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**Oho Mauri:  
Cultural Identity, Wellbeing, and  
Tāngata Whai Ora/Motuhake**

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

**Doctor of Philosophy**  
in  
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*Kāi Tahu, Ngāti Kahungūnu, Kāti Māmoe, Rangitāne, Ngāti Porou*

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# WHAKARĀPOPOTANGA:

## ABSTRACT

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This study, *Oho Mauri*, seeks to understand the experience of mental illness from the perspective of those it affects most– the consumer. In order to test the assumption that mental health depends as much on culture and identity as psycho-biology, *Oho Mauri* examines the worldviews of 17 Indigenous people - Māori - who have had experience of mental illness (Tāngata Whai Ora/Motuhake). Their views on mental illness, within the context of the recovery approach, constitute the core of the thesis.

*Oho Mauri* examines the relationship between cultural identity and wellbeing, in order to answer the research question: “Does a secure cultural identity lead to improved wellbeing for Tāngata Whai Ora/Motuhake?” Indigenous people the world over have considered this relationship, generally maintaining that greater wellbeing is a function of ethnic values, customs, and practices.

A methodological approach that is cognisant of Māori knowledge and understandings was key to this research. So too was the Kaupapa Māori research paradigm that was employed alongside other relevant qualitative methodologies: feminist, case study, empowerment, narrative, and phenomenological approaches.

Two main sets of conclusions emerge from *Oho Mauri*, both of which are drawn from the cultural values and cultural worldviews that Tāngata Whai Ora/Motuhake hold. First, just as a secure cultural identity pays dividends in the recovery process, so can a cultural identity that has not been allowed to flourish increase the intensity of confusion and complexity that accompanies mental illness.

Second, understanding mental illness has two dimensions: clinical; and personal. Whilst a diagnosis is a valuable clinical tool, understanding mental illness also requires recognition of the interpretations made by Tāngata Whai Ora/Motuhake and the meanings they attach to their personal experiences. Often these provide alternative

explanations and understandings of the experience of mental illness and are perceived as the most significant aid in a journey towards recovery.

The findings in *Oho Mauri* do not claim that a secure cultural identity will necessarily protect against mental illness. They do demonstrate, however, that cultural identity is an important factor in the recovery process and that the recovery process itself can contribute to a secure cultural identity.

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---

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<sup>1</sup> The term 'whanau<sup>kā</sup>' is the same term as 'whanaunga' which is used throughout the thesis to mean either 'a relative' (singular) or 'relatives' (plural). The 'k' used instead of 'ng' represents a dialect difference between Kāi Tahu (the predominant southern Iwi) and most northern Iwi. The term 'whanau<sup>kā</sup>' has been used in this instance in recognition of Dr. Russell's (and my) Iwi.

<sup>2</sup> The title '*Oho Mauri*', which loosely translates as 'the awakening', originates from a comment made by one of the research participants who described what being exposed to Te Ao Māori for the first time - through his involvement with the Kaupapa Māori mental health service - meant to him: "*It felt like my wairua was reborn... I was free... It freed me...*"

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<sup>4</sup> The term 'Tāngata Whai Ora' is a general term used in Aotearoa/New Zealand to refer to Māori with experience of mental illness— that is, those who have at some point in their lives personally experienced a mental health disorder or other mental health problem. Tāngata Whai Ora/Motuhake advice is that the term is used to mean special, unique, and absolute and is associated with the whakatauaiki 'Kia maumahara ki tou mana āhua ake' which means 'Cherish your absolute uniqueness'. Advice from Te Taura Whiri i te Reo Māori is that 'whai ora' literally means 'in search of wellness'; 'tāngata' meaning 'people'. In various regions in the country other terminology such as 'Tāngata Motuhake' is used instead, to mean the same. The inclusive term 'Tāngata Whai Ora/Motuhake' is used throughout the thesis in recognition of these differences.

# RĀRANGI UPOKO: TABLE OF CONTENTS

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	<b>Page</b>
<b>WHAKARĀPOPOTANGA: ABSTRACT.....</b>	<b>i</b>
<b>MIHIMIHI: ACKNOWLEDGEMENTS.....</b>	<b>iii</b>
<b>RĀRANGI UPOKO: TABLE OF CONTENTS.....</b>	<b>ix</b>
<b>RĀRANGI WHAKAHEKE ME NGĀ HOAHOA: LIST OF TABLES.....</b>	<b>xvi</b>
<b>RĀRANGI KUPU MĀORI: GLOSSARY OF MĀORI TERMS.....</b>	<b>xvii</b>
<b>WHAKATAKI: PREFACE.....</b>	<b>xxiv</b>
<b>UPOKO TAHI: WHAKATAU</b>	
<b>CHAPTER ONE: INTRODUCTION TO THE THESIS.....</b>	<b>1</b>
Whakamārama: Explanation.....	1
Ngā Whāinga: Research Goals and Objectives.....	2
Whakatakoto Kaupapa: Thesis Layout.....	3
Whakaine Oranga: Measuring Wellbeing.....	5
Whakaine Tikanga Tangata: Measuring Cultural Identity.....	10
Te Hoe Nuku Roa.....	12
Whai Māoritanga: Secure Māori Cultural Identity.....	14
Tikanga Tangata Hauora Hinengaro: Cultural Identity and Mental Health.....	16
Tirohanga Ao Māori: Māori Worldview.....	20
Whakarāpopototanga: Summary.....	23

<b>UPOKO RUA: HUARAHI MAHI</b>	
<b>CHAPTER TWO: METHODOLOGIES</b> .....	25
Whakamārama: Explanation.....	25
Huarahi Mahi Rangahau: Developing the Research Methodology.....	25
Ngā Ariā: Paradigms.....	26
Te Whakapakaritanga o te Rangahau Māori: Māori Research History and Development.....	28
Mā Wai te Tuhingaroa?: Writing for Whom?.....	29
Rangahau Māori He Aha Tēnei?: What is Māori Research?.....	30
Te Hiranga o te Mātauranga: The Importance of Knowledge.....	33
Whakamana: Empowerment.....	35
Matatika: Ethics.....	36
Hononga Ihiihi: Power Relationships.....	38
Kāwai Tangata me te Rangahau: The Importance of Ethnicity in Research.....	39
Whakawā Wawe: Bias.....	42
Rangahau Manawahine: Feminist Research.....	43
Huarahi Inekupu: Qualitative Approach.....	44
Anga Kaupapa Māori: Kaupapa Māori Framework.....	46
Huarahi Mahi: Methodologies.....	48
Huarahi Mahi Tuatini: Mixed Methodology.....	51
Whakarāpopototanga: Summary.....	54
<b>UPOKO TORU: TIKANGA TĀNGATA</b>	
<b>CHAPTER THREE: CULTURAL IDENTITY</b> .....	56
Whakamārama: Explanation.....	57
Ngā Kāwai Tangata: Dimensions of Ethnicity.....	57

	<b>Page</b>
Āhuatanga Māori: Defining Māori.....	57
Wehenga tataunga o te Māori: Census classification of Māori.....	60
Māoritanga: Māori cultural identity.....	62
Maru whenua noho tāone: Colonisation and urbanisation.....	63
Rerekētanga: Diversity.....	68
Tuakiri hurihuri: Changing identities.....	71
Te tū Māori: Being Māori.....	73
Tuakiri āhua tūkino: Negative identity.....	75
Ngā Tohu Tikanga: Cultural Indicators.....	76
Whānau.....	77
<i>Rōpūtanga: Belonging</i> .....	79
<i>Iwi</i> .....	79
Whakapapa.....	81
Marae.....	82
Whenua.....	86
Te reo Māori.....	88
Whakawhanaungatanga: Contact with other Māori.....	90
<i>Whakaakoranga: Schooling</i> .....	90
Rongoā Māori.....	91
Waiata.....	93
Whakarāpopototanga: Summary.....	94
<b>UPOKO WHĀ: ORANGA HAUORA HINENGARO MĀORI</b>	
<b>CHAPTER FOUR: MĀORI WELLBEING AND MENTAL HEALTH.....</b>	<b>95</b>
Whakamārama: Explanation.....	95
Oranga: Wellbeing.....	95

	<b>Page</b>
Ariā Oranga Hauora Māori: Models of Māori Health and Wellbeing.....	97
Te Oranga me te Māuiuitanga ki Tō te Māori o Nehe: Traditional Māori Wellbeing and Illness Beliefs.....	102
Whakakoretikangatanga: Deculturation.....	105
Whaiora: Māori Health Development.....	106
Rerekētanga: Disparities.....	108
Ngā Whakamarama: Possible Structural Explanations for Poor Māori Health Status.....	114
Hauora Whakatūtaki: Measuring Health Outcomes.....	115
Hauora Hinengaro: Measuring Mental Health.....	117
Whakarāpopototanga: Summary.....	121
<b>UPOKO RIMA: ĀHUATANGA MAHI</b>	
<b>CHAPTER FIVE: METHODS.....</b>	<b>122</b>
Whakamārama: Explanation.....	122
Te Tohutohu Kaumātua: Kaumātua Supervision.....	122
Whai Tauira: Sample Recruitment.....	123
Whakawhiti Whakaaro i Mua i te Rangahau: ‘Pre-research Consultation’.....	126
Rau Whakamōhio: Information Sheet.....	132
Rārangi Uiui/Ārahi: Interview Schedules/Guides.....	132
Ngā Uiuinga: Interviews.....	134
Uiuinga Tāngata Whai Ora/Motuhake: Tāngata Whai Ora/Motuhake Interviews.....	136
Ngā Tāngata Whai Pānga: Participant Profiles.....	136
Uiuinga Pūkenga Tuarua: Secondary Expert Interviews.....	137
Tuhinga Kōrero: Transcription.....	138
Tātari Whakaaturanga: Analysis of the Data.....	140

	<b>Page</b>
Tohatoha Hua: Dissemination of Results.....	143
Whakarāpopototanga: Summary.....	144
<b>UPOKO ONO: NGĀ HAERENGA</b>	
<b>CHAPTER SIX: TĀNGATA WHAI ORA/MOTUHAKE EXPERIENCES OF MENTAL ILLNESS AND SERVICES.....</b>	<b>145</b>
Whakamārama: Explanation.....	145
Kauri.....	146
Kōwhai.....	150
Maire.....	154
Mānuka.....	155
Miro.....	161
Nīkau.....	163
Pūkeko.....	166
Pūriri.....	168
Rātā.....	169
Tōtara.....	173
Whio.....	174
Ruru.....	182
Whakarāpopototanga: Summary.....	188
<b>UPOKO WHITU: TE AO MĀORI</b>	
<b>CHAPTER SEVEN: TĀNGATA WHAI ORA/MOTUHAKE IDENTITIES.....</b>	<b>190</b>
Whakamārama: Explanation.....	190
Te Tū Māori: Being Māori.....	191
Ngā Tohu Tikanga: Cultural Markers.....	195
Whakapapa.....	195

	<b>Page</b>
Marae.....	198
Whenua.....	203
Te reo Māori.....	205
Rongoā Māori.....	213
Waiata.....	214
Whānau.....	214
Whakatipu tangata: Brought up by.....	215
Kuia, koroua mā: The role of grandparents.....	216
Whāngai.....	218
Tangata mokemoke: Void of whānau.....	219
Tūrangawaewae: Childhood localities.....	220
Hononga whānau: Differing levels of contact.....	222
Manaaki tamariki: Relationship with children.....	224
Awhina whānau: Whānau support.....	224
Tāngata Whai Ora/consumer whānau.....	226
Whakatipu Hei Māori: Brought Up Māori.....	228
Whakaakoranga: Schooling.....	234
Whakarōpūtanga Māori: Association with Māori.....	239
Whakarāpopototanga: Summary.....	243
<b>UPOKO WARU: KŌRERORERO Ō NGĀ KAUPAPA</b>	
<b>CHAPTER EIGHT: DISCUSSION OF THEMES.....</b>	<b>246</b>
Whakamārama: Explanation.....	246
Te Hohonga Whānau: Whānau Connectedness.....	247
Ngā Take Whānau: Whānau Determinants.....	249
He Whānau Kē: Whānau Substitution.....	250

	<b>Page</b>
Te Tū Māori: Being Māori.....	252
Tikanga Tika: Cultural Alignment.....	255
Tikanga tūturu: Cultural fit.....	255
Tikanga pono: Cultural integrity.....	257
<i>Waiata me rongoā Māori kia piki te ora: The place of waiata and         rongoā Māori in recovery.....</i>	259
Whakapapa.....	259
Tūrangawaewae.....	261
Te marae kia piki te ora: The place of marae in recovery.....	262
Ka Wehe i Te Pono: Escape from Reality.....	264
Ahuatanga Whakamīharo: Phenomenological Significance.....	265
<b>UPOKO IWA: WĀHANGA WHAKAMUTUNGA</b>	
<b>CHAPTER NINE: CONCLUSION.....</b>	<b>268</b>
<b>TĀPIRITANGA – APPENDICES.....</b>	<b>274</b>
Appendix A: Information Sheet.....	274
Appendix B: Consent Form for Research Participants.....	276
Appendix C: Interview Schedule for Tangata Whai Ora Interviews.....	277
Appendix D: Letters of Support.....	280
Appendix E: Assessment of the Research against a Tikanga Framework.....	286
<b>RĀRANGI PUKAPUKA – BIBLIOGRAPHY.....</b>	<b>292</b>

## RĀRANGI WHAKAHEKE ME NGĀ HOAHOA

## LIST OF TABLES AND FIGURES

	Page
<b>Upoko Tahī: Whakatau</b>	
<b>Chapter One: Introduction to the Thesis</b>	
<i>Table 1:</i> Thesis research goals and objectives.....	3
<i>Table 2:</i> The components of wellness/unwellness.....	7
<i>Table 3:</i> Principles for cultural assessment.....	11
<b>Upoko Toru: Tikanga Tāngata</b>	
<b>Chapter Three: Cultural Identity</b>	
<i>Table 4:</i> Measures of cultural identity.....	76
<i>Table 5:</i> Three categories of Marae Governance.....	84
<b>Upoko Whā: Upoko Hauora Hinengaro Māori</b>	
<b>Chapter Four: Māori Wellbeing and Mental Health</b>	
<i>Table 6:</i> Te Whare Tapa Whā.....	97
<i>Figure 1:</i> Social wellbeing for Māori, relative to Europeans/Pākehā.....	108
<i>Table 7:</i> Estimates of 12 Month Prevalence of Common Disorders among GP Attendees– Māori.....	109
<i>Figure 2:</i> Diabetes in adults, by NZDep01 quintile and sex (age-standardised).....	112
<i>Table 8:</i> Number of episodes by length of stay for clients seen who received an inpatient service, 2002.....	119

## RĀRANGI KUPU MĀORI

### GLOSSARY OF MĀORI TERMS

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**Aroha:** love or compassion

**Ataahua:** beautiful

**Atua:** Māori gods

**Awhi:** aid or help

**Hākari:** feast/s

**Hāngi:** Māori food cooked in traditional manner in an ‘earth oven’

**Hapū:** sub-tribe/s

**Heretaunga:** Hastings

**Hēmanawa:** disheartened

**Hinengaro:** mind or intellect

**Hinu:** oil or lard

**Hōhonu:** deep

**Hui:** meeting/s or gathering/s

**Hūpē:** mucus or snot

**Iwi:** tribal group/s

**Iwi rohe:** tribal area/s

**Kai:** food

**Kaikaranga:** wāhine who perform the formal welcoming call and responding call at pōwhiri

**Kaimoana:** seafood

**Kaitautoko:** supporter/s

**Kaitiaki:** caretaker/s or custodian/s

**Kaiwaiata:** the performer/s of ceremonial waiata at pōwhiri

**Kaiwhakahaere:** Manager

**Kaiwhakapapa:** a person/people skilled in geneology

**Kākahu:** clothes or clothing

**Kāore:** not, but, or “no”

**Kapa haka:** group performance of Māori action song/s and dance/s

**Karakia:** prayer or religious or spiritual incantations

**Karanga:** call

**Katoa:** all, every, completely or total

**Kaumātua:** respected elder/s

**Kaupapa:** strategy/strategies, theme/s or philosophy/philosophies

**Kawa:** protocol

**Kina:** sea-eggs or sea-urchins

**Kōrero:** talk, speak, or discussion/s

**Kōrero-a-waha:** personal communication

**Kōrero purakau:** legend/s, or statement/s of cultural fact according to individual hapū and Iwi

**Koroua:** elderly man/men

**Kōtimana:** people from Scotland

**Kuia:** elderly woman/women

**Kupu:** word/s or remark/s

**Mahi:** work

**Mamae:** pain, ache or stress

**Mana:** integrity or prestige

**Mana ake:** unique identity or the unique nature of the individual and each whānau and the positive identity that flows from those unique qualities

**Manaakitanga:** according others total support, hospitality, goodwill, respect, and dignity

**Manawa:** heart or bowels

**Manawapā:** frugal or tight-fisted

**Manuhiri:** visitor/s

**Marae:** traditional meeting place/s of whānau, hapū or Iwi

**Mate atua/mate Māori:** illness/es for which there is/are no obvious physical cause/s

**Mauri:** life principle, life essence, life force, vitality or special character present in people and objects, including language

**Mihimihi/mihi:** greet, or greeting/s

**Mihingare:** missionary/missionaries

**Mirimiri:** physical therapies, massage and manipulation

**Mohio:** know, intelligent, clever, or conscious of

**Mokopuna:** grandchild/grandchildren

**Mōteatea:** tribal chant/s

**Murihiku:** Invercargill or Southland

**Noa:** something that is free from tapu, that is something that is not forbidden, restricted, confidential or sacred

**Ōtautahi:** Christchurch

**Otepoti:** Dunedin

**Pā:** traditional stockaded village

**Pākehā:** non-Indigenous New Zealanders

**Pakeke:** adult Māori who is learning and preparing for kaumātua status

**Papakāinga:** individual's or group's original home base

**Pepeha:** recitation of an individual's whakapapa

**Pēpi:** baby/babies

**Pōwhiri:** formal welcoming process

**Puku:** abdomen

**Pukuriri:** angry or irritable

**Putiputi:** flower

**Putiputi ataahua:** term of endearment

**Rangatahi:** youth (singular or plural)

**Rangatahi Māori:** Māori youth (singular or plural)

**Ringawera:** cook/s

**Rohe:** area/s or territory/territories

**Rongoā Māori:** traditional Māori medicine

**Rongoā rākau:** herbal remedy/remedies

**Rūnanga:** assembly or institute

**Tāmaki Makaurau:** Auckland

**Tamariki:** children

**Tāne:** Māori man or Māori men

**Tāngata:** people

**Tāngata Ingirangi:** people from England

**Tāngata Whai Ora:** Māori with experience of mental illness

**Tāngata whenua:** aboriginal or Indigenous person/people of Aotearoa/New Zealand, or the person/people hosting a welcome

**Tangi:** the mourning process associated with death and burial

**Taonga:** something/things that is/are precious or a treasure

**Tautoko:** support

**Tapu:** sacred or sacredness, or something/things which is/are forbidden, restricted or confidential

**Te Ao Māori:** The Māori World

**Te Ika a Māui:** the North Island of Aotearoa/New Zealand

**Te reo Māori:** the Māori language

**Te taha hinengaro:** the mental and emotional sides (of health)

**Te taha tinana:** the physical side (of health)

**Te taha wairua:** the spiritual side (of health)

**Te taha whānau:** the family and community sides (of health)

**Te Upoko o te Ika:** Wellington

**Te Waipounamu:** the South Island of Aotearoa/New Zealand

**Teina:** junior

**Tika:** correct, accurate, valid, realistic or reliable

**Tikanga:** custom or meaning

**Tikanga Māori:** Māori custom

**Tikanga tuku iho:** tradition

**Tinana:** body

**Toa:** warrior

**Tohi:** naming ceremony/ceremonies

**Tohunga:** expert/s or specialist/s

**Tuakana:** senior

**Tūranganui a Kiwa:** Gisborne

**Tūrangawaewae:** individual's home-ground, considered a place where one is able to 'stand' and identify with particular Iwi, hapū, and marae

**Tūroro:** old term for Tāngata Whai Ora/Motuhake or Māori with experience of mental illness

**Tūturu:** real, trustworthy or authentic

**Urupā:** cemetery/cemeteries

**Wāhine:** women

**Wāhine toa:** women leaders

**Waiata:** sing, or song/s

**Wairua:** spirit

**Wairuatanga:** spirituality

**Wānanga:** learning or series of discussions

**Whaikōrero:** formal speech-making or oration

**Whakaaro:** thinking, or thought/s

**Whakairo:** carving

**Whakamā:** shy, embarrassed or loss of mana

**Whakapapa:** ancestry or geneology

**Whānau:** family/families

**Whanaunga/whanauka:** relative/s

**Whanaungatanga:** concept akin to building relationships

**Whare:** house/s

**Whare paku:** toilet/s

**Whāriki:** carpet/s or mat/s

**Whatumanawa:** emotional, or the open expression of emotion

**Whenua:** land

**Wīwī:** people from France

# WHAKATAKI

## PREFACE

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In a previous life I managed a Māori mental health unit, Te Korowai Atawhai, at the old Sunnyside Hospital in Ōtautahi<sup>1</sup>. It was staffed by 13 Māori mental health workers known as Pūkenga Atawhai, trained as experts in Māori mental health.

Through my experience in working in the mental health sector, I observed that many Tāngata Whai Ora/Motuhake were dislocated from their Iwi<sup>2</sup>, hapū<sup>3</sup>, whānau<sup>4</sup> and marae<sup>5</sup>, and unaware of their whakapapa<sup>6</sup>. Anecdotally I have heard Māori health workers support this observation and hypothesise that those Māori who have a strong cultural identity, “who know who they are and where they come from”, are not those seen in their mental health services.

During my time as Kaiwhakahaere<sup>7</sup> of Te Korowai Atawhai I often spoke to training nurses, social workers, psychiatrists and psychologists, many of them new to Aotearoa/New Zealand, about Māori mental health. One of the things spoken about was the importance of identity for Tāngata Whai Ora/Motuhake. I instinctively knew this to be true, and professionally had seen evidence to support this.

Through my nursing training and working with Te Korowai Atawhai I had had the opportunity to observe and work with healing programmes that were based on knowledge

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<sup>1</sup> The Māori place name ‘Ōtautahi’ is used throughout the thesis to refer to Christchurch.

<sup>2</sup> The term ‘Iwi’ is used throughout the thesis to mean either ‘a tribal group’ (singular) or ‘tribal groups’ (plural).

<sup>3</sup> The term ‘hapū’ is used throughout the thesis to mean either ‘a sub-tribe’ (singular) or ‘sub-tribes’ (plural).

<sup>4</sup> The term ‘whānau’ is used throughout the thesis to mean either ‘a family’ (singular) or ‘families’ (plural).

<sup>5</sup> The term ‘marae’ is generally used throughout the thesis to refer to the traditional meeting place/s of whānau, hapū or Iwi. When used to refer to a contemporary meeting place, the term is indicated as such in the text.

<sup>6</sup> The term ‘whakapapa’ is used throughout the thesis to mean ‘ancestry’ or ‘genealogy’.

<sup>7</sup> The title ‘Kaiwhakahaere’ was used to mean ‘Manager’.

of whakapapa. Typically these were healing programmes developed as treatment modalities for Tāngata Whai Ora/Motuhake within Kaupapa Māori mental health services<sup>8</sup>, and increasingly within mainstream services striving for biculturalism. Their focus included connecting Tāngata Whai Ora/Motuhake with their whakapapa in order to enhance their identity and wellbeing.

In Ōtautahi we had one such programme named Te Awa o te Ora which essentially began using waiata<sup>9</sup> as a therapy to increase self-esteem, enhance cultural identity and to encourage whanaungatanga<sup>10</sup>. The programme later developed to include the teaching of individual whakapapa. The dramatic changes in behaviour and seeming levels of wellness as Tāngata Whai Ora/Motuhake gained knowledge of their whakapapa is a phenomenon I have witnessed, and I relay two such examples:

The first occurred in the late 1980s when I spent some time as a student nurse with Te Whare Marie, the Kaupapa Māori mental health unit at Porirua Hospital. As part of their programme for tūroro (as Tāngata Whai Ora/Motuhake were then referred to) once a week a pōwhiri<sup>11</sup> would be held for any new staff or students. The tūroro on the programme would assume the role of tangata whenua<sup>12</sup> and became familiar with pōwhiri processes including karanga<sup>13</sup> and whaikōrero<sup>14</sup> as a result. After the formal whaikōrero (and before

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<sup>8</sup> Kaupapa Māori mental health services are defined as services which may offer a range of treatment and support services, but which include as base elements: whanaungatanga, whakapapa, cultural assessment, empowerment of Tāngata Whai Ora/Motuhake and their whānau, te reo Māori, tikanga Māori, kaumātua guidance, access to traditional healing, access to mainstream health services, and quality performance measures relevant to Māori. Fundamental to the provision of these elements is also the need for sound management systems and practices (Ministry of Health/Manatū Hauora, 2002b).

<sup>9</sup> The term 'waiata' is used throughout the thesis to mean either 'sing', 'a song' (singular) or 'songs' (plural).

<sup>10</sup> The term 'whanaungatanga' is used throughout the thesis to refer to a concept akin to building relationships. It has at its core the value and respect of whānau, but this does not mean it solely refers to establishing rapport with family. The process of whanaungatanga is applicable to any relationship so may refer to communal contribution as much as family togetherness.

<sup>11</sup> The term 'pōwhiri' is used throughout the thesis to refer to a formal welcoming process.

<sup>12</sup> The term 'tangata whenua' is generally used throughout the thesis to refer to the aboriginal or Indigenous people of Aotearoa/New Zealand. It is often translated as 'people of the land'; 'tāngata' meaning 'people' and 'whenua' meaning 'land'. When used within the context of pōwhiri, such as in this instance, the term 'tangata whenua' refers to the people hosting the welcome who are differentiated from the visitors (or 'manuhiri').

<sup>13</sup> The term 'karanga' means 'call' and is used to refer to the formal welcoming call and responding call of wāhine at pōwhiri.

<sup>14</sup> The term 'whaikōrero' is used throughout the thesis to refer to formal speech-making or oration.

the hākari<sup>15</sup>) a mihimihi<sup>16</sup> would take place. At one such pōwhiri, as we were going around the room listening to people recite their whakapapa, it came the turn of a young man who was intellectually disabled. My understanding was that this rangatahi Māori<sup>17</sup> attended Te Whare Marie from the community as respite for his parents. I do not know whether he had any diagnosis of mental illness. Although I had met him a few times, I had never heard him speak and had assumed he was mute. I later found out he could speak, but only communicated with his parents in te reo Māori<sup>18</sup>.

The normal practice during such pōwhiri was that when it came to his turn to mihi, the kuia<sup>19</sup> would stand wherever she was in the room, and would speak for him. However, on this day, before she had the chance to do so, he just stood and recited his pepeha<sup>20</sup>. Not only this, he accompanied it with the most beautiful mōteatea<sup>21</sup> imaginable. I doubt anyone had ever thought he was capable, but obviously whilst he was accompanying his parents at hui<sup>22</sup>, he was making connections. Once he had finished he just sat down again, the room moved to silence. I have often thought about this day and wondered about this man's strength of identity that had not until that time been realised.

The second example is similar but relates to Te Awa o te Ora in Ōtautahi. At the time Te Awa o te Ora was made up of about 20-30 Tāngata Whai Ora/Motuhake (on a good day) who once a week met for waiata and whanaungatanga. These Tāngata Whai Ora/Motuhake were either living in the community receiving ongoing community mental health support, or were inpatients of the hospital.

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<sup>15</sup> The term 'hākari' is used to mean either 'a feast' (singular) or 'feasts' (plural).

<sup>16</sup> The terms 'mihimihi' and 'mihi' are used interchangeably throughout the thesis to mean either 'greet', 'a greeting' (singular) or 'greetings' (plural).

<sup>17</sup> The term 'rangatahi' is used throughout the thesis to mean either 'a youth' (singular) or 'youth' (plural). 'Rangatahi Māori' is used when referring specifically to either 'a Māori youth' (singular) or 'Māori youth' (plural).

<sup>18</sup> The term 'te reo Māori' is used throughout the thesis to mean 'the Māori language'.

<sup>19</sup> The term 'kuia' is used throughout the thesis to mean either 'an elderly woman' (singular) or 'elderly women' (plural).

<sup>20</sup> The term 'pepeha' is used throughout the thesis to refer to the recitation of an individual's whakapapa.

<sup>21</sup> The term 'mōteatea' is used throughout the thesis to mean 'a tribal chant' (singular) or 'tribal chants' (plural).

<sup>22</sup> The term 'hui' is used throughout the thesis to mean either 'a meeting or gathering' (singular) or 'meetings or gatherings' (plural).

They began by learning waiata— one or two at first. Only a few would participate. Most just congregated outside, smoking and coming inside for food when it was kai<sup>23</sup> time. Over time - many months - the weekly sessions became a highlight of the week for most of these Tāngata Whai Ora/Motuhake, and more began to participate.

After a while it was decided that everyone, Tāngata Whai Ora/Motuhake, staff and whānau, should begin to learn their pepeha. Mainly through the dedicated work of the Pūkenga Atawhai and their knowledge of these people, lives began to unfold. The first time a ‘formal hui’ was held, where each of these Tāngata Whai Ora/Motuhake were to stand in front of manuhiri<sup>24</sup> and mihi to them, reciting their pepeha, they were unashamedly petrified. Yet, one by one they did. Tāngata Whai Ora/Motuhake who had once appeared to be the most psychotic, aggressive, ‘off-the-wall’ people, and others who had appeared to be so severely withdrawn they were like curled up hedgehogs, blossomed. In fact, in time this group began to work the speaking circuit at mental health conferences both within Aotearoa/New Zealand and throughout Australia. Tāngata Whai Ora/Motuhake, once unable to even look you in the eyes, were now able to stand, mihi, hold their mana<sup>25</sup>, and describe to rooms full of strangers what it was like for them to live with the experience of mental illness.

My belief is that they would never have got to this place had it not been for the strength they gained from knowing who they were and where they came from. This same strength was what I believe allowed the rangatahi Māori referred to in the first example, to mihi.

Others may differ in opinion and attribute these dramatic life changes and increased wellness to intensive therapy or just whanaungatanga. I believe however, that personal and cultural identity played a huge part. In this regard my hypothesis has been shaped by both my personal and professional experiences— the idea that a secure cultural identity provides an ideal platform for improved wellbeing, and that Tāngata Whai Ora/Motuhake benefit from this.

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<sup>23</sup> The term ‘kai’ has been used throughout the thesis to mean ‘food’.

<sup>24</sup> The term ‘manuhiri’ has been used throughout the thesis to mean either ‘a visitor’ (singular) or ‘visitors’ (plural).

<sup>25</sup> The term ‘mana’ is used throughout the thesis to refer to integrity or prestige.

Put simply, this study aimed to explore the possibility that a secure cultural identity, and strong links with whānau, hapū and Iwi, provided some protection for Tāngata Whai Ora/Motuhake.

Although this thinking originates in my experiences within the mental health sector, it echoes a commonly voiced belief of many others, that stronger cultural identity improves wellbeing. Professor Mason Durie has written extensively about the links between cultural identity and mental health for Māori. In a press release regarding closing the mental health gaps between Māori and non-Māori<sup>26</sup>, where Durie (2000) is quoted as linking mental health problems of Māori youth to government policies over the last 100 years, he states “There is now strong evidence that where cultural identity is secure, mental health is better”. Indeed, this is a view that I, and many others share, and one that formed the subject of exploration for this thesis.

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<sup>26</sup> The terms ‘non-Māori’ and ‘Pākehā’ have been used interchangeably throughout this thesis to refer to non-Indigenous New Zealanders.

*HAVE YOU NOT BEEN LISTENING?*

*We are the tangata whenua. Nau mai, haere mai.*

*Now we are all one.*

*We think a little differently, mind. We do things a little differently too.*

*We all think alike, really. And we don't do things that differently, you and I.*

*Our whānau are the most important thing to us.*

*We love our families too, you know. But friends are just as important.*

*Our kaumātua are respected. Listen to them.*

*The age of retirement is 65 years.*

*Our reo is part of who we are. It needs to be taught in schools.*

*Is that going to get them a job? My child will learn French.*

*Our rangatahi need to see positive role models on television - to hear the reo spoken.*

*Are we going to make sure they use subtitles, so we can all understand?*

*How come their children can wear greenstones to school? Ours can't wear crucifixes.*

*Who said you couldn't wear your taonga?*

*They have too many children. They can't even look after the ones they've got.*

*Another pēpi? Kia ora tāku moko.*

*Look at them all on the DPB and the dole - that's taxpayers' money, you know.*

*I hope that superannuation lasts.*

*Look at the amount of them in prison.*

*Those judges, lawyers, police - no hea koutou?*

*They're in the news again, unable to account for funding they've received.*

*What news?*

*This is such a young land - barely 200 years old.*

*We have been here for well over a thousand years.*

*If it weren't for us you'd be running around in grass skirts still, if you hadn't all eaten yourselves first.*

*We thrived for generations before nearly being annihilated by those third world diseases.*

*What about the Asians? There are lots of other cultures in this country, you know.*

*Treaties can only be signed with Indigenous people. Did you not know that?*

*They can't even look after the land they do have - look how overgrown it is.*

*And kia ora for the gorse.*

*That land is my tipuna's. They named it. They are that land. That land is part of me.*

*That's nice - quaint even. But I bought this land. And your ancestors are dead.*

*We have a Treaty. Honour it.*

*The Treaty is history and we're sick of hearing about it. It has no relevance to today.*

*We cannot move forward until we have addressed the past.*

*I didn't sign it. It has nothing to do with me.*

*Don't takahia the mana of our marae. Learn our kawa or stay out of our house.*

*Why do you let them get away with this? They can't do that, can they?*

*It's about time someone stood up to them.*

*Have you not been listening?*

# UPOKO TAHI: WHAKATAU

## CHAPTER ONE: INTRODUCTION TO THE THESIS

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### Whakamārama: Explanation

There are many ways of examining mental health. It may be considered through the science of medicine, through ethnic cultural perspectives, or through societal conventions. In Aotearoa/New Zealand mental illness has often been regarded with suspicion or fear. This study however, explores mental illness at the coalface, from the experience of the consumer— specifically from a Tāngata Whai Ora/Motuhake perspective.

It supposes that mental health depends as much on worldviews as the findings of science. The study therefore, is not dependent on DSM IV<sup>1</sup> diagnoses, but rather on the worldviews of Indigenous people of Aotearoa/New Zealand who have had experience of mental illness. Juxtaposing the recovery approach<sup>2</sup> it validates their view of mental wellbeing.

*Oho Mauri* examines the relationship between cultural identity and wellbeing, in order to answer the research question: “Does a secure cultural identity lead to improved wellbeing for Tāngata Whai Ora/Motuhake?” This is not the first time this question has been asked. Indigenous people the world over have considered the relationship, questioning whether a confidence in ethnic values, customs, and practices leads to greater wellbeing. In developing the rationale for *Oho Mauri* I considered that an exploration of this relationship would add to the existing literature and would have particular relevance for Māori.

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<sup>1</sup> The *Diagnostic and Statistical Manual of Mental Disorders– Fourth Edition* (DSM IV), published by the American Psychiatric Association, Washington D.C., provides diagnostic criteria for the most common mental disorders including: description, diagnosis, treatment, and research findings. It is the main diagnostic reference of mental health professionals.

<sup>2</sup> The Mental Health Commission (1998, p. 1) defines recovery as “happening when people can live well in the presence or absence of their mental illness and the many losses that may come in its wake, such as isolation, poverty, unemployment, and discrimination. Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them”.

## Ngā Whāinga: Research Goals and Objectives

The goals of this research are to explore the relationships between cultural identity and wellbeing for Tāngata Whai Ora/Motuhake; to ascertain whether a secure cultural identity leads to improved wellbeing; and to contribute to Māori knowledge and development (*Table 1*).

The first goal - to explore the relationships between cultural identity and wellbeing - considers the extensive literature on this subject written largely through the eyes of Indigenous peoples, and requires that both cultural identity and wellbeing be understood as two variables that are dependant on a range of determinants and are subject to varying interpretations.

The second goal - to ascertain whether a secure cultural identity leads to improved wellbeing - follows on from the previous goal. Both are largely informed by the literature. The third goal - to contribute to Māori knowledge and development - is a more general aim of the research and is an idea that is consistent with Māori research practice and expectation.

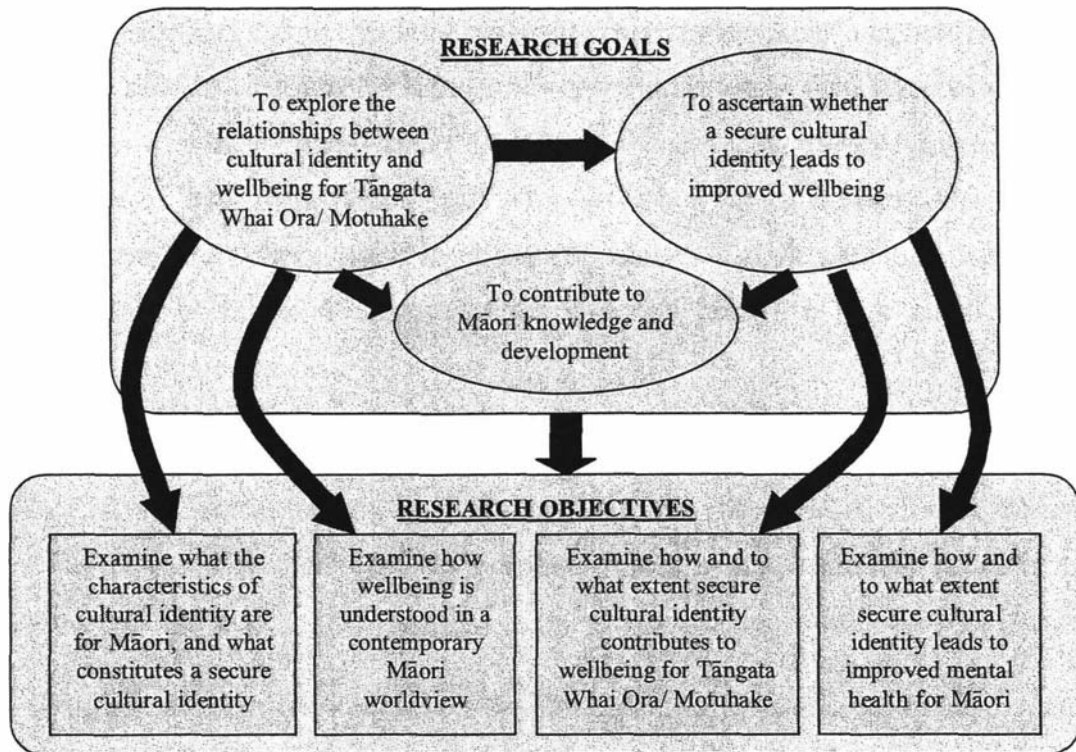
Flowing on from the three goals, a number of more specific and measurable objectives are also identified. The objectives cover cultural identity, understandings of wellbeing, the relationships between the two, and their implications for Māori mental health.

The first two objectives are related to the first goal. The first objective examines what the characteristics of cultural identity are for Māori, and in doing so examines what constitutes a secure cultural identity. The second objective examines how wellbeing is understood in a contemporary Māori worldview.

The next two objectives are related to the second goal. They examine how and to what extent secure cultural identity contributes to wellbeing for Tāngata Whai Ora/Motuhake, and how and to what extent secure cultural identity leads to improved mental health for Māori.

Questions relating to critiques of current knowledge and existing methodologies and research instruments are also central.

**Table 1: Thesis research goals and objectives**



### Whakatakoto Kaupapa: Thesis Layout

This chapter outlines the research question, goals and objectives, and considers appropriate measurement tools for use in the research. It also considers the influence of worldviews, in particular a Māori worldview, which is implicit within this study.

The second chapter discusses the methodological approach taken in this research. The fact that I am Māori, researching issues of perceived importance to Māori, and eliciting information to produce Māori knowledge which aims to benefit Māori, impacts on the research design, approach, methods and analysis. I have been further influenced by my interpretation of Māori research methodology. Kaupapa Māori is employed as a research paradigm, used alongside relevant aspects of other methodologies.

The next two chapters summarise the relevant national and international literature, addressing research objectives one and two respectively. Upoko Toru: Tikanga Tāngata, the third chapter, is divided into two main sections in order to consider cultural identity itself. The first section - 'Ngā Kāwai Tangata: Dimensions of

Ethnicity’ - begins by discussing Māori ethnic identity, historical and contemporary influences on Māori cultural identity, diversity, and changing and negative identities. The second section - ‘Ngā Tohu Tikanga: Cultural Indicators’ - then explores pertinent determinants of Māori cultural identity, especially whakapapa, marae, whenua<sup>3</sup>, te reo Māori, contact with other Māori, and whānau associations. Upoko Whā: Oranga Hauora Hinengaro Māori, the fourth chapter, reports on the literature relating to wellbeing. In particular it reviews Māori views of health in both traditional and contemporary contexts.

The details of the actual research methods used in the research are further elaborated in Upoko Rima: Āhuatanga Mahi, the fifth chapter. This chapter leads into the findings from the data collected through the research, which are discussed in detail in the following two chapters.

The sixth and seventh chapters report the findings from face-to-face, in-depth, semi-structured interviews with 17 Tāngata Whai Ora/Motuhake participants<sup>4</sup>. Upoko Ono: Ngā Haerenga, the sixth chapter, reports on these participants’ individual journeys living with their experience of mental illness, and through mental health services in Aotearoa/New Zealand. Their stories are presented as individual case studies. Upoko Whitu: Te Ao Māori, the seventh chapter, considers the cultural identity of these participants. It discusses those cultural indicators of Māori identity referred to earlier in Upoko Toru: Tikanga Tāngata as well as others considered significant by the participants including their use of rongoā Māori<sup>5</sup>, the significance of waiata to them, and their understandings of ‘being Māori’ and being ‘brought up Māori’.

Upoko Waru: Kōrerorero ō ngā Kaupapa, the eighth chapter, identifies seven themes that have emerged from the findings of the research, drawing on the literature to analyse these themes in relation to the research question, before concluding in Upoko Iwa: Wāhanga Whakamutunga, the ninth chapter, that for Tāngata Whai Ora/Motuhake the relationship between cultural identity and wellbeing is twofold. A confident cultural identity enhances recovery, and the recovery process itself can also contribute

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<sup>3</sup> The term ‘whenua’ is used throughout the thesis to mean ‘land’.

<sup>4</sup> Tāngata Whai Ora/Motuhake participants have been referred to throughout the thesis as ‘participants’. Distinction between these participants and the secondary expert participants is drawn by referring to the secondary expert participants as ‘secondary expert participants’.

<sup>5</sup> The term ‘rongoā Māori’ refers to traditional Māori medicine.

to a secure cultural identity. The third and fourth research objectives are addressed in this final chapter.

The prose of *Oho Mauri* has been written in a subjective manner. When referring to Māori for example, I have used the terminology ‘we’, ‘us’, and ‘our’ as opposed to ‘they’, ‘them’ and ‘their’. This intentional association is compatible with the qualitative approach employed. A Glossary of te reo Māori terms is also appended, with a translation of the first use of each term being footnoted throughout the text to aid readers.

## **Whakaine Oranga: Measuring Wellbeing**

In order to examine whether a secure cultural identity leads to improved wellbeing for Tāngata Whai Ora/Motuhake, a relevant measure of wellbeing needs to be considered. This is a complex undertaking due to both the holistic nature of wellbeing and its nebulous understandings. As Manderson (2005) suggests, wellbeing is a slippery term and one often used without consideration of the social, economic and cultural factors that influence a state of health and happiness.

Although synonymous with welfare (Sykes, 1982), the term ‘wellbeing’ is generally regarded as “the contented state of being *healthy, happy* or *prosperous*” (*WordNet Search – 2.1*, n.d.). Understanding this definition requires further exploration of each of these three ‘states’ of wellbeing.

A measurement of ‘*healthiness*’ may partially be achieved through a focus on living standards. In 2000 a Material Well-being Scale was developed by Fergusson, Hong, Horwood, Jensen, and Travers (2001) to describe the living standards of older New Zealanders, and to gain an understanding of the factors which explain variation in living standards. This measurement tool was subsequently adapted to describe the living standards of older Māori in 2002 (Cunningham et al., 2002).

Being healthy may also be considered as a partial measure of quality of life, and a number of groups and agencies around the world have tried to develop ways of assessing quality of life. ‘Quality-adjusted life years’ (QALYs) and the related

'disability-adjusted life years' (DALYs)<sup>6</sup> are used in the study of health care for this purpose.

Blunt economic standards have tended to be used in the contemporary measurement of human *prosperity*. Gross Domestic Product (GDP) for example, is a measure of the total value of goods and services produced by a nation over a specific period of time (*Definitions of gdp on the web*, n.d.). As the primary indicator of the status of a nation's economy, it supposes this national economic measure is indicative of societal wellbeing.

Whilst all these measures may be economically quantifiable, the measurement of *happiness* proves more difficult. However, one of the world's least developed countries, the remote Asian country of Bhutan, is attempting to do just that.

The east Himalayan Buddhist monarchy which has only recently ended its long self-imposed isolation and so become exposed to the effects of globalisation, is concerned with protecting its unique culture, and safeguarding its social values. The Bhutanese government has therefore developed a measure of national wellbeing using a comprehensive indicator that mirrors GDP, charmingly known as Gross National Happiness (GNH).

Prime Minister Lyonpo Jigmi Y Thinley defines the four pillars of this indicator of national happiness as "promotion of equitable and sustainable socioeconomic development, preservation and promotion of cultural values, conservation of the natural environment, and establishment of good governance". Using GNH alongside other measures, the Bhutanese government aims to quantify its progress not only economically, but socially, culturally and environmentally (Kavanagh, 2004).

GNH, according to a 1972 declaration made by His Majesty King Jigme Singye Wangchuck, is more important than GDP (Kavanagh, 2004, p. 2). The importance of happiness however, is not just peculiar to the Bhutanese. It has been recognised for thousands of years. After giving much thought to what best maximises quality of life,

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<sup>6</sup> QALYs and DALYs both represent a value of '1' for each year of full-health life, and 'less than 1' for various degrees of illness or disability. Using this calculation, the cost-effectiveness of a treatment can be assessed by the cost per QALY or DALY it produces. For example, a cancer treatment which costs \$10,000 and on average gives the patient 2 extra years of full health costs \$5000 per QALY.

Aristotle eventually settled on the notion of eudaimonia (happiness) as central (Wikipedia, n.d. a).

**Table 2: The components of wellness/unwellness**

	<b>INTERIOR (SUBJECTIVE)</b>	<b>EXTERIOR (OBJECTIVE)</b>
<b>INDIVIDUAL</b>	<p><b>I – Intentional – Taha Hinengaro</b> Based on how individuals feel or want to feel, or what their needs are at an individual level:</p> <p><i>Quality of life:</i> Improving aspects of your life, being creative, freedom, fun</p> <p><i>Purposeful:</i> Having goals, motivation, confidence, purpose</p> <p><i>In control:</i> Being in control, having the power, exercising choice</p> <p><i>Normal:</i> Feeling normal, feeling human, like I was once</p> <p><i>Content:</i> Content, calm, serene, peaceful, happy, free of depression</p> <p><i>Not anxious:</i> Not anxious, stressed, having acceptable levels of anxiety</p>	<p><b>It – Behavioural – Taha Tinana</b> Based on the externally observable factors around wellness and unwellness:</p> <p><i>Consistent:</i> Consistent in thought, rational</p> <p><i>Managing:</i> Able to cope generally, manage, live independently</p> <p><i>Basic coping:</i> Being able to do basic things e.g. wanting to get up, eat properly</p> <p><i>Alcohol and drugs:</i> Not being a user or an abuser of alcohol or drugs</p> <p><i>Medication:</i> Getting off medication or getting medication that works</p> <p><i>Not psychotic:</i> Not have major psychotic symptoms</p>
<b>COLLECTIVE</b>	<p><b>We – Cultural – Taha Wairua</b> Based on the beliefs and perceptions of cultures and communities:</p> <p><i>Spiritual:</i> Maintaining a spiritual strength through ties, roots, healing, belonging</p> <p><i>Trust/awhi:</i> Be able to depend on someone, having an intimate relationship, love</p> <p><i>Māoriness:</i> Drawing strength from being Māori, using Māori conceptions of illness and treatment</p> <p><i>Socially acceptable:</i> Being socially acceptable, aware, contributing to society, being well behaved</p> <p><i>Without stigma:</i> Not being stigmatised, dehumanised, labelled</p>	<p><b>It – Social-Economic – Taha Wairua</b> Based on the nature of systems– employment, whānau and family, the law, the mental health system:</p> <p><i>Work:</i> Able to work, having a supportive work environment</p> <p><i>Relationships:</i> Being in contact with others, having friends, whānau, family supports</p> <p><i>Safety:</i> Feeling safe, not being affected by others</p> <p><i>Mental health:</i> Staying out of hospital, the unit, the mental health system</p>

(Bridgman et al., 2000, p. 97)

Although happiness, and other components that contribute to wellbeing, such as freedom, art, environmental health, and innovation, may be more difficult to measure (Wikipedia, n.d. b), it is these components and others that Tāngata Whai Ora/Motuhake identify as important for mental wellbeing (Gordon et al., 2004).

Bridgman et al (2000) identified 22 themes of wellness through Tāngata Whai Ora/Motuhake responses to being asked what “mentally well” and “mentally unwell” meant for them. Using Durie’s (1998b) Māori model of wellbeing *Te Whare Tapa Whā* as a framework, they categorised 21 of these themes (Table 2). The other over-arching theme, headed “holistic”, referred to balance, harmony and the integration of the physical, mental and spiritual.

Within mental health, the discussion surrounding measurement of wellbeing focuses on outcomes. More than 1200 measures of health outcome have been developed internationally, leading Aotearoa/New Zealand to establish the Mental Health Standard Measures of Assessment and Recovery (MH-SMART) Initiative. In order to develop an outcomes-focused culture in the mental health sector, the MH-SMART initiative facilitated the identification and implementation of a suite of standard measures. Health of the Nation Outcome Scales (HoNOS)<sup>7</sup> is one of these measures expected to be adopted universally by mental health services in response to this Initiative.

Te K. Kingi (2002) has also developed a measurement tool specifically for use with Māori. The measure *Hua Oranga* assesses the views of Tāngata Whai Ora/Motuhake, clinicians, and whānau, who are independently asked to measure the effect of a particular intervention on the domains of wairua<sup>8</sup>, hinengaro<sup>9</sup>, tinana<sup>10</sup>, and whānau. An underlying premise of the measure is that wellness, not simply the removal of symptoms, should be the aim of any intervention.

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<sup>7</sup> HoNOS was developed by the Royal College of Psychiatrists’ Research Unit in the United Kingdom to measure the health and social functioning of people with severe mental illness, and has become the most widely used routine clinical outcome measure used by English mental health services. It is a set of 12 scales, each one measuring a type of problem commonly presented by Tāngata Whai Ora/consumers in mental health care settings. The scales are completed after routine clinical assessments in any setting using a score sheet, to provide a profile of 12 severity ratings and a total score. Although it is a numerical record of a clinical assessment, it does not replace clinical notes or any other records.

<sup>8</sup> The term ‘wairua’ is used throughout the thesis to refer to the spirit.

<sup>9</sup> The term ‘hinengaro’ is used throughout the thesis to refer to the mind or intellect.

<sup>10</sup> The term ‘tinana’ is used throughout the thesis to refer to the body.

Although groundbreaking, *Hua Oranga* is not a Tāngata Whai Ora/consumer<sup>11</sup> developed tool and in fact there are very few tools of that kind. In recent preliminary work towards the development of such a self-assessed measure of consumer outcome, Tāngata Whai Ora/Motuhake were asked to define wellbeing or waiora. They described it as “having a healthy life, both spiritually and otherwise”, which included having a healthy diet, exercising, sleeping or relaxing, and having adequate accommodation and a comfortable environment (Gordon et al., 2004, p. 75).

In this doctoral research, primary recognition has been given to the holistic views of wellbeing defined by Tāngata Whai Ora/Motuhake. It is widely accepted that the best source of knowledge on any issue is likely to come from the people with firsthand experience (Gordon et al., 2004). This position is also cognisant of the recovery approach promoted by the Mental Health Commission (1998):

*Recovery usually refers to good mental health outcomes as defined by consumers themselves.* (Gordon et al., 2004, p. 7)

Within the context of this research then, ‘improved wellbeing’ has been conceptualised as having a greater sense of contentment, a more positive outlook, being more able to relax, and feeling healthier— physically and spiritually. Whilst having adequate accommodation, a comfortable environment, transport, the possibility of employment, and financial sustainability are essential for the wellbeing of Tāngata Whai Ora/Motuhake, improved wellbeing is also about being more able to play and have fun, and being more able to help others (Gordon et al., 2004).

An important component of improved wellbeing is associated with being more capable of positive social interaction. This means having healthier and more supportive relationships not only with friends and whanau, but with others in the community including health professionals and support agencies, being more publicly accepted, and feeling more confident. For Tāngata Whai Ora/Motuhake, improved wellbeing also means having greater communication with and access to services when they are needed, having better education about mental illness and medication, and being more able to make choices concerning treatment and support. Being able to plan for the

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<sup>11</sup> The term ‘Tāngata Whai Ora/consumer’ is an inclusive term used to refer to all people with experience of mental illness within Aotearoa/New Zealand, regardless of their ethnicity.

future is perhaps the most important indicator of improved wellbeing for Tāngata Whai Ora/Motuhake (Gordon et al., 2004).

Within the context of this research, improved wellbeing for Tāngata Whai Ora/Motuhake has also been conceptualised as being dependent not only on participation and achievement in wider society, but also on active participation and achievement in Māori society.

### **Whakaine Tikanga Tangata: Measuring Cultural Identity**

Just as a relevant measure of wellbeing required investigation in order to examine whether a secure cultural identity leads to improved wellbeing for Tāngata Whai Ora/Motuhake, so does a relevant measure of cultural identity warrant consideration. The importance of such a measure is fully justified.

Research and policy makers require ethnic identification for many reasons including tracking patterns in the growth and decline of populations through births and deaths, and determining eligibility for services. Targeting also requires accurate ethnic information.

Despite health policy targeting Māori, there have been uneven and often unspectacular improvements in Māori health and socio-economic status. One reason may be because despite the obvious heterogeneity, Māori are still being targeted in health policy as an homogenous group 'Māori'– alongside other populations considered to be disadvantaged.

According to Durie (1999) policies for Māori health and the provision of health services for Māori should take cognisance of the diverse social and cultural realities within which Māori live, that are as varied and diverse as non-Māori. A clearer understanding of cultural identity and diversity within Māori communities, and how it operates, is therefore needed. If a more coherent picture of Māori realities can be painted, health gains for Māori are more likely to be realised (Durie, 1999). It will be important to avoid drawing conclusions that are based on limited understandings of actual situations or idealised constructions of what should be. In other words, 'being'

Māori in the 21<sup>st</sup> century cannot be assumed to be synonymous with conservative expectations of a traditional cultural heritage. This research addresses that issue by seeking to understand Māori identity in Māori terms that are applicable to modern times.

Insofar as cultural identity is an ingredient of good health, there are implications for health practitioners, especially in the mental health field, to utilise assessment procedures that incorporate robust cultural assessment.

The Medical Council of New Zealand is one professional body that has recently addressed this issue of cultural competence in an effort to ensure medical practitioners are able to recognise and respect the differing cultural perspectives, for the purpose of effective clinical functioning (Health Services Research Centre/Te Hikuwai Rangahau Hauora, 2005). The Nursing Council has formally addressed this issue for much longer, incorporating cultural safety<sup>12</sup> in its nursing and midwifery curriculum assessment processes and registration requirements since 1990 (Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand, 1992, 1996).

**Table 3: Principles for cultural assessment**

*To honour the intentions of the Treaty of Waitangi for Māori partnership, participation and protection.*

*To enhance the cultural perspective of the client and their whānau, hapū and iwi through appropriate assessment, care and treatment.*

*To establish and maintain culturally effective and safe mental health service.*

*To ensure the quality and effectiveness of assessment, care and treatment in mental health services for Māori.*

*To improve the efficiency in the assessment, care and treatment for Māori in mental health services.*

*To ensure the involvement of Māori in the development and delivery of mental health services.*

*To empower the client and their whānau, hapū and iwi to achieve mental wellbeing through assessment, care and treatment processes in the mental health service.*

(Ministry of Health, 1995)

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<sup>12</sup> ‘Cultural safety’ refers to the effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on their own cultural identity and recognises the impact of the nurse’s culture on own nursing practice. Developed by Dr. Irihapeti Ramsden, NZOM, cultural safety is based in attitude change, and reflects the process of ‘sensitivity’ to ‘awareness’ to ‘safety’.

The Ministry of Health/Manatū Hauora has also highlighted cultural assessment procedures as important. Principles for cultural assessment were developed in 1995 (Table 3) to guide cultural assessment in mental health services. Then, in 1997 when *Moving Forward: The National Mental Health Plan for More and Better Services* was published, the Ministry set a target that all mental health services would have cultural assessment procedures for Tāngata Whai Ora/Motuhake by July 1999 (Ministry of Health/Manatū Hauora, 1997).

Cultural assessment is defined by Durie et al. (1995) as the process through which the relevance of culture to mental health is ascertained; its purpose being “to identify a person’s cultural needs, and any cultural supports and/or healing practices, needed to strengthen identity and enhance wellbeing” (Mental Health Commission, 2001, p. 4):

*Cultural assessment not only acknowledges the link between identity, wellness, treatment and recovery for tangata whaiora but also provides a process that can be adopted by mental health services to provide the best outcomes for tangata whaiora.* (Mental Health Commission, 2001, p. 4)

The Mental Health Commission emphasises that cultural assessment is only useful if it leads to more informed and appropriate treatment and support of Tāngata Whai Ora/Motuhake (Mental Health Commission, 2001). In fact it is important to note that neither cultural competence nor cultural assessment are outcomes or ends in themselves– they are essentially processes to inform clinical decision-making. Both ultimately aim to improve health outcomes, but Durie (1999) points out that a problem at present is that there is no single instrument which can integrate the significance of cultural, social and economic linkages. The *Te Hoe Nuku Roa* framework, the Māori profiles research programme developed in the School of Māori Studies at Massey University, is a step in that direction (Durie, Fitzgerald, Kingi, Te K., McKinley, & Stevenson, 2002).

## **Te Hoe Nuku Roa**

*Te Hoe Nuku Roa* attempts to capture meaningful information about culture and identity for Māori. It is a framework for describing contemporary Māori individuals

and households, and provides the conceptual underpinning for a longitudinal study (Durie, 1999). Investigating social, economic, and cultural positions of Māori over a 20-year period (1993-2013), the study recognises that a modern Māori identity does not necessarily equate with the general stereotypical views of Māori, derived from traditional sources. Instead, it links cultural values and activities with social, economic and lifestyle characteristics to give some understanding of 'being Māori' in the 21<sup>st</sup> century (Durie, 1994a).

The *Te Hoe Nuku Roa* Research Team has developed a framework for the measurement of Māori identity. This framework is based on characteristics of ethnic identity, and describes four levels of Māori identity: secure identity; positive identity; notional identity; and compromised identity. Juxtaposing characteristics of Māori experience (including Māori ancestry, self-identification as Māori, marae participation, connections with extended whānau, ancestral land, contacts with other Māori, and te reo Māori), were different indicators from which measurement could be made. These indicators included choice, access, participation, satisfaction, information, knowledge and aspirations. Using these measures, the four levels of Māori cultural identity were developed (Borrell, 2005).

Māori with a secure identity have more than a superficial knowledge of tribal tradition, and have easy access to the Māori world, especially to te reo Māori, the extended whānau network, and customary land. Māori with a positive identity express high levels of personal commitment to being Māori but do not have ready access to language, land or other resources. Māori with a notional identity have obvious Māori affiliation but do not access any Māori institutions or networks. And Māori with a compromised identity may have good access to the Māori world, but have little desire for affiliation with Māori.

This measure of cultural identity has been used in other studies, such as the research into the living standards of older people undertaken by the Ministry of Social Development/Te Manatū Whakahiato Ora. In addition to the 3000 older people (aged 65 years and over) recruited for this survey from the Household Labour Force Survey conducted by Statistics New Zealand, a supplementary sample of 500 older Māori were

recruited. These kaumātua<sup>13</sup> were asked a series of questions in relation to their cultural identity, based on the *Te Hoe Nuku Roa* study. Coupe's (2005) recent doctorate study of the prevention of suicide in Māori similarly utilised the *Te Hoe Nuku Roa* measure of cultural identity—*Te Hoe Nuku Roa* has shown a relationship between a secure cultural identity and broad positive outcomes for Māori (Durie et al., 1995). The questionnaire use for the New Zealand Mental Health and Wellbeing Survey likewise included aspects of the *Te Hoe Nuku Roa* study in order to better understand the cultural realities of the survey participants.

*Oho Mauri* has not considered the defined positive, notional or compromised levels of Māori identity, but has adapted the measure of secure cultural identity.

### **Whai Māoritanga: Secure Māori Cultural Identity**

According to Durie (2001) a secure identity rests on adequate access to a range of identity markers. Cognitive skills, especially language competence, and cultural knowledge such as whakapapa, tikanga<sup>14</sup> and tribal knowledge are important for the formation of identity as well as lived experience with other Māori, whether whānau or community networks. A secure identity results from individuals being able to access these markers of Te Ao Māori<sup>15</sup>. R. Pere (1982) also alludes to the importance of cultural knowledge for a strong identity. She argues that traditionally, every adult Māori was expected to know and to be able to trace descent back to tribal ancestors. At the least it was expected that one knew the eponymous ancestor after whom the group within which they lived, was named. A depth of knowledge about whakapapa and related issues then gave an individual advantage within this group.

Durie (2001) also contends that identity rests on being able to have contact with the wider Māori world including opportunities for social and work relationships with other Māori, and a balanced relationship with whānau. A secure cultural identity results from

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<sup>13</sup> The term 'kaumātua' is used throughout the thesis to mean either 'a respected elder' (singular) or 'respected elders' (plural).

<sup>14</sup> The term 'tikanga' is used throughout the thesis to mean 'custom' or 'meaning'.

<sup>15</sup> The term 'Te Ao Māori' literally means 'The Māori World' and is used throughout the thesis to refer to those things which fall within the domain of Māori knowledge, customs, values and beliefs.

individuals being able to participate in those institutions, activities and systems that form the foundations of Māori society (Durie, 2002). Alienation from Māori cultural, social, physical and intellectual resources is a barrier to identity.

Borrell, Moewaka-Barnes and Casswell (2002) argue there is a difference in the way some groups, such as rangatahi Māori, approach their identity and the markers they use to ascertain 'secure cultural identity'. Their research (Borrell, 2005, p. 204) investigating these differences challenged the way Māori identity is currently conceptualised, suggesting that rangatahi Māori do not fit the more conventional understandings of 'being Māori'. It indicated for example, that rangatahi Māori in South Auckland (Southsiders) had "strong and meaningful associations to the local land, environment and community that engendered the same feelings of security, belonging and connection that some may claim as the sole domain of Māori in tribal communities".

The distinctive shared Southside identity was determined as being an important part of these rangatahi Māori, conveying "a source of collective strength and pride and individual self-confidence and belonging" (Borrell, 2005, p. 204). Because the way youth identify and approach their cultural connections "are important to how they interpret the world and shape the contribution they make in the future" (Borrell, Moewaka-Barnes, & Casswell, 2002), this finding is significant.

Within the context of this research 'secure Māori cultural identity' has been conceptualised as both a process and an outcome, whereby Tāngata Whai Ora/Motuhake are able to participate positively as members of society- both *as Māori*, and *within Māori society*. It is well documented that a secure cultural identity allows Māori to be more able to participate in society as Māori (Durie, Fitzgerald, Kingi, McKinley, & Stevenson, 2003). The other important component of a secure Māori cultural identity for Tāngata Whai Ora/Motuhake is that they are able to actively participate in Te Ao Māori.

## Tikanga Tangata Hauora Hinengaro: Cultural Identity and Mental Health

Edwards (1999, p. viii) contends that “many Māori without knowledge of their cultural identity may not lead as full and meaningful lives as they might should they possess a sounder knowledge of their culture and cultural identity”. He notes that “the acquisition of this knowledge is a major life learning process largely ignored in many Western societies” and although for many Māori this cultural identity may be a non-issue, for the majority of Māori this is *the* issue (Edwards, 2000, p. 1).

Preliminary findings from *Te Hoe Nuku Roa* suggest that for Māori who fall within the ‘secure identity’ or the ‘positive identity’ categories, “cultural affiliations and participation in cultural activities may be protective factors when considering health outcomes” (Borrell, 2005, p. 195). However, of the 700 representative households being surveyed about culture and identity in the study, less than a third of respondents were actually considered to have a secure identity (i.e. are competent speakers of te reo Māori, have regular contact with Māori cultural institutions and networks, and have shares in Māori land). This not only has serious implications for Māori futures, but also resource allocation:

*Since a secure Māori identity appears to be positively correlated with good health, and with better educational outcomes even in the presence of adverse socio-economic conditions, the question of access to resources is an important one.* (Durie, 2001, p. 56)

Identity underpins a sense of integrity and the capacity for sharing with other Māori (Kingi, Te K., 2002). Not surprisingly then, Edwards (1999, p. viii) argues that “the inability of many Māori to identify as Māori is demoralising and leads to lower self-esteem”, and the resultant impacts are evidenced in negative crime, health and education statistics.

Durie (2001) asserts that identity is a necessary pre-requisite for mental health. He describes how Indigenous people have come to regard the establishment of a positive cultural identity as a key to better mental health and have developed a range of therapies that focus on cultural reawakening. Underlying them all, as evidenced in

Māori-centred therapies, is the belief that strengthening cultural identity can improve mental health.

This premise is at the core of the many Kaupapa Māori mental health services, which incorporate Māori-specific cultural activities into their services as treatment modalities. Staff working in such services interviewed by Te K. Kingi (2002), acknowledge these so-called cultural interventions or processes within treatment programmes as dual-focused. That is, they were designed with both clinical and cultural objectives in mind. They recognise that while many cultural activities such as carving and flax weaving were developed to enhance the relevance of the therapeutic milieu, they were also designed to improve or sustain an individual's cultural identity and mental health. They offer a culturally appropriate choice to Tāngata Whai Ora/Motuhake by placing therapy within a Māori context. In recognising the diversity of Māori, they do not however, assume that all Tāngata Whai Ora/Motuhake would necessarily avail themselves of this type of intervention.

Durie (2001) also describes other Māori-centred therapies, one of which is *Paiheretia* or relational therapy. Relational therapists argue that a negative or confused cultural identity is in itself a mental health problem. An aim of *Paiheretia* is therefore the development of a secure cultural identity, based on the assumption that a secure identity is necessary for wellbeing.

Other Indigenous cultures also refer to the importance of cultural identity for health and wellbeing. Kartinyeri (2002), a Ngarrindjeri woman, mental health consumer, survivor, and author explains the effect of being one of the thousands of Aboriginal children stolen from their families and cultural heritages by the Australian government. She was a newborn baby when she was taken in 1946 and institutionalised for over 14 years in a home for Aboriginal children:

*It was an unnatural act for any Aboriginal child to be separated from their family. I didn't receive any parental nurturing or have the privilege of growing up with my brothers and sisters... I lost my family ties and heritage. I know this has affected my whole family.* (Kartinyeri, 2002, p. 10)

According to Edwards (1999) 'finding oneself' can be a spiritual process that involves what Freire (1972, p. 46) calls "naming the world". R. Pere (1991) also refers to the

power of spirituality, asserting that spiritual beliefs govern and influence the way one interacts with other people, and relates to her or his environment.

In discussing this link between the concept of wairua or wairuatanga<sup>16</sup> and cultural identity, Te K. Kingi (2002) illustrates how identity can be used to promote mental wellness. Consistent with evidence from other research (Ministry of Health/Manatū Hauora, 1996; Te Pumanawa Hauora, 1995; Kingi, P., 1994), he found that “discussions pertaining to wairua were frequently placed within a cultural context and linked to the notion that an individual’s wairua could be damaged if cultural identity was compromised or tarnished” (Kingi, Te K., 2002, p. 282).

