of our ancestral rivers, did my **karakia** there. A week or so after, I said: 'Oh mum, got something for you. Nan told me to give you this'. And I gave it to her because she was the next custodian **kaitiaki** in line for the **taonga** [treasure, heirloom].*

*Some of my family, my mum's family wanted to get me in prison. I would have gone to prison if I had to, because I believe in the **kaupapa**, but I apologised for the fact that they found out the way they found out, but I will never be sorry for the fact that I saved the **taonga tuku iho** [inherited treasure]. And maybe in 100 years' time people will remember when I've passed on and gone that through this incident of **matakite**, a **taonga** from our family now continues, and lives on amongst the descendants.*

*My family tried to go everywhere to try and block it, but they weren't successful. I believe because I was only the medium for the **matakitetanga** [state of intuitive seeing] to come through to be able to carry it out, to do what I did. I didn't want the **tiki**; not interested in it. It's not my place to look after it; the **mauri** of it doesn't belong to me. Mum's eldest **mokopuna** [grandchild] knows, my eldest child. So she [the **tiki**] will be going from her to my daughter, and then that line down, but my aunties didn't want it to go that way. The **teina** lines wanted it somewhere else and that's what happened. They went to the police, went through that process, I went to the whole **hapū**, fronted up, did the things they asked of me, was finished.…If I was asked if I would do it again, yes. Would I go to jail for it? Yeah. I don't mind, because I believe in the **kaupapa**. See that's the commitment that I have to this concept of **matakite**, in terms of the value of it, and its importance in the modern world.*

Te Hānui's story illustrates the many ways that **matakite** can influence our behaviour, which may even have legal and social implications. The quality of **Te Hānui's** character is relevant here in that he was willing to front up to the police and his own **hapū** and stand strong for what he believed was morally right. Additionally, this story demonstrates the tension that can arise when the cultural concept of **tikanga** [cultural protocol guiding correct action] stands in contrast to **Pākehā** law. His willingness to go to jail for this shows the depth of his commitment, which might have faltered in a person with less knowledge of history, **tikanga**, and a deep understanding about the operation of spiritual principles like **mana**, **tapu**, **mauri**, and their intergenerational influence on wellbeing.

In many ways, this account matches descriptions of how disputes have always been settled in **Māori** communities (Tomas & Quince, 1999). The addition of **Pākehā** law, however, adds a new element, along with new consequences for someone in **Te Hānui's** position. This tradition of dispute resolution is recognised in legal discussions about the relationship between **tikanga** and New Zealand criminal law. Tomas and Quince note that:

> Disputes arose when outsiders challenged the **mana** of a group. There were two ways this could occur. First, by flouting the authority of a group to exclude others from economic resources or territory. Second, there could be an interference with the personal **tapu** of a member of the group. An intention to offend was not essential. It was sufficient that the actions and words had the effect of offending, insulting or denigrating members of the group. This is because **tikanga** advocated a normative state of wellbeing or balance between all aspects of the human, natural and spiritual worlds. A dispute or offence that breached **tapu** upset this balance, and **utu** [recompense] was required to rectify the balance, irrespective of intentions or lack of malice .

Through employing these principles, **rangatira** were able to settle disputes amongst their own kin and with other, unrelated groups. Sometimes whole communities would come together to discuss a **take** [subject], at other times only the direct participants to a dispute would gather with the **kaumātua** and **rangatira**, and sometimes only **kaumātua** and **rangatira** would gather to resolve a dispute with members of a neighbouring **hapū**. The ultimate aim of the **rangatira** was always to maintain the integrity of the **whakapapa** line, to keep strong the obligations of **whanaungatanga** amongst the individuals of the group, and to uphold and extend the **mana** of the group. In this way a state of **ora** would be retained, or restored to the group .

This discussion shows that processes of dispute resolution used in traditional **Māori** society prior to colonisation are just as relevant in modern times. It is important to note **Te Hānui's** motivation for acting on his experience, which was not self-serving but rather came from his commitment to affirming **matakite** and also to protecting the wellbeing of his **whānau** and the line of women who are destined to inherit the ancestral **tiki**, to protect the flow of that particular **mana** through the proper birth line.

Te Hānui: *In summarizing the impact of that in terms of spiritual experiences upon wellbeing, well if the* ***tiki*** *had stayed where it was then unwellness would have been created in our* ***whakapapa*** *line, because it's not in the right place, so the source of its origins in terms of where its spiritual power comes from is not there. So if I hadn't reacted to the* ***matakite*** *given me to respond to, then I believe that would have an impact on our* ***mana atua****, our ancestral lines, even the land in terms of our connections to where the* ***tiki*** *comes from and also it could have implications for the wellbeing of our future descendants within our line, particularly where my mother is concerned cause the* ***mauri*** *of the* ***tiki*** *lies with her, not with me. So that will have an impact on future generations way, way after us in terms of the way they could be affected by it….But those things can be carried through and transferred but this is the negative type of thing, if*

*you don't respond to **matakite** what are the negative implications that could happen to the future generations who follow after you?*

*So I believe that the wellbeing of the **tiki** and the wellbeing of the people are connected. We are one. So we have an obligation to ensure the wellbeing—the **mauri ora** [life force], or the **hau ora** [life breath]—of our future descendants and that line of our **whakapapa** is looked after and protected in relation to the **tiki** and its significance. So yea, some people get the **matakite**, but don't react to it, maybe they don't know why, how to respond. I mean how many people would have gone and responded in the way I did? They might not have.*

With direct relevance to this account, Tomas and Quince (1999) note that in some situations an individual might be obligated to act for the welfare of others, and in such a situation it would cause damage to people's **mana** *not* to act (p. 223). This account affirms the importance of retaining and re-building **tikanga** knowledge about spiritual concepts like **mana** and **tapu**, and especially with their relevance to dispute resolution processes for **Māori**. An example from an account told by **Te Whānau-a-Apanui** elder Eruera Sterling (Stirling, 1981) perhaps best illustrates this point. At one time he was called by a doctor to see a sick man in his community because the doctor believed Eruera was the only one who could help. He went to the man's house and heard crashing and banging, and he was eventually let in by the man's frightened wife. In Eruera's own words:

> I walked in and the next moment her husband jumped on me, cursing and crying out, "Don't kill me! Don't kill me!" I stood there and listened, and as soon as I heard his voice I knew it was a spirit talking….
>
> The man was jumping around and I knew I had to do something, so I asked the wife to bring me a bowl of water and I blessed it, and started to sprinkle it

all around the house. The spirit began to cry right then and he said to me, "Give me back my adze, that's all—it doesn't belong to them! Don't kill me! Just give me back my adze!"

I began to pray, and as I held my service the spirit settled down, and in the finish the man came back into his right mind. I told his wife, "Now, go and bring me that adze!"

She went into the bedroom and came back carrying a beautiful greenstone adze that her husband had found somewhere in Whanganui, he'd picked it up and brought it home. I rubbed the adze and blessed it and then I said to her, "I want you to get in touch with some people from Whanganui and ask them to come here and take this adze away—it belongs to their ancestors, not to your husband!"

A few days later she rang and told me that the Whanganui people had taken the stone adze away, and from that time on her husband started to get better .

Through these two accounts we can see that specialised knowledge about forces like **mana** and **tapu** was used with the intention to prevent (in **Te Hānui's** case) and undo (in Eruera's case) the negative impact on a person's wellbeing resulting from a breach of spiritual principles. We can also see, at least in Eruera's account, the negative impact on wellbeing that can result from ignorantly violating spiritual principles like **mana** and **tapu**. It is this very principle that is recognised in the *Guidelines for Clinical Risk Assessment and Management in Mental Health Services* (New Zealand Ministry of Health, 1998) where information needs to be elicited and documented "pertaining to disclosed or known transgressions of tapu/sacred entities which can only be resolved through mediation of a cultural process" (p.22). In **Te Hānui's** case, he took what he believed was the necessary action to prevent the negative effect of such a transgression falling upon the women in his family line.

Chapter Summary

This chapter has illustrated the impact of personal, social and cultural factors upon the wellbeing of **matakite**. Various personal characteristics that support wellbeing have been identified, such as **aroha** (love, empathy and kindness toward others), **atawhai** (humble service), **manaaki** (nurturing those in one's care), **whakaiti** (humility), **āhurutanga** (creating safe spaces), surrender, emotional maturity, being grounded, having critical reasoning, self-care, and self-trust. Such characteristics are seen to be crucial to maintaining the safety and wellbeing of the person having the **matakite** experience, as well as those who may be affected by the **matakite**'s choices or actions. Having access to **mātauranga** and **whakapapa** knowledge was identified as important for helping understand **matakite** experiences and to prevent the development of a state of **hopo** (defined as an all-consuming fear that grows and grows because of a lack of understanding). Participants also talked about the beneficial influence of growing up with knowledgeable elders and in a cultural context that affirms and normalises **matakite**.

Also important is the influence of **Maori** cultural and spiritual mentoring on the development of a sense of confidence and agency in relation to spiritual encounters. Strategies for "grounding" individuals who had become overwhelmed by their experiences were also described, such as gardening, avoiding any spiritual practices like meditation, engaging in heavy physical work, having a diet of meat and vegetables to "densify" the body, getting into water and the sea, and so on.

Participants talked about the impact of the loss of knowledge and **tikanga** around **matakite** resulting from legislation like the Tohunga Suppression Act, 1907, and the need for rebuilding this knowledge-base. One of the ways that this loss negatively affects the wellbeing of **matakite** individuals has to do how **matakite** are treated by their communities. Some **matakite** hold that it is primarily this loss of knowledge in the **Māori** community, and not their **matakite** experiences, that causes the real problems.

A significant aspect was mentioned, pertaining to abuse perpetuated by anyone in a position of spiritual authority, such as **matakite** and **tohunga**, and the importance of developing ethical practices for **matakite** to protect themselves and the people who turn to them for help, especially in relation to the employment of **matakite**. One final story is told that exemplifies the tension that can arise when **Pākehā** law clashes with **Māori** lore, i.e., when a **matakite** experience might require a person to take action that could bring them into direct conflict with the **Pākehā** legal system. The factors identified in this chapter are summarised in Table 3 following.

Beyond these personal, social, and cultural considerations, other factors such as political and economic issues involved with the mental health system must be considered, particularly in the context of misdiagnosis. Indeed, this was a strong concern expressed by several participants, which will be explored in the next chapter.

Table 3. Personal, Social, and Cultural Factors Affecting Wellbeing Around Matakite

Factors	Components	Effects/Implications
Personal factors (characteristics and values)	**Aroha** (love, charity) **Atawhai** (humble service) **Manaaki** (nurturing those in one's care) **Tino rangatiratanga** (autonomy, agency, choice) **Whakaiti** (humility)	Creates receptivity and openness to **wairua** (spirit). Helps focus on using one's abilities to protect the wellbeing of others, and consider the impact of sharing one's perceptions upon others through discretion. Develops a degree of control over the experience, where possible, and ability to say "no" to the experience, if unwanted. Promotes humility, and recognition that the **matakite** is not "the Doer" but is dependent on **Io-matakite** (the Source of **matakite**).
Social and cultural factors	Access to **mātauranga wairua** (spiritual knowledge), safe spaces and people that normalise **matakite**	Contributes to resilience and confidence around matakite experiences. Helps prevent **matakite** experiences leading to **hopo** (all-consuming fear).
	Access to decolonisation and healing tools	Helps unpack religious narratives around good and evil Helps unpack colonial narratives about **Māori** culture and **matakite** Can reduce fear in relation to spiritual encounters Can facilitate healing where such experiences have been overwhelming in the past.
	Access to spiritual mentors/elders	Deep knowledge helps dispel fear Helps people experience their **ira atuatanga** (divine nature) Helps people explore **taha wairua** (spirituality) in ways that are safe.
	Lack of esoteric instruction in mainstream education and religious instruction	Increased likelihood of **matakite** being treated with suspicion by general public Increased likelihood of misdiagnosis within mental health.
Tikanga and matakite	Disjunction between **Pākehā** law and **tikanga**	**Matakite** experiences may compel a person to take actions with legal consequences. (Knowledge of **tikanga** and principles like **mana**, **tapu**, **mauri,** and **whakapapa** can help.)
	Loss of **tikanga** about how to treat **matakite** individuals in the community	**Matakite** individuals may be harassed, asked trivial questions, asked to perform parlour tricks, and becoming socially isolated.
	Loss of **tikanga** about ethical responsibilities of the **matakite** practitioners toward clients	Increased likelihood of **matakite** individuals abusing their spiritual authority through physical or sexual abuse. (Child-rearing practices can help or hinder the development of healthy boundaries that can provide some degree of protection from such abuse.)

CHAPTER SIX: FINDINGS - THE POLITICS OF MENTAL HEALTH

*I think that there is a place, a really important place, for this [**taha wairua**] modality—the different parts of it, within therapy for our people. But not just our people, but other people also. If we get it right for our people, we're going to get it right for everyone. —**Terēhia** [participant]*

The degree to which understandings about **matakite** are used in New Zealand's mental health system is influenced by politics. This aspect of politics does not necessarily refer to government, law, and political parties but rather to the ideological priorities that determine the distribution of power in social relationships (such as between professionals and lay people) and the choices made about how best to respond to social needs (Mears, 2013, p. 97). With particular relevance to the issue of biomedical dominance in mental health, this would refer to the degree to which the Western biomedical model is given priority over other knowledge in the diagnosis and treatment of people experiencing mental distress.

Political analysis and action is an essential element of **Kaupapa Māori** research. Graham Smith (2012) holds that the neglect of the political element of **Kaupapa Māori** can limit its potential to produce the kind of structural and economic transformation needed to protect and enhance **Māori** wellbeing. He cites the current stagnation of the **Kōhanga Reo** movement as an example of how the cultural aspect of **Kaupapa Māori (te reo me ngā tikanga Māori**) has been given greater emphasis than the political aspect (pp. 13-14).

While Chapter Four examined the ways by which **matakite** might be distinguished from pathology, it concluded with the question of whether this was a feasible exercise,

given the challenges psychiatry has encountered when conceptualising mental distress. These challenges have resulted in recommendations from organisations such as the Division of Clinical Psychology of the British Psychological Society for a paradigm shift in how mental distress is conceptualised (British Psychological Society, 2013a). This is a highly a political issue, because a great deal of power, time, and economic resources are deeply invested in current psychiatric concepts and treatments of mental distress. The need to make a structural and economic analysis of these political forces is therefore vital as part of this **Kaupapa Māori** study.

This chapter starts by addressing the participants' comments regarding the problem of biomedical dominance in mental health, which operates on radically different ontological and epistemological assumptions than **Māori** models of healing. It then looks at unequal power-relations within mental health and addresses the question of who benefits from misdiagnosis. It finishes with a consideration of the contribution that the materialistic nature of Western society makes toward ignorance and concomitant fear around spiritual experiences like **matakite**.

The Culture of Biomedical Dominance

The literature in Chapter Three shows how conventional mental health research and practice has tended to favour a Western biomedical model over others, which has marginalised holistic and indigenous (including **Māori**) approaches to health (Read, 2005). Participants commented on this tendency and how fundamentally it differs from **Māori** approaches to addressing health issues. **Hine-kotiri** talked about the

difference between **Māori** holistic understandings of health in contrast to the departmentalised understandings found in the **Pākehā** or Western biomedical model.

> ***Hine-kotiri****: The thing about* ***Māori*** *is that we don't separate the world as* ***Pākehā*** *do. We have to heal the whole in order to heal the one. It's like understanding that the* ***Whare Tapa Whā*** *is your whole being, right?* ***Māori*** *have an understanding about the* ***Whare Tapa Whā,*** *which is the* ***taha wairua, taha tinana, taha hinengaro****, and* ***taha whānau****. And even in the* ***taha hinengaro*** *there are two aspects which are the thoughts and the feelings right? And then of course you've got the* ***taha whānau****, now the* ***whānau*** *doesn't necessarily mean I'm talking about the* ***whānau****. It may refer to the* ***whānau*** *of your body, the* ***whānau*** *of your organs, the understanding of those interactive organs, you see? And so those things are the* ***whare*** *(that make up your whole being)…in the metaphoric language of our people. And it is said that if one of those cornerstones or foundations of your* ***whare*** *is hurt, weak, or sick, then it has this ability to tilt, to fall that way. So these [other aspects] are endangered as well, everywhere else is endangered. What the* ***Pākehā*** *system does is it will take a piece and put it over there, outside of this complex [model] of the* ***Whare Tapa Whā****...*

Terēhia refers to the times when she turned to **tohunga** "under the radar" to meet the cultural/spiritual needs of her counselling clients. She also comments on the importance of using frameworks that employ understandings about **matakite,** not only for the benefit of **Māori** but for non-**Māori** as well.

> ***Terēhia****: I think that there is a place, a really important place, for this [****taha wairua****] modality—the different parts of it, within therapy for our people. But not just our people, but other people also. If we get it right for our people, we're going to get it right for everyone—anyone who wants to go down that pathway.*

The belief that what is good for **Māori** can also have benefits for the wider community has already been expressed by **Māori** educational leadership (Russell Bishop & Berryman, 2006; Penetito, 2011). Comments from **Fran**, a **Pākehā** participant, also support **Terēhia's** opinion. **Fran** talked about her own healing having come about from being in contact with healers who were able to achieve a holistic approach, including **Māori** and other traditional approaches, such as traditional Chinese medicine. She believes that the problem with the Western biomedical model is that it treats health as primarily an individual problem, when un-wellness can also be a symptom of family problems, and cultural and social problems:

> ***Fran**: Many of my health problems were not even mine when it came down to it. But I was just channelling, so to speak, the un-wellness of my whole family system. And if anyone had looked at me [in mental health], they would've said I had this illness or that illness, you know—I mean given some diagnosis....Well I mean they wouldn't have got to the issue of my trust in my intuition being damaged [as a child] and needing to retrieve that. They wouldn't have got to me taking on the emotions for my whole family because I'm a natural empath—and I'm overly sympathetic, which means you know I feel other people's stuff very easily and it directly affects my body...they wouldn't have looked at any of my symptoms in that holistic sort of way.*

Fran goes on to talk about the mainstream biomedical model treating the body as if it exists separately from the social and spiritual worlds, a view that is affirmed by the critical literature on biomedical dominance covered in the Chapter Three. She also sees much potential for **Māori** systems of healing to benefit non-**Māori**:

> ***Fran**: That's why I think **Māori** systems of looking at health are far more real, and more relevant to most people, even for **Pākehā**. You know the **Pākehā** system, or should I say Western system, because you know it's not really*

> ***Pākehā*** *as such—it's everywhere, it's throughout the globe, colonisation at the international level—colonisation of the entire world's population.* ***Pākehā*** *are just a little speck in that big picture. But the problem with them is they blindly go along with it. And of course that has devastating effects for* ***Māori*** *and other, you know, marginalised communities. Anyway, my point is that that whole Western system is pretty crazy, and I don't believe it has the capacity to heal anyone. The sad thing is that* ***Pākehā*** *are so deluded by that system and modern science and everything that they probably aren't going to get their act together enough to make any significant changes. And that means that it will be the marginalised themselves that have any hope of transforming it—like* ***Māori****. But my hope is that I can be an ally to that process. Because ultimately I believe* ***Māori*** *ways of looking at health are far superior to Western ways. That's what I believe anyway.*

While **Fran** is not convinced that the mainstream system has the capacity to heal people, two other participants saw the potential for partnership between Western physicians and traditional healers. **Rafael** and **Tūkaha** (both psychiatrists) believe a complementary approach is needed, in which humility is required on both sides. **Tūkaha** believes the traditional healers of old were good at acknowledging the limits of their knowledge and skill:

> ***Tūkaha****: I think we should be looking at some of the old writings about some of the old people; they were pretty good actually in knowing when the cultural stuff won't work, turning to* ***Pākehā*** *ways. Part of that I think is because they have a much clearer idea of what the cultural stuff looked like and what it was about and what you do to deal with first. But secondly they also had increasing amounts of experience of the wonder of* ***Pākehā*** *drugs, and some of that of course came from infectious diseases, TB a very good example. We learnt very early on, and the* ***Māori*** *were very secure in their sense of what it was to be* ***Māori****, cause they knew what they could do and what they couldn't do, learnt pretty quickly that actually if someone gets TB,* ***karakia*** *is probably not going to*

*cut it (I don't mean to be disrespectful)….You might briefly do some **karakia** before you get the doctor to give him some [medical drugs]. And so the more times that that happened the more it's reinforced that whole idea.…But the point that I was making is that…in days gone by they were much more clear and comfortable about that, many of the old people anyway—the leaders—were relatively comfortable about the idea of knowing when their own approach to something had exhausted.*

Similarly, **Rafael** hopes that doctors and traditional healers can acknowledge when they are out of their depth, and turn to each other for support.