Dewes (1975) was perhaps most articulate in demonstrating this understanding, in his lament of a Māori future without secure cultural identity:

*What can we Māori aspire to if we are not rooted to the land, if there is no language and literary tradition to speak for our souls... (Dewes, 1975, p. 49)*

Just as a child must know its identity and from whence it came in order to have greater control over his or her life (Pere, R., 1991), so must Tāngata Whai Ora/Motuhake who have been alienated from a cultural base, reclaim a cultural identity for recovery. Recovery is aptly described by Leibrich (1997) as ‘re-covering’ oneself. R. Walker (2005) refers to the same reclamation of identity as a “return to knowledge”, a concept explicated by the Mental Health Commission (2000):

*For Māori tāngata whaiora the recovery process is more than a journey of rediscovery. Ko wai? No whea? Nā wai? (Who are you? Where do you come from? Who are your parents?) Knowing the connections that make them who they are is the foundation of recovery. For many, this foundation is missing because the traditional tribal nature of Māori culture has been gradually eroded by the effects of colonisation and urbanisation... All four participants in this paper needed to reclaim their identity as Māori to begin the journey to wellness. (Mental Health Commission, 2000, p. 10)*

Durie (1994b, p. 12) provides further evidence of this relationship, noting “access to a secure identity is a right of all New Zealanders and there is no good reason why that

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<sup>16</sup> The term ‘wairuatanga’ is used throughout the thesis to mean ‘spirituality’.

should be any less true for those with a mental illness". Indeed, deculturation has been recognised as a contributor to mental ill-health, alongside alcohol abuse, attempted suicide, aggression, offending, low income, poor education, inadequate housing, and unemployment:

*In developing mental health services, Māori health perspectives and Māori health aspirations should be taken into account... For Māori, that means having access to Te Ao Māori and the confidence to participate as a Māori. In the process, meaningful participation [within their communities] will be more likely if there is security of identity. Finally there is an added onus on providers of services to Māori. Not only should the aim be to restore clients to optimal health, but every opportunity should be taken to reinforce the cultural identity of all clients, and, in the case of Māori, to recognise the values and beliefs of those who wish to be Māori. The personal and family costs of mental illness are high enough; they should not be compounded by cultural alienation. (Durie, 1994b, p. 12)*

However, is the formula that clear? Although a secure cultural identity derived from ready access to Māori cultural, social, and physical resources can provide a strong foundation for health, Durie (2001) warns that by itself a Māori identity is not an insurance against poor mental health, nor does it offer a passport to good health. Not all Tāngata Whai Ora/Motuhake have an insecure cultural identity. And alcohol misuse, and other forms of abuse, is known to occur in tāne<sup>17</sup> and wāhine<sup>18</sup> who have strong cultural links and who have ready access to Te Ao Māori.

Caution must also be exercised in regard to identity that is confined to a culturally safe environment. The Māori units in prisons may be regarded as such environments. Although reclamation of cultural identity may reduce anxiety and enhance confidence for Māori in those surroundings, once removed from that environment and situated back in 'the real world', it may not be a sufficient, or even relevant, coping mechanism (Durie, 1999).

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<sup>17</sup> The term 'tāne' is used throughout the thesis to mean either 'a Māori man' (singular) or 'Māori men' (plural).

<sup>18</sup> The term 'wāhine' is used throughout the thesis to mean 'Māori women' (plural).

## Tirohanga Ao Māori: Māori Worldview

The research design for this project is strongly influenced by Māori worldviews.

Dr. Te Ahukaramu Charles Royal travelled to Canada, Hawai'i and New Mexico in 2001 as part of a Churchill Fellowship. His research was designed to compare Indigenous worldviews and knowledge frameworks, and to contrast the views of the countries he visited. In doing so he defined an 'Indigenous worldview'.

Worldviews (Eastern, Western and Indigenous) are summarised by Cunningham (2004). The Western worldview, based on Judeo-Christian beliefs, "tends to see God as external with man being made in (his) image. God is in (his) heaven 'above', Church spires point and people lift their eyes and bow in reverence. In contrast an Eastern worldview tends to focus internally and concentrates on 'reaching within' through meditation and other practices" (Cunningham, 2004, p. 10). Royal (2003) describes the authentic Indigenous worldviews as different from both the Eastern and Western worldviews in that it adds weight behind the idea of the unification of the human community with the natural world:

*[The] indigenous worldview takes definition from the relationship with the world (whenua in Māori terms) and sees people as organically integral to it, with humankind having a seamless relationship with nature— seas, land, rivers, mountains, flora and fauna. (Cunningham, 2004, p. 11)*

Dr. Khyla Russell (kōrero-a-waha<sup>19</sup>, April 29, 2005) also describes Māori as being the landscape— being part of it and being related to all living things that inhabit the Earth's (Papatūānuku) surface. She asserts that is the hōhonu<sup>20</sup> meaning of whenua and Māori as tāngata of it. Thus we have an Iwi epistemology based in both human whakapapa and the whakapapa of knowledge.

Through an anthropological study of the practices and beliefs of a range of Indigenous people, Knudtson and Suzuki (1992) concluded that at the core of Indigenous spiritual belief systems is the principle that all creation is spirit. As summarised by Cunningham

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<sup>19</sup> The term 'kōrero-a-waha' is used throughout the thesis to mean 'personal communication'.

<sup>20</sup> The term 'hōhonu' is used to mean 'deep'.

(2004), they identified a set of characteristics that distinguish an Indigenous worldview in support of this conclusion:

- *Spirituality is imbedded in all elements of the cosmos;*
  - *Humans have a responsibility for maintaining harmonious relationships with the natural world;*
  - *Reciprocity between human and the natural worlds is required– resources are viewed as gifts;*
  - *Nature is honoured routinely through daily spiritual practice;*
  - *Wisdom and ethics are derived from direct experience with the natural world;*
  - *The Universe is made up of dynamic ever-changing natural forces;*
  - *The Universe is viewed as a holistic, integrative system with a unifying life force;*
  - *Time is circular with natural cycles that sustain all life;*
  - *Nature will always possess unfathomable mysteries;*
  - *Human thought, feelings, and words are inextricably bound to all other aspects of the Universe;*
  - *The human role is to participate in the orderly designs of nature;*
  - *Respect for elders is based on their compassion and reconciliation of outer- and-inner-directed knowledge;*
  - *There is a strong sense of empathy and kinship with other forms of life; and*
  - *Nature is viewed as a continuous two-way, transactional dialogue.*
- (Cunningham, 2004, p. 9)

Cunningham (2004, p. 11) concludes that “if we accept that Indigenous people have an integral association with nature, then it is easy to see the validity of an argument presented by many people that the dislocation of most Indigenous peoples from their lands through colonisation has compounded the effects of introduced diseases on health outcome”.

Implicit within this research also, is the understanding that Te Tiriti o Waitangi, as an agreement signed in 1840 between the British Crown and tangata whenua, has significant implications for Māori worldviews:

*I don't think you can be a Māori researcher in 1996 without realising the process of history from which you operate. Because Māori health status in 1996 is a direct result of that history, you can't separate it out from the dispossession of colonisation. If the things you are having to research are a product of that history, then the way that you research it must also be aware of that history, and the best way that you can show that awareness is to reclaim from that history the ways of doing the research which will be most appropriate for our people. (Jackson, 1996, p. 10)*

The government appears to accept the Treaty of Waitangi as the basis of constitutional government in Aotearoa/New Zealand (Health Funding Authority, 1999), and as a living document that recognises the special tangata whenua status of Māori and establishes an ongoing relationship between Māori and the Crown (Public Health Commission, 1995). The Treaty therefore has a fundamental position in Aotearoa/New Zealand society. It is relevant to all New Zealanders in order to maintain co-operative co-existence and harmony - a fact that has been increasingly acknowledged in policy (Ministry of Health/Manatū Hauora, 1997) - and being written with the future in mind, continues to be of relevance today (Durie, 1989).

The Treaty of Waitangi has particular significance in health because it is clear that the intention of the Treaty was to ensure the wellbeing of all residents and particularly that of tangata whenua. The intent behind the Treaty, from Busby's dispatch, and implied in the pre-ambles, was the protection of Māori wellbeing (Durie, 1989). Importantly, Māori land rights, central to Māori worldviews, were to be safeguarded. The continued, unobstructed access of Māori to land, forests and fisheries promised in Article 2 has a profound impact on health. This is fundamental to a strong economic base and to access to appropriate healthy food groups, such as fresh kaimoana<sup>21</sup> and plant food. Article 2 also promises the right to taonga<sup>22</sup> katoa<sup>23</sup>, under which health is included. Article 3 imparts the rights and privileges of British citizens to Māori, supposedly making all equal (Trask, 2004). However when there is such disparity

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<sup>21</sup> The term 'kaimoana' is used throughout the thesis to mean 'seafood'.

<sup>22</sup> The term 'taonga' is used throughout the thesis to refer to something that is precious or a treasure.

between Māori and non-Māori in health, it is clear that Article 3 has not been ratified, and that there needs to be a very real focus on Māori health (Durie, 1989).

Accordingly, the Treaty of Waitangi will continue to be seen by many Māori as a suitable political framework within which to consider health. This is especially so in regard to the intended relationship between tangata whenua and the Crown as equal, sovereign signatories to the Treaty, and the implication that Māori might continue to ‘live as Māori’.

Immediately following the signing of the Treaty the settler colonial government (which could claim its sovereign right to govern under Article 1 of the English version of the Treaty) set about passing a raft of laws which often disadvantaged and debased the Māori economic base, culture, self-esteem and inevitably health— primarily through the alienation of Māori from our land. One such law undermined Māori traditional spiritual and educational wellbeing, by outlawing the practice of tohungatanga with the 1907 Tohunga Suppression Act (Trask, 2004).

Despite this history the government is said to be committed to fulfilling its obligations as a Treaty partner, and to improving Māori health status, so that in the future Māori have the same opportunity to enjoy at least the same level of health as non-Māori (Department of Health, 1992). While statistics would suggest that there remains much to be done, this research recognises the significance of the Te Tiriti as important for the concept of identity.

## **Whakarāpopototanga: Summary**

This chapter sets the scene for *Oho Mauri*. It outlined the broad goals and specific objectives essential to answering the research question: “Does a secure cultural identity lead to improved wellbeing for Tāngata Whai Ora/Motuhake?” Varying interpretations of both cultural identity and wellbeing were discussed, alongside their measurements. And finally, the chapter was cemented in a Māori worldview that ‘grounds’ Māori and acknowledges the significance of land, values, and Māori relationships with the Crown.

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<sup>23</sup> The term ‘katoa’ is used to mean ‘all’, ‘every’, ‘completely’ or ‘total’ and is used in this context in the term ‘taonga katoa’ to refer to absolutely all things that are considered precious.

The following chapter discusses the methodological approach taken. It weaves a whāriki<sup>24</sup> within which the threads of the research process are located.

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<sup>24</sup> The term 'whāriki' is used to mean either 'a mat' or 'a carpet'.

# UPOKO RUA: HUARAHI MAHI

## CHAPTER TWO: METHODOLOGIES

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### **Whakamārama: Explanation**

Following the worldview referred to in Upoko Tahi: Whakatau, this chapter discusses a methodological approach taken in this research that is cognisant of Māori knowledge and understandings. It discusses the parameters of what is considered to be Māori research and methodology, before focusing on Kaupapa Māori as a research paradigm employed alongside relevant aspects of other methodologies in this study.

### **Huarahi Mahi Rangahau: Developing the Research Methodology**

The process of developing the methodology for this research was an iterative one that took into account research design, methodologies, methods, theoretical perspectives, paradigms, ontologies, and epistemologies. Both Ratima (2001) and Te K. Kingi (2002) write comprehensively about the differences between these in their respective doctorate studies.

Research has been characterised as the “systematic and rigorous process of enquiry that aims to describe processes and develop explanatory concepts and theories in order to contribute to a scientific body of knowledge” (Bowling, 1997, p. 14). This process of enquiry is influenced by the way we look at the world, and our perceptions of it. These perspectives are referred to as paradigms, and they are important to research because they guide action, and provide an interpretative framework (Denzin and Lincoln, 2000).

## Ngā Ariā: Paradigms

Paradigms consist of a set of assumptions on which the research questions are based, and for the researcher, these assumptions allow fundamental decisions to be made (Bowling, 1997):

*A paradigm determines what can be considered legitimate priorities, how problems are considered, as well as which methodologies and methods are acceptable.* (Kingi, Te K., 2002, p. 47)

Paradigms or theoretical perspectives provide the framework within which research is conducted. Oakley (1981) exemplifies this with her references to the distinction between sociologists' and psychologists' perspectives. Even though both may observe the same reality, sociologists focus on social structure, whilst psychologists focus on interpersonal differences. The same comparison may be drawn between Māori and non-Māori worldviews. Presented with the same picture, Māori and non-Māori perceive images differently. Jackson (1987) suggests this 'Māori perspective' is a necessary consideration of Māori research. He notes that although Māori and Pākehā co-exist within one wider society, we continue to exhibit perceptions and insights that are frequently at variance.

Ladson-Billings (2000) best articulates this standpoint in her relay of two divergent perspectives representing often conflicting epistemological stances. She reports that almost four centuries ago René Descartes (Le Discours de la Méthode, 1637) made the famous proclamation "I think, therefore I am". In doing so "he articulated a central premise upon which European (and Euro-American) worldviews and epistemology rest— that the individual mind is the source of knowledge and existence". In direct contrast to this perspective is another encapsulated in a famous African proclamation "Ubuntu" which translates as "I am because we are". Whereas Descartes's statement implies one may think themselves into being, the African saying implies that an individual's existence is contingent upon relationships with others. These two distinct perspectives mirror the difference between Indigenous and scientific systems of knowledge.

What is important is that the researcher honestly recognises theoretical perspectives and assumptions when designing research and analysing data (Bowling, 1997).

Denzin and Lincoln (2000) describe four components of paradigms: ethics (or axiology), epistemology, ontology, and methodology. Ethics is concerned with values and basic beliefs. From the researcher's or inquirer's perspective it asks, "How will I be as a moral person in the world?", and in doing so contributes to the consideration of and dialogue about the role of spirituality in human inquiry.

From the researcher's perspective epistemology asks, "How do I know the world?" and, "What is the relationship between me and the known?" whereas ontology questions, "What can be known about the form and nature of reality?" Being "an inventory of the kinds of things that do, or can exist in the world" (Davidson and Tolich, 1999, p. 24), ontology is concerned with the nature of reality and the nature of the human being in the world.

The final component of paradigms that Denzin and Lincoln (2000, p. 245) define is methodology, which they state "focuses on the best means for gaining knowledge about the world". From the researcher's perspective once again, methodology asks, "How can I go about finding out what I believe can be known?"

A distinction is drawn between research methodology and method. Harding (1987, p. 2) defines research methodology as "a theory and analysis of how research should proceed", whereas a research method is "a technique for (or way of proceeding in) gathering evidence":

*Methodology is important because it frames the questions being asked, determines the set of instruments and framework, methodological debates are ones concerned with the broader politics and strategic goals of indigenous research. It is at this level that researchers have to clarify and justify their intentions. Methods become the means and procedures through which the central problems of the research are addressed.* (Smith, L., 1999)

In order to place this study within a research paradigm that is cognisant of a Māori worldview, the history and development of Māori health research must be understood.

## **Te Whakapakaritanga o te Rangahau Māori: Māori Research History and Development**

In 1985 the Social Sciences Committee of the National Research Advisory Council recognised the lack of knowledge and sensitivity to Māori culture and values displayed by many social science researchers. In a paper prepared by Stokes, a member of the Committee, there was a challenge in relation to the predominantly Pākehā research sector to adopt a wider appreciation of Māori attitudes and more acceptable approaches (Stokes, 1985). Jackson (1987) explains this necessity in order to provide greater accuracy of information:

*No members of a culture can be understood in isolation from the cultural forces which shape them, and no culture can be understood unless account is taken of the attitudes, expectations, beliefs and values on which it is based. (Jackson, 1987, p. 25)*

A short time later Te Awekotuku (1991) wrote about the extent of research on Māori by Pākehā, both historically and at that time. She suggested that most of the published research of the previous century, including research within Te Ao Māori, was undertaken by Pākehā, and that as a result Māori students of Māori had “more often than not had their history, their culture, their myth, and their customary concepts fed back to them” through these Pākehā researchers’ published works (Te Awekotuku, 1991, p. 11). She also commented on the continuing extent of research on Māori:

*Every day, every year, some aspect of the Māori world is being researched. (Te Awekotuku, 1991, p. 13)*

Geertz (1974, p. 47) compares a person’s culture to a set of books, which an outsider “strains to read over the shoulders of those to whom they properly belong”. Whilst traditional research on Māori could certainly be regarded in this manner, it must also be remembered that from the writings of some of these researchers, Māori and Pākehā, grew the body of Māori knowledge that became the basis of Māori studies, methodology and research (Te Awekotuku, 1991).

## Mā Wai te Tuhingaroa?: Writing for Whom?

About the same time that Stokes (1985) was challenging understandings of research on Māori, Awatere (1984) was also challenging Māori researchers. She suggested that Māori in education earned their living by selling knowledge about the Māori world in white institutions like universities. In passionately espousing that tamariki Māori<sup>1</sup> should be the beneficiaries of Māori knowledge, she accused Māori academics instead, of prioritising their own aspirations:

*For too many of our people now knowledge has become a personal possession to be used as a tool to gain individual prestige and money. They do not see themselves as storehouses of knowledge for our people. (Awatere, 1984, p. 94)*

Referring specifically to Māori MA and PhD thesis writers who use taonga as subject matter, Awatere (1984, p. 95) asserted “they have taken our treasures into the marketplace and sold them for their degrees”.

Adding weight to her argument that tamariki Māori do not in fact become the beneficiaries of such Māori knowledge, Awatere (1984, p. 95) also contended that worse than treating taonga as a commodity “these treasure are written down in a way readable only by the white academic world”, an assertion supported by McNeill (1988):

*...it is the academic community who are the ultimate consumers as the language used in the finished product is usually the language of academia. (McNeill, 1988, p. 51)*

Mindful of this whakaaro<sup>2</sup>, I have deliberately attempted to write the prose of this doctorate in a way that is more accessible to participants of this study and their whānau who may read it. My consistent aim has been to give voice to the participants’ experiences, a stance which is in accord with Milroy’s (1996, p. 61) claim that the overriding rule for those doing research involving Māori is that “the researcher’s responsibility is to the people being studied... and this transcends responsibility to sponsors”. Researching within the field of mental health, and specifically with Tāngata

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<sup>1</sup> The term ‘tamariki’ is used throughout the thesis to mean ‘children’. When referring specifically to Māori children the term ‘tamariki Māori’ is used.

<sup>2</sup> The term ‘whakaaro’ is used throughout the thesis to mean either ‘thinking’, ‘a thought’ (singular) or ‘thoughts’ (plural).

Whai Ora/Motuhake, my active intent has also been to “amplify the voice” of Tāngata Whai Ora (Rapp, Shera and Kisthardt, 1993, p. 727).

There is a strong cultural preference for Māori research to be conducted in such a participatory manner, where the researcher is inextricably and consciously connected and committed to the processes and outcomes of the research. This position is based upon the need to recognise the tapu<sup>3</sup> of knowledge. Stokes (1985) referred to this view as the spiritual dimension of Māori research, a dimension that she suggested was alien in most Pākehā research activities. Whereas the European-derived attitude may be that knowledge should be available to all who wish to seek and learn, the Māori concepts of wairua and tapu make distinction between “private” or “community” knowledge and “public” knowledge.

These important differences in understanding knowledge are expanded later in this chapter.

### **Rangahau Māori He Aha Tēnei?: What is Māori Research?**

What actually constitutes Māori research is a controversial issue amongst researchers, both Māori and non-Māori, and one that is frequently debated. In considering its definition, attention might be paid to its purpose (Pere, L., 1997).

Stokes (1985) suggested that the purpose of Māori research should be to identify and make available knowledge of the Māori world, Māori perspectives and perceptions, and Māori cultural values and attitudes in areas that are seen as significant in Māori terms. Using this premise, one function of Māori research therefore, may be to convey these understandings adequately to wider society. Māori research in this context, could then be broadly defined as the work undertaken, the careful hunting for facts or truths, to increase the knowledge of topics and issues relevant to and of concern to Māori people, for utilisation by society.

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<sup>3</sup> The term ‘tapu’ is used throughout the thesis to mean either ‘sacred’ or ‘sacredness’, or to refer to something which is forbidden, restricted or confidential.

In the past many non-Māori social scientists abiding by this supposition, have seen Māori communities merely as research projects; as “guinea pigs for academic research” (Stokes, 1985, p. 3). Te Awekotuku (1991, p. 11) refers to “dominant and aggressive [Pākehā] researchers and academics” who, like other non-Indigenous researchers, have subjected Indigenous communities to “decades - even centuries - of thoughtless, exploitative, mercenary academic objectification” (Te Awekotuku, 1991, p. 12); an attitude described by Cram (1993) as a product of colonisation. Stokes (1985) and Cram (1993) both suggest that in the past a number of Pākehā academics have quite successfully built their careers on the backs of Māori by becoming expert on us, their research satisfying the criteria set by Pākehā institutions but offering very little back to the Māori community in return. Others (Walker, R., 1979; McNeill, 1988; Smith, 1992) similarly refer to Māori under study rarely benefiting from research:

*Our people need us to treat their taonga with respect and to do research in a manner which will benefit them. This has not been our experience with past research which generally only benefits the researchers, either academically or financially and does not help and in some instances has disadvantaged Māori leaving us worse off than we were prior to the study. (Gilgen, 1988, as cited in Gilgen, 1991, p. 51)*

Wetere writes in his Foreword to *Rapuora* that “many times in the past Māori have been observed, dissected and frozen in sometimes unflattering and unpalatable figures” (Murchie, 1984). Indeed, there is a widespread feeling within the Māori community that much of the descriptive research about Māori only serves to reinforce existing negative stereotypes (Stokes, 1985; Jackson, 1987) which in turn perpetuates a negative Māori self-image (Tauroa, 1983, as cited in Jackson, 1987):

*Research findings appear as yet another example of the overt and covert ways in which Māori people are reminded of their “shortcomings” and “weaknesses”. (Jackson, 1987, p. 17)*

Jackson (1987, p. 17) warns that the constant reiteration of negative images can lead to “misconceptions from which prejudice springs”. The natural response from Māori is to question the value of such research:

*We, as one ethnic minority, as a divergent entity, will be written about, scrutinised and ultimately objectified by others. For whose long-term gains?*  
(Te Awekotuku, 1984, p. 247)

A number of other Aotearoa/New Zealand authors (Walker, R., 1979; Stokes, 1985; Smith, L., 1985; Hohepa & Smith, G., 1992; Irwin, 1994) have described similar concerns about the impact of such research, described by Te Awekotuku (1991, p. 12) as “research in the fourth world”<sup>4</sup>.

Bishop (1996, p. 14) contends the focus of these concerns is on “the locus of power and control over research issues such as initiation, benefits, representation, legitimation and accountability”. In recognising the political implications of this approach, some Māori have begun to resist further research into their lives by non-Māori researchers and, according to Te Awekotuku (1991, p. 12), “are actively withdrawing and retrenching”. Other Indigenous communities have taken similar steps to protect their knowledge from research exploitation through both legislation and active limited access. In the 1980s some Indian reservations in the United States for example, had huge signposts banning anthropologists, and in Papua New Guinea research permits had to be secured before any research by foreigners could be undertaken (McNeill, 1988):

*Papua New Guinea and Western Samoa have strict procedures regulating research, and in many Native American nations, access is severely limited, and often occurs only when the researcher is a native speaker and community member, working in the interests of the nation. ...Even policy motivated research is permitted only when conducted by the local, or tribal, government, or, in the case of ‘outside agency’, after closed liaison and consultation. (Te Awekotuku, 1991, p. 12)*

In acknowledging all these perspectives and associated concerns, an interpretation of Māori research adopted for this study, is that it goes beyond an acknowledgment of ethnicity or method. It is the research of Māori, by Māori, for Māori, employing approaches that accord with Māori values, ethics and worldviews. The purpose is to advance Māori people and to increase Māori knowledge.

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<sup>4</sup> The term ‘fourth world’ was coined by Indigenous activists and academics to explain uneven relations that exist between non-Indigenous and Indigenous people living in the ‘first world’ (developed, capitalist, industrialised countries). Fourth world is emblematic of the Indigenous struggle not only against colonisation but also for recognition and emancipation (Slowey, 2005).

## Te Hiranga o te Mātauranga: The Importance of Knowledge

Te Awekotuku (1991) stresses the importance of knowledge in ancient Māori society, where secrecy and imposed sanctions were used alongside the observation of tapu for the protection of highly prized and tightly regulated tribal information:

*Knowledge was to be kept from discovery or abuse by hostile people. Those who would learn that knowledge were required to observe the rule holding such knowledge as secret. Betrayal or breaking of this ethical commitment usually resulted in severe punishment. (Milroy 1996, p. 60)*

Te Awekotuku (1991, p. 13) describes research as “the gathering of knowledge— more usually, not for its own sake, but for its use within a variety of different applications. It is about control, resource allocation, information and equity. It is about *power*”. Because of the strong oral tradition in Māori society, Māori have not necessarily passed on knowledge and information universally. Some knowledge and expertise belongs only to certain people. Knowledge is passed on personally and the specific social contexts of transmission are critical:

*In the Māori way, knowledge is a taonga. The person who has the knowledge is a storehouse for the people. To pass it out as they need it, to pass it on to future generations. (Awatere, 1984, p. 94)*

Māori have an attitude towards knowledge and understanding which is essentially holistic, acknowledging the past as part of the present (Stokes, 1985; Jackson, 1987). Tapu knowledge is handed down as ‘taonga tuku iho’, that is from the ancestors. Waiata and mōteatea, for example, are highly valued by Māori not just for their entertainment value, but also because they are a preferred and effective means of transmitting culture and information. This tapu nature of knowledge has also meant that when it was entrusted to individuals, it was transmitted accurately and appropriately. Knowledge is expressed in the form of personal power known as mana. How it is used is crucial as traditionally it ensured the survival of the group and maintained its mana (Smith, L., 1985).

Historically, non-Māori researchers in Aotearoa/New Zealand have frequently undervalued and belittled Māori orally acquired and orally transmitted knowledge, and

learning practices and processes. Bishop (1996) purports this has been in order to enhance those of the colonisers and adherents of neo-colonial paradigms.

R. Walker (2005, p. 1) also refers to the disqualification of Māori knowledge as “inadequate, naive and located low down on the hierarchy of knowledge, beneath the scientific level of cognition” by the colonising Pākehā. Referring to Foucault’s (1980) inference of Maori knowledge as ‘subjugated knowledge’ he states, “The consequence of that disqualification was the erosion of Maori language and culture to the point of imminent Maori language death”.

Colonisation has not necessarily eroded the oral tradition of Māori however, nor the understandings of Māori knowledge (Cram, 1993). Many Māori continue to believe “that there is a uniquely Māori way of looking at the world and learning” (Smith, L., 1985).

To Māori, knowledge gathering and processing is more than a series of epistemological or methodological issues to be debated by academics. The long-standing prohibitions and cultural benefits ascribed to the processes of knowledge production and definition show it is a fundamental issue for Māori society. Knowledge is powerful and is to be treasured and protected for the benefit of the group and not for the individual. The cumulative view of knowledge as objective, value-free and apolitical, is presumptive:

*For Māori there was none of the concept of “researcher” as an independent, neutral observer who was accountable to him/herself or the academic community rather than the community being researched. (Milroy, 1996, p. 60)*

Jackson (1987, p. 41) aptly describes the Māori attitude towards knowledge and understanding in his statement: “it seeks not merely to describe, but to seek out seeds of understanding”. This attitude, which resonates with feminist research, is that research simply for the sake of knowing is pointless:

*There should be more specific aims and objectives in Māori research that are directed at helping people in their daily lives. (Stokes, 1985, p. 3)*

Therefore, the gaining and the transmission of new knowledge in a Māori context is in order that the lives of the participants may be enhanced by the actions of the researcher.

In other words, the activity itself should have value and relevance to the people studied (Milroy, 1996; Pere, L., 1997).

For Māori then, the purpose of knowledge is to uphold the interests and the mana of the group; it serves the community. Researchers are not building up their own status alone; they are seeking pathways for the betterment of their Iwi and for Māori in general:

*It is vital... that the knowledge gained from research benefits the community... the activity itself should have value and relevance to the people studied. (Te Awekotuku, 1991, p. 14)*

The ethical issue of ownership not only of the data but also of the knowledge pertaining to the research is an important issue for Māori. Intellectual and cultural property rights of Indigenous people (First International Conference of the Cultural & Intellectual Property Rights of Indigenous Peoples, 1993) have important implications for research such as this. Ownership of the research material in this study therefore and its use both at the end of the task and in the future is once more with Māori.

### **Whakamana: Empowerment**

This study then, must be concerned with issues of social responsibility, moral accountability, social relevance, and must be cognitive of the political application of the findings, and their actual effectiveness (Te Awekotuku, 1991). Hence, the measure of usefulness of this research is whether it leads to the empowerment of Māori.

*In the context of research, empowerment means that Māori people should regain control of investigations into Māori people's lives. (Bishop, 1994, p. 175)*

According to McLean (1995, p. 1059) “empowerment defines the personal and political processes by which... consumers gain validation and restore their sense of dignity and self-worth”. He asserts that through these personal and political processes “consumers come to recognise and begin to exercise control over the material circumstances of their lives”:

*How they exercise control will depend on how... they determine for themselves how to handle their problems and how to improve their situation through their self-concept or personal circumstances; at the group level, advocating for programmes to respond to community needs; at the societal level, acting to transform social conditions through laws and policies that challenge discriminatory practices and economic structures that reproduce disabling material conditions. (McLean, 1995, p. 1059)*

Rapp, Shera, and Kisthardt (1993, p. 732) state, “empowerment embodies such concepts as confidence, control, decision authority, influence, autonomy, and self-trust”. They describe an empowerment paradigm for use in research with Tāngata Whai Ora/consumers, which resolve the researcher ask: Whom does the content of this research empower? “Who does this method of research empower? What voice does it amplify? Whose point of view does it champion?” (Rapp, Shera, and Kisthardt, 1993, p. 729).

In employing an empowerment approach to this research, I have actively sought to listen and “hear what [Tāngata Whai Ora/] consumers are saying”, by engaging with them in a way that allowed me to learn from them, rather than study them (Rapp, Shera, and Kisthardt, 1993, p. 730). I have also attempted to emphasise their perspective in this research by amplifying their voice. My accountability has primarily been to these Māori being researched, with ultimate accountability to our collective whānau, hapū and Iwi.

### **Matatika: Ethics**

Ethics are fundamental to the entire research process and must be considered before any research commences (Te Awēkotuku, 1991). Denzin and Lincoln (2000) in fact, consider ethics the most important component of a paradigm. Ethical approval for this research was obtained from the Massey University Human Ethics Committee and the Wellington Health and Disability Ethics Committee on behalf of Auckland, Canterbury, Hawkes Bay, Tairāwhiti and Southland Ethics Committees.

Because this research was substantially couched in Māori terms, it was also particularly important that research ethics appropriate within contexts involving Māori were observed. A range of publications and policies developed to assist researchers manage the ethical issues raised in research with Māori therefore guided the research (Health Research Council of New Zealand/Te Kaunihera Rangahau Hauora o Aotearoa, 1997, 1998; Te Pūmanawa Hauora, 1999). Guidance from the efforts and experiences of those Māori researchers who had gone before was also sought, and by work such as Te Awekotuku's set of guidelines for researchers conducting research on Māori (Te Awekotuku, 1991) and the Hongoeka Declaration (Te Pumanawa Hauora ki Te Whanganui-a-Tara, 1996). Its kaupapa<sup>5</sup> states that:

*As Māori researchers in the area of Māori health we are committed to working for research which contributes towards hapū, iwi, tangata whenua development. This process means regaining Tino Rangatiratanga and overcoming the negative impacts of colonisation. We acknowledge the Treaty of Waitangi as the basis for partnership between Māori and the Crown and will work to incorporate the values underpinning the Treaty in our work. (Te Pumanawa Hauora ki Te Whanganui-a-Tara, 1996, p. 7)*

A number of ethical issues were raised early in this research. These included the role of the researcher, the importance of informed consent, issues of privacy and confidentiality, access to and ownership of the data, how the data were to be used and a commitment to do no harm (particularly with respect to Tāngata Whai Ora/Motuhake and their whānau).

Informed consent respects the autonomy of the subjects and protects them (Wilkinson, 2001). It was therefore a cornerstone of the research. Whenever possible and appropriate then, both oral and written consent was obtained from the participants.

Informed consent requires that participants be informed of who is conducting the research, why the research is being undertaken, and what the results will be used for. In both the Information Sheet (Appendix A) and Consent Form (Appendix B) participants in this research were informed of the confidentiality of the research, how much of their time it would generally take, their role in it, and the reason for their

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<sup>5</sup> The term 'kaupapa' is used throughout the thesis to mean either 'a strategy, theme or philosophy' (singular) or 'strategies, themes or philosophies' (plural).

selection. They were informed that any information provided must be voluntarily given, that it was optional to participate and if they chose to participate, they were able to withdraw at any stage with all the information they had provided up until that point, without any notion of penalty. They were informed that their protection as research participants included removing all identifying information including names from the raw data, and archiving their transcribed and analysed interviews in a non-identifiable manner. This included ensuring that the identification of individuals was possible only by reference to a master index, which was stored separately from the raw data, and taking all reasonable care to store the data that were collected securely, in a locked cabinet. They were also informed that raw data would be destroyed four years after completion of this research.

In addition, participants were offered a summary of the research on its completion, and were advised that they could attend one of a series of hui held as a means of further dissemination of the results.

Due to the field of enquiry, and the focus on Tāngata Whai Ora/Motuhake participation, there was deliberate caution exercised in ensuring no harm was done to the research participants. Tāngata Whai Ora/Motuhake in particular, may be deemed to be 'vulnerable subjects', that is those "whose disability makes it impossible for them to weigh the risks and benefits of participation and make an informed decision" (Polit and Hungler, 1995, p. 128). Participants needed to be protected from coercion and/or manipulation and every effort was made to ensure a genuine sense of partnership.

### **Hononga Ihiihi: Power Relationships**

The issues of power and the effects they have on Māori research cannot be disregarded. The potential for power to present problems in this research were many. Apart from the obvious interviewer/interviewee power relationship, there was potential for misappropriation of power by a person without experience of mental illness interviewing Māori with experience of mental illness. In addition, my clinical status (a Registered Nurse) had the potential for a power differential to be felt by Tāngata Whai Ora/Motuhake. In a study into discrimination experienced by people with experience

of mental illness, Tāngata Whai Ora/Motuhake identified nurses as one of the main health professional perpetrators of such discrimination (Peterson, Pere, L., Sheehan, & Surgenor, 2004).

I attempted to address this concern in a number of ways. Knowledge is power, and so by offering as much information as possible about what their participation would involve, I aimed to balance these knowledge 'scales of power'. I therefore provided the participants with an Information Sheet along with the Interview Schedule (Appendix C) and Consent Form prior to the interview, and all participants were encouraged to ask any questions they had prior to the interview commencing.

Engaging in what I referred to as 'pre-research consultation' also helped to address potential power relationship problems. This is expanded on in Upoko Rima: Āhutatanga Mahi.

### **Kāwai Tangata me te Rangahau: The Importance of Ethnicity in Research**

Ethnicity is a critical element of cultural fit (Keriata Stuart, kōrero-a-waha, August 7, 2005), so the ethnicity of the researcher takes on an especially important dimension. Having established a difference between Māori and non-Māori worldviews, it stands to reason that a Māori researcher's approach to any piece of research is likely to be different to a non-Māori researcher's approach. The way Māori researchers conduct research with and about Māori participants, gather information, and ask questions, is different insofar as it depends on culturally determined methods of access to Māori thought, and intuitive and communicative nuances that are difficult to acquire from a secondary learned perspective. Some, like Stokes (1985) beg to differ. Like others, she suggested a very 'in-touch' Māori-friendly and accepted non-Māori researcher might gain the same information:

*...researchers may be Māori or Pākehā. The racial or biological origin or skin colour is less important. What is important and essential is that the researcher can operate comfortably in both cultures, is bicultural and preferably bilingual.*  
(Stokes, 1985, p. 9)

The substantial amount of fieldwork I have undertaken with Māori participants, often alongside non-Māori researchers, raises doubts about that view. I surmise that the information offered to me as a Māori researcher would not have been offered to a non-Māori researcher. The depth of information would not have been accessible had it not been for the fact that a Māori researcher undertook the research.

Murchie (1984) recognised this likelihood, even in gaining access to Māori research participants:

*On more than one occasion, a woman who did not appear to be Māori identified herself as Māori when the interviewer, another Māori woman, appeared on her doorstep. Many householders expressed positive feelings on this point saying they would not have taken part in the survey had they been approached by a non-Māori. (Murchie, 1984, p. 22)*

It is not just a matter of quality research and impeccable communication skills. If so, any skilled non-Māori researcher could gain the same information. Yet Māori research participants offer different information to Māori researchers than non-Māori researchers, if placed in exactly the same environment and interviewed on the same topic. This is not only because Māori access information differently than non-Māori but also because Māori respond differently to Māori than we do non-Māori. This may be due to the fact that Māori research participants have different expectations and make different assumptions about Māori researchers than they do non-Māori researchers. They know that ultimately the researcher will have a whakapapa-based accountability that will have wider implications beyond the narrow confines of a 'project'.

Despite suggesting that skilled non-Māori researchers may gain the same information from Māori research participants as Māori researchers, Stokes (1985, p. 6) appeared to acknowledge this possibility. She suggested that Māori research participants may "provide answers (if they cooperate at all) which they think the Pākehā researcher wants, out of politeness and hospitality; or may even occasionally deliberately distort responses according to a Māori logic not perceived or understood by the [Pākehā] researcher". Māori researchers are not only more able to discern such responses, but are also less likely to encounter them because Māori research participants are more likely to feel able to respond honestly to Māori researchers.

In order to maximise the validity of research then, Māori research is best undertaken by Māori who operate from a Māori paradigm. This resonates with Allen and Read's (1997) assertion that only Māori researchers are qualified to judge the appropriateness of integrated mental health care for Māori. They believe it is important that all researchers recognise the limitations that their cultural origins impose on them when researching, or commenting on, the mental health needs of other cultures.

Turbott (1998) challenges this perspective, arguing that although Indigenous and minority groups world-wide are entitled to assert their uniqueness and right to self-determination, this is a huge step from the assertion that research in matters concerning Indigenous people should only be conducted by members of that group. He believes that instead, there are sound reasons to advocate and support cooperative and cross-cultural research, under appropriate conditions.

Turbott (1998) further states that the history of anthropology and ethnology has been based in the study of one group by members of another. He suggests Aotearoa/New Zealand has been greatly enriched by enterprise like this, citing Salmond's (1975) anthropological studies of Māori as an example.

In furthering his argument, Turbott (1998) also suggests that practicality and resource issues stifle the 'by Māori for Māori' approach. Allen (1998) attributes the insufficiency in the numbers of properly resourced Māori researchers to the aftermath of colonisation. Irrespective of the cause, Turbott (1998, p. 303) believes that despite the positive steps being taken to redress the imbalance, Indigenous researchers in most places are still far too few to address even a fraction of the deserving issues, and waiting until suitably qualified Māori researchers emerge "could well stultify research in New Zealand". Referring to Gill (1994), he suggests that this has already occurred in North America, "where political sensibility has led to the virtual cessation of the once active study of Indigenous Indian religion" (Turbott, 1998, p. 303).

Addressing this issue, G. Smith (1990) proposes four models whereby non-Māori are able to conduct culturally appropriate research as opposed to Māori research: the Tiaki or Mentor model; the Whangai or Adoption model; the Power Sharing model; and the Empowering Outcomes model. Through use of the Tiaki model, culturally appropriate research is guided and mediated by authoritative Māori people. Using the Whangai

model the researcher becomes ‘one of the whānau’. Salmond’s research with the Stirling whānau is an example of the use of this model. The Power Sharing model requires community assistance to be sought by the researcher, “so that a research enterprise can be developed in an enterprising way” (Cram, 1993, p. 32). And the Empowering Outcomes model refers to culturally appropriate research that supplies answers and information that Māori want to know. The example given in this case is Richard Benton’s language research since the 1970s, which initially informed concern about the survival of te reo Māori, and has since aided in its revitalisation.

In this context then, Māori health research can be seen as health research and health information concerning Māori, developed for and working with Māori, determined and coordinated by Māori.

### **Whakawā Wawe: Bias**

A perceived ‘danger’ of Māori researching Māori for Māori is that the research may not be seen to be objective and this may bias results. Indeed, in academic undertakings the traditional academic stance is that of the detached observer who takes no responsibility for the consequences of the results of the research (Stokes, 1985). By the same token, many Māori believe that a mono-cultural Pākehā approach can also introduce an unacceptable bias into the research analysis (McNeill, 1988).

House (1977) cautions that researchers must be ever mindful of the need for impartiality and must not be seen as having previously decided in favour of one position or the other. According to Glover (1993, p. 27) however, “it is now widely acknowledged that every piece of research is biased by certain contextual variables”, just as every piece of research “reflects the values of the researcher”. This stand is supported by Denzin and Lincoln (2000) who suggest that because research is not value-free, investigators cannot be divorced from the cultural, social and political context of their topics. Te Awekotuku (1991, p. 13) similarly argues this point, explaining that by its very nature social science research is “specifically focused on people” and “pertinent to political management and political planning”:

*The very enterprise of social science, as it determines fact, takes on political meaning. In a world of widely communicated nonsense, any statement of fact is of political and moral significance. All social scientists, by the fact of their existence, are involved in the struggle between enlightenment and obscurantism. In a world such as ours, to practice social science is, first of all, to practice the politics of truth. (Mills, 1961, as cited in Te Awekotuku, 1991, p. 78)*

## **Rangahau Manawahine: Feminist Research**

Besides being a Māori researcher, I am also a female researcher. I am influenced by my experience as a woman, and bring this perspective with me in my approach to research.

Black feminist historian White (1984) contends that Afro-American women who have been pushed by their marginalisation in racial and sexual equality have created Black feminism. In assessing potentially positive qualities of social difference, specifically marginality, Lee (1973, p. 64) notes “for a time this marginality can be a most stimulating, albeit often a painful experience. For some, it is debilitating... for others, it is an excitement to creativity”. In research analysis, this excitement to creativity may offer Māori feminist academics a view on reality obscured by more orthodox approaches. The potential usefulness of identifying and using one’s own standpoint in conducting research is vast.

Milroy (1996, p. 68) cautions however, “while some of the ideas from feminist methodology have resonance with ideas about Māori methodology... there is much that is different”. She suggests it is important that Māori not be drawn into adopting available feminist thinking wholesale, because such thinking is culture specific. L. Smith (1992) also refers to this in her contention that in attempting to theorise our own lives, wāhine have frequently resorted to white feminist concepts as a means of understanding Māori:

*While white feminisms may help to gain insight into 'Otherness' at one level, at another level these forms of feminism may perpetuate otherness further. (Smith, L., 1992, p. 34)*

Both Irwin (1994) and L. Smith (1992) assert instead that wāhine do not need anyone else developing the tools which will help us come to terms with who we are. Instead we need to control our own definitions of self:

*We can and we will do this work. Real power lies with those who design the tools— it always has. The power is ours. Through the process of developing such theories we will contribute to our empowerment as Māori women, moving forward in our struggles for our people, our lands, our world, ourselves. (Irwin, 1994)*

Whilst this study cannot be called feminist research, it does incorporate some elements of the feminist approach, particularly those that meld well with the Māori approach, such as the need for real improvement to come from the research (Milroy, 1996).

I am also aware that as a woman interviewing female participants my approach is different than when interviewing male participants. This is because in general, our relationship as women allows us certain understandings about the way we communicate, which are inherent. We are more relaxed with each other. We know each other's behavioural meanings (Pere, L., 1997). Oakley (1981) in her analysis of interviewing women suggests feminist interviewers' primary orientation is towards the validation of women's subjective experiences as women and as people.

I would surmise that although parallels can be drawn with Māori interviewing Māori, as a wahine<sup>6</sup> interviewing wāhine, this situation is on yet another level (Pere, L., 1997).

## **Huarahi Inekupu: Qualitative Approach**

Having considered both theoretical and feminist perspectives, empowerment, Indigenous understandings of knowledge, and the importance of ethics, ethnicity, and potential bias in Māori research, consideration must be given to methodologies.

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<sup>6</sup> The term 'wahine' is used throughout the thesis to mean 'a Māori' woman' (singular).

The primary methods employed for the research methodology of this study were qualitative. In particular qualitative data were collected through individual interviews and group consultation to find out the meaning Māori attach to identity and wellbeing.

Qualitative research is a method of naturalistic enquiry. Its strength as a research method is that it allows people to be studied in their natural social settings and therefore allows naturally occurring data to be collected. It also enables the researcher to be free to shift focus as the data collection progresses– “as long as the process does not become disorganised and lose its rigour” (Bowling, 1997, p. 311).

Hart (1998) purports that the bulk of research in the social sciences is aimed at explaining, exploring or describing the occurrence (or non-occurrence) of some phenomena. Qualitative research in particular emphasises description rather than explanation, whereas quantitative research is underpinned by experimental and positivistic approaches, that is research which proves an hypothesis (Henwood and Pidgeon, 1993).

Henwood and Pidgeon (1993) describe the strength of qualitative research as representing reality through the eyes of the research participants themselves. Patton (1980) also describes this ability of qualitative research to provide a framework within which respondents can express their own understandings in their own terms, and defines this as a fundamental principle of qualitative interviewing. In addition he describes his view of research as grounded in the observation that “research ought to be useful” (Patton, 1980, p. 12). Such an approach is comparable with Kaupapa Māori research.

Although each has its place, qualitative research has demonstrable advantages over quantitative methods in situations where there is little pre-existing knowledge, when a researcher is attempting to gain an understanding of a field of study, or where the issues are sensitive or complex– such as is the area of research in this study. It is also usually less obtrusive than quantitative investigations (Bowling, 1997; Minichiello, Sullivan, Greenwood and Axford, 1999).

Although qualitative methods are derived from Western research practices, in this study these methods were supported and supplemented by Māori methods of engagement,

interaction, practice and dissemination (Boulton, 2000). This research has therefore used a qualitative approach within a Kaupapa Māori framework.

### **Anga Kaupapa Māori: Kaupapa Māori Framework**

L. Smith (1985) described Kaupapa Māori research as a philosophical approach to research for those who are working with Māori on topics of importance for Māori. This approach is based on tikanga, and on values such as those stated in the Declaration set down for Rangahau Hauora Māori at the *Hui Whakapiripiri* held at Hongoeka Marae, Plimmerton in February 1996, drawing on such elements as: working to gain the cooperation of participants; Māori supervision and involvement in the research; trying to capture the full picture; valuing the direct voices of the people concerned; and making a contribution to the development of the Māori workforce (Te Pumanawa Hauora ki Te Whanganui-a-Tara, 1996).

Hohepa and G. Smith (1992) described four criteria for Kaupapa Māori research, these being that it: is related to 'being Māori'; is connected to Māori philosophy and principles; takes for granted the validity and legitimacy of Māori, the importance of te reo Māori, and Māori culture; and is concerned with the struggle for autonomy over Māori cultural well being.

While Kaupapa Māori methodologies were acknowledged in the 1980s and 1990s, what constitutes Kaupapa Māori research is still not definitively determined. A number of notable Māori academics addressed this issue at the *Hui Whakapiripiri* held at Tama te Kapua Marae, Rotorua in September 2001.

Pihama (2001) stated that there will never be a consensus on what Kaupapa Māori research is because there will always be multiple, variant and diverse Māori. Nevertheless she described Kaupapa Māori research as being undertaken for Māori by Māori in a Māori way, suggesting it is about the centring of Māori worldviews. Pihama (2001) also affirmed that Kaupapa Māori must include either a commitment to, an affirmation of, or a validation to te reo Māori.

Reid (2001) stated that Kaupapa Māori, as a spectrum, is not a prescribed set of methods. Instead research by Māori researchers about Māori must ensure processes are culturally safe, generate solutions, and involve action and change. This viewpoint is supported by L. Smith (1997, p. 23) who states “Kaupapa Māori... contains within it a notion of action and a commitment to change”.

L. Smith (1999, p. 184) also points out that “not all those who write about or talk about Kaupapa Māori are involved in research” and that in fact “Kaupapa Māori has been applied across a wide range of projects and enterprises”. Kura Kaupapa Māori - Māori schools immersed within Māori frameworks and delivering education in te reo Māori - are probably the most renowned example. A significant initiator of this education, Sharples (2001), also described his understanding of Kaupapa Māori research at the *Hui Whakapiripiri*. He stated that research with Māori should be totally in line with the aspirations of Māori, and with the ideals of Kaupapa Māori. Kaupapa Māori represents an initiative by Māori for Māori outside of existing frameworks. Māori health research should be maintained in the context of Kaupapa Māori, that is, where Māori are able to live ‘as Māori’, with language intact. Sharples (2001) believes Māori research is research that must: acknowledge Tino Rangatiratanga; be emancipatory (appear as fresh, exciting opportunities, to increase Māori performance); be visionary (offering the promise of a Māori future, not compromising Māori identity, and reeking of hope); validate Māori knowledge in accordance with Māori wishes (including the use of Māori language); use Māori pedagogy (acknowledging whakapapa, tapu and noa<sup>7</sup>, and kōrero pūrākau<sup>8</sup>); adhere to kawa<sup>9</sup>; and most importantly, be immersed in the whānau (utilising the concepts of whānau relationships).

This study meets many of these identified definitions of Kaupapa Māori research; it is research by Māori for benefit of Māori, it has the potential to contribute to Māori health gains, has meaningful involvement of Māori from inception to delivery of benefit, and can advance the aims, goals and processes of positive Māori development.

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<sup>7</sup> The term ‘noa’ is used throughout the thesis to refer to something that is free from tapu, that is something that is not forbidden, restricted, confidential or sacred.

<sup>8</sup> The term ‘kōrero pūrākau’ may be interpreted as ‘legends’, but more correctly refers to statements of cultural fact according to individual hapū and Iwi.

<sup>9</sup> The term ‘kawa’ is used to mean ‘protocol’.

## Huarahi Mahi: Methodologies

Naming the actual methodology used in this research has been a difficult process. Attempting to decolonise Western methodological paradigms and finding fitness of purpose with them in research that uses an Iwi epistemology has been challenging.

Pihama (2001) made the important point at the *Hui Whakapiripiri* that “there are millions of Pākehā methodologies and we don’t have to think there is just one for Māori”. Milroy (1996) also believes there is no generally agreed theory about appropriate methodology for Māori research:

*...imported theoretical models are not necessarily the best starting point for research which replicates something designed in and for another cultural situation. (Stokes, 1985, p. 19)*

The difficulty stems from the importance placed upon methodology in research. With a traditional academic approach, the methodology determines the methods, which shape the research. In this research however, the process was an iterative one. Broad methodological directions provided a substrate but the process remained fluid to accommodate issues that arose (often unexpectedly).

Jackson (1996) argues against having to justify Māori research methodology when the Treaty of Waitangi reaffirmed the right of Māori to develop the processes of research that are appropriate for Māori people. His reasoning is supported by Stokes (1985, p. 8) who suggested “the interpretation of Māori data must be perceived in Māori terms, not forced into preconceived Pākehā methodologies”. Pihama (2001) in fact questioned whether people who do not have an understanding of Kaupapa Māori research should be assessing it.

L. Smith (1999) suggests the crux of the issue may lie in the naming of methodologies:

*...indigenous communities as part of the self-determination agenda do engage quite deliberately in naming the world according to an indigenous world view. What researchers may call methodology, for example, Māori researchers in New Zealand call Kaupapa Māori research or Māori-centred research. This form of naming is about bringing to the centre and privileging indigenous*

*values, attitudes and practices rather than disguising them within Westernised labels such as 'collaborative research'. (Smith, L., 1999, p. 125)*

All methodologies have their limitations just as all have their benefits. Qualitative research is the main method used by anthropologists in ethnography whereby participant observations and/or qualitative interviewing are used to study members of a particular culture, and by social science researchers in phenomenology. Qualitative research also has a tendency towards grounded theory (Bowling, 1997). In fact, according to Te K. Kingi (2005, p.9) “Māori research philosophies are not necessarily inconsistent with western approaches and methods... [T]hey can be used along side each other... without compromise”.

Accordingly, aspects of many of the more traditional methodologies such as critical theory may be applied to this research, as Pihama (1993) observes:

*Intrinsic to Kaupapa Māori theory is an analysis of existing power structures and societal inequalities. Kaupapa Māori theory therefore aligns with critical theory in the act of exposing underlying assumptions 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' to provide ad hoc justification for the maintenance of inequalities and the continued oppression of Māori people. (Pihama, 1993, p. 57)*

Commonalities also exist with principles of other well-known methodologies such as case study, narrative, and phenomenological approaches.

A case study is a research method that is able to focus on the circumstances, dynamics and complexity of a small number of cases. It is a valuable biographical research method used to obtain a narrative of a participant's life, and is also known to be useful for researchers with a phenomenological perspective:

*The aim of the case study is to understand the case selected for study. (Bowling, 1997, p. 360)*

The narrative approach allows the researcher to tell stories about the worlds they have studied; the narratives being accounts couched and framed within specific storytelling traditions (Denzin and Lincoln, 2000). L. Smith (1996) argues that groups like Māori

have our own history, beliefs and values that are our own constructions, and that 'writing back' by telling the story from a Māori perspective so as to benefit and serve the interests of Māori, is all important:

*The narrative approach stresses the importance of the story the respondent has to tell, focusing on presentations of the actual transcripts. (Bowling, 1997, p. 349)*

The emphasis in the narrative approach is placed on analysing the context of the narrative in its original and intact form. This is also known as discourse analysis (Bowling, 1997).

Phenomenology is defined as "the philosophical belief that, unlike matter, humans have a consciousness":

*They interpret and experience the world in terms of meanings and actively construct an individual social reality. (Bowling, 1997, p. 390)*

Phenomenology is an approach that appears to be the antithesis of positivism. Whereas positivism emphasises positive facts and "assumes that there is a single objective reality that can be ascertained by the senses, and tested subject to the laws of the scientific method", phenomenology emphasises that 'reality' is multiple and socially constructed (Bowling, 1997, p. 110). This study leans far more towards the methodology of phenomenology with the use of semi-structured and unstructured interviewing methods, and inclinations to capture the subjectivity of the participants. As Bowling (1997) purports "structured measurement scales and questionnaires are unsatisfactory, because it is unknown whether all the important domains are included".

Bowling (1997) argues that through emphasising superficial facts, positivism does not truly understand the underlying mechanisms of observations, or their meanings to individuals. Phenomenology however, aims to give meaningful understanding to social 'facts' by considering the whole context of the social situation and its members.

Positivism is a methodology that is well established institutionally and theoretically, and because of this many take for granted the hegemony of its methods in the search for knowledge (Smith, L., 1999). Its use of the language like "objectivity, distance and

control” (Denzin and Lincoln, 2000, p. 92) however distances it from Kaupapa Māori methodology:

*Kaupapa Māori research is imbued with a strong anti-positivistic stance.*  
(Smith, L., 1999, p. 189)

An important point to mention in negating the worth of other methodologies for this study is that use of a ‘non-traditional methodology’ neither impedes nor reflects on the quality of the research. Stokes (1985, p. 5) argued against the attitude that research done in a Māori framework does not appear to carry the “validity”, statistical, methodological or otherwise, of traditional academic research:

*The same high standards of meticulous attention to accuracy, impartial investigation of all relevant aspects of the topic, clear presentation of issues and conclusions, and so on, apply as much in Māori research as in any other.*  
(Stokes, 1985, p. 5)

Te K. Kingi (2002, p. 87) reiterates this point, noting, “The juxtaposition of a Māori-centered approach alongside more conventional empirical approaches did not create obstacles, nor diminish the significance of any one method”:

*Instead, the experience has reinforced the view that research into contemporary Māori life will be enriched by the adoption of multi-methodological strands.*  
(Kingi, Te K., 2002, p. 87)

## **Huarahi Mahi Tuatini: Mixed Methodology**

It may be argued then, that the methodology used to gather qualitative data in this research was mixed. A preference for a mixed methodology was based on a desire to prioritise participants’ voices, whilst being cognisant of Māori knowledge and understandings. After an extensive literature search, it was decided to use conventional Western tools and methods, including feminist, case study, empowerment, narrative, and phenomenological approaches, alongside a Kaupapa Māori paradigm. How participants were selected and approached, how the data were collected, how they were analysed, and how and at what stages the results were disseminated to the research

participants and the wider Māori community, was dictated by this approach. Cassel and Symon (1994) report that using multiple methods like this enables researchers to capture both individual and group experiences.

Whilst a qualitative approach - used to capture the thoughts and feelings of Tāngata Whai Ora/Motuhake - may not have allowed breadth, it certainly permitted depth. The desire for tangible benefits to come from the research fitted well with some elements of a feminist approach, just as the need for the research to lead to the empowerment of participants was able to be incorporated through an empowerment approach. A narrative approach - used to stress the importance of the stories the participants had to tell - was fundamental to amplifying participants' voices. So was a phenomenological approach - used to emphasise meaning as opposed to form. By using narration participants' stories were able to be told from a Māori perspective, and by using phenomenological perspectives participants' personal understandings of their experiences were able to hold meaning.

L. Smith (1999, p. 184) writes "not all Māori researchers would regard either themselves, or their research, as fitting within a Kaupapa Māori framework". An example of such is Russell (kōrero-a-waha, April 29, 2005) who claims the right to name her doctorate research as native theory based upon an Iwi epistemology. Nikora (2001), speaking at the *Hui Whakapiripiri*, similarly described her research as Māori-focussed research rather than Kaupapa Māori research, explaining this as research that is based upon the question 'What can we do that is of benefit to Māori?' This approach resonates with Cunningham's (1998) Māori-centred approach.

The term 'Māori-centred' is derived from a taxonomy or classification system of Māori research based on the degree of Māori involvement and control in a specific research project. The defining characteristics of Māori-centred research are that Māori are more likely to be involved at all levels of the research (that is, as participants, researchers and analysts), that Māori data will be collected, that Māori analysis is applied, and as a result, that Māori knowledge is produced. A feature of Māori-centred research is that both contemporary mainstream and Māori methods and tools are used to produce and analyse the data.

Ratima (2001, p. 155) debates the similarities and differences between Kaupapa Māori research and Māori-centred research. She notes that “Kaupapa Māori research and Māori-centred research share a common purpose- the generation and transmission of Māori knowledge”, but defines the differences, according to Cunningham (1998):

*...the main difference is that control of Māori-centred research is located within a mainstream institution (for example, a project being undertaken within a Māori academic department of a university), whereas Kaupapa Māori Research is controlled by Māori (for example, through a whare wānanga<sup>10</sup>, hapū, or Māori community group). In addition he indicates that Kaupapa Māori Research is more likely to have solely Māori participation and place a greater emphasis on the use of distinctly Māori methods. (Ratima, 2001, p. 155)*

An argument in favour of Kaupapa Māori research is not however based on these defining criteria. The defining difference between a Māori-centred approach and a Kaupapa Māori approach is purely the degree to which the research is based within tikanga Māori<sup>11</sup> (Smith, L., 1985).

The locus of control criteria posed by Cunningham (Ratima, 2001) as one characteristic of Kaupapa Māori research, is questioned in terms of its consequence. Is Cunningham’s postulation of difference in terms of control in reference to the difference in financial control, and if so, for what purpose? The inference is that financial decisions made by whare wānanga for example, have greater influence on Māori research than financial decisions made by universities. In fact the distinction in control between a university and a whare wānanga is more about the strength of tikanga both institutions are able to foster. This provision cannot be generalised to types of institutions, as Cunningham intimates, but rather is determined by the experience and knowledge of those staff within the institutions themselves.

R. Pere (1991, p. 34) loosely defines tikanga as applying what is right for a given context. In this regard, research decisions made by hapū and based on tikanga can

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<sup>10</sup> Whare wānanga are tertiary institutions which offer courses in a Māori-controlled environment, their core focus being the delivery of te reo Māori and mātauranga Maori to their students. They form an integral part of the Māori education system, following on from kōhanga reo (pre-schools), kura kaupapa Māori (primary schools), and whare kura (secondary schools). Although the term ‘whare wānanga’ is generally used by tertiary institutions in Aotearoa New Zealand as a Māori translation of the term ‘university’, there are currently only three modern whare wānanga in existence.

<sup>11</sup> The term ‘tikanga Māori’ is used throughout the thesis to mean ‘Māori custom’.

rightly be different from research decisions made by mainstream academic institutions also based on tikanga. Neither is right or wrong, but both must be cognisant of Māori values, beliefs, traditions and customs that inculcate and embrace everything.

It would seem that the Māori-centred approach to research is an adaptation of Kaupapa Māori research that sanctions a lesser degree of comfort with tikanga Māori. Cunningham's categorisation of research, though providing useful clarification of issues and research dimensions, was probably more useful in articulating the degree to which tikanga was applied.

This research aimed to ensure that tikanga Māori was maintained throughout the study both through the selection of an appropriate methodology, and through use of culturally safe research methods. Of particular importance was how data were collected, stored and used; the researcher acting as a kaitiaki<sup>12</sup> for the Māori data collected.

## **Whakarāpopototanga: Summary**

This chapter has wrestled with multiple perspectives on paradigms, approaches, methodologies, methods and frameworks relevant to Māori health research, in order to define those relevant to this study. In considering all these perspectives, I have concluded that this research utilises a qualitative approach influenced by feminist, case study, empowerment, narrative, and phenomenological approaches, all within a Kaupapa Māori framework.

The conclusion I have reached is consistent with the idea that a range of dynamic, though related, variables necessarily influence Māori research. My position, therefore, is that this study must necessarily build on the theories of others, but do so in a way that matches the particular objectives of the research as well as my own personal perspectives and beliefs. In this way the research aligns itself with both Māori and Western methods but takes place within a framework that recognises particular characteristics of this thesis and my position as a wahine.

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<sup>12</sup> The term 'kaitiaki' is used throughout the thesis to mean either 'caretaker' or 'custodian' (singular) or 'caretakers' or 'custodians' (plural).

The following chapters review the literature specifically relating to cultural identity and wellbeing for Māori.

## UPOKO TORU: TIKANGA TĀNGATA

### CHAPTER THREE: CULTURAL IDENTITY

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#### CHILDREN OF THE MIST

*Ko wai ahau e Kui?*

Who am I Nannie?

*He mokopuna koe naaku.*

You are my grandchild.

*He aha ai?*

How come?

*To papa he tama naku. No Ruatahuna koe.*

Your father is my son. You are from Ruatahuna.

*He tamaiti koe e ki ana he turehu. I heke mai koe i roto i te kohu.*

You are a child of the mist.

*He aha te kohu e Kui?*

What is mist Nannie?

*He kapua heke iho i te rangi. I heke mai koe i a Hinepukohurangi (me Tanetekohu)  
no reira he tamaiti koe no roto i te kohu.*

It's soft cloudy vapour which comes down from the heavens and covers the forest.  
You are a descendant of Hinepukohurangi (and Tanetekohu) therefore you are a  
child of the mist.

*Korero mai, he aha to mahi o enei tamariki e Kui?*

What do these children do Nannie?

*Ka whiti mai te ra ka ngaro te kohu ka awatea. Ka haere nga tamariki i o ratou  
haere.*

Once the sun comes up, the mist melts away (dissolves). It is daylight. The  
children can now see. They are free to do as they please.

*Haere ki hia? Te whea haere?*

What do they do? Where do they go?

*Ki te kato pikopiko te kato puha ki te kaukau ki te takaro.*

The children go to gather some food like pikopiko and puha or they can swim or  
just play.

*E Kui, he aha o kai?*

Nannie, what other food did they eat?

*He tuna, he pihipihi, he poaka puihi, he tawa, he kanga pirau, he taewa, he huhu, he  
miere. He wai.*

Eels, birds of the forest, wild pork, berries, fermented corn, potatoes, huhu grubs,  
wild honey. And water to drink.

*E Kui, kua mate kai au. Homai he kai.*

Nannie, you are making me hungry. Give me some food.

*Ae. Ana to kai e moko - he rare. Haere atu!*

Yes moko, here's a treat for you. Some lollies. Now off you go.

(Written by Georgi Leaf)

## Whakamārama: Explanation

This chapter addresses the first objective of the study by identifying the characteristics of Māori cultural identity, and examining the notion of cultural identity for Māori. The chapter is divided into two main sections.

The first section - 'Ngā Kāwai Tangata: Dimensions of Ethnicity' - reports on the relevant national and international literature relating to cultural identity. It discusses the classification of Māori ethnic identity; notes the historical and contemporary influences on Māori cultural identity; considers the diversity of cultural identity; and explores the effect of changing and negative identities.

The second section of this chapter - 'Ngā Tohu Tikanga: Cultural Indicators' - explores a number of measures of cultural identity, including: whānau associations; access to and knowledge of whakapapa, marae, whenua, and te reo Māori; contact with other Māori; use of rongoā Māori; and significance of waiata.

## Ngā Kāwai Tangata: Dimensions of Ethnicity

### *Āhuatanga Māori: Defining Māori*

*Māori are tangata whenua. Not people in the land or over the land, but people of it.*  
(Jackson, 1993, p. 71)

'Being' Māori has been contested by Pākehā, by Māori and between Māori since the advent of colonisation (Stewart-Harawira, n.d.). Jackson (1987) makes the point that defining Māori has been a societal preoccupation:

*New Zealand society has long felt it necessary to classify, categorise, and stereotype the Māori people.* (Jackson, 1987, p. 20)

'Māori' as an ethnic group did not emerge until it became necessary to differentiate between the Indigenous people of Aotearoa/New Zealand and the newcomers to the land. The term 'Māori' itself refers to something that is in its natural state or 'normal'. 'Wai māori' for example is the term used for 'ordinary' water.

Only after colonisation was it apparent to the Indigenous people of Aotearoa/New Zealand that not everyone had the same physical or cultural characteristics; nor did they all subscribe to the same values. Increasingly the term ‘Māori’ was employed as a descriptor of native New Zealanders, regardless of tribe, whilst the term ‘Pākehā’ was used to denote white settlers. Just as ‘Māori’ was a collective term that included the various tribal people, so ‘Pākehā’ was a term that encompassed Kōtimana<sup>1</sup>, Wīwī<sup>2</sup>, Tāngata Ingirangi<sup>3</sup> and some mihingare<sup>4</sup>.

Over time the definition of Māori has changed– from those who had more than 50% ‘Māori blood’, to those who were descended from a Māori. Since 1974 the legal definition of Māori, derived from the Māori Affairs Amendment Act<sup>5</sup>, is ‘a person of the ‘Māori race’ in Aotearoa/New Zealand and includes any descendants of such person’.

Prior to the evolvment of Māori as a national ethnic group, identification was ‘tribal’– that is related to whakapapa and historical connection with particular Iwi, hapū and associated environment. This concept still has meaning. Referring to her ancestral land, R. Pere (1982, p. 31) explains the importance of Panekira “the majestic bluff that stands sentinel over the often tranquil but sometimes turbulent waters of Lake Waikaremoana”. To her, this papakāinga<sup>6</sup> gives “a strong sense of identity and purpose to life”. Jackson (1987, p. 20) expands on this to suggest, “One’s ‘Māori-ness’ derives from the tribe”. Rangihau (1975) similarly points out the difference between tribal and a more generic Māori identity:

*Although these feelings are Māori, for me they are my Tuhoetanga rather than my Māoritanga. My being Māori is absolutely dependant on my history as a Tuhoie person as against being a Māori person. It seems to me there is no such thing as Māoritanga... (Rangihau, 1975, p. 174)*

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<sup>1</sup> The term ‘Kōtimana’ is used to refer to people from Scotland.

<sup>2</sup> The term ‘Wīwī’ is used to refer to people from France.

<sup>3</sup> The term ‘Tāngata Ingirangi’ is used to refer to people from England.

<sup>4</sup> The term ‘mihingare’ is used to mean ‘missionaries’.

<sup>5</sup> Māori Affairs Amendment Act s2(1) (1974).

<sup>6</sup> The term ‘papakāinga’ is used throughout the thesis to refer to an individual’s or group’s original home base.

Jackson (1987, p. 20) suggests that the classification of Māori ignores “the holistic Māori view of being” and instead reflects “a Pākehā perspective on the ethnographic make-up of this country”. Rangihau (1975) goes further to suggest that the formation of a national ethnic group ‘Māori’ has more sinister origins, created for the explicit purposes of Pākehā domination:

*I have a faint suspicion that Māoritanga as a term was coined by the Pākehā to bring the tribes together. Because if you cannot divide and rule, then for tribal people all you can do is unite them and rule. Because then they lose everything by losing their own tribal histories and traditions that give them their identity.*  
(Rangihau, 1975, p. 174)

Maintaining tribal identification leaves no room for confusion, or “our ethnic selves being redefined by cultural ‘others’” (Dr. Khyla Russell, kōrero-a-waha, April 29, 2005), a point eloquently made by O’Regan (Melbourne, 1995, p.156) when accused of being “nothing but a Pākehā with whakapapa”:

*“I said, “You are absolutely right. I am not a Māori. I’m Ngāi Tahu!” I knew, when I said that, that no one could define it except me and my kin group, my iwi! No amount of analytical theory from outside can penetrate that. The Crown cannot define it. It can only recognise it. It is beyond the power of parliament and that is its beauty. The source of power is in the people themselves and their whakapapa.”* (Melbourne, 1995, p. 156)

Jackson (1987, p. 20) contends that it is the Iwi that identifies a person and “gives a sense of place in physical, cultural and emotional terms”, evidenced in tribal pepehā. He also contends that if Māori are to reclaim the truth of what is Māori and are to bequeath to our mokopuna a world in which we can stand tall as Māori, then we have to reclaim for ourselves who we are, and what our rights are:

*We have to challenge definitions that are not our own, especially those which confine us to a subordinate place.* (Jackson, 1999, p. 75)

Jackson (1987, p. 20) suggests that “ethnic classifications have ignored this concept” and “confused a biological definition of race or ethnicity with a cultural definition as a ‘state of mind’ or sense of identity”. Pool’s (1991) assertion that superficially it should

be no problem deciding who is Māori - that somebody who feels he or she is Māori and is recognised as such by other people is clearly Māori - illustrates this point.

### ***Wehenga tataunga o te Māori: Census classification of Māori***

The first partial ‘Māori census’ held in 1851, estimated the Māori population at around 56,000– about half the size of the total population prior to mass European contact (King, 1997). Through the radical population changes of Indigenous and non-Indigenous peoples in Aotearoa/New Zealand that occurred with colonisation, Māori became a minority.

The census is the only source of comprehensive data on the demographic and socio-economic characteristics of ethnic groups, but New Zealand data sets have had a potted history in respect of defining Māori. Up until 1926 Māori were defined by percentage of blood and living circumstances. Before 1913 anyone who had 50% or more ‘Māori blood’ was deemed to be Māori provided they were ‘living as Māori’. Then, from 1926-1981 official estimates of the Māori population were based on a biological definition of Māori (a blood quantum of 50% or more).

It was assumed in all of these representations of race that biological determinants were key, a classification system Jackson (1987) describes as not only culturally insulting, arrogant and insensitive, but also statistically unsatisfactory, and amusing:

*From a Māori viewpoint, ethnicity is not dependant upon quantifiable amounts of “blood”. Indeed, many Māori people would retort that all their blood is red (or blue). (Jackson, 1987, p. 21)*

This blood quantum rule is the subject of much dispute amongst other Indigenous populations, including the Kanaka Maoli<sup>7</sup>. Kanaka Maoli vehemently contest the exclusionary state definition of 50% blood quantum, which was established in 1920 as part of the Hawai’ian Homes Commission Act, a land allotment policy. Kauanui (n.d.) argues that this classification method undermines Indigenous cultural practices that determine identity on the basis of one’s genealogical ties.

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<sup>7</sup> The term ‘Kanaka Maoli’ is used to refer to native Hawai’ians.

In Aotearoa/New Zealand the approach to ethnicity classification in the census changed again in 1986 to dispense with the requirement to specify the degree of 'blood'. The extension from a defined quantum of blood to any degree of ancestry was driven to some extent by issues of practicality, but there were also legal concerns of potential accusations of discrimination from Māori of less than 50% Māori ancestry (Pool, 1991).

Another problem with demarcating populations through biological criteria was that the practice had limited credibility and there was growing recognition that "determining membership of ethnic groups was more important and useful" (Robson and Reid, 2001, p. 11)– ethnicity being more a definition of a social grouping rather than race. In recent years for example, it has been stressed that most of the risk in health does not come through blood backgrounds, but rather how lives are lived. Ethnic difference in health outcomes is largely due to cultural, historical, social and economic factors rather than biological or genetic differences. There has therefore, been an emphasis on studying 'ethnicity' rather than studying 'race', with a preferred definition of Māori being 'a person who has Māori ancestry and chooses to identify as Māori' (Malcolm, 1996).

Further change to the ethnicity question in the census was again made in 1991 to allow self-identification as the sole criteria. This self-identification of ethnicity, although welcomed, posed other difficulties for statisticians concerned with social statistics, policy and planning. Since 1991 therefore, the census has asked two separate ethnicity questions:

*...the census now asks both an ancestry question (to identify the populations in order to satisfy the legal and constitutional needs) as well as a question pertaining to ethnic group membership (to identify populations for use in statistical analysis). (Robson and Reid, 2001, p. 12)*

Edwards (1999) argues that 'self-identity' is an expression of freedom of choice and is empowering. He suggests whakapapa is a key catalyst for this empowerment and the key to the reclamation of cultural identity.

***Māoritanga: Māori cultural identity***

The degree to which an individual identifies with a particular culture is termed ‘cultural identity’ (Stevenson, 2001). Cultural identity is a complex and often ill-understood phenomenon which is subject to many changes that take place in any particular society. Factors such as advances in technology, changes in politics and government, access to goods and services and to social networks, and economic fluctuations all affect how members of a particular culture view themselves and their place in the world (<http://www.reap.org.nz/~fritt/michel2.html>).

The question of Māori cultural identity is correspondingly complex. It is multi-faceted, with wide-ranging implications in both the past and the future, and has been influenced by a number of circumstances and processes, including colonisation and urbanisation.

According to Edwards (1999) the search for identity is not a new experience for Māori:

*All Iwi... can recount from their own histories, stories of parents, children or siblings searching for each other and within these stories are located our histories, values and beliefs of what it is to be who we are, Māori.* (Edwards, 1999, p. 20)

Māori history tells of Tāne travelling the skies in search of the baskets of knowledge, of Māui seeking out his parents, and of Rupe and his search for his sister Hinauri. Tāne, Māui and Rupe’s “journeys and quests for knowledge were inextricably linked to finding out not only where they came from but also most importantly, who they were” (Edwards, 1999, p. 19).

Fluctuating formations and understandings of cultural identity is also not new to Māori (Edwards 1999). Hine-nui-te-pō formed her understanding of her own identity through the discovery of her whakapapa:

*Tāne-nui-a-rangi, according to Māori mythology, created the first woman. Her name was Hine-ahu-one. Together they produced a child called Hine-titama. Hine-titama did not know that Tāne-nui-a-rangi was her father, and they produced children. When Hine-titama found out that Tāne-nui-a-rangi was her father she was distraught by this and banished herself to the underworld known as Rarohenga and changed her name to Hine-nui-te-pō, the goddess of death.*

*By these acts of discovery Hine-nui-te-pō took on a new identity.* (Awatere, 1984)

Sir Apirana Ngata's famous 1949 '*E tipu e rea*' autograph for Rangi Bennett implied that a Māori identity was essentially derived from the past and that in a rapidly moving world it could provide a stabilising force in the face of change. R. Pere (1991) echoes these sentiments in proposing that a child needs to know as much as possible about his or her own 'roots' in the past in order to determine his or her future, or course of direction. Durie (2001) argues however, that a Māori identity does not derive entirely from the old times. It draws as much on the recent past and is shaped by the adaptations that are necessary for survival in a contemporary, complex world. It is intrinsically woven into the changing circumstances of Māori.

Stokes (1985) suggests that through a lifetime of learning Māori acquire a sense of cultural identity which she summarises as the values of aroha<sup>8</sup>, whanaungatanga and tūrangawaewae<sup>9</sup>. R. Pere (1991) similarly makes the connection between whanaungatanga and aroha. She suggests that whanaungatanga - based on ancestral, historical, traditional and spiritual ties - forms the strong bond that influences the way one lives and reacts to his/her kinship groups and the world. It is the area where one's aroha is tested to the fullest extent.

### ***Maru whenua noho tāone: Colonisation and urbanisation***

In post-colonial societies, the issue of cultural identity becomes further complicated, especially for colonised Indigenous peoples whose traditional values, beliefs and cultural practices are radically altered and sometimes lost altogether as a result of the colonisation process (<http://www.reap.org.nz/~fritt/michel2.html>):

*When the Europeans arrived to colonise Aotearoa, they set about establishing their own institutions and religious beliefs with the hope of "civilising" the aborigines and of breaking down the institutions that had governed and influenced them for centuries.* (Pere, R., 1982, p. 47)

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<sup>8</sup> The term 'aroha' is used throughout the thesis to mean 'love' or 'compassion'.

<sup>9</sup> The term 'tūrangawaewae' is used throughout the thesis to refer to an individual's home-ground, considered a place where one is able to 'stand' and identify with particular Iwi, hapū, and marae.

Although subtle, one such change in traditional practices was the adoption of English naming, in particular, of wāhine after marriage. R. Pere (1982) suggests that the traditional Māori practice of wāhine retaining their own names with marriage was linked to the importance of retaining one's own identity and whakapapa. She implies that in contrast to her much more liberated Māori tipuna, her English tipuna traditionally regarded women as chattels or possessions. These European ideologies quickly permeated tikanga Māori. Enforced adaptation to a colonising culture demeans the significance of the Indigenous culture:

*The colonised culture is forced to "adapt" to the ideologies and structures of the colonising culture, which, as the controller of power, sets the parameters of acceptable cultural behaviour, marginalising the beliefs and needs of other minority groups. (<http://www.reap.org.nz/~fritt/michel2.html>)*

Māori-Pākehā relations in Aotearoa/New Zealand have followed this pattern. Through colonisation and attempts at assimilation Māori have been forced to adapt to Pākehā culture while Māori language, values and cultural practices have been denigrated (<http://www.reap.org.nz/~fritt/michel2.html>), often causing many Māori to reject their own cultural and social underpinnings of identity:

*Two processes that have impacted and continue to impact on the alienation of Māori culture are colonisation and assimilation. (Edwards, 2000, p. 1)*

Post WWII urbanisation also had a huge impact on Māori identity. The massive movement of rural people to urban areas, as a result of economic and land use policies implemented by successive governments (Jackson, 1987), created one of the great social and cultural transformations of the 20<sup>th</sup> century. Indeed, according to Levine, (2001) with an 88% urbanised population, Māori are one of the world's most urbanised people. Being less exposed to their tribal home meant a loss of culture, traditions and language for many Māori, which was exacerbated over successive generations:

*Its [the post-war urban shift] consequences for the Māori people have been a physical and emotional separation from their ancestral roots and a consequent dislocation of traditional kinship ties. (Jackson, 1987, p. 33)*

Jackson (1987) asserts that the profound cultural, social, and economic consequences of nearly 70% of the Māori population moving from rural to urban areas between the mid

1950s and mid 1980s include psychological difficulties involved in any adaptation to a new environment. He argues that these difficulties have been hastily labelled as the “cause” of much Māori behaviour ranging from failures in education to criminal offending. The implication of this causality with associated blame is the inability of Māori to adapt. Such a superficial analysis does not give adequate consideration to the factors that led to the consequences:

*...Māori is perceived to be incapable of adapting to the new urban environment. The cultural inappropriateness of the urban milieu itself is not considered; neither is the rapid pace of the upheaval. It is assumed that with time the Māori people will adapt...* (Jackson, 1987, p. 34)

The pain and loss experienced by Māori as a result of separation from papakāinga and whanaunga have many emotional and behavioural consequences. However, Jackson (1987) contends that the explanation of these consequences lies not in the pain, but in the situation that created it. What should be considered is the rationale behind the assimilation policies, and the ethnocentric structures of the urban environment:

*An evaluation of the causes of particular behaviour should be sought not in the outward manifestations of loss, but in the societal forces that have occasioned it.* (Jackson, 1987, p. 34)

Jackson (1987) convincingly argues that from a Māori viewpoint the difficulties associated with the urban shift are not so much due to Māori “cultural vulnerability”, as due to the inability or unwillingness of society to cater for the different kinship structures of Māori within an urban setting.

One such kinship structure, according to R. Pere (1982), is the important relationship between tipuna and mokopuna. Traditionally tipuna have a teaching role with their mokopuna through the sharing of their experiences and knowledge. Often the oldest mokopuna of a whānau was raised by the grandparent generation in a mutually beneficial relationship whereby “the tipuna link up the mokopuna with the past, and the mokopuna link up the tipuna with the present and the future”. Although this does still happen, it is no longer the norm. Instead “many Māori mokopuna within Aotearoa/New Zealand today have had their ties and their identity with their Māori tipuna weakened or indeed severed” (Pere, R., 1982, p. 49). This is reflective of a

wider contemporary Māori society which R. Pere (1982) suggests is almost void of traditional Māori concepts and values:

*Today thousands of Māori people have had little or no exposure to understanding Māori concepts and the place such concepts have in enabling them to “stand tall” within a strong Māori New Zealand identity. (Pere, R., 1982, p. 55)*

Despite the loss of ‘ways of old’, culture and cultural identity can maintain meaning in modern times by evolving in other directions. Both colonisation and urbanisation were disruptive but they did not obliterate culture. Instead they acted as catalysts for new cultural patterns and ‘traditions’ to emerge. A derivative of colonisation then, is the establishment of new cultural identities, merged from both the colonising and colonised cultures:

*The process of cultural adaption is not exclusively one-way; often the two cultures “feed” off one another, creating new, hybridised cultural identities which subsume elements of both cultures.*

(<http://www.reap.org.nz/~fritt/michel2.html>)

Some may argue that ‘Kiwi’ New Zealanders are just such a hybrid– distinct from the British and European forebears, yet influenced strongly by the Indigenous culture of Aotearoa/New Zealand. Although some may also argue that such an identity is relevant only to those with no Indigeneity, the common international reference of all New Zealand soldiers - Māori and non-Māori - as ‘Kiwi’ suggests that for others, this is not the case.

*...national identity may be easier to perceive than ethnicity. Instead of engaging with the concept of ethnicity, some Pākehā engage instead with nationality, and want to call themselves ‘New Zealander’ or ‘Kiwi’. (Robson and Reid, 2001, p. 22)*

C. Bell (1996, p. 182) questions the reality of this national image, arguing that many of the beliefs that underlie the Kiwi identity are merely nostalgic constructs of a media machine fuelled by politics to incite nationalism. She refers to her theory of nostalgia as “selective cultural archaeology”.

Regardless, currently a small proportion of the New Zealand population disagree with the ethnicity classifications in the census, writing ‘New Zealander’ in the space labelled ‘Other’ (Robson and Reid, 2001), even though strictly speaking New Zealander is a nationality rather than an ethnicity (Department of Statistics, 1988). When considering submissions from people who preferred to identify this way, the Review Committee on Ethnic Statistics recognised that “it is common for a predominant ethnic group not to consider itself as an ‘ethnic group’” (Robson and Reid, 2001, p. 22).

This assertion is supported by evidence from C. Jones (1999) whose ‘race-consciousness’ studies found that most white women in the United States never or rarely think about their race, with many not even considering they have a race. They consider themselves instead, as ‘normal’, ‘human’, or ‘universal’– as did Māori prior to colonisation.

Robson and Reid (2001, p. 22) suggest that “being generally immersed in the society broadly reflecting their own ‘culture’”, many Pākehā also do not have to think about their own ethnicity. Some even assume they do not have an ethnicity, or as A. Bell (2000) suggests have no culture and no sense of identity that is not already captured by the identity of ‘New Zealander’. In fact, C. Jones (1999) confirmed that the situation in Aotearoa/New Zealand mirrored that of the United States. When measuring how often people are made conscious of their ‘difference’ or ‘othered’ in Aotearoa/New Zealand, she found “the results from Māori were similar to those of black women in the United States, with a majority reporting that they think about their race (or ethnicity) constantly” (Robson and Reid, 2001, p. 22).

Although both Māori and non-Māori peoples define themselves as New Zealanders, Māori as an ethnic group are quite distinct from Pākehā:

*He is a person who is shaped by cultural forces which are unique to his being Māori, and who is subject to particular influences which are consequent upon that sense of Māoriness.* (Jackson, 1987, p. 39)

The development and acknowledgement of Māori identity within Aotearoa/New Zealand continues to cause apprehension for many in the Pākehā world who misinterpret Māori self-determination as “separatist”. Stokes (1985) suggests that Pākehā society has inherited the nineteenth century colonial view of the world of the

European culture being “civilised”. In arguing against this view and the perceived need for the Indigenous uncivilised cultures to “catch up” with their European counterpart, Stokes (1985, p. 5) explained “separate cultural identity need not be threatening, and should not be, if all cultures are acknowledged as having equal status and all ideas of cultural superiority of one over another are disposed of”:

*...one of the main problems for members of minority cultures is maintaining a sense of cultural identity and autonomy in a society which operates under a value system different from their own.*

(<http://www.reap.org.nz/~fritt/michel2.html>)

### **Rerekētanga: Diversity**

Through interethnic marriage many Māori are no longer identifiable by common physical features. Similarly many do not have specific ethnic characteristics, such as language, beliefs, or place of residence. Although numbers are increasing, relatively few Māori now speak te reo Māori, and strong connections with hapū, Iwi and marae can no longer be assumed. In the 2001 census, one in five people of Māori descent (20%) indicated they were unable to name any of their Iwi. And only a quarter of those who identified as Māori indicated they could hold a conversation about everyday things in te reo Māori, with those living in Te Waipounamu<sup>10</sup> tending to be less likely to be able to do so than those in Te Ika a Māui<sup>11</sup> (Durie, 2005).

Differences also exist within the Māori population in socio-economic status. Far from being homogenous, Māori have a variety of cultural characteristics and live in a number of cultural and socio-economic realities:

*Māori people do not conform to any single stereotype.* (Durie, 1994, p. 10)

The stereotypical Pākehā image of Māori suggested by Ramsden (1992, p. 8) however, as “happy-go-lucky, childlike and not too bright”, irresponsible, non-compliant, “having far too many children and living in sub-standard social conditions and therefore bringing misfortune upon themselves” is reinforced by statistics which tend to

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<sup>10</sup> The Māori place name ‘Te Waipounamu’ is used throughout the thesis to refer to the South Island of Aotearoa/New Zealand.

<sup>11</sup> The Māori place name ‘Te Ika a Māui’ is used throughout the thesis to refer to the North Island of Aotearoa/New Zealand.

present a homogenised picture, masking this diversity. L. Smith, G. Smith and McNaughton (1999) challenge this perception, explaining that whilst we do not view ourselves in this light, the lives of wāhine and tāne and therefore experiences, needs, issues and priorities *are* different, not only from Pākehā, but within Māoridom, and this diversity is embraced:

*They want to be recognised and valued for their differences.* (Smith et al., 1999, p. 9)

R. Pere (1991) and Smith et al. (1999) counsel that it is important to remember that Māori people, like other populations, are made up of individuals. Not all share the same cultural experiences or understandings. There are marked differences with respect to gender, Iwi affiliations and upbringings. According to Durie (1999) the relevance of so-called traditional values is not the same for all Māori. Yet those Māori without readily accessible links to Te Ao Māori may still describe themselves as Māori and reject any notion that they are ‘less Māori’ than their peers. Smith et al. (1999) agree:

*These differences are a natural part of a dynamic living culture and should not be regarded as Māori not being Māori or being too Māori.* (Smith et al., 1999)

R. Pere (1991) asserts that despite the influence of urbanisation, different Christian denominations, mixed marriages and acculturation, all of which have contributed to rapid social change leading to these increased variations, “the heritage passed down from Māori ancestors persists and remains wide-spread and significant”:

*Despite colonisation, Māori institutions have survived, particularly those that are intangible.* (Pere, R., 1991, p. 34)

This research addressing cultural identity takes Māori diversity into account, particularly in relation to traditional and modern/contemporary Māori identities which are to a large degree molded by the predominantly urban environments that the overwhelming majority of Māori live in.

As far back as 1929 urban Māori groups began to form primarily as welfare organisations to aid those who had lost their traditional support networks as a result of urbanisation (Waitangi Tribunal, 1998). An additional function described by Levine

(2001) was “as surrogate kin groups to help their members through the trials and tribulations they experience in the urban environment.” One such group of Māori in Te Upoko o te Ika<sup>12</sup>, of diverse tribal origins, formed the Ngāti Pōneke Club– an organisation concerned with welfare and relief work. Members contributed money and services each week to be used to assist other Māori people who were suffering from the economic depression (McLintock, 1966).

The Māori Community Centre was another group established in Auckland in 1947, followed later by Te Whānau o Waipareira Trust– similarly established “by the first Māori migrants to Auckland, who arrived in the city during and just after the second World War” (Levine, 2001, p. 163). According to Edwards (1999), registration material sent out by Te Whānau o Waipareira Trust in 1998 inviting urban Māori to register with them as an urban authority stated “many Māori live in cities, don’t know where they come from and don’t care” (Waipareira Publication, as cited in Edwards, 1999, p. 5).

Edwards (1999, p. 5) disputes this claim and suggests that “if the many Māori that “don’t care” were offered the opportunity to find out about their ancestral links, that at some point in their life they would want to know”:

*While urban authorities provide much for many urban Māori today they are not a substitute for knowing where you really come from and belong. You are joined to your tīpuna and to yourself again by the ties that unite, whakapapa, land, history and language. These features of identity are most fully expressed in a person’s tūrangawaewae. (Edwards, 1999, p. 4)*

This view echoes that of R. Pere (1991, p. 50) who claims that “tūrangawaewae is basically the courtyard or home area of one’s ancestors, where one feels she or he has the right to stand up and be counted. It is the footstool, the place where she or he belongs, where the roots are deep”. In making the distinction between tūrangawaewae and papakāinga, or one’s ancestral land though, R. Pere (1982) surmises that tūrangawaewae can be interpreted as being able to stand erect on one’s two feet because one’s papakāinga, and therefore sense of belonging, is intact. The implication is that without papakāinga, one has no tūrangawaewae; a devastation R. Pere (1982)

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<sup>12</sup> The Māori place name ‘Te Upoko o te Ika’ is used throughout the thesis to refer to Wellington.

suggests is still suffered not just by Māori in Aotearoa/New Zealand but also by other Indigenous communities throughout the world:

*The physical loss of one's papakāinga, and the loss of one's tangible evidence of tūrangawaewae through conquest in war and confiscation, must surely be one of the most traumatic experiences that one could expect to endure. (Pere, 1982)*

Whether that issue remains critical for contemporary Māori in urban areas is a moot point. While the notion of tūrangawaewae was important to first and second generations of urban migrants, later generations developed an affinity to the new environments, many describing themselves for example, as 'Westies' (from West Auckland) or 'Southsiders' (Borrell, 2005).

### ***Tuakiri hurihuri: Changing identities***

Despite knowledge of personal whakapapa, Māori may identify differently depending on the circumstances and environment. For example, if people are asked on a marae about ethnicity, they may identify as Māori or even as members of a particular Iwi. Those same people asked the same question in a shopping mall may hesitate to respond in the same way. Similarly, those who identify as Māori on the census may not register themselves on the Māori Electoral roll, enrol their children at school as Māori, or choose Kōhanga Reo or Kura Kaupapa Māori over mainstream education.

Cunningham (kōrero-a-waha, March 8, 2002) suggests "the only definition of identity that matters is the one in the mind of the person when they tick the box [so] we need to understand how respondents think". A number of possible reasons why some Māori change identity are posed by R. Walker (1987) and Durie (2001). Depending on the context of the classification, some may not view the response as central to their identity, whilst others may resist divulging ethnicity information generally, and particularly to the Crown. Regardless of the reason, Robson and Reid (2001) suggest that the expression of individual and collective identities are all valid, and are an integral part of the right of Māori to name and claim our identity.

A team of anthropologists examining the formation of cultural identity interviewed young people from Māori, Indian and Greek families in Te Upoko o te Ika to find out what ethnicity meant for them (Sawicka et al., 1998). They discovered that when amongst others of the same ethnic group, people were more likely to identify as that ethnic group:

*“...actually [ethnicity] depends where I am. When I’m with, you know, the Indian people, I feel Indian... but [when] I’m in business and out [and about] I just feel like a New Zealander... I don’t sort of, differentiate myself.”* (Sawicka et al., 1998, p. 1)

The researchers concluded that the ethnic groups appeared to operate in limited cultural domains. Respondents stated, for example, that they ‘felt’ their ethnicity most when they were at home or at family or community gatherings in places where they felt free to express their ‘Greekness’ or ‘Indianness’:

*“You’re a kiwi when you go [to] school... and you are an Indian Indian Indian when you’re at home... you’re really leading a double life.”* (Sawicka et al., 1998, p. 1)

*“Every night you go home to little Greece but in the morning you leave and ... you go out into the real world.”* (Sawicka et al., 1998, p. 1)

A common thread was the dual identity many expressed. For example, Indian youth saw themselves as being “Kiwi kids” as well as Indian. Living this ‘double life’ caused some a sense of conflict, which they referred to as “living in two worlds”:

*“I’ve got to find myself first amongst these two cultures... I’ve got to live the rest of my life here... it’s confusing... often I wonder why I have these problems, why I have that conflict, it just doesn’t make sense to me... I see how the other half lives, that’s where the conflict comes from...”* (Sawicka et al., 1998, p. 1)

For some young people, juggling identities between home where they often felt one ethnicity, and the outside world where they felt totally different, was a source of worry and caused confusion about who they were:

*“We are Greek but, New Zealand born... I feel personally that sometimes I don't belong here either, even being born here, because we can't... show our Greek[ness]... out on the street...”* (Sawicka et al., 1998, p. 2)

Sawicka et al. (1998, p. 3) suggest “ethnic identities jostle within and alongside one another in a competitive market” and “it is not always easy for young people to know who they are culturally, or even understand why they may have several ethnic identities depending on where they are and who they are with”. Some youth, on the other hand, appeared to cope with, and even enjoy the interplay of identities:

*“My Greekness changes... when I'm with my English friends they couldn't sort of tell me apart, some people don't even know that I'm Greek... It's not that I'm ashamed of it but like, it's just easier... melding in with the Kiwi people, and I feel just as comfortable with both, sort of an inbetween... I could become more Greek when it suits me... and like when I'm at Greek functions and stuff, I'm Greek, but when I'm not, I'm Kiwi, you know...”* (Sawicka et al., 1998, p. 2)

All the rangatahi Māori interviewed embraced the title ‘Māori’ but spoke of degrees of ‘being Māori’. Almost all said “that to be Māori largely depends on where you are or what you're in to” (Sawicka et al., 1998, p. 2). They also made the distinction between an ethnic label and a living culture.

They identified four main areas in which they found their ‘Māoriness’: on the marae; in households where whānau regularly gathered; when they spoke and heard te reo Māori; and in kapa haka<sup>13</sup> performances. The more they immersed themselves in such activities, the more Māori they saw themselves.

### ***Te tū Māori: Being Māori***

Moa (Air New Zealand, 2003, p. 72) speaks of being in New York as a 19 year old and suddenly feeling it was “so important to be Māori”. Henry (Melbourne, 1995) similarly returned home to Aotearoa/New Zealand after ten years overseas, and wrote:

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<sup>13</sup> The term ‘kapa haka’ is used throughout the thesis to refer to the group performance of Māori action songs and dances.

*“It’s a damning indictment on New Zealand society that it was only overseas that for the first time I felt good about being a Māori woman. In Paris or New York or Amsterdam I was exotic. To be a Māori woman was just wonderful. It wasn’t until I came back home again that I became just another Māori shiela.”* (Melbourne, 1995, p. 14)

Henry (Melbourne, 1995) grew up knowing little about her language or culture. It was not until she read biographies of Māori who grew up in the shadow of figures like Princess Te Puea or Dame Rangimarie Hetet that she realised how much she had missed out on her Māori identity. Like many young Māori, university study gave her the tools to analyse her identity later as a wahine:

*“...I didn’t have any of that stuff. I invented myself as I grew older... We were the generation who missed out. I think that along with our sovereignty we had our identity stolen from us.”* (Melbourne, 1995, p. 15)

When she tries to examine her anger and “self-destructive behaviour” as a teenager, she uses words like “deprivation” and “disempowered” and talks of confusion about her identity as a Māori. In Kaitaia it felt important to be Māori because she was part of a Māori community, but in Auckland being Māori meant being poor in the midst of plenty and being different from the majority white culture. Taylor (Air New Zealand, 2003) discusses this misconception of associating ‘Māori’ with ‘disadvantage’:

*Sometimes that can be a hard argument to run with. People say, “Well you’re not qualified to make a call on that... nice house, nice car, successful business”. Well, that isn’t true. I have had some dark times, but I have never, ever thought that could be attributed to being Māori.* (Air New Zealand, 2003, p. 70)

Some research suggests that those Māori who identify more strongly as Māori - that is, identify as ‘Māori only’ on the census, and have stronger connections with their whānau, hapū, Iwi and marae - are more disadvantaged socio-economically (Chapple, 2001). However, using socio-economic status as a measure of cultural identity may not be a useful or comprehensive indicator, and what may need to be measured are the values attributed to cultural identity. It is possible that those Māori who have ‘integrated well with mainstream’ but still identify as Māori are seen as better off than those Māori who are involved for example, in marae and Kohanga Reo activities, and

who speak and understand te reo Māori, solely because of the use of non-Māori measuring tools. Whilst universal measuring tools apply to all people, they do not take into account ethnic-specific determinants. Socio-economic disadvantage for example, has a universal dimension, shared by many groups. It is possible, however, to separate socio-economic measures from ethnic determinants of wellbeing.

Other constructions of Māori identity have been attributed to stereotypes perpetuated in the media. For example, Wall (1995) asserts that since colonisation, Māori have been stereotypically imagined - by way of the media - as the 'Black Other'.

### ***Tuakiri āhua tūkino: Negative identity***

Edwards (1999) argues that a negative identity may be a factor in Māori choosing not to identify as such in certain circumstances. If Māori have experienced negativity and inferiority, and construct Māori identity as negative, then we are less likely to identify as such. Durie (2001) writes about the development of negative Māori identities, often as a result of colonisation.

According to Edwards (2000, p. 2) “perceptions and beliefs of Māori culture being ‘uncivilised’ played a major part in the breakdown of Māori society”. He suggests “educational processes restricted the use of Māori ideology, theology, pedagogies and spirituality” and “as a result many of today's generation of Māori have limited knowledge of their culture and identity”:

*Māori beliefs, values and desires were replaced by those of the colonisers in order to aid the colonisation process. (Edwards, 2000, p. 2)*

The ‘deficit theory’ explains how Māori cultural elements are perceived as not just negative but as being actively detrimental to Māori social and economic advancement. Consequently, many policy strategies have attempted to ‘rid’ Māori of our cultural baggage and through ‘assimilation’ and ‘integration’ have attempted to ‘Europeanise’ Māori (Edwards, 2000).

Henry (Melbourne, 1995) speaks about the negative aspects of the struggle for a Māori identity:

*"I think we need to put Māori sovereignty into an international context because there is nothing unusual about what is going on in this country, in Aotearoa. It's going on in Yugoslavia, Africa and Latin America. They're all power struggles and they're all desperate searches for identity. Some are prepared to kill to maintain their sense of integrity. I think we need to learn from that and decide whether or not we want to pursue some of the avenues we are pursuing. It can only end up like Bosnia and Rwanda."* (Melbourne, 1995, p. 21)

Jackson (1987, p. 49) reports, "A person's cultural esteem is unavoidably affected by the wider social perceptions of that culture's worth". He asserts that "entrenched ideas of cultural superiority may deliberately or unwittingly demean another culture and hence a person's perception of his worth and the worth of his heritage". Henry (Melbourne, 1995) also refers to these ill effects, suggesting that Māori predominantly expend the effort put into creating a bicultural society, at huge cost:

*"...the sacrifice made by Māori has robbed us of our personal identity and mana."* (Melbourne, 1995, p. 22)

## **Ngā Tohu Tikanga: Cultural Indicators**

Stevenson (2001) incorporated a number of cultural indicators into a measure of cultural identity in his investigation of the relationship between Māori cultural identity and health. Most of these cultural indicators - based on the longitudinal study of Māori households, *Te Hoe Nuku Roa* - have similarly been investigated in this study as measures of Māori cultural identity, including: access to and knowledge of 'Whakapapa', 'Marae', 'Whenua', and 'Te reo Māori'; and 'Contact with other Māori'. Although Stevenson (2001) also included kai as a cultural indicator, this was not examined deeply enough in this study to warrant inclusion. Instead use of 'Rongoā Māori', and the significance of 'Waiata' were explored. 'Whānau' associations, as a cultural indicator, was also adapted to include Iwi and hapū, and to consider the concept of belonging (*Table 4*).

**Table 4: Measures of cultural identity**

Cultural indicator	Measure
Māori ethnicity	Self-identification
Whānau	Belonging Knowledge and association with Iwi and hapū
Whakapapa	Access and knowledge
Marae	Access and knowledge
Whenua	Access and knowledge
Te reo Māori	Access and knowledge
Other Māori	Contact
Rongoā Māori	Use
Waiata	Significance

### **Whānau**

According to Metge (2004, p. 6), for Māori, the primary meaning of whānau is “a group of closely related kinsfolk who act and interact with each other on an on-going basis and have strong collective identity”. She describes this grouping as “a special kind of extended family, one in which nuclear families are interdependent rather than independent”. She also notes that this understanding of whānau is discernibly different than the understanding Pākehā have of extended family. It is more closely aligned with understandings ethnic groups from the Pacific, Asia and other parts of Europe have.

The role of whānau and its members is also significantly different between Māori and non-Māori. Perhaps the most obvious example of this is in child rearing, which traditionally was not regarded as the sole domain of the parents. In fact, in order to ensure future generations were protected, parental rights may even have been considered secondary to the rights of the wider whānau. Although not enforced in contemporary society with many extended whānau living vast distances from each other, this view still persists.

Robinson and Williams (2001) extend Metge’s interpretation to define whānau as incorporative of not only the extended whānau, but of the wider community within which networks and relationships exist:

*The Māori concept of family (whānau) moves seamlessly from the immediate family to the wider family network (hapū) and the tribe (Iwi), where the*

*(extended) family becomes the community and the community is made up of the (extended) family. (Robinson & Williams, 2001, p. 4)*

Shires (1997) uses a more traditional perspective ideology in his explanation of whānau as ‘not standing alone’:

*The persons we stand with are not only the living, but... [also] those members of the family who have already gone before us. So basically, to be a person and to be Māori is to be whānau, family, not just with the living, but also with the dead. (Shires, 1997, p. 53)*

Metge (2004, p. 6) also refers to the many other meanings Māori ascribe to the word ‘whānau’, all defined according to context. She suggests that although ideally it should not be used for the nuclear family, it “can be used metaphorically to describe a group of non-kin gathered for a common purpose”. The example she refers to is in regard to ‘whānau support’ for applicants at job interviews.

Of primary importance is that extended whānau relationships are the basis for all other relationships:

*The whānau is the nucleus of all things. Māori community values and norms come from traditional values that are rooted in the whānau. (Robinson & Williams, 2001, p. 4)*

The complex set of relationships that exist between whānau, hapū and Iwi structures characterise the basis on which social interaction and interchange occurs.

As noted by Metge (2004), Māori culture is based on the concept of interdependence; a multi-dimensional concept covering both the geographical place to which one belongs and a place within the hierarchy of whānau, hapū and Iwi (Robinson & Williams, 2001). Just as strong whānau are seen as a prerequisite for good health, so do dysfunctional whānau result in poor health.

Turia (2002), in her speech to a national hui of Māori Community Health Workers, stated that the mana, identity and strength of tangata whenua comes from membership of whānau. The Māori Health Strategy, *He Korowai Oranga*, (2002a) utilises a development model which empowers whānau to address illness by focusing on whānau

potential. Turia (2002) suggests that aspects of collective culture like learning te reo Māori, knowing tribal history and whakapapa, or joining in marae-based activities bind our whānau together to make them stronger. In turn whānau maintain tikanga tuku iho<sup>14</sup> as a living culture.

### ***Rōpūtanga: Belonging***

Much of the literature surrounding cultural identity speaks of ‘belonging’ or a need to ‘belong’. Some suggest it is the extended whānau that give a feeling of belonging, value and security:

*The ‘family’ that does something together that enables each member to feel that he/she has a niche and is important is the one that engenders pride, unity, and a real sense of belonging. (Pere, R., 1991, p. 26)*

Others associate the need for Māori to experience tūrangawaewae with this sense of belonging (Pere, R., 1982). Edwards (1999) suggests that for those Māori who have grown up in urban environments and who identify as ‘urban Māori’, the need is no different. He advocates however, that identity is secondary to one’s ‘true’ identity that comes from tūrangawaewae, ancestral identity born out of the geographical location of tīpuna.

### ***Iwi***

***E kore au e ngaro. He kākano e ruirua mai i Rangiātea.  
I will never be lost. I am a seed from Rangiātea.***

Te Awekotuku (1991, p. 7) reports that “ancient Māori society was essentially tribal, each Iwi being a nation unto itself with its own distinctive leadership system, particularly economy and customary practices”:

*Every tribe has its own history and traditions and an accumulated knowledge and understanding of the geography of the tribal area, which are part of its cultural heritage and identity. (Stokes, 1985, p. 9)*

The processes of colonisation, particularly in regard to land acquisition by the Crown in the first half of the twentieth century, changed this (Robson and Reid, 2001). By 1960 it was assumed that Iwi and hapū were irrelevant in the post-urbanisation era (Durie,

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<sup>14</sup> The term ‘tikanga tuku iho’ is used to mean ‘tradition’.

2001). This would account for the disregard of Iwi in most official statistics for most of that century (Robson and Reid, 2001).

Amongst Māori also, the significance of Iwi has been challenged. In the 1990s some viewed the growth of Urban Māori Authorities<sup>15</sup> as evidence of a decreased importance of tribal origin. Indeed, by the 1990s “a significant proportion of children and young persons [did] not primarily identify with kin-based groups” (Department of Social Welfare, 1992, p. 32). In a political move taken in response to the expected distribution of millions of dollars in fishing assets through a Treaty of Waitangi settlement, Te Whānau o Waipareira Trust - an urban Māori organisation - claimed Iwi status. The Trust believed this claim reflected the urban reality of Māori and hypothesised that the functions of Te Whānau o Waipareira Trust were not dissimilar from an Iwi.

Through the ensuing legal process the Treaty of Waitangi Fisheries Commission defined Iwi as groups made up of descendants of common ancestors; containing hapū, marae, and a district; and being recognised as Iwi by other Iwi (Levine, 2001). Te Whānau o Waipareira Trust challenged this definition before the New Zealand Courts and the Privy Council in London:

*...the Urban Māori Authorities argued the term ‘iwi’ could refer to any collectivity, whether tribal or voluntary, that shared common purposes. Furthermore, since in the Māori language iwi did not only mean ‘tribe’, and today’s recognised iwi were not the traditional units the Fisheries Commission contended, other organisations representing Māori should also be party to the settlements. (Levine, 1999, p. 165)*

Te Whānau o Waipareira Trust questioned the “prevailing orthodoxy that iwi were actually functioning units that could be labelled tribes at the time the Treaty was signed” (Levine, 1999, p. 165), presenting evidence to show that “hapū and their whānau constituted the effective corporate bodies of Māori society in pre-European times” and Iwi only became “important units of Māori-government interaction” after alienation of land and depopulation.

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<sup>15</sup> “Urban Māori Authorities are members of the Federation of Māori Authorities, a network of Māori organisations, such as tribal trust boards, land trusts, economic authorities, and other entities that promote Māori social and economic advancement” (Levine, 1999, p. 162).

The Urban Authorities eventually lost their case, the High Court passing judgement that an Iwi was a traditional tribal group. Despite this ruling, a further claim brought before the Waitangi Tribunal by Te Whānau o Waipareira Trust was successful in recognising the organisation as a Treaty partner in much the same way as an Iwi, at least for the purposes of delivering social services.

Although some may argue that it is not for academics, agencies of the Crown, or Urban Authorities to define Iwi - that is the prerogative of whānau and hapū in our papakāinga (Dr. Khylla Russell, kōrero-a-waha, April 29, 2005) - others perceive the conservative view of Iwi as a fundamentalist perspective which is out of step with the actual alliances and support networks of most Māori. Through this very public debate Te Whānau o Waipareira Trust successfully changed the discourse about Iwi.

For the purposes of this research, use of the term Iwi reflects a more conservative view, referring to hapū and their whānau who are descendants of common ancestors.

A number of researchers (Rangihau, 1975; Stokes, 1985; Edwards, 1999) refer to the importance of recognising the individuality of Iwi and hapū- of each tribe's own specific way of doing things. They note that the independent histories are not ones that can be entirely shared amongst others. Despite tribal differences however, Māori share a number of commonalities- there are high degrees of inter-tribal marriage, a common language, similar aspirations, shared cultural symbols and icons, and similar experiences of urbanisation, land alienation and cultural deprivation (Prof. Mason Durie, kōrero-a-waha, November 21, 2005).

## **Whakapapa**

*Ngā tipuna ki mua, ko tātou kei muri.*  
**The ancestors in front, we are behind.**

Robson and Reid (2001, p. 7) state that “whakapapa is used to connect with or differentiate oneself from others”. Whakapapa is therefore central to Māori identity. It is through whakapapa that Māori continue to be a distinct population and to delineate ourselves as members of particular hapū and Iwi.

Some consider whakapapa alone denotes Māori identity and that there is no other single criterion that conveys the essence of ‘being Māori’. Johnston (1998) and Pihama (1993) have stated that whakapapa is a key consideration for ‘what counts’ as Māori. Edwards (1999) also asserts that whakapapa is a prerequisite to recognition and identification as Māori:

*Whakapapa is the genealogical bond between people from a common ancestor that ties successive generations to that ancestor. Without whakapapa is to be without tūrangawaewae, to have no claim, no name, and no identity. (Edwards, 1999, p. 24)*

Participants in the *Te Hoe Nuku Roa* study identified whakapapa, and knowledge of whakapapa, as important indicators of Māori cultural strength. Some participants considered the genealogical link important “because it allowed individuals to connect with Te Ao Māori”, whilst others considered the fact that whakapapa “acted as an indicator of Māori knowledge” important (Durie et al., 2002, p. 67).

Ihimaera (1998, p. 14) writes that much of Māori identity has to do with whakapapa—“with memory based not only on the bloodlines and physical landscapes we live in but also the emotional landscapes constructed by loving grandparents or whānau with aroha, manaakitanga<sup>16</sup> and whanaungatanga”.

### **Marae**

Tūrangawaewae, the standing place from where Māori gain the authority to belong, is centred on whenua and marae. According to R. Pere (1991, p. 46) “the marae is an institution from the classical Māori society that has fortunately survived, and made a resurgence regardless of the impact of western ‘civilisation’”:

*All Māori institutions can be expressed in the fullest possible way on the marae. It is the one tangible situation that enables other cultures to meet with the Māori, on Māori terms. (Pere, R., 1991, p. 46)*

Many Māori are able to trace their ancestry and establish links with a number of tribal areas, and thus have several tūrangawaewae. However, many other Māori do not know

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<sup>16</sup> The term ‘manaakitanga’ is used throughout the thesis to refer to the concept of according total support, hospitality, goodwill, respect, and dignity to others.

their marae at all. According to Tauroa and Tauroa (1986) Māori who have no marae have no tūrangawaewae:

*They do not have the right and privilege of standing and speaking. They do not belong. Conversely, Māori who belong to a marae know that they have the right to stand and express their views on their marae. They know that they have the right to be heard— that they belong.* (Tauroa & Tauroa, 1986, p. 9)

The importance of one's tūrangawaewae is explained by R. Pere (1991) who suggests that with knowledge of it, a person can move into any given context sure of his or her identity and not afraid to make a stand. The marae, a focal point of Māoridom for generations, holds an important place in this Māori identity:

*The marae is the wāhi rangatira mana (place of greatest mana), wāhi rangatira wairua (place of greatest spirituality), wāhi rangatira Iwi (place that heightens people's dignity), and wāhi rangatira tikanga Māori (place in which Māori customs are given ultimate expression). The marae is that chiefly place where the heights of Māoridom and its values are expressed. Only in such a special place can the high levels of wairua (spirituality), mana (prestige), and tikanga (customs) be practised in their true setting. The marae is the place where people may stand tall. Here they are able to stand upon the Earth Mother and speak. Here they may express themselves, they may weep, laugh, hug and kiss. Every emotion can be expressed and shared with others— shared not only with the living but also with those generations who have gone ki tua o te arai (beyond the veil).* (Tauroa & Tauroa, 1986, p. 6)

Tauroa and Tauroa (1986) refer to urban Māori beginning to return to their own marae in the 1970s and 1980s in order to identify again with their roots as a major aspect of the rebirth of Māoritanga. They make the analogy of Māori going to their marae to seek fulfilment and reaffirmation of their identity, with people going to church or to a place of worship to express their religious beliefs:

*They will identify with it and learn from those who are there. This feeling of a need for identity cannot be expressed easily in words. The deeper feelings that are part of the hinengaro (mind or heart) are very real, yet they remain intangible. There is an awareness of one's heritage; an awareness that one is accepted. It is a place of security and comfort.* (Tauroa & Tauroa, 1986, p. 9)

Critics may argue that this sentiment flies in the face of the realities of the contemporary Māori situation, although preliminary findings from *Te Hoe Nuku Roa* suggested this was not the case. Three quarters (74.9%) of the 1,574 Māori individuals surveyed for the *Te Hoe Nuku Roa* study identified as belonging to a particular marae with more than half (59.4%) visiting it in the last 12 months (Te Hoe Nuku Roa Research Team, 1999).

Edwards (1999, p. 26) argues, “The marae is a ‘taura here’ or rope that binds people together. It provides one with the opportunities to develop and grow; it is a forum within which (sic) many Māori can learn most about their ‘culture and themselves’”. He describes the marae as a library for many Māori; a place able to provide opportunities for those who may consider themselves ‘culturally lost’ to access their whakapapa and their cultural identity:

*...it is the heart of our identity. It contains the land, history and dialogue of Māori culture and my cultural identity. Each poupou, tukutuku, moko, raranga and whakairo is a ‘book’ of knowledge that contains the story of Iwi and hapū identity.* (Edwards, 1999, p. 25)

As R. Walker (as cited in Edwards, 1991, p. 25) explains “the marae is central to the concept of Māoritanga”:

*Māoritanga consists of an acknowledgement and pride in one’s identity as a Māori. While Māoritanga has a physical base in ethnic identity, it also has a spiritual and emotional base derived from the ancestral culture of the Māori. Māori oratory, language, values and social etiquette are given their fullest expression in the marae setting at tangi<sup>17</sup> and hui.”* (Walker, R., as cited in Edwards, 1991, p. 25)

Tauroa and Tauroa (1986, p. 3) support this statement with their assertion that “it is when gathered together on the marae that the Māori most fully express themselves as a people”. These sentiments may explain the emergence in modern times of ‘marae equivalents’, where the functions of a marae occur but in non-traditional settings such as schools and sports clubs. This is part of an adaptive process.

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<sup>17</sup> The term ‘tangi’ is used to refer to the mourning process associated with death and burial.

In addition to ancestral marae which centre on whānau or hapū and are located within Iwi rohe<sup>18</sup> - referred to as ‘marae tupuna’ - Durie (1998a) refers to two other types of marae (Table 5). First, marae built by pan-tribal groups within urban centres - referred to as ‘marae-a-rohe’ - meet the needs of those Māori living within the vicinity, regardless of their Iwi origins. These urban marae may not either be gazetted by the Māori Land Court or have Trustees appointed by the Court. Second, institutional marae - referred to as ‘marae tautoko kaupapa’ - provide support to the institution within which they are situated, and its employees (Durie, 1998a):

*Many schools, universities, polytechnics, hospitals, churches, and even the New Zealand Army have marae, so that appropriate Māori custom may be observed.*  
(Durie, 1998a, p. 222)

**Table 5: Three categories of Marae Governance**

	<b>Marae tupuna</b>	<b>Marae-a-rohe</b>	<b>Marae tautoko kaupapa</b>
<b>Key stakeholders</b>	Whānau sharing a common ancestor	Māori people living in a particular locality (often urban)	Māori participants in a non-Māori institution
<b>Governing body</b>	Marae trustees	Marae management committee	Governors of the parent institution
<b>Limits to autonomy</b>	Māori Land Court Ture Whenua Māori Tribal custom	Local bylaws Relationship with tangata whenua	Institutional rules and priorities
<b>Main purpose</b>	A focus for tribal activities and planning	Cultural enforcement for Māori urban dwellers	Support for Māori (and others) who use the institution

(Durie, 1998a, p. 223)

According to Durie (1998a, p. 222), marae have been considered to be the “impregnable bastion of Māori autonomy”. They are probably the most illustrative expression of Māori authority and authenticity in terms of Māori cultural values and symbolism. Yet the emergence of marae-a-rohe and in particular marae tautoko kaupapa as cultural adaptations to urbanisation, threaten this autonomy. Maraе-a-rohe are subject to local city bylaws, and have governance structures that may more readily resemble that of a community facility. Maraе tautoko kaupapa create greater dilemma.

<sup>18</sup> The term ‘Iwi rohe’ is used to mean either a ‘tribal area’ (singular) or ‘tribal areas’ (plural); the term ‘rohe’ meaning either ‘an area’ or ‘a territory’ (singular) or ‘areas’ or ‘territories’ (plural).

Institutional marae do not belong to Māori but rather to the governing body of the parent institution. Although beneficial to for example, Māori students of the institution by providing them with “a sense of belonging and a safe place in which to be Māori”, the establishment of such marae within non-Māori institutions is also problematic. Marae tautoko kaupapa may undermine not only the meaning of the marae as an autonomous Māori institution, but also the significance of neighbouring marae tupuna. On the other hand, their role in helping people assert a Māori identity, and move with confidence in an institution or in an urban locality, should not be underestimated. Increasingly, the reality is that for many Māori, the marae of primary affiliation may not be an Iwi or hapū marae at all, but the one that has nurtured them at school, at work, or whilst receiving treatment at a hospital.

## **Whenua**

*He whenua te waiu whakatipua ngā tamariki.*  
**Land is the sustenance for the survival of the next generation.**

The Māori word for ‘land’ is whenua, which also translates in English to mean ‘placenta’. The significance of these two meanings of whenua is their inter-relationship. Just as the placenta embraces and nourishes the foetus in the womb, so does the land provide the same security, nourishment and sustenance (Pere, R., 1991). R. Pere (1982, 1991) suggests that both provide a feeling of belonging, and without either, humanity is lost.

R. Pere (1991) also refers to the female aspects of whenua. Hapū, for example, is a word used for pregnancy and sub-tribe, and whānau is the word used for a family and a birth.

Land is both spiritually and pragmatically significant for Māori. Not only does it sustain food production and therefore economic wellbeing, but it is also vital for spiritual connection. The alienation of Māori from our lands then, is hugely significant.

But barely 20 years after the signing of the Treaty of Waitangi, a series of statutes aided the alienation of large tracts of Māori land:

*The 1862 Native Lands Act abandoned the right of pre-emption, and set up the Land Court, which was designed to facilitate the individualisation of land title,*

*so that it was easier for Crown and settler agents to purchase. The 1863 Acts - the Suppression of Rebellion Act and New Zealand Settlements Act - penalised Māori rebellion against the Crown by confiscating their land. In actuality, the supposed rebellion was nothing more than Māori efforts to prevent Crown seizure of said land. Following on from these punishing Acts, the 1879 Māori Prisoners Act and 1882 West Coast Peace Preservation Act were enacted to provide indefinite imprisonment without trial for Māori (a clear breach of Article 3 of the Treaty), and gave non-Māori immunity to commit offences whilst dealing with the Taranaki “difficulties”. (Trask, 2004, p. 2)*

Traditionally Iwi and hapū members were kaitiaki of our ancestral lands and tribal areas. In pre-European times the complex relationships between Māori were based on whakapapa, birth order, age, gender and location on the land. These were mirrored in another set of whakapapa and complex relationships between the people and their environment. Iwi and hapū lived closely with nature, learnt about it, and aimed to understand it. Respect for and appreciation of the natural environment was both encouraged and fostered:

*The obligation is to care for the land, and to pass it on, as intact as possible.*  
(Pere, R., 1991:22)

However, according to Henry (1994) contemporary Māori have sometimes adopted a capitalist sense of ownership of land, to become owners of the land, rather than people of the land.

Like other Indigenous people however, the relationship of Māori to the natural environment, especially land, is a matter of fundamental importance. Tangata whenua, a term used to denote indigeneity, reflects the strong bond between people and the land.

Land has an economic value. But it also embodies the histories, journeys and deeds of people. Land becomes part of personal identity when it is incorporated into tribal wisdom, and when it is used synonymously with tribal identity (Prof. Mason Durie, kōrero-a-waha, November 21, 2005).

***Te reo Māori***

*Toi te kupu, toi te mana, toi te whenua.*

**Retain the language, retain the prestige, and in doing so retain one's identity with the land.**

According to both American anthropologist Kluckhohn, and Māori educationalist R. Pere, language is “the vehicle of culture”– its lifeline and sustenance (Stokes, 1985; Pere, R., 1991). The Māori language is basic to the retention and maintenance of Māori heritage (Pere, R., 1982):

*[Language] enshrines the ethos, the life principle of a people. It helps give sustenance to the heart, mind, spirit and psyche. It is paramount. (Pere, R., 1991, p. 10)*

Language is also culture-specific, and therefore a “major indicator of cultural identity” (Durie, 2005, p. 47). There are hidden meanings and culturally symbolic references in proverbs, legends, stories, and history that may only be understood by those who belong to the specific cultural group (Pere, R., 1991):

*Language is not only a form of communication but it helps transmit the values and beliefs of a people. (Pere, R., 1991, p. 9)*

Certainly the Māori cultural values of aroha, manaakitanga, whanaungatanga, marae, tūrangawaewae, whenua, wairua and tapu can only be properly explained in te reo Māori. They have no real equivalent in the English language (Stokes, 1985). Durie et al. (2002, p. 43) suggest that “the degree of fluency in a language often indicates how and to what degree the values and beliefs of a culture are influencing an individual”.

In 1983 Hay and McManus found in their survey of pupils and their needs that 39% of the Māori pupils chose to learn te reo Māori at school, for reasons of identity. Just as traditionally command of the language was considered critical to the experience of being Māori (Pere, R., 1982) so was te reo Māori considered important to these pupils as Māori. They felt that unless they were able to speak the language they did not “feel like a Māori”. More recent surveys continue to confirm this finding, with participants in the *Te Hoe Nuku Roa* study identifying te reo Māori as “the single most defining

characteristic of ‘being Māori’” (Durie et al., 2002, p. 69). Not all consider lack of ability to kōrero<sup>19</sup> Māori a barrier to strength of identity, however:

*Although I don't speak Māori, I know it's who I am... My mother is a fluent Māori speaker and if I have one regret it's that back in the 1950s, when I was growing up, it wasn't a priority to learn te reo. In fact it was discouraged. At 52, it's not a priority for me now. I am very comfortable with who I am— not being able to speak Māori doesn't change that. (Air New Zealand, 2003, p. 70)*

Although Ngata is quoted as saying “Ki te kore koe e mōhio ki te kōrero Māori ehara koe i te Māori<sup>20</sup>” (Karetu, 1993, p. 223), the majority of Māori in fact have relatively little ability in being able to do so. The National Māori Language Survey in 1995 found that 83% of the 2,441 adult participants surveyed had either low proficiency in te reo Māori or did not speak the language at all (Durie, 2005). Baseline research data from the *Te Hoe Nuku Roa* study similarly showed that 58% of those surveyed for this study possessed very little ability in te reo Māori competency (Te Hoe Nuku Roa Research Team, 1999).

These dynamics are changing however, with more recent census information suggesting that the number of Māori speakers is increasing. While there is some concern about the proficiency of language being spoken and the impact of large numbers of second language learners on the language itself (Durie, 2005), Te Rautaki Reo Māori, the Māori Language Strategy launched in 2003 sought to address these shortcomings. The Strategy also serves to increase recognition of te reo Māori. Moa (Air New Zealand, 2003, p. 73) refers to a lack of recognition as one of the main challenges for Māori “in fighting the loss of our cultural identity”:

*I see people on television mispronouncing Māori words, and it makes me so angry. I wouldn't go to France and say “bon jaw” because they'd laugh in your face, but here, they laugh at you if you speak Māori properly! But this is my country, my culture, and I will speak my language properly. (Air New Zealand, 2003, p. 73)*

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<sup>19</sup> The term ‘kōrero’ is used throughout the thesis to mean either ‘talk’, ‘speak’ ‘a discussion’ (singular) or ‘discussions’ (plural). The term ‘kōrero Māori’ is used to mean ‘speak the Māori language’.

<sup>20</sup> The phrase “Ki te kore koe e mōhio ki te kōrero Māori ehara koe i te Māori” translates as “If you do not speak Māori you are not Māori”.

***Whakawhanaungatanga: Contact with other Māori***

According to Durie et al. (2002, p. 88) “there is some empirical evidence that security of identity facilitates participation in society”:

*Māori are more able to participate in society as Māori if they have a secure cultural identity.* (Durie et al., 2002, p. 88)

Having contact with other Māori is a proxy indicator of the capacity of Māori to interact with others as Māori. Although this cultural indicator is in part a measure of participation within Māori society, what is considered to be of importance is not so much the participation *of* Māori, as the participation of Māori *as* Māori. Participation in Māori activities and involvement in Māori networks such as kapa haka groups, Māori church gatherings, Māori committees, or even sports clubs or teams which incorporate Māori processes, may indicate an embracing of tikanga Māori and Māori values, or at least an ease of comfort with such.

Membership of Māori-specific groups or organisations such as the Māori Women’s Welfare League/Te Rōpū Wāhine Māori Toko i te Ora may also enhance and promote the benefits of ‘being Māori’, by fostering a sense of identity, pride, or enthusiasm for being Māori.

This interaction with other Māori is based around the same relationship of whanaungatanga as contact with other whānau members is, but is less demanding of the requirement for reciprocity:

*Whereas whānau members share a common whakapapa, the organisations that make up a Māori community may not necessarily have any blood ties to each other and may be founded as much on shared interests (such as involvement in touch rugby) than shared descent.* (Durie et al., 2002, p. 76)

***Whakaakoranga: Schooling***

Given the amount of time tamariki (and most rangatahi) spend in school; schools are a significant venue of social interaction. Schooling has a significant influence on rangatahi in particular, as peer relationships begin to take priority over whānau relationships. An ease of comfort with Māori peers would suggest a greater embrace of Māori values and cultural identity.

## **Rongoā Māori**

Rongoā Māori refers to the traditional medical system of the Indigenous people of Aotearoa/New Zealand (Jones, R., 2000). It includes a range of traditional healing methodologies including rongoā rākau<sup>21</sup>, mirimiri<sup>22</sup>, karakia<sup>23</sup>, and cultural and spiritual counselling (Durie, 1993).

The discipline of rongoā Māori and its practitioners, known as tohunga<sup>24</sup>, have been greatly affected by colonisation, in particular by the passing of the discriminatory Suppression of Tohunga Act in 1907:

*The Suppression of Tohunga Act made it an offence for traditional healers, tohunga, to practice, and similarly outlawed the 'foretelling of Māori futures'. Tohunga and prophets like Rua Kenana were regarded as obstacles to amalgamation. (Durie, 2005, p. 193)*

Despite this attempt at obliteration of Māori health knowledge in preference for the ascendancy of Western medicine, rongoā Māori has “maintained a genuine presence within Māori society” (Jones, R., 2000, p. 1). Since the 1980s there has been a resurgence of interest in Māori healing practices, and it continues to be actively practised in many Māori communities, which have consistently identified a preference for access to these services alongside more conventional forms of healthcare (Lawson-Te Aho, 1997). According to R. Jones (2000, p. 2), this “idea of incorporating traditional medical practice alongside Western-style health care is not a new one”:

*Since the late 1970s the World Health Organisation has pushed for the inclusion of indigenous or traditional healing services in national health systems. In many countries around the world there have been formal programmes established to integrate indigenous medicine in this context. (Jones, R., 2000, p. 2)*

In Aotearoa/New Zealand a number of initiatives aimed at developing such linkages between traditional healing and mainstream medicine have developed. These include

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<sup>21</sup> The term 'rongoā rākau' is used to refer to herbal remedies.

<sup>22</sup> The term 'mirimiri' is used to refer to physical therapies, massage and manipulation.

<sup>23</sup> The term 'karakia' is used throughout the thesis to mean 'prayer' or 'religious or spiritual incantations'.

<sup>24</sup> The term 'tohunga' is used throughout the thesis to mean 'expert' or 'specialist'.

the funding of rongoā Māori by the Ministry of Health/Manatū Māori since 1995, and the establishment of a national diploma in rongoā Māori for practitioners and workers with experience in the provision of Māori traditional healing services, working in Māori communities.

R. Jones (2000, p. 78) asserts, “Advancement of traditional healing, in conjunction with other aspects of Māori development, can help to strengthen Māori cultural identity”. The association of rongoā Māori with cultural identity is perhaps most apparent in the disassociation that occurred with colonisation. Māori reliance on tohunga and in the social, cultural, medical and religious systems that had sustained generations, was shattered by the impotent powers tohunga had to counter the devastating diseases introduced by the Pākehā settlers to Aotearoa/New Zealand:

*This confidence was further eroded by the rhetoric of the missionaries, which attributed the widespread affliction with disease to a lack of Christian faith.*

(Jones, R., 2000, p. 30)

The natural consequence was the creation of doubt in those spiritual and medicinal beliefs and practices that had until that time caused no need for questioning. And since spirituality and religion are inextricably bound up with culture and everyday life, the wider ramifications were dissolution of Māori identity.

For some Māori today, use of rongoā Māori has the opposing effect. Use of rongoā Māori and involvement with traditional healing practices brings with it a sense of vigour in being part of the “liberation struggle” (Elling, 1981).

In his study of rongoā Māori and primary health care, R. Jones (2000, p. 74) also found that “many Māori felt more comfortable accessing traditional healers than consulting a doctor”. An important contributing factor to this comfort was the ability of Māori to “identify with” Māori services that were “compatible with their perspectives on health”. It is well accepted that culturally appropriate services increase utilisation. Given the diversity of contemporary Māori however, the use of tikanga and traditional concepts within health services cannot be assumed to be a culturally safe option for all.

## **Waiata**

***Ko te puoro i takea mai i te wairua, i te ngākau, i te hinengaro, i te toitūtanga mai o te ao.***  
**Music comes from spirituality, the heart, and the mind, from the remnants of those who have passed on.**

In pre-European times the highly disciplined life of Māori was reflected in music. Instruments, notes, and songs were simple, and were used primarily to achieve a particular aim. The melody of the music, which more commonly resembled chants, was also seen as being less important than the message that the song conveyed (Kiwi News Limited, 2005).

Different types of waiata were written for different occasions and all served particular purposes, including: oriori or waiata pōpō (lullabies or songs for tamariki composed to sing to pēpi<sup>25</sup> whilst they were still in the womb or to lull tamariki to sleep); karakia (used on every occasion of importance such as at tohi<sup>26</sup>, before going fishing, to ensure gardens were plentiful, or to ensure that bird hunting expeditions were successful); waiata aroha (songs of sympathy or love, or of unrequited love); waitata kanga (songs of abuse) and pātere (songs of abuse sung in response to a personal slight); waiata mō te taiao (songs pertaining to the environment); pao (derisive songs and dances); waiata tangi (laments); waiata poroporoaki (farewell songs); maimai aroha (songs welcoming the living and showing affection for the dead); waiata tohutohu (songs of prophecy); waiata whakapae (songs of protest); waiata whakautu (songs answering an insult); ngeri (action songs or chants); tiwha (songs appealing for assistance in war); and ngaringari (songs to make people pull together when working) (Hindle, 2002).

The focus of waiata has changed significantly over time and styles have adapted. The influence of Western music and musical instruments such as the guitar saw Māori waiata, particularly during the two World Wars, alter in form significantly. The ability of waiata to take the monotony out of tasks, comfort, reassure, and aid memory however, has not changed. Its use in the conveying of messages or values, from the importance of retaining one's cultural values, to the dangers of drugs and alcohol, still exists.

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<sup>25</sup> The term 'pēpi' is used to mean 'babies'.

<sup>26</sup> The term 'tohi' is used to mean 'naming ceremony'.

Dixon (2002) refers to waiata as not only important oral treasures, but also as significant literary achievements. She describes waiata as ‘oral maps’ of Iwi and hapū histories, providing illustrations of both personal and collective narratives of days of old. Waiata capture in verse the issues and topics that were of significance to our tipuna at the time they were composed:

*They provide us with snapshots of iwi histories, including accounts of battles between Māori and Pākehā and between Māori and Māori. They tell us of alliances formed and reformed between tribes and hapū and of the reasons for these alliances. We see how the alignment and realignment of kin loyalties related to the issues of the day. (Dixon, 2002, p. 97)*

Besides the invaluable insight they provide into ancestral ‘ways of seeing the world’, Dixon asserts that waiata are also “fundamental to the illustration and preservation of Māori knowledge” (Dixon, 2002, p. 97), as illustrated by their frequent evidential use within Waitangi Tribunal land claims.

### **Whakarāpopotanga: Summary**

This chapter opened with a poem written one of the participants of the study. The poem, *Children of the Mist*, reflects the questioning mind of a small child wondering about his or her identity— who he or she is and how he or she came to be. The chapter seeks to answer some of the same questions by considering the complexities of Māori cultural identity.

For the purposes of this thesis, a number of cultural indicators have been identified as markers of Māori cultural identity. These are: self-identification as Māori, a working relationship with whānau, more than a superficial knowledge of, and engagement with, whakapapa, marae, whenua, and te reo Māori, regular contact with other Māori, use of rongoā Māori, and significance of waiata. Using these markers, the cultural identity of the participants may be assessed by measuring the degree of access they have to Te Ao Māori.

# UPOKO WHĀ: ORANGA HAUORA HINENGARO MĀORI

## CHAPTER FOUR: MĀORI WELLBEING AND MENTAL HEALTH

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### Whakamārama: Explanation

In the previous chapter cultural identity was posited as an indicator of Māori health and wellbeing. This chapter addresses the second objective of this study by examining how wellbeing is understood in a contemporary Māori worldview. The concept of wellbeing, like identity and culture, is difficult to define and is a contested term. Upoko Whā: Oranga Hauora Hinengaro Māori reports on the relevant national and international literature relating to wellbeing. It also reviews the holistic Māori view of health in both traditional and contemporary contexts.

### Oranga: Wellbeing

Wellbeing is a subjective experience and can be classified as an outcome that is influenced by several factors. Such factors include those identified at the *Hui Te Ara Ahu Whakamua* held in 1994: a sense of identity; self-esteem, confidence and pride; control of one's destiny; having a voice that is heard; intellectual alertness, physical fitness, and spiritual awareness; personal responsibility, and co-operative action; respect for others; knowledge of te reo Māori and tikanga Māori; economic security; and whānau support (Te Puni Kōkiri, 1994).

'Wellbeing' is used interchangeably with the term 'wellness', a concept referred to as "a healthy state of wellbeing free from disease" (*WordNet Search – 2.1*, n.d.). The phrase 'high level wellness' was first used in the context of alternative medicine in the 1950s by Halbert. The modern concept of wellness did not however, become popular until the 1970s when it also became a description of the interest in the more affluent nations to adopt behaviours that prolong and enhance the state of being healthy, and by extension, the lifespan itself.

In *The New Zealand Health Strategy* (2000, p. 53) the Ministry of Health/Manatū Hauora defines 'wellness' as "a dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health".

Te K. Kingi (2002, p. 223) describes the concept of 'well-ness' as a culturally important link to more traditional notions of healthcare and service provision. He refers to the distinction between recovering from an illness and the attainment of wellness, noting that "while psychiatric treatment seeks to remove symptoms, Māori interest centres on a more basic state of well-ness":

*Well-ness is less concerned with classification and diagnosis - which still tends to dominate modern psychiatric practice - but is more concerned with subjective well-being and quality social functioning.* (Kingi, Te K., 2002, p. 223)

Wellbeing is not the same as health. *He Matariki* (Public Health Commission, 1995a) defines wellbeing within the concept of 'oranga', which Williams (1970) defines as 'welfare' or 'satisfaction'. Participants in the *Te Hoe Nuku Roa* study defined Māori wellbeing as referring not only to social and economic wellbeing, but also to cultural and spiritual wellbeing (Durie et al., 2002).

Health is similarly not analogous with the Māori term 'hauora'. Although there is some common ground, hauora and health are not identical concepts. Hauora implies a broad perspective, which encompasses all domains of wellness and may be more appropriately explained as 'contributing to health'.

A study which questioned participants about their understanding of the word 'hauora' found that kaumātua were more unfamiliar with the term than rangatahi, suggesting it was a word of more contemporary origin (Kiro et al., 2004). Although commonly interpreted by rangatahi as 'health', separate terminology was identified by kaumātua to define health in terms of being 'well' and 'unwell'<sup>1</sup>. Some kaumātua suggested that hauora as a concept was more closely aligned with wellness, whilst others associated it with new life. Most saw the concept of hauora as including more spiritual and mental aspects of health, whereas the concept of health placed more emphasis on physical

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<sup>1</sup> Kaumātua referred to the concepts of 'ora' for 'well' and 'hauwarea' for 'unwell' (Kiro et al., 2004).

wellbeing. The concept of health was also more readily associated with illness, rather than wellness.

In 1947 the World Health Organisation defined health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. This definition approximates a Māori approach to health but omits a reference to spirituality— a cornerstone of Māori health perspectives. The predominant medical model however, has a much narrower focus on health— that is on the physical disease of a person. Traditionally Māori have adopted a holistic approach to health and therefore to the conceptualisation of illnesses, both physical and mental. The major distinction between Māori and non-Māori views of health is the holistic nature of this Māori perspective and the emphasis on maintenance of wellbeing as opposed to illness.

### **Ariā Oranga Hauora Māori: Models of Māori Health and Wellbeing**

A number of Māori perspectives of health and wellbeing began to emerge in the 1980s as Māori participation in the health debate escalated. In an attempt to explain some of these understandings, and in response to a greater recognition of Māori difference by the medical profession, and a greater discontent by Māori of the *status quo* in terms of health service delivery, a number of models of Māori health and wellbeing were articulated. Pōmare and de Boer (1981) have noted that these models are grounded in a complex interaction of social, economic, cultural and spiritual elements. They reflect Māori worldviews and their historical context, and all emphasise the value of traditional belief systems to health - though not necessarily at the expense of Western medical practice - showing that a greater balance is needed.