***Rafael:** I hope that we can get to the stage that if **Māori** come to me with a spiritual affliction that I've got the wisdom to think "I can't do much here. I need to refer this person to someone who can help them." I would hope that a **tohunga**, certainly the old **tohunga** had no problem with this, people would go to them and they would say: "Look I think you'd better go and see…[this doctor]." So it's a humility to accept that we can't do everything, and one of the things I worry about on both sides is we think we can do everything, and maybe we can't.*

Rafael's comment about the old **tohunga** knowing the limits of their approach was referring directly to times when particular **tohunga** had referred patients to him when he was a general medical practitioner. The degree to which this occurs nowadays would be a worthy investigation. It is certainly true that many mainstream psychiatrists tend to favour biomedical explanations of mental distress, and that historically they have not demonstrated the kind of humility or spirit of partnership that **Tūkaha** and **Rafael** promote. In the following quote, **Rafael** talks about his approach to psychiatry, which is much more holistic than the common approach and incorporates body, mind, spirit, and cultural factors.

Rafael: *Why wouldn't you get depressed if you're not right in your spirit, and depression is a psychological manifestation of perhaps a spiritual thing, but depression can also be a manifestation of a physical thing. So I guess what I am trying to say is we believe that in actual fact even though we work seemingly in the dimension of the mind, in actual fact we take into account the whole range of things. It is indivisible—everything affects everything else.*

So often we're trying to restore the body, we're trying to restore the mind, we're trying to restore cultural/social stuff, and we're trying to attend to the spirit or we get other people to do that, but that's what we do.

Although **Rafael's** ideal is that holistic approaches be a conventional part of psychiatric practice, he acknowledges that this is not the norm. He also commented on spiritual experiences and schizophrenia:

Rafael: *What people don't realise about schizophrenia, first of all schizophrenia is a name which actually means "schizo" is shattered, "phrenia" is mind, so it's not split mind, it's a shattered mind and basically no forms of schizophrenia are the same and there are all sorts of aetiologies. So people with a schizophreniform syndrome can get it after a head injury or they can inherit it, or they get it after drug use. Or they can get it after a terrible experience that really messes up their life. So in a sense it's just a name, and really its symptoms are that all of the parts of your life—which is the mood, your thinking, your behaving—is all out of kilter; that's actually what it means.*

I mean a person could have had schizophreniform illness, but it could have had spiritual aetiology for example. One of the issues is: If you understand the aetiology you can understand the treatment. The danger is not that it's called schizophrenia; the danger is that it would be treated by drugs.

Rafael's recognition of the term "schizophrenia" being merely a descriptor for a state of being mentally shattered is important in that he recognises it as just a socially-constructed label for a state of distress that could be caused by many factors, one of

which could be a spiritual event. However, again **Rafael** acknowledges that such attitudes are not yet the norm in psychiatry. This, of course, is affirmed by **Te Ariki's** and **David's** stories. **Te Maru** also commented on this issue.

> ***Te Maru:*** *They say there are five triggers to psychosis. One of the questions I asked was: "Has anybody considered a spiritual experience as being a trigger to psychotic behaviour?" If you have somebody who understands it and can walk alongside you, you're lucky. If there is nobody who can talk to you and walk you through that thing, sometimes just the lack of understanding makes it a frightening experience, especially if it's been there for a long time. But if you look at those five triggers, I reckon the sixth one is the* ***wairua*** *experience.*

However, this sixth trigger that **Te Māru** speaks of has not yet become widely recognised, and the biomedical model predominates in mental health at a practical level (Read, 2005), despite more recent inclusions of bio-psycho-social explanations of mental health in the literature since at least the 1970s (Engel, 1977), and the addition of the spiritual dimension of health since the 1980s (Hiatt, 1986). What this means is that the potential for the misdiagnosis of **matakite** is significantly heightened.

Conceptual Limitations of Psychiatric Theory

One of the aims of the study was to address concerns about the possible misdiagnosis of **matakite** as symptomatic of a mental disorder. As mentioned in the literature review, mental health professionals in **Aotearoa** are required to "Identify and differentiate cultural manifestations of behaviour such as '**matakite**' as opposed to pathological syndromal features of a western mental illness" (New Zealand Ministry of Health, 1998). However, very little guidance is given as to how this should be done, or

whether it even *can* be done. Nevertheless, a number of participants' comments indicated a strong concern that needs to be acknowledged. The misdiagnosis of two of the participants, **David** and **Te Ariki**, also lends substance to these concerns. In his late twenties, **David** was committed against his own will to a psychiatric unit for a month before a panel of **Māori** advisors got to review his case and recommended his discharge. In the interim he was given antipsychotic medication.

> ***David**: It generally started in the 80s during a period of stress. My grandfather had passed away. I had a new house, and the mortgage was creating stress in my life. My father passed away, and my mother moved to Australia. I started experiencing headaches and couldn't sleep. I began seeing my dead grandfather, and I thought to myself: "I shouldn't be seeing him." My wife referred me to a psychiatrist, and they both had me committed to a psych ward. One month later a **Māori** advisory board interviewed me there. One of the members was Hone Kaa. They told me I did not belong there. I said: "I know that!" I also said the psychiatrist should be disciplined. I was 33 years old at the time. I can't put a title on it (the **matakite**). No label. Was it activated by the chemical cocktail I was given while at the psych ward? I don't know. At the time it was like I was looking down a hall that had several doors, and I opened the door to the world of the **matakite**.*

In contrast to **David's** experience of being admitted against his will, **Te Ariki** was initially admitted with his agreement into **Tokanui** psychiatric hospital. In his own words:

> ***Te Ariki:** I had moved to varsity for study, so I had a huge change in environment. Another aspect is that, and this has been this way since I was a kid, I can't really handle being in crowds. A lot of information and feelings and emotions start coming at me. I was overwhelmed by the amount of sensory input I was getting—being in a new place, being around thousands of people,*

rather than being around just a dozen people. And quite a lot of the things I was seeing were what I now know as people's past history. And for whatever reason, mine always seems to focus on a person's bad past history. Like if I'm around anyone who is violent or an abuser or something like that I'll just feel it off them. I hate to put it like this, but a person's, like, sin is never hidden from me. So I was in a context with a whole lot of people, and some of those people were not very nice. So basically it had become so overwhelming for me, and I was away from my mum, who was the main person who would ***karakia*** *for me, keep me safe, and walk and talk me through these experiences. I didn't have that natural fallback that I used to have….So no longer was my support and ability to stay stable gone, but I was also stuck in a context that basically ramped up all of the input. When I walked to lectures, I was walking past hundreds of people and seeing all these histories and feeling all their pains, and it got too much for me to deal with.*

Te Ariki's account shows how he was experiencing distress as a result of the combination of particularly intense **matakite** experiences and a loss of social support strategies that had previously helped him cope with such experiences. Social relationships are recognised as playing an important role in maintaining mental health by buffering stress in difficult times (Caplan & Caplan, 2000; Dalgard & Tambs, 1997). **Te Ariki** continued:

Te Ariki: *I was raised to stay away from dope, and my mum was very clear on that: "This stuff is not for you. You can't touch this." And she was right! But I was so stressed out and got offered some dope and initially turned it down a couple times, but after a while I said: "No, I just need to sleep. I need all of this to stop." I wasn't sleeping; things were coming into my dreams. So I did it [smoked marijuana], and the strange thing is it stopped. When I first smoked dope, I went to sleep, and I slept well. Nothing invaded my dreams. I woke up, and I didn't see or hear anything until about the middle of the morning. And then it came back at a higher intensity. So, stupidly, I went and smoked some more! And then woke up, and it was silent again, until after breakfast, and then it came back again.*

*So that dope gave me a short reprieve, but other than that it opened those floodgates even wider and wider. I knew I should have gone back to, cause my mother and her **rōpu** [group/associates] could help me but I was so **whakamā** that I had turned to drugs. So I actually talked to someone and then they took me to A & E [Accident & Emergency] and talked to some guy who would have been the psych registrar, told him and agreed that I should go to Tokanui for an assessment and from that point on the Mental Health Act kicked in straightaway.*

Te Ariki's story illustrates the distress that can occur as a result of the interplay between at least three important factors affecting wellbeing: 1) Intense and repeated **matakite** experiences, 2) A lack of sufficient support (social, cultural, and spiritual), and 3) The use of self-medication as a coping strategy. The association between the absence of social support and dysfunctional coping strategies is well-documented (Fondacaro & Moos, 1987; Tucker, 1982). What is less well-documented is the use of marijuana and other substances as a coping strategy for particularly stressful intuitive experiences, such as **matakite**, although there has been some exploration of the spiritual crises that may result from the use of traditional shamanic medicines like ayahuasca (Lewis, 2008).

Once in **Tokanui**, **Te Ariki** was assessed and diagnosed with olfactory hallucinations (as he describes earlier in this chapter). His experience shows that mental distress can occur as a result of **matakite** experiences, and that this distress can be mitigated or exacerbated depending on the nature and degree of social support available. It appears, however, that once he was diagnosed with a mental disorder, any further experiences of **matakite** were interpreted in the light of that diagnosis (or rather, misdiagnosis). This is referred to as confirmation bias, which refers to the tendency to

seek or interpret evidence in ways that are partial to existing beliefs, expectations, or a hypothesis in hand. Mendel et al (2011) have shown psychiatrists are prone to confirmation bias. Their study revealed that 13% of psychiatrists and 25% of psychiatry students showed confirmation bias when searching for new information after having made a preliminary diagnosis. They therefore recommended psychiatrists be particularly aware of confirmation bias in their practice, and provided techniques to reduce it.

Regarding the diagnostic practices of psychiatrists, **Tūkaha** believes that there is too much emphasis on aetiology (or finding causes for unwellness) within mental health, and that really the emphasis should be placed on whether or not something is a problem:

> ***Tūkaha****: I think it's possible to distinguish [between* ***matakite*** *and pathology], and I think that the distinguishing characteristic is that it's a problem if it's a problem. I'm not necessarily so focused on the issue of the aetiology, that is, what is actually causing this experience. I'm focusing much more on [the question of] "Is this experience a problem?" If it's a problem, then whatever's causing it requires us to do something about it. And then what we might do about it is likely to be a combination of some traditional cultural intervention and…psychological or biomedical [approaches]. I do think that we (and this is not just about the interface between cultural and spiritual in psychiatry) but I think we waste a lot of time in psychiatry thinking about aetiology, and becoming preoccupied with what is causing certain things in a way that the evidence doesn't suggest that we should….Actually we don't know very much about what causes what, so why do we get so preoccupied with it? The issue really is [asking the question] "Is it a problem? What do we need to do to help this person?" So if this person is having these visions and these experiences and*

they are very, very distressing, we're probably going to need to do something about that.

Rafael also believes it is possible to distinguish between **matakite** and Western concepts of mental disorder.

> ***Rafael**: Hallucinations are probably the nearest thing to be confused, and hallucinations are perceptual disorders really, so that people feel, touch, hear, see things that might not be there in objective space. But again that's not a sine qua non for determining if a person is disordered, and in a sense you've really got to look far deeper than that. Because there's all sorts of reasons why people see things, hear things, feel things, and like I say there can be a physical disorder, pretty rare I've got to say but that's the case, does he have a tumour in the brain, all sorts of things go wrong. They can get epilepsy, they can take drugs—hallucinogenic drugs. What we'd look for is a maladaptive life pattern. So for example if the person is having disrupted interpersonal relationships, if a person's life is in personal chaos, if people don't have peace in their life, if people have got disruptive thought patterns, so that they're talking gibberish. You've really got to then ask: "Is this a manifestation of something else, such as a functional mental illness like schizophrenia?" Usually the **matakite** people I've seen are actually fairly normal sort of people, who've got normal affect, meaning they can respond, they listen to what you're saying and can interpret the nuances of what you're saying. They make sense, and they might even be able to reflect on their own strange [presentation]. "I never asked for this, but every now and then I see something," and that sort of thing indicates they're normal people with a gift.*

Rafael's assumption that **matakite** people have a normal affect requires careful consideration, especially considering **Te Ariki's** and **David's** stories, which demonstrate the degree of distress that can be associated with **matakite**, especially when a person does not have access to appropriate cultural and social support to help them cope with

particularly intense experiences. However, like **Tūkaha**, **Rafael** also stressed the need to focus on getting a person out of crisis before worrying about diagnosis:

> ***Rafael****: When we have, for example, somebody come in (this is a common fact) we might have somebody who comes to us who is completely deranged, and…calling in a* ***tohunga*** *when they could get stabbed or hurt is probably not a good thing, because a* ***tohunga*** *has got to be able to access that person. And it may well be that people who are treated might be treated with drugs in an early stage, just to in a sense to get people settled. It's like a baby who is crying. You're not quite sure whether they've got a dirty nappy or whether they've got a temperature or whether they've got appendicitis. But in sense what you want to do is just to get them into a bit of relaxed state (so you might give them a bit of Phenergan just to slow them down a bit) and then you can listen to their stomach, then you can check their nappy, then you can take their temperature. So I guess what I am saying is that antipsychotic medication may be just a pragmatic initial step, while we figure out what's happening. And sometimes it takes 2 or 3 weeks to figure it out, and often what we find is they've got a multiplicity of problems—they've been abused by their family, they've been cheated, they've been abandoned, they've been beaten up, they've got a head injury, they're taking drugs. And let's face it, if it was easy—they'd never get to us.*

These comments suggest that perhaps it is not as important to distinguish between **matakite** and Western concepts of mental illness as it is to focus on what is needed to support the client's wellbeing, (which may or may not include psychiatric medication) and to help stabilise them before other cultural or therapeutic interventions are employed. The question of whether antipsychotic medication is the best strategy, or even an appropriate strategy, is not one that will be addressed in this thesis. However, a comment by **Te Ariki** suggests that in some cases the use of psychiatric medication, even if only as a pragmatic initial step, may not be an appropriate treatment.

> ***Te Ariki:*** *When it comes to medication—this is my personal experience and of other people I've spoken to with similar experiences—it doesn't shut off* ***wairua****. It doesn't shut off the voices or anything like that; it doesn't shut off the visions; it shuts off your conscious ability to engage with it or disengage from it. It shuts off your ability to control or to operate within that experience. Like for me it didn't shut off the voices; it didn't shut off what I was seeing. It shut off my ability to actually move, so I was basically a zonked out drugged out zombie, sitting there pissing and shitting myself because I can't get up and go to the toilet.*

Returning to **Rafael's** comments, the issue of focusing on the needs of the person in distress, rather than a preoccupation with distinguishing between **matakite** and mental disorder, implies a shift is needed in the psychiatric assessment and treatment of distress away from a preoccupation with biomedical causation and toward a need-based model, which echoes a recent recommendation made by the British Psychological Society's Division of Clinical Psychology (DCP) (British Psychological Society, 2013a). However, the DCP's recommendation goes even deeper than just requiring a shift in focus, and instead recommends a fundamental change in how mental distress is conceptualised. It notes that many of the issues arise out of the application of physical disease models to non-physical states of distress, and states:

> The DCP is of the view that it is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of the functional psychiatric diagnoses, has significant conceptual and empirical limitations, consequently there is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system which is no longer based on a 'disease' model (British Psychological Society, 2013a).

After a careful investigation of the key theoretical, empirical and other ethical issues related with psychiatric diagnosis, the DCP notes that

> Functional diagnoses such as schizophrenia, bipolar disorder, personality disorder, attention deficit hyperactivity disorder, conduct disorder,…due to their limited reliability and questionable validity, provide a flawed basis for evidence-based practice, research, intervention guidelines and the various administrative and non-clinical uses of diagnosis (British Psychological Society, 2013a).[10]

Richard Pemberton, the chair of the Division of Clinical Psychology stated that this was the "latest in a series of documents arguing for psychological and interdisciplinary understanding of experiences such as hearing voices," where bio-psycho-social explanations combined with "personal meanings" are utilised (British Psychological Society, 2013b).

Likewise, the American Family Therapy Academy (2013) notes that "fifty organisations and thousands of practitioners and researchers worldwide" have expressed their concerns about the exclusive process and content of the DSM and its on-going revision. They state:

> We find that the current revision of the DSM continues a long history of ignoring research and excluding vital contributions of non-psychiatric mental health disciplines resulting in invalid diagnostic categories and treatment protocols. The DSM is dominant in determining mental health diagnosis and treatment and is more harmful than helpful in delineating best practices. AFTA calls upon the American Psychiatric Association to engage in a more inclusive and research -supported process.

[10] The reference here to "administrative and non-clinical uses of diagnosis" refers to policies that require a distressed individual to have received a psychiatric diagnosis in order to access support services, benefits, and other kinds of support.

Similarly, Fulford and Sadler (2011) comment on the exclusive nature of the DSM revision panels and recommend that any group tasked with reviewing the classification of mental illnesses diseases involve a wide range of experts from different fields including philosophers. In relation to spiritual experiences, they also recommend workgroups include people with "clinical and scientific expertise on delusion, those with expertise in religious experience, those with expertise in linguistic analysis, and crucially, service users (including patients themselves) and others with direct personal experience of the phenomena in question" .

These are powerful challenges to psychiatry's claim to scientific validity and objectivity, and the qualifications and experience of the people issuing these challenges means they cannot be brushed aside as the ramblings of disgruntled radicals. They must be seriously considered as part of an investigation into the relationship between experiences like **matakite** and Western concepts of mental illness.

Consistent with these critiques, two of the participants also questioned the validity of psychiatric concepts of mental illness:

> ***Hine-kotiri****: It's hard to then say to you, you know a* ***matakite****, your heart sees a* ***matakite****, your body feels a* ***matakite****, your eyes taste the* ***matakite****, your ears feel the* ***matakite****, if I say that to you, you say "Oh you're bloody crazy" and then you lock me up.…How do you differentiate what is a* ***matakite****? How do you define* ***matakite*** *as opposed to all of those [psychiatric conditions], when I don't even have that real belief about schizophrenia.*
>
> ***Fran****: If I'd ended up in mental health, I'm sure I would've been given some diagnosis like Bi-Polar, and I think my chances for healing would've decreased significantly. I don't think any of those labels help anyone. And as one of my friends says, "once you get labelled, it's hard to get un-labelled." I guess I have*

a pretty radical view and don't really believe in mental illness. Most people who end up in mental health are just particularly sensitive people who can't hold together the insanity of our society. I mean we live in the most insanely abusive society on so many levels. We're surrounded by sexual, social, physical, cultural and spiritual violence all the time. We're completely fucked up. And some people are just more sensitive to that, they can't hold it, so they play out those violences in some way, either on themselves or others. But it's not really their problem. They just show the rest of society what society is really like—except that the rest of society doesn't want to see.

While **Fran** sees this as a radical view, the previous quotes from the DCP and other organisations illustrate the growing body of research that supports her questioning the validity of the psychiatric classifications of mental illness. Further critical literature on psychiatry is emerging from within the discipline itself, acknowledging that many definitions of mental disorder are circular and therefore obscure the value assumptions within them (Pilgrim, 2005).

As mentioned in Chapter 3 of this thesis, Cook (2004) explored the issue of the pathologisation of mystical experiences by psychiatry and noted conceptual problems with the term "delusion" as defined in the World Health Organisation's International Classification of Diseases (ICD-10). According to the ICD-10, a delusion is indicated when a person has "culturally inappropriate and completely impossible" ideas. However, it also gives examples of such "impossible" ideas including the belief that "supernatural forces...influence the afflicted individual's thoughts and actions in a way that are often bizarre." Cook notes that no guidance is given on *how* to distinguish "bizarre" from normal (which further raises the question "by whose culturally defined

standards of normal is this behavior measured?"). Basically one value-laden term (bizarre) was used to define another value-laden term (delusion).

This tautological reasoning in psychiatry is being investigated by various branches of mental health. In psychiatric nursing, (Littlejohn, 2003) points out how this issue plays out. He states that the concept of mental distress becomes a tautology by way of the following reasoning: "Psychiatry is a medical specialty. Psychiatrists study mental distress. Therefore, mental distress is a medical disorder." This of course, justifies the treatment of mental disorders with a predominantly biomedical approach (i.e., with pharmaceutical medicine).

Spitzer and Wakefield (1999) analysed the DSM-IV criterion for the concept of "clinical significance" to see if these criterion help solve the problem of false positives (i.e. instances in which individuals who do not have a particular mental disorder are mistakenly diagnosed as having the disorder). Their analysis showed that the term "clinically significant" referred simply to the clinician's judgement as to whether a client's distress or impairment was significant.