The first of these contemporary models to be widely acknowledged and generally accepted by Māori was *Te Whare Tapa Whā* (Durie, 1998b), also known as the four cornerstones of Māori health (*Table 6*). This model was first mooted at a training session for fieldworkers in the Māori Women’s Welfare League/Te Rōpū Wāhine Māori Toko i te Ora research project *Rapuora* in August 1982, and developed further in 1983.

*Te Whare Tapa Whā* conceptualises the human person as a four-sided house— each side of the house being necessary to support the structure and constitute the whole. The four sides of the house are likened to four dimensions that contribute to wellbeing: *te taha tinana*<sup>2</sup>, *te taha hinengaro*<sup>3</sup>, *te taha wairua*<sup>4</sup>, and *te taha whānau*<sup>5</sup>. The underlying belief is that all four elements need to be in balance for a person to be whole or healthy.

This popular model has been widely publicised and is now believed by many (Māori and non-Māori) to be a traditional Māori health worldview.

**Table 6: Te Whare Tapa Whā**

	<b>TE TAHA WAIRUA</b>	<b>TE TAHA HINENGARO</b>	<b>TE TAHA TINANA</b>	<b>TE TAHA WHĀNAU</b>
<b>Focus</b>	Spiritual	Mental	Physical	Extended family
<b>Key aspects</b>	The capacity for faith and wider communication	The capacity to communicate, to think, and to feel	The capacity for physical growth and development	The capacity to belong, to care, and to share
<b>Themes</b>	Health is related to unseen and unspoken energies	Mind and body are inseparable	Good physical health is necessary for optimal development	Individuals are part of wider social systems

(Durie, 1998b, p. 69)

Using this model, practitioners are encouraged to work holistically with Māori clients and to consider the whole person rather than only a single aspect. All four dimensions are dependent upon each other and together constitute a comprehensive approach to health. Accordingly each needs to be taken into account when considering effective and appropriate service provision (Ministry of Health/Manatū Hauora, 1998).

*Te taha tinana* refers to the physical wellbeing of a person. An over-emphasis on physical health in the 1980s led to considerable reorientation and rebalancing so that the significance of other dimensions was increasingly acknowledged. However, poor physical health - evidenced by the emergence of diabetes as a major risk to Māori - remains a matter of concern. Similarly, the physical health of *Tāngata Whai*

<sup>2</sup> The term ‘te taha tinana’ is used throughout the thesis to refer to physical health.

<sup>3</sup> The term ‘te taha hinengaro’ is used throughout the thesis to refer to mental and emotional health.

<sup>4</sup> The term ‘te taha wairua’ is used throughout the thesis to refer to spiritual health.

<sup>5</sup> The term ‘te taha whānau’ is used throughout the thesis to refer to family and community health.

Ora/consumers is often overlooked, even though mental and physical health are closely related.

Te taha hinengaro is described as the psychic aspect related to the expression of thoughts, feelings, and behaviour (Durie, 1987) and the source of mental and emotional experiences (Pere, R., 1982). It encompasses processes like thinking, knowing, perceiving, remembering, recognising, abstracting, generalising, sensing, responding and reacting. As such, “the hinengaro is very powerful and definitely influences the way a person acts and feels” (Pere, R., 1991, p. 32):

*Hine (female) is the conscious whole of the mind, including ngaro (hidden) the closed consciousness. Hinengaro refers to the mental, intuitive and ‘feeling’ seat of the emotions. (Pere, R., 1991, p. 32)*

Emotional communication - the expression of feelings - also tends to have more significance for Māori, with words often being considered unnecessary (Durie, 1998b):

*Māori may be more impressed by the unspoken signals conveyed through subtle gesture, eye movement, or bland expression, and in some situations regard words as superfluous, even demeaning. (Durie, 1998b, p. 71)*

Māori open expression of grief through wailing, or tears at someone’s death, as opposed to written words in a sympathy card is an example of this preference. Durie (1998b) suggests that this cultural difference can leave Māori school children having to tend with a sense of frustrated expression when they are reprimanded for expressing emotions such as anger, instead of talking about how they feel.

Unlike te taha hinengaro, te taha wairua is not easily defined. It refers to the intangible spiritual part or soul of a person (Mason, Ryan, Bennett, & Turei, 1985) or as Cherrington (1994) suggests, to an inherent part of all Māori that is felt rather than seen. It is considered “the most vital aspect of Māori health and wellbeing” (Cherrington, 1994, p. 24), yet is the component of health that has been most widely ignored by Western medicine (Durie, 1984). For many Māori this is regarded as *the* major deficiency in modern health services.

The difference between Māori and non-Māori views about the spiritual dimension of a person are described by Cherrington (1994) who suggests that unlike the Western view

where individuals are responsible for their own thoughts and emotions, the Māori view attributes a large part of these experiences to occurrences or origins from outside the self. Traditional explanations of illness and emotions like fear and grief for example, were thought to be the influence of atua<sup>6</sup> and in this context a person was not personally responsible for any emotions or suffering experienced (Smith, J., 1989). There is also literary evidence however, to suggest that Māori emotions are located within the person. Expressions such as ‘pukuriri’<sup>7</sup>, ‘manawapā’<sup>8</sup>, ‘hēmanawa’<sup>9</sup>, ‘te hau, te koa o te ngākau’<sup>10</sup>, ‘te pōuri o te ngākau’ and ‘te pōuri o te manawa’<sup>11</sup> link emotions to the organs within the self.

Te taha wairua implies a capacity to have faith. It also implies a capacity to understand the links between people and the environment. In reference to the great importance Māori attach to their tipuna, Cherrington (1994) postulates that cultural belonging, knowing whakapapa and tūrangawaewae, links people to their tipuna and their environment:

*Te taha wairua is enhanced by cultural belonging, participation and identification with what it is to be Māori: one's Māoritanga.* (Cherrington, 1994, p. 24)

Often the human spirit is inextricably bound to the natural environment. Without land, or tūrangawaewae, many Māori feel incomplete and ‘groundless’. The relationship between the human mauri<sup>12</sup> and the mauri of land (or water) is a further reflection of wairua. In effect, the wairua of a person cannot exist in isolation of a wider communion and set of relationships beyond the self.

Te taha whānau refers to the extended whānau network and reflects relationships with a wide social network. It is a vital component of wellbeing not only for the transmission

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<sup>6</sup> The term ‘atua’ is used to refer to Māori gods.

<sup>7</sup> The term ‘pukuriri’ is used to mean ‘angry’ or ‘irritable’; ‘puku’ referring to the abdomen.

<sup>8</sup> The term ‘manawapā’ is used to mean ‘frugal’ or ‘tight-fisted’; ‘manawa’ referring to the heart or bowels.

<sup>9</sup> The term ‘hēmanawa’ is used to mean ‘disheartened’; ‘manawa’ referring to the heart or bowels.

<sup>10</sup> The term ‘te hau, te koa o te ngākau’ is used to refer to absolute joy; ‘ngākau’ referring to the heart.

<sup>11</sup> The terms ‘te pōuri o te ngākau’ and ‘te pōuri o te manawa’ are used to mean ‘heavy-hearted’ or ‘distressed’; ‘ngākau’ and ‘manawa’ both referring to the heart.

<sup>12</sup> The term ‘mauri’ is used throughout the thesis to refer to the life principle, life essence, life force, vitality or special character present in people and objects, including language.

of whakapapa and identity, but for the provision of support, caring and encouragement. Whānau is the prime support system for Māori. It provides care and nurturing, physically, as well as culturally and emotionally.

Intertwined within te taha whānau is the concept of whanaungatanga. Habermann (1997) suggests that this concept, similar to kinship, is manifest through collectively beneficial behavioural interaction among whānau members and households. Cherrington (1994) refers to this interaction as obligations and expectations. Just as the whānau has an intrinsic obligation towards supporting its members, so is there the same expectation amongst the members towards the whānau. Responsibility and reciprocity may be regarded as the moral fibre to a well functioning whānau, or a well whānau:

*Knowing ones links and obligations binds members into a cohesive unit and provides members with physical, spiritual and emotion sustenance.*  
(Cherrington, 1994, p. 24)

Durie (1984, 2001) makes an important distinction between Māori and non-Māori perspectives of te taha whānau. Māori view whānau interdependence as crucial to wellbeing, an understanding aptly summarised by Cherrington (1994, p. 24) who writes “an individual flourishes in relation to his or her whānau”. Accordingly, good mental health of Māori is dependent on the stability and promotion of the extended whānau, hapū and Iwi (Potaka Dewes, 1986). Durie (1997) makes this point in his reference to the effect on whānau of unemployment. He notes that although unemployment of any type creates stress for the individual, the whānau is also affected by the possibility of poor mental health and psychological wellbeing as an outcome.

In contrast to this philosophy is the Western view that being independent from family is often portrayed as a healthy state. Individuals are consequently encouraged to be self-sufficient, self motivated and self assertive (Durie, 1984):

*Good mental health has been equated with independence, directness and severance of generational ties. It is a peculiarly Western view which in Māori terms is the antithesis of mental health. To be “totally independent” and a “separate person” is in Māori terms, to be unhealthy.* (Durie, 1984, p. 8)

Another model of Maori wellbeing is known as *Te Wheke*, the octopus, so-called because it uses the octopus to illustrate the main features of health from a Maori

whānau viewpoint. It was initially presented at *Hui Whakaoranga* in 1984 by R. Pere (Komiti Whakahaere, 1984). Like *Te Whare Tapa Whā*, *Te Wheke* includes wairuatanga, hinengaro, taha tinana, and whanaungatanga. However, R. Pere (1984) expands her model to include other dimensions: mana ake<sup>13</sup>; mauri; hā a koro mā a kui mā<sup>14</sup>; and whatumanawa<sup>15</sup>.

The body and the head of the octopus represent the whole whānau unit, and each of the tentacles is symbolic of a particular dimension of health. All eight tentacles collectively contribute to waiora– the total wellbeing of the individual and the whānau. This is represented by the eyes of the octopus. The intertwining nature of the tentacles further reinforces the close relationships between each of the eight dimensions.

### **Te Oranga me te Māuiuitanga ki Tō te Māori o Nehe: Traditional Māori Wellbeing and Illness Beliefs**

Prior to European contact Māori processes of tapu and noa governed the regulation of the environment and personal health. Illness that was not attributable to accidents was considered to be as a result of infringement of tapu, or mākutu. The breaches of tapu were referred to as hara, with the ensuing sickness caused by the hara referred to as either mate atua or mate Māori<sup>16</sup> (Durie, 1977, 2001).

Sachdev (1989) discusses the relationship between tapu and noa, and mana– concepts that he determines all concern power and influence. He suggests political or secular authority is implicit in mana, and ritual authority is determined by tapu and noa. All these concepts are important for understanding ethnic views of the aetiology and management of illness, the mechanisms of social organisation and control, and the behaviour of individuals (International Research Institute for Māori and Indigenous Education (IRI), 2000).

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<sup>13</sup> The term ‘mana ake’ is used to refer to the unique identity or the unique nature of the individual and each whānau and the positive identity that flows from those unique qualities.

<sup>14</sup> The term ‘hā a koro mā a kui mā’ is used to refer to inherited strengths– literally “the breath of life that comes from our ancestors”, but interpreted to mean that good health is closely linked to a positive awareness of one’s ancestors.

<sup>15</sup> The term ‘whatumanawa’ is used to mean ‘emotional’ or to refer to the open expression of emotion.

<sup>16</sup> The terms ‘mate atua’ and ‘mate Māori’ are used throughout the thesis to refer to illnesses for which there are no obvious physical causes.

According to Cherrington (1994, p. 27) “the concept of tapu has both religious and legal associations and was regarded as the main spiritual force within Māori society”. R. Pere (1991) warns however, that tapu is a term that is often misused by people because they do not have the necessary in-depth knowledge about such a principle. Although defined as religious or secular restriction, she advises there is no English word that can truly define the concept:

*Tapu can be used as: a protective measure; a way of imposing disciplines, social control; a way of developing an understanding and an awareness of spirituality and its implications; and a way of developing an appreciation and a respect for another human being, another life force, life in general. (Pere, R., 1991, p. 40)*

Māori traditional understandings of ill health considered the atua to be influential in many ways— they were “the unseen animators of the Māori world”, and it was they who were “the power behind the state of tapu”, they who could make it both efficacious and dangerous (Sachdev, 1989, p. 962). Lyndon (1983) describes different types of atua within the Māori spiritual religious system; Io (the supreme God), departmental gods (sons of Ranginui and Papatuanuku), and tribal and familial atua. According to R. Walker (1988) the traditional belief is that a Māori person’s wellbeing is dependant on support and protection of their mauri by the atua:

*When a hara was committed, it was believed ancestral atua who acted as guardians for individuals and tribes, left the person and the mauri was no longer protected. Subsequently the person was defenceless or became possessed by other destructive atua. (Cherrington, 1994, p. 28)*

Lyndon (1983, p. 27) writes the person would then “become ill and exhibit symptoms appropriate to the ngau or bite of the atua he had offended”. Alternatively he could become possessed by the atua and become a tangata pōrangi or ‘mad man’. Sachev (1989) similarly explains the transgression of sanctity as the cause of an abnormal ‘state of mind’— a description Te K. Kingi (2002) differentiates from an ‘illness of mind’. In fact, according to Sachev (1989) prior to European settlement in Aotearoa/New Zealand, the notion of mental illness was unfamiliar to Māori.

Another cause of illness for traditional Māori was through the use of karakia to affect an individual or a whānau. This is referred to as mākutu and was most commonly practised by tohunga (Cherrington, 1994). Mākutu sometimes resulted in death but could also be used to prevent the mana of either an individual or a whānau becoming too great (Lyndon, 1983). This may have been through the whānau becoming less productive over the generations either financially or in terms of descendants. Mākutu has been known, for example, to be inflicted upon whānau to ensure the death of a particular lineage, whereby all male descendants either die in childbirth or infancy, or if they do survive, are infertile.

Mākutu could be removed just as tapu could be lifted, by tohunga. Tohunga were also able to differentiate between a mate atua and mākutu as a cause of illness (Cherrington, 1994). Treatment of illness therefore depended on a tohunga's diagnosis, which took into consideration the movements of the person prior to the onset of the illness and what their recent dreams entailed. If a presenting illness was determined to be due to the breaking of a tapu, the tohunga would identify the hara, locate the responsible atua (Sachdev, 1989), and then appease or remove it through karakia.

With colonisation these cultural beliefs, practices and norms that had sustained Māori worldviews for generations began to diminish. Western society favoured a more scientific, medical approach over a spiritual basis for healing, and actively imposed these understandings on Māori. The disregard for Māori health practice was probably most evident in the 1907 Tohunga Suppression Act.

Regardless, results from Lyndon's (1983) study into the prevalence of beliefs in tapu, mate Māori, mākutu, visitations and the significance of dreams showed that these beliefs are still widespread, although perhaps in a modified form and not to the exclusion of other views (Sachdev, 1989; Cherrington, 1994). Despite the influences of the dominant Pākehā culture and the active attempts of some Māori to discourage them, Māori beliefs in mate atua also continue to influence behaviour both consciously and subconsciously (Dansy, 1978, as cited in Sachdev, 1989).

Lyndon (1983) emphasises the importance of the implications of understanding these spiritual differences between Māori and non-Māori who are assessed as having a suspected mental illness. He explains, for example, that being able to see spirits and

hear one's tipuna is not only accepted as normal amongst Māori, but often these abilities are valued. Furthermore, the existence of these beliefs affect the choice of intervention that may be accessed by those Māori who hold them, should they or members of their whānau become ill or exhibit irrational behaviour (IRI, 2000). As there is no indication that transmission of these beliefs will cease, caution must then be exercised by those making diagnosis (Lyndon, 1983):

*Despite nearly two hundred years of contact with the Pākehā and one hundred and forty three years of sustained contact with them, the Māori still retain many of the beliefs of their ancestors, including the belief that 'spirits' can and do punish transgressions of tapu, or that they can be used as an instrument in mākutu to punish and avenge. (Lyndon, 1983)*

### **Whakakoretikangatanga: Deculturation**

Deculturation refers to people from one group abandoning the traits of their original culture in order to adopt those of another more dominant group (Loustounou & Sobo, 1997). Deculturation is a determinant of poorer Māori health status (Durie, 2001).

The effect of the deculturation of Indigenous peoples throughout the world has been well documented (Tait, 2004). In considering the native inhabitants of North America, Australia, and Aotearoa/New Zealand, Fleras and Elliot (1992, p. 5) note that as a result of "sustained assimilation pressures", Aboriginal peoples undergo psychological disorientation and spiritual destruction. They paint a picture of Māori - as one of these peoples - as an underclass confronted by major disparities in all measurable areas due to deculturation: education, employment, crime, incarceration, morbidity, and mortality. Like other colonised peoples worldwide, the loss of land, language, and whānau functioning have also occurred as a consequence of the colonising process.

According to Jackson (1987) the roots of assimilation lie in the ethnocentric belief that it is the path to true 'progress'. But the resultant loss of culture and control of life has led to "chronic problems over personal identity, group integrity, and social solidarity" (Fleras and Elliot, 1992, p. 5). The important role that a strong cultural identity therefore plays in social, economic and health outcomes is well documented.

Accordingly, redressing and restoring the cultural contact and identity of Māori in order to improve those outcomes becomes an important goal in socioeconomic programmes.

## **Whaiora: Māori Health Development**

It appears that in spite of the devastating effects of colonisation, Māori health status has progressively improved through both government and Māori efforts. The consistent drive of Māori for this cause has been especially significant.

Even before the passing of the Tohunga Suppression Act 1907, in 1903 representatives from the 19 Māori Councils from throughout the country met in Rotorua to discuss strategies for improving Māori social circumstances. The outcome of this national Māori health hui was a resolution urging the Government to appoint competent sanitary inspectors for Māori villages (Cody, 1953). According to Durie (1994a, p. 2) “these workers, all Māori and drawn from their respective communities, were to become the forerunners of contemporary Māori health workers”.

Two distinct but connected health and welfare organisations have also made significant contributions to Māori health development over the years: the Women’s Health League/Te Rōpū o te Ora; and the Māori Women’s Welfare League/Te Rōpū Wāhine Māori Toko i te Ora.

Established in Rotorua in 1937, the Women’s Health League/Te Rōpū o te Ora was born out of the efforts of a district nurse, Miss Robina T. Cameron, to combat the alarmingly high Māori mortality rates and prevalence of tuberculosis and other infectious diseases amongst Māori (Durie, 1994a). With the assistance of Te Arawa leaders she addressed these issues by bringing “Pākehā understandings of hygiene into Māori homes” and instructing mothers “in the care of children, food values, prevention of disease and care of the home” (Durie, 1994a, p. 2). This community work gained rapid Māori support, and the emergence of the Māori Women’s Welfare League/Te Rōpū Wāhine Māori Toko i te Ora in 1951 owes much to these earlier efforts.

One of the most significant contributions to Māori health development by the Māori Women’s Welfare League/Te Rōpū Wāhine Māori Toko i te Ora has been through their

landmark research into the health and wellbeing of wāhine in the early 1980s. The research reported on the health perceptions of 1177 wāhine, describing some of their health risks associated with their lifestyle activities (Murchie, 1984):

*This research was important for several reasons. It represented the first study of its kind into Māori women's health; it was undertaken wholly by Māori women themselves in the roles of interviewers and field supervisors, with consultants advising on the more technical aspects of sampling and data management; and it received overwhelming support from the community under its investigation... The survey had a response rate of 99 percent, with only 12 refusals in a total of four regions.* (Boulton, 2005, p. 36)

Another important aspect of this research was the inclusion of questions “that were more significant from a Māori health perspective; namely questions on the importance of Māoritanga to health and wellbeing” (Boulton, 2005, p. 36). A number of recommendations were made in a research report to Government, including the recommendation that the decade 1985-1995 be declared a ‘Decade of Health’.

In March of the same year that *Rapuora* was launched, and eight decades after the first Māori Councils’ hui was held in Rotorua, another major national hui for Māori health - *Hui Whakaoranga* (the Māori Health Planning Workshop) - was held at Hoani Waititi Marae in Auckland. This was an important hui in that it brought together a wide range of people involved in health care, combining quite different perspectives, but nonetheless united in a desire for Māori to define health for themselves, and to recognise culture as a key to understanding health (Komiti Whakahaere, 1984; Durie, 1994a). Hui participants made it clear that advances in health were linked with advances in other areas “such as Māori language development, marae development, tribal development and Māori political aspirations for political autonomy”. They asserted that health policies “could not be formulated within a cultural vacuum” but rather must be cognisant of Māori holistic views of health that incorporated not just physical health, but also spiritual health and other wider concepts of wellness. But most importantly, they were adamant that “significant gains in Māori health could only be made if Māori were active participants in shaping priorities for health development and delivering health services” (Komiti Whakahaere, 1984; Durie, 1994a, p. 1).

A decade after the 1984 *Hui Whakaoranga*, in 1994 another significant Māori health hui - the *Hui Te Ara Ahu Whakamua* - was held in Rotorua. Durie (1994a, p. 1) reports that this hui was important for two reasons. First, it provided a much-needed opportunity to take stock and evaluate the Māori health gains since the *Hui Whakaoranga*; and second, on the basis of those findings it enabled “a reformulation of aims and a chance to consider the broad directions for future endeavours”.

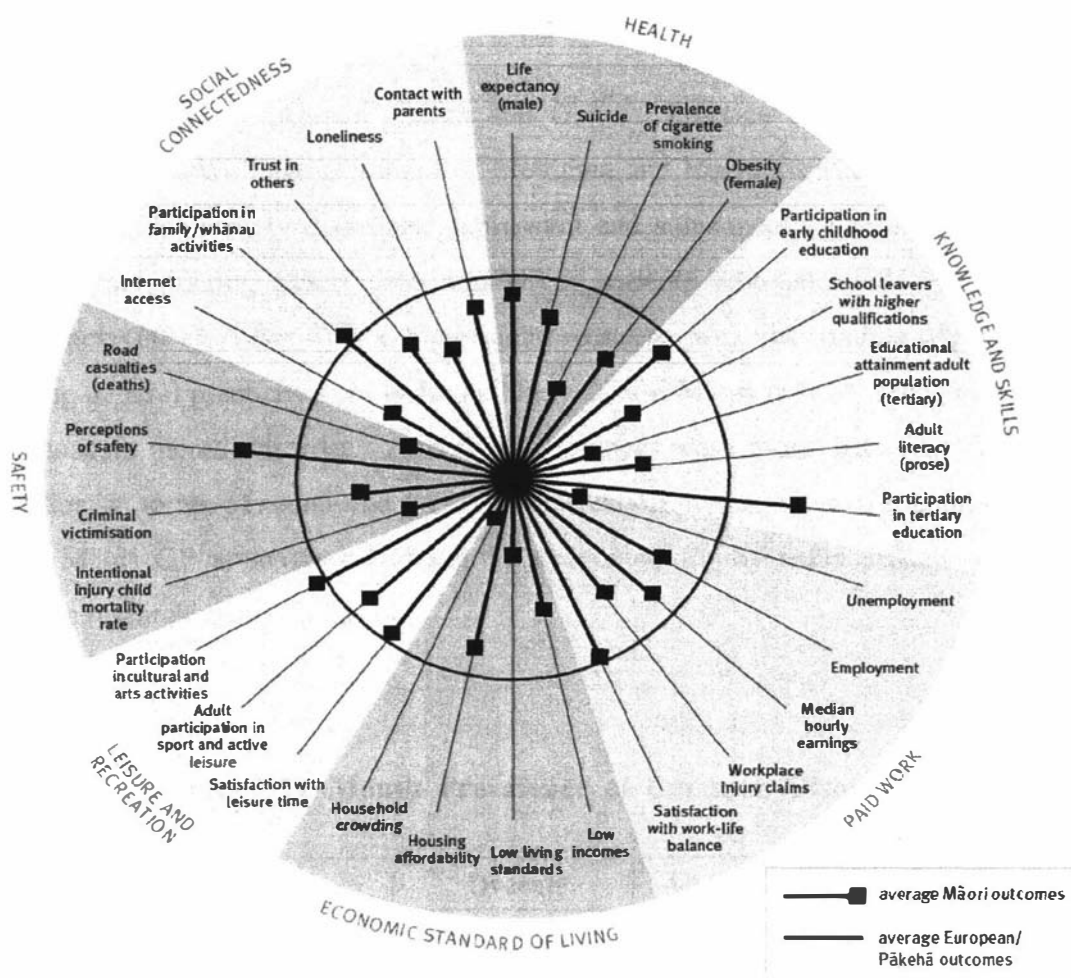
A number of other important national hui have also been held with a prime purpose of advancing Māori futures. Four *Hui Taumata Mātauranga* (Māori Education Summits) were held in Turangi and Taupo in February 2001, November 2001, March 2003 and September 2004 respectively. And in March 2005 a significant hui - the *Hui Taumata* or Māori Economic Summit - was held in Wellington extending the timeframe for ‘The Decade of Māori Development’. The discussion at the *Hui Taumata* focussed on ways in which Māori economic development might be accelerated, and pathways for future generations forged. Three key themes - developing people, developing enterprise, and developing assets - were the focus.

## **Rerekētanga: Disparities**

*“There is no such thing as Māori health, or Pākehā health; there is only people health.”* (Couch, 1984, p. 1)

This statement, made by the Minister of Māori Affairs at the opening of the *Hui Whakaoranga* in 1984 assumed that all things being equal, Māori and Pākehā should share equivalent health status. All things however, were not equal. Māori experience poorer educational outcomes, poorer housing, and greater unemployment (*Table 7*) and have different attitudes to health and sickness. Despite this resolute view that “health is not racial” (Couch, 1984, p. 1), there is also ample evidence of historical, institutional and personal racism within Aotearoa/New Zealand which has directly impacted on Māori health status (Reid, Robson, & Jones, C., 2000). The implication that poorer Māori health is largely attributable to poor personal decision-making by Māori is not sufficiently cognisant of any of these contributing factors.

**Figure 1: Social wellbeing for Māori, relative to Europeans/Pākehā<sup>17</sup>**



(Ministry of Social Development/Te Manatū Whakahiato Ora, 2005, p. 132)

Poor Māori health is a complex result of many influences, including socioeconomic, cultural, and health services factors. The most significant of these however, is socioeconomic status—the link between socioeconomic factors and health status being well established. The conclusion that ethnic differences in health status cannot be completely explained by socioeconomic status however, deserves further research to identify the other - presumably cultural - factors involved, or to determine whether the residual ethnic difference is an artefact of the way socioeconomic status is being measured (Ministry of Health/Manatū Hauora, 1999). Recent studies have shown that

<sup>17</sup> Interpreting *Figure 1*: “The circle represents average outcomes for Europeans/Pākehā against each indicator and the spokes represent outcomes for Māori. Where a spoke falls outside of the circle this means outcomes for Māori are better than for Europeans/Pākehā; the further the spoke is from the circle the more pronounced the difference. Where a spoke falls within the circle, the outcomes for Māori are worse than for Europeans/Pākehā; the further the spoke is from the circle the more pronounced this effect.” (Ministry of Social Development/Te Manatū Whakahiato Ora, 2005, p. 132)

even when socio-economic disadvantage is taken into account, Māori health status is worse than non-Māori (Trauer, Eagar, Gaines, & Bower, 2004).

The recent “MaGPIe” (Mental Health and General Practice Investigation) research conducted by the Wellington School of Medicine and Health Sciences, University of Otago found that anxiety disorders, depression and substance use disorders were all more common among Māori than non-Māori patients who attended their General Practitioner (GP) (Table 8). Of particular concern was the finding that wāhine attending general practices were twice as likely as non-Māori women attenders to have a diagnosable mental disorder. Although differences were found between Māori and non-Māori in terms of social and material deprivation, higher rates of mental disorder among Māori GP attenders could not be accounted for by these differences alone (MaGPIe research group, 2005).

**Table 7: Estimates of 12 Month Prevalence of Common Disorders among GP Attenders– Māori**

Disorder	Overall	All Non-Māori	All Māori
Any substance use/dependence	11.4%	9.4%	29.8%
Any depressive disorder	18.4%	15.4%	46.4%
Any anxiety disorder	20.1%	17.6%	43.8%
Any DSM-IV disorder	35.5%	32.5%	64.4%

(Capital & Coast District Health Board, 2005)

Reid, Robson and C. Jones (2000) describe three types of ethnic inequalities in health: the distribution gap; the outcome gap; and the gradient gap. Using the NZDep01 index<sup>18</sup> to measure social and material deprivation, they conclude that, quite apart from social class, ethnicity is a determinant of health. The distribution gap shows that Māori are not evenly distributed across all deprivation deciles and are overly represented in

<sup>18</sup> The NZDep01 index is an area-based index of deprivation that can be used to measure the level of deprivation for any specific locality throughout Aotearoa/New Zealand, using a meshblock breakdown. Based on the NZDep96 index of deprivation, it uses a combination of Census 2001 variables (i.e., income, transport (access to car), living space, home ownership, employment status, qualifications, support (sole-parent families), and access to a telephone) to provide a deprivation score from 1 to 10 for each meshblock (decile 1 indicating the least level of deprivation, and decile 10 indicating the greatest level of deprivation).

the very deprived areas– that is, deciles 8-10. The outcome gap shows that Māori health outcomes are worse even after controlling for deprivation. And the gradient gap shows that socio-economic hardship impacts more heavily on Māori (Durie, 2005).

A 1998 report on the health of New Zealanders confirms that although Māori health has improved significantly over the past four decades (the gap between Māori and non-Māori life expectancy closed between 1950 and 1990) there are still significant premature morbidity and mortality rates (National Health Committee, 1998).

A widening mortality inequality between Māori and Pacific peoples compared to non-Māori non-Pacific peoples in Aotearoa/New Zealand was first reported by Ajwani, Blakely, Robson, Tobias, & Bonne (2003). Their report showed that over the 1980s and 1990s Māori and Pacific all-cause mortality rates were higher than non-Māori non-Pacific rates:

*Further, Māori and Pacific mortality rates reduced only modestly over this period in contrast to strong reductions in non-Māori non-Pacific mortality (at least until the mid 1990s).* (Ministry of Health/Manatū Hauora, 2005a, p. 100)

A further investigation of inequalities in mortality by income over this period showed little alteration. During all periods over these two decades the combined medium and high-income Māori group had greater mortality rates than the low-income non-Māori non-Pacific group. And although high and medium income tāne experienced a decline in mortality rates similar to non-Māori non-Pacific peoples at all levels of income, low income tāne, and wāhine in all income groups, experienced little decline in mortality rates.

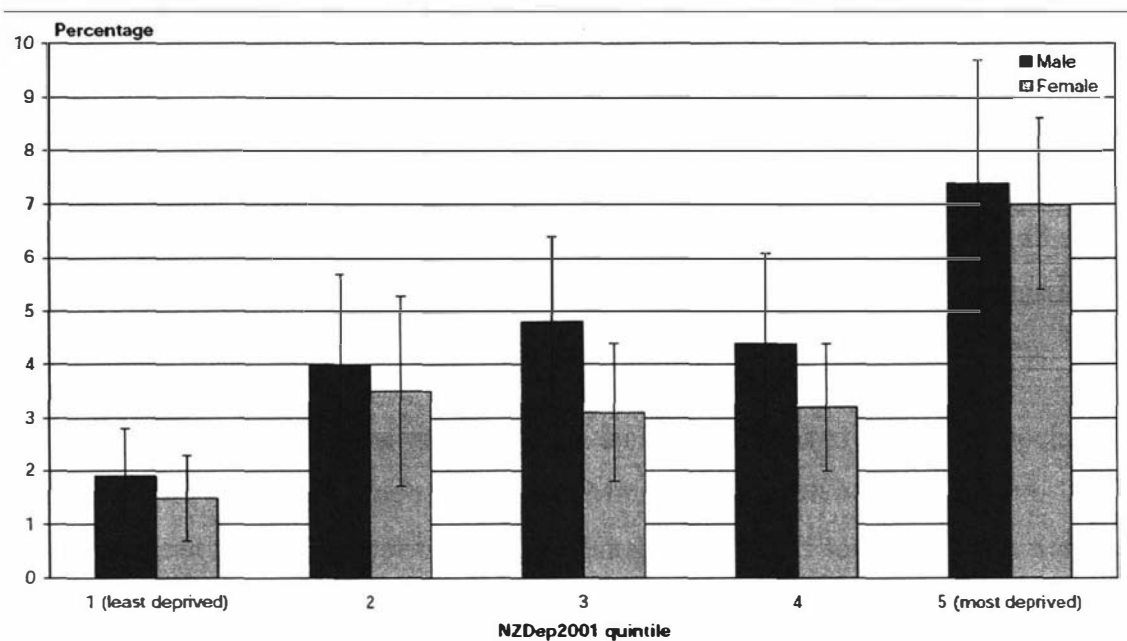
Socioeconomic inequalities in cardiovascular disease mortality (predominantly due to ischaemic heart disease) provide an example of these disparities. Mortality rates were shown to be considerably higher in Māori than non-Māori and non-Pacific peoples. The Ministry of Health/Manatū Hauora (2005a, p. 110) suggest that this major socioeconomic disparity, which is based on income as a measure of socioeconomic position, “is likely related to a complex mix of ethnic, socioeconomic, geographic (urban/rural and regional) and access-related factors”.

Key results of the 2002/03 New Zealand Health Survey, the third national population-based health survey conducted by the Ministry of Health/Manatū Hauora (2004) confirmed these results. The prevalence of heart disease (i.e., heart attacks, angina, abnormal heart rhythm or heart failure) in both men and women was found to be highest in Māori. Yet among adult men diagnosed with heart disease, the proportion receiving medical treatment for heart disease was lowest in Māori. Similarly in both men and women, the prevalence of stroke was higher in Māori than non-Māori, yet tāne were less likely to receive medical treatment (aspirin or other medicines, tablets or pills) than non-Māori men.

The lower rate of intervention (primary and secondary) amongst Māori has also been noted in other areas, including with breast cancer screening. The National Screening Unit (NSC) of the Ministry of Health/Manatū Hauora, responsible for the stewardship of New Zealand's two national screening programmes, the *National Cervical Screening Programme* and *BreastScreen Aotearoa*, report that the uptake of breast cancer screening across Aotearoa/New Zealand differs by ethnicity, with 41% of eligible Māori and Pacific women attending screening mammography in 2003, compared to 63% of non-Māori, non-Pacific women. Whilst data on uptake by socioeconomic group in Aotearoa/New Zealand were not available, the NSC suggest that the differential uptake of breast cancer screening across socioeconomic groups may in fact widen inequalities in breast cancer mortality (NSU, 2003, as cited in Ministry of Health/Manatū Hauora, 2005a).

The prevalence of higher rates of other chronic illnesses amongst Māori was also reported in the 2002/03 New Zealand Health Survey. The prevalence of both asthma and spinal disorders for example, were found to be significantly higher in Māori and European/Other than in Pacific and Asian people. And for both tāne and wāhine, the prevalence of diabetes was found to be significantly lower in populations other than in Māori and Pacific peoples. Also of significance was the finding that in both men and women the prevalence of diabetes was about four times higher in areas of greater socioeconomic deprivation (quintile 5) - where Māori are over-concentrated - than in the least deprived areas (quintile 1) (*Figure 2*).

**Figure 2: Diabetes in adults, by NZDep01 quintile and sex (age-standardised)**



(Ministry of Health/Manatū Hauora, 2004, p. 45)

In terms of risk and protective factors (biological factors such as blood pressure, and behavioural factors such as physical activity) associated with health outcomes, findings from the New Zealand Health Survey (Ministry of Health/Manatū Hauora, 2004) give further cause for concern. The survey found that both tāne and wāhine were significantly more likely to be tobacco smokers than other ethnic groups, and as with diabetes, the prevalence of tobacco smoking was significantly higher in NZDep01 quintile 5 (most deprived) than in quintile 1 (least deprived). It also found that in both tāne and wāhine, Māori were significantly more likely than other ethnic groups to smoke marijuana regularly. Given tobacco smoking has long been known to be a major cause of death and ill health, increases the risk of heart disease, stroke and chronic respiratory diseases, and is a risk factor for cancers of the lung, mouth, pharynx, oesophagus, larynx, pancreas and kidney; and marijuana use has adverse effects on the respiratory and cardiovascular systems, and increases the risk of major psychological problems, these findings are concerning.

Despite the continued disparities in health, there have been considerable benefits and gains for Māori health as a result of policies focused on Māori health. In addition to the growth in the number of independent Māori providers from 23 in 1992 to over 240 in 2004, some initiatives have demonstrated an improvement in intermediate health outcomes for Māori in some areas including mental health (Ministry of Health/Manatū

Hauora, 1998). The new opportunities provided through the current Māori health policies have also fostered direct Māori participation in health services and health planning, as recommended at the *Hui Whakaoranga*.

Māori workforce development has become a cornerstone of Māori health policy. Results from annual health workforce surveys show that whilst numbers of active Māori health professionals are still low<sup>19</sup>, they are increasing (Ministry of Health/Manatū Hauora, 2005c, 2005d, 2005e).

But research indicates that the greatest scope for health gain is to change the social and economic environment in which Māori live (Ministry of Health/Manatū Hauora, 1999). While the health sector cannot be held accountable for Māori socioeconomic status, it can position itself to respond to health needs created by social disadvantage through the development of intersectoral approaches which complement work within the sector. It is also imperative that any new initiatives contain appropriate Māori strategies to ensure particular Māori needs are met.

### **Ngā Whakamarama: Possible Structural Explanations for Poor Māori Health Status**

Alongside social and cultural factors, economic and political factors also contribute to health status. Half a century ago, in the 1950s and 1960s, Aotearoa/New Zealand society as a whole, fared relatively well. In large part due to the privileged position the country held as supplier of butter, meat and wool to Britain until 1973, the agricultural economy performed well on the international stage. The strong and growing economy provided the means for a strong welfare society that prided itself on reasonably good access to health and other services (Ministry of Health/Manatū Hauora, 2005a).

In the 1980s and 1990s this society changed dramatically. 1984 in particular - the year *Rapuora* was launched, and the *Hui Whakaoranga* took place - is often identified as the

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<sup>19</sup> In 2004 there were 9 Māori chiropractors (4.1%), 5 Māori dieticians (1.6%), 6 Māori medical laboratory technologists (0.8%), 20 Māori medical radiation technologists (2%), 26 Māori occupational therapists (2%), 1 Māori dispensing optician (1.1%), 44 Māori physiotherapists (3%), 7 Māori podiatrists (4.2%), and 40 Māori psychologists (4.3%) (Ministry of Health/Manatū Hauora, 2005e). In 2000 there were 198 Māori medical practitioners (2.3%) (Ministry of Health/Manatū Hauora, 2005c), and 1857 Māori registered nurses and midwives (5.7%) (Ministry of Health/Manatū Hauora, 2005d).

major turning point. The Ministry of Health/Manatū Hauora (2005a) report that in the decade or so leading up to 1984, the economy in Aotearoa/New Zealand began to struggle with falling terms of trade and double-digit inflation:

*In response, from 1984 to the early 1990s, New Zealand underwent major social and economic changes, including the introduction of a substantially flattened tax system, fully targeted income support, introduction of a regressive consumption tax, market rentals for housing, privatisation of major utilities, user charges for health, education and other government services, and a restructured labour market designed to facilitate 'flexibility'. (Ministry of Health/Manatū Hauora, 2005a, p. 119)*

The new neoliberal policies reflected changes that were happening in many other countries during this time, but their effect was to be particularly significant for Māori. The social and macroeconomic changes weighed heavily on lower socioeconomic groups, and in combination with the subsequent welfare cuts of 1991, were believed to be associated with the rapid increase in income inequality from the late 1980s to early 1990s. Some even speculate that this economic restructuring may have contributed to life expectancy in Aotearoa/New Zealand falling behind that of Australia from the 1970s onwards (Ministry of Health/Manatū Hauora, 2005a).

What is clear from the data is that the relative gaps in access to economic resources between higher and lower socioeconomic groups widened during these two decades, and the Ministry of Health/Manatū Hauora (2005a) suggest it seems highly likely that this increase in social inequalities translated into widening health inequalities:

*Put another way, had social inequalities not widened during the 1980s and 1990s, socioeconomic inequalities in health may not have widened either. (Ministry of Health/Manatū Hauora, 2005a, p. 120)*

## **Hauora Whakatūtaki: Measuring Health Outcomes**

Despite gains, there is a significant gap between the mental health of Māori and non-Māori. In fact, ethnic inequality far exceeds gender inequality in mental health. Durie

(1997) notes that mental health is the number one health concern for Māori and is considered to be a priority for the health sector (Ministry of Health/Manatū Hauora, 2000). The Government has recognised the urgent need to address Māori mental health, reflected in the strategic document, *The New Zealand Health Strategy*.

Difficulties lie in measuring health outcomes for Māori for a number of reasons including, up until recently, the lack of an appropriate measure. In addition, the interaction of processes (such as service delivery) and outcome (resultant health status) has not been captured in existing measures. There has been no perfect tool to measure, for example, the level of manaakitanga, wairuatanga or whanaungatanga amongst the Māori population. As a result, services are often unable to respond effectively to the needs and values of Māori who use holistic health models.

Māori epidemiology experts consider that the real measure may be the process. Māori may have improved life expectancy, for example, but have lost several million acres of land in the process. They consider there cannot be a single measure or a group of measures for measuring Māori health status. What is needed instead is a whole series of indicators that consider other socio-economic determinants of measuring health, such as access to adequate education, housing, justice, and te reo Māori— considered an important aspect of cultural identity.

Durie et al. (2002) have developed one such outcomes schema, *Te Ngāhuru*, to assist in the identification of Māori-specific outcomes and indicators. *Te Ngāhuru* identifies two broad domains - human capacity, and resource capacity - the former reflecting the way in which Māori are able to participate as Māori both in general society and in Te Ao Māori, and the latter referring to the state of Māori resources, including cultural and intellectual resources, as well as physical resources.

*[Human capacity] is concerned with individuals and groups, and measures cultural outcomes, such as language proficiency and opportunities for the practice of Māori custom in a variety of settings, such as work, home, and public institutions. In contrast... a good outcome [of the resource capacity outcome domain] is one where Māori resources, such as land, are increasing in economic value, and are expanding to meet the greater needs of future generations. (Durie, 2005, p. 182)*

## Hauora Hinengaro: Measuring Mental Health

Durie (2001, p. 18) reports “disparities in mental health status between Māori and non-Māori have widened significantly since the 1970s”. However, the measurement of this disparity is not straightforward. Most evidence of disparity comes from hospital admission statistics, but mental health status cannot be accurately determined from this data alone; “nor is there a clear correlation between prevalence (of mental disorders and other mental health problems) and hospital statistics”.

A number of factors contribute to the difficulty in discerning disease trends in the incidence and prevalence of Māori mental illness: inadequate collection of ethnicity data, particularly in community organisations; inadequate classification procedures used when collating ethnicity data (Robson et al., 1996); ethnicity coding changing over the past 30 years from a concept of ethnic origin to one of self-identification in 1991; changes to the definition of ‘mental disorder’ contained in the 1992 Mental Health (Compulsory Assessment and Treatment) Act (the Act), making statistics for 1994 not directly comparable with statistics for earlier years; and in particular, changes to ethnicity information collected on birth and death registrations in 1995 and hospital admissions in 1996, making pre and post 1996 Māori mortality and morbidity rates not comparable (Ministry of Health/Manatū Hauora, 1999).

In 2000 the Mental Health Information National Collection (MHINC) - a national database of information collected by the Ministry of Health/Manatū Hauora to support policy formation, monitoring, and research - was established. MHINC contains information on the provision of secondary mental health and alcohol and drug services purchased by the government. It includes secondary inpatient, outpatient and community care provided by hospitals and NGOs, but does not include information on the provision of primary mental health care, for example, from GPs (<http://www.nzhis.govt.nz/collections/collections-mhinc.html>):

*The information collected includes details of care provided and access to mental health care, as well as demographic information (such as sex, date of birth, ethnicity), diagnosis, legal status, and referral and discharge information.*  
(<http://www.nzhis.govt.nz/collections/collections-mhinc.html>)

Provisions have since been instigated, using the MHINC system, to ensure that ethnicity is recorded in the same way across health sector agencies.

Research is also being undertaken to explore alternative approaches to measuring Māori health gain which capture both 'quality' of life as well as 'quantity' of life measurements in Māori terms. A Māori measurement tool of mental health outcomes has been developed by Te K. Kingi (2000) and has been tested in specific District Health Board (DHB) and Non-Government Organisation (NGO)<sup>20</sup> sites. The measure - *Hua Oranga* - is further discussed in *Upoko Tahi: Whakataua*. The Ministry believes implementation of this tool will help monitor progress for Tāngata Whai Ora/Motuhake and whānau by measuring outcomes in a culturally appropriate way.

Despite the paucity of Māori health information available, and the lack of ethnicity-specific prevalence rates, there is still clear demonstration of the huge impact of mental illness on the health of the population. Capital & Coast DHB (2005) report that their mental health specialist service data indicate that Māori populations have significantly higher relative rates of service use, with an overall rate that is nearly double that of the total Capital & Coast DHB population. These data are consistent with other data collated by the NZHIS (Ministry of Health/Manatu Hauora, 2005b), showing that of the 87,576 mental health clients seen by DHBs in 2002, 16.9% were Māori. In fact, Māori had the highest age-standardised rate of clients seen for males (2,700 per 100,000) and for females (2158 per 100,000).

Using these high rates of presentation to mental health services, Capital & Coast DHB (2005) speculate that Māori are likely to have a high prevalence of mental disorders associated with greater presence of risk factors. The impact of risk factors, such as lack of housing, poverty, unemployment, marginalisation, alienation, deprivation, and life stress, on Māori and Pacific people, and on those living in deprived areas, contributes to the higher prevalence of mental health disorders among these peoples. Mental illness can then lead to major functional and role limitation, including loss of independence, social isolation and low work productivity, and, in general, the greater

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<sup>20</sup> Health and Disability Non-Government Organisations (NGOs) include independent community and Iwi/Māori organisations operating on a not-for-profit basis. They are distinct from both government and the market in that any profits are put back into the organisation, rather than distributed to shareholders.

the associated disability, the greater the need for specialised mental health treatment and support services (Ormel et al., 1994; Ministry of Health/Manatū Hauora, 1999).

*The Social Report 2005/Te pūrongo oranga tangata* (Ministry of Social Development/Te Manatū Whakahiato Ora, 2005, p. 23) uses five indicators “to provide an overall picture of the current state of the nation’s health and the likely trends in the future”. One of these indicators - the suicide rate - serves as a proxy “for the mental health status and social wellbeing of the population”. In 2002, 460 people in Aotearoa/New Zealand died by suicide. 78 of these people were Māori, accounting for 17% of all suicides in that year:

*The age-standardised rate of suicide death was 12.6 per 100,000 for Māori, compared to 10.1 for non-Māori. The suicide rate for Māori youth in 2002 was 31.2 per 100,000, compared with the non-Māori rate of 13.7 per 100,000. (Ministry of Social Development/Te Manatū Whakahiato Ora, 2005, p. 29)*

It is not surprising then, that for Māori in particular, mental health is considered an area of significant concern in terms of health risk. Figures reported by Durie (2001) support this:

*In 1994 Māori admissions made up almost 14 per cent of first admissions and 18 per cent of readmissions. Alcohol dependence or abuse was one of the leading causes of first admissions, whilst the most common readmission diagnoses were schizophrenia for men and affective psychoses for women. Māori men had a 24 per cent higher rate of first admission rate than Māori women, and higher rates of admission for schizophrenia, and alcohol and drug dependence and abuse. Women, on the other hand, had higher rates of depressive disorders and, to a lesser extent, a higher incidence of stress and adjustment disorders. Forty per cent of hospitalisations for attempted suicide and self-inflicted injury involved youths (15 to 24 years of age) and over 60 per cent were female. Māori made up 20 per cent of the youths (15 to 24 years of age) and over 16 per cent of the total group. A secondary mental health diagnosis was made for 35 per cent of attempted suicides and self-inflicted injuries, most commonly alcohol dependence or abuse for males and neurosis or depressive disorders for females. (Durie, 2001, p. 20)*

Although these statistics all report on incidence, the information is seen as providing evidence that the prevalence of mental illness among Māori is much higher than for the rest of the population.

Several seminal nationwide studies into Māori mental health have also shown that Māori have: higher rates of non-voluntary admissions; greater rates of admission into forensic care; higher referral rates from psychiatrists, doctors or the law; and yet a shorter inpatient stay (Te Puni Kōkiri/The Ministry of Māori Development, 1996; Ministry of Health/Manatū Hauora, 2005b) (*Table 10*).

**Table 8: Number of episodes by length of stay for clients seen who received an inpatient service, 2002**

Ethnic group	Clients seen	No of episodes	Total length of stay (days)	Average length of stay (days)
Asian	185	256	6484	25.3
Māori	1870	3300	66 277	20.1
Other	5827	9056	207 094	22.9
Pacific	363	550	15 571	28.3

Note: Average length of stay = total length of stay / number of episodes.

(Ministry of Health/Manatū Hauora, 2005b, p. 23)

Similarly, although the age-specific rate for Māori seen by alcohol and drug teams in 2002 was higher than the corresponding age-specific rate for non-Māori, the age-specific rates for Māori methadone service use for people aged 20 to 55 years were lower than for non-Māori (Ministry of Health/Manatū Hauora, 2005b).

Hospitalisation patterns for Māori indicate that proportionately more Māori are committed to hospital under the Act, suggesting inadequate early interventions (Durie, 1994a). It is also apparent that greater numbers of Māori patients are committed to psychiatric hospitals without any apparent prior community-based treatment. A number of access barriers influence this outcome, including cost, cultural fit, and administrative barriers such as complicated referral criteria (Capital & Coast District Health Board, 2005). The end result is that Māori, alongside Pacific people and people living in deprived areas, are then “more likely to present later to specialist services,

with a more serious disorder, and are more likely to be compulsorily treated and to experience worse outcomes” (Capital & Coast District Health Board, 2005, p. 18).

While hospitalisation gives an indication of serious mental disorder however, this is a relatively crude measure of the frequency of mental health problems. Other indicators such as imprisonment, admission to child health camps, educational failure and unemployment should also be taken into account when attempting to build a more comprehensive picture (Statistics New Zealand, 1994). What these other statistics do confirm is an alarming situation that justifies the identification of mental health as a major health problem for Māori.

### **Whakarāpopototanga: Summary**

This chapter has provided a backdrop for the study. It has considered Māori wellbeing using a broad perspective that is concerned not only with social and economic wellness but also with cultural and spiritual wellness. A number of models of Māori health and wellbeing illustrate this holistic perspective, encompassing mental and emotional aspects of health under the domain of wellbeing.

Traditional Māori wellbeing and illness beliefs, examined in contemporary Māori society, showed that in spite of the effects of colonisation and deculturation, Māori worldviews continue to influence Māori behaviour both consciously and subconsciously. Māori commitment to health development and advancement has also seen Māori health status progressively improve, against the odds.

Despite the advancements however, there continue to be significant social disparities between Indigenous and non-Indigenous peoples in Aotearoa/New Zealand, including alarming differences in health outcome. Māori mental health, in particular, is considered to be of paramount concern.

The next chapter - Upoko Rima: Āhuatanga Mahi - details the research methods used in this study.

# UPOKO RIMA: ĀHUATANGA MAHI

## CHAPTER FIVE: METHODS

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### **Whakamārama: Explanation**

The previous two chapters reviewed the current national and international literature related to cultural identity and wellbeing. A wide range of resources were utilised including unpublished work. Unlike Western research, only a fraction of the Māori knowledge base is captured in the formal published literature. Much knowledge is retained in Iwi ownership, frequently documented, but often under protective access. A considerable resource of relevant literature was sourced from Māori health, education and research networks. Excerpts were extracted from the literature and entered onto computer for use during formulation of the annotated bibliography, thematic and manual analysis and subsequent report writing.

It must be acknowledged however, that there is a paucity of literature concerning Māori mental health and much of what there is written is from a socio-political level, addressing the devastating effect on Māori health that the adverse consequences of colonisation - land alienation and the loss of other taonga - have had (IRI, 2000).

This chapter details the actual research methods used in this study. In particular, a process referred to as 'pre-research consultation' is described, whereby the researcher meets with potential research participants before any commitment is made, in an information-sharing and rapport-building capacity.

The chapter begins by acknowledging the importance of kaumātua input to research.

### **Te Tohutohu Kaumātua: Kaumātua Supervision**

The role of kaumātua in Te Ao Māori is important. Their greater number of years than those younger than them affords greater life experience, and accordingly, knowledge, for which they are honoured:

*In the Māori world, the elders, kaumātua, are the repositories of knowledge, which they have acquired over a lifetime of learning and experience. (Stokes, 1985, p. 6)*

Cultural knowledge in particular, is seen as the domain of kaumātua. Their advice and guidance in cultural matters is therefore sought after. Within Kaupapa Māori research kaumātua supervision is fundamental.

There are certain limitations on this support however, related to kaumātua availability and accessibility. Not only are there limited numbers of kaumātua able to provide such support, but they also tend to live within their hapū rohe, away from the urban centres where most tertiary institutions are located. Their accessibility is hindered further by the competing demands their roles within their Iwi and hapū bring.

This research was aided immensely by the support of a range of kaumātua supervisors. Two agreed to act in formal roles. One was my kōkā from Ngāti Kahungunu, whose advice was sought both in regard to potential participants and access to them, and in regard to tikanga issues as they arose. Her primary function was to ‘ground me’ whenever I needed encouragement to persevere, or to provide wise counsel when I was unsure of decisions that needed to be made.

The other was a koroua<sup>1</sup> with no whakapapa connection to me, but with whom I had previously worked in a professional capacity within the Māori mental health field, and for whom I held much respect. His advice was similarly sought in regard to tikanga issues, but particularly in regard to his in-depth knowledge of hauora hinengaro Māori<sup>2</sup>.

## **Whai Taura: Sample Recruitment**

The fieldwork component of this research involved participants being interviewed either individually or with whānau or other nominated people. The option of being interviewed alone or with others was offered because of previous experience, which

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<sup>1</sup> The term ‘koroua’ is used throughout the thesis to mean either ‘an elderly man’ (singular) or ‘elderly men’ (plural).

<sup>2</sup> The term ‘hauora hinengaro Māori’ is used to refer to Māori mental health.

suggested that Māori research participants often respond with greater ease and openness in group situations (Pere, L., 1997).

A combination of sample selection techniques including purposive sampling (a deliberately non-random method of sampling) was used in determining participants for this research. It took into consideration possible generational, gender, geographical, and Iwi differences.

Two sets of interviews were undertaken— with Tāngata Whai Ora/Motuhake participants, and with secondary experts in the area of cultural identity and Māori wellbeing. Originally it was intended that the participant interviews with the secondary experts would be undertaken first, with potential Tāngata Whai Ora/Motuhake participants being identified through the secondary expert participants' knowledge of the Māori mental health field. Supervisory advice altered this decision however, and interviews commenced with Tāngata Whai Ora/Motuhake. Their stories, life experiences, and largely untapped wisdom were considered to be the essence of the research and therefore of primary importance.

In contrast, the findings from interviews with the secondary expert participants have not been analysed to the same extent as for Tāngata Whai Ora/Motuhake participants, but their comments provided valuable insights into the mental health system and assisted in contextualising Tāngata Whai Ora/Motuhake experiences, rather than informing them and acting as a useful platform against which the Tāngata Whai Ora/Motuhake perspectives could be better understood.

An important consideration in research with Māori is how potential participants are approached. Although all participants were Māori, two different approaches were used in recruiting the participant groups.

First, personal involvement with Tāngata Whai Ora/Motuhake networks formed the basis of initial contact with them. Recruitment involved contacting a key Tangata Whai Ora/Motuhake within each of the areas where research would be conducted. These key Tāngata Whai Ora/Motuhake were already known through personal contacts with Tāngata Whai Ora/Motuhake networks. 'Pre-research consultation' to explain the research and to allow for any questions to be answered was held with each key Tangata Whai Ora/Motuhake prior to reaching mutual agreement about the way forward in each

area. In general, gaining further Tāngata Whai Ora/Motuhake participation from each of their areas involved attendance at one of their local hui to explain the research to the wider group, and to gauge interest. This happened in Heretaunga<sup>3</sup>, Tūranganui a Kiwa<sup>4</sup> and Tāmaki Makaurau<sup>5</sup>. A similar hui was attended in Ōtautahi, although in this instance there was not a key Tangata Whai Ora/Motuhake to facilitate the initial process. Only one of these hui was set up for the explicit purpose of recruiting research participants.

Each hui or initial meeting with Tāngata Whai Ora/Motuhake varied in format, depending on the Iwi and region involved. The first hui was held in Ōtautahi which served as an information-sharing exercise only, and a chance for people to ‘put a face’ to the research. Although Information Sheets were disseminated at this time, there was no active recruitment. At this stage potential participants were asked to think about the possibility of participating only, although one Tangata Whai Ora/Motuhake did ask to be interviewed immediately. It was decided that the first interview therefore be used as a pilot. At a subsequent hui a further five Tāngata Whai Ora/Motuhake expressed interest in participating and as a result appointment times for interviews were made immediately after the hui.

In Tāmaki Makaurau a number of hui were held to discuss the research, and although there was much discussion about the study, no Tāngata Whai Ora/Motuhake were recruited as participants. In Heretaunga, again a number of people expressed interest in the study, with three Tāngata Whai Ora/Motuhake asking to participate. Each of these participants lived in a different area– one for example, lived in the Wairoa district. These interviews therefore took place at a later date at a mutually agreed venue– sometimes being the participant’s home. In Tūranganui a Kiwa the key Tangata Whai Ora/Motuhake had gone to a great deal of effort to inform potential participants of the research, so the hui was more of a formality than an information-sharing exercise. Almost all those in attendance agreed to be interviewed and seven interviews were arranged and undertaken over the subsequent days. In addition, one other Tangata Whai Ora/Motuhake was interviewed in Rotorua.

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<sup>3</sup> The Māori place name ‘Heretaunga’ is used throughout the thesis to refer to Hastings.

<sup>4</sup> The Māori place name ‘Tūranganui a Kiwa’ is used throughout the thesis to refer to Gisborne.

<sup>5</sup> The Māori place name ‘Tāmaki Makaurau’ is used throughout the thesis to refer to Auckland.

Recruiting secondary experts in the area of cultural identity and Māori wellbeing as participants involved a more conventional approach. A draft list of potential secondary expert participants was originally compiled and using the networking sample method of snowballing, these potential participants were asked whether they knew of any other people who may wish to participate in the research. While this chain sampling method of nominating others is a valid purposive sampling technique, it is important to be mindful of the high risk of bias associated with it, because it involves the researcher making decisions about who will then be contacted. The method is advantageous however, where the researcher has specific knowledge about the population and/or where only certain groups or individuals have the required information (Minichiello et al., 1999).

In this study, most of the eight secondary expert participants were contacted by telephone to allow for introductions, to make connections, and to have the opportunity to choose to participate or not. Some were approached in person at hui or other gatherings. Nearly all were known personally or had some whakapapa connection:

*Māori who do research with our people are granted permission to do so on the basis of whakapapa and trust. (Gilgen, 1991, p 51)*

Formal letter writing and dissemination of written information following the initial contact served more as an agreement of what had been discussed, rather than an introduction to the research.

### **Whakawhiti Whakaaro i Mua i te Rangahau: 'Pre-research Consultation'**

A major consideration in research is information sharing. It is not only vital that this be given high priority in any research involving Māori, but the process used should conform with Māori expectations. Māori prefer face-to-face consultation, or what is referred to as 'kanohi ki te kanohi'. Milroy (1996) implies one reason for this may be that it is much easier to assess the credentials of a researcher in person. Irwin (1994, p. 35) refers to being tested in her Māoriness as part of this 'ritual of first encounter'

process, when undertaking fieldwork for her doctoral studies. She knew she was expected to “operate with cultural authenticity and integrity”.

R. Pere (1982) also implies that the concept of tangata mauri<sup>6</sup> is implicit within group consultation with Māori. Although referring specifically to the consultation process associated with policy-making, the theory is the same for research. Decision-makers, or researchers, may be heavily criticised or challenged by the group through cross-examination, probing questions and challenging comments. This is all viewed as natural and a vital part of the process of careful analysis, so that each member may come to know what is expected of him or her:

*The best schemes are those that enable all the adult members of a whānau to come in and participate so that there is an even distribution of energy, power, labour and credits. Facilitators who do not know and observe the qualities, strengths, attitudes and the contributions of other members of the whānau will not bring about the full benefits that such a network can make possible. (Pere, R., 1982, p. 33)*

Beyond this concept of kanohi ki te kanohi is an approach referred to as ‘he kanohi kitea’ or ‘a face seen’. The concept of he kanohi kitea symbolises the notion that a face seen is appreciated (Dewes, 1975). It also embodies the preference Māori have for working with people they either know or have been introduced to by someone they know and regard highly (Irwin, 1994). Within a research setting, this allows participants to have faith in the integrity of the researcher (McNeill, 1988):

*It is assumed that the Māori researcher... will have established contact and credibility by participation in community affairs and becoming known— he kanohi kitea, a face that is seen. So much better if the researcher already has some connection with the group or community under study. (Stokes, 1985, p. 11)*

Milroy (1996) refers to this approach as a characteristic of research that is generated, controlled and carried out by Māori. She implies that Māori controlled research emphasises the importance of establishing a personal relationship between the

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<sup>6</sup> The term ‘tangata mauri’ is used to refer to the mauri of a person or people, and in this context relates to the personal essence of those representing any research; the term ‘mauri’ referring to the life principle, life essence, life force, vitality or special character present in all animate and inanimate things.

interviewer and the person being interviewed. She cites Jackson (1988), who stresses the importance of personal contact of some kind such as holding hui at local marae and working with the people face to face. R. Pere (1991) identifies the key qualities of hui as respect, consideration, patience and cooperation, and notes how participants sit accordingly, so that all faces, particularly those who stand to speak, can be seen. Milroy (1996, p. 62) states that “this relates to the importance Māori place on the researcher being accountable to the people affected by the research”, suggesting that it is much easier to exact this accountability from those close to one in the community:

*It is also much more difficult for the interviewer to treat the interviewee as an object if the interviewee is someone one knows. Another important feature is that active involvement in the community affected by the research is considered essential. Māori people like to see proof that the good intentions of the researcher are being carried out. Gone are the days when Māori were trusting of researchers. (Milroy, 1996, p. 62)*

According to Gilgen (1991, p. 51) “building a working relationship in which informants will feel relaxed and confident enough to answer questions fully and unselfconsciously is paramount”. The basis of this relationship is trust. Speaking at the *Hui Whakapiripiri* held at Tama te Kapua Marae, Rotorua, Te Awekotuku (2001) noted that in Kaupapa Māori research, trust is all important. Researchers must establish a relationship of trust early on with all research participants. She also referred to the trust researchers must have in their work however, stating “if you don’t have trust in the knowledge you accrue and accumulate, then you don’t have good research”.

At another level, the nature of this research saw the establishment of trust between the researcher and the participants as imperative. Not only were participants possibly wary of research because of the history between academic researchers and the Māori community, but as Tāngata Whai Ora/Motuhake, one of the most marginalised group within society, the need for assurance of care with their information was also critically important. Personal connections within the Māori mental health community, and particularly Tāngata Whai Ora/Motuhake networks, were vital in this regard. As Gilgen (1991) intimates, being able to demonstrate a continued commitment to the kaupapa becomes an important consideration. It brings with it though, a level of

responsibility to ensure that the voices of these people who have shared their stories are heard in a way that respects their views and their dignity.

Another important aspect of the ‘pre-research consultation’ was that it was not undertaken alone. The first venues for ‘pre-research consultation’ were at Ōtautahi and Tāmaki Makaurau, and in both areas a fellow Māori mental health researcher, also undertaking doctoral study, co-facilitated the consultation. In Heretaunga and Tūranganui a Kiwa, a Ngāi Tahu pakeke<sup>7</sup> provided assistance. Mutual support and reality testing were decided benefits from this approach:

*The [researcher] who travels alone will be cold and lonely. The one who travels with a group will have their warmth and support on the journey.*  
(Stokes, 1985, p. 11)

What was found through this process of ‘pre-research consultation’ was that a variable amount of time was necessary. Whilst some groups or individuals required just one contact before an actual interview, others engaged in a number of hui whereby the research was discussed at length with all interested parties. This may have included kōrero with kaumātua, managers, clinical staff, Tāngata Whai Ora/Motuhake and whānau. In all instances mihimihi were shared and in some situations a formal pōwhiri was undertaken. Sometimes kōrero would diverge off the kaupapa, but this was never entirely irrelevant. Inevitably Iwi, hapū or whānau connections would be discussed, which is an important undertaking in engaging Māori participants. Due to the time taken with each meeting of potential participants, fast-tracking the process was often tempting, but had to be balanced against respect and sensitivity for participants (Gilgen, 1991).

A tangible outcome of the pre-research consultation was letters of support for the research from various individuals and groups, for attachment to the ethical approval applications (Appendix D). One group also assessed the research against a tikanga framework (Appendix E). Asking for such support was difficult because it seemed to go against the ethos of a Māori approach whereby the research is sanctioned through face-to-face consultation.

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<sup>7</sup> The term ‘pakeke’ is used to refer to an adult Māori who is learning and preparing for kaumātua status.

Milroy (1996, p. 62) contends that another feature of Māori research is that it is “based on culturally acknowledged practices, so that knowledge of and sensitivity to cultural values is shown”. Respecting Māori processes of whanaungatanga is one such value. Robinson and Williams (2001) describe whanaungatanga as a concept that traverses a diverse range of spiritual and physical experiences that draw on an equally diverse range of emotional responses, all of which are rooted in Māori culture.

When the researcher is a teina<sup>8</sup>, or younger than the participants, as was the case in this study, there is potential for offence and unintentional slight. However, an awareness of the issue, and the demonstration of respect in the face of age and generational differences, appeared to mitigate the risks.

The survey into the health of wāhine conducted by the Māori Women’s Welfare League/Te Rōpū Wāhine Māori Toko i te Ora (Murchie, 1984) noted that the first and most important action of the researchers was that the leaders of the community being surveyed were identified and informed of the research, so that their support was gained. The ‘pre-research consultation’ undertaken for this study similarly sought leaders within the Tāngata Whai Ora/Motuhake community and involved information sharing with these people as the interim step towards access to the wider Tāngata Whai Ora/Motuhake community. As well as key Tāngata Whai Ora/Motuhake, some Iwi groups and/or kaumātua were consulted in the same way.

Jackson (1987) infers that consultation with appropriate elders, kaumātua and kuia, provides an accepted base for consultation with the wider Māori community— in this instance, the Māori mental health community. In this study however, contact with community leaders was seen more as a courtesy and an acknowledgement of their mana, rather than a request for approval. Henry (1994) describes a similar situation.

Experience dictated which Iwi were approached in this regard and how Iwi dynamics might affect the outcome. In a previous role as a public servant, assistance in helping to negotiate an understanding between a contracted research body and a governing Iwi representative body, Te Rūnanga o Tūrangānui a Kiwa (TROTAK), proved invaluable.

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<sup>8</sup> The term ‘teina’ strictly refers to either the younger brother (singular) or younger brothers (plural) of a male, the younger sister (singular) or younger sisters (plural) of a female, or to a cousin (singular) or cousins (plural) whose parent is a younger sibling of the other cousin’s parent. In this context the term ‘teina’ refers to a junior, or someone who is of a younger age.

The relationship between the two bodies was tenuous, the result of inadequate consultation with mana whenua. In order to avoid a similar occurrence a representative from TROTAK was consulted before commencing research within the Tūranganui a Kiwa rohe.

An interesting situation developed as a result of this consultation. In addition to the Massey University Ethics Committee, ethical approval was sought from a number of Health and Disability Regional Ethics Committees, a consequence of the nationwide participation aspect of the study. The Tairāwhiti Ethics Committee questioned why, having consulted with TROTAK, I had not consulted with Ngāti Porou, another East Coast Iwi. TROTAK are representative of mana whenua of Tūranganui a Kiwa. As there was no intention of conducting any research within the tribal boundaries of Ngāti Porou, they had not formally been approached. When this was explained one of the Committee members suggested it was a matter of tikanga, due to the huge number of Ngāti Porou residing in the Tūranganui a Kiwa district, to also consult with them. Kaumātua advice on this perspective from both Ngāti Porou and mana whenua of Tūranganui a Kiwa endorsed the original decision not to formally consult with Ngāti Porou unless any research within their Iwi rohe was undertaken.

These dealings, which eventuated in quite substantial consultation, contained valuable lessons and underlined the importance of sound kaumātua advice, both as a source of support and an avenue to tribally based knowledge, including political ramifications.