> Used this way, the clinical significance criterion is circular and offers no real guidance in deciding whether the level of distress or impairment is or is not sufficient to imply disorder. In effect, it just states that only disorders should be diagnosed as disorders .

Thomas Szasz, who was a psychiatrist himself, was one of the earliest and well-known critics of the moral and scientific foundations of psychiatry. He described it as "pseudoscience" and "pseudomedicine" and highlighted the social construction of the concept of mental illness to describe undesirable behaviour. Szasz argued that the

scientific concept of illness can only be applied to a structural or functional ailment in the physical body but not to a non-physical aspect of the human make-up. If an illness is proven to be located in the physical brain, then it should be addressed by neurologists rather than psychiatrists. And if an illness is shown to be mental, and therefore non-physical, the use of medication to alter physical chemistry is inappropriate. However, the discipline of psychiatry has justified its existence by using a term that refers to a non-physical structure as if it were physical and by arguing that physical evidence for their beliefs will inevitably be discovered. This approach, of claiming the existence of physical evidence that is yet to be discovered, is scandalous when one considers that no other discipline claiming a scientific basis could get away with such an argument. Terry Lynch, M.D. *(cited in Glasser, 2003)* argues that psychiatry has convinced the public that the hypothesis of mental distress being biological is an actual proven fact. He states: "In doing so, modern psychiatry has made a major error of judgement, an error so fundamental that it should never occur in any discipline purporting to be scientific."

Another psychiatrist, William Glasser (2003) argues that the mental illnesses in the DSM should not be labelled as such because none of them has been proven scientifically by the field of psychiatry to be associated with any brain pathology. On the question of the scientific validity of psychiatric diagnoses, he states:

> Right now, no one knows specifically what causes the symptoms described as illnesses in the DSM-IV. There are a lot of inferences such as lowered serotonin, a brain chemical found to be lower than normal in stressed rats who "appear" to the researchers to be depressed. They use rats because the only accurate way to determine serotonin levels in any brain is to grind it up and assay the ground-up material. But even if the inference in the comparison of

> rats to humans is correct, no one yet knows whether the depression lowered the serotonin or the lowered serotonin caused the depression. The psychiatrists who use brain scans are guessing at the latter and trying to persuade you to go along with their guess (pp. 25-26).

This literature draws attention to the significant conceptual issues related to how mental distress tends to be conceptualised and treated by mainstream psychiatry, and that these issues should not be summarily dismissed. The coverage of this literature is not intended to deny the existence of mental distress, nor the many ways that psychiatrists have helped people in distress. Nor is it the intention to criticise the extraordinary psychiatrists who work in a holistic way. However, the comments of the participants require us to take a serious look at the critical literature that challenges how mainstream psychiatry has conceptualised mental distress as primarily biochemical in nature, thereby justifying the use of pharmaceutical medicine as a primary method of treatment.

These critiques also raise the question of whether or not the task of distinguishing between **matakite** and pathology is feasible or even possible. Said differently, if the very scientific basis of the Western concept of mental disorders is in question, how can they be distinguished from **matakite**? It is difficult enough to distinguish such a complex experience as **matakite** from a constant variable; it is even more difficult, if possible at all, to distinguish it from a concept that is constantly shifting. What is equally concerning is that despite this extensive critique of psychiatry over some 30 years (at least), the biomedical model has retained its dominance. This begs the question to be asked: Who benefits from the dominance of the biomedical model?

Economic Advantages of Biomedical Dominance: Who Benefits?

Te Ariki and **Te Maru** questioned whether clinicians really understand the value of **Māori** cultural advisors in any capacity for a number of reasons. One of these reasons had to do with financial conflicts of interest, where the pharmaceutical industry influences the diagnostic and prescribing practices of clinicians through the provision of financial incentives:

> ***Te Maru****: It's so blatant…there's a lot of corruption involved in diagnosis, like I know that psychiatrists are picking up on the meds that they prescribe—that's a kickback for them. So if some **Māori** who can't really understand what's he is seeing or hearing comes in: "Oh well, we'll just give him this Olanzapine….I've got a trip to Hawaii, taking my wife for a holiday." It's so corrupt man; it's just not funny, and so they wouldn't want us to be successful in terms of this stuff working….It upsets the financial stuff. It's not about the health thing; it's about the finance.*

However, **Rafael**, a psychiatrist and senior strategist and policy advisor for mental health, also commented about financial conflicts of interest affecting clinician prescribing practices. He talked about the role of drug companies within mental health. While he acknowledged the influence of unethical practices by American pharmaceutical companies, he was doubtful that the New Zealand mental health system is as prone to those influences:

> ***Rafael:*** *When I was in general practice,…the drug companies would come and give you gifts and say look, here's a pen…this is the drug we want you to prescribe. So there was certainly a wee bit of that, but that hasn't been around for twenty or thirty years now because it has been banned as an unethical practice [by the Royal Australian and New Zealand College of Psychiatrists]. I was asked to go to Harvard by one of the drug companies and it was a huge*

offer, which I had to refuse. I wrote to them and said: "Look, I'm so grateful, but I feel ethically I can't do that because any prescribing. If I ever in the future prescribe one of your drugs, they will say that it's because you sent me to America to Harvard, and while I'm grateful and I'd love to go to Harvard I cannot have that accusation."

But I spoke to another psychiatrist who rang me up for advice, and he said: "I've been asked by this drug company to go to Sweden and I've never been to Sweden; I really want to go." And he did go in the end against my advice and he said to me "Oh I really regret going." He had his free trip, but he wouldn't—there's nobody that I know who would—prescribe drugs because they went to a meal with the rep. If a person needs something, we would look very carefully and it wouldn't necessarily be that drug company's drug. So while that might be quite an attractive theory, and I wouldn't put it past the Americans, I'd have to say generally it doesn't happen here. Next week I'll be going to a conference and there will be probably 30 drug companies there and they've got pens they're giving out, but that doesn't tempt me to prescribe their drugs.

Rafael went on to explain that the reason these companies offer free trips is to "present themselves in a good light." He did, however, express concern about an unethical strategy used in some Pacific Islands by the pharmaceutical industry with the goal of creating a demand for a particular type of medication.

***Rafael**: The real ethical dilemma is drug companies who will often, and I think this is terrible, but they'll often, go into a little place like in the Pacific Islands, and they'll send an American guy and say: "Look, you go and work here, and we'll give you free drugs for as long as you're there, and of course they are actually dishing out free drugs, they're dispensing, they're prescribing it, dispensing it. Of course everyone thinks, "My God is this good, doesn't cost us anything; it's fantastic!" After six months the doctor goes, and there's all these people who are stabilised on this drug and suddenly the government's got to pay for it. And of course the normal drugs they've been using costs three cents*

a day, but the new drug costs $30 bucks a day. So you can see it's a real problem for the country and this is really bad tactics, very naughty tactics, but this happens I can tell you.

In reflecting on the culture of financial kickbacks in the United States, **Rafael** was confident such a culture does not exist in **Aotearoa**, primarily because of the regulatory influence of Pharmac.

Rafael: *Basically, Pharmac is a big purchasing coalition, which is contributed to by the 21 DHB's, and they pool their money to the extent of about $80 million a year, might even be more than that, and Pharmac actually does all the negotiating for drugs, and generally speaking they get the cheapest drugs and the most effective drugs and that's what we prescribe. So we usually take from the Pharmac list because they're free for the patient. So what I am trying to say is that problem is not likely to arise here. In America it does arise because the drug companies are very powerful, and all sorts of nonsense does occur in America, I can assure you. Even to the extent of doctors getting paid to write very favourable reviews and so-called research. The research is rubbish but it comes out in the favour of the drug company. I mean it's quite corrupt actually, but that's America, but here it would be quite wrong.*

The disparity between **Te Maru's** comments about corruption and financial kickbacks, and **Rafael's** comments about pens and the regulating influence of Pharmac is worthy of attention. It suggests that there may be quite varying experiences within mental health on this issue. A clearer picture of the situation could only be produced from a much deeper investigation than this study permits. Certainly the industry is known for employing various strategies to influence the prescription practices of physicians, including gifts, free meals, travel subsidies, sponsored teachings, and symposia (Wazana, 2000, p. 373). Although the scale of their "gift" giving may be much smaller

here in **Aotearoa** than in other countries, it has long been recognised in the social sciences that gifts even of negligible value can nevertheless influence the behaviour of the recipient in ways they are not always aware of (Katz, Caplan, & Merz, 2003), and can create an impulse to reciprocate (Brennan, Rothman, Blank, & et al., 2006).

Rafael's comment about Pharmac providing a regulating role is recognised in an article by New Zealand health authorities expressing concerns about the Trans-Pacific Partnership Agreement (TPPA) currently being negotiated between the United States and 11 other countries, including New Zealand. Gleeson, Lopert, and Reid (2013) note that Pharmac has been "highly successful in facilitating affordable access to medicines through aggressive price negotiations" and other strategies, which has resulted in more than $5 billion dollars of savings since 2000. Of course, this also means the pharmaceutical industry is $5 billion dollars out of pocket—not a desirable state of affairs for an industry whose primary goal is to return the highest possible profit for their shareholders.

However, through the TPPA the United States is "seeking to eliminate therapeutic reference pricing," (Gleeson et al., 2013, p. 1) which is one of the commercial purchasing strategies used by Pharmac to acquire affordable medicines for New Zealand consumers (p. 2). This would result in increased costs and reduced access to medicines for New Zealanders, which would disproportionately affect disadvantaged groups including **Māori** and Pacific communities (Gleeson et al., 2013, p. 2). Additionally, the regulating influence mentioned by **Rafael** would be severely reduced, resulting in **Aotearoa's** health system becoming more prone to the powerful influence of the pharmaceutical industry to shape the medical culture in our country.

This also brings us back to issues of biomedical dominance in mental health and its contribution to misdiagnosis of experiences like **matakite**. Read (2005) and Sharfstein (cited in Read, 2005) are forthright in identifying the economic interests of the pharmaceutical industry to be a primary reason for the continued dominance of the biomedical model, despite bio-psycho-social concepts being recognised in mental health literature for decades. Read (2005) quotes the letters of resignation by two past presidents of the American Psychiatric Association, Loren Mosher and the abovementioned Steven Sharfstein, as evidence of the pharmaceutical industry's influence. Mosher stated that "psychiatrists have become minions of drug company promotions" no longer seeking "to understand whole persons in their social contexts," while Sharfstein commented on the "over-medicalization of mental disorders and the overuse of medications," cautioning psychiatrists about being "pill pushers and employees of the pharmaceutical industry."

Another **Pākehā** participant, **Fran**, made a connection between the dependence upon medication in mental health with the widespread use of drugs in Western society:

> ***Fran****: We live in a completely drug-addicted culture. I mean our babies are born drugged (from the mothers either taking drugs during pregnancy, or from the medical drugs given to them during labour). Then we drug our babies at three months, six months, 12 months, 18 months, and so on and so forth, for the rest of their childhoods with, you know, with vaccination, which I reckon is the most massive public experiment of all time. Then, well there's recreational drugs, alcohol, marijuana, and all the synthetic stuff. And when that's not enough, we have the thousands of psychiatric drugs to cope with the stress of living in our crazy society. And you know it's all big money for the pharmaceutical companies. I mean there's a lot of money at stake, so it's not gonna be easy introducing new treatment strategies into that picture [into mental health].*

> *Western culture is terrified of pain. I mean it avoids pain like the plague. It doesn't want to know about the historical pain of colonisation, or rape, or whatever you know. It just wants to drug us all and shut us up. It's much bigger than just mental health—the whole system is crazy. But it doesn't want us to know it's crazy, so it drugs us all in various ways so that the whole thing keeps on rolling along, if you know what I mean.*

Fran's comments that "we live in a completely drug-addicted culture," and that "Western culture is terrified of pain" reflect the opinions of Anne Wilson-Schaef (1992), whose work with healing addiction includes an element of social commentary. She explores the role that helping professions like psychology and psychotherapy may play in maintaining the status quo of a "sick society," and critiques the assumptions underpinning mental health training, which she argues can facilitate clients' "adjustment into an addictive, sexist, racist self-destructing society" without addressing the injustices of that society . This aspect of Wilson-Schaef's social commentary is important because it challenges Western society's assumptions about what is "normal" and "abnormal." Just as a lack of spiritual well-being is regarded as playing a major role in the development of addictions (C. C. Cook, 2004), so too may the predominantly materialistic nature of Western society be a major contributor to the wide-spread addictions that Wilson-Schaef is referring to. Thus the healing of wide-scale addiction in Western society may require the prioritising of spiritual wellbeing on the same scale. **Māori** and indigenous spiritual knowledge may have a significant role to play here.

This issue also links to other participants' comments about the mainstream resistance to incorporating spiritual frameworks into mental health as being symptomatic of a much larger issue of materialism that pervades dominant Western society. **Terēhia**

has found very few people who position their conscious connection to a spiritual consciousness at the centre of their lives.

> ***Terēhia****: Mostly I find the small number of people that are consciously trying to live in a present state of mind listening and being obedient to that call—not that many around!*

Similarly, **Te Hihiko** believes materialism prevents people from understanding their spiritual nature.

> ***Te Hihiko****: We're too busy, attached to the world of materialism and grabbing everything we can under the sun that we forget about "Who am I? Who are we?*

Likewise, **George**, sees materialism as being the major factor that limits the potential to introduce spiritual knowledge into society at large. He argues that the education systems and the church also function primarily at a materialistic level, making it very difficult to introduce spiritual knowledge within these current systems.

> ***George****: Because of the materialistic views of society you can't approach people on this sort of a [spiritual] level. Society is so materialistic that you can't introduce it at school, you can't introduce it at universities as a normal way of doing things and understanding things. Even the church is mostly materialistic, and certainly the priests don't have the inner knowledge. And if they haven't got any knowledge, they can't teach the kids. And what would be another problem is if they had the knowledge and started teaching the kids, and the parents are materialistic, then there would be huge trouble. This materialism is the real evil of society cause even if you had a priest who could tell them about the real stuff, they would say: "Hey, mum, this is what Father so-and-so told us," and then the parents would go "Ooooh!" See what I mean?*

All of these comments consider the context of a materialistic Western society, and the degree to which this supports a culture of materialism in mental health. While

exploring this argument in its entirety would be beyond the scope of this thesis and would detract from the specific focus on **matakite,** the participants' comments as well as the political critique encouraged by a **Kaupapa Māori** analysis requires that this aspect be given further consideration.

Te Hihiko considers the climate of materialism and spiritual ignorance as underpinning the social norms and public perceptions of mental distress that are also seen to contribute to misdiagnosis. **Te Hihiko's** comment expresses concern that public ignorance about **matakite** and similar experiences might also contribute to misdiagnosis and result in people being incarcerated in psychiatric wards.

> ***Te Hihiko****: We're so quick to judge people because some "Mary Jane" sees things that other people don't see, and off they go to the giggle factory....People that hear things all the time and see freaky things that may not necessarily be visible to others, you know all of a sudden we classify these people under psychosis or being abnormal and can't cope with the world, so we throw them in the giggle factory. I just think a space can be created for people to express themselves as they are without any judgments being thrown on them, without anyone saying: "Oh geez, you're a bit way out there chief," or "What you been on lately?" I've had experiences that I couldn't explain and I wouldn't even want to explain some of these experiences that I had.*

George extends this idea by comparing Western and Eastern norms surrounding what is seen as normal or abnormal social behaviour:

> ***George****: In India…for thousands of years they accepted that people do meditation and they obtain samadhi or some spiritual trance and they behave strangely. Nobody bats an eyelid. That's normal for them. But here in the West when you start behaving strangely like that, you are put into a psychiatric hospital or some mental unit which they destroy you completely through drugs*

and shock therapy because they don't understand what it is. It is lack of understanding in the West—the psychic phenomena, or the spiritual phenomena, semi-spiritual phenomena, all kinds of negative and positive inner experiences—and the Western system is not used to that or doesn't really comprehend it. They think it's some sort of mental illness, so they try to deal with it as an illness….It's been like that since the 18th century in the West. Anybody who had a bit of a psychic experience was put into a mental institution. They don't have that knowledge of distinguishing between real mental illness and people having a psychic experience or a spiritual experience. They don't understand the difference.

All of these comments respond to the broader context of a materialistic Western society that marginalises spiritual knowledge, and the degree to which this supports a culture of materialism, and therefore biomedical hegemony, in Western mental health. This will be explored in the following section.

Spiritual Ignorance in Western Contemporary Society

While exploring spiritual ignorance in the West in its entirety would be beyond the scope of this thesis and would detract from the specific focus on **matakite,** the participants' comments as well as the political critique encouraged by a **Kaupapa Māori** analysis requires that this aspect be given further consideration.

George commented on how "normal" attitudes in Western society prevent a radical shift in healing approaches. As a spiritual teacher, he comments on the number of health professionals among his students, and the challenges they encounter trying to introduce those spiritual understandings into their respective professions as a health resource:

***George**: We have a lot of psychologists in our group, healers and therapists and goodness knows what, there's practically half of them are in the healing profession. I always keep saying that the problem is that all that knowledge which we have [in our group], the normal people like psychologists and doctors and whoever can't use [it] in society because it's not acceptable. Because of the materialistic views of society, you can't approach people on this sort of a level. They think you are a crank or something because the materialistic psychology has got its own, especially clinical psychology has its own intellectual way of doing things, and you can't introduce occult factors or esoteric science or knowledge. So while society is not able to accept the deeper layer of knowledge then you have a problem. You have to have those outer solutions unless you can induce that inner knowledge into society somehow. Unless you can spread a deeper layer of knowledge, then, as I said to some psychologists also, it's a problem. Even if you know the esoteric way of healing or doing things holistically, you can't convince the patient that this is correct because they're so used to a materialistic way of doing things.*

So how are you going to deal with the 100% materialist person when they're in trouble? One of the psychological positions is (I am talking about orthodox normal psychology now, not a few on the fringe you know), but the orthodox psychologists theories are "Okay, all these guys who believe in ghosts, all these guys who believe in the supernatural, we allow them to believe because it helps with their healing process. We give them the drugs and that we allow them to believe in that stuff." In other words, they themselves don't really believe it, but they say "Okay, we are kind enough to…let them believe that as long as they do what we tell them to do."

Now that is a false view, and that means that while you have that [attitude] you can't really help society on a deeper layer….And this is why I keep saying society is so materialistic. The standard [approach] is the scientific way of doing things, and it's kind of an outer way of doing things. So if you're going to help society, how do you introduce that [spiritual] knowledge on a larger scale?

Such critiques of Western society's materialistic norms, and its assumptions about what constitutes "healthy" are not new. In addition to Wilson-Schaef's social commentary, Pallone (1986) also points out how mental health professionals have tended to focus on helping individuals adapt and have tended to avoid addressing wider social norms that may be creating the problems in the first place (p. xi). Citing alarming statistics about the proportion of Canadians and Americans accessing professional mental heath care, he poses the question:

> How can it be that all the well-intentioned efforts of the psychiatric, psychological, and social service communities, of the medical establishment, of the prisons and the jails, and even of the schools have yielded such disappointing results? Can it be that, while one set of forces propels our humanely-caring society to provide dis-ease alleviating services on an unprecedented scale, another set of forces engenders psychopathological dis-ease on an unprecedented scale? (p. 5)

Additionally, in *The Sane Society,* Fromm (1955) examines the high rates of suicide, homicide, and alcoholism in Western countries in order to understand the effect that contemporary Western culture has on the mental health of the people living in these societies. He poses questions like: "Are we sane?" and "Can a society be sick?" In exploring what he calls "The pathology of normalcy," he queries:

> Could it be that the middle-class life of prosperity, while satisfying our material needs leaves us with a feeling of intense boredom, and that suicide and alcoholism are pathological ways of escape from this boredom? Could it be that these figures [referring to suicide and alcoholism statistics in western society] are a drastic illustration for the truth of the statement that "man lives not by bread alone," and that they show that modern civilisation fails to satisfy profound needs in man? To speak of a whole society as lacking in mental

> health implies a controversial assumption contrary to the position of sociological relativism held by most social scientists today. They postulate that each society is normal inasmuch as it functions, and that pathology can be defined only in terms of the individual's lack of adjustment to the ways of life in his society (Fromm, 1955, pp. 10-12).

Fromm argues that the profession of psychiatry is partly accountable for this, and that "our current psychiatric definitions of mental health stress those qualities which are part of the alienated social character of our time" . Culliford (2007), a consultant psychiatrist in the United Kingdom, also argues that the spiritual aspect of wellbeing has been ignored in physical and mental healthcare because of the "secularisation of the culture in which the mainly science-based discipline of psychiatry has developed," which has led to the faculty of reason being given primacy over other faculties, including intuition (p. 213).