In the course of this study, in one particular area where I have no whakapapa connections, a similar predicament arose, largely spiritual in nature. During the 'pre-research consultation' stage, discussions with a particular koroua were at a level that created unease. This led me to seek assistance from a pakeke from my Ngāi Tahu Iwi who accompanied me to the next meeting. When, as the time before, the koroua began to challenge academic undertakings suggesting they were not of benefit for Māori, the pakeke was able to respond in a way I could not. It was not as much in what she said to him, but how she responded to him that alleviated his fears. She subsequently played a valuable role in other pre-research consultation hui, and her knowledge of the Māori mental health sector was an added bonus. She has a long association with Māori mental health and her presence ensured smooth access to Tāngata Whai Ora/Motuhake

in Heretaunga, Tūranganui a Kiwa, and Tāmaki Makaurau. She was also invaluable in providing tikanga advice and direction within Te Waipounamu.

Jackson (1987) suggests that the information gained from consultation is not only difficult to quantify, but impossible to fit within traditional Pākehā methodologies. Within a Māori framework of whakawhititwhiti whakaaro (shared thoughts) however, it encourages input from all involved, thereby providing accurate and impartial assessment to draw out the major issues of concern. This methodology, according to Jackson (1987) is specifically Māori.

### **Rau Whakamōhio: Information Sheet**

At the beginning of each interview, any questions relating to the interview Information Sheet or the Consent Form were discussed. The research participants were informed of the confidentiality of the research and of the time it would generally take (up to one-and-one-half hour's duration) but were told that it may take longer depending on the resultant discussion. The participants were informed that it was optional to participate in the research and if they chose to participate, they might still withdraw at any stage with all the information they had provided up to that point. They were also informed that once the interviews had been transcribed and analysed, they would be archived in a non-identifiable manner and were told where they could get a copy of the results if they so desired, once a report had been written. The name, address and contact number of the research supervisor were outlined for any queries regarding the survey and finally before being thanked for their time and cooperation, the research participants were asked to indicate that the purpose of the interview was understood.

### **Rārangi Uiui/Ārahi: Interview Schedules/Guides**

A number of Māori authors refer to choosing interview formats and methods of inquiry that are appropriate for Māori (Glover, 1993; Walker, R., 1979). In deciding on the most appropriate methods to gather data, a mixture of an informal conversational

interview approach and an interview guide approach for both the Tāngata Whai Ora/Motuhake and secondary expert participant interviews were considered. The topics and issues to be covered would be specified in advance, in outline form, and it was intended that the sequence and wording of questions in the course of the interview might be varied according to the circumstances. Paterson (1992, as cited in Glover, 1993, p. 30) labels this a “flowing and informal kōrero style”. ‘Kōrero’ is a word that better describes this method of inquiry than ‘interviewing’. T. Walker (2001, p. 38) notes that “while ‘interview’ is the term used in the literature, in Māori terms they are perceived more as kōrero”:

*Kōrero has many meanings and there are also different types of kōrero used on certain occasions. To kōrero ngā tahi is to talk, converse, discuss a kaupapa with one another. Kōrero also has a kaupapa, a purpose, and the purpose of the kōrero could be on any subject. (Walker, T., 2001, p. 38)*

Interviewing implies one person asking and another answering (Metge, 1986) whereas the actuality of the method of inquiry used was more in line with open discussion. Metge (1986) refers to this as ‘interview discussion’.

The strengths of this approach are that the outline increases the comprehensiveness of the data and makes data collection systematic for each respondent. Logical gaps in data can also be anticipated and closed as interviews remain fairly conversational and situational. A weakness of this approach however, is that “important and salient topics may be inadvertently omitted”. Patton (1980, p. 206) warns, “Interviewer flexibility in sequencing and wording questions can result in substantially different responses”. As the Tāngata Whai Ora/Motuhake interviews progressed however, a standardised open-ended interview approach seemed more appropriate and less error-prone. This meant that all participants were basically asked the same questions in much the same order, increasing comparability of responses. Consistent with the approach, these were not ‘hard and fast’ rules. Although the Interview Schedule was not adapted to ask different questions, if the situation presented, the approach was flexible and I would sometimes ask other questions not directed by the Interview Schedule, but nonetheless salient. This action was perhaps more reflective of the informal conversational interview approach.

Participants were given the printed Interview Schedule at the same time as the Consent Form, so as to give them as much power as possible and to help put them at ease, and in following this broad outline it appeared enough discussion was generated to meet the specific aim and objectives.

Some key lessons were learnt through the development and use of the Interview Schedule. Patton (1980) asserts that in preparing to do an interview, one should find out what terms are being used by respondents when they refer to the programme being evaluated. Although the term ‘Tāngata Whai Ora’ was common amongst the majority of participants, one person was unfamiliar with the term and others used another title of ‘Tāngata Motuhake’ to mean the same.

These issues elucidate the importance of using language that is understandable and part of the frame of reference of the person being interviewed. Being Māori also gave an insider’s edge on the language used by the Māori participants, whether this was te reo Māori, or merely colloquialisms distinct to Māori.

For the secondary expert participants’ interviews, an interview guide was developed to focus the interviews, and to make best use of the limited time available in each interview. The guide was based on a set of open-ended, semi-structured questions aimed at encouraging discussion on cultural identity and wellbeing for Māori. Semi-structured interviews are used when the researcher wants to be sure that a given set of topics is covered in the interview (Polit & Hingler, 1995).

### **Ngā Uiuinga: Interviews**

The primary method of data gathering was in-depth, face-to-face interviewing. Bowling (1997) notes that there are numerous advantages of face-to-face interviewing. Interviewers are able to probe more fully for responses, and are able to obtain more information of greater depth. In addition, response rates are generally higher with face-to-face interviewing than with postal or telephone interviews.

The interviews were taped with consent, for ease of information recall and to eliminate the need for taking notes. This also helped build good rapport with the research participant, allowing for better information collation:

*Rapport is built on the ability to convey empathy and understanding without judgment.* (Patton, 1980, p. 231)

Patton (1980, p. 231) expands on the establishment of a good rapport, citing neutrality as the other important aspect of gaining the participant's confidence to convey their knowledge, experiences, attitudes, and feelings as important. He describes neutrality as ensuring the participant can say anything "without engendering either [the interviewer's] favour or disfavour with regard to the content of their response".

As a measure of ensuring the ease of participants, but more importantly in keeping with tikanga Māori, some Tāngata Whai Ora/Motuhake began and ended their interviews with karakia. Kai was also shared with every participant, an action associated with manaakitanga (Pere, R., 1991). Gilgen (1991) expands on this understanding:

*Eating for Māori is an important part of developing rapport and relationships.*  
(Gilgen, 1991, p. 54)

House (1977) suggests that researchers must be seen as caring, as interested, and as responsive to the relevant arguments. Correspondingly Stokes (1985) suggests that the researcher in tune with the people will be supported by their aroha. Because of the personal nature of types of questions being asked in this study, it was necessary to depict these attributes whilst interviewing participants. Some of the information shared often threatened to evoke emotional response, and occasionally did. Indeed, Denzin (1970, p. 186), in alluding to the balance needed between the warmth required to generate rapport, and the detachment necessary to portray neutrality, was correct in asserting, "Interviewing is not easy".

In selecting the number and type of participants for the study, consideration was given to finding a balance between a manageable number of participants to interview and a representative sample. It was originally proposed that a total of at least 30 Tāngata Whai Ora/Motuhake participants, and 15 secondary experts in the area of cultural identity and Māori wellbeing, would be identified from Tāmaki Makaurau, Whanganui

a Tara, Tūranganui a Kiwa, Heretaunga, Ōtautahi and Otepoti<sup>9</sup>, and interviewed. These sites were intended to represent major cities and provincial towns, as well as a Te Ika a Māui/Te Waipounamu mix.

Through consultation however, these sites were changed to Tāmaki Makaurau, Tūranganui a Kiwa, Heretaunga, Ōtautahi and Murihiku<sup>10</sup>. It was also pointed out that the study was not intended to be representative so when time restraints precluded the involvement of Murihiku, this was not considered a major handicap. Where possible a gender balance was aimed for, and the age range for inclusion in the project was from 16 years upwards (for ease of ethical consent). One pilot interview prior to the data collection phase was also conducted.

### **Uiuinga Tāngata Whai Ora/Motuhake: Tāngata Whai Ora/Motuhake Interviews**

Face-to-face, in-depth, semi-structured interviews were undertaken with participants, although they were given the option of being interviewed alongside other participants and/or with whānau as support. The participants themselves, in consultation with the interviewer, determined the number of people present at their interviews.

The Interview Schedules were sent out to the participants ahead of time, along with the Consent Forms, so that they had the opportunity to consider their responses, and to give them as much power as possible, to help put them at ease.

All interviews were conducted in the English language, with te reo Māori terminology used as appropriate.

### **Ngā Tāngata Whai Pānga: Participant Profiles**

Five women and 12 tāne were interviewed as Tāngata Whai Ora/Motuhake participants in this study. One of the 17 participants did not identify as Māori, but rather as Cook

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<sup>9</sup> The Māori place name 'Otepoti' is used to refer to Dunedin.

Island Māori. Because this participant was associated with a Kaupapa Māori Mental Health Service and volunteered involvement in the research, she was interviewed. However, the information she provided has not been included in the findings of this study.

The ages of the tāne interviewed ranged from 31 years to 63 years, with the average age being 38 years. Only one of the female participants identified her age, but it is estimated that their average age was about ten years older than the average age of the male participants.

Participants were not asked to identify their diagnoses, although some did. Most indicated a long history of mental illness, however. For at least two participants, alcohol and drug addictions were primary diagnoses.

The majority of participants interviewed in Te Waipounamu had no whakapapa connection to the area, whilst the majority of participants interviewed in Te Ika a Māui did have a whakapapa connection to the area they resided in at the time of their interviews. Almost all had two Māori birth parents.

In order to protect the anonymity of participants in this study, all were given pseudonyms in the reporting phase of the research. Pseudonyms used are names of Indigenous trees and birds, the children of Tāne-mahuta. No towns, cities, Iwi or hapū have been identified either, in order to further protect anonymity.

### **Uiuinga Pūkenga Tuarua: Secondary Expert Interviews**

Extensive consultation was also undertaken with secondary experts around cultural identity and Māori wellbeing in order to elicit information and opinions on the issues raised by the Tāngata Whai Ora/Motuhake participants. Face-to-face, in-depth, semi-structured interviews occurred with these secondary expert participants who were identified through the literature review process, discussions with project supervisors, and by way of recommendation from other Māori health professionals and health researchers. A number of research studies in the area of cultural identity have already

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<sup>10</sup> The Māori place name 'Murihiku' is used throughout the thesis to refer to Invercargill or Southland.

been or are currently being undertaken by Māori researchers, and some of these researchers were included as secondary expert participants. In addition, it eventuated that those secondary expert participants initially contacted were able to identify other secondary experts in the field whose knowledge and expertise also benefited the study.

## **Tuhinga Kōrero: Transcription**

All interviews were recorded using a dictaphone (with permission), and transcribed as soon after the interview as possible. The tapes were fully transcribed, and for the purposes of coherent reading and contextual comprehension, detail was maintained. Diamond (2003, p. 3) refers to this same technique in regard to transcribing interviews for publication as “attempt[ing] to retain the phrasing and usage of speech (which at times may not be grammatically correct) to let the different voices... come through”.

In an effort to maintain as much of the true essence of the kōrero with participants as possible, direct quotes have been used liberally in the report of findings and analysis of this study. Metge (1986) refers to this method as letting the voices of the participants be heard, an important undertaking in this research. Oral historian Judith Fyfe (in Diamond, 2003, p. 3), describes this process as “cast[ing] pools of light on particular moments or times in [participants’] lives... [which] give the essence of their personality and experience rather than a complete portrait”.

Owen (1998), referring to an eight-part National Radio series about Māori leadership, also notes the importance of such an undertaking given the otherwise decreased level of truth captured through interpretation:

*Inevitably, oral accounts suffer in transcription. The character of the voice, such a telling factor in relating a story, is, of course, completely lost. So is the play of emotions expressed by that voice— the telling pause; the stress or inflexion; the whole rhythm of the speech. However, a strong element of personality still remains even in transcript. So does the strength of the story itself. And transcription does provide a permanence and accessibility denied the radio medium, with its inherent transience.* (Owen, 1998, p. 3)

The transcription of one particular interview with a participant for whom te reo Māori was his first language proved difficult because of the structural oddities in his speech. Although he was well understood verbally, in written form his speech was confused.

Direct quotes from secondary experts in the area of cultural identity and Māori wellbeing have purposefully not been attributed to individuals in the prose of *Oho Mauri*, but rather have simply been identified as coming from a secondary expert, and dated. In contrast, where the identity of a Tāngata Whai Ora/Motuhake participant is not immediately apparent in the flow of the text, direct quotes from Tāngata Whai Ora/Motuhake participants have been specifically attributed to the individual concerned (using pseudonyms), and dated. This difference in identification has been utilised in order to give greater amplification to the voices of Tāngata Whai Ora/Motuhake.

An unforeseen ethical dilemma presented itself in regard to the return of transcripts to participants. The dilemma laid not so much in the need to alter a process, but in the need to depart from an understanding held between researcher and participants.

Much deliberation and debate which included supervisory consultation and kaumātua advice was required in order to depart from an original undertaking. The premise for doing so however, was based on the primary importance of participants' wellbeing—of ensuring they were caused no harm through the research.

In accordance with Kaupapa Māori research design and with the information supplied to the participants prior to their participation, transcripts should have been returned to them before use in the analysis so they could exercise their right to edit them. The main function of this undertaking is in order for participants to have the opportunity to share in control in the research process. However, after considering the overall merit of such an undertaking, the decision was made not to follow this practice, instead opting to wait until each participant was able to be seen again in person, when verbal feedback could occur.

Only at this point was the research progress outlined, and a copy of the draft findings and discussions provided. Of primary importance to each participant seen, was the case study written about their particular experience of mental illness and mental health services, and the discussions which they had specifically contributed to. If participants wished to receive a copy of their transcripts at this time, and/or the tapes of their

interviews, these were provided. However, very few participants availed themselves of this opportunity. Most were more interested in reading their actual quotes and stories within the text.

Reticence in returning transcripts to all Tāngata Whai Ora/Motuhake was in part due to an opinion that this may not in all cases be a helpful process. Interviews with some Tāngata Whai Ora/Motuhake were quite emotional, and although unrelated to their participation in this study, in at least two instances serious illness since had significantly impacted on some participants. One person made a serious homicide attempt, and another sadly committed suicide. Whilst these actions were related to severe levels of unwellness and were not the result of involvement in the research, the risk of precipitating distress as a result of reading about previous, sometimes traumatic, life experiences was considered sufficient reason not to automatically return the transcribed interviews.

A face-to-face meeting which providing an update of the research seemed more appropriate and also allowed the opportunity to clarify other issues that had surfaced since the interviews. For example, it provided an opportunity to ask for consent to identify participants in the Mihimihi/Acknowledgements section of *Oho Mauri*, and to check the contact details of participants, a significant issue when considering the higher level of transience amongst Tāngata Whai Ora/Motuhake, and important given the need for continued contact and further feedback.

By being prepared to change direction in the face of new evidence and unforeseen circumstances, the ethical validity of the research process was strengthened.

### **Tātari Whakaaturanga: Analysis of the Data**

Data analysis and data collection was developed in an iterative process allowing for theory development grounded in empirical evidence. Data analysis used thematic analysis derived from information collected in the Tāngata Whai Ora/Motuhake interviews, combined with the results of the literature review in order to inform the

project. Reference to existing literature enhances analysis of the data by raising questions about consistency with or difference from other relevant research.

Once interviews had been transcribed then, they were examined thematically using a two-phase approach. Firstly, they were read and discussed either with my chief supervisor or kaumātua to identify common themes. Through this process it became increasingly clear that there were about a number of major themes common to all participants. Transcripts were then re-examined again to reinvestigate these themes.

A fundamental component of this research was the production of a Māori analysis of the data. The term 'Māori analysis' is used to indicate that Māori concepts, beliefs and knowledge formed the basis of the analysis, alongside use of te reo Māori (Boulton, 2000). The production of a Māori analysis validates Māori knowledge and the perception that there is a uniquely Māori way of viewing the world (Smith, 1999). This analysis was critical to the Kaupapa Māori approach of the research.

In accord with Guba (1978) who asserts that in focusing the analysis of qualitative data an evaluator must first deal with the problem of 'convergence', the analysis began by determining what things fitted together. This led to a classification-type system, where several steps were followed in converting the data into systematic categories of analysis.

'Recurring regularities' in the data were initially identified. These regularities represented patterns that could then be sorted into categories. Although these categories in large followed the course of those questions decided by the Interview Schedule, there were further classifications. Patton (1980) describes this approach taken by the naturalistic evaluator of then working back and forth between the data and the classification system to verify the meaningfulness and accuracy of the categories and the placement of data within these categories.

Guba (1978) also discusses the problem of 'divergence', that is, the 'fleshing out' of the categories:

*He suggests that this is done by processes of extension (building on items of information already known), bridging (making connections among different*

*items), and surfacing (proposing new information that ought to fit and then verifying its existence). (Patton, 1980, p. 312)*

Once the transcripts had been systematically worked through and information that could be categorised was exhausted, this process became redundant. I was then left with a small amount of data that was not clear in its design, which could perhaps be placed in two or more categories. Guba (1978, p. 53) suggests “the existence of a large number of unassignable or overlapping data items is good evidence of some basic fault in the category system”. However, Patton (1980) acknowledges that the steps and procedures suggested by Guba for analysing qualitative data are not mechanical or rigid:

*The task of converting field notes and observations about issues and concerns into systematic categories is a difficult one. No infallible procedure exists for performing it. (Guba, 1978, p. 53)*

Patton (1980, p. 313) instead suggests that the process of data analysis is to a major extent “‘arty’ and intuitive”. He states, “This effort at uncovering patterns, themes, and categories is a creative process that requires making carefully considered judgments about what is really significant and meaningful in the data”:

*Since qualitative analysts do not have statistical tests to tell them when an observation or pattern is significant, they must rely on their own intelligence, experience and judgment. (Patton, 1980, p. 313)*

Once the data was organised in this way, it was possible to begin describing, elaborating, and working with the data around each of the major themes. One of the major problems I had in the findings and discussion chapters was striking a balance between description and analysis. Patton (1980) writes of knowing what to omit, of providing sufficient description to allow the reader to understand the analysis, and sufficient analysis to allow the reader to understand the description.

The result of this data gathering and analysis provided full rich information that contributes to an understanding of the context of cultural identity and its link with wellbeing for Māori.

## Tohatoha Hua: Dissemination of Results

Particular care and attention has been paid to disseminating the results back to all those who participated in this research. A key feature of Māori research is the need to keep participants well informed at all stages of the study. Two feedback stages were incorporated into the research design. The first feedback stage occurred once the initial analysis had been completed. At this time preliminary data was fed back to the participants. The second feedback stage involves planned hui whereby the final results are reported back to the research participants. Participants are also offered a summary of the research at this point.

Both of these feedback stages are a crucial part of the study, fulfilling a number of functions. They allow participants to remain involved in the research and to preserve a sense of ownership in the results. They also afford participants the opportunity to provide comment, clarification, or additional information. Finally the feedback stages allow me to step back for a moment and regard the analysis with 'fresh eyes' (Boulton, 2000).

In addition to feeding back preliminary and final results to all those who participated in the study, I will also disseminate the research results as widely as possible to Iwi, hapū, and whānau. As a matter of priority, this will occur after the participants have been advised of the results of the research.

The final results of the research will also be disseminated among a number of other specifically targeted groups, including Kaupapa Māori mental health services, and communities locally and nationally; the wider academic community; the health sector; and health professionals.

Because of the wide range of groups, the means of distributing the research results will be specifically tailored according to the expected audience (Boulton, 2000). For example, information will be disseminated to Māori academics and health researchers via e-mail networks, seminars, journal articles and conference presentations. Hard copies of the findings will also be made available to Te Puni Kōkiri/The Ministry of Māori Development, the Ministry of Health/Manatū Hauora, DHBs and other relevant government departments and policy makers, because another intention of this research

is that it informs public policy. Mental health is a clear priority for Māori health (Ministry of Health/Manatū Hauora, 2000, 2002).

Dissemination to the Māori mental health community involves alerting relevant networks to the research findings and offering copies of the research to interested parties. Information regarding the research findings will be disseminated to the wider Māori community through Te Puni Kōkiri/The Ministry of Māori Development regional offices and through newspapers and newsletters such as *Kōkiri Paetae* and *Pu Kaea*.

The results of the research will also be made freely available to Iwi, hapū, whānau, and not for profit organisations.

### **Whakarāpopototanga: Summary**

This chapter has detailed the research methods used in the study. Utilising both kaumātua and academic supervision, 17 Tāngata Whai Ora/Motuhake participants and 8 secondary expert participants were recruited from Ōtautahi, Heretaunga, Tūranganui a Kiwa, Tāmaki Makaurau, and Rotorua. ‘Pre-research consultation’ ensured both *kanohi ki te kanohi* and *kanohi kitea* principles were adhered to, with subsequent interviews adopting a *kōrero* style. Cognisant of the Kaupapa Māori approach of the research, transcribed interviews were examined thematically using a Māori analysis. Dissemination aims were also outlined.

This chapter leads into the actual findings of the research from interviews with the Tāngata Whai Ora/Motuhake participants, reported in the following two chapters: Upoko Ono: Ngā Haerenga, and Upoko Whitu: Te Ao Māori.

## UPOKO ONO: NGĀ HAERENGA

### CHAPTER SIX: TĀNGATA WHAI ORA/MOTUHAKE EXPERIENCES OF MENTAL ILLNESS AND SERVICES

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#### *MAPPING THE TERRITORY*

Should I tell you where the mountains lie  
and pick them out in spikes of light?  
Describe precise dimensions  
measure distance peak to peak  
hoping you will taste the air-bound snow?

Would I be better to mark the way  
step by stone and stone by step?  
Show you the parallel roads going east  
and remark on their convergence.  
No. I am forced to tell you this.

That once there was a mighty forest here  
where groups of trees had names.  
And stones, authority. A forest which caught  
its breathe on a summer breeze and shuddered  
in snow. You need to know.

There was a history here. A history.  
Let me start with the river then. The heart.

(Written by Mental Health Commissioner, Julie Leibrich)<sup>1</sup>

#### **Whakamārama: Explanation**

This chapter contains the stories of real people and their real experiences of mental illness and mental health services in Aotearoa/New Zealand.

Participants were asked about their first ever experience of mental illness and their subsequent interaction with mental health services. In order to give voice to these sometimes traumatic and always significant experiences, the stories have been presented in the form of 12 case studies derived from the 17 interviews. Five

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<sup>1</sup> Leibrich, Julie (1994). Mapping the territory. In *The old moon and so on*. Wellington, Aotearoa/New Zealand: New Zealand Poetry Society.

interviews did not result in sufficient information to develop in-depth case studies. Pseudonyms have been used and place names changed to protect privacy.

A number of the participants were hesitant to discuss personal histories of mental illness because they were not convinced their experiences were actually related to illness and by implication disputed the categorisation of ‘mentally ill’. Some felt that the phenomena that had been attributed to mental illness were universal, so that everybody at some time in their lives could have been labelled with a mental illness:

*“I think everybody has [experience with mental illness] really, in a way at times in their life. But I personally don’t think so [that I have experience of mental illness], but doctors think so, think that. So, I go by their diagnosis.”* (Nīkau, 2003, August 26)

For this reason some participants were unable to specify when mental illness first became part of their lives. However, all were able to identify the specific point in their life when they had been medically diagnosed with mental illness.

Based on their personal experiences, participants were also asked to identify differences between Kaupapa Māori mental health service provision and mainstream (conventional) or non-Māori mental health service provision. But many were unable to do so because they had never been involved in Kaupapa Māori mental health service provision.

Regardless, most were able to identify at least one mental health service they had had contact with that incorporated aspects of Te Ao Māori into their service provision. Focussing on these particular services, participants were asked to describe what it was they found helpful or unhelpful about them. In regard to the Māori-specific aspects of the service, participants were also asked if this made them ‘feel more Māori’ and whether this in turn helped or hindered them in their recovery.

## **Kauri**

Kauri was 19 years old when he had his first experience of mental illness. He described the experience as his mind starting to “operate in a way that was unusual”:

*“You would see something, or hear something, or think something and try and press meaning into it. And sometimes the meaning was way off beam to what it really [was]... A woman could tell you to “Get the hell out of my face!” and you would interpret that as “Oh, she’s keen on me”. You know... so there was no integrity of definition...”*

Kauri described his experience as something that would “come and go”. After his first experience of mental illness in 1982 for example, he recovered and his life “calmed down” again for a few years. Stress would make him unwell, and although he compared his life in his twenties to a boat “getting tossed around by the storms”, he was not hugely affected by mental illness again until 1991. Then mental illness “hit again, real bad”. His marriage broke up and he suffered ‘a nervous breakdown’. As a result he had no sleep for about 12 and a half days and his “mind started working overtime”:

*“[I] tried to make sense of everything. My reality became different from everybody else’s reality and my expectation of what the universe was able to give me was different from the universe’s idea of what it was willing to give me too.”*

Although Kauri had previously wanted contact with mental health services, he had never accessed any service because he did not think his experience was severe enough to warrant expert help. He thought if he did try to access mental health services, he would be considered ineligible for treatment. However, in 1992 when his world fell apart around him, he did initiate contact. He was admitted to a psychiatric hospital in the provincial town he was living in, which was not his Iwi rohe, was prescribed medication to address his insomnia and his elevated mood, and placed under observation. Kauri slept for most of the time. He was ‘specialed’, but was alarmed that when he came out of the observation room after a few days, he could no longer talk. Although his psychotic state had resolved, at least in part, the severe side effects of the medication were disturbing. He was dribbling and unable to wipe saliva away because his hand was uncoordinated. He could barely walk and instead shuffled to get around. In addition, it would take him several seconds to reply to people who talked to him.

This made him feel whakamā<sup>2</sup> because, as he stated, he “was capable before... and now was incapable”. The longer-term effects of the medication also took their toll. Over the following 16 months Kauri gained 60kg in weight, going from 80kg to around 140kg. In Kauri’s opinion, he should never have been maintained on medication once the cycle of sleeplessness had been broken and the ‘overactivity’ had subsided.

After his first ever experience of mental illness Kauri was twice readmitted to psychiatric hospitals with acute mania. The period between each admission however, extended each time, the last readmission being four or five years later. Kauri also learnt over time how to read his own level of wellness:

*“Also what’s getting more apparent is my awareness of how... what state I’m in at any given moment. And because I have predisposition to getting manic, I’m always checking myself in the mirror, like “Are you alright? You look a bit high”. I’m always sort of analysing to see if I’m getting a bit excited. And sometimes people will tell me pretty exciting news and I’ve got to like “Oh yeah, that’s cool” and not appear to be... you know, because if I get excited, people “Ohhh...”.”*

Kauri had never experienced firsthand any service provided by Kaupapa Māori mental health providers. In the provincial town where he lived there was a cultural team that ensured the cultural needs of inpatients were taken into consideration in treatment. Their focus was not specific to Māori but to all cultures, and their role extended beyond interaction with clients to include training of staff in cultural appropriateness. Because Kauri had not been hospitalised at any time since their inception as a team however, he was unable to comment on their effectiveness. He did describe the service he was involved with however, as having “an emphasis which [was] Māori”. When asked if he had found the service offered by this provider any different than that offered by a conventional mental health provider, his response was mixed. He did concede “the tikanga” or “way that things were done” was different within the service which had ‘an emphasis which was Māori’, describing this as a more holistic approach. But he did not believe this necessarily made their service any better:

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<sup>2</sup> The term ‘whakamā’ is used to mean either ‘shy’ or ‘embarrassed’, or refers to a feeling of loss of mana.

*“I think that all cultures have strengths and weaknesses. I don't think there is any culture which is totally strong in every area. And I think that there's a time for a Māori way of doing things and sometimes just a time for a Pākehā way of doing things. For example, when my spouting was leaking at home, the Māori way was “Oh yeah, cousin Rangi will be down from Auckland next week. He's done a bit of handywork. He'll fix that spouting.” You know, too opportunist. And then there's my [ex-]wife and she'd say “Spouting's leaking. I'll ring someone about that and have them here tomorrow. They'll fix it”. And that's proactive. And sometimes the proactive approach is the right approach and sometimes the opportunist approach is the right approach. And so one approach... I think that sometimes... you've got to be eclectic and one approach is not always the right approach every time. So for some things this is the best approach.”*

When questioned further about his preference in service provision, should he be given one, Kauri was clear. He saw no reason to prefer a Kaupapa Māori service over a mainstream mental health service, because his experience with the latter had been, on the whole, good.

*“Up 'til now, I've had no problems with mainstream, none whatsoever... They've treated me with total respect. They've never put me down. Even when I've been mischief, they've handled me delicately... [There've been no cultural faux pas], not at all. The only thing that I think that I was a little bit upset about was one night when I required a minister and they said that it was too late, so they wouldn't let me make the phone call. And I think that that's the only time. But as far as treatment is concerned, they were more than I expected them to be... I hope [that that's a reflection of my local provincial town]. The guys up here [in the hospital psychiatric ward] are just marvellous, you know. One night I went up here because I had... what they call a stotic reaction to medication. I think that's what it's called, where you can't rest. You're up and about and you're down and you try to sleep. You're up and about and you're down... and after several phone calls to the hospital they said “Bring him in. We'll have a look at him”. And when I knocked on the doors to get me there, they unlocked the doors and a [named] guy was waiting for me there, a guy that's been in the service for about 40 years... And anyway he was just*

*standing there and he just held his arms out and took me in his arms and he said "We'll help you out". And he just gave me some side effect tablets and I was right... He was Pākehā... This is the kind of service you get here. It's really good."*

## **Kōwhai**

In 1992 Kōwhai was “living the normal life of a 19 year old... smoking a bit of dope, drinking a bit of alcohol, [and] playing rugby league”. He had recently returned to the provincial town he had lived in for most of his life, after spending some time away in another city playing in an under 19 Junior Kiwi competition. Kōwhai had a passion for rugby league, a game he had played since the age of 13, and took it seriously. He worked hard physically, “pumping weights” to build muscle so he was able to perform at his optimal.

Kōwhai also enjoyed marijuana, an aspect of his life that was part and parcel of “just doing everything” a young man did. Marijuana however, did not agree with Kōwhai:

*“Years later I could never accept that some minds could handle marijuana and some couldn't. And um, the sad scenario was that my mind couldn't handle marijuana, even when I used to smoke marijuana of some small quantities. Like fullas would smoke ah, two tinnies each and I've had one cone and I'm ripped, you know.”*

Although he did not elaborate on the experience beyond indicating that it was related to “too much dope and thinking weird things”, Kōwhai reported that while he was working at a horticulture packhouse in his hometown, his “world [came] crashing down” and he was diagnosed with a mental illness. Over the ensuing two years Kōwhai’s life changed drastically:

*“I really found it hard. I felt a sense of worthlessness. In 1992 through to 1994/'95 I was just a recluse. I would um... I would stay home. The only places I would go would be out to the front mailbox to get Warehouse pamphlets or just whatever pamphlets were in the mailbox. Um, my standard of*

*dress was the pits. I would, I would just whatever clothes I had... You know, they had holes in them."*

His whānau, in particular, were very concerned about him. As a result of the side effects of the psychiatric medication, Kōwhai had gained an extraordinary amount of weight and had almost doubled in size. This was significantly affecting his self-esteem to the point where his only communication with whānau members had reverted to monosyllabic responses to their "open and shut questions".

In his early experience of mental illness, Kōwhai was admitted to the psychiatric ward of the local public hospital, and over the following decade the requirement for mental health service intervention was to be repeated at least another 12 times. He was quick to point out however, that not all these times were "major relapses" and indicated that the frequency and intensity of episodes of unwellness had lessened over time:

*"You know, although I... um, I get sick every now and again, it's not on a big scale to what I used to."*

A turning point for Kōwhai occurred a few years after his first experience of mental illness, when he came into contact with Kauri who by this stage was using his own experience to help other Tāngata Whai Ora/Motuhake. At the time Kōwhai had been in the Acute Ward in hospital for about a month, feeling "mostly depressed and paranoid". One evening as he was having a cup of coffee Kauri came into the ward to visit someone else, and whilst there struck up a conversation with Kōwhai. What made such an impression on Kōwhai was the fact that, without hesitation Kauri greeted him with a hongi, sat down and made their connection through whakapapa. For Kōwhai this process of locating oneself was extremely important:

*"'Cause that's what really done it for me over the years. I don't know what I would have done without my um, my genealogy or whakapapa link. I really killed for that, eh. Um, I didn't even know what my name meant, until a... well respected Reverend in the community said um, gave me the history and said that he'd whakapapa'ed to me. As soon as I made connections with my whakapapa I've, I've never looked back."*

From then on, Kōwhai and Kauri had a bond, and it has been through Kauri that Kōwhai has learnt more about how to live with his mental illness. He has also learnt how to use his experience to advocate for others, to “add dignity” to their experiences.

Kōwhai believes that the longer one is “in the system”, the better insight one has. He bases this belief on the premise that the more time there is to understand illness the easier it is to identify triggers that indicate a decline in levels of wellbeing. When well, Tāngata Whai Ora/Motuhake are then able to “tell the people that are very dear” to them what “signs to look for”. Kōwhai has used this knowledge gained through experience to educate “a lot of [his] close mates” so that they know “when this particular thing happens” to him that means he is “going downhill”.

Using his insight into mental health in this way, Kōwhai now works in a consumer advocacy role, a role he enjoys largely because he knows he is good at it:

*“When I’m well I seem to think I’m a good interpreter for mental health. It’s sort a like um, if you imagine the scenario of ah, General Custer sending out an Indian Brave to go and interpret what the Indians have said and then come back. That’s how I see um, consumer advocates– able to interpret um, things on behalf of people that can’t speak for themselves. ‘Cause I’ve been there.”*

Working in this environment however, has also proved to be difficult at times for Kōwhai. He referred to “the dark side” of mental illness and occasions when he had become unwell and had been readmitted to hospital. This was not easy for his colleagues who then had to interact with him as a client, as opposed to a staff member:

*“Oh man, it used to kill the staff... They used to get mamae<sup>3</sup> for me... And they actually used to shed tears, eh, you know? ...They used to go “You know, just last week he was helping us, the whānau that live here. Now he’s one of the whānau doing the dishes and mowing the lawn”. And you know, they used to try their hardest to get me back, you know, on the road to recovery.”*

During times of unwellness Kōwhai has regretfully also “burnt a surprising number of bridges” with whānau and close friends. Despite this, he has a very positive outlook on his illness. When asked by someone if he would ever take the opportunity to enter a

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<sup>3</sup> The term ‘mamae’ is used to mean either ‘pain’, ‘ache’, or ‘stress’.

time machine and go back and never experience mental illness, Kōwhai replied “No”. He would rather live his life over again because his experience of mental illness had made him understand who he was:

*“A lot of consumer advocates will tell you... we can't do anything about the past but um... the actions that we do now could change the future... or make some sort of inroad into... I don't know, a good future for us and our families that lie ahead.”*

Kōwhai's experience of mental health services was limited to those services provided in his hometown. Although other Tāngata Whai Ora/Motuhake reported there were no Kaupapa Māori mental health services in this provincial town, Kōwhai identified one particular respite service he had previously attended as a “Māori service”. This designation did not appear to be made in respect of the ethnic profile of the workforce employed by the service, but rather was in reference to the manner in which the service operated. Kōwhai described the service's objective as ensuring Tāngata Whai Ora/Motuhake were maintained “out in the community” rather than getting “stuck in the Acute Ward”. He believed that “leaving whānau out in the community” so that they still had access to shops and other community services was far more beneficial. He also defined another major difference he saw between this ‘Māori service’ and mainstream services:

*“In a ward environment... you're structured by their rules... Um, if they say “Right, you two, you're to bugger off to bed by half past eight”, you're gone to bed by half past eight whether you like it or not... Non-Māori mental health services are um... they sort of seem to be under the command of a robot. Turn up at work 'til six o'clock, dinner eight o'clock, in bed by nine... In respite care... they've got less boundaries... a lot less restrictions... They gauge it on you. If you fall asleep on the couch, you fall asleep on the couch, you know? ..Um, [with Kaupapa] Māori mental health services... if you want to have tea at 11, that's you. Watch a video with Aunty 'til the morning... Plus they're able to take them to the beach. 'Cause it's amazing how much therapy a beach can be.”*

Kōwhai's experience of both Māori mental health workers and services was that they gave more autonomy and more of the responsibility of choice to the service users. He

believed this point of difference coupled with the more relaxed demeanour was more therapeutic for Tāngata Whai Ora/Motuhake. Just having these service options was also extremely important:

*“I actually loved the fact that there was a different avenue to choose from. ‘Cause um... you know people that have been in the system for over twenty years... say um, that’s the best thing since um, since sliced bread.”*

Kōwhai described an important attribute of Māori mental health professionals as their ability to “bond”. He believed Māori worked in a different way than non-Māori, because of this. Because Māori tended to “bond a lot with [their] own” they were more able to connect with others like Tāngata Whai Ora/Motuhake:

*“If we bond well with our own, then obviously we gonna bond well with other people.”*

By the same token, in his opinion Māori health professionals who were unable to bond with each other were not likely to be able to make any connections with others.

## **Maire**

Maire first experienced mental illness in 1988 when he was in his late teens. At that time he was living at home with his mother and father in the provincial town where he was raised, within his Iwi rohe. His mother initially made contact with mental health services when she became concerned that something was “wrong” with Maire. He referred to her having a “funny feeling” about his wellbeing. When she questioned him about it, he began to shake as he described the visions he had been having of his late Koro. Maire’s mother made contact with a doctor and took Maire to see him, an event which in his mind appeared to trigger a severe state of unwellness:

*“All of a sudden I saw these eyes just rise up over here on these people, on the nurses... I saw the eyes, [the] looks. They were looking straight at me like that. And I got a fright. I was nervous. I wouldn’t talk. I was crying... Oh, I was anxious. I couldn’t mix with people...”*

Maire was admitted to a psychiatric hospital for almost two months. He remembers this time as being “pretty scary” because of the suspicions and strange ideas he was experiencing. He continued to see dead people, and referred to “bashing [his] mind” to try and get rid of these thoughts in his head. It was the psychiatric medication he received during this first period of hospitalisation that finally brought Maire relief. The side-effects however, particularly dizziness, were not pleasant.

Over the following 15 years, Maire continued to have many periods of unwellness that eventuated in a number of admissions to almost every major psychiatric institution in the country, as well as alcohol and drug services. He described a life that at various times, involved gangs, alcohol and drug use, and imprisonment.

Through some of his mental health service contact however, Maire engaged with Māori-specific services, which he identified by the number of Māori health professionals on staff and the types of activities they provided. And in these services Maire found participation in kapa haka and waiata, and interaction with other Māori, beneficial due to the whanaungatanga it provided. He also made major life changes in terms of his drug use and abuse, and as a result has abstained from cannabis use since 1993.

## **Mānuka**

Mānuka was a koroua who had a very retiring demeanour. His oral communication was hindered to some degree by a speech impediment, and the fact that English was not his first language. He was a native speaker of te reo Māori. Although he appeared quite reticent, he reported that in comparison to two years ago he had actually become much more outgoing. A change in his confidence came about through encouragement he received from his Support Worker:

*“He took a day program... and I attended it. And ah... we had it three days a week. Every day we would come in, we would have karakia... [and] he would hold these discussions sessions... And he chooses the topics... it might be what happened over the weekend... it might be about rugby... it could be any*

*subject... and he allowed us to voice our opinions... It [helped me] gain a lot of confidence, eh.”*

Through these sessions Mānuka learnt that it was acceptable to offer constructive criticism to others on issues he disagreed with, a concept he had struggled with before:

*“It came to one... he said it was alright to criticise, 'cause... 'cause I wouldn't dare hurt your feelings by saying “No, I don't agree with you”... [But the Support Worker said] “No, it's alright to... to criticise”... And so from then on, oh well anything I... didn't feel comfortable with, [I would] criticise, eh... You know, and they... [that] gave me a bit of gumption to speak up.”*

This was an important learning curve for Mānuka because for many, many years he had failed to express his feelings of powerlessness to the medical profession whom he regarded as responsible for his current situation. Throughout his years of contact with psychiatrists he would “start fumbling for words” in assessments and reviews, often being left frustrated and angry that he had not been heard. Through tautoko<sup>4</sup> from both his Key Worker and Support Worker, who he regarded as “coming to [his] rescue”, he was given “the confidence to speak [his] mind”. Watching his Support Worker speak on his behalf and defend him made Mānuka “[get] brave”. He realised that if the Support Worker could speak assertively, so could he, and he should not rely on others to do this for him. He learnt how to negotiate and bargain, tools he was extremely grateful for because they finally allowed him to contest his medication regime, and question decisions affecting him. There were also other significant outcomes for Mānuka:

*“So you know the marvellous thing about it is that all those 28 years it hasn't been until the last two years that I had respect for psychiatrists.”*

Mānuka first experienced mental illness in 1974 when he was living overseas. At the time he was studying at University, majoring in mathematics. He was carrying a fairly heavy study workload, as well as working full-time to support his whānau. He and his ex-wife had just bought a house that they were relocating to a new site when a mishap occurred. “During bringing the house to location”, it was dropped, and Mānuka was left having to make the repairs. For a three week period he worked 12 hours a day, six

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<sup>4</sup> The term ‘tautoko’ is used throughout the thesis to mean ‘support’.

days a week repairing their house, whilst trying to maintain his fulltime employment at a steel foundry, and study. He remembered “sleeping in cars” and “sleeping on the job” in an attempt to cope with his severe exhaustion. The result was that he “just snapped overnight”.

Mānuka was taken to a GP nearby and was prescribed medication. He reported that he took eight tablets and was “knocked out for six hours”. When he woke again his exhaustion level was still profound. He was taken back to a GP, this time his own GP, and to his astonishment “diagnosed [as having taken illicit] drugs”. He stated “I’ve never taken drugs except [those] prescribed [for me]”. Regardless, he reported “they dropped [him] into the psych unit” and began treating him for what he believes to be a drug-related illness. At some point he was also “labelled” with bipolar disorder. Mānuka believed he had been misdiagnosed and was “tricked” into his admission into this psychiatric unit:

*“I believe it was the medication that put me into the situation I was in for over 28 years now.”*

For the next six years Mānuka was committed to a psychiatric institution. But he had no health insurance, a necessity in the country he was living in, so in 1980 it was recommended that he “come back to New Zealand for the free medication and all that”. He left behind him his life, including his whānau, in a land he had called home for 21 years. Immediately on his return to Aotearoa/New Zealand he was assessed by a psychiatrist who “had orders to put [him] into [a named major mental health institution]”:

*“So I went straight from the airport to the doctor’s office and then down to [a named major city].”*

Over the next seven years he was to spend about five years in total in this institution. He was discharged a couple of times during this period and “placed out into the community”, but after a decade of institutional care he found it very difficult to cope and inevitably was readmitted. He reported “the longest [he] was out” was “maybe a couple of weeks... Then I would go back to [the named major mental health institution]”. A few years later the government of the day moved to introduce

deinstitutionalisation, so in 1987 Mānuka was “placed [back] out in the community”. Although he described this change as “convenient”, he found it “terrible”:

*“...it got to a stage when I was placed out in the community, I didn’t know what to do.”*

All the interventions by mental health services for Mānuka had come from mainstream services. He never received treatment for his illness from a Kaupapa Māori mental health provider, nor did he recall ever coming into contact with Māori health professionals. Māori health professionals were an even scarcer commodity when Mānuka first entered Aotearoa/New Zealand’s mental health system, but even in his recent history Mānuka did not recall being treated by any Māori mental health professionals. He was associated with a Māori mental health group, or whanaungatanga group however, who met monthly to provide support for each other and to advise on Māori mental health issues. When asked if he found this group different to any of the other mental health providers he had encountered over his 29 years of interaction with the mental health system, Mānuka confirmed that he had found their approach more welcoming:

*“Well, to me I thought they understood me better than the mainstream did. They listen to me and what I had to say and didn’t judge me on what they thought and what I should be saying.”*

When probed further, Mānuka indicated that the significant difference for him was that others listened to him and respected what he said. He referred to Māori protocol on marae and in hui regarding whaikōrero, that no matter how long speakers take they are given the courtesy of being allowed to speak, and being listened to. In his opinion, this proved that “Māori are one of the most patient [people] there are”. In the whanaungatanga group these same protocols were observed and maintained. In comparison, he referred to the City Council meetings he frequently attended:

*“I feel good when I [am] speaking. Now I’ve been to District Council meetings, [and] on many occasions [I am the] only Māori in attendance... And you know they asked for my opinion. I told them my opinion. But hey, you know when I sit down right, they just turn the page over and will continue with the rest the discussion. No nothing. But here [with the whanaungatanga group] we can get a discussion going. I reckon that’s really healthy.”*

The simplest way he had of describing his acceptance by the whanaungatanga group was in his expression “I guess... I feel at home here”. He did not think this was related to being Māori however, but rather to the fact that he had much in common with this group, as a Māori, and as a Tangata Whai Ora/Motuhake. He made a similar comparison of feeling “at home” with elderly, regardless of their ethnicity because of the age they shared:

*“I think it’s just a feeling I have, eh. You know, in an environment with... especially the elderly, I feel at home with them because mainly I’m older... I feel comfortable with the elderly community ’cause we can talk experiences that date back to the ’40s... Mostly we belong to the senior citizens and they were mostly Pākehās in the group. You know, you’re more free to joke with them ’cause you know.”*

Mānuka’s claim of misdiagnosis appeared to stem from his belief that he did not consider himself to have experienced mental illness. Because of “the amount of time [he had] been in [the] system” though, and therefore “on the list”, he felt obliged to identify as a Tangata Whai Ora/Motuhake. This did not alter the fact however, that he did not accept his diagnosis:

*“It seems to me... that they can’t place you here, they can’t place you there. But hey, that’s what happens in the mental health... They would catergorise us and all of a sudden we’ve got this label, this manic depressive, that’s what I was in here for that, this manic depressive. Hey, wait a minute. You know the curve was like that– up and down. That’s the sign... It goes up and down like that. So I said “What’s wrong with that?””*

Mānuka intimated that although his behaviour was deemed consistent with experience of mental illness, to him it was normal and acceptable. Referring to the behaviour displayed at tangi and the processes there, he also suggested that non-Māori psychiatrists were not qualified to make diagnoses of mental illness in Māori because of their lack of understanding of Te Ao Māori and what may be considered normal behaviour within this context:

*“You know, we had this Indian [health professional] who used to be down in the unit. I said to him, I was angry actually, I said “You know what your problem is? You bring your bloody Indian problems and try and solve our*

*Māori problems according to Indian culture.” Well, he didn’t like that. He said to my wife “If your husband comes in here again...” Yeah, he was gonna send me down the line.”*

To illustrate his point, he described an actual scenario where a clash of worldviews prevented constructive progress. On admission into a psychiatric unit he was greeted by a non-Māori psychiatrist who introduced himself and held out his hand in welcome. Mānuka “pulled [his] hand away” and responded in his native tongue that he did not want to speak to the psychiatrist. In time, another person entered the room and asked Mānuka why he was speaking in te reo Māori and why they needed to now go to the trouble of finding a translator. Mānuka again responded in te reo Māori. The psychiatrist left, and another entered, who again “went through the same motions” and again was met with the same response. Mānuka described the psychiatrists as “stranded”, a fact he was unconcerned about because he “had all the time [in the world]” to wait. Eventually, 20 minutes later, a translator was found:

*“In came this lady and she said “Kia ora”. You know– “E noho, me kōrero Māori”. You know? And then you’re in the crunch line, eh. You know, if you’re not here to mess around then we’ll get down to business, but let me control the conversation.”*

Although it may well have been lost on those psychiatrists concerned, Mānuka was making an important point. By bringing the situation back into his worldview, he was able to engage on his own terms and to retain a sense of mana. He used the analogy of game playing to explain this further and to describe why he “open[ed] up to Māoris but not the Pākehās... [who] use us as guinea pigs... in some instances”:

*“I mean like they told me when you are on the playing field, play the game. [But] what is your strategy? You have to [keep] up with the opponent if you want to win the game that is. But in here, it’s not a game. It’s not a struggling game. It’s not a game of power, but it’s just a gaming of understanding.”<sup>5</sup>*

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<sup>5</sup> Mānuka wished to note that almost three years after participating in this research he was still well. He attributes his “speedy recovery” to his second wife - a non-Māori - her patience, kindness, understanding, and knowledge of mental illness.

## Miro

Although Miro could not recall the exact time when he first experienced mental illness, there was a time at school that seemed significant. Miro was born with a hearing disability that required a number of operations in childhood. Instead of allowances being made for his considerable hearing loss though, such as placing him at the front of the class, Miro was often put at the back of the class. Other children mocked his disability and to add to his suffering, Miro felt discriminated against because he was Māori. He referred for example, to Pākehā children sitting at the front of the class. In his opinion, the Pākehā teachers did not care about him at all. Not surprisingly he “always got in trouble” and his education suffered. However, Miro did not feel any resentment towards those children who were privileged over him. In fact, he regards some as lifelong friends.

Once he was in College, Miro’s experience of discrimination did not improve. He has never been able to be around a lot of people, and recalled one particular situation where he had to speak in te reo Māori in front of his entire school for a whaikōrero competition. He could hear other students sniggering at him, and half way through his kōrero became overwhelmed and began shaking. Because the audience then began to laugh at him, Miro ran off stage. Miro described this experience as the first time he noticed that something was different about his mental health.

But despite knowing “all these years” that he had an “issue”, Miro never considered it to be mental health related. He therefore, only had contact with mental health services in the “last few years” after being diagnosed with schizophrenia.

Although Miro did not think he had ever accessed mainstream mental health services, it was a Hospital and Health Service (HHS)<sup>6</sup> Community Alcohol and Drug Service that referred him to a Kaupapa Māori mental health service two years prior for assessment. Since that time he has attended another Kaupapa Māori mental health NGO every day.

Miro’s involvement with this Kaupapa Māori mental health NGO had been extremely positive. Due to his upbringing, establishing trust was very important for him, and

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<sup>6</sup> Hospital and Health Services (HHSs) were the forerunner to District Health Boards. They were publicly owned companies with Government-appointed Boards which had responsibilities for a wide range of health and disability service provision.

within this service he has felt able to trust others. He related this to the fact that the people he interacted with, both health professionals and other Tāngata Whai Ora, were Māori:

*“...the people themselves [help me with my wellness], you know? Everyone’s helping each other. Ah, it’s a whānau thing. Um... the class that I go to, ‘Like Minds, Like Mine’ class– that really helps me really well with my wellness... [In it] we just go through issues that we’ve been through, through the past. And um... we try and ah... sort things out... as a group... [and] as all Māori... Yeah. I don’t think I can go to a Pākehā business... um, and talk to them about my past. I don’t know why. It’s a trust thing... I do, I trust Māori more than I would Pākehā.”*

As part of the treatment modality of this service, Miro had been given the opportunity to become involved with therapeutic interventions such as attending hui, and learning waiata, whakapapa, te reo Māori, and whakairo<sup>7</sup>. The waiata in particular was one aspect of Miro’s association with the service that he loved. Another was the drama class that was operating, which he had become heavily involved with. For a man who had always struggled being around a lot of people, exposing his vulnerability through such a class was a major undertaking, but he explained how his involvement had “helped him through that”:

*“...through that drama class... we went up [to a named city] last... oh, a couple of weeks ago, and we done the drama class then in front of a few people. And I, I... I skipped out and went... done all my stuff wrong, you know. But people didn’t laugh. They still clapped. And ah, you know, that made me quite warm inside, that Māori people backing up their own people.”*

Engaging with these forms of treatment made Miro ‘feel more Māori’– a concept that he in turn, agreed helped in his recovery. The sense of belonging that he gained from his attendance at this Kaupapa Māori mental health NGO was significant. In stark contrast to his schooling experience, Miro felt accepted and part of a whānau:

*“I feel at home here. Ah... I can talk to people much easier here and I let myself go and... nothing is an issue here, you know. And they’ll always help...”*

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<sup>7</sup> The term ‘whakairo’ is used to refer to traditional Māori carving.

*[I feel that I am] always accepted... [and] always part of the whānau. The door is always open, you know. You can leave or go whenever you want to. But I love to be here right through the whole day."*

Although Miro could not recall anything unhelpful about the service, he did believe that whanaungatanga was not always positive. At times the responsibility of reciprocating support could "be a bit too much", especially if one "[took on] other people's problems":

*"...like at the moment I've got this other guy staying with me... and um, putting all his problems on top of my shoulders which makes me unwell this last few weeks... Ah, how can I explain it? It's just taking other people's problems with your problems... will not help you... And ah... I need to be here to be well."*

## **Nīkau**

Nīkau's first ever experience of mental illness occurred between five and ten years previously. He was unsure of the specific date. His diagnosis was made however, when he was outside his Iwi rohe. No further details of this experience were given.

Nīkau reported that he had never specifically received treatment for mental illness through a Kaupapa Māori mental health service, but he had come into contact with "the odd Māori" health professional in mainstream services. One of these Māori health professionals, a Support Worker from the HHS Community Alcohol and Drug Service he was attending, referred him to a Kaupapa Māori mental health NGO which he now attends every week day except Fridays. It may have been that Nīkau did not know the service was a Kaupapa Māori service.

Nīkau hesitantly agreed that he thought Māori health professionals had a different relationship than non-Māori health professionals with him. He was clear however, that it did depend on the age of the health professional:

*"Well no [a Māori health professional is not just another mental health worker]... I suppose... you know, there's Māori to Māori. You know, I can't be judgemental and what I said previously about me not trusting Māoris in*

*general... um, that doesn't include young children and the elders when it comes to my own race... I have a lot of trust for them. It's just the ones my own age I don't trust. So her being an elder... elderly Māori woman, I have a lot of... you know, I'd take her advice knowing it was good advice, and so I could relate to her on a level probably better than even European telling me the same thing."*

Nīkau reported that he personally found engaging with activities like waiata, hui, te reo Māori, whakairo, and whanaungatanga useful and agreed that they helped him in his recovery. His reason for this however, was based on the fact that they brought him into contact with others:

*"Because if you didn't have places like this then you know, what are you left with? Cause like, you'd be at home, in your flat, probably more deteriorating than progressing in health, and that's mental health. And I would say that even... if your mental health isn't operating too good then I don't think your physical would be too good either. They seem to go hand in hand. And that's when things like depression and that can set... when you're just vegetating at home. Because you really need... for the first step, you first need interaction with other people, and that's healthy. I don't think it sort of applies to other people where they wouldn't suffer if they weren't interacting with other people."*

Although Nīkau did acknowledge that these 'forms of treatment' made him feel more Māori and kept him in touch with his culture, he indicated that the greater benefit was the interaction with people that the service allowed:

*"No [I do not think having access to things like waiata, hui, te reo Māori, and whakairo could make me more unwell, because] well, even if bad things happen like I didn't get on with someone here, it's like a challenge, and it's like something to work on. Whereas, if you had absolutely nothing at all and you vegetated in your own flat, house whatever, there's absolutely no support by yourself. So there's more or less an incentive to have other people around you, to benefit in every way, physically and mentally."*

Despite the apparent consideration of a lack of usefulness of Kaupapa Māori mental health therapies, Nīkau did think there was a link between cultural identity and wellbeing:

*“Yeah, I think there’s a link there. Because... [my cousin] promoted the idea of... you know, of our identity and she gave me an example... because years ago this Indian Guru was a faith healer. He came along and started going along specifically going to marae and doing his healing ministry. And there was a lot of families around New Zealand were taken in (Māori)... were taken in by this Indian Guru. And he set up a Commune over in the [named provincial town] way. And then he got into trouble with the law so he had to make a flight to Australia. So he set up a Commune there. And all my... a majority of my immediate family followed him to Australia. And they’re all having problems in their lives now today. And that, the answer to that according to my first cousin [named] who’s into... she’s into Māoritanga in general, she said the reason why [named cousins] and all our other first cousins are having problematic lives is because they don’t know who they are. And like, it never, ever dawned on me... I went “Say more [named cousin]”. And she said “Well, they don’t know where they’ve come from so they don’t know where they’re going”. And I said “What made you think that?” And she said “Well look at them. They’ve been snatched up since they were children from New Zealand, taken over to another country and that’s all they know. They were just, you know, plonked in Sydney and grown up there. They don’t know anything about their lives. They could’ve from another planet!” And I went “Oh. So it’s important, is it [named cousin]?” as I was questioning....” She said “Yes. The problem that they’re experiencing is because they have an identity crisis”. And I never had an answer to why things were the way they were, so at least she has an answer. Whereas you know, I mean she could be wrong, but I had no idea, and I actually didn’t even have a thought on it or whatever. But I agree that they were all having problematic lives. They’d come back to New Zealand and tell us about... just unload their problems onto us. And I thought nothing of it. I thought “Well who hasn’t got problems?” You know, I never really looked deeply into it. It was only until [my named cousin] sort of pieced it all together in a format of thought for me to say “Yes, there is something there”. And her*

*answer was a sense of identity. So she saw the problem and had the solution as well. And I thought “Very good [named cousin]!”— always been a deep thinker, old [named cousin]! And I couldn’t argue with her because... well, I had no thought on the matter myself. So I thought, well that does explain something. You know, there’s an explanation there. And... you know, next thing well what do you do about going about... [finding that sense of identity]? ...Well, yeah... for them. And she said “Well, it’s good to get back into the roots again, back to basics”. And I thought, yeah. I wasn’t argumentative with her because I understood through my experiences with wairua and spiritual things that she had a point, as far as I was concerned anyway. So there was no way I was going to argue with what she said. Identifying it is one thing, but the building is for them, and that’s a decision that they have to make. Whether they feel the importance of involving themselves with our culture, where they’ve come from, geneology, the whole bit; so that they can benefit in a more healthy way. That’s their decision. If they think, you know everything’s hunky dory as it is, which they don’t, but if they accept the way things are for them, then I’ll never know and they’ll never know.”*

## **Pūkeko**

Although Pūkeko was diagnosed with “bipolar disorder and a bit of schizophrenia” in 1998, she felt her mental illness may have been “creeping up” on her well before then. As a mother of three, including twins, Pūkeko had moved away from her Iwi rohe to train as a nurse in a major city a year earlier. She had just begun her second year of training when she began to hear voices in her head. Although she did not elaborate on this first recognisable experience of mental illness, she described it as “terrible”.

Pūkeko was admitted to a major psychiatric institution. As soon as her parents heard about the hospital admission, they drove four hours from their provincial town to the city Pūkeko was in “to take [her] home”. Upon arrival however, they were prevented from doing so. It was not until Pūkeko had been in hospital for “about a month” that she was given any options of transfer or referral to other mental health services. She recalled being asked if she would like to be referred to a Kaupapa Māori mental health

service nearby, but all Pūkeko wanted was to “go back to [her home town] to be with [her] family”:

*“I just wanted to go home, you know, come home to the family. You know? And when I say family I mean... my children, my parents, my brothers, my friends, you know? ...[So] they sent me back there... They took me on their... own security car and that.”*

Over the next five years Pūkeko continued to have extensive involvement with mainstream mental health services, including alcohol and drug services. She has not, however had any specific involvement with Kaupapa Māori mental health services. The Tāngata Whai Ora/Motuhake support service she was involved with did have an emphasis on tikanga Māori, incorporating aspects of Māoritanga such as hui, waiata and te reo Māori. However, Pūkeko did not see these as anything out of the ordinary and therefore did not recognise them as Māori:

*“[That]’s just sort of something that I’m used to. You know, going to gatherings... Yeah... It doesn’t make me any more Māori!”*

Pūkeko did not see any need for Māori-specific treatment modalities because she did not differentiate between Māori and non-Māori practice. She did indicate however, that she felt there was a loose connection between cultural identity and wellbeing:

*“Because if you know who you are, well that means that your gonna be more well... you know... You know, because if you’re not well you’re not really gonna know much about yourself really. You know?”*

In terms of what she felt would be more beneficial for her wellbeing, Pūkeko identified that she simply wanted to be heard:

*“A lot of support and understanding [would help me when I become unwell], you know. And, and being able to voice my opinions, you know, without people saying “Oh no, no...” You know, saying to me sort of like “Be quiet. We’ll say what needs to be said about you.” You know, things like that. Just being able to voice your opinions, you know. And being able to have a say, without you know, going into the office and you got the nurse there speaking on your behalf. And you really know that you wanna say something but you won’t say it*

*because... it's almost like you're there to sit down, shut up, and listen. You know? Well that's how I felt."*

Pūkeko's outlook on her mental wellbeing was very positive. Although she had experienced some difficult situations in the past, she believed the worst of these times were now behind her:

*"I feel that I won't get unwell again. It's just this thing, eh. I just feel I won't become unwell again... I just got this great feeling that you know, everything's gonna be alright."*

## **Pūriri**

Pūriri first experienced mental illness in 2002 and was referred to a Psychiatric Emergency Service after inflicting a wound on himself. He had recently endured a relationship break-up and lost not only his home but also custody of his children. Through the Psychiatric Emergency Service he was diagnosed with what he described as a certain thought pattern that affected his relationship. This led to his referral to a Māori agency that dealt specifically with tāne and any issues they may have involving violence, mental illness, and/or alcohol and other drugs. A counsellor from this agency then referred him on to the Kaupapa Māori mental health NGO which he currently attends.

Pūriri reported that he was actively seeking to regain custody of his children, with support from his counsellor. He was not happy with their current domestic situation and was working to address this. This meant he had recently attended a parenting course at the local marae.

Other stresses were also compounding Pūriri's level of wellness at his time of interview. Having just been burgled the previous weekend, he described his overall personal situation as "testing", commenting that he was "going through hell at the moment".

The first contact Pūriri had with the Kaupapa Māori mental health NGO nine months previous was significant. It was a wet day when he arrived, unannounced. He wanted

to have a “brief look through the place” that he was being referred to, so knocked on the door, and entered:

*“I came in dripping wet... I kicked off my shoes and come in... They did a mihimihi for me and sung me a song and I was blown away. It didn’t take long for me to gel and become part of the whānau here.”*

The welcome he received ensured Pūriri returned a few days later, and his association with the Kaupapa Māori mental health NGO was subsequently cemented.

## **Rātā**

Rātā was raised in welfare homes and institutions after being taken away from his mother by the state at about 18 months of age for child neglect. During his childhood he experienced sexual, physical and emotional abuse at the hands of various carers. Rātā reported at one point he was hospitalised for almost two years due to a head injury he sustained through this abuse. As a result he had “trouble” with his brain– “it doesn’t function sometimes properly”. His experience of mental illness stems from this background:

*“I got ah... diagnosed with mental illness... not because, I don’t know if I originally had one. But I know that a lot of that was from abuse. So now I’ve got Post Traumatic Stress Disorder, and I can go back into my mind you know, in situations... Ah, six years ago I wouldn’t have you sitting there. I wouldn’t even let you in the same room with me. That’s what it does. And people say that “Oh, OK, you know, the kids that age, they get over it”. No. They don’t. That’s their misconception. That’s their so-called... what do you call that word...? Assumption. That they only think that that person can get over it because that’s what they think... You know, that’s only their thought. It’s not the person next door. It’s not their thought, and people create this. “Well it was easy for me! Why can’t you do it?””*

Although he knew exactly when he was first diagnosed with a mental illness, Rātā was unable to recall his first ever experience of mental illness. This was primarily because

as a child exposed to extreme abuse, he had no idea that his destitute upbringing was abnormal:

*“You know what? I can’t remember [when my first ever experience of mental illness was]. I can remember when I was told what it was. But I thought it was normal... because I didn’t know any difference... That was just me. And I didn’t know any difference. I didn’t know I was a label to somebody. I didn’t know that... that I had an illness. That was normal what I was doing and what I was going about. And I thought it was normal that I had nightmares. I thought it was normal to be... have the crap beaten out of you. I thought it was normal that if you didn’t eat your meal you got it the following day and, if you didn’t eat that you got it back, and you got it back, and you got it back until you did. I thought it was normal that you never got Christmas presents. I thought it normal that you didn’t get birthday... I thought that was normal and it’s because that’s all I knew, and that’s the way we were brought up. That’s the way I was taught.”*

When Rātā was “just going on 17”, he was placed in a mental health institution by child welfare officers. Having experienced a number of institutions, including Junior Borstal, during his formative years, not surprisingly his childhood memories were of going from one institution to another:

*“When they got pissed off with me in one, they sent me to another... And then when I wouldn’t pull rank with them, they shoved me off to another.”*

When he was placed within a major mental health institution hospital then, his initial belief was that this was just another welfare institution. That it was a mental health institution confused him, particularly as he never knew such places existed:

*“I thought, I actually thought that I went into another home. And suddenly here’s all these grown-ups! All different ages! And I remember sitting in the lounge. I got put in a secure wing. And we were... all sitting around in this lounge, and I had to say to somebody “Well, what do we do?” You know, because you’ve been brought up in homes. You had routines. You get sent out and you did this and you did cleaning and you did... and what have you... the day to day functions of a home. And he said “This is all we do”. And I said “Well, what is this place?” And he said “[named major mental health*

*institution". And I said] "Oh, well what's [named major mental health institution]?" He says "It's a mental institution!" I didn't even know that those places existed."*

Rātā spent two years in this mental health institution from 1965 until 1967 before venturing out into society, now as a man. It was not until he secured his first job that he realised there was stigma associated with spending time in mental health institutions. He remembers being 'labelled' at this crucial time in his life:

*"As soon as I stepped out into the workforce, as soon as I got a job... and they found out that you had a problem, or you've been in [a named major mental health institution]... everybody... it was like... I had a disease. Nobody wanted to socialise with you... You're... for some obscure reason, you're a disgrace to your family. You're a disgrace to your... for God's sake! ...[If people asked your parents] "Oh, where's your son?" [they are not going to say] "Oh, he's in [a major mental health institution]..." Hell! No way! You wouldn't say that. But that's what was going on, you know? People had the wrong idea of people with illnesses."*

On the 10<sup>th</sup> of April 1968 Rātā survived the sinking of the *Wahine*<sup>8</sup>, but this experience took its toll on his mental health and he again was admitted to the same major mental health institution he had been discharged from a year previously. This time his stay was short, however. He reports it was "until I just sort of got my thoughts back together". This has been Rātā's experience for more than forty years. He has intermittently been admitted and discharged from mental health services a number of times, particularly during periods of increased stress:

*"It [mental illness] would crop up every... it would crop up. It doesn't go away. It never goes away. It'll rear its ugly head again. But I don't go rock bottom now. I'll drop down, and of course we've got the support systems around now and it just brings me back up. So you know... yeah. But in those days you stayed there. I mean there's an awful lot of people that have spent their whole life in those institutions, you know?"*

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<sup>8</sup> The sinking of the overnight Lyttleton to Wellington ferry *T.E.V Wahine* in the Wellington harbour in 1968 is the most well known shipping disaster in Aotearoa/New Zealand. The tragedy was attributed to one of the worst storms ever recorded in Aotearoa/New Zealand. Of the 734 passengers and crew on board, 51 people lost their lives.

In 1991 Rātā was reunited with his birth mother. Although he had vague memories of her visiting him as a small child and taking him to the park on outings from the welfare home he was in, it was not until 1991 that he met her properly. For a man who had been so badly abused as a child, devoid of any whānau support, the impact of this meeting was profound:

*“By the time 1992 come... it just... my mind. Blew it, like a fuse box went off... I was in there [the major mental health institution] '92, '93, '94, '95, '96. Just going in and out, in and out, in and out, in and out...”*

It was at this time that Rātā finally learnt the name of the illness he had been diagnosed with. Around this time also, Rātā disclosed to his psychologist that he had Māori whakapapa. The psychologist duly referred Rātā on to a Māori Mental Health Worker who in turn introduced him to a Māori whanaungatanga group that had started within one of the community mental health services. This was the first Kaupapa Māori mental health service Rātā ever accessed. What he found in this service was unconditional acceptance, and acknowledgement. He described the common Māori process of being acknowledged by mihimihi as something completely new to him. Whereas his previous experiences in new situations saw him ignored, within this Kaupapa Māori mental health service he was acknowledged, and more importantly “greeted as a person and not an illness”. For the first time in his life, Rātā experienced a sense of whānau:

*“When I was in the European system, I had to always justify myself. I always had to explain. I always had to be... always felt I was in an awkward position. I couldn't be me. I had to be what they wanted me to be... [But in the Kaupapa Māori mental health service there was] nobody above and nobody below. You're all equal... You're made to feel that you're important to the group, you're important to all, and all for one and one for all. That's the feeling. All for one and one for all...”*

Through his involvement with the Kaupapa Māori mental health service, Rātā was introduced to aspects of Māoritanga that were considered integral to wellbeing. These included learning waiata and whakapapa, attending hui, learning how to mihi, kōrero and understand some te reo Māori, and whakawhanaungatanga. Rātā described the immense effect that exposure to these things had on him:

*“It felt like my wairua was reborn... It felt like, it felt like that I was not being continuously having a bloody great rock dropped on me all the time. I was free... It freed me...”*

For Rātā, this ‘rebirthing’ was the catalyst to his recovery. He is resolute that as a result of his involvement in Te Ao Māori, he is now stronger. Alongside his sense of freedom, he now feels much more in control of his mental illness. In part this is due to the acceptance he found in Te Ao Māori of his experiences:

*“It’s still there. I still hear voices, believe you me. But I can identify the difference. It’s because in Māoridom if you hear voices... they say “Ah, he’s talking to the... you know, the spirits, ancestors!” Ae. In European if you’re talking to somebody you’re a nutter. There’s the difference.”*

Absolute acceptance however, was the vital link:

*“It’s because... I belong.”*

## **Tōtara**

Although Tōtara was unsure what mental illness actually referred to, he reported that he first entered the mental health system in 1987 when he was admitted to the psychiatric hospital in his provincial town. Subsequently he had a number of readmissions both to that hospital and others outside his Iwi rohe.