These critiques raise important questions about whether the norms of Western society are appropriate criteria for measuring spiritual wellbeing—whether the spiritual bar of our society is set too low to provide a meaningful measure of spiritual wellbeing. An alternative could be to consider the lives of outstanding spiritual figures as possible measures, rather than Western society's norms. The life accounts of Jesus of Nazareth, Bhagavan Krishna, Gautama Buddha, Mother Theresa of Calcutta, Teresa Neumann of Bavaria, Padre Pio, Paramahansa Yogananda, George Washington Carver, and many others regarded as outstanding spiritual figures are perhaps the standards we should be measuring spiritual wellbeing against.

Additionally, our own **Māori** traditions provide us with equally lofty standards. I return to the **karakia tapuwae** included at the beginning of Chapter Two, which describes

Tāne-nui-a-rangi's esoteric ascension to the loftiest celestial realms to commune with the Source of all knowledge and return to this Earthly realm to distribute that knowledge for the enlightenment and wellbeing of all creation. The rebuilding of **Māori** spiritual knowledge and techniques in order to operationalise the models handed down by our ancestors could make a significant contribution to improving **Māori** spiritual wellbeing and also other aspects of wellbeing, given they are all interconnected. As with other positive strategies for **Māori**, this may also provide flow-on benefits for the wider community.

Chapter Summary

This chapter has addressed participants' comments pertaining to the politics of the mental health system, which influence wellbeing around **matakite** by determining the degree to which **matakite** understandings can be used as a health resource. Participants talked about the dominance of the biomedical model as a problem, but they also spoke of the need for partnership between Western and traditional systems of healing. Additionally, they spoke of the importance of humility so Western and traditional practitioners can recognise their own limitations and work in partnership with each other.

Participant comments reinforced anecdotal concerns about the misdiagnosis of **matakite** as symptomatic of a mental disorder. Two participants, in particular, talked about their experiences of being incarcerated in psychiatric wards because of how their experiences had created distress for them, and how they were given psychiatric medication. Two other participants, both experienced psychiatrists, commented on

the preoccupation by psychiatry on aetiology and that the primary focus should be on the client's needs. The lack of cultural competency among New Zealand's psychiatrists was mentioned, and a suggestion was made that perhaps cultural competency training should be mandatory for any practicing psychiatrists in this country.

A couple of the participants questioned the scientific validity of psychiatric diagnoses, which directed me to an investigation of the critical literature around this controversial topic. This revealed critiques from outside and within psychiatry, calling attention to the tautological reasoning underlying psychiatric concepts like "delusion" and "clinical significance." One of the most powerful recent critiques has been the May 2013 position statement released by the British Psychological Society's Division of Clinical Psychology, which recognises the "on-going controversy related to the application of the classification systems in the DSM" and the ICD-10, and calls for a "paradigm shift" in how mental distress is conceptualised. These critiques bring into question the feasibility, or even, possibility, of meeting the Ministry of Health recommendation for mental health professionals to "Identify and differentiate cultural manifestations of behaviour such as '**matakite**' as opposed to pathological syndromal features of a Western mental illness."

Participants also commented on the economic interests of the pharmaceutical industry and how this contributes to the culture of biomedical dominance through its marketing practices of "gift giving" to clinicians. Although Pharmac has regulated the degree to which the pharmaceutical industry can influence prescribing practices, certain aspects of the Trans-Pacific Partnership Agreement currently under negotiation will likely reduce this regulating influence and render the New Zealand market more

prone to the influence of the pharmaceutical industry in promoting the biomedical model over other approaches.

Finally, two participants suggested a link between the resistance to incorporating spiritual frameworks into mental health as being symptomatic of widespread materialism in Western society. They suggest that this materialism makes it difficult to introduce spiritual concepts into various levels of society, including health and education. Fromm's (1955) critique of Western society is considered, where he poses the question of whether a whole society could be considered "sick," which is a valid question considering the rates of suicide, homicide, and alcoholism in the West, as well as the prevalence of other forms of mental distress.

The chapter concludes with the questions: "What would optimal spiritual wellbeing look like?" and "Against what criteria can we measure spiritual wellbeing?" I propose outstanding historical spiritual figures, as well as a traditional **Māori** model as more fitting criteria for measuring spiritual wellbeing than any "normal" example in Western society. The findings of this chapter are summarised in Table 4 below.

Table 4. The Politics of Mental Health

Barriers to wellbeing	Factors involved	Effects/Implications
The culture of biomedical dominance	A lack of spiritual and cultural competency in mental health creates health issues for **matakite.**	Spiritual and cultural resources are less likely to be used. There is an increased likelihood of misdiagnosis.
Conceptual limitations of psychiatric theory	Biomedical frameworks dominate how distress is conceptualised, diagnosed, and treated.	Social, spiritual, and cultural contributors to distress are likely to be marginalised.
Economic advantages of biomedical dominance	The pharmaceutical industry benefits from biomedical dominance in mental health.	There is a financial incentive to maintaining and promoting biomedical dominance in mental health.
Spiritual ignorance in Western society	Secular Western culture creates a spiritual vacuum in which biomedical dominance prevails.	There is no wide-spread cultural imperative to include spiritual understandings in mental health, and challenges to biomedical dominance are marginalised.

CHAPTER SEVEN: FINDINGS - PROTECTING AND ENHANCING WELLBEING AROUND MATAKITE

This is the last of the four Findings Chapters. It identifies three main strategies for protecting and enhancing the wellbeing of individuals experiencing **matakite**. These are 1) Rebuilding the **Māori** spiritual knowledge base; 2) The employment of **matakite** practitioners in mental health; and 3) Transformative education in mental health. The chapter also discusses the various structural factors that support or constrain these strategies.

Rebuilding the Māori Spiritual Knowledge Base

As discussed in earlier chapters, the loss of traditional spiritual knowledge has occurred due to many factors, of which the Tohunga Suppression Act (1907) is considered to be significant (Durie, 2001, p. 51) in terms of its impact on the wellbeing of **matakite**. This has resulted in subsequent generations of **Māori** being denied access to a vast corpus of spiritual knowledge and support that could help them interpret and integrate experiences like **matakite**. Commenting on this, **Terēhia** mourned the loss of spiritual guidance:

> ***Terēhia****: I would argue that a lot of us don't have those processes because we haven't been taught them especially with the Tohunga Suppression Act, we know and* ***tūpuna*** *have died, all of us as* ***Māori*** *can just scratch the surface of our* ***whakapapa*** *a little bit, and we've got* ***tohunga*** *there that have been masters at lots of different things. If only they were here, they could give us the correct guidance and instructions.*

As a result of this loss, many individuals experiencing **matakite** generally lack the spiritual guidance and support they need in order to develop their potential and use their **matakite** skills in a way that is safe for themselves and others. The risk of these individuals to become out-of-balance or unwell is therefore increased. This gap in knowledge, as highlighted previously, also makes people experiencing **matakite** more susceptible to misdiagnosis, which can have further health implications if their experiences are pathologised by well-intentioned but uninformed clinicians. Moreover, not only do mainstream health professionals generally lack the knowledge that might support **matakite**, but also many people in the community do not know how to treat **matakite** individuals. Consequently, **matakite** tend to be overworked and underpaid, and are often asked to help any time of the day or night, sometimes for irrelevant and trivial tasks. The loss of spiritual knowledge in the community therefore produces a whole series of new health risks for **matakite** that would not otherwise exist. Remedying this situation requires the rebuilding of the **Māori** spiritual knowledge base. Three possible strategies to achieve this will be explored, including spiritual education programmes, the use of mass media, and financial and legislative support at a national level.

Programmes exposing health professionals to the knowledge and relevance of **matakite** and other aspects relating to **taha wairua** are already developing. For example, **Tui** has provided cultural competency workshops including material on **matakite** and **wairua** within a District Health Board to meet the professional development requirements for clinicians. Evaluations from the clinicians have been consistently very high, with many having an “ahah!” experience.

Other programmes are beginning to emerge in the community. While not directly linked to the health sector, these programmes are actively involved in re-building spiritual knowledge in the community and the revitalisation of a **Māori** spiritual knowledge-base. One such programme, **Te Mata Punenga**, under the guidance of Professor Pou Temara and Dr. Wharehuia Milroy, is centered on **karakia**. Its primary focus is the development of new knowledge that accommodates our contemporary needs, while using the ancient templates developed by our **tīpuna**. The programme is also guided by **whakataukī** [proverbs], such as **Koi te mata punenga, maiangi te mata pūihoiho**, which has been translated as: "See the invisible, feel the intangible, believe in the impossible." This proverb acknowledges the world of the **tohunga** and suggests an attitude of wonder and challenge with which students should inquire into things spiritual.

Another guiding proverb of the programme is **Ko te whakaiti te whare o te whakaaro nui**, which may be translated as: "Humility is the dwelling-place of great wisdom." This proverb promotes the right attitude for students in their acquisition and use of the knowledge they gain, and it is one of the criteria by which students of this programme are selected. It also affirms the value of humility, as noted in Chapter 5, as an important quality for students of traditional spiritual knowledge.

Another programme is **He Tua Toatanga**, under the guidance of Professor Kereti G. Rautangata. A master at both the traditional martial arts and carving traditions, Professor Rautangata has developed a Spiritual Warrior curriculum where students learn meditation, traditional weaponry, carving and the spiritual symbologies, **karakia**, **rongoā** [traditional medicine], and other aspects of **Māori** culture. While these

programmes are not specifically designed to develop abilities like **matakite**, they provide the skills and knowledge of the processes, as well as creating a community of support, that can be used as a resource around unusual spiritual experiences like **matakite**. They therefore address one of the findings of this study, which highlights the negative impact upon the wellbeing of people experiencing **matakite** who do not have sufficient knowledge (if any) of these cultural processes.

Similarly, **iwi**, **hapū**, and other communities are actively striving to rebuild their spiritual traditions that were devastated by the Tohunga Suppression Act through lodging Treaty claims with the Waitangi Tribunal (personal communication, Waitangi Tribunal Office, 2013). The Tribunal was established in 1975 with the passing of the Treaty of Waitangi Act 1975. It is a permanent commission of inquiry charged with making recommendations on claims brought by **Māori** relating to actions or omissions of the Crown that potentially breach the promises made in the Treaty of Waitangi (Waitangi Tribunal, 2013).

Perhaps the largest project involving the rebuilding of the traditional spiritual knowledge-base is through the **rongoā Māori** [traditional healing] community, where **matakite** abilities and knowledge are considered an essential aspect of traditional healing practices (Mark, 2012, p. 104). These traditions recognise the ability to communicate with spiritual sources, such as **tīpuna**, as a way by which the healer may receive guidance on how to conduct healing for the client (ibid, pp. 107-108).

Another approach to rebuilding the knowledge base, mentioned by participants, is through mass media outlets. However, **Terēhia** cautioned that it should be done properly and not in a way that treats **matakite** in a sensational manner:

***Terēhia**: think first of all I think we need to be very careful about glorifying this term "**matakite**." The way that **matakite** is viewed today cannot really be looked at outside of the discourse of spiritual things that are going on in the media. So there are a lot of programmes now that are dealing with this, and I'm talking about Sensing Murder [the psychic TV programme], there are people like Colin Fry, etc….We had famous mediums overseas, we have famous mediums in NZ, but I think there is a different energy nowadays with it. For a start, TV programmes, they're much more sophisticated now, the imagery is provocative, it is very alluring, it's very attractive and there's something romantic, exotic, edgy—all of that kind of stuff happening.*

*And then of course we have our very own brand of spirituality, which we can see practiced in this form of **matakite**, people who are **matakite** people who have the sight who have the gift or the ability to see into the other world or worlds, other realms. There's something about that that I think we need to be careful of that we are not in the business of cheaply reproducing a shorthand formula for our **rangatahi** to grab hold of, or film makers to grab hold of….So part of my **whakaaro** around talking about things **matakite** is that we are very respectful that this is ancient knowledge, the utilisation of it, if it's done well, if it's done with the correct **tikanga**, we know can be incredibly effective and empowering at looking after our people.*

In other words, media strategies must present **matakite** in a manner that upholds its **whakapapa** in order to be empowering. However, if complex spiritual topics such as **matakite** are not addressed in the manner **Hine-kotiri** suggests, such programmes could worsen rather than improve things for **matakite**. For example, **Hine-kotiri**, contrasted the impact of two television programmes dealing with **taha wairua—Wairua** and **Mataku**. The first, **Wairua**, addresses issues about **Māori** spirituality and **matakite** in great detail. This series features various **tohunga**, **kaumātua**, and **matakite** as they share stories and insights about **Māori** spirituality. This is one of the

few programmes where viewers see **Māori** portrayed in a positive way, engaging with the spiritual realm with knowledge, competence, and agency. In contrast with this positive portrayal, **Hine-kotiri**, also talked about the programme **Mataku**, a series of half-hour dramatic narratives steeped in **Māori** experiences with the "unexplained." It had a very strong element of suspense, which was in line with the meaning of the show, **Mataku** [fear]:

> ***Hine-kotiri**: I can see the Aunties and the writers that want to write about [**matakite**]. I write about it, and if enough of us wrote about it there would be less ignorance in the world. [We need] more movies made on those **wairua** stories in a good way. You know **Māori TV** put up all of these, [referring to the television series **Mataku**], and oh man and they were scary stories. They weren't happy; they weren't beautiful, and I hated them.*

These comments recognise the influence that the media can have on the associations we attach to spiritual encounters depending on how they are portrayed. **Terēhia's** comment about being careful not to reproduce a cheap shorthand formula just to capture the interest of young audiences is important, because mass media outlets are powerful agents of socialisation and have a powerful effect on public attitudes (McCombs, 2013). Interestingly, modern media in various forms are starting to use spirituality as a resource for social change (Hoover & Emerich, 2011).

In **Aotearoa**, media have played a major role in advancing and supporting **Pākehā** dominance and portraying **Māori** people and culture in a negative light, operating "as a key apparatus of ongoing colonization" (Nairn et al., 2006, pp. 190, 191). The impact of these kinds of unbalanced representations on the wellbeing of minority communities is so strong that they are now being framed as a public health issue

(Albee & Fryer, 2003). I would argue there is a strong case for State investment in **Māori** media productions of positive portrayals of **Māori** spirituality, like the Wairua series, as a public health initiative.

Other community programmes no doubt are developing in an effort to rebuild and/or pass on **Māori** spiritual knowledge. However, this is happening in a fragmented way with very limited access to the kind of funding required for these programmes to optimise their potential. As noted in Chapter Three, since the repeal of the Tohunga Suppression Act in 1963, no pro-active legislation has been introduced to support the re-building of the spiritual knowledge-base as a health resource, even though **taha wairua** has become recognised in health policy as central to **Māori** wellbeing, and indeed, the source of wellbeing. To address this, in 2008 I submitted a Treaty of Waitangi Claim arguing that the passing of legislation like the Tohunga Suppression Act resulted in the loss of spiritual knowledge bases and institutions of spiritual knowledge, which has negatively impacted the physical, psychological, spiritual, social, and cultural wellbeing of **Māori** (see Appendix H). It is hoped that this claim will help stimulate legislative and practical support from the New Zealand Government to help pro-actively rebuild the spiritual knowledge-base as a resource for **Māori** wellbeing. I have subsequently become aware of over twenty other Treaty claims of a similar nature, mostly within a broader **iwi**-based claim.

All the strategies mentioned in this section spring from the understanding that the **Māori** spiritual knowledge base must be rebuilt to enhance **matakite** wellbeing. However, this will obviously take time, so other strategies are required, particularly in relation to those individuals who end up engaging with the mental health sector as a

result of their **matakite** experiences. The next two strategies therefore deal with making changes within the mental health system.

The Employment of Matakite Practitioners in Mental Health

As has been identified, mental health professionals who are unfamiliar with **matakite** will typically apply a Western pathological framework to the experience—a process likely to lead to misdiagnosis. In contrast **matakite** practitioners working in the mental health system have been able to help prevent misdiagnosis if given the proper support to do so. The employment of **matakite** practitioners within mental health was seen as a priority by a number of participants. However, they also discussed the barriers to achieving this, which engage with various ethical issues for **matakite** practitioners, as well as the need for genuine power sharing in mental health.

Employment Criteria and Codes of Ethics for Matakite Practitioners

A number of factors were discussed by the participants as important to consider when **matakite** are using their abilities within the health sector. The first has to do with identifying **matakite** who have the necessary credibility and consistency in their abilities, as well as the understanding and commitment to professional ethics.

As the literature reveals, there are grades of accuracy of intuition depending on the degree to which that faculty is developed in an individual, such as latent, semi-, or consciously-developed intuition (Yogananda, 1984b, p. 5). This means the reliability of a **matakite** individual's intuition can vary considerably, which can make the task of

identifying a reputable and reliable **matakite** very difficult for a prospective employer/contractor. In most employable roles, the skill-set required for a specialised job is measurable, and the performance criteria clear. Any employer in the health sector, or any other for that matter, would reasonably expect the same level of reliability and accountability when considering the employment of someone in a specialised role like a **matakite**. One of the factors for consideration is the individual's own awareness of what they can and cannot do, and the degree to which they are willing to acknowledge and work within the bounds of those limitations. **Terēhia** discusses this as an issue of ethics:

> ***Terēhia**: How do you know when you're dealing with somebody that's **tika**, **pono**, and **aroha**? How do you deal with somebody that's got the **tikanga** and that's got that ability to work not just at that **wairua** level, but work in an ethical and safe manner? Because unfortunately I know somebody that's a very awesome healer and their ability to … see dead people. However, when they shift into prophecy to foretell somebody's future, they couldn't do it. I mean that's a specific gift. So I think for the person that is **matakite**, it's knowing what you know, what you're good at, what your gift is and staying on that **waka** [canoe], and monitoring or managing practice. The practice of it is a difficult thing, because I just don't think we can have people running around doing all sorts of crap. What you do within your family is up to you. However, is it up to you when you might be administering to a child? Or you might be administering to somebody that's elderly? Or somebody that can't walk, and they're vulnerable? This is a concern, and I think there are a lot of wannabe's.*

Of course, sorting out the "wannabe's" from those who are "**tika**" and "**pono**" is unlikely to be simple. Questions must be addressed, such as: "What is a fair yet accurate method for assessing the reliability of a **matakite**?", "What degree of reliability is needed to assure an employer that a **matakite** can provide a consistent

level of support in such a role?" and "What are the professional and ethical expectations of a person employed in such a role?" The literature addressing such questions is limited, but **Māori** healers are engaging with the ethical questions and developing them as a responsible aspect of their practice, recognising physical *and* spiritual principles underlying ethical processes and are therefore extending the field of ethics in relation to health practice and research (Ahuriri-Driscoll et al., 2012). For example, the principle of informed consent includes requesting the consent of the **tūroro** [sick person, invalid, patient], the **tūroro's tūpuna** [ancestors], the healer's **tūpuna**, and the **atua** [supernatural being, deity, God] (p. 14). The physical and spiritual considerations of other ethical principles are also recognised as essential to a healer's practice, including confidentiality, honesty and integrity, and being guided by principles of "spiritual correctness" (pp. 14-15).

Additionally, an emerging corpus of ethical guidance may be found in literature pertaining to the field of medical intuition (Myss & C Norman Shealy, 1988), a concept mentioned in Chapter Four: The Multi-Sensory Nature of Matakite. However, there has been an increasing number of "wannabes" (as **Terēhia** called them) promoting themselves as medical intuitives but who have limited intuitive skills relevant to medical information. As a consequence, Myss, Shealy, and their colleagues have established the American Board of Scientific Medical Intuition (ABSMI, 2013). This is an independent board that tests and certifies individuals who are proficient in medical intuition, and which has developed a Code of Ethics and General Principles, addressing issues of basic practice; professional competence; integrity; professional and scientific responsibility; respect for people's rights, dignity, and diversity; and social

responsibility (ABSMI, 2013). The ethical standards they have set are comparable to those of any reputable professional health body.

Apart from the ABSMI, there is scant international development of professional ethics around the application of medical intuition in a health setting. However, this is likely due to the minimal attention this phenomenon has received to date by the scientific community, as well as the wider context of living in a materialistic Western society. At a local level in **Aotearoa**, a possible reason for the lack of development around these issues might be the reluctance of **Māori** cultural authorities with knowledge about **matakite** to make themselves widely known to the mainstream health sector because of the history of negative attitudes from the government and the bulk of Western society towards people with this specialist knowledge (D. Williams, 2001, p. 216).