The main concern Tōtara had in regard to his experience of mental illness was the way he felt as a result of his treatment. The severe side effects from his prescribed psychiatric medication alarmed him but this anxiety appeared to be disregarded:

*“It’s like no one’s listening. Like I’m saying “I don’t want to be treated by a psychiatric doctor...and be given certain [drugs]... that effect my body and... give me a raumoko”. I call it a moko, a shake... Raumoko. The treatments... make your whole body shake, and that’s from medication... It’s sort of like a earthquake.”*

Beyond having Māori nurses in one of the psychiatric wards where he had been an inpatient in an area outside his Iwi rohe, Tōtara's experience of Māori mental health service provision was limited to the Māori Health Team in his provincial town. Although he seemed unsure of their actual role, he had had contact with a Kaiwahina through this service, once again as an inpatient. His memory of the Kaiawhina, whom he found to be friendly, was positive. He was able to form a better relationship or rapport with Māori than non-Māori, which he attributed to a spiritual connectedness:

*"There is [a difference] actually... It's the feeling you get... It's about God isn't it? ...Papatuanuku, Rangi... It's the aroha... the love that's there... And that's what I meant by 'it's about God', 'cause of all the love that's there, eh. There's a lot of love in the Māoris there."*

The aroha that Tōtara referred to was associated with the unconditional love he felt from his parents. As a result, in mental health service provision, he sought out this same relationship:

*"I look for people, people that are like my mother and father."*

## Whio

Whio first experienced mental illness in 1989 at her father's tangi in her Iwi rohe. On the second day when his body lay at their marae, Whio experienced a change in her behaviour. She described it as like her mind "just slowly start[ing] to drift" into "a spiritual kind of world". At the same time all her senses heightened:

*"I could sense things more, you know. All my senses were like magnified. I could smell things more. I could hear 20 different conversations and not pick up on one of them, and yeah. Yeah, it was like my mind... If you can imagine a mind floating, that's what it was like. It was floating and floating and floating..."*

This state of high arousal prevented Whio from sleeping. Although she had slept well on the first day, she did not sleep again for the remainder of the tangi. Neither could she focus on conversations or tributes to her father for very long. Her racing mind

prevented her from doing so. Instead she would focus intently on trivial things, such as the pattern on a piece of crockery, to the point of obsession:

*“And it might be as um, little as the way that the, the um, milk jug looked and the flowers on it... I’d be looking at it and before I know it the flowers come alive and I’m smelling it. And I’m in the garden, picked it and put it on the jar.”*

Whio found these experiences both frightening and exciting. Because it was something she had never felt before, on the one hand she wanted to embrace it. On the other hand however, she was scared she was “falling to bits”:

*“So it was a real... um, frightening. But there was some kind of exciting thing in it ‘cause it was all new, yeah, and I wanted to reach deeper into it and deeper into it ‘til, yeah... I eventually just lost concentration, lost focus and was doing a lot of odd things, very odd things.”*

Because her behaviour was bizarre, others around her began to get frightened. Although Whio wasn’t exhibiting any violent behaviour, she was acting out of character, doing things for no particular reason, and out of sequence. She reported for example, that she wanted to hang the washing out at midnight.

Immediately following the tangi Whio returned with her whānau to her mother’s house in another city. After five days of no sleep, she described her mind as going “further and further somewhere where [she] didn’t know it was going”. She felt driven to collate a pile of papers containing segments of whakapapa and waiata she had learnt at the marae, and to take them to her ex-husband and children who lived about 40 minutes drive away in a rural community. She described her state of mind at this stage as “kind of Māori, kind of eerie, kind of dreamy... a combination of every feeling and sense you could imagine but none of it making sense at all”. At this point her whānau “really started to worry”. They followed her to her ex-husband’s house, picked her up, and took her to the psychiatric unit at the local hospital for an assessment. Their concerns were amplified by the fact that she had now taken on the persona of her deceased father:

*“I was um, like acting like my Dad. I thought I was him. Yeah, and I was lying there like I was in a coffin on the bed, saying things that he used to say to me as*

*a kid, to some... to my other brothers and sisters, which really puzzled them. And almost, yeah, taking on his persona. Yeah, really believing I was him."*

Whio's belief that she was now her father was not a traumatic event for her. She felt that the more she took on the persona of her father, the more she felt this was because he wanted to pass on information. Even later on when she was well again, Whio did not necessarily see this as wrong. The dilemma for her was that she felt she was supposed to express her father's wishes and words to everyone at that time, and she was unable to:

*"You know it was beyond me. But I was taking it on, trying to and just drowning in it, slowly you know, just burying myself."*

Whio's whānau were ill equipped to cope with Whio's first experience of mental illness. Not only were they grieving the loss of her father, but also neither had they experienced this before. They did not know how to help Whio, and yet she was relying on them to do so. She described feeling frustrated with them because they did not communicate with her either their inability to manage - a fact she would liked to have known - or ask her how they might help. Rather, they distanced themselves from the 'problem':

*"They never quite shut me out but I certainly got a um, clear message that you know, "This is not going down and we don't want to know you. Now when you're back on the waka, let us know". And I thought 'well, actually I was always on the waka. It's that you fullas [were] heading somewhere else I'm not going'! Not to say that I want them all to go the direction I'm heading but just to um, ask I guess. [I want] that they accept me and all [the things] about me—the way that I do with them."*

Over the next eight to ten years Whio was to have much more contact with mental health services like the one her whānau took her to the first time, "going in... many times". Despite this, she described her association with these services as limited: "in, medicated, [and] out" with follow-up being provided by a community support worker assigned to "just basically [bring] my jab".

Only in the "last couple [of years]" had Whio had any association with Kaupapa Māori mental health services as a service user. This association has been through

Kaimanaaki<sup>9</sup> who have visited Whio to kōrero about “arts or things Māori... waiata that [she may] want to be more involved with”. The Kaimanaaki’s role is to facilitate such involvement.

Like a number of the other participants, at some point in her journey through mental illness Whio began to work in the Tāngata Whai Ora/consumer role, using her experience to aid others in their own journeys. She suspected that her increase in service options was directly linked to this change in role:

*“...due to my profile I guess, I started to get more options than usual...”*

Whio’s response to finally being given choices - to being asked if she wanted contact with Kaupapa Māori mental health services and being allocated a Kaimanaaki - was not automatic acceptance, however. She had very considered reasons as to why not.

Whio believes that the usefulness of mental health services is determined by the need of Tāngata Whai Ora/consumers. Given the bulk of Kaupapa Māori mental health services are primary health services located in the community, depending on the need of the individual Tāngata Whai Ora/Motuhake, their effectiveness may be limited:

*“...some people recover better than others on their discharge [from secondary mental health services].”*

Whio’s implication was that it was not at this point where Māori mental health intervention was beneficial for her.

Her assessment of the effectiveness of secondary Kaupapa Māori mental health services was equally as guarded, however. She described these services as “confined”, for a number of reasons:

*“...the mainstream staff weren’t up to par, so chances that the Māori were gonna be good were limited because they would be under more pressure than the Pākehās. Not that they couldn’t give you your support, but it would be time-framed, or they could only do this area. And I just felt, um... almost empathetic for them. You know, I didn’t want to put them under that pressure ’cause I was*

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<sup>9</sup> The title ‘Kaimanaaki’ literally means ‘carer’ but in this context refers to a Māori person in the support work role.

*quite well. When I was well I could do with or without the service, you know, get back on my feet and stuff. So yeah, I felt a bit sorry for them really.”*

Another reason why Whio did not choose to access secondary Kaupapa Māori mental health services was because she believed there was a concession of cultural values by Māori staff within these services, necessary in order for them to fulfil their roles. She felt that to be able to work within a mainstream service, Māori staff had to compromise their customs, beliefs, and systems as Māori, making the service they were able to offer “diluted”:

*“I found out very quickly that the one or two Māori staff who worked for the hospital were always compromised and I could see it in their eyes... Yeah, I’d ask them, you know, for things that I wouldn’t ask the mainstream staff and you’d see it like they felt so defeated ’cause they’d have to say “no” just like the Pākehā did and feel worse.”*

Whio reported that as a result of these experiences she learnt not to ask Māori staff for anything. Although she stated that she did not “trust the Pākehā ones”, their ability to respond to her requests was greater because they had greater power– the Māori were “powerless” and had “the system stacked against [them]”. Her feelings towards the Māori staff in this confined environment were mixed:

*“...there was part of me that that felt sorry for them, but there was a part of me that was really pissed off with them, ’cause to me, it was like, so simple. Go out in the community and create your own kaupapa and you don’t have to be confined.”*

Whio felt that in order to make a difference in the lives of Tāngata Whai Ora/Motuhake, Kaupapa Māori mental health services needed to “start to engender things that are true Māori”. She suggested services that were built on tikanga Māori would then be embraced by Māori like her. At present, she did not believe Kaupapa Māori mental health services in the city she lived in provided such service.

“Being such an experienced service user”, Whio had had a lot of time to get “sussed what was good and what wasn’t good” for her, and by her reckoning Kaupapa Maori mental health services in their current form were “not going to help” her. Despite feeling this way, Whio had a good relationship with the staff of these services. She

described a reciprocal relationship whereby her role as a Tāngata Whai Ora/consumer advocate and as a pakeke was probably of more benefit to Māori staff in these services, than their support was to her:

*“It’s funny, you know. Like the Māori that I have, not so much in using the service, but worked with, you end up being their counsellor, come supervisor stuff... I’ve gone in there [psychiatric unit] to visit... and I mean, I might spend, I don’t know, quarter of an hour with [the person I have come to visit] and an hour with the Kaimanaaki.”*

The concerns that the Kaimanaaki would kōrero with Whio about at these times were serious and sometimes her role was simply as a ‘sounding board’. She described the distress of male Kaimanaaki in particular who referred to being “treated like security wardens” whenever an aggressive Māori person entered the service. They were regularly called by doctors to assist in situations where Tāngata Whai Ora/Motuhake were being physically uncooperative. Whio reported “they [the male Kaimanaaki] just have to drop what they’re doing and go down to the secure wing”, only to be confronted with a Tāngata Whai Ora/Motuhake yelling, screaming, and fighting the restraint attempts of up to six nurses. The distress these male Kaimanaaki feel in having to assist the doctors and nurses so that the Tāngata Whai Ora/Motuhake can be medicated is both emotional and spiritual:

*“And [the Kaimanaaki] can calm this really intense situation in a flick just by [their] face. They [the doctors and nurses] don’t realise what that costs. You know, it takes a toll on that person, yeah... spiritually... everything. They’re just ripped apart, ripped apart ‘cause they don’t wanna... Like this Kaimanaaki says to me, “I don’t want him [a Tāngata Whai Ora/Motuhake] to be locked up in there ‘cause I know [what] they’re gonna, you know, [look] like next time I [see them]... start dribbling... mimi themselves and all that. Especially if they’re um, young Māori men, and like between 16 and 20, he said [he] can predict what they’ll look like when he goes back to work the next day and he goes in to see them. And he goes, “Just seeing that, it’s like someone literally grabbed their wairua and pulled it right out of them”. And that’s devastating, devastating. He said it’s like being at their tangi.”*

The distress caused to these Kaimanaaki placed in their compromised positions, is not limited to their involvement in intense crisis situations, however. Whio also described the situation whereby Tāngata Whai Ora/Motuhake admitted into secondary mental health services make requests of Kaimanaaki that in any other situation would be culturally acceptable, but within the hospital environment are not. She referred in particular to Tāngata Whai Ora/Motuhake asking Kaimanaaki to hold on to their taonga whilst they were in hospital, to keep it safe and warm— particularly important to them if they have been restrained at any point. Hospital policy forbade such practice however, and taonga had to be placed in the valuables box, alongside other personal items belonging to patients. For the Kaimanaaki the subsequent feeling of guilt and feeling “stink” that they have not “quite [met their] end of the bargain” is distressing. This is compounded by the knowledge that the next day when they see the Tāngata Whai Ora/Motuhake concerned, they will be asked where their taonga is. The Kaimanaaki “goes home and he’s just worn through”.

Whio believed that the effect of these types of situations on Māori staff was much greater than non-Māori staff were capable of understanding. Although she referred to seeing a “look of defeat” in the eyes of Pākehā mental health staff as well as Māori mental health staff, she did not believe that the implications of offering what she considered to be compromised care were as wide for non-Māori staff. One fundamental reason for this was because of the sheer volume of Māori accessing mental health services in comparison to non-Māori:

*“You know, ’cause they haven’t got um, the level of Māori going in there, readmitting, and suiciding and all that. So they ain’t got as much at stake... So they wont understand the level of pain and the level of mistrust and, and, and misunderstanding that we do, ’cause they just can’t. They’re not us. They... just can’t.”*

Although in principle Whio considered Kaimanaaki speaking with her about their concerns was not a good thing because they were “actually... off-loading something... that they [had] willingly taken on”, she could see the empowering benefits of this relationship:

*“Because then it cuts through any sort of professional boundaries and you’re relaxed about each other. You’re more honest and open, and then all the true awhi<sup>10</sup> and manaaki and all that comes.”*

She stated that she had “had to be patient with” the Kaimanaaki as they undertook the tasks that were expected of them in their role. Almost to appease them, she would allow them to go through “the standard checklist”, assessing what her needs were, and would sign the forms that they needed to be signed so that they had “done [their] job”. She described this response - “getting it over and done with” - as compensating for the “confinement of the staff within that system”. The frustration she consequently felt though was not just for her as a service user, but for the staff themselves:

*“Yeah, it’s a bit, um... not frustrating... it’s sad really. ‘Cause you can see they’ve got mohio<sup>11</sup>, they’ve got skills that are not ever going to be recognised, ‘cause they’ll only [be] allowed to be limited to this.”*

Whio suggested the Māori staff involved could actually offer the support she required from Kaupapa Māori mental health services, but this was only possible if they did so “outside their mahi<sup>12</sup>”.

Whio differentiated between the service she received from “the bulk of the [mainstream] services [she had] used” and the Kaupapa Māori mental health services by the way staff interacted with her:

*“[The] mainstream worker... never bothered about how I was, or if I had enough money or kai or nothing, whereas Māoris have... Māori are more fun. They’re real. They’re, you know, like... take away all the confines and stuff, they’re more accepting. They don’t ask you as many questions and if they do it’s ‘cause they have to. Um, yeah... they’re more natural probably is the main thing. You don’t even have to justify as much to a Māori as you would to a tauwiwi or Pākehā cause they, well they’ve been marginalized as [well]... eh. You know? So there’s no difference in the level of discrimination.”*

<sup>10</sup> The term ‘awhi’ is used to mean ‘aid’ or ‘help’.

<sup>11</sup> The term ‘mohio’ means ‘know’, ‘intelligent’, ‘clever’ or ‘conscious of’, but is used colloquially in this context to mean ‘knowledge’.

<sup>12</sup> The term ‘mahi’ is used to mean ‘work’.

Ultimately, Whio believed that what matters for Māori is the connection with other Māori, and “no amount of training that can give what a Māori person does... naturally”. From her perspective, the sense of belonging gained from Kaupapa Māori mental health services that Tāngata Whai Ora/Motuhake readily identify then, must be based on a connection which is sincere, trustworthy, and one which has cultural integrity. Anything less would be compromised or confined.

## Ruru

Ruru first began to notice changes in her mental health during 1996, but she reported it was “a good 18 months” after that before there was any intervention by mental health services and “something was done about it”. This first experience of mental illness began whilst she was living outside her Iwi rohe, in a major city. Her employment which involved some responsibility, and which she enjoyed, had ended. She had been offered a different position within the same organisation but did not want to take it up, so she decided to leave altogether. In her words, “That’s when things started to progressively get worse”.

Ruru became highly suspicious. She was convinced she was being watched and followed, so in an attempt to evade her pursuers she began to move accommodation frequently. She thought if she moved “it’d go away”. Her stress level, which was already extremely high due to her loss of employment and feelings of persecution, was now compounded by the financial stress consequent upon moving every three months. She described herself at this stage as “forever poor”.

Along with her young daughter, she moved to a new location, a rural community outside the city she had been living in “hoping that would do something”. Instead “things started to come to a head”:

*“I started experiencing... it just happened one night where I was asleep and I could hear this voice while I was asleep, and um... then I thought “Oh, we’ve got to get out of here” because we had some creepy people up there too in [this named rural community], you know. So I thought “I’ve got to get out of here”. Strange things were happening, what I thought was strange things.”*

Ruru began to hear the voices in her head that were to trouble her for the rest of her life.

Over a long weekend holiday break she decided to return with her daughter to the city she had fled earlier. They stayed in a backpackers' hostel in the centre of the city, but that night she was awakened by fire alarms and the hostel was evacuated. By the time Ruru returned to their room some time later, she was wide-awake and unable to sleep:

*“I kept hearing this voice and it sounded like it was down in the street. It was really weird.”*

To escape the voice, the next day Ruru moved from this backpackers' hostel to another located just out of the city centre. That night she slept well, but she was worried about her young daughter. She felt the situation was not good for her, so she rang her whānau in the provincial town she came from to ask if she could send her daughter back to them. This was agreed. Ruru sent her daughter home to whānau, and she moved on to another backpackers' hostel. The following night “the noise” from the voices in her head was so severe “there was no way [she] was getting any sleep”. Not able to bear it anymore, she packed up her one change of clothing and walked into the city centre. The rest of that night was spent on the street. She befriended a young Māori boy who kept her company and showed her how to keep warm in a spacey parlour. The next day she made her way to the airport and followed her daughter home.

Once back in her Iwi rohe “things progressively got worse” for Ruru. She and her daughter were staying with whānau, but eventually her mental health deteriorated to the point that she telephoned Child Youth and Family Services (CYFS) and asked them to come and take her daughter away from her:

*“Oh it was [really hard], it was. I just didn't want her to go through that shit with me, you know? And... I thought I was in danger, so I thought she was in danger too.”*

Another whānau member, Ruru's aunty, stepped in to care for her daughter. As Ruru's level of wellbeing deteriorated further however, the stress on her whānau took its toll. When the whanaunga she was staying with “couldn't handle” her behaviour anymore, Ruru was asked to leave. She moved on to stay with another member of the whānau, and her daughter was returned to her care. Before long however, Ruru had decided to return to the city. She felt she needed to get to the bottom of the voices she was

hearing, and by returning to this city she could “sort out this shit”. Once again Ruru’s daughter was returned to the care of her aunty, under CYFS recommendation, whilst Ruru left in search of answers:

*“I had the Social Worker around, and she said, “[Ruru], you go and sort out your business and we’ll take care of [your daughter] while you do that”, you know?”*

Once in the city, Ruru returned to the backpackers’ hostel. Because she had no idea what to do next or where to look for answers though, her stay for quite a while involved “doing absolutely nothing”. She remained hounded by the distressing voices that occupied her mind. One of the predominant voices Ruru heard was of a racist, white South African, and it was whilst she was staying at this backpackers’ hostel, that she believed she met this person. During this time also, Ruru received some papers from CYFS that worried her. She contacted a lawyer and was advised that the state were applying for custody of her daughter. Still very unwell, Ruru decided to return to her hometown, but not before contacting the SIS “to find out what the hell was going on”. At the city’s Central Police Station, Ruru told her story. Although it was never taken any further, the Officer she spoke to reassured Ruru by agreeing to look into the situation.

Once back in her Iwi rohe, Ruru began the process of fighting for the return of her daughter. With the help of another lawyer and her whānau, she was successful but she needed somewhere else to stay. At that stage she was staying at another backpackers’ hostel, so her cousin found her a property to rent that would be suitable for herself and her daughter. It was just what Ruru wanted. With bush behind her, and the sea in front, Ruru was happy. She moved in, her daughter returned, and they quickly became part of the small-knit community, befriending the neighbours and joining in on the street barbeques. Ruru’s life was beginning to return to a state of normality. Her daughter was attending High School and Ruru had enrolled in a Diploma in Business Studies at the local polytechnic.

Unfortunately the voices in Ruru’s head had not gone away though. All the while she had been fighting for the return of her daughter, setting up her new house, meeting neighbours, socialising, and studying, Ruru was contending with an almost constant barrage of voices that only she could hear. She described in detail what this was like:

*“I was trying to study with all of this going on, you know, with these voices... but progressively it got worse and worse and worse to the point where I wasn't sleeping at night... What happens with the voice hearing experience you go through, the first phase is the 'startle phase', and it's like, “What the hell's happening to me?” You know? And the second phase is when you try to make sense of it all. So you put your little story together, you know? And it's amazing how you do that... Like I thought that this whole thing was a conspiracy, and all this sort of thing. And [I thought] everybody knew about it because it was being broadcast over speakers that I couldn't see, you know? And everybody knew exactly what was going on... And anyway, that's what I believed... And the third phase of course, is acceptance...”*

Because of her inability to sleep, Ruru's level of wellbeing was deteriorating. With the benefit of hindsight, she was able to laugh when she recalled some of the ways she tried to deal with the problem.

Once when she could not stand the noise in her head any longer she got up in the middle of the night, walked over to her neighbours and started to bang on the side of their house. When they yelled at her to go to bed, she screamed back “if I've got to go through this, you've got to bloody well go through this with me!” She then went to her other neighbour's house and began “making a heck of a racket” pounding on the side of his aluminium shed. Once his lights went on and he too began to yell at her, she returned to her house, knowing someone would have telephoned the Police. By the time a Police Officer knocked at her door a short time later accompanied by her friend who also lived nearby, Ruru was in bed with her lights out:

*“[The Police Officer] says “It's [named person] here. We just want to come here and talk to you”. And [my friend] goes, “[Ruru], it's [named person]!” And I just pretend I'm asleep, and I thought “I'm not gonna open that door. I know what they're going to do”. And so I didn't answer and they went away, you know?”*

Unfortunately the voices in Ruru's head had not gone away though. After later calling the Police herself because it “sounded like people were talking outside [her] house” making her think she had a prowler, the mental health Crisis Team were alerted. A staff member from the Team soon arrived at her house accompanied by the Police, and

this time Ruru let them in. She cried as she explained to the mental health worker what was happening to her. Like the SIS Police Officer who Ruru had also spoken to earlier though, she listened. And then also like the SIS Officer, she did not act:

*“She said ‘Oh, OK [Ruru]’. You know, she listened to me and she said ‘I can understand why you’re upset [Ruru]’. And they left it at that. [The mental health worker] just left it at that, you know? So there were two Police Officers there with her and so [the mental health worker] left and they left, you know? But things progressively got worse.”*

The next day Ruru’s daughter also left. The stress on her as a teenager living with her mother who was mentally unwell, was huge. On one occasion she had to call an ambulance when her mother had inadvertently taken an overdose on sleeping pills in an attempt to get some sleep. Ruru explained that she “totally understood” why her daughter “took herself away”. She said to her “Mum, I can’t live like this, you know?” and Ruru agreed.

Ruru’s state of unwellness continued, resulting in a number of other incidences that involved Police being called by concerned neighbours. On one such occasion Ruru confided in the Police Officer that her voices were telling her that she had “slept with this one, that one, and the other one”. Later she overheard the Officer tell her neighbours “she’s crying rape now”. Once again though, authorities “did nothing”.

Once her daughter had left, Ruru could not afford to keep paying rent and maintaining her house on her meagre Student Allowance. She “gave up” her house and moved in with a local retired farmer, an “old ‘cocky’” she had met some time earlier on one of her many hitchhiking trips home. A friendship had developed between them over time, and his offer of a roof over her head was very welcome. He had recently undergone a hip replacement and was recuperating whilst Ruru stayed with him. All the while, her mental health was still deteriorating:

*“It just progressively got worse... worse and worse and worse until I was waiting for [him] to wake up in the morning and then I’d go in and sit by him and ask him ‘Is it all right if I do this?’ You know, what my voices were doing to me, you know... And he was really, really good, you know? He saw me at my worst and we’re still good friends today, you know. And he just put up with*

*it. Didn't ring the Crisis Team, or anything like that, you know. And I remember asking him after that, I said "Were you scared in anyway?" because that's when I realised the stigma and discrimination attached to mental illness. And I said to him "Were you scared of me at all [named person]?" And he said, "Not one bit [Ruru]". And [his nurse] was really good too... you know... So they kind of put up with all that."*

Ruru finally received treatment from mental health services when she voluntarily admitted herself to the psychiatric ward at her local hospital. Her voices had become very prominent and she was finding it very difficult not to listen to the hundreds of commands they were giving her, or the derogatory statements they were making about her every moment of every day:

*"My voices would say one thing and then they'd say "You stupid bitch! Do this!" And they'd say "Oh, you're a stupid cow!" You know, and things like this. And I'd go and do something else, you know? And every time they'd say it to me. They'd say "No, do this! No, do that!" You know? And I was going to and fro, to and fro... They were telling me to go to [a named major city], go to this place, go to [another named major city], all over the place, you know?"*

In response to her voices, Ruru visited her daughter three times that day. The first time her daughter was pleased to see her. When Ruru returned a second time to say goodbye, believing she was soon to be leaving town, her daughter was less enthusiastic. In hindsight Ruru suspected her daughter knew her mother was unwell. By the third visit, her daughter was "really pissed off". In the end Ruru's voices suggested she either go to a local private hospital or the psychiatric ward at her local public hospital. Knowing she could not afford the private hospital option, Ruru made her way to the public hospital. She was voluntarily admitted for five days, and prescribed psychiatric medication to stabilise her. Even at this point however, Ruru did not accept that she had a mental illness— "my voices were telling me differently, you know".

Over the next few years, mental illness was to play a significant role in Ruru's life. Through acceptance of her illness, and education about it, she went on to become a mental health consumer support and liaison worker, supporting others through the experiences she had encountered firsthand. At times when she fell "below the therapeutic level" of her medication, she again became unwell to the extent of needing

mental health service intervention. With growing insight however, and much support, her level of wellness increased. At the time of her interview Ruru had not heard voices in her head for two months. Although she had been without voices for other periods in the previous seven years, she had not been this well “in a while”.

Three months after this interview, Ruru took her own life. Overcome by the voices that tormented her daily, and afraid for the safety of her whānau, she did what she felt at that time was the safest thing for those whom she loved most– her daughter and her precious moko<sup>13</sup>.

### **Whakarāpopototanga: Summary**

In this chapter the stories of 13 Tāngata Whai Ora/Motuhake have provided a perspective on mental health that originates in the hearts and minds of those who have had first-hand experience. Leibrich (1997, p. 40) describes mental illness as “a disease of isolation”. Both she and Frame (1967) offer insights into the non-survival of many for whom mental illness has led to such despair that sometimes death is preferable to the interminable anguish – “corridors without any doors” (Leibrich, 1997, p. 40).

The chapter opened with a poem by Leibrich (1994). In her address to the Royal Australian and New Zealand College of Psychiatrists, she suggested that the most important thing they could do for their patients was to develop the ability to see the world through their eyes. She talks about “opening the doors of perception” in one’s heart, facing one’s fears, and being prepared to change, through the process of actively trying to hear Tāngata Whai Ora/consumers’ stories, rather than just passively listening to them. This, she suggested, would take an act of courage (Leibrich, 1997, p. 36).

The stories in Upoko Ono: Ngā Haerenga are instructive. Couched in personal rather than clinical terms they emphasise the emotional and cognitive experiences that accompany mental illness and the inner constructs that can overlay outward signs of illness. The importance of human dignity and the value of mutual respect were noted by all participants. Those qualities should be sufficiently self evident to underlie the

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<sup>13</sup> The term ‘moko’ is an abbreviation of the term ‘mokopuna’ which is used to mean either ‘a grandchild’ (singular) or ‘grandchildren’ (plural).

ethos of all health services. But the recollections of participants in this research suggest that mental health programmes do not always imbue a sense of respect towards clients and sometimes lack the qualities of compassion and understanding.

An important point that must be made at the conclusion of this chapter is that each case study presented represents an extract of the life of the participant only. The stories by no means represent their whole lives. Neither has the story telling been in vain:

*Stories are powerful. Not only can they change the listener but also the storyteller, for the telling of the story re...stores. (Leibrich, 1997, p. 42)*

Understanding mental illness is always challenging and the stories told by the Tāngata Whai Ora/Motuhake who participated in this study suggest that understanding has two dimensions. First there is the clinical dimension and despite the difficulties, participants were generally appreciative of the efforts made by mental health providers. Second however, is the personal dimension where the idiosyncratic interpretations made by Tāngata Whai Ora/Motuhake and the meanings they attached to their experiences provided alternate explanations and understandings. While a diagnosis is a valuable clinical tool, it is not necessarily perceived by Tāngata Whai Ora/Motuhake as the most significant aid in a journey towards recovery.

Participants identified a number of differences between Kaupapa Māori mental health service provision and mainstream or non-Māori mental health service provision, mostly in relation to the manner in which services operated. Participants described Kaupapa Māori mental health services as having fewer boundaries and fewer restrictions, as being built more around the Tāngata Whai Ora/Motuhake, and as giving Tāngata Whai Ora/Motuhake more autonomy. Māori staff within these services were described as having a more relaxed demeanour, and being able to bond, build relationships and rapport, and to connect with Tāngata Whai Ora/Motuhake more readily.

The sense of belonging that a number of the participants referred to was part and parcel of this greater connection most of them felt with Kaupapa Māori mental health services and a key factor in a journey towards recovery. Many spoke of the associated acceptance of them by the services— an acceptance that was absolute and unconditional, and often comparable to being part of a whānau.

# UPOKO WHITU: TE AO MĀORI

## CHAPTER SEVEN: TĀNGATA WHAI ORA/MOTUHAKE IDENTITIES

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### **Whakamārama: Explanation**

The previous chapter told the stories of 12 participants' first ever experiences of mental illness and their subsequent interactions with mental health services.

This chapter reports on core aspects of 'being Māori'. Its purpose is to examine the strength of cultural identities of the 12 participants whose stories were told in Upoko Ono: Ngā Haerenga and three other participants whose stories were not included. Although a total of 17 interviews were undertaken, two did not result in sufficient information to warrant inclusion.

Participants were asked a series of questions regarding their access to Te Ao Māori. Analysis of the 15 responses has been reported in four separate sections.

The first section - 'Te Tū Māori: Being Māori' - considers the ethnicity of the participants, and what it is that they consider 'makes them Māori'.

The next section - 'Ngā Tohu Tikanga: Cultural Markers' - examines participants' knowledge of and access to whakapapa, marae, whenua, and te reo Māori, both in their upbringings and now. These cultural indicators of Māori identity were derived from schedules in *Te Hoe Nuku Roa* (Te Hoe Nuku Roa Research Team, 1999). In addition, further cultural indicators identified by the participants, were investigated: use of rongoā Māori, and the significance of waiata.

Because of the importance the participants placed on whānau, findings in relation to their whānau experiences have been reported separately in a third section- 'Whānau'. This section considers the diversity of whānau relationships and roles. It also discusses the importance participants placed on connectedness.

Based on the upbringings of the participants, including their schooling experiences, the final section - 'Whakatipu Hei Māori: Brought up Māori' - examines the degree to which the participants considered themselves 'brought up Māori'. It also considers the level of association participants have now with other Māori people and Māori institutions, and their level of comfort with this contact.

## Te Tū Māori: Being Māori

With the exception of Kōkako who identified as Cook Island Māori and whose responses have not been included in the findings of this study, all participants stated that they identified as Māori. Some participants, including Kōwhai who stated he was "100% Māori" and Ruru who identified herself as tangata whenua, also acknowledged European heritage. Pūkeko identified herself by her Iwi rather than the more generic 'Māori' label.

Rātā had no surety of his ethnicity but chose to identify as Māori anyway because of his disgust at the treatment of Māori within mental health institutions by the European ethnic group he was raised to identify with:

*"I identify to Māori, ae. [But] I can't say if I'm Māori or not. I just say that I was told by my mother that I have Māori in me, but I cannot trace my birth father... [But] I identify to Māori, rather than identify to my European side... It's because of what I've saw... especially [within mental health institutions]... When I was first in [a named mental health institution] in 1965, got put in there... um, it was tough for everybody... but because you're Māori, it was harder... It was because [if] you're Māori you're the odd one out, so... I think there was only one, maybe two Māori in the ward that I was in. And it was harder for them. It's because you're, you're even lower down... Having a mental illness in those days you were a disgrace to your family. You were a disgrace to society. A disgrace to everything else. That's why these places were invented, was to get rid of them. Hide away. Put them underneath the mat. Sweep them away. We don't want them because "You're an embarrassment to us!" So they were put in these homes, and who made them?"*

*Who built them? Who brought it? It was the European that brought it, you see? In Māoridom, in Māoridom, you're embraced. You're still part of the whānau. You know, you're still part of that structure of... of the marae. You're still part of the structure. But here they used to lock you away, so of course, being Māori in there, you were even below us. You're below us. You're below the European. Even the European was ousted from society. [But] Māori was gone. And that's what made it hard for them [Tāngata Whai Ora/Motuhake]. It's because they couldn't identify to their whakapapa, couldn't identify their wairua... You know? It was all taken away. It was all stripped away."*

Participants were asked what it was that 'made them Māori'. Whio suggested being Māori permeated every part of her life:

*"Everything ['makes me Māori']... how I breathe, how I look, what I feel, everything."*

Kōtuku also referred to her "look" as Māori. In addition to this however, she identified her generous nature, of being "all heart", as a Māori trait, and therefore something else that 'made her Māori'. Pūriri and Rātā similarly used such anatomical analogies. Rātā responded that it was "the heart" that 'made him Māori'; and for Pūriri, it was his "brain".

Miro and Rimu considered their native language integral to 'seeing themselves as being Māori'. They associated either speaking te reo Māori themselves or hearing te reo spoken around them from a young age with 'always knowing they were Māori':

*"Um... what is it that makes me Māori? ...Language. I was brought up by my mother and father speaking the language. So being Māori, I was brought up around Māori, and the language and you know, everything that Māori do."*  
(Miro, 2003, August 27)

Nīkau considered "growing up with a Māori family" 'made him Māori', although he, Ruru and Pūkeko also considered their whakapapa was the basis of their Māori identity:

*"My whakapapa [makes me Māori]... I actually find... strength in my own whakapapa, my own history, you know."* (Ruru, 2003, October 1)

*“Well, I suppose knowing who I am, where I’m from, what my roots are, you know, my whakapapa. I think that’s what makes me Māori, you know?”*  
(Pūkeko, 2003, October 1)

A few participants including Kauri supported the idea that one had to have a minimum blood quantum to identify as Māori:

*“Um...My birth certificate says my father was Māori of full blood... So, legally, in that sense, by birth certificate I’m Māori. Just by my father alone, not to mention my mother who was more than ¾ Māori, so that makes me blood wise, about between 12, oh no... a conservative estimate, and 14/16ths Māori. So I’m Māori by physical, by whakapapa, I’m Māori, yeah... The definition that I have of Māori can’t be earned or can’t be worked for. And that is that you whakapapa back to Hawaikinui. And that can’t be bought and it can’t be worked for. You have to be born with that definition.”*

Kauri did not see this as being the sole factor of what ‘makes one Māori’, however. Although he considered whakapapa “one of the big components” he noted that “for something to be defined as complicated as a culture” there needs to be “more than one thing to be present”. His analogy, although comical, exemplified his reasoning that “having one thing in common with a race of people is not enough to constitute a definition”:

*“...when Jim Bolger was the Prime Minister, I used to say, “Jim Bolger is a man. I am a man. Therefore I am the Prime Minister”. And that’s seems logical because... but it just meant that I had one thing in common with Jim Bolger and that was that we were men. But that didn’t make me the Prime Minister. Or I used to say, “God feeds the birds. Yesterday I gave them some crumbs. I feed the birds. Therefore I’m God”. That means I only had one thing in common with God.”*

When asked then whether he believed Māori whakapapa was fundamental to being Māori, even though it may be only one component of the definition, and whether he considered it a prerequisite, Kauri responded:

*“Yeah, um... I think if you’re going to use a strict definition, yeah. But then if you’re only using a loose definition, no. It depends on your definition. If you*

*were to ask [named kaumātua]... he'd say what I just said... "You have to have whakapapa that whakapapas back to a canoe".*

Kōwhai was also clear in his opinion that 'being Māori' required more than whakapapa. He suggested that by using a whakapapa-only definition, the public face of Māori was changing:

*"...the world's getting Westernised... [and] um, people's perception of Māori is changing. Um, even Māoris are getting borderline now. Like our... look at the fact that [named international rugby player] is playing in the Māori All Blacks."*

Kōwhai's reference was to the All Black who had previously been unknown to the general public as Māori until he was selected for the Māori All Black team. In his opinion, 'being Māori' was an active experience rather than a birthright. To illustrate his stand, he referred to the differing relationships some of his whanaunga have with their whenua and their whānau. One whanaunga, who he described as "part German, part Māori", identifies strongly as Māori. Although she lives away from their Iwi rohe, she maintains a relationship with her mountain, river and marae by returning as often as possible. This whanaunga does not carry an identifiably Māori name. In comparison, other whanaunga of Kōwhai who carry very well known whānau names from the Iwi, but who also live away from the Iwi rohe, make no effort to maintain contact:

*"...my personal opinion is that Māori is an experience. It's an experience as far as I'm concerned. A lot of people might argue with me. Going to McDonalds doesn't make you a hamburger just like going to marae [does not] makes you a Māori, you know. So there's aspects of your life that you have to experience to be Māori. I know a lot of guys that claim to be Māori... ah, you hit them up and tell them to whakapaka back to their great-grandfather. Haven't got a clue..."*

Kōwhai also suggested that the 'degree of Māori blood' was irrelevant:

*"...that person [who I identify as 'part Māori'] might have been um, more passionate about getting stuck in there and doing the research. Where[as] there's been some people that are Māori and like blacker than me and you, [who] can't be bothered. So um, I personally see my cousin who is part*

*German, part Māori who gets stuck in there and makes an effort to be Māori, that's who I see as being Māori. Whereas someone who's, who's black to the hilt and last name is [a well-known Iwi name] and um, doesn't even know their grandfather, well in a way, you know, who's more Māori?"*

What Kōwhai saw as vitally important for one to have in order to identify as Māori, was a connection with whenua, and whānau. He indicated that “as a race we identify ourselves” by our “connection with... the marae... with a river... with the mountain”:

*“Ah, [the things that make me consider someone as Māori are] just the fact that they're taking, making an effort to keep in touch with the things that we regard as someone being Māori. You know... there's my [named whanaunga] who lives up in [another named major city]... and comes back to [named rural community]... so many times a year that it's not even funny... [T]he fact that she's part German, part Māori [is irrelevant]... The main ingredient is that she's really getting in there and... doing the research and identifying herself as Māori. 'Cause um, I know a lot of bros that stay down in [a named major city], never been to [named provincial town], and they carry names such as [well-known Iwi names]... And these bros that carry those prestigious names... can't even be bothered you know, catching a \$60 bus to come up to [named provincial town]... and make the link.”*

## **Ngā Tohu Tikanga: Cultural Markers**

### **Whakapapa**

The vast majority of participants had two Māori parents, in some cases hailing from the same area. Some could trace a Māori whakapapa back many, many generations. Rimu reported he “could go back 17 generations” whilst Ruru and Kauri referred to whakapapa “right back to Ngā Atua”:

*“I can whakapapa back to my um, great-grandparents by memory and on paper I can whakapapa back to the Gods... if someone pushes me hard enough. Um... well, the thing is that that's not very hard to do, you know for any Māori. Um, from the Gods to Māui is well documented. So anyone who can get to Māui can*

*get to the Gods. And then from Māui to the migration it is also well documented too. So you know, if you get your hands on the right books you can whakapapa from the migration back and then so on. The difficult part is um, the time between European settlement and just prior to that... that's the real dead spot where it's hard to find... because ah... in distant Māori history, whakapapa... um, the art of kaiwhakapapa<sup>1</sup> was.... everyone was well versed in it so it was well preserved. And since Europeans have come here too, whakapapa has been well preserved in the sense of birth certificates. But um, that little space in between there was... um, at the early stages of the European settlement, some things were being just slowly lost around about that time. And one of them was um, you know being able to whakapapa back to Hawaikinui. And so just that little gap there is hard to find because there's no physical documents to say who was born during that time, and Māori culture was... waning during that initial time. Yeah, and you know there was a Pākehā persuasion to move away from things Māori. And so there was a little bit lost there... But in [the provincial town where I live] we have many kaiwhakapapa, many who are able to fill that gap and um, once you've breached that gap, everything else is documented.” (Kauri, 2003, September 30)*

Two thirds of the participants could not trace their whakapapa back as far however, with a number like Pūkeko and Nīkau only knowing a few generations:

*“Only about three or four generations on the immediate family, which isn't that much compared to other Māori I've met that are right into their whakapapa.”*  
(Nīkau, 2003, August 26)

For some like Ruru and Miro, whakapapa was extremely important:

*“I know that I couldn't be without it, you know, and I'd love for others to know that feeling too, you know.”* (Ruru, 2003, October 1)

A few participants had in fact been named after tipuna:

*“Because I'm carrying the family... three names... My full name was passed down from generation after generation— 17 generations... and all those names*

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<sup>1</sup> The term 'kaiwhakapapa' is used throughout the thesis to refer to someone who has expert whakapapa knowledge.

*got a meaning to it... all my tupuna's name that are passed on left their name to me..." (Rimu, 2003, April 3)*

Only Rātā and Karaka did not know their Māori whakapapa, and a major factor in both these instances was that they had been permanently removed from their parents' care by Social Welfare at a very young age, and estranged from their biological whānau. Nonetheless, both knew they were Māori:

*"There's an awful lot of, an awful lot of Māori say that Māori never lose their whakapapa. But there is an awful lot that have got no idea. And the only information that they've got is either from what people have told them. But they never can trace it, and I can't. Because he [my father] disappeared before I was born. And Mum was pregnant to him and in those days you didn't get pregnant to anybody [from the area she was from]. That's because it's a no-no, you know. It's a disgrace to the family of course so she got sent away. And of course he vanished. So that's all I know... But I identify to Māoridom more than I would want to identify to the Europeans because... I belong. Although that some people don't accept that because I don't know my full whakapapa, that doesn't bother me." (Rātā, 2003, August 25)*

Regardless of the depth of knowledge of whakapapa, two thirds of participants were able to name at least one Iwi to which they belonged.

Some participants, including Miro whose Mum "drummed it into [them]... where [their] grandfather and that had come from", referred to being encouraged to learn whakapapa by other whānau members. Not all heeded this advice, however:

*"My brother, he's always telling me that... you know, he'll write out a bit of my whakapapa and he'll give it to me and he'll say "Now learn that!"... And I go "Okay". And no, I never do!" (Ruru, 2003, October 1)*

Pūriri spoke about his whakapapa being passed on to him by his father just before he died:

*"...near the end he gave me all his paperwork. He said, "Son, I've got some paperwork for you", and I saw what was happening. He wanted to die..."*

Nīkau and Whio spoke of their regret in not taking the opportunity to learn about their whakapapa when the opportunity presented itself:

*“Well, in fact the last time we were there [at my marae] was on the subject of our whakapapa and I feel a bit, not ashamed, but something close to it. It was when I was going there for our family reunion and the subject was genealogy... family tree. I was, you know, I was too busy partying it up and arriving late and missing out on meetings and things like that, whereas now I feel a bit disappointed in myself that I didn’t attend those meetings or at least make a better effort to have attended. Because I feel like I’ve missed out now through, you know, no fault of anyone else, bar myself.”* (Nīkau, 2003, August 26)

Nīkau also described how his attitude towards whakapapa and its importance for his identity had changed as he had matured. He described how in turn, his attitude towards being Māori had altered:

*“I would be more interested now, in finding out more of my genealogy than I would have been before. So if you’d asked me these questions ten years ago I would have had more of a ‘I can’t be bothered’ attitude, but today I’ve changed my attitude. Maybe it’s because you get older, I don’t know, but I’ve put some importance on it now and I think the biggest change of attitude was actually becoming proud of being a Māori because ten years ago I wouldn’t even really mix with Māoris because I got on better with Europeans, seemingly. But things happen in a way of me being involved with different groups of Māori that weren’t the negative types that we have the stereotyped gang members... blah, blah, blah... but more on the other side of things where they’re productive in the way of creativity, art, drama, music, waiata, the whole thing. And then I began to channel onto that side of things which is looked upon by everybody, Māori and Pākehā alike, as positive and constructive. And once I involved myself with that I actually, as an end result, become proud of being a Māori.”*

### **Marae**

All participants in the research reported they had been on a marae at some stage for tangihanga. They also recounted a number of other reasons for visiting marae including unveilings, whānau reunions and other celebrations such as weddings,

graduations, christenings, and birthdays. Tōtara referred to being involved with an employment scheme in the 1980s and having the opportunity to “beautify” his Dad’s marae then. Other individual participants also reported other reasons for marae contact including to perform with a professional drama troupe, to learn marae protocol, or mau rakau, and for noho marae with wānanga.

Whio also referred to “putting [her] son in there [the marae] for a while... when he [had] been naughty”. Her whānau lived on her marae as kaitiaki, and she suggested this was how marae should be used. In comparison, she believed there was a noticeable difference in their care of marae that did not have anyone living on site:

*“...a marae seems to kind of suffocate if it doesn’t have people in it keeping it alive.”*

Even though she felt whakama about asking for help, this practice on her marae allowed her to send her son there when he needed whānau support:

*“Yeah, yeah. There’s almost a bit of embarrassment– ’cause I was quite embarrassed about it all. [But] then [I] had to sort of let go of that and go over to my whānau who you know, noho there, ’cause a lot of whānau don’t, eh. It’s just when there’s a hui we all converge and then we go away. But we’re lucky with my particular whānau... who live on the marae all the time. Then I can go and yeah...”*

Ruru spoke of another aspect of marae life that she had experienced:

*“...I will say, you know... like... at High School - in those years - they used to drink a lot on the marae, and... gamble... yeah. Oh everybody smoked, but drugs weren’t really around there then, you know- not on the marae. And that’s what I learnt out at my marae... You know, really... I have to say, I learnt to drink on the marae... and I used to get blotto... I was terrible! I wouldn’t say I learnt to smoke on the marae [though]– no, that’s not right.”*

When asked specifically about their own marae, the majority of participants were able to name at least one of their marae and reported visiting it at some stage. Many with two Māori parents referred to being brought up to be more closely affiliated with either

their mother's or their father's side, and therefore having more contact with the marae from one side of their whānau:

*"[I have contact with my marae] down here but not up north."* (Pūriri, 2003, August 26)

Neither Rātā nor Pūriri ever set foot on their marae during childhood, and in fact Rātā did not even know his marae. Others also had very limited contact with their marae, perhaps only recalling one or two visits in their childhoods. Kauri, who described his contact with marae as a child as "a novelty rather than a common experience", suggested this was because he had "been brought up 'urban Māori'". Even though the provincial town he had been raised in was in relatively close proximity to his Iwi and marae, he differentiated himself from those who had been raised in his predominantly rural hapū rohe:

*"...I was brought up um, urban Māori... But all my brothers and sisters grew up rural Māori to a certain age, rural Māori."*

Kōtuku, who had similar limited marae contact in her life despite also living in relatively close proximity to her Iwi and marae, also attributed this to not being 'brought up Māori'. The first and only time she ever went to her own marae was for her grandmother's tangi:

*"I don't enjoy the marae experience one little bit. 'Cause we never grew up as Māori... I don't like sleeping in one room– I don't. I like my privacy in the shower and everything, you know... No [when I was brought up, we did not go to marae]. No, Mum didn't take us to any of those things... She didn't go... Mum's pretty Europeanised."*

Despite a reasonable amount of contact with some of her marae when she was growing up, Pūkeko suggested that this contact was fairly superficial:

*"Well, mainly... it was mainly tangis way back then when I went to marae. But I wasn't... well I wish I had of been, but I wasn't brought up around the marae. The only times I went to a marae was when someone passed on, or you know? It wasn't for anything like you know, for nurturing or anything. It was more for tangis and stuff."*

A number of other participants however, described their marae as a central part of their upbringing, their whānau having an active role in the marae upkeep:

*“They [those that brought me up– my granduncle who I called Nanny, his sister who I called Mummy, and their brother who I called Daddy] were very close to the marae... My Nanny was very involved in the kitchens... oh, different maraes... And I spent a lot of time with them... I used to go with him... not necessarily on the marae... We never went to the paepae... We were in the kitchen area...”* (Mānuka, 2003, September 29)

*“Yeah, [when I was growing up I went to the marae] lots of times– lots of times for every... that many occasions. Yeah, we spent heaps of times [there], particularly with Mum... She took us out on social dos and tangi and all that. And yeah, we went to the marae nearly all the time.”* (Whio, 2004, March 9)

*“That’s where I was brought up. I used to um... our family actually used to look after the place and we still do. So that’s our... our home actually, you know? The people’s home of [named rural community]... [We went to our marae] mainly to keep the place clean. You know, family gatherings, whānau gatherings... um, a lot of tangis eh, but the care of the place, you know, taking care of it.”* (Miro, 2003, August 27)

Both Kōwhai and Mānuka, who suggested that during their upbringing they had “really kept in touch” with their marae, reported that they now had little contact with their marae, Iwi or hapū. For Kōwhai, this was due to religious reasons. For Mānuka it was due to discontent with marae, Iwi and hapū leadership.

A few participants reported that the main reason they return to their marae nowadays is for whānau occasions, usually tangihanga:

*“[My contact with my marae is] not often at all. It never has been that often, even when I lived in the North Island. It was just mainly on an occasion. And sad to say, the majority of occasions were tangis.”* (Nīkau, 2003, August 26)

*“No, I don’t [have contact with my marae anymore]... [Only for] whānau things...”* (Miro, 2003, August 27)

Whio described much greater interaction with her marae, visiting “maybe once a month, or sometimes once every three months, or sometimes every week” depending on what she needed to go there for. She acknowledged however that this level of contact was a fairly recent phenomenon, and likely related to both her increasing interest as she got older, and her children’s increasing interest as they got older:

*“Um, that [level of contact is] sort of probably over the last year. [Prior to the last year] that wasn’t quite the case. It was probably once every six months but now I’m getting, I don’t know... It might be ‘cause I’m getting older or ‘cause my kids are at that age when they’re a bit curious and you know, wanna... They’re 20 now, [but] if I’d asked them say like, I don’t know five or ten years ago [if they wanted to come to the marae], they’d just go “Oh” ... You know, they weren’t interested. But now that they’re showing some spark of interest, whether it be just to have a noho or have somewhere to live, they are interested in the marae so, yeah. I didn’t go there much [before] ‘cause I didn’t sort of feel like I fitted for ages. I didn’t know whether I was ringawera<sup>2</sup> or kaikaranga<sup>3</sup> or kaiwaiata<sup>4</sup> or kaitautoko<sup>5</sup> or what. I was a bit whakamā about it all. But you know since I’ve sort of clicked on my Māori stuff on the... oh well, I’ve always clicked on it but not to the point of confident click. So now I’m more confident I can just go there anytime and know I fit in.”*

Whio made that point that “it wasn’t the marae that... push[ed her] away” in the first place. She felt her previous disconnection with her marae was related to her unfounded “hang-ups and judgments and different... suspicions” she had of other whānau members. Now reconciled, Whio’s contact with her marae is “far more regular than... in the past”, a fact she is extremely pleased about:

*“I’m so happy I’m at that phase really ‘cause every time I go there it’s just like, “Oh man I’ve been wasting all these years”, you know... (laughing) for nothing.”*

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<sup>2</sup> The term ‘ringawera’ is used to mean either ‘a cook’ (singular) or ‘cooks’ (plural).

<sup>3</sup> The term ‘kaikaranga’ is used to refer to the wāhine who perform the formal welcoming call and responding call at pōwhiri.

<sup>4</sup> The term ‘kaiwaiata’ is used to refer to the performer (singular) or performers (plural) of ceremonial waiata at pōwhiri.

<sup>5</sup> The term ‘kaitautoko’ is used to mean either ‘a supporter’ (singular) or ‘supporters’ (plural).

## Whenua

Participants were asked if they had shares in Māori land. Some had no known shares, but two thirds of them did know of shares they had in Māori land. Typically, knowledge of such shares was first gained upon the death of a parent or grandparent:

*“The inheritance that Dad has left is just phenomenal. I didn’t realise how much land he really had. Now it has been revealed to us that he was quite well off... And I have lots of shares in my land... That’s [through] Mum and Dad...”* (Pūriri, 2003, August 26)

*“Yes. From my Dad’s side. Um, now what is it? [Named whānau] Trust, yeah. I don’t recall some of the names of them but we became aware when our Dad died and our Auntie sat down with all our brothers and sisters and told us what it was that we could succeed to and all that stuff... I didn’t quite understand it. I must say thank God for my older sisters. They were on to it and knew how to do it and go about it. It’s quite a sort of complicated process... And particularly for my Dad being in such a big whānau and a lot of his whānau were whāngai. There seems to be that some of the kids knew about it and some of them didn’t. And like my Dad did but ignored it but felt that he wasn’t accepted at birth. And you know there’s all that sort of history you inherit and it’s like, should we or shan’t we, or who [are] we gonna offend or not.”* (Whio, 2004, March 9)

*“Um, yeah. I’ve quite a few, quite a bit up [identified area]. Simple reason being that my grandfather died last December... and also my Dad’s been dead since 1996... and ah, being the oldest boy... um I’ve succeeded to it, a bit of land... And I’ve succeeded to a bit of land in [named area] too... on my grandmother’s side... So um, we been just working up ah, the succession... We’re still working at it at the moment...”* (Kōwhai, 2003, September 30)

Some participants, including Tōtara, were unsure of the status of their whānau land:

*“No [I do not have shares in Māori land]. Oh, I might have. Hang on. My Nanny gave me a bit of land. Don’t know if it’s Māori land. Might be family land... Ah, at [named area]. I got a little bit up there so... about ah, an acre...”*

*a couple of acres. It's on a ten acre spread... Don't know if it's in Māori land. I think it might be just family land, eh.*" (Tōtara, 2003, September 30)

*"Not that I know of. I've heard that our family owned some land in [a named area], around that area. But I really don't have anything to do with it myself. I think some lawyers take care of it and that sort of thing."* (Nīkau, 2003, August 26)

Rātā was the only participant with shares in Māori land that reported active involvement in the care of his whenua, attending the Annual General Meetings of the relevant land blocks. Many of those who had shares in Māori land did not report playing any such active role. Two participants including Kauri suggested that at this stage, being an active shareholder did not interest them. A few participants though noted that their siblings or other whānau members dealt with their interests for them, although not always necessarily with the participants' best interests at heart:

*"...my whānau... my brothers... are looking after it for me... And one of my brothers tried to get me to sign the land over to them. But I said "No"..."* (Rimu, 2003, April 3)

*"Um, yes I do [have shares in Māori land]. A wee bit... not much. I actually, I know through my sister 'cause she, she does all that. But she hardly rings me so... but I do."* (Miro, 2003, August 27)

Two participants referred to the responsibility shareholders in Māori land have, and the importance their whānau placed on this:

*"No [I do not have shares in Māori land]. Mum and Dad do, but um... Dad was thinking of... when both brothers come back... from Australia... we gonna all sit down and he's gonna talk to us about you know, ah the whenua, the land... You know, what you have to do you know, when you become shareholders and stuff like that. Yeah."* (Pūkeko, 2003, October 1)

*"One thing Dad always told me was that "You don't fight over land son. It will only get you in the end"."* (Pūriri, 2003, August 26)

## **Te reo Māori**

Few participants reported competency in te reo Māori. Only two of the older participants, Rimu and Mānuka, indicated a high level of competency, and only Mānuka identified te reo Māori as his first language:

*“Well, I’ve been on the marae before then, on the paepae, and I’ve spoken on the marae. But ah, on the marae I’m more confident in Māori than I am in English. I have to speak English, ’cause my wife is Pākehā... and she doesn’t understand Māori... [But] yeah, [I feel more confident in te reo Māori]... I think... you can involve yourself in more humour, when you speak Māori.”*

Other participants including Whio indicated they also felt competent enough to be able to converse:

*“Mm, conversation, enough to get by... I understand more than I can speak... Yeah. If someone’s telling me off I know!”*

Over half of the participants however, reported understanding and speaking “very little” te reo Māori:

*“Nah, not really! I can understand bits and pieces. Yeah, but um I couldn’t string a sentence together.”* (Kōwhai, 2003, September 30)

*“I try to pick up a little bit of kupu<sup>6</sup> as I go along, but kāore<sup>7</sup> [I do not speak Māori]... If somebody talks to me I can kind of like pick the words and sort of know what they’re talking about a little bit.”* (Ruru, 2003, October 1)

*“[I speak] ah... a few words [of Māori] here and there. Pidgeon Māori. Well, you know... I put words in with English... I can understand Māori a lot easier than what I can speak it. ’Cause somebody can say something to me and I immediately go and do it. I don’t know why but I do it. It’s like just... yeah, I can’t explain that.”* (Rātā, 2003, August 25)

*“I speak a little. I understand more than I speak, only because you don’t have to know every single word when you’re listening for meaning. You can get*

<sup>6</sup> The term ‘kupu’ is used to mean either ‘a word or remark’ (singular) or ‘words or remarks’ (plural).

<sup>7</sup> The term ‘kāore’ is used to mean ‘not or but’ or may be used as an expression of surprise, but in this context it is used to mean “no”.

*meaning from one or two of the words and you don't have to be grammatically correct when you're interpreting a meaning— you don't need any grammar. The only reason that I don't speak as much as I understand is because then you need grammar... I read Māori fluently. If you were to give me a Māori bible and ask me to read a portion out of it, I could read it fluently, yeah. But I can't speak it fluently and I only understand a little... I have spoken on the paepae, but... in Māori and in English, you know. I did the basic greetings in Māori and then went on to the more complicated speech in English. But I think I've done that three times, spoken... but of course my first language is not Māori, and having lived [with] Pākehā [ex-]wives developing my speech, it's more Pākehā..."* (Kauri, 2003, September 30)

A few participants were actively trying to increase their competency in te reo Māori:

*"I'm learning to speak Māori. I'm starting to pick it up. It's just that the circle I've been moving in— there's been an essence of Māori and I'm starting to pick things up as I'm going along."* (Pūriri, 2003, August 26)

*"I can understand a wee bit, but that's why I'm here at [named Kaupapa Māori mental health service] I suppose, just to get to know my reo again..."* (Miro, 2003, August 27)

Pūkeko, who already "had a basic understanding" of the language, indicated that her enrolment in a local te reo Māori course was to further her competency. Like Pūriri and Miro, learning te reo Māori was important to her for a number of reasons, including being able to understand whaikōrero on the marae. She also associated the knowledge of te reo Māori with knowledge of whakapapa, however:

*"Yeah. Well... I'm still learning [my whakapapa] cause I'm doing a te reo course with ah, the wānanga. It's a two year course... Yep. I'm on the first year, yeah. And you know... I'm quite [a bit] more confident with saying my mihi, and giving a little speech, than what I was say about five months ago."*

A few participants reported being spoken to in te reo Māori or hearing Māori spoken around them "all the time" in their childhoods. Miro also recalled the efforts of his mother in trying to pass on this knowledge:

*“Um... my Mum tried to ah, teach us. Ah, my sisters and brothers, they learnt but I was one of these ones who didn't want to learn...”*

Mānuka was raised by three elderly relatives who not only had a very limited knowledge of the English language, but also of te reo Māori. He referred to their use of signing in communication as a substitute for oral language:

*“[When I was brought up, I was not spoken to in either te reo Māori, or English.]... I was spoken to by signs you know... And I remembered my whāngai'ed mother, this is... were her two signals– 'yes' and 'no'. But she used that motion.”*

Mānuka attributed his whāngai parents' poor verbal skills to their limited schooling:

*“Well ah, my grandfather (I called him Daddy)... yeah, he never went to school... And my Nanny, he went to primmer 2 I think it was... And my Mum, my Mummy she went to primmer 3. So there was a language barrier... But they could, they could speak Māori, but it was broken, eh... Even the Māori it was broken... just like pigeon...”*

A number of others referred to hearing Māori spoken only at certain times and places, commonly by parents and grandparents who did not want children to know what they were conversing about:

*“The only [te reo] Māori we had in our family was at the table - dinner table - and at the dinner table children were seen and not heard. You know? And at the dinner table, my grandfather, if he wanted to talk to my grandmother about something that he didn't want us to hear, he would kōrero Māori... And when he swore too– he'd swear in Māori. He used to call us “Eho!” and... oh I won't tell you what he used to use!” (Ruru, 2003, October 1)*

*“Dad did [speak Māori, and] Mum could understand it... [and] Dad did [speak Māori around us]. I thought he always spoke Māori when he didn't want us to know what he was talking about!” (Pūriri, 2003, August 26)*

Use of te reo Māori by grandparents was a common recollection of participants:

*“[Te reo Māori was spoken] only on the maraes. We used to go to a marae every week, only for a few hours on Sunday, which was a church service...”*

*Ratana [church]. And Mum, as I call her, but it's my grandmother, Mum would speak it when she was healing me. If I had something wrong with my health, she would pray in Māori. [Other than that, I recall] just, you know, the odd word, just like ["go to the whare paku<sup>8</sup>"], that sort of thing, and you know, "Go to the shop and buy some hinu<sup>9</sup>"... and certain shopkeepers didn't know what you were talking about!" (Nīkau, 2003, August 26)*

*"My Nana... spoke Māori all the time [when I was growing up]... [I] didn't understand it but still heard it." (Tōtara, 2003, September 30)*

*"Yeah, yes my grandmother was you know, spoke Māori to me when I was a little girl... I never forget it... You know, I just... so distinctly just remember her saying 'kākahu'<sup>10</sup>. You know she was changing me by the heater, and oh I remember that, you know? I'll never forget that word!" (Pūkeko, 2003, October 1)*

Kōtuku recalled only ever speaking Māori with her grandmother:

*"Gran only spoke Māori so I spoke like a native 'til I was six, but not with my parents— with my Gran... 'Cause she didn't speak English. She could say "Yes please", "No thank you" and "Toast"... [S]he used to sit in front of the open fire and make toast on the end of a long fork Daddy made her..."*

This exposure to the language as a youngster, coupled with further study as an adult, ensured Kōtuku retained her fluency in te reo Māori:

*"Yes [I've retained my fluency in te reo Māori] but it's only coming back after ages. Because from then on [after the age of six] it was English... And I didn't do any more Māori until I got to secondary school... [Then] I learnt it again at tertiary level."*

Kōwhai associated his lack of exposure to te reo Māori in his childhood with being predominantly raised around non-Māori. His memory of hearing te reo Māori spoken was limited to environments where Māori congregated, such as marae:

<sup>8</sup> The term 'whare paku' is used to mean either 'a toilet' (singular) or 'toilets' (plural).

<sup>9</sup> The term 'hinu' is used to mean 'oil or lard'.

<sup>10</sup> The term 'kākahu' is used to mean 'clothes or clothing'.

*“[I was not brought up in an environment where Māori was spoken]... not really. 'Cause like my Mum was a cook on a sheep and cattle station where it was predominantly European... and the boss was European... So really the only time I heard Māori spoken was [when] the other general hands that worked with my Dad would speak it amongst themselves... And the other opportunities I had [to hear te reo Māori spoken] was when I used to go back home to our marae... and just hear all my influential kaumātua and... people like... my grandfather... and a few other people.”*

Whio referred to her father speaking more te reo Māori than her mother. Although both were capable, she reported that her parents very rarely spoke to each other in te reo Māori:

*“No, [my parents did] not [speak te reo Māori to each other] very often– not very often. But my Dad did [speak te reo Māori] when he'd take us out for 'children/Dad' nights to get an icecream or whatever. He'd always bump into some person or persons he knew from [his hometown] and then they'd rattle off for ages and ages [in te reo Māori]... [And we'd] go... “Geez he talks a lot of Māori. [He] only tells us to pass the salt! (laughing)” It was quite a... yeah, a surprise... yeah, he'd go hard out. But Mum very rarely [spoke te reo Māori]– very rarely... [Only] if there was some function at a marae or some whānau gathering, then you know you'd see her talk with different people in the reo. They'd talk to her in reo and she'd answer in English. But we knew she knew it. Yeah.”*

She recalled with laughter how she struggled to understand her father's commands in te reo Māori as a child, but conceded this strategy was effective:

*“[I was spoken] bits and pieces [of Māori to in my childhood]– bits and pieces. Yeah. More so [by] Dad than Mum [and] usually commands. [You know] how they tell you to... boss you round and tell you to do things, or if you're naughty they tell you off. Yeah, Dad now and again would sit at the table and when we were having kai he would talk to us [in te reo Māori. He would tell us] to pass different things and we'd be panicking because we didn't know what it was [he wanted], and [we'd] hope that the older ones were doing it [understanding]*

*more. Otherwise he'd get wild (laughing). So it wasn't the nicest way of learning the reo."*

Whio also spoke of the expectation her father had of the education system to teach his daughter te reo Māori. To his dislike, she had been sent to a private Catholic school by her mother— a school which promulgated racist attitudes towards Māori by dismissing the place of te reo Māori:

*"He didn't like the idea of me going [to that school]... and [he'd] ask me what I'm learning and stuff. And I told him I was learning French one day and he just hit the roof. I thought he was going to hit me... Yeah, and he asked me why. And I said "Oh, apparently New Zealand's going to be doing a lot of trade with the French". This was back in about '72, '73... "and it's um, important for us to learn their language in order to, you know, negotiate and all that stuff." And he goes "But you're a Māori. Why aren't you learning Māori?" And I went "Oh, I don't know". [And he said] "Oh well, you're supposed to be clever. Go and ask them." So I did. And the look [I got]— we had those blimmin' Nuns. I mean they're stuck up anyway eh, without you know... they're so stuck on God, you know... And you know, they just... oh, their face just went white man. And she said "I beg your pardon?"— like I [had] said a forbidden word. So I say, "Oh, I have to ask. My Dad told me I have to ask". [And she said] "Why would you want to learn Māori? What good would that do you in your life? Who would be trading with Māori?" Yeah man, she made me feel about that big. And I, oh, you know, I just felt, yeah... And that's when it dawned on me all what Dad had been saying over the years [about racism]... boy, I got a rude awakening, eh. [That was] right in your face [racism]— right in your face. [It was] not only going to the school and knowing you know, [that] you're the only Māori and feeling all that, but [it was] you know, just having sort of, what your parents or your Dad said reinforced in a matter of minutes by this white Nun, you know... And... you know when I went home and told him [what they said], you know... I was so frightened of doing that 'cause I knew his reaction. And he just said "Oh well, they got it wrong. You know you're a Māori. You should be learning Māori. They nearly took our language away but we still got the language. So they should be teaching you that in the school with your maths and everything else."*

*So it wasn't that he wanted, you know, like everything to be in Māori. But he wanted the recognition of it, you know."*

In contrast, Kōtuku described her mother's purposeful denial of te reo Māori in her children's upbringing, despite being fluent in the dialect of her Iwi herself. She perceived mastering the English tongue of much greater importance:

*"...she told us, "This is the language of the day. This is what will get you places in life, not your Māori. You can pick that up at any stage of your life and you'll never lose it". She was right."*

Pūriri and Kauri referred only to siblings being taught a little te reo Māori. Pūriri spoke with regret that he had not had such an opportunity:

*"I really regret not being taught Māori when I was younger... My youngest brother and sister they had the privilege, honour [of learning te reo Māori at school]... they were lucky to go to [their school]..." (Pūriri, 2003, August 26)*

*"[Māori was not spoken around me or to me in my childhood.] No, not at all. To the older ones, but never to the younger ones [like me]. The younger half of the children never learnt to speak Māori, still don't." (Kauri, 2003, September 30)*

Both Rātā and Karaka who were raised under Social Welfare, reported that they did not remember te reo Māori being spoken to them or around them at all as they grew up. Rātā, who spent the majority of his childhood in child welfare institutions, stated that this was simply "because nobody was allowed to speak Māori". Karaka suggested that his experience was related to the fact that he was predominantly fostered by Pākehā and consequently "brought up under the European system".