> ***David**: When I do the work, there's always a mix of people attending. For every six people saying "**Kia ora, boy**!" there's six saying: "Fuck off." There's also two just sightseeing, and two that are vultures, waiting to pick you to pieces.*

The other aspect of concern in terms of the ethics involved with the employment of **matakite** practitioners within mental health involves the health of the practitioners themselves. Participants spoke about the different ways they meet their needs for safety, particularly in response to living in a mainstream society that has little understanding of this phenomenon. For **matakite** working in a professional capacity, this means having to deal with a large degree of suspicion and distrust. **David's** response to this social climate is to work alone:

> ***David**: There are other people that sit under a similar umbrella to myself, but they're finding their outcomes are totally different to mine. There have been organisations that need to do a cultural audit on the property and then*

immediately after will say "We also would like this person to do an audit on it." They just want a second opinion. And that person will go to the board and their findings are totally different to mine. Now, how does that happen? Why does that happen? Are we on separate planes? Are we operating from different angles? Why is that? So I often say to people…"I will not work with anybody else," because it's difficult, because the findings are always different. What does that make us look like? What does that make me look like?...Immediately you've got the owner sitting there saying "What is this? Can't you ***Māoris*** *get your act together?"—rather than sitting there and finding the common denominator. They don't do that.*

David's comments draw attention to the issue of working within the context of a racist society that is not only ignorant about **matakite**, but also where inconsistencies between the findings of **matakite** are likely to be framed as a problem with **Māori** in general. It also speaks to the often hidden double standards applied to individuals who are working outside the mainstream in some way. For example, **matakite** not only sit outside the mainstream society in terms of being **Māori**, but the spiritual nature of their work also exists at the margins of **Māori** society. This makes them particularly vulnerable to criticism or ostracism (see Chapter 5 under the sub-section **Tikanga**, **Matakite**, and Wellbeing), and they may very understandably be prone to working in isolation as a result.

It should be noted, however, that **David** was referring to his work identifying historic burial sites as part of cultural impact assessments on land tagged for development, so the ethics around working individually in that sector are not necessarily the same as for **matakite** working in the health sector. However, his comments raise a question about how working in isolation might relate to wellbeing, especially for **matakite** working in the health sector. **Te Ariki** believes working alone is an unsafe practice:

> ***Te Ariki**: This is an unsafe practice. I'm not perfect. The role of a **matakite** is to speak their truth and not expect people to take your truth as their truth. You've got to have faith in what you perceive, but this does not mean other people have to agree with what you perceive. It's egotistical to require people to rely on the advice of only one **matakite**. Since when has our culture <u>not</u> been about balance?*

He goes on to point out that experts from a variety of fields can offer conflicting advice:

> ***Te Ariki**: If there is conflicting advice from different **matakite**, treat it as such. This is not unique. You get conflicting advice from medical experts, mechanical experts, and other experts. This doesn't mean their expertise is negated. It's up to you to choose which advice you want to follow. The **matakite** just provides another set of eyes and information to help make a decision. That's all.*

What these comments reveal is the need for **matakite** to be aware of the limits of their authority and skill, but it is equally important for them to understand that such limits are not uncommon in many other fields of human endeavour. However, if working in the health sector, they have a professional responsibility to establish appropriate strategies to protect their own wellbeing and that of their clients and colleagues. One of these strategies is to be aware of the power that can be projected on to **matakite**, as mentioned in Chapter 5. Of course, this is an awareness that anyone in a position of authority and influence in the mental health sector should have. However, the spiritual authority that can be ascribed to someone in a role like a **matakite** is particularly powerful (Chauran, 2013), and this needs to be taken into account when interacting with vulnerable clients.

So far, the factors talked about by participants in relation to **matakite** working in mental health have centred on the reliability of a **matakite's** abilities, their awareness of their own limits, the ethical processes they have in place, and their awareness of power dynamics of their specialised role. These factors are within the **matakite**'s personal sphere of influence because they relate to qualities and attitudes that can be developed on a personal level. However, the degree to which **matakite** are able to provide optimal support is also related with the degree to which there is genuine power-sharing in the mental health sector. This reveals itself as a significant barrier.

Power Sharing in Mental Health

One way that genuine power-sharing is evidenced is by the degree to which mental health professionals are involved and connected with the local **Māori** community. It is through establishing these deep connections with a **Māori** community that clinicians get to know, and are known by, local traditional healers. For example, **Rafael** says it took him ten years of living among the **Māori** community in order to appreciate the different paradigm in **te ao Māori** and how that shaped his understanding of whom to turn to for help.

> ***Rafael:*** *You can have lots of types of **tohunga** as you know, but you just don't actually get any old **tohunga** to rock up….If I need a **tohunga** to build my house, I'm not likely if I'm a **Te Arawa** to go to a **Ngapuhi** and say: "You're a **tohunga whakairo** could you please come and carve our house?" I don't think so. It's likely that the **tohunga** you're going to get is somebody from **Te Arawa** who understands the **whakapapa** and has the confidence of the people.*

Another way that genuine power-sharing influences the effectiveness of **matakite** is the degree to which they are involved in deciding how and when their services should be utilised. **Te Ariki** and **Te Maru's** experience of working within a **Kaupapa Māori** mental health service attached to a District Health Board (DHB) highlights this issue. In their organisation, psychiatrists and clinicians have more power than the cultural specialists to determine what diagnostic frameworks are given primacy and what resources are used. In other words, it is up to the clinician's discretion as to whether or not a cultural advisor is consulted on a case. They argue that when the cultural specialists are not part of the front-line staff the risk of misdiagnosis for **Māori** is much higher. This is because the clinicians and case managers do not always have the skills to identify the cultural, and especially the **taha wairua** [spiritual], needs of their clients, and yet it is the clinicians and case workers who are in the position of referring patients to cultural specialists:

> ***Te Ariki**: The other issue… with how the system is right now, particularly with all the funding and the focus going towards who they deem as front-line staff…[is that] someone like [**Te Maru**] is not deemed as front-line staff; he's deemed as a specialist. The problem with that is that it's the front-line staff, i.e. the clinician and the case managers, who make the call on when they're referred to a specialist, be that a CBT specialist, be that a DBT specialist, be that a family therapist, be that a cultural therapist. It's the case manager who makes the call whether that person actually gets there first. And so my question is: "How can a case manager make a call on what is or isn't a **wairua** issue?" I mean if I have a problem with my car, I'm not going to ask the baker whether I need my engine fixed.*

The participants in this study who have worked in the mental health system suggest that individuals who have the specialised skills to bridge between the cultures, and

who can translate **Māori** culture into meaningful terms within mental health, are for the most part marginalised and not given the authority and power to determine how and when their expertise should be included. **Māori** Marsden talked about this power issue in his paper on a case for the reform of New Zealand's mental health system when he wrote:

> On a personal note, I was asked to become a Chief Advisory Officer to a government agency. I replied that if I was good enough to advise on policy then I needed to be a decision-maker to ensure that those policies would be implemented in a responsible manner. Even the courtesy of a reply was not accorded me. No real commitment to the **Māori** was discernable (Royal, 2003, p. 100).

Te Ariki and **Te Maru** also noted that the degree to which they *were* consulted by clinicians in their organisation tended to coincide with those times when the clinician's workload was particularly heavy:

> ***Te Ariki**: I question the motivation on the way they're approaching. When people are under a lot of pressure and stress, and they have a lot of **mahi** to do and a short time to do it in and quite often they look for other options, and they're more willing to call somebody in, because it takes the heat off them. That's a load off their shoulders; they can farm something off to **Te Maru** and call it "cultural **mahi**," and then that's one less person they have to deal with. And it <u>might</u> be cultural **mahi**, it might <u>well</u> be cultural **mahi**, but I have to ask myself: "Where were you two years ago? Why didn't you bring this person to **Te Maru** two years ago? Why now, when you're pressured and you're finding it so hard to deal with your caseload that now you're starting to feed it on?" And so to me that isn't about what that person actually needs, that's about what that clinician has to deal with, and that's the wrong place to take it. But there's a positive in that, because you know that opens doors and the **mahi** will come*

*through, and that person might see the **mahi** and go: "Oh, okay I can refer more in that direction."*

The organisation in which this took place is a **Kaupapa Māori** mental health service attached to a District Health Board, so one might expect to find a greater balance of power there than what was described. This seems partly due to the nature of the services offered by the provider, as well as the degree to which management determines when the expertise of cultural specialists is utilised. For example, the previous provider that **Te Maru** worked for placed greater priority than his current employer on including **Māori** cultural expertise on the front line:

> ***Te Maru**: It was slightly different because the manager was **Māori**—not that we haven't got a manager over here who's **Māori**—but whether he's **Pākehā** or **Māori** is nothing, it's something else. But it was compulsory for the crisis team to have someone in the **Māori** team go along with them to an assessment. I did most of their assessments, but one other thing was that if we got to a crisis and the family wanted a cultural assessment, the **tauiwi** [non-**Māori** workers] withdrew, and we did the up-front stuff, we became the principle assessors.*

This issue deserves further exploration, because it perhaps indicates a structural factor that can facilitate or hinder the use of **matakite** understandings. With the previous provider, **Te Maru** worked on a psychiatric crisis assessment team in a District Health Board based in a relatively isolated geographic region. The current provider he works for is a **Kaupapa Māori** mental health service under a District Health Board located close to a major population centre. It does not provide acute psychiatric assessments. Both services had **Māori** managers, but different priority was given to power-sharing. While it is beyond the scope of this thesis to explore why a mainstream DHB service would include **Te Maru's** cultural expertise more actively, whereas a **Kaupapa Māori**

mental health service would not, this issue nevertheless would be important for future investigation because there seems to be some important dynamics at work that influence the degree to which cultural expertise is utilised to its fullest potential.

Another participant's method of responding to the inability of the mental health system to power-share or integrate two cultural approaches was to call on the services of spiritual healers or **tohunga** *"under the radar"* in her work as a mental health professional. This was because she did not believe her **Pākehā** colleagues would understand her methods if she used these cultural resources openly. Yet, she knew that the Western clinical approach was not meeting her clients' needs:

> ***Terēhia**: As a registered therapist with a full membership to a professional body, I knew that my **Pākehā** colleagues and the **Pākehā** organisations that I was affiliated to wouldn't actually understand me utilising the likes of spiritual healers or **tohunga** in my work. But I did, and I did it under the radar. I did it because I knew that the Western clinical paradigm that I had at my fingertips wasn't sufficient. And I also knew that my skills could only go so far. So I could tell if somebody had something with them that wasn't right because I could feel an energy that wasn't right, almost like there was another person standing in the room with them or something hanging onto them that shouldn't be there.…There's no amount of talking therapy that could get rid of that (that I knew of). And so I would ring a **tohunga**.*

Additionally, because **Terēhia** did not feel support from her **Pākehā** colleagues or the system, she would often personally bear the financial costs of taking a client to the **tohunga** by providing a **koha** from her own savings. However, the positive results were clear:

> ***Terēhia**: Every time this would have happened, there were huge shifts in satisfaction with these clients, about process and what had happened for them. And it was a healing that they couldn't have got through coming to a conventional counsellor working in a conventional way.*

This is precisely the reason **Rafael** values the role of **tohunga**, or cultural experts who are knowledgeable about **matakite** or who are **matakite** themselves, particularly those who know the family of the person receiving treatment, or who are "*savvy enough to talk to the family*." Not only can they help with **taha wairua** related issues, but they also have much greater access to the personal world of the client. As **Rafael** says in many cases, *"they know the history of the family, and they know who was raped, and who had a **makutu** [curse] put on them, they know all that stuff."* **Rafael** also stresses the importance of working in multi-disciplinary teams (MDT) to build the widest picture of the client as possible:

> ***Rafael:** The whole point of working in a team is to discuss a wide viewpoint on what is this, what are we dealing with here. Even though the person may well have had brain damage, because a lot of kids have been sniffing glue in their childhood and taking drugs, there's still a whole lot of cultural stuff, a whole lot of spiritual needs to be sorted out.*

However, he acknowledged that "*psychiatrists do have a lot of hegemony of influence*" in multi-disciplinary teams in the sense that they may often have the final say about whether cultural considerations are recognised, and this can affect the degree to which other explanations and treatments of mental distress are included.

Similarly, **Tūkaha** observes that the current mental health system struggles to integrate cultural and clinical approaches, meaning clinical approaches tend to be prioritised:

***Tūkaha**: It's the way in which training and experience dictates how you'll prioritise those things. If you're a clinician, you know the clinical practice you will settle on, you'll give someone medication—that a psychologist and this and that [referring to other sorts of health professionals] might not need....Equally, you know, if you're a pretty **tuturu Māori** [staunchly **Māori**], you're probably going to construct all that stuff in a cultural way, and it may or may not be helpful. [But it's] integration, that's the thing that most individuals and services struggle with—that is the integration of the two [referring to cultural and clinical approaches]—and being flexible. Sometimes a cultural approach to a particular problem and a set of issues, is appropriate, not a clinical approach. Sometimes a clinical approach is the thing that's important, couched of course, in a culturally appropriate way. But it's not until you actually have dual competence, it's not until you understand really each of those things that you're in a position to make a decision about the prioritisation of one over the other.*

*Traditionally in psychiatric settings it's always been the clinical approach first with a bit of a tick on the other, when mostly it doesn't need to be that way. Most of the patients that have that problem will settle firstly on a cultural understanding, on a cultural approach to that, in my experience. Why is that so, that at a mainstream service we insist on taking a clinical perspective on a problem and having clinically dictated interventions? When A) it doesn't really matter one way or the other; it is not as though they are going to die, and B) the patient doesn't want it, that's not the way they understand it. Surely it's about helping the person, helping the **whānau** member that comes.*

Additionally, **Rafael** believes that one of the factors that hinder achieving this ideal is the employment of psychiatrists from overseas without any cultural competency training relevant to **Māori** needs (and other groups in **Aotearoa** of course).

***Rafael:** There are ways to discern and the biggest thing that we say to people is: "Don't close your mind off; don't come in too narrow,…because these sort of experiences don't necessarily portend of psychic pathology."*

When asked how best to get the message of keeping an open attitude to the people assessing clients, **Rafael** talked about psychiatric training.

> ***Rafael:*** *Hopefully it's in their training, but of course half of our workforce are trained in India and Africa and wherever, and that's often when the biomedical thing is implanted in their head, so they'll say: "Oh don't be ridiculous, you must be sick."*

Rafael's comment calls attention to the issue of the employment of psychiatrists from overseas who may not have the same cultural competency training as New Zealand's psychiatrists. He also assumes that New Zealand-trained psychiatrists would naturally be more culturally competent than psychiatrists trained overseas. This would be worthy of further investigation, particularly in the light of a survey by Johnstone and Read (2000), which challenges such an assumption. They found that nearly "one-third of New Zealand born male psychiatrists…and well over half of New Zealand born psychiatrists with 10 years or more experience…believed that **Māori** are more biologically or genetically predisposed to 'madness' than others." Other comments from psychiatrists included:

> We don't need to consult with **Māori** just because our client is **Māori**, otherwise if we have Asians do we have to consult with Asian workers, if our client was homosexual do we have to consult with our homosexual colleagues, where would it stop?
>
> and
>
> How can we work holistically? We can't work spiritually, that's a job for a witchdoctor.

Of particular relevance to understanding **matakite**, only 1.6% of the psychiatrists interviewed (n=247) felt that it was important to learn about **taha wairua** (**Māori** spirituality).

The researchers, Kelly Johnstone and John Read, expressed grave concerns about the significant proportion of psychiatrists with these beliefs and questioned the effectiveness of procedures for screening out applicants with overly racist attitudes from selection into professional training programmes. However, a positive finding was that "no psychiatrist with less than 10 years clinical experience (i.e. no recent graduates) shared this belief in genetic inferiority" .

In an informal conversation, **Te Maru** expressed to me that of all the overseas-trained psychiatrists with whom he has worked, the ones trained in South Africa tend to have a deep understanding of the need for cultural competency, and that it tends to be the British-trained psychiatrists who have been the most lacking in cultural competency. Exploring this further with some South African colleagues, I was told that the training of psychiatrists and counsellors in South Africa includes a component of community work in partnership with sangoma (traditional healers) in the community. This has resulted from the Traditional Health Practitioners Bill of South Africa that emerged with the new democratic South African government in the 1990s, which required medical practitioners to collaborate with traditional healers (Robertson, 2006). Similar legislation in **Aotearoa** where medical practitioners are required by law (not just recommended) to work with **tohunga**, might go some way to addressing the massive loss of knowledge as a result of the Tohunga Suppression Act 1907.

However, even without legislative support, examples are emerging of psychiatrists and **matakite** working in partnership. For example, Bush and Niania (2012) describe an account of their partnership approach to the assessment and treatment of distressing psychiatric symptoms in a young man. The young man had been hearing a voice that sometimes told him to harm himself or others and had once told him to kill someone. Seizure-like episodes would sometimes accompany the voice, and he was having difficulty focusing at school. The client had a history of type 1 diabetes and had been experimenting with cannabis use and drinking alcohol over the previous six months. In Bush's words:

> Physical examination did not suggest a neurological problem, and urea, electrolytes, CT head scan, and EEG findings were normal. A trial of antipsychotic medication treatment was offered and George chose to start this as he was so distressed by the experience. As there was no major mood disturbance, delusions or disorganised thinking, he was then referred to a culture specific **Māori** child adolescent and family mental health service (**Māori** CAFS) for further assessment" (p.349).

At the **Māori** CAFS, the client met a cultural therapist and described a number of unusual experiences throughout his life that included seeing loved ones who had passed away. The descriptions of these past experiences were generally positive, including reassuring messages and a "supportive presence" (p.349). However, the client and his family were clear that the recent voices were distinctly different in that they were intrusive and hostile. Nevertheless, both the positive and negative experiences were assumed by the attending psychiatrist and the cultural therapist to be essentially spiritual in nature. With just one single session with the traditional **Māori** healer/**matakite**, there was an "immediate resolution of this young man's

psychiatric symptoms and restoration of his sense of wellbeing, despite cessation of anti-psychotic treatment….He was well at follow-up one year later" .

While such successes ought to be celebrated, it seems that they are rare. Most of the comments emerging from the participants in this study reveal a picture of mental health as struggling deeply to value and incorporate **Māori** cultural approaches, especially in relation to **taha wairua**. **Hine-kotiri** argued that this is because of the imperialism inherent within the **Pākehā** system:

> ***Hine-kotiri****: [The **Pākehā** system]…it's imperialistic, it's an imperialistic power force that says "No! White is right!" And that's it…[it's] still trying to say: "Our system is so much better than yours." Ask any **Pākehā** today whether they would like to learn **te reo Māori**. Oh no, ask any of them! It's right there; it stares us in the face. But we still have this belief that they will make some changes to be inclusive. I'm not asking them to live like a **Māori**, but certainly I've had to do a lot of learning about who they are. What I am asking is that you learn what I am and give me the opportunity of choice, because you don't give me the opportunity of choice. You have lots of choices, but I don't.*

Additionally, **Tūkaha** talks about the ignorance and racism he encountered in some practitioners:

> ***Tūkaha****: There are things that are to do with the individual health practitioner…some people just don't know, some people are just arrogant, some people are a combination of ignorant and arrogant and quite racist. So racism is one of those things. [They have the attitude of] "I'm a doctor. Everything I see I understand through the lens of being a doctor, and I'm not going to accept anything else explained."*

These comments suggest the imperative to address issues around cultural ignorance and racism within mental health, as a part of addressing unequal power relations.

While **Tūkaha's** comment refers to racism on an individual level within mental health, the broader issue of unequal power relations draws us to the issue of institutional racism, of which psychiatry has been accused for many decades (Sashidharan, 2001). In discussing institutional racism in British psychiatry, Sashidharan and Francis state that it is generally ignored "because any attempt to deal with racism would necessitate a reappraisal of not only the general procedures of psychiatry but also the Eurocentric bias of our theories and a commitment to change the professional culture that is based on pathologising differences" (Sashidharan & Francis, 1999, p. 254).

However, as Chapter Six illustrated, the unequal power relations within mental health and the dominance of the biomedical model mean that for the most part cultural advisors are undervalued and marginalised. This leads to the third major approach to improve wellbeing in relation to matakite—the need for transformative education for mental health leaders and practitioners.

Transformative Education in Mental Health

When asked about the reasons for the current lack of knowledge about **matakite** amongst mental health staff, **Tūkaha** suggested it is partly a problem of leadership. He believes the leaders in mental health need to inform the industry that it's no longer acceptable to be culturally and spiritually ignorant, and that money and resources should be put into making sure the necessary people are educated about these things. However, he also identifies the limits of being able to achieve this when it is not a requirement of those institutions, although he believes making such education compulsory would be a step in the right direction:

***Tūkaha**: I don't think that it's acceptable for health professionals not to have some basic understanding of the interface between culture [and] spirituality, in general (not just **Māori** culture and spirituality), but culture and spirituality in psychiatry....I don't think that it's acceptable…not to know that stuff….*

There's only so much you can do. You can lead a horse to water, and you can put the water in front of it, but you can't do the drinking for the horse. We're not at the stage yet where we've identified and mandated it, but those kind of competencies are actually important competencies for the practice of psychiatry and psychiatric nursing in New Zealand. I think there's an argument that says that we should be [mandating them].

While cultural competency is not yet mandated in mental health, there are positive developments towards increasing cultural competency in New Zealand psychology. Waikaremoana Waitoki (2012) developed and evaluated a cultural competency training programme for clinical psychology students to work with **Māori** mental health consumers. This study acknowledged the context of "**Pākehā** dominance in all aspects of academia and society" as the larger context in which bicultural training and practice occurs. The findings of her study "advance the proposition that a distinct **Māori** psychology exists that could potentially challenge the relevance of Western psychology for **Māori**."

This underscores **Tūkaha's** suggestion that there is an argument for mandating cultural competency. It would seem that mandating such training is necessary, as **Hine-kotiri** argues that the dominant system doesn't tend to want to change until people stand up and protest:

***Hine-kotiri**: When you are learning Psych101 and 102 papers [Commenting about psychology papers at university] they were always talking about people*

*of quite a different ethnicity. I challenged it. I wanted to learn something about a Polynesian, a **Māori**. They weren't listening, no one was listening so eventually I went to each theatre of psychology, stood up in it and said "If you all care about learning about **Māori** and indigenous systems then walk out now!" So we all walked out. Now we've got a **Māori** department up there. But it didn't start until we protested.*

Chapter Six also included comments from **Rafael** (a **Pākehā** psychiatrist who worked for many years with **Māori** communities) about the lack of understanding **Pākehā** have for **matakite** as a result of never being exposed to these cultural understandings.

***Rafael:** It's a paradigm and a phenomenon which **Māori** understand, and **Pākehā** don't because it's not part of their culture….I mean the Irish and the Scottish old people probably know what it means, but the average, standard **Pākehā** wouldn't know what **matakite** was. So they treat it as an alien bad thing, [which is about] socialisation and education, [they've] never been near it before.*

In regards to professional education, **Rafael** draws attention to the need to provide learning experiences that shift people's whole paradigm, rather than just provide them with new information. This, he believes, is a much more difficult task:

***Rafael:** Giving them a lecture is actually not really very helpful. They've got to have real life experience. And for me the real life experience was being [with the **iwi**] for ten years, where I saw the most profoundly wise people (I was going to say intelligent –they were intelligent but also wise) who'd only ever been to school for three months of their life. They were unbelievably wise…and I saw sort of paradigms of life. I'd been brought up in an exclusively **Pākehā** environment, albeit good parents but in quite a religious sort of paradigm, so in a sense that's all I knew. When I went into **Māoridom** it took me out of that religious confinement into a spiritual dimension. You can't get that in four weeks, it took me ten years, and that really has been the basis I think for the*

rest of my life…profoundly transformational experience. So while I think there's the place for lectures and there's the place for tuition, somehow you've got to get people out of their comfort zone into somebody else's comfort zone.

Te Ariki summarises these comments within the following quote:

> ***Te Ariki**: Health professionals need to bend themselves around the **kōrero** [concepts, terminology] instead of bending the **kōrero** around themselves. Don't try to make the information fit your current understanding, but instead try to expand your understanding.*

Said differently, this suggests that **Pākehā** and non-**Māori** professionals need to move into a **Māori** "space" for them to really begin to understand **Māori** epistemologies. And as **Rafael** suggests, the lecture theatre is unlikely to achieve this because it remains a dominant **Pākehā** space, where **Pākehā** do not have to change. On this point, the work of four **Pākehā** academics who are engaged in exploring unequal power relations between **Pākehā** and **Māori** is especially relevant. They are Alison Jones, Avril Bell, Ingrid Huygens, and Meg Williams.

Alison Jones (1999) argues that marginalised groups are expected to reposition themselves and 'share' with the dominant group, while the language, structures, and protocols of the dominant group remain unchanged. The marginalised are therefore inadvertently made responsible for educating the dominant group, because those in the centre assume they 'ought' to be able to learn about the 'other' without having to shift their own position. Alison also argues that it is the 'being heard' that is more important to marginalised groups than the 'speaking' (p.307). However, for the most part, the dominant group can't hear the marginalised, because they are unable to understand their languages or epistemologies.

Ingrid Huygens (2007) also sheds light on this. She notes that **Pākehā** conscientisation is seen to be constrained by relational skills and abilities in both personal and collective relationships. She argues that **Pākehā** conscientisation is dependent on relationships with **Māori** and **Māori** choices, actions, and challenges. However, most **Pākehā** don't believe that they need to be in relationship with **Māori** (p.92). The results of Huygens' investigation suggests that **Pākehā** are not emotionally equipped for the journey of decolonisation" (p.28). She also identifies collective work as crucial to **Pākehā** conscientisation and their efforts to change what is enacted in the name of the **Pākehā** cultural collective (p. 260).

In a similar vein, Avril Bell (2004) stresses that the transformation of a dominant/subordinate **Pākehā**-**Māori** relationship requires **Pākehā** engagement with colonial history, in which **Pākehā** guilt must be "lived with and dealt with, rather than obsessed about and denied" (p.101). She stresses an exploration of colonial history as crucial to the development of a **Pākehā** identity that goes beyond the boundaries of domination (102-104).

Meg Williams (2007), draws on all of these writers' works and looks at the value of unsettling emotions in critical transformative education. She reveals a number of factors involved with educating the dominant **Pākehā** group and argues that Western societies have been powerfully conditioned to avoid discomfort, and that widespread anti-emotional socialisation creates a "dense environment of ignorance and disconnectedness" . Drawing on Steven Turner's (1999, p. 22) notion of "settler amnesia," Williams talks about the unconscious fear within white settler groups to address their colonial history, which creates a refusal in the dominant **Pākehā** group to

address injustices, both past and present. She goes on to write that **Pākehā** beliefs in the myths of equality and meritocracy (which form the basis of what she calls the "New Zealand settler dream") make it very difficult for **Pākehā** to see that success is not just the result of individual ability and hard work, but is inextricably connected to unequal power relations and the unequal distribution of resources. As Williams writes: "Forgetting the pain of the past effectively results in becoming anaesthetised to the injustices of the present" . For these reasons, she argues that the dominant group has little motivation to change, and she suggests that education has to be a healing process where the discomfort of colonisation can come up.

The work of these academics support **Rafael's** suggestion that education for mental health professionals must take them out of their comfort zones. However, it also reveals some of the challenges involved with achieving this because of the anaesthesia and amnesia involved with **Pākehā** dominance. Another **Pākehā** participant, **Fran,** likens the whole system to "a big denial machine," in which **Pākehā** are for the most part blind to their dominance and simultaneously "terrified to let go of what they think they've got":

> ***Fran****: You can't just go into a mental health institution and introduce some* ***Māori*** *ideas about things and hope things are gonna change….You have to go in with the ability to deal with people's discomfort, their rage, their disbelief, their anger, and their grief. You have to be prepared for a decolonisation mission—not some nice neat and tidy education programme. You have to rock people's worlds.*

Additionally, **Fran** believes that the cultural conditioning received by **Pākehā** can make it difficult for them to hear only from **Māori** voices, and she emphasises the need for

Pākehā educators to be a part of "this decolonisation process" so that the onus is not just on **Māori** to change things:

> ***Fran: Pākehā*** *people need to hear it from other* ***Pākehā*** *people. Otherwise they'll just shut down. They need space to unpack their cultural conditioning and all the stereotyped understandings they have about* ***Māori****. They won't do that with* ***Māori*** *educators because they'll be too scared of being "politically incorrect." But unless* ***Pākehā*** *get the space to unpack that stuff, they won't be able to genuinely integrate* ***Māori*** *understandings into their work environment because they'll be doing it for the wrong reasons. So...we need more* ***Pākehā*** *educators to be working alongside* ***Māori*** *educators.*

However, **Fran** sees this as particularly challenging because of the invisibility of the **Pākehā** constituency who support **Māori** aspirations. She reflects on attending the Foreshore and Seabed **Hikoi** [protest march], and being shocked that she couldn't see any visible **Pākehā** support, despite knowing many **Pākehā** who are in complete support of **Māori** aspirations for **Tino Rangatiratanga** [sovereignty, self-determination]. This, Fran believes, unwittingly supports those in the dominant **Pākehā** group who have not begun to engage with their own decolonisation to remain ignorant.

> ***Fran****: For the majority of ignorant uneducated* ***Pākehā****, that means [they only see]* ***Māori*** *people "kicking up another fuss." They don't realise that there's thousands of* ***Pākehā*** *who support* ***Māori****.*

In other words, **Fran** is concerned that mental health practitioners and leaders won't prioritise transformative education because they neither connect to the needs of **Māori**, nor see the **Pākehā** demand for such education. Thus, while this study suggests that such education is vital to enhance wellbeing for **matakite** who end up in the

mental health system, it also reveals the barriers that must be considered in terms of the practical application of such education—in particular how to facilitate **Pākehā** becoming connected to the value of **Māori** needs when they are resistant to facing their colonial history and the injustice that has been born out of it, including their own privilege.

A final element of education that was mentioned is the importance of involving mental health consumers, as **Rafael's** next quote discusses:

> ***Rafael:*** *There's been a whole movement—the consumer or the user movement—so that people with life experience of mental illness, for example, are really feeding back to us doctors and clinicians their good experiences and bad experiences. And invariably their good experiences were "somebody actually stopped to listen to me," or "someone actually believed in me enough to look at my diary" or "they came to my home and met my family" or "they were kind to me"—that kind of thing—the agents of healing. And the things that they don't like are things like "people impose rules for their own sake," or "people impose their own cultural values on me," or "people ordered me to take medication and would not stop to explain what was going to happen if I took it."*

Rafael's comment draws attention to the need for professional education to involve the consumers of mental health services. This point highlights a limitation of this study in that only two of the research participants had, in the past, engaged with the mental health system as clients. The consumer movement, with its focus on recovery and empowerment, is bringing about important changes to mental health provision and is transforming the partnership relations with mental health professionals and researchers (McMorland, Kukler, Murray, & Warriner, 2008). Future research would

best be supported by the inclusion, and even prioritisation, of participants who are **Māori** mental health consumer-advocates.

This section has emphasised the need for a specific sort of education for mental health professionals as a strategy to protect and enhance the wellbeing of **matakite**. However, a number of barriers must be considered in the development of such education. These include the tendency for **Pākehā** to avoid the discomfort that is stimulated by facing their position of dominance, and their ensuing inability to see the injustices of the present. Such education must be therefore be transformative, and have the capacity to deal with the distrust and discomfort that is inherent within **Māori-Pākehā** relations, and which takes **Pākehā** out of their comfort zones, despite their resistance to this. The involvement of consumers of mental health is also seen as essential to achieving such transformations.

Chapter Summary

This chapter has identified three key strategies for protecting and enhancing wellbeing around the experience of **matakite**. The first involves the rebuilding of the **Māori** spiritual knowledge base, in order to address the negative impact on **Māori** wellbeing resulting from the loss of traditional spiritual knowledge caused by legislation like the Tohunga Suppression Act 1907. This strategy has the potential to have a broad impact on the wellbeing of **Māori** communities in general. Three examples of how this could be achieved were identified from the participants' comments. They are 1) the development of **Māori** spiritual education programmes in the community, 2) the use of the powerful influence of mass media to explore and convey **Māori** spiritual

knowledge to the community, and 3) the introduction of legislation to proactively support the rebuilding and transmission of the spiritual knowledge base.

The second strategy involves the employment of **matakite** individuals in the mental health sector. However, issues related to finding people with reliable **matakite** abilities, and also the ethics of working in a professional capacity, would require attention. Ethical considerations would include addressing the dynamics of power and authority that are often ascribed to people in spiritual roles like **matakite** and **tohunga**, in a similar way that such ethical protocols are required of medical professionals.

Additionally, the degree to which **matakite** can use their abilities to optimal benefit within the health sector relies on the degree to which there is genuine power-sharing within an organisation. Examples of unequal power relations were given, such as clinicians who are largely ignorant of **Māori** concepts and norms (and many case workers) holding the power to determine if cultural specialists are utilised, and the hegemony that psychiatrists have on multi-disciplinary teams. Conversely, two examples are given of how power can be genuinely shared: 1) by clinicians dedicating the time and energy required to build sustainable and deep relationships with local **Māori** communities so they know whom to turn to for cultural support, especially around experiences like **matakite**, and 2) by giving cultural specialists and **matakite** practitioners the authority to determine how and when their knowledge and abilities are used.

The benefits of utilising cultural expertise around **Māori** spirituality, especially those with **whakapapa** connections to the family are identified, including the ability to provide insights into to the family's history such as **makutu** [curse], violence, rape, and

other clinically relevant issues. The psychiatrist participants noted that indeed the biomedical explanations tend to dominate mental health frameworks, and they state there is perhaps a case for mandating dual competency training for all mental health professionals. This has implications for the employment of psychiatrists from overseas and also for those trained within **Aotearoa**, among which a survey has revealed a degree of racism that is of "grave concern" (Johnstone & Read, 2000). However, despite the hindrances, examples of partnership between psychiatrists and traditional **Māori** healers are emerging, which are producing undeniable positive results for the clients.

The resistance among mental health professionals to *genuinely* power-share in these ways leads to the third strategy, which involves the development of transformative education programmes for mental health leaders and professionals. Many studies include recommendations for "further education," and while this is also a finding of this study, there is an emphasis on the need for this education to be transformative and paradigm-shifting. A didactic approach to education, or the mere sharing of information alone, is not enough to shift the deeply entrenched biomedical hegemony in mental health culture. Rather, education programmes need to address the high degree of tension inherent within long-term strained relationships, and they must be decolonising as well as informative. These three strategies, and the significant barriers to achieving them, as well as recommended actions to address the barriers, are summarised in Table 5 following.

Table 5. Strategies, Barriers, and Recommendations for Enhancing Wellbeing Around Matakite

Strategies	Challenges/Barriers	Recommended Action
Further rebuilding of the Māori spiritual knowledge base	Widespread spiritual ignorance in western secular society.	Develop spiritual education strategies, decolonisation/healing strategies, and media strategies.
	Lack of explicit legislation or financial support for the revitalisation of **Māori** spiritual knowledge-base.	Develop policy and legislation to support the rebuilding of the **Māori** spiritual knowledge-base.
Employment of matakite practitioners in mental health	Involvement of cultural advisors is determined by staff not trained to identify when cultural expertise is required.	Adopt models of partnership and genuine power-sharing in the mental health sector.
	No shared knowledge across health-providers about how to address the phenomenon of **matakite.**	Develop guidelines for best practice for **matakite** practitioners and for using **matakite** understandings at a clinical level.
	Psychiatric and biomedical hegemony in mental health sector increases the likelihood of **matakite** being misdiagnosed.	Develop policy and legislation pertaining to cultural-competency in diagnostic processes with **Māori**. Education about relevance of social and cultural support.
Professional education for mental health leaders and practitioners	A lack of cultural competency in the Mental Health sector. No wide-spread cultural imperative to include spiritual understandings in mental health, and challenges to biomedical dominance are marginalised.	Develop transformative decolonisation education programmes for health professionals to highlight partnership models and the utility of cultural/spiritual knowledge as a resource.

CONCLUSION

*Health professionals need to bend themselves around the **kōrero** instead of bending the **kōrero** around themselves. Don't try to make the information fit your current understanding, but instead try to expand your understanding.—**Te Ariki** [participant]*

This thesis has emerged out of the desire to make a meaningful contribution to the lives of those who experience **matakite** and have likewise encountered the mental health system. It has charted a path that has often been unclear and shaded with uncertainty about how to weave together the various strands of the thesis, the voices of the participants and the insights from the literature. This Conclusion chapter assembles the knowledge created within this thesis. It reveals the various layers of insight possible and the multiple factors which contribute to understanding more fully the factors impacting on the wellbeing of **matakite**.

The issue of misdiagnosis was one of the catalysts for the investigation and so it has featured strongly within this thesis. So too have concerns about the loss of traditional spiritual knowledge and the resulting negative impact on **Māori** wellbeing. The ontological and epistemological understandings underpinning this project have therefore rested upon **Māori** worldviews, and the way in which the project has been undertaken is from within a **Kaupapa Māori** approach. This, in itself, is seen to validate the rebuilding of that knowledge base because **Kaupapa Māori** positions the cultural and spiritual understandings within **te ao Māori** as central. **Kaupapa Māori** has also enabled a multi-layered exploration and analysis of the factors affecting wellbeing in relation to **matakite**. Thus, while exploring the nature of **matakite**, the thesis simultaneously explored the socio-economic and political factors that impact

upon the wellbeing of people having such experiences, and which have likewise constrained and limited the use of the **Māori** spiritual knowledge-base as a health resource.

The Nature and Scope of Matakite

One of the significant outcomes of this thesis is that it has expanded and elucidated understandings about **matakite**. While the literature speaks only of **matakite** in relation to sight and sound, this study reveals that **matakite** can manifest through all the senses, and in different dimensions of experience, such as dreams, and cosmic visions. This was achieved though an exploration of the limited literature base on **matakite**, as well as the historical and contemporary examinations of related concepts from international studies and writers. This process allowed for the construction of a working English translation or explanation of **matakite** as "a **Māori** cultural experience of heightened intuition." Further data generated from a series of in-depth interviews and conversations added to this explanation and also revealed that **matakite** spans a much broader spectrum of experiences than suggested in the literature. For example, the term **mātākitekite** was introduced and used to describe an experience of cosmic or mystical vision, as distinguished from visions on a psychic level. Additionally, **matakite** can be experienced through all five senses, and even beyond sensory perception, as in an experience of **Te Kore**—An infinite Void—described by one of the participants. (See Figure 3.)

Matakite may similarly be seen as a local expression of an experience that is recognised in many cultures around the world but which is uniquely filtered through

the **Māori** cultural lens and which has a particular connection to **whakapapa**.[11] It may include sensory perceptions akin to clairvoyant, clairaudient, clairsentient, clairolfactory, and clairgustatory experiences but which are framed within a **Māori** worldview and derived from **Māori** cultural concepts.

The Misdiagnosis of Matakite as Pathology

The next significant contribution this study makes, is to confirm the concern within **Māori** communities and more broadly within the mental health sector, about the misdiagnosis of **matakite** within mental health. The study also supports other literature that highlights the dominance of biomedical frameworks in Western mental health policy and practice, resulting in the marginalisation of spiritual concepts and concerns. Despite the on-going efforts of **Māori** and some clinicians to embrace a more holistic and culturally-considered approach to service design and delivery, the mainstream health system has for the most part struggled to adapt.

Many bicultural initiatives within mental health are positioned within mainstream organisations whose policies and practices are dominated by the priorities and philosophies of Western biomedical frameworks. However, this thesis also builds on this literature base, by drawing attention to the materialistic underpinnings of Western society, which creates a social context in which biomedical dominance can prevail. This is because there is no widespread cultural imperative to consider spiritual

[11] The reader is cautioned to avoid assuming they know about **matakite** because of how it has been defined here. This definition is not presented in an absolute manner. Anyone intending to use this definition in the development of policy ought to seek advice from **Māori** authorities, clinical expertise, and with the input of those individuals and communities intimately familiar with the experience.

understandings in mental health policy and service delivery. Furthermore, challenges to biomedical dominance, whether from psychiatry, psychology or the public, tend to be marginalised.

Additionally, the socio-political dimensions in which health and illness exist have historically been marginalised within mainstream mental health, and individual responsibility and "lifestyle" choices have instead found greater prominence. This has meant that the distress **Māori** individuals can experience tends to be seen as a personal problem, rather than resulting (at least at some level) from living in a sexist, racist, classist, materialistic society. As a result, **Māori** cultural understandings of experiences like **matakite** and Western biomedical concepts of psychopathology come into conflict, resulting in both misdiagnosis and increased health problems for **matakite**.

The literature, too, reveals misdiagnosis of similar experiences in other cultural contexts and how this has become an issue of international concern. Further, that this extends beyond the simple misdiagnosis of spiritual experiences as mental illness to broader challenges within psychiatry concerning the claims of the scientific validity of many of its diagnostic concepts and assumptions. Thus, the on-going project of classifying mental distress in the same way as physical disorders are classified is being critiqued. The other aspect of psychiatric culture under consideration involves the contribution of the pharmaceutical industry towards the maintenance of a culture of biomedical dominance in mental health, which in turn maintains a culture where experiences like **matakite** are likely to be pathologised.