Others also referred to the punitive measures enforced on their parents and grandparents to stop them speaking te reo Māori. The resultant loss of use of te reo by these generations impacted on the participants themselves because they then were unable to be taught te reo by whānau members:

*"I was at a generation where in my age group, not many of us can [speak or understand te reo Māori] because my grandparents brought me up and they would... they were punished for speaking Māori so they... my grandmother and*

*grandfather claimed to understand the reo but couldn't talk it. So therefore, not being able to talk it, could not teach us. And so I don't feel that bad, because it's like a confirmation that I'm not the only one in my age group that's like that. I've met many that are in my age group that do not speak Māori for that reason. And again it's a social circumstance.” (Nīkau, 2003, August 26)*

*“...our parents got punished at school for speaking Māori... But my grandmother still spoke Māori to me. Yeah. But my parents, not once did I ever hear them say a Māori word to me.” (Pūkeko, 2003, October 1)*

Rimu and Kauri referred to English being a second language for their much older parents:

*“...my father was born in 1902... He grew up having to learn how to speak English. But he spoke English really well, my father. And his father too, had to learn how to speak English. And so yeah... you know, they grew up in a time where it was tūturu<sup>11</sup> Māori, you know? And I've seen writings that my father's done. And the Māori is very different from today... You know how we say “Kei te pehea koe?” He would say “Kei te aha?”... It means “How are you?” But it literally means... “What are you doing?”... Course some people get smart and say “Kei te noho ahau”. But... well, my father would go... in the old days they'd say “Kei te aha?” to you, and you'd say “Kei te aha hoki koe?” which is you know, his way of saying “Good. And you?” And um, you know like... only the very oldest of the Māoris in town don't get rattled when I say that to them. You know the real, oh 60 year olds and plus. Yeah. They realise what I'm saying, so... Yeah... And how we say “Kei te pai” or “Ka nui te pai”, he [my father] would say how he was and return the question...” (Kauri, 2003, September 30)*

Rimu, who grew up in an environment where his parents could not speak English and everyone around him spoke Māori, and who only learnt English when he started school, spoke of the difficulty he and his whānau faced in not being allowed to speak Māori at school, and not being allowed to speak English at home:

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<sup>11</sup> The term ‘tūturu’ is used to mean ‘real, trustworthy or authentic’.

*“Some of them [my whānau] had English. But the thing is, our kaumātuas... [in] those days... they slapped them across the ears if they heard English... They couldn’t... they weren’t allowed to speak English at home. But when they jumped over the fence... out of the property... they had to change over to English. Because we weren’t allowed to speak Māori in school... And we weren’t allowed to speak English at home... It was difficult...”*

### **Rongoā Māori**

A number of the participants were asked about use of rongoā Māori when they were growing up. A few indicated they had never used rongoā Māori before. Pūkeko however, remembered that in her childhood her whānau had used rongoā Māori for healing, and Rimu indicated that he currently used rongoā Māori:

*“Yeah, yeah [my whānau did use rongoā Māori when I was growing up]. There was this plant called kopokopo. And one time I had pussey... yeah, my foot was quite pussey. They put it on and bandaged my foot. And when they took it off, it had all gone down. Yeah. Kopokopo. Yeah, I remember that. Yeah. Kopakopa. But that’s about the only thing I remembered you know, in the way of rongoā.” (Pūkeko, 2003, October 1)*

Kōtuku referred to her mother’s use of rongoā Māori only in later life, a practice initially found to be quite foreign:

*“No [my family never used rongoā Māori when I was growing up]. And yet my mother, my mother of all people, reverts back to those [now]... Karamu. Yeah, now [but didn’t then]... No.... She uses what they use at [her Iwi]... And I say, “Mum you can’t drink this fowl stuff. You’ll get poisoned. It’s black with leaves in it”... I said, “Mum, you’ll poison yourself!” She just laughs. She says, “Well, I’m only trying everything ’til I strike the right...” Yeah. She says, “You never know...” ...Well, [I guess] we have no qualms about swallowing the Pākehā medication... Why should it bother about the Māori’s? ...And they’ll tell you back in those days they never had half the affliction we have now... Yeah, so they must’ve been doing it right.”*

## **Waiata**

A few participants referred both to the special place of waiata in their upbringings, and in their lives now:

*“Yeah [I remember learning waiata Māori when I was growing up]... Māori culture songs. I couldn’t um rattle them off now [though]... Could get the tune OK. But couldn’t get the words.” (Tōtara, 2003, September 30)*

*“Certain waiatas do [help me feel better]... Not all of them. ‘Cause you know how they all have different meanings... Certain waiatas, yeah I felt pretty good... Oh... ones that I know of, ones that I know of are OK... But ones that I don’t know... I will sing maybe one or two because I know basically what they’re about. But if I... I won’t sing a Māori song I don’t know anything about.” (Karaka, 2004, July 16)*

Miro in particular, who had been brought up in an extremely musical whānau, referred to gaining strength from waiata. He intimated that one reason waiata helped him with his recovery was because of those things he associated it with:

*“Every time that we [my whānau and I] used to go to um... tangis and birthdays and things they would ask us to get up and sing. We’ve written our own song. We’ve got it down on record, so... [So] when I feel unwell at home, I start singing. You know, and that sort of brings back... wellness and a sense of pride in myself being Māori.”*

## **Whānau**

Participants were asked about the whānau they were raised in, and their place within that whānau. Over half of the participants came from large whānau, with many cousins, brothers and sisters— although not necessarily biological or full-blooded siblings. Very few participants indicated that they were brought up solely in a nuclear whānau of ‘Mum, Dad and the kids’, although some did indicate that this was their experience for at least part of their childhoods.

**Whakatipu tangata: Brought up by**

Most participants implied that they were raised by a number of different whānau members including one or both parents, grandparents, aunties and uncles, and often raised alongside cousins:

*"[In my household there were] ah... about seven, that's including Mum and Dad... [I am] ah, the third youngest... Ah... I was... I was brought up in the early stages with my Mum and Dad. Ah... and then... I was put into different families [aunties and uncles] in my Mum's family, you know so I was... brought up by them."* (Miro, 2003, August 27)

*"[I was brought up by my] parents [with] brothers and sisters, nephews and nieces. You know, we could have anything from four or five of us to ten or 11 of us at one time, and yeah... [I] grew up with the middle-younger part of my family because I'm the youngest... The next one is two years above me, is two years above the next one, is two years above..."* (Kauri, 2003, September 30)

*"[I was brought up by] my mother, father, my uncle. I was raised by my whole family... Yeah [I had brothers and sisters in the same household as me]. I can count them on my fingers..."* (Tōtara, 2003, September 30)

Being raised amongst intergenerational households, it was not uncommon for Tāngata Whai ora/Motuhake to refer to different whānau members as parents, or to refer to biological aunties and uncles as siblings:

*"[In my household, I was brought up by]... one granduncle... I called him Nanny... [and] my Mummy, that was his sister...and my Daddy, who was their brother... They were responsible for rearing for about 22 children... And at that time I was the youngest... Then next to [following] me, he [my whāngai brother] would be about eight to nine years old[er]... See ah, my mother wasn't married to my father. So I took [my whānau name from my mother's] side... I'm not acquainted with my father's side... [but I have] two... half brothers and sisters on my father's side... My mother wasn't around very often... 'cause she had to go to work... [But when] my whāngai'ed mother died in '52/'53... that's when my mother came back... [I was] 12..."* (Mānuka, 2003, September 29)

“...my mother was married for two months and she split from my father and that was it. So... because they didn't have the DPB back then... she lived at home with her parents and I grew up in that environment. Then when I was three, she left and married my stepfather, and I stayed with my grandparents... [So my aunties and uncles were brought up as my] brothers and sisters... I've got one [brother] that's four years younger than me. Well, you know, he's like my brother, but he's really my uncle... I've got one [brother] who's 17 months older than me and another [brother] who's four years older than me and so on and so on... I grew up with all boys! ...There's [another brother]– he's ten years older than me... Then there's [another brother], and then there's my aunty... She always classed me as her baby sister even though she was my aunty and she was much older... She always said I was her baby sister... She was at home when I was very small, but then she went away [overseas], then she got married... [Even though] she was away from home... we had a lot to do with each other... As I was growing up I had a lot to do with her... [I did not refer to my grandparents as my Mum and Dad.] I call my grandmother Nanny and my grandfather Poppy... [But]... I've never called any of [my brothers or sisters] Uncle or Aunty... Even my aunty who I consider my aunty because she's older than my mother... She's like our Mum... 'cause she's the only one of the sisters we've got left– they're all dead except for her... we've got no [other] Mums left... You know, and I even call her... by her first name.” (Ruru, 2003, October 1)

### ***Kuia, koroua mā: The role of grandparents***

Many of the participants indicated that, for some part of their childhoods, they lived in the same household as at least one of their grandparents. It was more common for these participants to have shared households with one of their grandmothers rather than their grandfathers, in their upbringing:

“...my grandparents brought me up... me and my sister. She's a little bit older than me... about a year older than I am... I've got only one real sister, like a blood sister, like she's full-blooded... and lots of half brothers and sisters, like

*same father, different mother [or] same mother, different [father]...*" (Nīkau, 2003, August 26)

*"In my family there's 12 of us... ten boys and Mum and Dad... I'm the sixth eldest... [I was brought up by] Mum and Dad and my grandmother... I didn't get to see my grandfather because the day that I was born he died... about an hour before I was born..."* (Rimu, 2003, April 3)

*"[I was brought up] by my mother and father and I have... there are eight of us [children]... I'm third from the bottom... [And] we stayed with Granny..."* (Kōtuku, 2003, October 1)

The role that grandparents played in almost half of the participants' upbringings was significant:

*"My grandmother... she was really a big influence in my life, you know... Hmm, very... And it was through her that, you know, like... I went nursing... My grandmother's still alive... She lives with my Aunty... When my Aunty goes away, I go and look after my grandmother, you know, so we still have a lot to do with each other, you know... I tell you what, my grandfather was [also a big] influence... I think [my grandfather] tried to instil in me a work ethic, you know... 'Cause he was a hard worker all his life, you know... And all the family, the whole family, you know, really have that strong [work ethic]... The boys have been very good providers for their families. And the girls have just worked their butts off, into early graves I would say, you know..."* (Ruru, 2003, October 1)

*"I was sort of, I was influenced by my grandfather... I take ideas that my grandfather's given me. I take ah, also wise counsel that my grandfather's given me."* (Kōwhai, 2003, September 30)

*"All three of them [my granduncle who I called Nanny, his sister who I called Mummy, and their brother who I called Daddy] are so special to me. But when my Mummy died... my world collapsed... And then depression set in... I really, really missed [her], eh... I howled. I howled almost every night for months... 'Cause when I came home all my Nannies and Daddy was at work, you know. And I didn't have her to hold and what not... So that's when my world started*

*to crumble... So that was... I wouldn't say that was the cause why I ended up in the mental health system. But ah, she provided me with a lot of confidence... Yeah. I treasure those years [with them]... Those were my happy years."* (Mānuka, 2003, September 29)

*"[I stayed for part of my life in a named major city]... until the age of 11, and my, my birth parents got divorced and I came here, to [named provincial town] for a year... to stay with my Nanny. That was about 'til the age of 12."* (Tōtara, 2003, September 30)

*"...when I was a little girl I used to go to my grandmother's quite a bit, my Dad's Mum. She was the best person... yeah, that ever entered my life. And... well, and my children but, you know? Best grandmother I ever had..."* (Pūkeko, 2003, October 1)

*"...maybe it's because I was brought up by my grandmother, but I have a lot of time, a lot of trust and... respect I would say is the main word, for the elders in my own race."* (Nīkau, 2003, August 26)

## **Whāngai**

Some participants also referred to either adoptees or whāngai within their whānau. In three instances it was the participant who had been adopted or whāngai'ed, and in all instances the adoptees and whāngai were from within the whānau:

*"I was whāngai out... [to] my grandfather's brother and sister... and brother-in-law... My whāngai'ed parents would be all the aunts and uncles [of my mother]."* (Mānuka, 2003, September 29)

*"I was adopted... from, there was the [named] family, the [named] family, and the [named] family– I got three... heaps of family... I was adopted [into those families]... yeah... from my mother. My natural mother is my um step-mother's sister."* (Tōtara, 2003, September 30)

*"I was born [named date], right. From the day I was born I was whāngai'ed out... Right. To an aunty and an uncle, on my mother's side. Um, apparently something happened and three weeks after I was given back to my parents..."*

*The people that gave me away in the first place... One more [of my siblings was whāngai'ed out]... That was my... a sister.*" (Karaka, 2004, July 16)

Although the practice of whāngai is traditional and accepted within Māori whānau, strong attachment between birth parents and children is retained even after adoption:

*"My mother's sister... couldn't have children, so Mum very kindly let her sort of borrow hers, but she fell in love [with them] and they remained with her. And, but Dad, he wouldn't sign the documents over. He said "No", he wouldn't sign his children away but they were welcome to bring them up and have them to all intensive purposes as their own."* (Kōtuku, 2003, October 1)

### **Tangata mokemoke: Void of whānau**

Rātā and Karaka, who were raised under Social Welfare, described destitute upbringings littered with abuse and neglect. Both referred to the traumatic 'first reunions' they had with parents they had been separated from for the vast majority of their lives:

*"I was taken off my mother when I was one and a half, for child neglect, right. And then I was raised in welfare homes... institutes and that... It was Child Welfare in those days. Now it's called [CYFS]... [I had no brothers or sisters that I knew of, so in my whānau when I was younger there was] nobody. Nobody. Nobody. Nothing. Nothing. And people don't understand nothing until you've got nothing. And when your identity and everything is stripped from you... you try it. You try it. Absolutely nothing... [I had] institution families... [until I was] 18... So there's more than one, more than one child there. There's, you know, places where you'd go and there was about 10, 11, 12 kids and things like that... I have met [my birth mother's family]. I've met them, but there was nothing there... There was all that negativities. It was like a total stranger. Nobody knew me... [They] knew me because Mum had me, and they had a photograph. But otherwise they couldn't really be bothered."* (Rātā, 2003, August 25)

*"...between three weeks and 18 months I was a victim of child abuse. Right, and then at 18 months Social Welfare finally stepped in. And took me off my*

parents. They didn't want me so they just said "Yeah, go". Um...it's a bit of a... I don't remember anything up until I was about four... And the people that I was staying with I assumed were my parents. 'Cause before that I didn't recognise my Social Worker as being my Social Worker. I didn't know who she was, eh. To me she was just a friend coming around... And um, when they told me that they weren't my parents, that was when all my troubles started... Yeah. That was when all my troubles started... Up until I was ten, nobody... oh, when I found out that people I was staying with weren't my real parents... up until, from that day until I was ten, I was running to my parents... Yeah. From different towns to try and run, make my way to my parents' place. So I'd never met them before. But then when I was ten, about ten and a half, Social Welfare decided to take... they moved me from [one major city] down to [another major city]. They moved me to a family home there and um, about the day they moved me in they took me over to meet my parents. And um, the Social Worker was going on at me when I knocked... he knocked on the door and this guy opened the door and then he looked at me and he goes "Hello son". And I looked at him and the first thing that come out of my mouth was "Who the fuck are you?" ...Yeah! And I got a smack around the head from the Social Worker. "You don't speak to your father like that!"... Well, when I first met them I was sitting, we were all in the lounge. My Dad had a TV. My sisters and brothers were sitting on the, on the seats watching TV and I'm sitting next to the TV watching them! ...I was then about ten and a half... Yeah, yeah. And from that day on I was running away from them... you know." (Karaka, 2004, July 16)

### **Tūrangawaewae: Childhood localities**

Where participants lived in childhood varied. Rimu indicated that he had been brought up in a traditional Māori whare<sup>12</sup> with many aunties, uncles and cousins. He suggested this communal living in big whānau groups rather than in individual whānau houses was common for people from his Iwi:

*"It was their [my grandparents'] house... [We had aunties, uncles and cousins living with us as well]... There was 42 of us in the whare... It was a... like a*

<sup>12</sup> The term 'whare' is used throughout the thesis to mean 'a house' (singular) or 'houses' (plural).

*hall... [a] Māori whare... That's my family's house... going back well before I was born... That house was built in 1874... [It is] the last house that's standing now up in [my Iwi rohe]..."*

In contrast Nīkau reported that as a baby he lived in a caravan. While no participant specifically referred to being raised in poverty, Nīkau and Kōtuku implied that money was scarce in their childhoods:

*"And we were very poor, everybody in [named rural town] was. When I say poor, we had food and we had clothing but there wasn't anything for luxuries."*  
(Kōtuku, 2003, October 1)

Although over half of the participants indicated that they had only one or two changes of addresses in their childhood, a number moved many times, sometimes to completely new households. Karaka, who was raised as a State Ward, reported an extraordinary number of changes in his living conditions during his childhood:

*"Um, well I think in... in 15 years I moved around 69 homes. So a record. Yeah."*

Over half of the participants indicated that they were raised in rural communities for at least part of their childhoods:

*"I was born in [a major city] and we had our own house in [a named suburb] but we also had a farm out at [a nearby rural town]. So we did a lot of growing up there as well. My family were all shearers."* (Pūriri, 2003, August 26)

*"I was brought up um... probably from the age of sort of one month through to about six in [a named rural community]... um inland in a place called [named]. It's a little settlement there. Um, that was... would have been from about in the early '70s. And in the late '70s moved up to the back inland past [another named rural community] um, just ten minutes down the road from the [named area]... And I grew up there on the farm."* (Kōwhai, 2003, September 30)

*"I grew up in the shearing shed with my grandfather, you know, and I can remember being a little kid, he made me a little apron out of a... cap, and I had this little apron on and he would send me up and down the board picking up... He was on the first stand of course! You know?"* (Ruru, 2003, October 1)

**Hononga whānau: Differing levels of contact**

Just as some participants referred to having more contact with their mother's marae than their father's, or *vice versa*, so it was with whānau contact. Depending on which side of the whānau they had been more closely affiliated with, participants had more contact with some whānau members than others:

*"[I] didn't really know... Mum's parents well because they lived in [a major city]. But had a lot to do with Dad's Mum and Dad. And that's the grandmother that I said that I really adored..."* (Pūkeko, 2003, October 1)

Kōtuku, who had been brought up within her father's Iwi rohe, explained that despite having limited contact with her mother's Iwi, that link would always remain strong for her mother:

*"Mum took my brother and I back to [named rural area] and showed us the shack, which is still there... all folding, caved in. She showed us that it was on stilts... [S]he and Daddy drove us to [named rural area]. And she caught up with all her whānau... They call her [named] on the marae. She's their [named]. And when she dies they've told me, "When your mother dies we will come for her"... And I said, "Yes, but my Mum doesn't want to come home". She wants to be buried with Dad which she stipulates in her will to this day. She talked to my brothers- "Now, [named Iwi] will come for me but I'm giving you... the decision that they do not take me. I want to lie on top of my husband at [named urupā]<sup>13</sup>". Those are her wishes and it won't make a blind bit of difference to [named Iwi]. They'll still come, but that's her wish... [Named Iwi] looks after his own."*

Participants were asked about their contact with their whānau now, which for a number included children and mokopuna. A few indicated they did not have particularly strong links with them:

*"Um... no, no [I do not have strong links with my whānau]. Not my blood whānau... No [I don't see my whānau very much]. I don't hear from them either. [And] no. [I don't get on with them]. Not at all... They don't accept*

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<sup>13</sup> The term 'urupā' is used throughout the thesis to mean either 'cemetery' (singular) or 'cemeteries' (plural).

*me as I am because I used to get into drugs and things like that. They won't accept me at all. Mum will... My Mum is still alive. My Dad's passed away. He passed about five years ago. But Mum understands [about my addiction problems]."* (Miro, 2003, August 27)

*"My blood whānau? No, no I don't [have strong links with my whānau, although I do get on] with some of them, yeah. [But there's] lots of jealousy and lots of hate... whereas I was close to my father and my mother... There's a lot of bad feelings, especially with my older brothers, that I was closer to my mother whereas they're the tuakana<sup>14</sup> ... I'm not happy with my family. It's not as tika<sup>15</sup> as they make out to be, it could be a bit better, our whānau could be better."* (Pūriri, 2003, August 26)

Many others reported that they got on well with their whānau:

*"I do have strong links with my whānau because they tautoko me... and I tautoko them as well... And that's how it should be... Tautoko each other..."* (Rimu, 2003, April 3)

*"Yeah [I do have a lot of contact with my family]... My mother and father are still alive and they live in [the same provincial town as me]. I see them, I saw my Dad tonight. I see them all the time, as often as I can."* (Tōtara, 2003, September 30)

*"Oh yeah [I do have a lot of contact with my family]. Probably might at least try and make an effort to see them once a week... Um... yeah, [they are] very supportive."* (Kōwhai, 2003, September 30)

*"My Mum... she's always happy... you know, well and happy. She talks freely, you know. She ah, talks a bit more to me now, not like before... Yeah, we laugh and that, we joke around... sit around and watch DVDs, play the games, go around and go dump rubbish. Yeah, me and Mum have fun at home."* (Maire, 2003, October 1)

<sup>14</sup> The term 'tuakana' refers to either the older brother (singular) or older brothers (plural) of a male, the older sister (singular) or older sisters (plural) of a female, or to a cousin (singular) or cousins (plural) whose parent is an older sibling of the other cousin's parent.

<sup>15</sup> The term 'tika' is used to mean 'correct, accurate, valid, realistic or reliable'.

### **Manaaki tamariki: Relationship with children**

A few participants referred to losing the role of main caregiver of their children due to their experience of mental illness. All of these participants were wāhine and despite difficulties, all referred to the strong relationships they had with these children:

*“I rang my boys at lunch time [today] from the office and I said to them “I’m going out to dinner tonight”. ‘Cause they don’t live with me. They still live with Nanny and Papa because of what that went down with me... So [my] Mum and Dad are bringing the twins up... And my oldest boy lives with his Dad in [a named major city]... But um... yeah I rang them and I said to them... ‘cause it’s a, it’s a free day for me tomorrow, so well after the dinner I’m going back to their place... stay with them the night. Then we’re gonna spend the whole day out if it’s fine... Hmmm. Yeah, I know I’m quite close to my boys, you know. Yeah.” (Pūkeko, 2003, October 1)*

For Kōtuku the relationship with one of her children was particularly strong. Solely she had raised the child after her marriage broke down, estranged from his brother and father, and he grew up very aware of his mother’s experience of mental illness. As a result he was very protective of her:

*“He was a good boy. He’d have a hard day, he’d come home and close his bedroom door for an hour or so and then come out and carry on as if nothing had happened. He never shared his problems. I got to the root of that– my Mum. She told him when he was nine that, “You must never stress your Mum. She’s not well, and she can’t deal with stress. You have to be a good boy.” And my girlfriend told me how it came about. She was giving him dinner. He had dinner with her son and mates, and she said to [named], “How’s your Mum [named]?” and she said he put his knife and fork down and looked her in the eye and said, “Well, my Mum’s not like other mothers. I have to look after her. Nana told me.” Yeah, and he’s done that ever since in his own way, best he can.”*

### **Awhina whānau: Whānau support**

Whilst Kōtuku could rely on her son for support, particularly during times of unwellness, it was at these very times that the support from her wider whānau was

lacking. She explained that this was due to their lack of understanding about mental illness and unwillingness to accept its existence within their whānau:

*“The rest don’t wanna know. They just don’t... when I’m in [the psychiatric] Ward they don’t come near me. They hate the place. And they just say to themselves, “She’ll come right. It’s just a little faze”... Yeah, they don’t... My mother, she accepted [my experience of mental illness] better than my father. She was straight. She said to me, “But you’re intelligent enough to think yourself well”. She said, “Just tell yourself ‘I am normal. I am going to be well. I’m never gonna go to [the psychiatric] Ward and I won’t be sick again’.” I said, “Oh Mum. If only it were that simple”. I don’t make a big deal of it... When I’m unwell I keep away from them and when I’m well I go to them— simple. But when they’re sick they ring me straight away. I’m their first phone call... before their doctor. And they just say, “Come. So and so’s sick” or “so and so’s fallen over” or whatever. And I’m supposed to drop everything and go. It gets me a little bit cross... ‘Cause when I’m sick I can’t do that to them... I don’t ‘cause they don’t wanna know. Oh, they love me dearly. They love me when I’m well and happy... But they don’t wanna know me when I’m sick. They just say, “Oh, you go and see the doctor. All those people will sort you out”... It’s not [because of a fear of the unknown]. It’s embarrassment, and it’s a feeling of embarrassment that someone of theirs has a mental illness. They see madness... as a lack of power in my case. [Named doctor] has tried to explain it to them but they go into denial as I was at one stage... They’re always arguing the diagnosis... They said it’s just the depression since my separation from my husband... And my mother’s read different things I’ve written about it but... basically she just wishes it would all go away. And she’s the loveliest mother but she likes normal children. And mentally ill people aren’t normal in her eyes. She doesn’t down them or anything. She just says, “They’re not normal. They’re not like us”.”*

This experience of support from only certain members of the whānau was not exclusive to Kōtuku. Others who described good relationships with their whānau also indicated that contact with wider whānau was not as common. The amount of contact participants had with whānau therefore, varied. In general, contact could best be described as occasional, but this sometimes appeared to be sufficient:

*“My whānau is so large that I can only have strong links with just a few of them and that will be sufficient...” (Kauri, 2003, September 30)*

In one region where a number of the participants had a whakapapa connection to the rohe, contact with whānau appeared to be greater:

*“[I live fairly close to my Iwi rohe, so have whānau living near and] all around, yeah... I don't know many people... well I don't know anybody in this area who has absolutely nil contact with their family.” (Kauri, 2003, September 30)*

*“[I am close] with [my] brothers... Yep, yep. They ring me up... [And I have] um... nine nephews [and] two nieces... Yeah [I see my whānau a lot]... And if I don't see them I ring them up... just to let them know where I am... I live just around the corner from them.” (Pūkeko, 2003, October 1)*

In contrast, a few participants who lived outside their Iwi rohe indicated that they did not have any whānau living nearby, which compounded the difficulties in maintaining contact. Not all allowed this to hinder their relationship with their whānau however:

*“[My links with my whānau]– they're picking up... I just saw them a few weeks ago. So that's not too bad considering they live in [another major city].” (Nīkau, 2003, August 26)*

When asked about their contact with the hapū, Iwi or Rūnanga, some participants indicated that they really only maintained contact with immediate whānau:

*“Well... only just only my immediate whānau and that was, as I said, two weeks ago. Otherwise the only contact I have with my Iwi is like people like you that come along...” (Nīkau, 2003, August 26)*

### **Tāngata Whai Ora/consumer whānau**

A few participants referred to other Tāngata Whai Ora/Motuhake as their whānau and spoke of the support that this surrogate whānau gave them:

*“I'm including everyone [biological whānau and whānau from the Kaupapa Māori mental health service] in it [my whānau]... Not just the one... Because if you just include the one whānau... you might as well go back then... That's*

*what I think... They're all important to me because... the ones at [my Iwi rohe]... they have the support there if I go back up there... because they... give me a roof to live under... And the whānau down here [at the Kaupapa Māori mental health service]... they support me everyday...*" (Rimu, 2003, April 3)

*"[I see the people here at this Kaupapa Māori mental health service] as my whānau, yeah... It is a replacement of my whānau, my brothers and sisters. I call some here my brothers and sisters, and they do keep in contact with me in the community, you know, to make sure that I'm still well."* (Miro, 2003, August 27)

Whether or not participants used this proxy for whānau, some saw this replacement as acceptable, particularly where biological whānau were dysfunctional. Kauri explained that this phenomenon probably resulted from 'like knowing like' and therefore understanding specific support needs. He illustrated this thought with an analogy from the Bible:

*"Yeah, they do say that 'birds of a feather, flock together'... the natural thing is to... flock together for support... just like in the Bible. There was a story about this Army that beseeched this castle, and everyone was dying of hunger inside, and people were buying ox heads to eat and boil up - you know, like [they]'d eat a pork head, which was a real hard thing for a Jew to take - [and] children were being sold for food, you know? So it was pretty bad. And these three beggars - they might have had leprosy as well or some disfigurement, which meant they put them outside the walls - found that the invading camp had just disappeared. The Angel of the Lord perhaps had scattered them away. So there was just a feast of food there for them, and they were munching away there and munching away, and they decided, "Oh, shit! There's people in there hungry, you know? Why don't we share our food with them?" So they went and knocked on the gates and said, "There's food out here". And from that came the saying 'I'm one beggar showing another beggar where to find food'. And that's basically what it is with Tāngata Whai Ora. It's one beggar showing another beggar where to find food. "How do you handle your voices?" "Oh, I handle them like this". "Oh, I've found that this is even better". You know so..."*

## Whakatipu Hei Māori: Brought Up Māori

Irrespective of who participants were brought up with, whether they had contact with their marae, or whether they were exposed to te reo Māori, over half regarded themselves as having been ‘brought up Māori’:

*“Yeah, I would say [I was brought up Māori]... pretty much so, yeah, in my childhood, yeah.”* (Nīkau, 2003, August 26)

*“I can say yes [I was brought up Māori], because we were brought up with a lot of our whānau. Mum had a big family [so] we had untold cuddles... [and we would] hang around together, [and] get up to no good I suppose.”* (Pūriri, 2003, August 26)

However, very few of these participants considered that Māori ways of doing things were important to them or their whānau in their childhood:

*“Yes [back then, Māori ways of doing things was important to my whānau]– it was for my Mum and Dad... [For me though]– no, but... as long as my Mum and Dad were happy, that was the main concern for me...”* (Miro, 2003, August 27)

*“[In my childhood I would not say that Māori ways of doing things were important to me or my whānau]– not at the time. But now it’s probably got some kind of... significance.”* (Nīkau, 2003, August 26)

These responses may have been a reflection of what the participants considered ‘Māori ways’ of doing things. The question was posed after being asked about childhood access to marae and whenua, knowledge of whakapapa, and contact with whānau and Iwi. It was anticipated that participants would formulate a response based on these factors. In reality, this did not appear to be the case. ‘Māori ways’ instead appeared to be interpreted as tikanga and being asked whether Māori ways of doing things were important was therefore interpreted by some participants as whether tikanga was important. As Kauri explained, he considered himself ‘brought up Māori’ because he was taught tikanga Māori. He did add though that this teaching was just one component of being brought up Māori:

*“Well, for my older brothers and sisters, my father did most of the teaching of tikanga when he was young. But as he got older he left more of that to my mother, and she was the one that taught us tikanga... [Because my father was in his 60s when I was] born, yeah. So by the time I was ten, he was 70. So by that time, my mother had taken on the responsibility of teaching tikanga to the children and she would like... for example, not only you couldn't put shoes on the table, you couldn't put a hat on the table either, [or] sunglasses, earrings, anything to do with the head couldn't go on the table. I see people come in and they take their glasses off and put them on the table and I go, “That's okay, because they don't really know”. But you know, like in our household, you'd never do that. A pillow would never go on the table, let alone clothes— even clothes didn't go on the table because that's body... bibles and that wouldn't go on the table... unless there was nothing else on the table and it was being used for a special purpose... And then there was not sitting on pillows, taking your shoes off at the door, [and] not bringing anything home that you couldn't share with the others... So you couldn't come home with half a packet of lollies that could only feed two of the people that were at home. You had to have enough for everybody.” (Kauri, 2003, September 30)*

*“...we were taught the ways of Māori with an English tongue. All the ways of Māori, Dad knew them— the do's and don'ts and he taught us the do's and don'ts... where to go and where not to go, when to go and when not to go. He was the master of going to the sea. So was Mum. She would pick a keen tide where she could just walk out and pick up kina<sup>16</sup>... [Māori ways of doing things were important to me and my whānau when I was growing up]— very much so. Kept us on the straight and narrow, kept us prepared to come... under a safe umbrella. But in retrospect if we broke the tapu of that then we had to suffer the consequences as well.” (Pūriri, 2003, August 26)*

*“...whenever we went to the beach you know, we would acknowledge Tangaroa, and we didn't take more than what we should. And when you went and got kinas you broke it open the first one you got... you broke it open, and if they were skinny, we go somewhere else where we can get them fatter... And ah,*

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<sup>16</sup> 'Kina' are kaimoana also known as 'sea-eggs or sea-urchins', which are considered a delicacy by many Māori.

*never place your back to the ocean. You'll never know when the big tide comes, eh. So yeah, yeah. I don't know if those are typical Māori superstitions.*" (Mānuka, 2003, September 29)

Kōwhai indicated that the passing on of Iwi and hapū knowledge, which he identified as “cultural values”, by his whānau was evidence that Māori ways of doing things was important to them.

Very few participants did not regard themselves as having been ‘brought up Māori’. Similarly they did not consider Māori ways of doing things was important to their parents. Kōtuku’s assessment of this was not only based on her limited engagement with Māori institutions such as marae, but also on her interpretation of what was Māori. She interpreted her mother’s passion for books and learning for example, as something that was not Māori:

*“No. We weren't brought up Māori by Mum and Dad... Not maraes and tangis and... No [Māori kai]. We ate ordinary food... We ate corn and melon and... um, bread from the shop. [M]um made bread, Māori bread, but we didn't like it. We wanted shop bread... We were brought up in a European way. Mum pushed the English all the way. She never taught us to knit, cook or sew. She used to say, “Go away. I'll do it. Just study. Study.” Provided us with all the books she could get her hands on. All the Louisa Allcott. All the Jane... what was her name? Austens. And the Charlotte Brontés. I had access to all those books in Mum's library. And she was happiest when we were studying... There was this old gramophone of Kiri Te Kanawa and what's her name, Marie Kellis— that sort of thing. And they [my parents] were really cultured...”*

The distinction Kōtuku made between Māori kai and non-Māori “ordinary food” was also made by other participants, one of whom was ambivalent about whether Māori ways of doing things was important to his whānau:

*“[We ate Māori kai like] Māori bread, boil ups... Yeah... That's something that happens just about every week, every day of the week... [Would I say that Māori ways of doing things was important to my family?] It's important to my Dad... My Mum's, she was a bit different... Māori ways important to them? They're just being themselves.”* (Tōtara, 2003, September 30)

*“Ah, sometimes me and Dad, when I when I was a kid, me and Dad and Mum and my sisters too, they [used to] go out [to get kaimoana]. Oh, ah [and] my brother-in-law, yeah [and] some of my uncles, yeah. And they used to go out all the time. They used to get flounders and crayfish and all that sort of thing.”*  
(Maire, 2003, October 1)

Pūkeko linked being ‘brought up Māori’ with who she associated with in her childhood:

*“Ah, I’d say I was brought up... all ways, you know? ‘Cause in the neighbourhood I grew up in there were Pākehā, Māori... and we were sort of like a close you know, close family. You know. So I was brought up with Pākehās too.”*

Pūkeko also associated speaking te reo Māori with Māori ways of doing things. Her parents never spoke Māori to her in her childhood and she considered them colonised because of this. As a result she did not consider Māori ways of doing things was important to them.

Whio’s interpretation of Māori ways of doing things differed again. What she identified as Māori ways of doing things was her interaction within her whānau:

*“[Māori ways of doing things were important to my whānau in] just like, how we could be ourselves amongst each other. And um, I like the different ways we had about each other that we could laugh about– [like], the way I poke my tongue, or if I got a growling the way I cried, or the way my brother would get ugly at my Dad and want to hit him but wouldn’t... or going for a swim together and knowing that your older brothers and sisters are going to look after you. And when the little one comes along it’s your job learning how to take on that role and all that... responsibility, and yeah... Yeah, all those growing up things that yeah, they mean a lot. You know, you can remember them. I can remember them now and they’re like there...”*

She identified the differences she saw between Māori and Pākehā, and the differences that were pointed out to her– particularly by her father, as evidence that her upbringing, which was different from Pākehā, was Māori:

*“Because we... the Māori/Pākehā thing wasn’t that heavy, you know. Like we had lots of Pākehā friends and I mean, they weren’t racist or anything. But you just felt the sense of, they didn’t quite like your way of living, or understand it, and stuff like that. If you had bare feet or hūpē<sup>17</sup> or anything... like that... and oh, you know in your own whānau you don’t have to bother about it. You can have hūpē and everything hanging out... and it’s just the usual, eh. You don’t have to put on any faces or nothing. Yeah, it’s... that’s one of the best things. And also, like our Dad– although he didn’t communicate much with us, when he did he was very clear. Like, he’d be reading the paper and he’d go, “See look, got a Māori name in there. Every time [the culprit is] a Māori, they put it in big black and white letters.” You know, and then he’d go, “Why don’t they put that Pākehā in the paper? Oh, they don’t put them in. It’s always Māori”. And there... I mean [he recognised the racism in] everything– right down to when he went to the shop. [He’d say], “Oh yeah, I went into the shop and guess what? There was a Pākehā standing there [who] came in after me. Oh, you know, they served them”. And yeah, he was... well, people says Mum said he was a racist. But I mean, he understood racism and he, you know, he was quite, not proactive, but he certainly told us all about it, you know.”*

The difference in the way Māori and Pākehā were perceived and treated was intolerable to Whio’s father, who was vehement in his fight against discrimination. In his desire to instil in his children a defiant pride in being Māori, he was almost arrogant in his reciprocal treatment of Pākehā:

*“[My Dad was a] very, very interesting man, you know. [T]he amount of guts he had, eh– just sheer pride and determination. And you know, he just... he’d do some really funny things like when [he got older and would go shopping. Due to a hip problem] he... could barely get around. And he had all [his regular people he went to]– you know, his butcher and his market gardener and all his regular shops [that] he’d go to, on his own [sometimes], to get all the shopping. Well, he got to the stage where he couldn’t get out of the car. So he’d drive up, beep the horn and yell out, “Pākehā!” and they’d come out. [The shop owner would say]... “Oh, Mr [so-and-so], my name is Jo”. And he*

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<sup>17</sup> The term ‘hūpē’ is used throughout the thesis to mean ‘mucus or snot’.

would say, “Oh Jo, now I need this and this and this”. [And Jo would] run in and run out [with what Dad needed]. And ’cause he’s an impatient man, eh... and if it took longer [than expected] he’d be beeping the horn. And [all the while] they’ve got customers in the shop. We’re sitting in the car shrinking, [saying], “Man! Oh, geez Dad”. [And he’d say], “Well, I can’t get out, I can’t get out. I’m a customer. I got money, I got money”... But you know, he never felt embarrassed or anything. [He just felt], “This is what I should be. This should be an acceptable way to be treating me, ’cause I’m a Māori and, so yeah”... So he had his own little ways of defying things you, know. And [those ways] were really sort of, you know, quite powerful eh, in a little neighbourhood...”

Whio’s father left her a legacy in being proud of her identity. Rimu and Nīkau, whose grandparents had played an active role in their upbringing, similarly spoke of the respect they held for their elders. Rimu suggested that being taught this respect was evidence that Māori ways of doing things was important to him and his whānau:

*“Yes [Māori ways of doing things was important to me and my whānau]... Because [in] those days... [the] rules of our guardians... were more important than today... Today you just do what you like. But those days you gotta listen to your guardians... to your kaumātuas and your kuis... and your parents...”*

Kauri referred to only knowing tikanga Māori in his childhood, and not learning ‘Pākehā ways’ until he was exposed to them when he moved away from home:

*“I spent all my life in [a provincial] area except for I spent a little bit of time in [another provincial area] as an adolescent. Well, late adolescence and um, early adulthood... I spent ten years there... from [age] 18 on to about 28... 30 something like that... and um, that’s where... um, I learnt... I learnt my kaupapa Pākehā. Yeah. And ah, tikanga Pākehā. I learnt it during that time. Until then I only knew things Māori. Modern Māori.”*

Ruru, whose Māori grandparents had been the main caregivers in her childhood, referred to the conflicting ways in which they had raised her. She perceived her grandmother as very colonised in her ways in contrast to her grandfather:

- *"I tell you what, my grandfather was the influence... When we [lived] in [a major city] we used to go to kapa haka and all that all the time... I can remember... I used to swing a poi and all that sort of thing, and try to copy [the] adults, you know... [But] I'll be honest with you, even though I had that exposure there, I was very colonised, you know, in my thinking. And that influence came from my grandmother... My grandmother was brought up by English grandparents, you know, so she was very focussed on getting a good education and all those things, you know... I'm not saying, you know, like... She was really a big influence in my like, you know, and it was through her that, you know, like... I went nursing."*

### **Whakaakoranga: Schooling**

Schooling has a significant influence on children and particularly teenagers. During schooling years, peer relationships develop and begin to take priority over whānau relationships. Tāngata Whai Ora/Motuhake were accordingly asked about their schooling.

Three participants had attended Māori boarding schools, and Nīkau reported that he had been accepted into one but was prevented from attending due to financial constraints. Tōtara, who had been sent to a Māori boarding school by his parents, explained it was in an effort to 'curb his waywardness':

*"My mother and father both made the decision [to send me to a Māori boarding school] 'cause I was mischief. Got into trouble... with my family, yeah."*

A few participants attended just their local primary school and high school. However, both Ruru and Karaka spoke of attending a number of schools throughout their primary, intermediate and secondary schooling:

*"[I attended a rural primary school] until I was nine years old, [when] we [my grandmother and I] moved to [a major city]... I only lived there for a year and then I moved back and lived with my mother [in named area in provincial town]... So... I was at [named primary school in major city] for two years... [Then] I came back... [in my] last year of intermediate... and went to high school... [named college in provincial town]..." (Ruru, 2003, October 1)*

*“Um... in [named region] I did... one, two, three, I did four schools in [named region]... They were all primary [schools]. Um... I moved down to [a major city]. I did, I did primary, intermediate, and high school... in one area in [this major city]. Then half way through third year, third form I moved to [another city]... Yeah, I went to school there. And then oh... shit happened and I ran away. I ended up in a boys’ home after that. And when I got out of there, yeah I went to school back in at the high school I was at... [named college]. And um, there were a couple of schools after that.” (Karaka, 2004, July 16)*

Many participants reported going from rural primary schools to city secondary schools, sometimes in completely different parts of the country. This change in schooling also sometimes involved a change in household and moving between parents and grandparents:

*“...as a child in the country... [Then] I went to a big city school in [a major city]... [To] a college that no longer exists to date, so I’m told.” (Nīkau, 2003, August 26)*

*“[I lived in a rural community at a] sheep station where my old man used to work... It was sort of like an hour from town to home. I grew up there from about the age of five through to 12... Um, then we moved to town ‘cause um, I had to further my education.” (Kōwhai, 2003, September 30)*

*“I went to school from the age of five to the age of 14 and a half... I started at the age of five [at a Māori native school]... Then I shifted up to [the city]... We weren’t allowed to speak Māori in school... I learnt English at school...” (Rimu, 2003, April 3)*

Not all participants had secondary education however:

*“...actually I have no high school education. I finished school in the second form... I was 14 by the time I got to the second form because I was held back a year and I turned 14 in the second form and I never really did any high school. But despite that I still passed School C Maths a few years later without any high school education... I did two hours a week at night school... I was hoping to do an apprenticeship; an Engineering apprenticeship and I needed maths. So I*

*did maths one year and the next year I'd hoped to do English, but I never did."*  
(Kauri, 2003, September 30)

Rātā went on from secondary school to a tertiary education, a feat that was acknowledged with pride amongst his hapū. His limited exposure to the English language in his upbringing however, severely hindered his progress:

*"Like [when I sat] School C– I just made it. I got 36 for English... and I think 35 was the cut off... [In my community] I was a king when I got my School C... A lot of people come and congratulate me... but I didn't think anything of it, eh... [Then with] the U.E.– I missed English. I got 28, and I think the cut off is 30... But I... but it wasn't like it is now... They don't credit you with the courses you pass... So ah, yeah. Missing the English by that much, well I lost all my credits in the other courses– geography... I went overseas [to go to University, but] I never graduated... I had enough credits to graduate... um, in my major. But I had difficulties with the prerequisite courses... because English was my worst... I guess you can imagine by the upbringing that it would be annoying."*

Miro and Whio reported that there were more Māori than Pākehā children at their school, particularly in primary school, whilst another reported otherwise. Irrespective of the demographics, Ruru and Rātā reported that at school they mainly 'hung around with' other Māori:

*"And all my mates were Māori! I had a few Pākehā mates but my... yeah. There were about 12 Māori girls that kicked around together..."* (Ruru, 2003, October 1)

For Rātā 'school' was more often than not a Junior Borstal:

*"...you talk about when I was in school, whether there was a lot of Māori kids and things like that. That was a Junior Borstal. That was a Junior Borstal... I went to school a couple of times. They were ordinary schools and then I got sent to Junior Borstal."*

Kōtuku recalled her mother's dismay at the antics she got up to at college:

*"I must tell you some thing funny. I was dux of my college. And Mum got my report and she saw that and she was thrilled to bits, and then she got to the bottom and it had, "We would prefer it if [Kōtuku] did not come back to school next year". 'Cause I was a rebel and I'd been there six years and they didn't want me back! Being Nuns, they had to give me the medal 'cause I got the best mark. So they have to do what the good Lord says. Mind you, she was standing there with this thing like this, just about tugging it back! 'Cause Nuns, they're fierce! She goes, "We've got something here... [for Kōtuku]". And her voice went all funny! Oh, I do laugh! I trotted up there, "Thank you very much!" I got a big clap! I was a pain at school! I was shocking! I did everything that I wasn't supposed to do! ...I was naughty! And I still am 'til this day!"*

Ruru also talked about the trouble she would get into at school with her Māori classmates, and her mother's and grandmother's attempts at 'setting her on the right path':

*"I was the worst offender... You know, my mother used to say, "Why don't you get better friends", blah, blah, blah. But I was the one that was causing all the trouble! Like for instance... I started smoking at intermediate, my last year at intermediate... I was a good girl down [in a major city]... bored, but good! And I learnt to smoke the first year I came back here [to a named provincial town]... When I look back, I was as sick as a dog, and I just kept doing it until I got used to it! [And] at high school in those years... I learnt to drink... And my mates - they never drank - and I used to get blotto, and they used to ring up my mother and say, "Oh, [she's] asleep and I don't really want to wake her and is it alright if she sleeps over here the night?" you know, and things like that. I was terrible! When you look back you think, 'Oh how stupid'... I hated the taste of beer, you know, when I first started drinking. But I persisted! It doesn't make sense when you think about it... When I left school... actually, I got told if I didn't bring my parents to see the principal (I think she [principal] gave a week or something) then I was out of there, I was expelled. So I thought, 'Oh blow it. I'll just leave'. And when I left, you know, like my grandmother [who is one of the biggest influences on my life] said to me... 'cause they had hospital training then, up at [the hospital], and she said, "Oh look, why don't you go nursing?" And my mother was the same... pushing me to apply too... Because*

*my mother always had this wish to be a nurse, she kind of put it on me... Well I had no grades, you know? I had no qualifications whatsoever... so they both said to me, "Put your application in, and if you decide you don't want to do it..." 'cause I's a bit scared of hospitals because I remember my grandfather, you know, that he died in hospital..."*

Whio similarly referred to the attempts of her mother to separate her from what she perceived as the bad influence of Māori peers, and described the resultant effect on her:

*"[In] college my Mum decided I shouldn't hang around Māoris anymore and sent me to a Pākehā private Catholic school that I hated... Oh, I felt like a traitor. Yeah, [I] couldn't stand at the bus stop with all my mates 'cause they... I was in a different uniform and they thought, oh you know, I was snobby and stuck up. And oh gee, it wasn't even my decision, you know. It really did shut me out... I don't know [how many were on the] roll– like, maybe [a] hundred. And there would [have been] about three Māoris. But you felt like the only one there, eh... It was like sending you to Mars or somewhere..."*

Whio laughed when she looked back at the irony of being sent to a predominantly Pākehā school to be better influenced:

*"[Mum told me], "You're gonna get educated. You're gonna have a better life. You're gonna improve things for Māori." [And] I was like, "Wow. How?"... And I tell you what, those Catholic girls ain't all they're cracked up to be! Man, I learnt how to, you know... smoke, drink, get me a man if I wanted to. I was too frightened I'd get a hiding when I got home [to do so] but that was all on display, man. It was there. I thought these were good people. "Geez, my mother said you were!""*

Interestingly enough, Whio's siblings were not schooled in the same fashion. She suggested her mother was searching fruitlessly for an education system that could offer her children all she desired for them:

*"No, no, no– [my brothers and sisters did not get the same sort of education]. [My older siblings]– they all had to go to just the mainstream schools and, you know, they were all jealous about that and asked how come I'm [the] favourite. [I'd say], "Well I don't feel favourite, I tell you. You can have it. I wanna go to*

*the same school you fullas went to... [My younger sister]– well, she just got put everywhere... everywhere. Like Mum tested the whole of the schools out in the [region we lived in]. So [she must have thought], “Oh, I didn’t get it quite right with that one. Well, I’ll try them all– Māori, mainstream, private...” And it still didn’t work. Oh goodness me!”*

Miro spoke of the poignant effect his school years had on his life. He identified distress he experienced at school as the beginnings of his mental illness:

*“...I had an ear infection when I was born and I had four operations for it and [as a result] I was deaf... And kids would give me a hard time– laugh at me, call me ‘deaf [and] dumb’. Teachers would put me at the back of the class instead of putting me in the front of the class so I could be taught... [and] I always got in trouble because of that wee thing... The Pākehā– they... went to the front of the class, you know... And that happened in primary school and the Pākehā teachers would not care about me at all... And ah... when I got to secondary school I always was paranoid about people... about my skin [colour], about ah... about being Māori... [Then] I... we done a competition for te reo Māori and whaikōrero, and... I got up on the stage and um... a lot of people knew I was deaf then... They knew about my past and I could hear them sniggering and laughing in the background. There was about... I don’t know, a thousand boys there that I had to talk in front of. And I got half way through my speech and I just started getting paranoid. I started shaking... things like this... People just started laughing... and I just went off the stage and ran. I think that was about the first time I noticed that I... I don’t know if it was mental health or not...”*

### **Whakarōpūtanga Māori: Association with Māori**

In order to find out whether participants associated more with Māori or non-Māori now, they were asked who, in the main, they ‘hung around’ with now– Māori or Pākehā. Responses varied. Many participants reported that they associated with Māori more than Pākehā:

*“Um... all my whānau are all Māori... my friends– the majority of them are Māori... and my work colleagues– the majority of them are Māori. And I mean the majority– like one or two Pākehā...” (Ruru, 2003, October 1)*

*“More with Māori. I do know a lot of non-Māori because I’ve been here [in Te Waipounamu] for so long and I’ve... you know... Pākehāfied. I’ve Pākehāfied since I’ve been here, so yeah.” (Miro, 2003, August 27)*

A number reported no difference in association with Māori or non-Māori, whilst others including Kauri suggested that it depended on the situation:

*“It depends on what I want to be doing. I mean, if you were to ask me if I want to be married to a Pākehā, I’d say, “No, not anymore”. I have been married to two Pākehā women, and I’ve had two marriages and they were both difficult, and the relationship I’m in now is Māori and things are a lot more smoother, and they’re more comfortable and we don’t feel like we’re strangers, you know. [Coming from different ethnic backgrounds in my previous marriages]... our value systems were very different and there was some suspicion from both parties about the other person’s lack of compliance... [So] in the area of marriage, yeah [I feel more comfortable around Māori than non-Māori]. But in the area of analytical and... some sort of debating and analysis, I feel quite comfortable with Pākehā– when we’re talking from mind to mind. But I don’t know if I want to have an emotional bond with Pākehā people.”*

Who participants associated with now though was not necessarily linked to how comfortable or uncomfortable they felt. Some of the participants who reported that they tended to associate more with Māori than Pākehā were also clear that this did not mean that they felt uncomfortable around Pākehā:

*“Ah... no [I do not feel more comfortable being with Māori than non-Māori]. I would say I walk quite comfortably in both worlds– not as [a] Pākehā though, [but as a] Māori in [the] Pākehā [world].” (Ruru, 2003, October 1)*

Rātā and Whio, who chose to associate more with Māori than non-Māori, identified that they felt more comfortable with this ethnic group, a feeling that possibly went back to their childhoods. Whio implied that Māori accepted aspects of her upbringing, which may have been judged abnormal by Pākehā, as normal:

*“Oh, ae. Oh, ae. Ae. Ae. Ae... [I feel more comfortable hanging around with Māori because] I feel like I’m at home on that one. I feel like I’m... yeah.”*  
(Rātā, 2003, August 25)

*“[I feel more comfortable hanging around with] Māori. Yeah, definitely. ’Cause [in my childhood] you knew the way they lived was similar to your way. You didn’t have to explain things like... when we’d go to school, say I was about 12, 13 and we’d all sort of, you know, go to each other’s house. If Mum was yelling or doing something, you know, [or something] unseemly [was] going down, it wouldn’t be a problem. Whereas with the Pākehās, you know they’d be, you know... their eyes would be all going over and their ears would be everywhere and they’d be questioning you and yeah. It just was too awkward to try and do that with Pākehā kids. And we all more or less grew up knowing these things. And it just was... the usual... it wasn’t anything different. Or you know like, [if] they’d walk in and there’s still a party going or there’s no bread or milk or things like that. So, [I] felt more comfortable with Māori than Pākehā. Yeah.”* (Whio, 2004, March 4)

Very few participants stated that they tended to associate with Pākehā more than Māori. Nīkau felt the reason for this in his case was because he was exposed to a greater number of Pākehā than Māori in his childhood:

*“Still to this day it’s mainly Pākehā, because for some reason I can relate to them better. I mean as a child in the country... there were only Māori and Pākehā in our schools. There was nothing else. There was no Indians, there was no Chinese. Māori and Pākehā, nothing else, absolutely nothing else all the way through until I went to a big city school in [named major city] and then there was multicultures. There was Islanders. There were Asians. There were all sorts, and that was my first experience, coming up to a teenager, to see other cultures. And all I’d ever known before that was Māori and Pākehā. So it’s no wonder I get on with Pākehā, because most of the kids at my country school were Pākehā as well. It wasn’t the half and half, half Māori and half Pākehā. [It was] 80% Pākehā to 20% Māori.”*

Nīkau suggested that as a result of this greater association with Pākehā as a child, he felt more comfortable being around Pākehā than Māori. He also associated the

negative impression he gained of Māori in his childhood with his tendency to be wary of Māori now:

*“My life experience as... just my whole life experience up to this point, and also... of being around Pākehā from childhood. But I had a negative attitude toward other Māori, with the exception of my family... Except [for] my family, any other Māori I had this standoffish attitude [towards] and it can even lead to mistrust, where I don't really trust the majority of Māori I meet. I think there's something underlying with them. They're not, until you really get to know them, front up to the way they really are, and so in the back of my head I'm thinking, 'What's going on with these people?' and 'only time will tell' and it's usually with me with Māori is a long time before they actually come out with their... with themselves.”*

Maire, who similarly referred to feeling more comfortable around Pākehā than Māori because of his sense of greater acceptance from Pākehā, spoke of finding some Māori to be “a bit pushy... offensive... [and] cruel”.

Participants were asked if they belonged to any Māori groups, such as kapa haka groups, the Māori Women's Welfare League/Te Rōpū Wāhine Māori Toko i te Ora, or Māori-specific sports teams or churches. A few reported current contact with such groups:

*“I go to the [local] marae every Wednesday... [to] teach... and learn... mau rakau... [and] they have kapa haka groups there... [And] I go to [the annual]... Māori sports days [sponsored by the local Iwi] when they have it on...” (Rimu, 2003, April 3)*

*“Oh, well I belong to the wānanga... [studying] te Ara Reo Māori... and we do a bit of um, you know like te reo, speak the language, waiata, mihi... You know, most things that you would do on a Māori course. Yeah... [And] I did go to one meeting [of the Māori Women's Welfare League] quite a while back and I really enjoyed it. I was actually wanting to know more but because I've been busy I've sort of... haven't gotten back to them about it.” (Pūkeko, 2003, October 1)*

More participants referred to the Kaupapa Māori mental health services they were associated with, although not all considered this a Māori group:

*“This group is, um... has Māori values, yeah, but it’s not like a kapa haka group where it’s almost total immersion. This is quite multicultural, even though it has some aspects of Māori.”* (Kauri, 2003, September 30)

A number of others indicated they had associations with Māori groups in the past, but not now:

*“I did in the past... I did like belong to the [named Māori Rugby Club].”* (Kōwhai, 2003, September 30)

*“Just when I was a child going to school, doing Māori culture... concerts and that... Did performing and hakas, waiata...”* (Tōtara, 2003, September 30)

## **Whakarāpopotanga: Summary**

Based on the findings of interviews with 15 Tāngata Whai Ora/Motuhake, this chapter reported on core aspects of being Māori, and the significance of being Māori.

Cultural alienation has been frequently identified as an important determinant of mental illness. This chapter has outlined the responses of participants to questions about cultural markers and the connotations about culture that participants held. Four major findings have emerged.

First, there were quite different insights about cultural measures. To some for example, ‘being Māori’ meant understanding te reo Māori while to others it simply implied a physical characteristic. Similarly, sometimes the significance of whakapapa was downplayed, only to be cited as a critical marker of Māoriness by others. This variability, not only of responses but also of conceptual understandings, has implications for the ways in which cultural identity is measured. Moreover, it underlines the cultural diversity that characterise Māori in modern times.

None of the participants refuted a Māori identity. In fact, even where the links had been tenuous, there appeared to be a strong sense of being Māori regardless of actual

experiences or opportunities to experience culture and cultural institutions firsthand. This finding is consistent with the findings of *Te Hoe Nuku Roa* (Te Hoe Nuku Roa Research Team, 1999). In that study, there were about equal numbers of participants who strongly identified as Māori but who had little actual lived experience as Māori, and those who had strong links to cultural institutions. The first group were considered to have a 'positive' identity, in contrast to the second, who demonstrated a 'secure' identity. In this study, it was not possible to draw any conclusions about the strength of identity with mental illness. However, clearly cultural identity was important to all participants even though it was experienced in quite different ways.

The second major finding was that cultural identity and cultural affiliation is not static. All respondents indicated that their attitudes, associations, participation and knowledge (about culture) fluctuated over time. For some, the early years had been culturally rich with a level of deculturation occurring in later years. For others the reverse pattern occurred: from a period where a Māori cultural identity had been of little significance (often because living circumstances prohibited it) to a time, later in life, when it had assumed great importance. Moreover, there were also accounts where similar fluctuations had occurred in earlier generations. Sometimes this took the form of culturally enriched parents making a deliberate choice not to pass on cultural knowledge to their children (a choice that was to be regretted by those children when they reached adulthood) while at other times, parents were themselves estranged from their culture. But it was not only parents who contributed to the culturization of the participants. Other whānau members sometimes played a major role, a finding that was consistent with the generally positive emphasis placed on wider whānau participation as a source of strength, learning, and comfort.

The third major finding was that despite the varied experiences of culture, participants generally valued a Māori cultural identity and regarded it as a positive factor in their own recoveries.

This leads into the fourth and possibly most significant major finding it– that for the participants, understanding the experience of mental illness was especially important, particularly over the longer term. And significantly, the meaning they attached to their experience of mental illness - how they understood it - was very often viewed through a cultural lens.

The next chapter - Upoko Waru: Kōrerorero ō ngā Kaupapa - draws on the findings from both this chapter and the previous findings chapter, alongside the literature, to identify and analyse common themes that have emerged in relation to the research question.

# UPOKO WARU: KÖRERORERO Ō NGĀ KAUPAPA

## CHAPTER EIGHT: DISCUSSION OF THEMES

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### **Whakamārama: Explanation**

This chapter identifies several themes that have emerged from the findings of the research, and draws on the literature to analyse these themes in relation to the research question: “Does a secure cultural identity lead to improved wellbeing for Tāngata Whai Ora/Motuhake?”

The first three themes all consider the place of whānau in the lives of Tāngata Whai Ora/Motuhake. The first theme - ‘Te Hohonga Whānau: Whānau Connectedness’ - explores the link between wellness and the quality of whānau participation. The second theme - ‘Ngā Take Whānau: Whānau Determinants’ - examines the link between unwellness and whānau dysfunction, while the third theme - ‘He Whānau Kē: Whānau Substitution’ - notes the positive experiences that can result when there is inclusion in a group bound together by common experiences and shared difficulties.

The fourth theme - ‘Te Tū Māori: Being Māori’ - follows the previous one to explore the concept of being accepted as Māori, or being confident about “walking in the door as Māori”, whilst the fifth theme - ‘Tikanga Tika: Cultural Alignment’ - considers the use of culture as a therapeutic medium. ‘Tikanga Tika: Cultural Alignment’ is divided into two sections: tikanga tūturu: cultural fit, and tikanga pono: cultural integrity. The first section - tikanga tūturu: cultural fit - concerns the cultural status of Māori health professionals and their relationship to Tāngata Whai Ora/Motuhake, and the second section - tikanga pono: cultural integrity - discusses the use of te reo Māori, waiata and rongoā Māori.

The sixth theme - ‘Whakapapa’ - investigates genealogical descent as a tool for enhancing spiritual wellness, while the seventh theme - ‘Tūrangawaewae’ - seeks to understand the link between mental illness, customary land, and domicile outside Iwi rohe.

The eighth theme - 'Ka Wehe i Te Pono: Escape from Reality' - explores the proposition that, to some degree mental illness is a protective device that shields individuals from overwhelming or harsh environments.

And the ninth theme - 'Ahuatanga Whakamīharo: Phenomenological Significance' - is connected to the inner meaning of abnormal mental experience and asks whether subjective understandings of thoughts and ideas that could be seen as 'unusual' are useful in recovery.

### **Te hohonga whānau: Whānau connectedness**

Whānau connectedness may be considered in three ways: temporal connection, spatial connection, and spiritual connection. Temporal connection refers to the amount of time spent with whānau, whereas spatial and spiritual connections convey a different level of relationship, more consistent with belonging or participating in a shared reality. Belonging may in fact be considered the fundamental basis of whānau connectedness. Without a sense of belonging or whanaungatanga there is no connection beyond the superficial:

*"A sense of belonging is... you know, very important... For me it is, yeah. See because in my whānau, I am something because of them. For example, I've got a sister- that makes me a brother. I've got a nephew- that makes me an uncle. I've got an uncle- that makes me a nephew... I've got a wife- that makes me a husband. So it's because of these other people that I am who I am." (Kauri, 2003, September 30)*

The amount of contact participants had with their whānau varied. Some had extensive whānau contact, and others very little. Participants living in an area where they had a whakapapa connection had greater whānau contact than those who lived outside their Iwi rohe. In general though, whānau contact was occasional rather than consistent.

There appeared to be a correlation between the amount of contact participants had with their whānau and the level of support they received from them, particularly in times of

unwellness. Support from immediate whānau - who had greater contact than the wider whānau - was more forthcoming than support from the wider whānau.

Irrespective of the level of support received from whānau, or of the level of contact with them, most participants identified a strong relationship with their whānau. Most also reported that they would like to have more contact with their whānau. Even those participants who indicated that their current level of whānau contact was sufficient, and those who indicated their relationships with their whānau were tenuous, sought greater contact with their whānau.

Some participants believed having more contact with whānau would help in recovery. It was suggested as “almost like a spiritual law” that having harmony within whānau benefited wellbeing. The benefits of having strong whānau ties were not thought to be restricted to Tāngata Whai Ora/Motuhake however; the sense of belonging that was fostered by whānau contact was described as “good for wellness in general”.

Greater whānau contact - whilst sought after - is superfluous however, if the nature of the contact is detrimental to the wellbeing of whānau members. The quality of whānau participation is therefore, important. One participant explained how the actions of whānau members, regardless of mental health status, impact on each other:

*“...it’s like if I do something wrong, the impacts will be on my whānau as well. If I do something good, the impacts will be on my whānau as well. If my whānau does something bad, that impacts on me. Or if my whānau does something good, that impacts on me.”* (Whio, 2004, March 9)

This participant used her relationship with her whānau as a gauge. Whānau wellbeing was the “platform or benchmark [that she] work[ed] toward”; knowing that if there was wellness within her whānau, so then was she well.

Many participants specifically referred to the important role kaumātua played in whānau, hapū and Iwi, and the influence they had. Some participants were asked whether they would like to have more contact with kaumātua and whether they thought this would help or hinder their level of wellbeing. A number were resolute that they would certainly benefit from such contact, although opinions were divided about whether this would directly impact on their level of wellbeing.

Despite wanting more contact with their whānau, one or two participants also did not think that a greater level of contact would necessarily help recovery. One explained that although in his “early mental health life” he “couldn’t have made it” without his whānau, now that he had “experienced a number of years” of mental illness, the need to depend on whānau had diminished. Both participants suggested they had their own understandings of “what works best” and what did not work so well for them and this was sufficient, and in the end it was over to each individual.

### **Ngā take whānau: Whānau determinants**

Not all participants were as certain about whānau connectedness. There was some concern that whānau might have contributed to mental health problems and further involvement could jeopardise recovery. Some participants therefore, felt that contact with their whānau might make them unwell again.

Some participants spoke about the lack of understanding whānau had about mental illness, and how this knowledge deficit negatively impacted on them. One participant explained how, through dialogue with her whānau, she was able to demonstrate to them that their actions towards her in times of unwellness were detrimental, and in fact the behaviour she exhibited at these times, which they struggled to understand, was no different than unacceptable behaviours each of them exhibited at times. The primary difference between her behaviour and theirs, was that she invariably had to “prove” her merit for ‘re-entry’ into the whānau, whereas they did not— an action she believed was not conducive with the unconditional love she felt whānau were supposed to display:

*“...my, I don’t know, inability to control this thing called mental illness ripped me apart and... took me out of my whānau. And I basically had to claw my way back in and prove my worth and um, that’s like being at my own tangi for the last ten years. That’s been hard. I’ve resented it. I’ve felt bitter about it. I’ve felt really angry. I’ve felt frustrated... But um, you know I always explain to them that even though this mental illness might be a bit frightening and sometimes I don’t know where it’s heading, everything I do that may appear to threaten or frighten them is never deliberate. And I said, “and yet you couldn’t*

*say that about some of your actions too. They've been deliberate.”...”* (Whio, 2004, March 9)

It is common for whānau to distance themselves from members who have experience of mental illness (Peterson et al., 2004). Unconditional love - described as acceptance “that the way you are is the way you are” - is difficult for many whānau. Yet many Tāngata Whai Ora/Motuhake persevere in educating their loved ones about mental illness in the hope this understanding will change whānau attitudes towards them.

The same participant who persevered in teaching her whānau about her mental illness was clear that their acceptance of it directly impacted on her level of wellness, allowing her “to feel more accepted, more understood, [and] more believed”. She was also quite adamant that her experience of mental illness was a reaction to whānau unwellness— a belief supported by others who suggest that “often the whānau member who presents [with experience of mental illness] is a symptom of unwellness in the whānau”.

Recovery therefore, requires that “whānau are functional and well in themselves”. Without this prerequisite - and in particular without the support of whānau - Tāngata Whai Ora/Motuhake cannot attain absolute wellbeing.

### **He whānau kē: Whānau substitution**

A number of participants referred to other Tāngata Whai Ora/Motuhake as whānau, often substituting them for biological whānau from whom they were estranged or separated. Both Tāngata Whai Ora/Motuhake and secondary expert participants suggested that this phenomenon was related to the understanding and empathy Tāngata Whai Ora/Motuhake had for each other. Commonly, participants who regarded other Tāngata Whai Ora/Motuhake as whānau reported receiving greater support from this group, and staff from Kaupapa Māori mental health services, than from biological whānau.

For some, contact with proxy whānau served a beneficial purpose; the participants considering inclusion in this group a vital component of recovery. Others however, were adamant that Tāngata Whai Ora/Motuhake whānau could not aid wellness in the

same way as connection with biological whānau. Biological whānau have “obligations” towards each other that other groups bound together by common experiences and shared difficulties did not:

*“...I feel an obligation to my whānau 'cause I'm here 'cause of them. They're here 'cause of me... It's that simple to me. Um, it doesn't matter how much I don't like them on the good days and the bad days or vice versa. They belong to me and I belong to them and [we] can't ever get away from that. Yeah, I know there's lots of whānau that have been so abused and misused that you know, you would... want to trade them in for another whānau but you don't have that option... My obligation is to my whānau and 'vice versa' and there's just no way out of it...”* (Whio, 2004, March 9)

This sense of obligation is not only in regard to whānau supporting Tāngata Whai Ora/Motuhake in times of unwellness. There is also a reciprocal expectation that Tāngata Whai Ora/Motuhake will actively seek to maintain whānau connectedness. Whānau with members who experience mental illness are often placed under much stress, commonly resulting in relationship breakdowns. Regardless of the trauma experienced, whānau members have an obligation towards each other to repair these connections:

*“Um, I understand why people, you know, can need to replace [biological whānau] for whatever reasons... I don't ever dismiss peoples um, bad experiences within their whānau. And you know, like nine times out of ten that's probably a strong reason or implication why they've got to this stage of where they are at. But yeah, I just don't believe that you totally give up on your whānau— even if they've given up on you. You have every obligation to try and source at least one [whānau member]... some link in your whānau... [You have] like, every incentive to you know, go back in and work at it or even just go and have a fight about it. Do something. You know, don't just decide to cut it out, blank it out. I just... to me it's like um, planning your own tangi really. Yeah, that's how um, important they [whānau] are.”* (Whio, 2004, March 9)

Whānau is identified as “probably the strongest or the key point” in attaining wellness— “the bit that counts”. Yet, sadly many Tāngata Whai Ora/Motuhake will never be reconnected with whānau in this way— “no matter what they do or how well they do,

the door is shut.” Without any redress, these Tāngata Whai Ora/Motuhake will never be completely well.

The substitution of biological whānau with Tāngata Whai Ora/Motuhake whānau is regarded by some as an indication of a greater level of comfort with an identity as Tāngata Whai Ora/Motuhake than with an identity based on whakapapa. To identify as Tāngata Whai Ora/Motuhake, or to “hang your identity on being a Tāngata Whai Ora[/Motuhake]” may be regarded as “hang[ing] your identity on mental illness”—a concept which philosophically opposes commonly held beliefs about traditional Māori values. Māori are not regarded as individuals, but rather as members of collectives—of whānau, hapū and Iwi. To replace this cultural identity with an identity based on an experience of illness is alien. Yet the ‘whanaungatanga model’<sup>1</sup> adopted by many Kaupapa Māori mental health services facilitates this identification as Tāngata Whai Ora/Motuhake whānau. Some question the merit of this approach:

*“I think the danger of the whanaungatanga model is that Tāngata Whai Ora/Motuhake can identify with it so much that they become alienated from their whānau.”* (Secondary expert, 2003, March 28)

## Te Tū Māori: Being Māori

A number of examples were offered by secondary expert participants that portrayed the absolute acceptance Tāngata Whai Ora/Motuhake experienced within Kaupapa Māori mental health services. Antagonistic and aggressive presentations were disregarded and considered irrelevant:

*“[Named Tāngata Whai Ora/Motuhake would arrive] dressed completely in black [wearing] holey black jerseys... over holey black singlets... He’d wear big hob nailed boots. He would have ripped jeans on. He would have fingerless gloves... His hair would be really long [and] his beard would be*

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<sup>1</sup> A definitive description of what is termed the ‘whanaungatanga model’ is difficult to source, although the definitions of ‘Kaupapa Māori mental health services’ and of the term ‘whanaungatanga’ on page xxii of the Whakataki: Preface section of this thesis’ go some way towards this. At its core whanaungatanga implies a default set of Māori values including the respect of whānau. A model based on these values is adopted by many Kaupapa Māori mental health services, for culturally appropriate and effective service delivery.

*long... He had this big affront... and he'd always be tense... always be you know, ready for a fight... [And] even though we knew that he had a horrible history in terms of hurting people... based on his illness... when he walked in the door, he came in the door as Māori. And so we weren't particularly perturbed by his behaviour or his anxiety."* (Secondary expert, 2003, March 28)

Being able to “walk in the door as Māori” was a concept many participants related to. Within Kaupapa Māori mental health services, it was superfluous where Tāngata Whai Ora/Motuhake had “come from”, what they had done, or who they were beyond their ethnicity. “As a Māori person” they were “automatically accepted”:

*“However he came in the door is how we all accepted him... in being Māori... It doesn't matter what you've done or where you've been. If you come in the door and you're Māori then you belong... You know?”* (Secondary expert, 2003, March 28)

One secondary expert participant suggested that because of this absolute acceptance and sense of belonging, Tāngata Whai Ora/Motuhake were able to relax and be themselves. This in turn increased their level of wellbeing which benefited them in other ways. They were more able to express their anxieties about medication, and to talk honestly about their experiences.

A noticeable difference in Tāngata Whai Ora/Motuhake behaviour when interacting with non-Māori services and staff was noted by secondary expert participants. An example was relayed of a Tāngata Whai Ora/Motuhake who would become “very distressed and very violent” on the psychiatric ward, and who was consequently considered to be “quite unmanageable”, and yet when attending a whanaungatanga group, her behaviour was described as “controlled and comfortable”. Although “always animated”, this Tāngata Whai Ora/Motuhake’s behaviour was easily managed by Māori mental health staff. Her level of wellness appeared to increase whilst amongst Māori and within cultural processes that were known to her - such as karakia, mihimihi, and waiata - and markedly deteriorate once taken out of this environment. One secondary expert participant suggested this was because the whanaungatanga group she attended gave this Tāngata Whai Ora/Motuhake “a sense of belonging without having to prove it”. She also described other Kaupapa Māori mental health services in this way— of providing a sense of belonging that Tāngata Whai

Ora/Motuhake did not have to earn. Instead inclusion in these services is automatic due to whakapapa. As a consequence of this inclusion, Tāngata Whai Ora/Motuhake then feel “a lot more comfortable” and accepted:

*“I mean we used to walk on to the Ward and Māori patients would yell out to us and come running! Because they felt that we would understand them much better than the non-Māori nurses and the other people there.”* (Secondary expert, 2003, March 28)

Kaupapa Māori mental health services provide Tāngata Whai Ora/Motuhake with a place where they are “able to build on the foundation of wellness”. This wellness is created “from a sense of whanaungatanga”. The ultimate aim is to lead them to a point where they can “step out” and “do what they need to do to be well”:

*“That might be around moving out of hospital, living in the community, [or] living in their own flat, making their own decisions and their own choices within that supported environment.”* (Secondary expert, 2003, March 28)

This secondary expert participant explained that Tāngata Whai Ora/Motuhake with serious mental illness often feel “at the bottom of the barrel of society”, and feel “that they don’t belong anywhere”. This is because often “in the course of their illness” they have damaged whānau relationships, either by “their actions as part of their illness”, or through their whānau “not understanding their illness”:

*“And so they tend to drive away the people who love them.”* (Secondary expert, 2003, March 28)

On top of this, she described a “social ineptness” that Tāngata Whai Ora/Motuhake with serious mental illness often have because of their illness. This is based on their “inability to communicate and to get to know people”:

*“Because you know, the process of making friends and maintaining friends is actually really hard, and although we take it for granted as teenagers or as young adults, actually for people who’ve had interruption in their development of their social functioning, it’s almost near impossible to then have you know, really valuable friendships.”* (Secondary expert, 2003, March 28)

She made the point that Tāngata Whai Ora/Motuhake not only felt “a dislocation from society and a lack of ability to be able to communicate or to be able to understand the situation around them” due to their experience of mental illness, but this was also compounded by the cultural differences that they felt as Māori. She concluded that whanaungatanga therefore worked for Tāngata Whai Ora/Motuhake because they gave them “a sense of belonging or a sense of connectedness by whakapapa” which had “nothing to do with illness”:

*“It doesn’t matter what your illness is. If your whakapapa is Māori, then you are Māori. So we don’t connect whakapapa to illness.”* (Secondary expert, 2003, March 28)

## **Tikanga Tika: Cultural Alignment**

### ***Tikanga tūturu: Cultural fit***

A number of participants referred to the importance of the relationship between Tāngata Whai Ora/Motuhake and Māori health professionals. The cultural fit of Māori health professionals in particular, is regarded as critical. With good cultural fit, there is greater ease in developing rapport. Cultural fit, as opposed to cultural knowledge, also accommodates the diversity of Māori— some expressing more comfort with aspects of tikanga for example, than others.

The culture of mental health professionals is also important for other reasons. In order to promote wellness, Tāngata Whai Ora/Motuhake must be allowed to operate within cultural milieux which are familiar. Māori mental health professionals are more likely to be able to accommodate this need. Preparing for Christmas was used as an example to demonstrate this case in point by one of the secondary expert participants.

Christmas is a particularly important time of year for most whānau as they prepare to host other whānau members, or prepare to be with other whānau members. The whanaungatanga group this secondary expert participant was involved with was no

different. They made gifts and prepared a hāngi<sup>2</sup> in readiness to host the whānau of Tāngata Whai Ora/Motuhake. For some Tāngata Whai Ora/Motuhake, preparing for manuhiri was a new experience:

*“They’ve missed the pā<sup>3</sup> life and stuff you know... ‘Cause they became unwell, they... kinda got left out... [Got told] “Oh, you’re not well boy”... You know?”* (Secondary expert, 2003, March 23)

For other Tāngata Whai Ora/Motuhake however, providing manaakitanga in this way “was just affirmation [of] what they’d forgotten”. The secondary expert participant described how one Tāngata Whai Ora/Motuhake felt being able to cook Māori kai again after many years of institutionalisation “in a Pākehā world... that didn’t [offer her] the opportunity to do that”:

*“She cooked a boil-up. Well, they know how to do that kinda kai and it just put her on a high, you know? Just that sense of identity knowing that this belongs to us and that we know how to do it.”* (Secondary expert, 2003, March 23)

She suggested that being able to participate in these processes that they identified as Māori, renewed the sense of cultural identity that Tāngata Whai Ora/Motuhake felt.

The cultural status of Māori health professionals is also significant. A number of examples were also relayed by secondary expert participants, which demonstrated that the mana that cultural status commanded was similarly very important. Tāngata Whai Ora/Motuhake who were unco-operative with mental health professionals in general, were noticeably different with pakeke. The cultural status of pakeke, particularly with young Māori men, afforded them respect and therefore a greater level of rapport and communication with Tāngata Whai Ora/Motuhake. One particular example of this was in regard to a Tāngata Whai Ora/Motuhake whom nursing staff considered “uncontrollable”. He had requested to attend a whanaungatanga group run by Māori mental health professionals, and although this was not considered wise by other mental health professionals, the Māori mental health professionals “still insisted that he come”.

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<sup>2</sup> The term ‘hāngi’ is used to refer to Māori food which is cooked in a traditional manner in an ‘earth oven’.

<sup>3</sup> The term ‘pā’ strictly refers to a traditional stockaded village, but in this context is colloquially used to refer to the marae.

A compromise was reached whereby the Tāngata Whai Ora/Motuhake was escorted to the whanaungatanga group by nurses.

As had already been demonstrated with other Tāngata Whai Ora/Motuhake, the concern of the nursing staff proved to be unfounded. Although the Tāngata Whai Ora/Motuhake “was busy trying to be superior over everyone else” in the whanaungatanga group, he recognised the pakeke status of one of the key Māori mental health professionals. One of the secondary expert participants suggested that as an older wahine Māori, this pakeke was considered by the Tāngata Whai Ora/Motuhake to be like a “mother or Aunty figure or kuia”. Accordingly he would listen to what she told him and afforded her respect.

*“So that when we would start the [whanaungatanga] group, and he would start to get quite excitable... ([remembering that] he had lost his language so all of this was by via his body language really)... she would say, “Hey! Don’t!” And he would, you know... But there was a relationship with [this Māori mental health professional] and these people. [She] could pretty much, you know, look and them and say, “That’s not what you are doing”, and they would just, you know, accept that. Whereas if I said that, they would argue. You know, it’s based on your cultural status and role within the Māori community... and mana.”* (Secondary expert, 2003, March 28)

Kaumātua were respected and honoured even more. One participant in fact, reported that he had a distrust of Māori from the same peer group as him, and only really felt comfortable with tamariki or kaumātua. He therefore suggested that only contact with these age groups would aid his recovery.

### ***Tikanga pono: Cultural integrity***

Few participants were competent in te reo Māori. Although one or two felt competent enough to be able to converse, only the older participants had a high level of competency in te reo Māori, and only one of these participants identified te reo Māori as his first language. Most participants understood and spoke very little te reo Māori. Some were actively addressing this however, through attendance at language courses.

A few participants were frequently spoken to in te reo Māori or heard te reo Māori spoken around them in their childhoods. Use of te reo Māori by grandparents was a common recollection. A number of other participants heard te reo Māori spoken only at certain times and places, commonly by parents and grandparents who did not want children to know what they were conversing about, or limited to environments where Māori congregated, such as marae. Some participants suggested that their lack of exposure to te reo Māori in their childhoods was associated with the greater priority that mastering the English tongue was given, or with being predominantly raised around non-Māori. A few referred to the punitive measures enforced on their parents and grandparents to stop them speaking te reo Māori and the resultant loss of these whānau members' ability to pass on te reo Māori to successive generations.

Some of those participants who were not native speakers of te reo Māori indicated that they would like to be able to speak or understand te reo Māori better, although one suggested that what was most important to him was being able to understand te reo Māori rather than speak it.

When asked if they thought being able to speak or understand te reo Māori better would help them in their recovery, responses were varied. Whilst more participants considered being able to do so would help in their recovery, one or two indicated that their desire to learn more te reo Māori was more to do with increasing their capacity to participate in whānau and marae activities.

One participant who had a greater comprehension of te reo Māori than other participants was asked how knowledge of her language affected her wellbeing. She commented that the confidence it gave her in her identity was “a buzz”:

*“[It’s] awesome. [It] just makes you feel more confident. Yeah, just in any area— um, you know whether you’re sitting with people who don’t know any [te reo Māori] or people that know a lot, just to feel more comfortable. And it does— it just builds your confidence ’cause you know it’s a part of you somewhere. And you don’t quite know where it fits and you can’t quite figure some of the reo ’cause you don’t understand it, but yeah, it’s that same sense of belonging. Having the reo has boosted my confidence tenfold. Um, I could imagine if I didn’t have it I’d feel less confident. I wouldn’t feel as sure and strong in myself. I’d be all sort of second-guessing myself or questioning*

*myself... I don't know. Maybe with like... a jigsaw puzzle. It's a piece that was missing and you put it in. You haven't quite, you know, completed the jigsaw but it's looking a bit more complete than it did yesterday.*" (Whio, 2004, March 9)

***Waiata me rongōā Māori kia piki te ora: The place of waiata and rongōā Māori in recovery***

The significance of waiata and the use of rongōā Māori were also investigated with some participants as cultural indicators of identity. Although a few participants referred both to the special place of waiata in their upbringings, and in their lives now, only one specifically referred to gaining strength from waiata.

A few of the participants who were questioned about their use of rongōā Māori reported they had never used it before, whilst others referred to both personal and whānau use of rongōā Māori for healing, either in the past or presently.

Some participants were also asked if they would like to know more about rongōā Māori, and whether they thought this would help or hinder their level of wellbeing. Although one participant was unsure of any benefit because of his inexperience in the area, another with similar inexperience felt that he would benefit from access to more information. One other participant, who suggested he may have accessed a tohunga at some time in his life, was vehement in his belief of the importance of tohunga in Māori mental health.

**Whakapapa**

The vast majority of participants in this study had two Māori parents, in some cases hailing from the same area. Whilst some could trace their Māori whakapapa back many generations, most could not, with a number only knowing a few generations. Only the two participants who had been permanently estranged from their biological whānau as youngsters were unaware of their whakapapa. In spite of this though, both were sure of their Māori identity.

For some, whakapapa - learning more about it and the areas they were from - was extremely important. Many respondents reported that they would like to know more and very few did not have any desire for this.

Some participants did not consider knowing more about their whakapapa and the areas they were from would help them in recovery, one indicating that he was satisfied with his current level of wellness. Many others however, reported that despite satisfaction with current wellbeing, learning more about their whakapapa and the areas they were from would aid recovery:

*“Yeah [knowledge of your whakapapa aids wellness], must do. It’s who you are. You stand at the threshold of all that’s gone before you and what’s about to happen... That’s what I believe.”* (Ruru, 2003, October 1)

One participant referred to whanaunga of his who had lived the majority of their lives in another country and had experienced much sadness over this time. He suggested that there was a spiritual connection between their separation from Aotearoa/New Zealand and their “very troubled lives”, noting “they don’t know where they’ve come from so they don’t know where they’re going”. Others supported this hypothesis, one participant suggesting that “the more you learn about your whakapapa, the more it says about you”. Another regarded whakapapa as giving one “a place in the world” and “a sense of belonging”– fundamental for whānau connectedness. Without knowledge of whakapapa, this participant considered wellness to be unattainable, and she lamented those in this predicament:

*“...I don’t know how many kids [there are] these days who don’t even know who their fathers or their mothers are. How can you [be well in that case]? No wonder you’re [screwed up] ’cause that must be like feeling lost in the world, eh– awful feeling. You know, like it’s better to know your Mum and Dad as, I don’t know, arseholes, [than] to not know them at all. If you have a choice, that should be the choice you would want. But not to be even given that choice is like hell. Yeah, [it’d] be just like [walking] into nowhere land– not ever knowing.”* (Whio, 2004, March 9)

One or two participants who did not think knowing more about their whakapapa would help them in recovery, did think that knowing more of their whakapapa could be

beneficial in other ways however, particularly in getting to know who their relations were.

Although more participants thought that not acknowledging their whakapapa could add to being unwell or hinder wellness, one also considered knowing more about his whakapapa and the areas he was from to be detrimental to his wellbeing. And another supported the notion that extensive whakapapa knowledge was not necessarily a right—but that “some people should know so much and some people should know much more”. Her perspective was that by knowing whatever it was you were meant to know, you aided your wellbeing, and by the same token, by disregarding that which you were meant to know, you hindered your wellbeing.

Just as investigation of genealogical descent can be used as a tool for enhancing spiritual wellness then, so it seems can it harm wellbeing. Physical wellbeing is also at risk due to the hereditary nature of mental illness.

## **Tūrangawaewae**

Although recognised as important, Iwi and hapū connectedness was not common for participants. Despite good relationships with immediate whānau, both contact with and support of wider whānau, including hapū, Iwi or Rūnanga, was rare. Yet most participants were able to name at least one of their Iwi, and most sought greater contact with them, a few referring to the importance of this contact, for wellbeing:

*“I think it does your wairua well by having some kind of harmony with your whānau and, if possible, even outside your immediate whānau. You know, [with] more members of your hapū, and eventually your Iwi. You know, I think it... it does you well, and... I use the word wairua [because] I think that it is... because it's a spiritual thing.”* (Nīkau, 2003, August 26)

Most participants held shares in Māori land, typically gained upon the death of a parent or grandparent. Only one participant had active involvement in the care of his whenua, however. Whilst being an active shareholder did not interest others, they were excluded from such responsibilities anyway by siblings or other whānau members

controlling their affairs, not always necessarily with the participants' best interests at heart.

A few participants acknowledged the relationship between Māori and whenua. One referred to the effect of colonisation - and in particular Christianity - on traditional Māori values, and identified the loss of a relationship with whenua with this event. And another made the cultural comparison of the relationship between Māori and whenua with childbirth. Rather than contrasting whenua with the placenta - the life-sustainer - however, she suggested that whenua was like the umbilical cord that connects woman with child- connecting Māori with their identity. She also drew a comparison of the maternal bond a mother feels for her child with the bond Māori feel for the land:

*"...And all that that represents is a sure way of securing my identity. So um, it's not so much having a place to stand, but knowing that I belong to that place and it belongs to me."* (Whio, 2004, March 9)

Having a real connection with whenua and whānau was identified by one participant as a prerequisite of 'being Māori', but it was emphasised that this connection needed to be an active experience rather than a birthright.

### ***Te marae kia piki te ora: The place of marae in recovery***

All participants had been on a marae at some stage in their lives for a variety of reasons, most commonly for tangihanga, although for a couple of the participants their first marae visit was not until adulthood. The majority of participants were able to name at least one of their own marae and had visited it at some stage. Almost half lived in close proximity to at least one of their marae and their whānau had an active role in the marae upkeep. A number considered their marae as a central part of their upbringing, although many with two Māori parents were brought up to be more closely affiliated with the marae from one side of their whānau than the other. Regardless of their proximity however, other participants had very limited contact with marae, attributing this to not being brought up Māori.

Very few participants indicated that they would like to have more contact with their marae. One indicated that he saw no need for contact with his marae because he did

not feel he had any responsibility to do so, whilst another described a different reason for choosing not to go back to his marae much now:

*“No, I don’t go back there so much now because I realised that it wasn’t the marae that attracted me to those places– it was the people... that drew me there before rather than the marae. Yeah, I mean without people, marae are empty boxes. Yeah... And now that the people have gone there’s not as much reason to go back.”* (Kauri, 2003, September 30)

Those participants who stated that they would like to have more contact with their marae had specific reasons for this. Some indicated a desire to have more contact with those marae that they had had less affiliation with for example, and suggested greater involvement with these marae, as well as their whānau, hapū or Iwi, could help their levels of wellness. Another participant talked about the whānau urupā at his marae, and although he was one who reported he did not have a lot of contact with his marae now, he acknowledged it as the place where he would likely be buried.

One participant was unsure about whether having more to do with his marae would help his wellness due to his limited contact with marae in the first place. Despite this lack of familiarity, this participant was sure however, that having more to do with his marae would not make him more unwell. Whilst one or two others felt contact with their marae could make them unwell again, just as many supported the suggestion of improved wairua and increased mental wellness through greater links with their marae.

An interesting observation made in this study was that the majority of participants first experienced mental illness in regions where they had no whakapapa connection. Participants’ contact with whānau also appeared to be less in regions where they had no whakapapa connection. This suggests a possible correlation. When outside of Iwi rohe, and separated from whānau, whānau members may be more susceptible to unwellness. This hypothesis is supported by findings from *Rapuora* which indicated that wāhine who scored higher in depression rates tended to be domiciled outside of their Iwi rohe (Murchie, 1984). Participants in this study suggested this phenomenon was spiritually based:

*“You see, because what I’ve put it down to is... we believe as Māori that there are spirits over each area and there are tipuna that look after this area and*

*when you're outside this area you don't have as much protection, and so you're more susceptible..."* (Kauri, 2003, September 30)

One participant suggested that the significance of this finding indicated that mental illness was more associated with wairua than hinengaro, and therefore might be best described as "a spiritual disorder rather than a mental disorder". Addressing mental illness - or "dealing with" it - might then be best approached from this perspective.

This thinking was not peculiar to this participant. Many indicated a strong belief in wairuatanga and its importance for their wellbeing. Some 'covered themselves' with karakia when leaving their Iwi rohe for protection from illness, and offered karakia of thanks on their safe return. Others recognised the mana of Iwi and hapū and accorded them due respect whilst in their midst, for the same reason.

Participants' recognition of wairuatanga in Te Ao Māori was not only concerned with protective from harm, however. Some also drew strength from these beliefs, and from the associated sense of belonging it nurtured.

### **Ka Wehe i Te Pono: Escape from Reality**

In the 1950s communication theorists Bateson, Jackson, Haley, and Weakland (1956) boldly suggested that the symptoms of schizophrenia might be the result of contradictory patterns of communication in the family. Referring to this as the double bind theory, Bateson et al. (1956) hypothesised that the consequence of prolonged exposure to contradictory communication patterns was that gradually people would begin to see the universe in this double bind - or contradictory - way. Their actions or responses to their environments were seen as an escape from a situation where there was no possibility of succeeding or avoiding reprimand. Becoming 'mad' was a response that did not directly oppose any injunctions or confront conflicting messages (Koopmans, 1998).

Some participants in this study experienced extreme trauma in their childhoods, including multiple experiences of child abuse and sexual assault. Life for these participants was traumatic and led to a degree of entrapment, similar to the 'double

bind' scenario. Experiencing mental illness in adulthood was not altogether unexpected, given the traumatic upbringings. Using the double bind theory, psychoanalysts suggest that to some degree, psychotic thought disorder may be a defence that shields individuals from overwhelming or harsh environments. Reality is distorted by psychotic experience, but a distorted reality may in fact be easier to manage than actual reality. For some participants, becoming unwell may have been a distraction from their disturbing childhood environments, and on balance 'escape from (actual) reality' may have been more appealing than a reality shaped by uncertainty.

Although only offering 'temporary' respite, mental illness may therefore be protective. If this is the case, mental illness could occur as a survival strategy or mechanism, and could, in the end, be adaptive.

### **Ahuatanga Whakamīharo: Phenomenological Significance**

Many Tāngata Whai Ora/Motuhake experience 'abnormal' or 'irrational' thoughts or ideas. These are considered by mental health professionals to be symptoms of mental illness, and are referred to as thought disorders and in some extreme cases, delusions. A delusion may be described as an irrational belief that is not shared by the majority of one's community. Irrational thoughts and ideas that are considered by Tāngata Whai Ora/Motuhake to be fundamental to their existence are referred to as active delusions. Inactive delusions are those thoughts and ideas that Tāngata Whai Ora/Motuhake are able to identify in hindsight as irrational. Dormant delusions, on the other hand, are thoughts and ideas that, although perhaps irrational, are not entirely excluded by Tāngata Whai Ora/Motuhake as having a real basis.

A number of participants in this study described thoughts and ideas that although regarded by the majority as illogical, from their perspective made perfect sense, even in hindsight. Whilst not often comprehended by others, these experiences had personal meaning and continued to have meaning for many years. Their 'irrational' thoughts and ideas were perceived as logical at the time and continued to have personal conviction even though they were no longer actively experienced. They were not necessarily distressing, although sometimes were perplexing.

Tāngata Whai Ora/Motuhake in this study suggested that when others were able to share the rationale - or the meaning - behind these ‘irrational’ thoughts and ideas, there was a greater sense of ‘being understood’. Māori were considered to be more capable of doing this, and therefore more likely to do so, and accordingly were regarded as more accepting— not only of the experiences, but of the Tāngata Whai Ora/Motuhake themselves.

Māori-related delusional thoughts - that is, thoughts that have reference to Te Ao Māori, or involve Māori imagery or ideas - were more likely to be considered real and meaningful by Māori and not necessarily dubious at all. An environment of acceptance allowed Tāngata Whai Ora/Motuhake to more readily express their beliefs, and therefore “test out” their validity. One secondary expert participant described this practice as “putting it [the ‘delusions’] into a Māori process”; Māori processes being described by another secondary expert as the basis and essence of all things Māori. She suggested Tāngata Whai Ora/Motuhake felt more comfortable with Māori processes, and felt safe enough to seek meaning and understanding of their mental health experiences within this environment.

A genuine interest in such experiences - whether delusional or not - is significant. Attempting to understand what particular phenomena mean to Tāngata Whai Ora/Motuhake, and what they mean to their feelings and sense of wellbeing, increases their self-worth. Wellbeing may consequently improve.

The experience of being well is important for Tāngata Whai Ora/Motuhake. Phenomenologists suggest that understanding the beliefs that are significant to those who experience mental illness is one way of bridging a gap and reducing the anguish of being misunderstood in a hostile world. Simply dismissing the beliefs because they are ‘delusions’ offers no solace. This is a misunderstood aspect of current mental health practice. Delusional or not, genuine interest in a person’s experience of mental phenomena, whether related to a depressed mood or an hallucinatory state, improves recovery. At least, that was the experience of participants in this study.

This chapter has discussed the major themes that have emerged from the findings of the research. The importance of whānau in the lives of Tāngata Whai Ora/Motuhake was identified as a significant theme. In particular, the link between wellness and

belonging, and the link between unwellness and whānau dysfunction, were shown to be important indicators for recovery.

Another major theme was the importance of cultural alignment for Tāngata Whai Ora/Motuhake. Within Māori mental health services in particular, a cultural fit between health professionals and service users is essential. A good cultural fit accommodates Māori diversity, eases rapport, and recognises the significance of cultural status. As a consequence Tāngata Whai Ora/Motuhake are more likely to feel accepted and achieve a sense of belonging; important for recovery.

Other themes considered the place of whakapapa and whenua as tools for enhancing spiritual wellness, and explored the proposition that, to some degree mental illness is a protective device that shields individuals from overwhelming or harsh environments.

Finally, this chapter questioned the importance for recovery, of sharing the meaning behind the thoughts and ideas of Tāngata Whai Ora/Motuhake that could otherwise be seen as 'unusual' and symptomatic of mental illness.

# UPOKO IWA: WĀHANGA WHAKAMUTUNGA

## CHAPTER NINE: CONCLUSION

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**The light has started to shine once more and this is just the beginning of  
something new  
The tree will shake, the wind will whisper, rain may fall but the sun will always  
shine.**

**(Extract from a poem written by Mikaere Harvey)**

The conclusions reached in this chapter reflect the literature, findings and discussion generated through the research. In particular, they address the third and fourth objectives of this study, by examining how and to what extent secure cultural identity contributes to wellbeing for Tāngata Whai Ora/Motuhake, and how and to what extent secure cultural identity leads to improved mental health for Māori.

Two major sets of conclusions emerge from this thesis, both of which are drawn from the cultural values and cultural worldviews that Tāngata Whai Ora/Motuhake hold. The first is that, just as a secure cultural identity pays dividends in the recovery process, so can a cultural identity that has not been allowed to flourish increase the intensity of confusion and complexity that prevails when a person develops a mental illness.

Despite varied experiences of culture, participants generally valued a Māori cultural identity and regarded it as a positive factor in their recoveries. None refuted being Māori or wished that cultural heritage could be annulled even when experiences had been less than satisfying. Cultural identity was clearly an important consideration that impacted on health and recovery.

This set of conclusions does not maintain that a secure cultural identity will necessarily protect against mental illness. It does however, demonstrate that cultural identity is important to the recovery process. Further, the recovery process itself can contribute to a secure cultural identity. For Tāngata Whai Ora/Motuhake then, the relationship between cultural identity and wellbeing is twofold— a confident cultural identity enhances recovery, and the recovery process can enhance cultural identity.

The recovery process for Tāngata Whai Ora/Motuhake though, is not a linear one. It can be extremely erratic and uneven, as suggested in the poem at the beginning of this chapter, written by one of the participants. At times “the tree will shake, the wind will whisper, [and] the rain may fall”. Recovery does not necessarily mean that Tāngata Whai Ora/Motuhake will no longer experience mental illness. It means though, that they might learn to live fulfilling lives, both in the presence and absence of mental illness.

Recovery also embodies a greater sense of autonomy. A confident cultural identity appears to assist Tāngata Whai Ora/Motuhake to take control of the major decisions in their lives. In order to help them achieve their goals and life potential so that “the sun will... shine”, support networks require to similarly recognise the power of culture and to incorporate it into the ongoing healing process. For some agencies this will demand a more sophisticated approach to understanding mental illness.

The second set of conclusions that emerge from this thesis are related to Tāngata Whai Ora/Motuhake understandings of mental illness. The stories told by participants suggest that understanding mental illness has two dimensions: clinical; and personal. The clinical dimension uses DSM IV criteria to deduce diagnoses based on clinical understandings of mental illness. Whilst a diagnosis is a valuable clinical tool, *Oho Mauri* suggests that understanding mental illness is not synonymous with comprehension of definitions from the DSM IV. Rather, it requires a level of appreciation beyond diagnoses that recognises the interpretations made by Tāngata Whai Ora/Motuhake and the meanings they attach to their personal experiences. Often these provide alternative explanations and understandings of the experience of mental illness. A diagnosis therefore, it is not necessarily perceived by Tāngata Whai Ora/Motuhake as the most significant aid in a journey towards recovery.

*Oho Mauri* presents the experience of mental illness from the perspectives of Tāngata Whai Ora/Motuhake. The phenomenological approach supports the notion that understanding the experiences of Tāngata Whai Ora/Motuhake is one way of understanding them, and the world they are in– with or without mental illness. A diagnosis does not by itself convey the essence of that other world, but understanding the experiences of Tāngata Whai Ora/Motuhake can transform clinical observations into experiences that are real, vivid, and integral to the concept of self.

Tāngata Whai Ora/Motuhake are members of whānau, hapū, Iwi and marae alongside the many other institutions within society. Their experiences of mental illness are not external to their identities, but part of them. *Oho Mauri* is able to conclude that understanding the person means also understanding dual encounters in Te Ao Whānau and Te Ao Māori. Understanding Tāngata Whai Ora/Motuhake means understanding not only their experiences within those dual realities, but also the experiences garnered within ‘Te Ao Hauora Hinengaro’ – the world where mental health is challenged.

There are a number of implications from the findings and conclusions of this study for mental health service delivery in Aotearoa/New Zealand. Firstly, good relationships with whānau, which foster whānau support, are essential for Tāngata Whai Ora/Motuhake recovery. *Oho Mauri* suggests that ‘belonging’ is the fundamental basis of whānau connectedness. Belonging - to whānau and to ‘whānau-like’ groupings - is a vital component of recovery. By promoting well wairua it benefits wellbeing.

Additionally however, recovery requires that whānau become increasingly functional and well in themselves. Without a sense of personal wholeness, Tāngata Whai Ora/Motuhake cannot attain wellbeing. Whilst Kaupapa Māori mental health services provide Tāngata Whai Ora/Motuhake with the tools to engage whānau - created from a sense of belonging, or whanaungatanga - all mental health services in Aotearoa/New Zealand might similarly actively promote the inclusion of whānau in their service provision. Most do, but not always from the perspective of modelling ‘connectedness’. Often whānau involvement leads away from creating opportunities for positive encounters and towards highlighting the differences between Tāngata Whai Ora/Motuhake and their whānau.

Consideration of the best and safest way to ensure cultural perspectives are injected and accepted in mental health services is an important implication of this study. The nature and quality of mental health service delivery has universal application. Whilst the inclusion of cultural perspectives in mental health service delivery is obviously beneficial to Māori, its application is not necessarily confined to Māori. Adoption of this application is a complex undertaking, particularly as Aotearoa/New Zealand continues to become a more multicultural society, but one worth considerable merit.

The whanaungatanga model adopted by many Kaupapa Māori mental health services works well for Tāngata Whai Ora/Motuhake because it provides them with a sense of belonging or a sense of connectedness by whakapapa, which stands outside the parameters of illness. However, the whanaungatanga model does have limitations. Tāngata Whai Ora/Motuhake commonly refer to other Tāngata Whai Ora/Motuhake as whānau. To replace a cultural identity with an identity based on an experience of illness sidesteps the value Māori place on whakapapa, but captures the functional aspects of whānau and allows for the construction of a sense of whānau, built out of a common health experience and a shared heritage. Although the proxy whānau bound together by common experiences and similar difficulties can serve a beneficial purpose - by providing inclusion in a group - it does not replace connection with biological whānau or compensate for a fractured link with whakapapa.

*Oho Mauri* also concludes that the cultural fit of mental health professionals is a critical component of service delivery. Within Kaupapa Māori mental health service provision, cultural fit is particularly important. In addition to facilitating the development of rapport, good cultural fit - as opposed to cultural knowledge - accommodates the diversity of Māori. The cultural status of Māori health professionals is similarly significant, and deserves recognition by mental health service providers.

The most noteworthy application from the findings and conclusions of this study to mental health service delivery however, is for mental health professionals to develop and convey a genuine interest in the experiences of Tāngata Whai Ora/Motuhake. Whether deemed delusional or not, the mental health experiences of Tāngata Whai Ora/Motuhake are significant to themselves, and dismissing them as simply evidence of a disorder offers no consolation, nor a basis for recovery. Personal experience of mental illness - anguish, convictions, and/or images - provides a basis for understanding, rapport, and confidence.

There was once much interest in psychoanalysts' emphasis on the meaning given to the experience of mental illness. Over time mental health management in Aotearoa/New Zealand has taken a much more pragmatic approach to mental illness however, placing emphasis on diagnosing symptoms and syndromes, and eliminating them as quickly as possible, possibly at the expense of understanding mental illness— particularly from the perspective of the consumer/Tāngata Whai Ora. What is needed in mental health

service delivery now, is a better balance— because an effective mental health service is not just one that treats the symptoms, but one which facilitates better understandings of the experience. Furthermore, *Oho Mauri* suggests that by understanding the experience of mental illness from the perspective of Tāngata Whai Ora/Motuhake, mental health services and mental health professionals can aid the recovery journey of Tāngata Whai Ora/Motuhake, particularly over the longer term.

A final implication from the findings and conclusions of this study is that identity as a predictor of outcome deserves further investigation. *Oho Mauri* does suggest that a secure cultural identity increases Tāngata Whai Ora/Motuhake wellbeing, but more research needs to be undertaken in this area to prove this.

It will be obvious that there are limitations to this study. The exclusive focus on Tāngata Whai Ora/Motuhake may seem to be dismissive of other groups; and the relationship between Tāngata Whai Ora/Motuhake and others in the mental health sector would be an important dimension. Further, although interviews were in-depth, they were conducted with a relatively small sample that does not allow wide generalisations to be made.

A further limitation was the inability to canvass the significance of cultural identity alongside other aspects of wellbeing and wellness. There are many determinants that contribute to the recovery process and it cannot be assumed that cultural identity is, by itself, the critical factor. But nor should it be assumed that it is irrelevant. Certainly, at least for the participants, and according to the not insubstantial literature, cultural identity is an important precursor of mental health that rivals socio-economic circumstances in shaping mental wellbeing.

Studying a similar manner, it was not possible to draw any conclusions about participants' strength of identity with either the onset of mental illness or the type of mental illness experienced. What has been confidently concluded however, is that cultural identity enhances recovery for Tāngata Whai Ora/Motuhake; the recovery process itself can contribute to a secure cultural identity; and the process of care and treatment can contribute to gaining a secure cultural identity and further enhancing the recovery process.

*Unuhia i te rito o te harakeke  
Kei whea te kōmako, e kō?  
Whakatairangitia  
Rere ki uta, rere ki tai  
Kī mai ki ahau  
He aha te mea nui o te ao?  
Māku e kī atu  
He tangata, he tangata, ā, he tangata!*

**Draw out the heart of the flax  
Where is the bellbird that calls?  
Move this way and that  
Fly towards land, fly towards the sea  
Ask me  
What is the most important thing in the world?  
I will say  
People, people, people!**

## Information Sheet

“The relationship between cultural identity and wellbeing for Māori”



**Wellington Campus**  
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Wellington,  
New Zealand  
Telephone: 64 4 801 2794  
Facsimile: 64 4 801 2692

### *Ki te Waipounamu*

*Ko Aoraki te Maunga*

*Ko Waitaki te Awa*

*Ko Takitimu te Waka*

*Ko Ngai Tahu, ko Ngāti Mānoe raua ko*

*Waitaha ngā Iwi*

*Ko Te Ruahikihiki te Hapu*

*Ko Otakou te Marae*

### *Ki te Ika a Maui*

*Ko Rangitane (ki Heretaunga) me*

*Ngāti Kahungunu (ki Heretaunga*

*me Wairarapa) ngā Iwi*

*Ko Ngāti Marau, ko Ngāti Kikiri raua*

*ko Ngāti Moe ngā Hapu*

*Ko Rakautatahi me Papawai ngā*

*Marae*

*Na te whānau Russell ahau*  
*Taku tane na te whānau Pere*  
*no Turangamui-a-Kiwa*  
*Ko Lynne Pere toku ingoa*

*Tena koe,*

*I am conducting research into Maori mental health and am keen to invite you to join me. A description of the project follows. Please take time to read it and if you would like to participate, you will find my contact details at the end.*

### **Research Project**

This research explores the relationship between cultural identity and wellbeing for Māori, to find out whether cultural identity leads to improved mental health.

### **Background to the Research**

Tāngata whai ora (Māori consumers of mental health services) are often separated from their iwi, hapū, whānau and marae, and may not be aware of their whakapapa. Many Māori health workers suggest that those Māori who have a stronger sense of identity may be less likely to have mental health problems. It is something I want to explore further.

### **Purpose of the Research**

This research is being carried out to fulfil the requirements of a PhD in Māori Studies, which I am undertaking through Massey University. It will contribute to Māori knowledge and development, particularly in the area of Māori mental health ultimately, to benefit Māori.

My advisors for this study are Professor Mason Durie, Assistant Vice-Chancellor (Māori) at Massey University, Palmerston North; Dr. Te Kani Kingi, Te Pumanawa Hauora (Māori Health Research Unit), Massey University, Wellington; and Dr Marie Crowe, Senior Lecturer, Department of Psychological Medicine, Christchurch School of Medicine and Clinical Nurse Specialist, Youth Specialty Service, Healthlink South, Christchurch. My kaumātua are Tabi Takao (Tuhoe) and Ata Allen (Te Aitanga a Mahaki, Ngāti Kahungunu).

### **The Study**

The research uses a number of different methods to collect information, beginning with a comprehensive review of all the current national and international literature related to the topic.

The main component of the fieldwork however, involves focus group discussions and/or interviews with tāngata whai ora either individually or with whānau or other nominated people. These interviews/focus group discussions are aimed at capturing life stories about identity and wellbeing in relation to mental health experiences.

A small number of Māori mental health providers will also be interviewed regarding specific Kaupapa Māori healing programmes. Consultation will also be undertaken with a number of ‘experts’ in the area of cultural identity and Māori wellbeing.

Participants will be interviewed in Auckland, Gisborne, Hawkes Bay, Christchurch and Invercargill.



### ***The Interviews***

If you agree to participate in this research you will be interviewed for approximately 1-2 hours (possibly a little longer). Prior to the interviews tāngata whai ora and whānau will have an opportunity to attend a short hui lasting approximately 1 hour where the research will be outlined in more detail and you will have opportunity to ask any questions.

You will be sent an interview schedule and consent form prior to the interview so you can think about the questions beforehand. Informed consent will also be obtained prior to the interview. If you agree, your interview will be recorded using a dictaphone. The interview will be held at a place that suits us both and will be conducted by myself and possible a tāngata whai ora advocate. Once completed, I will transcribe the interviews. You will be sent your transcripts to check if you agree with what was recorded.

### ***Confidentiality***

All information obtained in this research will be treated in the strictest confidence. To ensure confidentiality, all personal information including people's names will be removed and pseudonyms (aliases) used instead. Access to any data during the study will be restricted to myself and the advisors, all of whom are subject to a confidentiality agreement. Once the interviews have been transcribed and analysed, you will be offered your transcript and tape-recording back. Those transcripts and audio tapes not requested will be archived in a non-identifiable manner with the rest of the research information in a locked filing cabinet at my place of work in Wellington, to be stored for a minimum of five years before being destroyed.

### ***Participation in this research***

- Participation in this research is entirely voluntary and optional
- Participants will be informed about who is conducting the research, why it is being done and what the results are to be used for
- Participants have the right to withdraw from the research at any time without fear of recrimination or discrimination in their future health care or employment. Participants may withdraw any or all of the information they have provided until the final writing of this thesis
- Participants are free to invite their whānau and/or other nominated support people to the interview
- Participants will receive preliminary data for comment, once the initial analysis has been completed
- Participants will be offered a summary of the research at the completion of the research, and will be given the opportunity to attend any of a series of hui that will be held at the conclusion of the research, as a means of further disseminating the results.

### ***Distribution of Findings***

The research will be submitted for examination and lodged in the Massey University library.

You will be advised of the results of the research through hui before the overall findings are disseminated among the Māori mental health community; the wider academic community; the public service; and health professionals.

### ***Further Information***

This study has received ethical approval from the Wellington Ethics Committee on behalf Auckland, Canterbury, Hawkes Bay, Tairāwhiti and Southland Ethics Committees, and has been reviewed and approved by the Massey University Human Ethics Committee, WGTN Protocol 02/121. If you have any concerns about the conduct of this research, please contact Dr Pushpa Wood, Chair, Massey University Wellington Human Ethics Committee, telephone 04 801 2794 ext 6723, email [P.Wood@massey.ac.nz](mailto:P.Wood@massey.ac.nz). If you require further information please feel free to contact:

#### **Researcher:**

Lynne Pere  
Te Pūmanawa Hauora  
Te Putahi-a-Toi, School of Maori Studies  
Private Box 756, Massey University  
WELLINGTON  
Telephone or Fax (04) 564 2003  
Email: [l.m.pere@massey.ac.nz](mailto:l.m.pere@massey.ac.nz)

#### **Chief Supervisor:**

Prof Mason Durie  
  
Massey University  
PALMERSTON NORTH  
  
Telephone (06) 350 5799 extn 7603  
Email: [m.h.durie@massey.ac.nz](mailto:m.h.durie@massey.ac.nz)

## Consent Form for Research Participants

“The relationship between cultural identity and wellbeing for Māori



Wellington Campus  
Private Box 756,  
Wellington,  
New Zealand  
Telephone: 64 4 801 2794  
Facsimile: 64 4 801 2692

*Please read this. If there is anything you don't understand, please ask the person who gave you the form to explain. This form will be destroyed six months after research is completed.*

- I understand that Lynne Pere is completing this research as part of her PhD in Māori Studies through Massey University, Wellington.
- I have been given enough information about this research project, and about the purpose of this interview. If I want to find out more about the research, I know that I can ask the Principal Investigator Lynne Pere, or her Chief Supervisor at Massey University. Names and contact details are on the information sheet provided.
- I understand that Lynne Pere is conducting this interview. In some instances she will be assisted by a tāngata whai ora advocate.
- During the interview, I understand that I can choose which questions I want to answer. I don't have to answer any questions if I don't want to.
- I understand that I can withdraw my consent to participate in this interview at any time.
- I understand that I can change my mind later if I decide that I don't want to take part. I don't have to give any reasons for not taking part. I can also ask the Principal Investigator to remove what I have said from any records, up until the final writing up of the thesis.
- I understand that my ideas will form part of a written report on cultural identity and wellbeing for Māori. I also understand that my name and other information that could identify me will **not** be included in the written report.
- I understand that I will receive a transcript of the audio tape of the interview, and am able to amend this transcript or make further comments.
- I understand that the only people who may see this transcript, besides myself and the Principal Investigator Lynne Pere, are her PhD Supervisors. All these people are subject to a confidentiality agreement.
- I understand I will be invited to attend a feedback hui and will receive a copy of the findings of the research at its conclusion.

*Please tick the boxes below and sign and date the form*

**I agree to participate in the study and be interviewed**

**I agree for my interview to be taped**

**NAME**

---

**SIGNATURE**

---

**TODAY'S DATE**

---

**I would like to be given the interview audiotape on completion of the research**



**Yes**

**No**



Te Kūmenga ki Pūrehuroa

## Interview Schedule for Tangata Whai Ora Interviews

To begin with, do you identify as Maori or do you say you are Maori?

What is it that makes you Maori?

Do you know your whakapapa? How many generations back can you go?

Have you ever been on a marae? What for?

Do you know the name of/where your own marae is? Do you have any contact with your own marae?

Do you have any shares in Maori land?

Do you hang around with Maori or non-Maori mainly? Do you feel more comfortable hanging around with Maori or non-Maori? Why?

Do you belong to any Maori groups? Kapahaka groups? Maori sports clubs/teams? Maori Women's Welfare League? Maori church groups?

Can you speak Maori? Understand te reo Maori?

### **Cultural identity prior to entering treatment**

I'd like you to think about your life before you ever had any treatment for mental illness. How many people were there in your whanau? Did you have brothers/sisters? Who brought you up? (*Icebreakers...*)

Did they or anyone else ever speak Maori to you? Around you?

Did you ever go to any marae back then? Did you go to your own marae? (*Only if identified that they have been on a marae before, or know their own marae.*) What for?

Did you go to a Maori school (Maori Boarding School)?

Back then, would you say that Maori ways of doing things was important to you/your whanau? What makes you say that?

Would you say you were brought up Maori?

**Cultural identity during treatment**

I'd like you to think now about your first ever experience of mental illness, and the first time you received treatment. When was this? Where was this?

Have you ever been through a Kaupapa Maori mental health service or received treatment/got help from a Maori mental health service? Where? When? *(If no, do next question and then go down to \*)*

Have you ever received treatment/got help from a mainstream (conventional) or non-Maori mental health service? Where? When?

I'd like to focus on the Maori mental health service you were at/got help from. Thinking about when you were there, what made that service different from a mainstream (conventional) or non-Maori mental health service for you? *(If they have only been to a Maori mental health service, then go straight on to next question.)*

What things did you find helpful about the treatment process at the Maori mental health service?

What things did you find unhelpful (about the treatment process at the Maori mental health service)?

\* Did you do any Maori stuff as part of your treatment with that service? (e.g. waiata, learn whakapapa, attend hui, attend tangi, mihimihi, speak or learn te reo Maori, whakawhanaungatanga etc)

Did this make you feel more Maori?

Do you think this helped in your recovery? Why/why not/how?

Do you think this made you more unwell? Why/why not/how?

**Focus on cultural identity since treatment**

I'd like you to think about your life now. Do you think you have strong links with your whanau? Do you see them very much? Do you get on with them?

Do you live in the same area as them? Is this where you're from (whakapapa to)?

Do you ever go back to your marae? *(If indicated that they know their marae.)*

Do you have anything to do with your hapu/runanga/iwi? *(If known)*

Would you like to have more to do with your whanau/iwi/marae? Do you think this would help you in your recovery/help you deal with your mental illness better? Do you think it could make you unwell again? Why/why not/how?

Would you like to know more of your whakapapa and about the area you are from? Do you think this would help you in your recovery/help you deal with your mental illness better? Do you think it could make you unwell again? Why/why not/how? Would you like more contact with Maori? Do you think this would help you in your recovery/help you deal with your mental illness better? Do you think it could make you unwell again? Why/why not/how?

Would you like to be able to speak or understand te reo Maori better? (*If indicated they are not fluent.*) Do you think this would help you in your recovery/help you deal with your mental illness better? Do you think it could make you unwell again? Why/why not/how?

Do you think there's any link between knowing who you are as a Maori, and where you come from, and feeling well?

Are there any other comments you would like to make?

Finally is there anything you would like to ask me about the research?

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**Thank you for your time today. If you would like a copy of the summary report or the full report, please give me an address that I can post them to.**

**If you have any questions or queries about the research, please feel free to contact me on  
(04) 564 2003 or [l.m.pere@massey.ac.nz](mailto:l.m.pere@massey.ac.nz)**

July 26, 2002

The Chair  
Wellington Regional Human Ethics Committee  
Private Bag 7902  
Wellington South

Tena koe,

I would like to support Lynne Pere's research proposal entitled "The Relationship between Cultural Identity and Wellbeing for Māori", and her application for ethical approval to undertake the research.

I met with Lynne at He Oranga Pounamu in Christchurch on 11 July 2002 at which time she presented her research proposal to myself and Gilbert Taurua. At that meeting Lynne provided us with an information sheet which outlined the research, its background and purpose, how it would be carried out, and who it involved. We discussed at length issues surrounding research sites; participation, including access to tangata whai ora and Maori mental health providers; iwi involvement; and dissemination of results. Lynne was able to answer any questions we had regarding her research satisfactorily.

In terms of practical support I am able to give Lynne, we recommended key experts in the fields of Māori mental health and alcohol and drug services for her to contact, and we offered to help facilitate the research process through assistance finding research participants if required, use of our offices for interviews if required, and the publication of an article on her research study in our regular *He Oranga Pounamu* newsletter.

We were very impressed by Lynne's willingness to initiate contact with He Oranga Pounamu prior to undertaking any research within our iwi rohe, and with her regard to correct process. We believe her research project to be very worthwhile and I am therefore very happy to support her in the pursuit of this research.

Naku noa, na



Fiona Pimm

# Canterbury DHB

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## District Health Board

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Te Poari Hauora o Waitaha

Corporate Office

Telephone (03) 364 4107  
 Facsimile (03) 364 4101  
 e-mail [tahi.takao@cdhb.govt.nz](mailto:tahi.takao@cdhb.govt.nz)

1 August 2002

The Chair  
 Wellington Regional Human Ethics Committee  
 Private Bag 7902  
 Wellington South

Tena koe,

I would like to support Lynne Pere's research proposal entitled "The Relationship between Cultural Identity and Wellbeing for Māori", and her application for ethical approval to undertake the research.

When Lynne first proposed this PhD study in 2000 she approached me for support specifically in terms of being willing to offer her cultural supervision throughout the duration of the research.

I first met Lynne in 1998 through her appointment as Kaiwhakahaere of Te Korowai Atawhai, the Maori mental health service of Healthlink South, where for the last ten years I have been employed as Kaumatua. During her time at Te Korowai Atawhai Lynne and I worked closely together. My relationship with her and her whanau since this time has been one of ongoing guidance and mentoring as she has continued to work in the field of Maori health and research.

I recently met with Lynne at the Canterbury District Health Board in Christchurch where I am currently employed as Kaumatua, at which time she presented her research proposal to me. At that meeting Lynne provided me with an information sheet which outlined the research, its background and purpose, how it would be carried out, and who it involved. We discussed at length issues surrounding research sites; participation, including access totangata whai ora and Maori mental health providers; iwi involvement; and dissemination of results. Lynne was able to answer any questions I had regarding her research satisfactorily.

In my role as Lynne's cultural supervisor I will continue to offer Lynne guidance and advice on issues of tikanga, alongside her own Kaumatua. I am very impressed by her willingness to initiate contact with the Maori mental health community prior to undertaking any of the research, and with her regard to correct process. I believe her research project to be very worthwhile and I am therefore very happy to support her in the pursuit of this research.

Naku noa, na



**Tahi Takao**  
**Kaumatua**  
**Canterbury District Health Board**

August 8, 2002

The Chair  
Wellington Regional Human Ethics Committee  
Private Bag 7902  
Wellington South

PO Box 13-070, Christchurch  
5<sup>th</sup> Floor, Securities House, 221 Gloucester Street  
Ph: (03) 379-7200 Fax: (03) 379-7201  
Email: kaihautu@kakakura.org.nz

Tena koe,

I would like to support Lynne Pere's research proposal entitled "The Relationship between Cultural Identity and Wellbeing for Māori", and her application for ethical approval to undertake the research.

I met with Lynne at Kakakura Trust in Christchurch on 10 July 2002 at which time she presented her research proposal to myself and Stan Doney, Manager of Te Pito Ora. At that meeting Lynne provided us with an information sheet which outlined the research, its background and purpose, how it would be carried out, and who it involved. We discussed at length issues surrounding research sites; participation, including access to tangata whai ora and Maori mental health providers; iwi involvement, including both mana whenua and mataa waka; and dissemination of results. Lynne was able to answer any questions we had regarding her research satisfactorily.

Having worked alongside Lynne in the Otautahi Maori mental health community and having been involved in other research projects she has undertaken, I am assured of her respect for both our involvement as Maori research participants and importantly, the safe involvement of our tangata whai ora and whanau. I am particularly pleased that the perspectives of tangata whai ora play a significant part in this research.

I was very impressed by Lynne's willingness to initiate contact with Kakakura Trust prior to undertaking any research in the Otautahi Maori mental health community, and with her regard to correct process. I believe her research project to be very worthwhile and I am therefore very happy to support her in the pursuit of this research.

Naku noa, na



Sandy Hunt

# Canterbury DHB

District Health Board

Te Poari Hauora o Waitaha

Te Korowai Atawhai  
Maori Mental Health Service  
Hillmorton Hospital  
Canterbury District Health Board

August 13, 2002

The Chair  
Manawatu Wanganui Regional Ethics Committee  
PO Box 5203  
PALMERSTON NORTH

Tena koe,

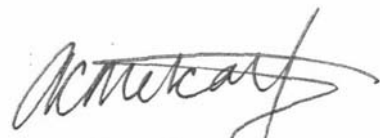
I would like to support Lynne Pere's research proposal entitled "The relationship between Cultural identity and Wellbeing for Maori", and her application for ethical approval to undertake the research.

I met with Lynne at Hillmorton Hospital in Christchurch on 11 July 2002 at which time she presented her research proposal to myself and te whanau o Te Korowai Atawhai. At that meeting Lynne provided us with an information sheet which outlined the research, its background and purpose, how it would be carried out, and who it involved. We discussed at length issues surrounding research sites; participation, including access to tangata whai ora and Maori mental health providers; iwi involvement; and dissemination of results. Amohia was able to answer any questions we had regarding her research satisfactorily.

As a previous Kaiwhakahaere of Te Korowai Atawhai, Lynne has established relationships both with our service and within the wider Maori mental health community in Otautahi. She has sought to include us in other research projects she has undertaken, and based on this experience I am assured of her respect for both our involvement as Maori research participants and importantly, the safe involvement of tangata whai ora and whanau. I am particularly pleased that the perspectives of tangata whai ora and whanau play a significant part in this research.

We were very impressed by Lynne's willingness to initiate contact with Te Korowai Atawhai prior to undertaking any research in the Otautahi Maori mental health community, and with her regard to correct process. We believe her research project to be very worthwhile and I am therefore very happy to support her in the pursuit of this research.

Naku noa, na



Aroha Metcalf  
Te Kaiarahi Tikanga Hauora  
Clinical Head

*Te Korowai Atawhai- Maori Mental Health Service*

Hillmorton Hospital, Private Bag 4733, Christchurch, NZ  
Lincoln Road, Ph: 03 339 2864 Fax: 03 33911149.  
Email: Bobby.McGregor@CDHB.govt.nz

## TUIA SERVICES

Level 2, Room 226  
Support Building  
Middlemore Hospital  
Phone: 276-0044 Ext 2384  
FAX: 270-4749

August 14, 2002

The Chair  
Wellington Regional Human Ethics Committee  
Private Bag 7902  
Wellington South

Tena koe,

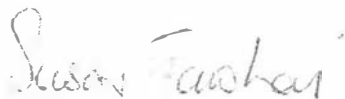
I would like to support Lynne Pere's research proposal entitled "The Relationship between Cultural Identity and Wellbeing for Māori", and her application for ethical approval to undertake the research.

I met with Lynne at Tuia Services in Auckland on 5 July 2002 at which time she presented her research proposal to myself and Rose Greaves. At that meeting Lynne provided us with an information sheet which outlined the research, its background and purpose, how it would be carried out, and who it involved. We discussed at length issues surrounding research sites; participation, including access to tangata whai ora and Maori mental health providers; iwi involvement; and dissemination of results. Lynne was able to answer any questions we had regarding her research satisfactorily.

Having been involved in other research projects Lynne has undertaken, I am assured of her respect for both our involvement as Maori research participants and importantly, the safe involvement of tangata whai ora and whanau. We are particularly pleased that the perspectives of tangata whai ora play a significant part in this research. To this end we were able to recommend key tangata whai ora experts for Lynne to contact.

We were very impressed by Lynne's willingness to initiate contact with Tuia Services prior to undertaking any research in the South Auckland Maori mental health community, and with her regard to correct process. We believe her research project to be very worthwhile and I am therefore very happy to support her in the pursuit of this research.

Naku noa, na



Susan Tawhai

# Te Whanau A Kai Hapu Trust

TAPIRITANGA

P O Box 138

Patutahi

Website: [www.tewhanau.co.nz](http://www.tewhanau.co.nz)

Email: [whanauakai@e3.net.nz](mailto:whanauakai@e3.net.nz)

Ph: 06 863 3804

Fax: 06 863 3806

24 July 2003

The Chair  
Wellington Regional Human Ethics Committee  
Private bag 7902  
Wellington South

Tena koe,

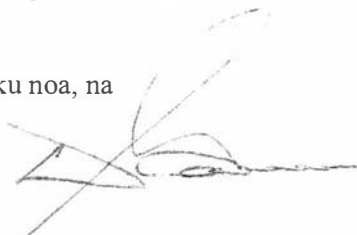
I would like to support Lynne Pere's research proposal entitled "The Relationship between Cultural Identity and Wellbeing for Maori", and her application for ethical approval to undertake the research.

I met with Lynne in Turanga on 23 July 2003 at which time she presented her research proposal to myself as Chairman of Te Whanau a Kai Hapu Trust. She has also spoken with other iwi and hapu members this week and provided us with information regarding the research, its background and purpose, how it will be carried out, and who it involves. We have discussed issues surrounding participation of local Maori, including tangata whai ora and Maori mental health providers; iwi involvement; and dissemination of results. Lynne was able to answer any questions we had regarding her research satisfactorily.

Through whakapapa Lynne has established relationships with our iwi. She also has established experience with the Maori mental health community of Turanga whom she has involved in other research projects she has undertaken. Based on both these facts, I am assured of her respect for both our involvement as iwi, and importantly the safe involvement of tangata whai ora and whanau. I am particularly pleased that the perspectives of tangata whai ora and whanau play a significant part of this research.

I have been very impressed by Lynne's willingness to initiate contact with Te Whanau a Kai Hapu Trust prior to undertaking any research in Turanga, and with her regard to correct process. I believe her research project to be very worthwhile and I am therefore very happy to support her in the pursuit of this research.

Naku noa, na



David Hawea  
Chairman  
Te Whanau a Kai Hapu Trust

## APPENDIX E

2 September 2003

Chairperson  
Auckland Ethics Committees  
Ministry of Health  
Private Bag 92522  
Wellesley St  
AUCKLAND

Tena Koutou Katoa e nga Rangatira

Re: A Study About the Relationship Between Cultural Identity and Wellbeing for Maori

I have discussed the study with Lynne Pere and examined relevant documents. The consent form and information sheets appear to be culturally unambiguous and safe. The interview schedule appears to be tikanga based particularly in relation to marae, whakapapa, reo and membership of Maori groups. It too appears to be culturally safe.

Attached is a copy of the tikanga framework against which the study was assessed. Within the framework it will be noted that the Treaty of Waitangi principles do not strictly apply. The study is by Maori for Maori and tikanga-a-iwi protocols should apply. It is encouraging that the researcher claims that tikanga will be adhered to according to the iwi locality within which interviews will be conducted. From a Maori perspective there would appear to be no significant cultural issues.

We are pleased to support the study and we wish the study well

Naku noa

  
Brian Emery  
Group Manager Maori Health

## Support/Non-Support of Research/Studies Applying for Auckland Regional Ethics Committee Approval

### Background

All research/study proposals conducted at and with patients of Counties Manukau District Health Board are required to gain support/non-support from Maori. The lead person is Group Manager, Maori Health. It is a requirement of the Auckland Ethics Committee that research proposals are consistent with the principles of the Treaty of Waitangi.

### Taumata Kaumatua Kuia

There are kaumatua kuia employed by Counties Manukau District Health Board. Included in this Taumata are manawhenua. The Taumata give advice about whether or not to support a proposal. The advice is from a tikanga perspective and in particular the values that underpin the tikanga. Attached is a copy of the Tikanga Framework. Common research procedures under which Maori might agree to participate include:

- Health gains for Maori
- Informed patient consent
- Collecting patient information
- Taking blood or body fluid samples, or body tissues
- Administration of oral or intravenous medication
- Questionnaire for patients and/or staff

### Key Advice from Taumata Kaumatua Kuia

1. *Issue of body samples/tissues/blood/skin.* These are taonga and a subject to tikanga of tapu. While there is a reluctance to part with body parts, even for research, treatment, and recovery, in the end it is an individual's choice. This recognises the mana of the individual. That mana is also located within a whanau, hapu who have a collective responsibility to protect taonga.
2. *What protections are given to body samples?* Taonga must only be used for the purposes for which it was taken. Maori may request the return of taonga and dispose of them through their own rituals. If they are to be destroyed then normal laboratory processes are to be used. This especially applies where samples are sent overseas, and researchers must guarantee that no other use will be made of the samples other than for the study.
3. *The issue of genetic engineering* is being discussed with the Taumata Kaumatua Kuia. At the moment the Ethics Committee turns down those proposals.

### Process to Support/not Support Research Proposals

Our process was reconfirmed in a korero with Kay Worrall Chairperson Ethics Committee and Cinamon Whitlock 21 November 2001

1. Researcher/investigator discusses the proposal with the Group Manager (GM) Maori Health
2. GM examines information/summary of study. Where tikanga issues are unclear, these are discussed with the Taumata
3. GM evaluates the proposal under the question "How will this help Maori?" The Tikanga Framework is used.
4. Once the evaluation is complete, GM writes a letter of support/non-support to Ethics Committee and advises the principal researcher
5. In the interest of future research by Maori researchers, participants' iwi affiliations are gathered as secondary data of the present study.

## Tikanga Framework

## Study Name: A Study About the Relationship Between Cultural Identity and Wellbeing for Maori

Nga Patai - Questions	Tikanga/Values	Tikanga/Values met/not met
<ul style="list-style-type: none"> <li>How will the study help Maori?</li> </ul>	<ul style="list-style-type: none"> <li><b>Oranga</b> – <i>relates to holistic healthcare, treatment, rehabilitation and quality of life</i></li> <li><b>Whakahe</b> – <i>considers significance of cultural risks to Maori whether or not Maori participate in the study</i></li> <li><b>Tino rangatiratanga</b> – <i>acknowledges the autonomy and authority for Maori to be Maori</i></li> <li><b>Taha whanau, hapu</b> – <i>asserts collective rights and responsibilities</i></li> </ul>	<ul style="list-style-type: none"> <li>Understanding if cultural identity leads to improved mental health</li> <li>Maintaining tikanga through the interviews ensures cultural safety</li> <li>The study acknowledges and protects rangatiratanga of participants</li> <li>Individuals are free to assert their whanau rights</li> </ul>
<ul style="list-style-type: none"> <li>What is the process for obtaining informed consent for participants?</li> <li>In questionnaires, how is the language inoffensive to Maori?</li> <li>How is patient</li> </ul>	<ul style="list-style-type: none"> <li><b>Whakaae marama</b> – <i>in this context, an individual's right to be informed fully in lay terms, the right to participate or not, before or during the study</i></li> <li><b>Mana tangata</b> – <i>recognises an individual's personal authority, integrity and right to make personal choices</i></li> <li><b>Taha hinengaro</b> – <i>takes account of emotional strength and preparation</i></li> <li><b>Marama ai i te kaupapa</b> – <i>receives full knowledge of the study</i></li> <li><b>Tika me te pono</b> – <i>shows that language is culturally safe and culturally unambiguous</i></li> <li><b>Whakapapa</b> – <i>Maori tend to keep genealogy details private only</i></li> </ul>	<ul style="list-style-type: none"> <li>Before consent is given, the study is fully explained and is followed up with a written information sheet</li> <li>The study maintains individual's right to participate or not</li> <li>Following tikanga in the study maintains taha hinengaro</li> <li>Consent form is signed</li> <li>The interview schedule is culturally safe and unambiguous</li> <li>Whakapapa details are not sought</li> </ul>

Nga Patai - Questions	Tikanga/Values	Tikanga/Values met/not met
<p>information kept confidential?</p> <ul style="list-style-type: none"> <li>Why does the study require participants to sign confidentiality clauses?</li> </ul>	<p><i>to their own. This tikanga applies to all studies where no personal details are released or able to be released outside of the study.</i></p> <ul style="list-style-type: none"> <li><b>Pono</b> – <i>some studies require secrecy declarations from Maori participants not to divulge study information to anyone including whanau. Regardless of commercial or other reasons, such studies are perceived as lacking truth and openness, and consequently are viewed with suspicion.</i></li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<ul style="list-style-type: none"> <li>What guarantees are there, that blood samples, body fluids or body tissues will be used ONLY for the purposes of the study?</li> </ul>	<ul style="list-style-type: none"> <li><b>Taonga</b> – <i>in this context, relates to the body, blood samples, body fluids, body tissues, body parts, DNA, intellectual property rights</i></li> <li><b>Mauri</b> – <i>recognises that all taonga have a life force. Mixing intra, inter-species transgresses the tikanga of tapu and offends most Maori. Nevertheless, it is acknowledged that blood transfusions and organ transplants are done according to an individual's choice and out of necessity.</i></li> <li><b>Kaitiakitanga</b> – <i>assembles protective processes of custodianship; guardianship around taonga; and defines the roles of people who act as custodians</i></li> <li><b>Tapu</b> – <i>affirms the sanctity of the body and kaitiakitanga surrounding taonga</i></li> <li><b>Noa</b> – <i>shows processes that free up tapu restrictions, or cultural risks so that laboratory work can proceed safely</i></li> <li><b>Taha tinana</b> – <i>adjusts for the physical well-being of the taonga</i></li> </ul>	<ul style="list-style-type: none"> <li>This section does not apply because no blood samples or body tissues are collected</li> </ul>

## Tikanga Framework

Nga Patai - Questions	Tikanga/Values	Tikanga/Values met/not met
	<ul style="list-style-type: none"> <li>● <b>Taha whanau</b> – proclaims an individual's mutual responsibilities to and from the collective for the well-being of the whanau</li> <li>● <b>Taha wairua</b> – provides for spiritual well-being and strength which are derived from the mana of God, whenua, tipuna, waka, iwi, hapu, whanau</li> <li>● <b>Mana tangata</b> – in recognition of an individual's integrity guarantees that taonga will only be used for the purpose for which it was obtained</li> </ul>	
<ul style="list-style-type: none"> <li>● How will remaining blood samples or body tissues be disposed of?</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Tapu</b> – demonstrates a safe process to dispose of taonga through normal laboratory processes</li> <li>● <b>Noa</b> – demonstrates a process for the safe return of taonga to the individual and/or whanau</li> <li>● <b>Manaakitanga</b> – demonstrates respect for the taonga throughout its disposal</li> </ul>	<ul style="list-style-type: none"> <li>● Not applicable</li> </ul>
<ul style="list-style-type: none"> <li>● For blood samples or body tissues sent to overseas' laboratories, what guarantees are there that they will not be given to other studies or sold to DNA banks?</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Rangatiratanga</b> – acknowledges responsibility to protect the intellectual property rights of taonga, and declares the absence of genetic patenting</li> <li>● <b>Whakapapa</b> – seeks guarantees for the protection of taonga and disallows any genetic engineering, modification and biopiracy of the taonga</li> </ul>	<ul style="list-style-type: none"> <li>● Not applicable</li> </ul>

Nga Patai - Questions	Tikanga/Values	Tikanga/Values met/not met
<ul style="list-style-type: none"> <li>How will medication be administered?</li> </ul>	<ul style="list-style-type: none"> <li><b>Mahi tika</b> – <i>normal procedures to administer orally or intravenously</i></li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<ul style="list-style-type: none"> <li>In this relationship between the study investigators and Maori participants, how are the principles of the Treaty of Waitangi upheld?</li> </ul>	<ul style="list-style-type: none"> <li><b>Participation</b> – <i>Maori have the same chance as everyone else to participate. Maori may also participate as co-investigators, researchers, study administrators, analysers and monitors</i></li> <li><b>Partnership</b> – <i>Throughout the study, partnerships may be gained at several levels. These include co-investigation, approval and support, administering, monitoring for cultural safety, analyses, dissemination of findings</i></li> <li><b>Protection</b> – <i>Procedures are followed to ensure the cultural safety of tikanga, Maori participants and their whanau, Maori co-investigators and their whanau, taonga, intellectual property rights and freedom from biopiracy</i></li> </ul>	<ul style="list-style-type: none"> <li>This is a study by Maori for Maori and the principles of the Treaty of Waitangi do not strictly apply.</li> <li>This study will follow the normal tikanga-a-iwi procedures according to the particular areas that interviews will be conducted in</li> <li>All tikanga-a-iwi used will protect the whanau, hapu iwi of individual participants. Tikanga will also protect the researcher</li> </ul>

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