This study also makes a significant contribution to responding to the task of distinguishing **matakite** from pathology, as a part of risk assessment and management in mental health (New Zealand Ministry of Health, 1998). The study finds this task is problematic for at least two reasons. First, while some of the study participants believe it is possible to make this distinction—a view which is also supported by various writers—other researchers show there are overlapping features that are difficult to distinguish from each other. This study therefore finds that there is no consistent view on this distinction.

Second, other participants brought the whole concept of mental illness into question, in congruence with the aforementioned critiques of psychiatry. These international challenges to the scientific validity of psychiatric concepts of mental disorder bring the relevance of the task of distinguishing between **matakite** and pathology into question. In other words, is there any point trying to distinguish **matakite** from diagnostic criteria that are not universally embraced and which may change, even radically, over time? These challenges do not deny the reality of mental distress but only how mainstream psychiatry conceptualises that distress.

The Wellbeing of Matakite

The thesis provides an extensive picture about the multiple, interconnected factors impacting on the wellbeing of **matakite**. The loss of traditional knowledge on **matakite** was highlighted as a significant issue and which had been linked to the deleterious impact of colonisation and legislation like the Tohunga Suppression Act 1908. This has meant that people experiencing **matakite** generally lack the sort of

spiritual guidance and support they need in order to understand their experiences. As a result, the potential for these individuals to experience distress or become unwell is increased. So too is the potential for misdiagosis increased through the inappropriate application of psychiatric concepts of mental disorder. Not only do mainstream health professionals generally lack knowledge that can support people experiencing distress around these experiences, but the loss of spiritual knowledge in the community means that these experiences are likely to be treated with suspicion or scepticism. As a result, **matakite** are sometimes harassed by their own communities and pressured to provide comprehensive support, at all times, and even for trivial matters. Thus, a lack of spiritual knowledge or awareness within society can be seen to produce a whole series of new health risks for **matakite** that would otherwise not exist. In the context of this spiritually ignorant climate, new skills become vital for the health and wellbeing of **matakite**, particularly in relation to self-care and integrity, and the need for **whānau** support. These findings are summarised in Table 6 following.

Table 6. Understanding Matakite: A Summary of Findings, Implications, and Recommendations

Themes	Findings	Implications	Recommendations
The nature and scope of matakite	**Matakite** is a multi-sensory and multi-dimensional experience. **Matakite** can resemble symptoms considered pathological.	Distinguishing **matakite** from pathology is problematic. Increased likelihood of misdiagnosis.	Assessment and treatment of distress needs to involve **Māori** cultural advisors with knowledge about **matakite.**
Social & cultural influences on matakite wellbeing	There has been a loss of knowledge pertaining to **matakite.**	People experiencing **matakite** have less access to knowledge that could support them.	**Māori** spiritual knowledge-base needs rebuilding.
	Spiritual ignorance and cultural ignorance in society creates health issues for **matakite.**	Increased likelihood of experiencing distress in relation to **matakite** experiences.	Need for society-wide spiritual and cultural education.
Economic & political influences on matakite wellbeing	Lack of spiritual and cultural competency in mental health creates health issues for **matakite.**	Spiritual and cultural resources are less likely to be used. Increased likelihood of misdiagnosis	Need for transformative education for mental health leaders and practitioners.
	Biomedical frameworks dominate how distress is conceptualised, diagnosed, and treated.	Social, spiritual, and cultural contributors to distress are likely to be marginalised.	Socio-cultural factors need to be considered as significant contributors to distress. Need for partnership models.
	Pharmaceutical industry benefits from biomedical dominance in mental health.	Financial incentive to maintaining and promoting biomedical dominance in mental health.	The influence of the pharmaceutical industry in maintaining biomedical dominance needs to be explored.
	Secular Western culture creates a spiritual vacuum in which biomedical dominance prevails.	There is no wide-spread cultural imperative to include spiritual understandings in mental health, and challenges to biomedical dominance are marginalised.	Need for society-wide transformative spiritual education.

Protecting and Enhancing the Wellbeing of Matakite

The final significant contribution this study makes is its identification of three strategies to protect and enhance wellbeing around the experience of **matakite**. The first strategy involves further re-building the **Māori** spiritual knowledge-base. While several examples of spiritual education strategies have been identified (such as cultural compentency workshops within District Health Boards, community-based **wānanga**, television series like **Wairua**), more programmes are needed and appropriate resourcing provided to ensure they achieve their goals of enhancing **Māori** spiritual wellbeing. A focus on decolonisation and healing strategies alongside spiritual education strategies is also recommended, especially in the context of the need to heal from the aspects of colonisation that have been internalised. An exploration of policy and legislative change needed to proactively address the negative impact of the Tohunga Suppression Act 1908 is also recommended.

The second strategy involves the employment of cultural specialists with knowledge and experience of **matakite** within the mental health sector. These cultural specialists need to be actively involved in clinical decision making, within assessment (in particular) and appropriate modes of treatment and care in order to address the entrenched biomedical hegemony in the mental health sector. The possibility of misdiagnosis remains if the decision-making power in a service provider organisation is arranged in such a way that clinicians and case managers unfamiliar with phenomena like **matakite** are entirely responsible for determining whether a cultural specialist should be consulted. As one participant stated: *"How can a case manager make a call*

*on what is or isn't a **wairua** issue? I mean if I have a problem with my car, I'm not going to ask the baker whether I need my engine fixed."*

People may experience distress around particularly intense **matakite** experiences, and especially if they do not have access to appropriate social and cultural support. This means they may nevertheless require help from the mental health profession, which may include initial use of medication but is more likely to require support of a cultural and therapeutic nature, rather than pharmaceutical. As one participant (a psychiatrist) noted, a person may present with a schizophreniform illness, but it could have had a spiritual aetiology, which would have implications for treatment. In other words, the causes underlying the same symptoms in different individuals can be entirely different, leading to completely different treatment approaches. It is also worth noting that this study suggests that **matakite** understandings may be useful for **Pākehā** experiencing distress around intuitive experiences, particularly where they have no access to cultural knowledge about such experiences in the context of a largely spiritually ignorant dominant society. **Matakite** understandings in mental health are therefore likely to benefit some non-**Māori** as well as **Māori**.

All these issues reveal the need for further research into how knowledge about **matakite** is being used at a clinical level in mental health, and the development of guidelines to support the use of these understandings in order to develop partnership models with genuine power-sharing. The mandating of cultural competency training in mental health, and particularly for psychiatrists, would support establishing a partnership model and challenge unscientific beliefs of many psychiatrists about **Māori** being naturally inclined to psychiatric illness (Johnstone & Read, 2000).

The third strategy requires the development of transformative professional education for health professionals and leaders. This would include the knowledge emerging from already existing partnerships between cultural specialists and clinicians. However, such education must transcend simple content-based education and instead engage people at an emotional and experiential level in order to create a paradigm shift. This is particularly important because so many of those making decisions that affect the wellbeing of **Māori** are **Pākehā** (or non-**Māori**) who are deeply influenced by their own culture, the biomedical model, and who are largely unfamiliar with **Māori** culture. Additionally, the materialistic focus of dominant Western society means there is no widespread cultural imperative for spiritual understandings to be included in mental health. As such, any education about **matakite** within mental health requires a decolonisation process as well as a knowledge-building process (Huygens, 2007). It must also have the capacity to deal with discomfort within relationships that have been strained over a long period of time (M. Williams, 2007). Furthermore, **Māori** educators must be supported by **Pākehā** educators, who have sufficient cultural competency and understanding of **matakite**, as well as the impact of colonisation on **Pākeha**.

Indications for Future Research

Aside from strategies discussed above (the rebuilding of the **Māori** spiritual knowledge base, using **matakite** understandings in mental health, and transformative education for mental health professionals and leaders), some other areas of potential research are also noted. Various avenues for additional insight (particularly within the

literature) were not explored in this thesis due to time constraints and the specific focus of this thesis. Literature pertaining to the discipline of interpretation and translation could provide an important insight into the issues that arise in relation to the transfer of a complex spiritual concept from one language into another. Especially notable is the tendency toward accepting a translation as "*the* authoritative definition" of a concept from another language. Also identified as a future research topic is how the wellbeing of people experiencing **matakite** is affected by mass media representations of such experiences. Such representations have a powerful effect upon our beliefs about the amount of agency, choice, and resources we have access to.

Final Comment

I return to the central question of this thesis: *What are the factors impacting the wellbeing around the experience of **matakite**?* This thesis has explored the many intertwined factors impacting on the health of people experiencing **matakite**, and it has identified a number of strategies to enhance their wellbeing, and reduce the incidences of misdiagnosis (or ideally eliminate them).

While spiritual knowledge pertaining to **matakite** is being rebuilt by **matakite** individuals themselves, it will require wider support if it is to contribute to spiritual wellbeing on a societal scale. The inclusion of **matakite** understandings and individuals in mental health, and the introduction of transformative education programmes could support this process substantially. However, these strategies will require further investment of time, knowledge, and financial support to come to fruition. The

implication from this study is that we simply cannot ignore the importance of **matakite** individuals to the wellbeing of our communities. Nor can the mental health profession ignore the practical utility of **matakite** understandings as a resource for supporting people experiencing distress in relation to such experiences.

Through this study I have had the great fortune of meeting a number of people in our communities with the passion, creativity, intelligence, **mana**, inherited knowledge, and spiritual gifts necessary to help rebuild our traditional spiritual knowledge base for the wellbeing of current and future generations. I am keenly aware that a doctoral study barely scratches the surface of these issues, and that there are individuals in our communities whose knowledge about **matakite** is much vaster than what is presented in this thesis. To them I offer my deepest gratitude for sharing their stories and for their trust. As I write this concluding paragraph and ask my **tīpuna** for their blessing to close this study properly, my mind turns to an oft-quoted saying by my **tupuna** Sir Apirana Ngata, which he wrote in the autograph book of young schoolgirl Rangi Bennett in 1949, encouraging her in her education. Since then, his words have influenced generations of **Māori**. Considering how this thesis has emerged through my engaging with a predominantly **Pākehā** tertiary education system, the traditional and contemporary **Māori** knowledge that has informed it, and the spiritual blessings that have inspired it, koro Api's words feel more meaningful to me now than ever before:

E tipu, e rea mō ngā rā	*Grow up, o tender plant, for the days*
o tōu ao	*of your world.*
Ko tō ringa ki ngā rākau a te Pākehā hei	*Your hands to the tools of the Pākehā for*
ara mō tō tinana	*the welfare of your body.*
Ko tō ngākau ki ngā taonga a ō tīpuna	*Your heart to the treasures of your*
Māori hei tikitiki mō tō māhuna.	*ancestors as adornment for your head.*
A, ko tō wairua ki tō Atua, nāna nei ngā	*Your spirit to God, the creator*

mea katoa.[12] *of all things.*

[12] **Te reo Māori** from (H. M. Ngata, 1993, p. xi)

GLOSSARY OF MĀORI TERMS

The following glossary gives simple definitions and meanings for **Māori** terms and simple phrases used in the thesis. It may be used as a reference where **Māori** terms have been used more than once in the text but only translated/interpreted when the term was first introduced. For further reference see (Barlow, 1991; Ryan, 1997; H. W. Williams, 1992).

Aotearoa	The most common **Māori** name for New Zealand, often translated as "land of the long white cloud."
Aroha	Love, sympathy, charity (Barlow, 1991).
Atawhai	Show kindness to, be liberal, foster (Williams)
Atua	God; spirit; supernatural being.
Atuatanga	Divinity.
Hā a koro mā, a kui mā	Breath of life from one's forebears. (See Glossary entry under **Te Wheke**.)
Hauora	Health, breath (**hau**) of life (**ora**).
Hinengaro	Seat of the thoughts and emotions, heart (Williams). Often translated as mind, but also comprises other hidden or unseen (**ngaro**) aspects of a person's inner being.
Hopo	Fearful, apprehensive, overawed. (Williams)
Hui	Gathering, meeting.
Iwi	People, nation (often translated as "tribe").
Kaitiaki	Guardian, often spiritual.
Kaumātua	Elder or elders.
Kaupapa	Subject, plan, programme, philosophy. See Appendix B also for the spiritual connotations in this term.
Kaupapa Māori	**Māori** philosophy or worldview, also an approach to research that affirms such a philosophy or worldview.
Kite	To see. Divination, prophecy, prophetic utterance. (Williams)
Koha	Gift of respect.
Kuia	Female elder or elders

Mahi	Work
Mana	Social prestige, spiritual authority, psychic/spiritual power.
Manaaki	Hospitality, uphold the **mana** of a person, caring (Mead).
Mana ake	Unique identity of individuals and family.
Māoritanga	Māori-ness; customs and practices pertaining to Māori; being Māori.
Marae	Ceremonial courtyard.
Matakite	According to Williams, a seer, one who foresees an event; also the vision. However, I have been told by living cultural authorities that in their tribal regions that the word **matatuhi** is used for the gift of prophecy.
Matataua	Scouts who were also augurs for a war party. (Williams)
Mātauranga	Traditional knowledge.
Mate	Death, dead, sickness.
Matatuhi	According to Williams, the ability to perceive spirits of deceased people. However, I have been told by living cultural authorities that in their tribal regions, this refers specifically to the gift of prophecy, and that **matakite** refers to other aspects of intuitive perception.
Matekite	Ability to intuitively perceive illness in a person.
Mauri	(also **mouri**) Life principle, thymos of man. (Williams). Also a sacred object or talisman imbued with life force.
Mokopuna	Grandchild; descendant.
Ngāti Apa	An **iwi** from the Rangitikei region of the North Island of **Aotearoa**. See www.ngatiapa.iwi.nz for more information.
Ngāti Awa	An **iwi** primarily centred in the Bay of Plenty region of the North Island of **Aotearoa**. See www.ngatiawa.iwi.nz for more information.
Ngāti Kahungunu	An **iwi** from the south-east coast region of the North Island of **Aotearoa**, traditionally centred in the Hawkes Bay and Wairarapa regions. See www.kahungunu.iwi.nz for more information.
Ngāti Pikiao	An **iwi** from the Rotorua lakes region of the North Island of Aotearoa. One of the **iwi** in the **Te Arawa** confederation.

Ngāti Porou	An **iwi** from the East Coast region of the North Island of **Aotearoa**. See www.ngatiporou.com for more information.
Pākehā	White-skinned immigrants from the United Kingdom or Europe. The term also refers to a **patupaiarehe** [a race of light-skinned supernatural beings].
Papatuanuku	Earth parent (mother).
Poropiti (lit. prophets)	Outstanding **Māori** figures who established prophetic movements in order to recover **Māori** sovereignty in **Aotearoa**. They combined **Māori** and Christian traditions.
Rangatira	Leader, by descent and/or ability. One who unites the people. Also translated by Dr. Rangimārie Te Turuki Rose Pere as "sparks from the Central Sun" in referring to the innate spiritual status of every human being.
Ranginui	Sky parent (father).
Rehu	See in a dream. (Williams)
Tapu	Sacred. Set apart (Barlow, 1991)
Taha wairua	The spiritual dimension of health (one of the four aspects of the **Māori** health model **Te Whare Tapa Whā**).
Tāne-nui-a-rangi	**Atua**, creator of humanity. One of the celestial offspring of **Ranginui** (Sky Father) and **Papatūānuku** (Earth Mother). The celestial being who ascended to the summit of the heavens and retrieved the three kits of knowledge and descended back to the secular realm and distributed that knowledge for the benefit of all humanity.
Tangata whenua	People of the land; indigenous people.
Taniwha	Supernatural being; guardian.
Tapu	Restricted, sacred.
Tauiwi	Literally, "strange tribe, foreign race" (Williams). A term describing the settler population in **Aotearoa**/New Zealand since the 18th century. Unlike the term **Pākehā**, which refers to white-skinned immigrants, "**tauiwi**" does not imply any distinction based on phenotype or country of origin.
Te Ao Māori	The Māori world.
Te Ao Mārama	The world of light.

Te Arawa	Ancestral canoe. Also, the confederation of **iwi** and **hapū** descending from **tūpuna** who arrived on-board **Te Arawa**. They are based in the Rotorua and Bay of Plenty areas of the North Island of Aotearoa.
Te Kore	The void; the cosmogonical realm of potential being.
Te reo Māori	The **Māori** language.
Te Wheke	**(lit. The Octopus**). A model of **Māori** wellbeing made public by Dr. Rangimārie Te Turuki Rose Pere. The concept of **Te Wheke**, the octopus, is to define family health. The head of the octopus represents **te whānau** (family), the eyes of the octopus as **waiora** (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. The dimensions are interwoven and this represents the close relationship of the tentacles. **Te whānau** – the family **Waiora** – total wellbeing for the individual and family **Wairuatanga** – spirituality **Hinengaro** – the mind **Taha tinana** – physical wellbeing **Whanaungatanga** – extended family **Mauri** – life force in people and objects **Mana ake** – unique identity of individuals and family **Hā a koro ma, a kui ma** – breath of life from forbearers **Whatumanawa** – the open and healthy expression of emotion
Tika	Right, correct, straight, direct, just, fair (Williams).
Tikanga	**Māori** cultural protocols to guide correct (**tika**) action. Customary values and practices. "The set of beliefs associated with practices and procedures to be followed in conducting the affairs of a group or an individual" (H. M. Mead, 2003).
Tinana	Physical body.
Tino rangatiratanga	Absolute sovereignty, self-determination, autonomy**.**
Tohu	Signs.
Tohunga/tohuka	Priestly expert. A person formally trained in esoteric lore.
Tūhoe	An **iwi** with traditional lands in **Te Urewera** National Park in the eastern North Island of **Aotearoa**. See www.ngaituhoe.iwi.nz for more information.

Tupuna (plural tīpuna, tūpuna)	Ancestors.
Urupā	Burial site, cemetery.
Wairua	Spirit, soul.
Wānanga	In-depth cultural knowledge immersion and transmission. Traditional school of learning.
Whaikōrero	Formal speech-making.
Whakamā	Shy, embarrassed.
Whakapapa	Genealogy, genealogical origins.
Whānau	Family, relatives.
Whānau-a-Apanui	An **iwi** from the Eastern Bay of Plenty region of the North Island of **Aotearoa**. See www.apanui.co.nz for more information.
Whare Tapa Whā	Literally translated as "four-sided house," a **Māori** model of health comprising **Taha Tinana** (physical), **Taha Whānau** (familial and social), **Taha Hinengaro** (mental and emotional), and **Taha Wairua** (spiritual) (Durie, 1985).
Whare wānanga	Physical or conceptual house where **wānanga** occurred. Institution of higher learning.
Whatumanawa	Seat of the affections (Williams). The innermost heart. According to Rangimārie Te Turuki Rose Pere, the all-seeing eye of the heart.
Whenua	Earth, placenta

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APPENDICES

APPENDIX A: $75,000 TO RESEARCH MĀORI SPIRITUAL SEERS

The New Zealand Herald

$75,000 to research Maori spiritual seers

By Yvonne Tahana
5:00 AM Friday Aug 1, 2008

A doctoral student has received $75,000 to study how Maori seers, or matakite, can help people in or before they enter the mental health system.

Matakite are people who claim foresight or "otherworld" experiences. Some draw on Maori spiritual knowledge.

Ministry of Health statistics show that three in five Maori will develop a mental illness at some point in their life.

Over three years, Hamilton-based Ron Ngata will explore how matakite help people in crisis. He says matakite sessions aren't meant to replace Western "bio-medical" treatments. Instead, there should be a place for both, in improving people's wellbeing.

"These people [matakite] can be used as an extra resource for understanding what's happening [in a person's life]. If people see or hear something unusual, it's going to become an issue of mental health for them," he said.

"But matakite may be able to make sense of the experience without turning it into an illness, and then the crisis subsides."

The Ngati Porou psychology student said many matakite were discreet about their activities, not advertising what they did, for good reasons. For some, doing the work was "draining", but it was also about not wasting time "justifying their beliefs" to others.

Mr Ngata, who is doing his doctorate through Massey University, said the Tohunga Suppression Act 1907 did much to drive cultural practices underground. At the time, it was feared public health was being seriously compromised.

This meant that institutions such as wananga, where knowledge was passed on, and tohunga who sanctioned practitioners, have dwindled in number. Mr Ngata said that instead, Maori had to rely on informal networks - asking around to find a matakite.

He said he expects to face some criticism about the level of funding his doctorate has received from the Health Research Council and that some might write it off as "airy-fairy".

"I'm prepared to challenge that way of thinking. It brings up that question of what knowledge counts? And who decides what knowledge is important?"

The ministry's director of mental health, David Chaplow, would not comment specifically on Mr Ngata's project but said the link between identity or culture and well-being was recognised.

By Yvonne Tahana

APPENDIX B: INTERVIEW SCHEDULE

SECTION 1: DEMOGRAPHICS

Ethnicity: How would you describe your ethnicity?

Age:

Gender:

SECTION 2: CULTURAL AFFINITY

How would you regard your level of participation in Te Ao **Māori**? (occasional/frequent/irregular/

Can you give examples of how you participate in te ao **Māori**? (Attending hui, tangi, kapahaka, reo classes)

SECTION 3: THE NATURE AND SCOPE OF MATAKITE EXPERIENCES

How would you define **matakite**?

Please describe your experience

What made you think this was a **matakite** experience and not something else?

Did the experience manifest for you in a sensory way? (e.g. vision, sound, taste, smell, touch, other)

Have you had this or similar experiences more than once? If so, what frequency?

Describe the context in which the experience happened.

Your age

Natural environment (New Zealand, other country, forest, home, at sea)

Social environment (education, work, relationships, whānau, wānanga)

prompt: e.g. points of crisis such as the death of a loved one

Your personal health

SECTION 4: THE EFFECTS OF MATAKITE UPON WELLBEING

Would you consider any aspects of the experience beneficial? If so, in what way?

Would you consider any aspects of the experience harmful? If so, in what way?

How else did it affect you?

Relationships/Career/Interactions with nature/Culture/Education/Other ways

Why do you think it affected you as it did?

Did you seek professional assistance in relation to this experience? (e.g. GP, mental health services, counselling, pastoral, Maori health practitioner) How do others make sense of it?

- If not, why not?
- If so, how did they make meaning of the experience?
    - How did you make meaning of the experience after talking with them?
- Any harm/help from them?
- How did you know to access their help?

Did you turn to any others for assistance?

- If not, why not?
- If so, how did they make meaning of the experience?
    - How did you make meaning of the experience after talking with them?
- Any harm/help from them?

SECTION 5: IMPLICATIONS OF UTILISING MATAKITE UNDERSTANDINGS

What message do you think the experience(s) held for you/society? Prompt for thinking around the message being for others and the individual is merely a carrier/deliverer/kauwhata (significant for others rather than for the individual)

What conclusions did you make from the experience(s)?

How could understandings of **matakite** help people who have such experiences?

Would you be comfortable describing such an experience to a clinical psychologist/psychiatrist/GP/Maori health practitioner?

How many people do you know have an understanding of **matakite**?

How do you think New Zealand society (education, health, law, etc.) could use **matakite** understandings to improve Maori wellbeing (and the wellbeing of other groups)?

Why do you think this has happened to you? (e.g. taught to see, rejected?)

SECTION 6: PRACTICAL IMPLICATIONS FOR HEALTH PROFESSIONALS

What are your concerns about this issue as a professional?

Would you like to see **matakite** understandings used more in health practice?

If so, how do you think this could best be achieved?

If not, why not?

What factors do you think prevent the use of **matakite** understandings in a health setting?

Individual (e.g. personal attitudes/beliefs of clinicians/management)

Political (e.g. organisational policies, employment policies of immigrant mental health workers)

Education (physician training) Finish

APPENDIX C: TRANSCRIBER CONFIDENTIALITY AGREEMENT

Understanding Matakite: An Exploration of the Impact of Spiritual Experiences Upon Maori Wellbeing

TRANSCRIBER'S CONFIDENTIALITY AGREEMENT

I ..... (Full Name - printed) agree to transcribe the audio files provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

Signature: ..... **Date:** .....

APPENDIX D: LIST OF TERMS RELATED WITH MATAKITE

(Cited from the Williams Dictionary of the **Māori** Language unless otherwise indicated)

Aitua: Of ill omen, evil omen.

Apa: Spirit of one dead visiting or inspiring a medium.

Apahau: Spirit of the dead.

Aranga, **whakaaranga**: Appear in a vision, or in second sight.

Ariā: Appear, be seen indistinctly. I aria ake i oku kanohi ko Hema e haere ana.—I kite tinana ahau i a ia, ehara i te mea i kite aria. Imaginary presence connected with anything which one may have touched, etc., and which therefore might serve as a medium to convey the effect of a charm to the person for whom it was intended. **Ko tenei karakia mo te tangohanga o te aria o te tangata e hiahiatia ana kia whakamatea.**

Haurakiraki: Familiar spirit.

Hinapō: Dimness of sight, particularly with regard to matters supernatural; generally regarded as caused by supernatural means.

Huri Kaupapa: Practice divination.

Irewaru: A spirit voice heard at night on sea coast.

Irirangi: Spirit voice, which was regarded as a bad omen. Having a supernatural sound.

Kahupō: Spiritual blindness (Kruger et al., 2004).

Kaitiaki: Guardian, often spiritual.

Kaupapa: Medium for intercourse with an atua or wairua.

Kite: Divination, prophecy, prophetic utterance.

Kokewai, kokewau: A toy, also used as a means of divination, consisting of a leaf stuck on a stalk of grass and allowed to float on the wind.

Makere: Be seen in a vision.

Mariko: Phantom, unreal. **Pō-mariko, pō-mārikoriko**, spirit, apparition.

Mata: Medium of communication with a spirit. Prophetic song. **Matamata aitu**, seer.

Matakite: Seer, one who foresees an event; also, the vision.

Matatuhi: Seer, augur.

Matataua: Scouts who were also augurs for a war party.

Ngingongingo: Malignant devouring spirits. = **rikoriko**.

Niu: Small sticks used for purposes of divination. **I tuhia mai ki te niu maka. Unuhia tonutia te toetoe, herea tonutia ki te niu.** Divination. Various methods were known as **niu ringaringa, niu tu a umu**, etc.

Ororua: Spooky voices (Ryan, 1997). Imaginary voices heard in the air. **Whakaororua**, v.i. Be heard indistinctly.

Papa: Medium of communication with an atua. Also called **papa atua**. The term tohunga papa kikokiko appears to be connected with this.

Parangēki: Sound of voices in the air, regarded as an indication of some disaster.

Pekerangi: A voice pitched above the rest in singing: regarded as an aitua [ill omen]. 6. A dream in which a person is seen floating in the air: also an aitua.

Pikirua: *Uncertain*, of an omen or dream. Ka pikirua te aitua.

Poke: Appear, as a spirit. Ka poke mai te tupapaku ka wehi koe. Haunt. Ka tikina mai matou ka pokea e te atua.

Pūmanawa: Practice secret divination, intuitive cleverness.

Punawaru: Spirit voices heard in running water, etc.

Pūwawau, n. Spirit voices heard in running waters.

Rapa: In the expression **rapa maori**, familiar spirit.

Rata: Divination. Ka moe iho ahau, ka haere toku wairua, ka kite i tetahi aitua mo taku tamaiti, mo toku papa ranei, he rata tena. 2. Seer; so doctor (mod.).

Raurau: A divination rite in which leaves were used.

Rita: An evil spirit. Haere ana a rita, noho ana te tangata. arita.

Taha wairua: The spiritual dimension.

Tahakura: Dream, generally involving the appearance of one dead; called also moe tahakura.

Tāpui: Familiar spirit. Waiho iho ona tapui i reira, he patupaiarehe.

Tārehu: (also Rehu): To be indistinctly seen.

Tiramāka: A race of fairies or spirits said formerly to inhabit these islands, and still to be visible to a clairvoyant. The word is explained by a **Māori** as = **tira māka**, doubtless from the idea that they were generally supposed to be seen in crowds.

Tira: Tira ora and tira mate were wands used for the purposes of divination.

Tiro, titiro: Look. Ka titiro atu ia i te haeatatanga o te whatitoka. Tohunga titiro mata, seer.

Tōkere: A form of niu, or divination.

Toro: Enquire into by divination. Torona te ara o to mokopuna (that is, find out what fortune awaits him on his journey). Consult by divination. Ka torona a Kahukura, a Itupawa, a Rongomai.

Tūāhu: A sacred place, consisting of an enclosure containing a mound and marked by the erection of rods or poles, which was used for the purposes of divination and other mystic rites. **Tūāhu o te rangi**, a mound formed by priests in the **tira ora** rite; it represented life and spiritual and intellectual welfare.

Tūpaoe: Voices heard singing at night, either supernatural, or of persons travelling, when they are supposed to be under the influence of a **wairua**; in either case regarded as an **aitua**.

Tūpō: Ill omen, particularly in reference to dreams of that nature.

Tūrua-pō: Dream, vision.

Turehu: Indistinctly seen. Anything dimly seen. Ghost, fairy.

Turua-pō: Dream, vision.

Wairua: Spirit. E tama wairua kore naku. Tutaki wairua tana ki raro ra. 2. Unsubstantial image, shadow. Whakahoki a wairua ana mai ki a au.

Whakaaranga: Appear in a vision, or in second sight. Ka hara te tangata, ka whakaaranga mai te atua.

Whakarehu: See in a dream, dream.

Wharekōtore: A form of aitua arising from dreaming of a house facing the rear of another house.

Whatumanawa: Innermost heart. The all-seeing eye of the heart (intuitive faculty) (Rangimārie Rose Pere, personal communication, 2006).

APPENDIX E: TOHUNGA SUPPRESSION ACT 1908

New Zealand.

TOHUNGA SUPPRESSION.

1908, No. 193.

AN ACT to consolidate certain Enactments of the General Assembly relating to Tohungas.

WHEREAS designing persons, commonly known as tohungas, practise on the superstition and credulity of the Maori people by pretending to possess supernatural powers in the treatment and cure of disease, the foretelling of future events, and otherwise, and thereby induce the Maoris to neglect their proper occupations and gather into meetings where their substance is consumed and their minds are unsettled, to the injury of themselves and to the evil example of the Maori people generally:

BE IT THEREFORE ENACTED by the General Assembly of New Zealand in Parliament assembled, and by the authority of the same, as follows:—

Short Title.

1. (1.) The Short Title of this Act is "The Tohunga Suppression Act, 1908."

Enactments consolidated.

(2.) This Act is a consolidation of the enactments mentioned in the Schedule hereto, and with respect to those enactments the following provisions shall apply:—

Savings.

(*a.*) All Orders in Council, orders, regulations, warrants, instruments, and generally all acts of authority which originated under those enactments, and are subsisting or in force on the coming into operation of this Act, shall enure for the purposes of this Act as fully and effectually as if they had originated under the corresponding provisions of this Act, and accordingly shall, where necessary, be deemed to have so originated.

(*b.*) All matters and proceedings commenced under those enactments, and pending or in progress on the coming into operation of this Act, may be continued, completed, and enforced under this Act.

Penalty on person practising as a tohunga. 1907, No. 13, sec. 2

2. (1.) Every person who gathers Maoris around him by practising on their superstition or credulity, or who misleads or attempts to mislead any Maori by professing or pretending to possess supernatural powers in the treatment or cure of any disease, or in the foretelling of future events, or otherwise, is liable on summary conviction before a Magistrate to a fine not exceeding twenty-five pounds or to imprisonment for any term not exceeding six months in the case of a first offence, or to imprisonment for any term not exceeding twelve months in the case of a second or any subsequent offence against this Act.

(2.) No prosecution for an offence against this Act shall be commenced without the consent of the Native Minister first had and obtained.

Regulations. Ibid, sec. 3

3. The Governor may from time to time, by Order in Council gazetted, make such regulations as he thinks fit to enable the intention of this Act to be carried out.

SCHEDULE.

ENACTMENTS CONSOLIDATED.

1907, No. 13.—"The Tohunga Suppression Act, 1907."

APPENDIX F: INFORMATION SHEET

*Understanding Matakite: An Exploration of the Impact of Spiritual Experiences Upon **Māori** Wellbeing*

INFORMATION SHEET

Hei pupuru, hei whakarei i te aho o te wānanga
To retain and enhance the strands of knowledge

Researcher: Ron Ngata
Ph: (07) 8244422
Email: ron.ngata@gmail.com

Ron Ngata (Ngāti Porou) is conducting this research for his PhD at Massey University. He is also enrolled at the University of Waikato in the Postgraduate Diploma for Community Psychology, which studies the effect of social justice issues upon wellbeing. He provides training around New Zealand in conflict resolution skills. You are welcome to contact Ron or his supervisors (below) if you have any questions about this research.

Tēnā koe. As per our conversation, I am sending you this information sheet for your consideration. The project will explore the nature and health-related effects of matakite (spiritual) experiences and how these understandings can be used to improve Māori health. This study will use Kaupapa Māori research values, which respectfully acknowledge the participants as experts on their own experience. Participants will also be included in decisions about how the research will be conducted. Appropriate tikanga (cultural protocols) will be used as desired by the participants.

Recruitment

We want to interview 45 people (Māori and non-Māori) who identify as a matakite or who have experienced matakite, as well as their close relatives or friends. Professionals in various social sectors, such as education, health, politics, and business are also welcome to provide their professional view on how understandings of matakite can be used to improve Māori wellbeing through these sectors.

Participant involvement

Your participation is entirely voluntary (your choice), and your identity will be kept strictly confidential. Participants will take part in a 1.5 hour interview. The total time involvement should be no more than 3 hours (including follow-up phone calls and consultation). You are welcome to invite support persons to the interview. Participants will be given a typewritten copy of their interviews to ensure their input and intent has been accurately captured. A summary of the project findings will be personally presented to the participants involved in the research. You will also be asked if you are comfortable recommending anyone else who might be interested in participating in this research project.

Exclusion criteria.

This study requires that participants be able to provide informed consent; those who are unable to do so are therefore not able to participate. Additionally, those who are under the age of 16, or who currently are receiving health care due to their experience will not be included within the research.

Supervisors:

Professor Mason Durie

Ph: 06 3569099 x 7603

Email: m.h.durie@massey.ac.nz

Dr. Te Kani Kingi

Ph: 04 8015799 x 6021

Email: t.r.kingi@massey.ac.nz

Confidentiality

Your identity will be kept confidential. No material which could personally identify you will be used in any reports on this study. All raw data that could identify participants will be stored on the researcher's password secured computer using encryption software. It will be backed up on a secured external hard drive also using encryption software. Your identity will be made confidential in the publication by one or both of the following methods:

1. categorising your quotes under three groups (i.e. Matakite, Family/Friend, Professional). In cases where a participant may fall into more than one category, this will be indicated by including both categories in the identifying tag (e.g., Matakite-Professional)
2. Assigning false names to the participants.

Participant's Rights

You are under no obligation to accept this invitation. If you do participate, you have the right to:

- decline 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 to the researcher.
- ask for the audio tape to be turned off at any time during the interview.
- receive counselling support from kaumātua or counsellors after the interview if required.

Support Processes

No risks are anticipated. However, some discomfort may arise as a result of discussing how **matakite** experiences have been misunderstood by healthcare professionals or family and friends. Support is available with kaumātua and/or counsellors if required.

You are welcome to contact the researcher if you have any questions about this study.

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 08/29. If you have any concerns about the conduct of this research, please contact Dr Karl Pajo, Chair, Massey University Human Ethics Committee: Southern B, telephone 04 801 5799 x 6929, email humanethicsouthb@massey.ac.nz*.*

APPENDIX G: PARTICIPANT CONSENT FORM

Understanding Matakite: An Exploration of the Impact of Spiritual Experiences Upon Maori Wellbeing

PARTICIPANT CONSENT FORM

This consent form will be held for a period of ten (10) years

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 more questions at any time.

I agree/do not agree to the interview being audio taped

I wish/do not wish to have my tapes returned to me.

I wish/do not wish to receive a copy of the study results.

I wish/do not wish to have data placed in an official archive.

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

I agree/disagree to this interview being transcribed by a third party under a confidentiality agreement. (Participants may choose a transcriber they personally trust to keep confidentiality).

Date:

Signature: ....

Full Name - printed .....

APPENDIX H: TREATY OF WAITANGI CLAIM WAI 2409

Waitangi Tribunal
Te Rōpū Whakamana i te Tiriti o Waitangi
Kia puta ki te whai ao, ki te ao mārama

20 November 2013

Ronald Ngata
476 Crozier Street
Pirongia 3802

Tēnā koe Ron,

Tirohia ngā manatu hou i runga i te puranga tuhinga Wai 2409 kua tāpiri ki te īmera nei.

Please find attached the following documents now recorded on the Wai 2409 record of inquiry as:

1.1.1 Statement of Claim, 25 Aug 08

2.1.1 Memorandum-directions of the Deputy Chairperson registering Statement of Claim, 26 Aug 13

Ngā mihi, nā

Marcia Roharlo Murray

Kairuruku Tono | Claims Coordinator
Te Rōpū Whakamana i te Tiriti o Waitangi | Waitangi Tribunal
DDI: +64 4 9143016 | Ext: 53016 | www.waitangi-tribunal.govt.nz
Whakaarotia a Papatuanuku i mua i to tanga i te imera nei

MINISTRY OF JUSTICE
Tāhū o te Ture
Level 7, 141 The Terrace, Wellington, New Zealand. Postal: DX SX 11237
Fujitsu Tower, 141 The Terrace, Te Whanganui-ā-Tara, Aotearoa. Pouaka Poutāpeta: DX SX 11237
Phone/Waea: 04 914 3000 Fax/Waea Whakaahua: 04 914 3001
Email/Īmēra: information@waitangi-tribunal.govt.nz Web/Ipurangi: www.waitangi-tribunal.govt.nz

WAITANGI TRIBUNAL

Wai 2409

CONCERNING the Treaty of Waitangi Act 1975

AND a claim by Ronald Spencer Ngata

MEMORANDUM-DIRECTIONS OF THE DEPUTY CHAIRPERSON

The Registrar will please enter this matter on the register of claims and give it the next available Wai number. The register should note that the claim was received on 25 August 2008 with further information received 07 December 2012.

The claimant should please take note of the 'Wai' number reference at the top of the page. Please use this claim number in any communication with the Tribunal.

This claim is lodged by Ronald Spencer Ngata, and concerns the Tohunga Suppression Act 1907. The claimant alleges that the Tohunga Suppression Act 1907 prejudicially affected him as it suppressed Māori spiritual knowledge and has left Māori without a comprehensive system of spiritual education, in breach of the principles of the Treaty of Waitangi.

The claimant does not seek any specific relief at this stage.

To the extent, if at all, that the claimant seeks the return of land that is private land, the Tribunal notes that it may not recommend that this land be returned to Māori ownership. There are a few exceptions such as where the land is Crown forest land, or where land is owned by a state-owned enterprise. Tribunal recommendations about Crown forest and state-owned enterprise land are in a special category, because they may be binding on the Crown. The claimant should obtain legal advice about whether any of the exceptions in sections 8A to 8HJ of the Treaty of Waitangi Act 1975 (the Act) apply to this claim.

The claimant may amend this claim at a later stage. In any case the Tribunal will require the claimant to prepare a fully particularised statement of claim before the claim can be heard.

When the time comes for the claim to be prepared for hearing, the Tribunal will decide whether there are any matters in the present claim that the Tribunal may not inquire into. The claimant needs to be aware that there are some matters that the Tribunal is not allowed to inquire into, such as any Bill that has been introduced into Parliament (unless the Bill has been referred to the Tribunal under section 8 of the Act). Also, when historical claims are settled, the settlement legislation usually forbids the Tribunal from inquiring further into the matters that have been settled.

The Tribunal runs a district inquiry programme, where claims are grouped by district. This claim, however, does not relate to a specific geographical area and is categorised as a 'generic issue' or 'kaupapa' claim. It is currently unclear how or when the Tribunal will inquire into claims that fall within this category. More information will be issued about this when a plan is made.

The claimant also needs to be aware that the Tribunal does not make settlements. After the Tribunal has completed an inquiry into claims, it writes a report making recommendations to the Crown. It cannot tell the Crown what to do; it may only recommend that the Crown acts to address the negative consequences of its breaches of the principles of the Treaty.

Legal Aid Services provides help for Waitangi Tribunal claimants. For advice on getting a lawyer or receiving funding, please contact Legal Aid Services at their Wellington central office or one of the local offices; the claimant should check their telephone directory for contact details.

Any questions about the contents of this document should be directed to The Registrar, Waitangi Tribunal, DX SX 11237, Wellington; phone (04) 914 3000, fax (04) 914 3001; email wt.registrar@justice.govt.nz.

The Registrar is to send a copy of this direction to the claimant and to:

- Crown Law Office;
- Office of Treaty Settlements;
- Crown Forestry Rental Trust;
- Legal Services Agency; and
- Te Puni Kōkiri

DATED at Wellington this 26th day of August 2013

Judge S Te A Milroy
Deputy Chairperson
WAITANGI TRIBUNAL