

Te Toi o Matariki
A Cultural Model For Personal Growth
And Development

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fulfilment of the degree of Master of Arts**

Karakia

*Tenei au Tenei au , ko te hokai nei o taku tapu wai
Ko te hokai nuku ko te hokai rangi
Ko te hokai a to tupuna a Tanenuiarangi
I pikitia ai ki nga Rangituhaha ki te tihi o manono
I rokohina atu ra ko Io Matua Kore anake
I riro ai nga kete o te wananga
Ko te kete Tu-a-uri
Ko te kete Tu-atea
Ko te kete Aronui
Ka tiritiri au Ka poupoua Kia Papatuanuku
Ka puta te ira tangata ki te wheiao
Ki te Ao Marama!*

Here am I, here am I, here am I quickly moving by
The power of my karakia for swift movement
Swiftly moving over the earth
Swiftly moving through the heavens,
The swift movement of your ancestor Tanenuiarangi
Who climbed up to the isolated heavens,
The summit of Manono, and there found Io-the-parentless alone
He brought back down the baskets of knowledge,
The basket named Tuauri,
The basket named Tuaeatea
The basket named Aronui.
Portioned out and planted in Mother Earth,
The life principle of human beings comes forth into the dawn,
Into the world of light.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made.

I would like to acknowledge and thank the many people who have contributed their time and thoughts, discussion and encouragement during the preparation of this thesis. I particularly wish to thank Hakopa and Te Orohi Paul for their guidance, dialogue, supervision and commitment of time and never ending belief in this work. As the creators of Te Toi o Matariki, I have been privileged and honoured to continue their work in this field. They nurtured me and had the confidence to allow me to give voice to their work within an academic framework.

I thank and acknowledge Raukura Hauora O Tainui who has provided a platform for this work in the clinical setting and also an environment of support, resourcing, encouragement and ongoing commitment to assist me in the completion of this work. To the *akonga* and their *whanau* who participated in the surveys who were so generous with their time – I am truly grateful. It was a privilege to be entrusted with your personal ‘stories’ and moving accounts of your journey to recovery.

Last, but not least, to my family whom I am also grateful for their unconditional support, love and encouragement given while undertaking this period of study. I

would not have been able to do this on my own without the love and support from them.

Ka nui te mihi ki a koutou katoa.

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Abstract

There is a greater recognition by Maori of the potentially harmful effects of alcohol and drugs. However there are concerns about the patterns of use and the rising incidence of alcohol and drug related risks such as; hospital admissions, domestic abuse, and alcohol and drug related convictions. As a result alcohol and drug use among Maori is a major threat to their health and well being. Consequently there is a need for models that are culturally appropriate to effectively address the problem.

In New Zealand there is an increase in the use of customary Maori values, beliefs and practices in the treatment of Maori with substance abuse. This has also involved the integration of Western approaches and treatment modalities that are beneficial to Maori. However, the main purpose of the research is to give credence to Te Toi o Te Matariki model within the clinical setting. It is anticipated that the outcomes will inspire confidence in cultural model of practice in personal growth and development for Maori people who present with substance abuse. Te Toi o Te Matariki model is examined in the context of the Te Ara Hou residential drug and alcohol programme, a service provided by Raukura Hauora o Tainui (RHOT) in Auckland.

The analogy is “to ascend or achieve to the highest point of the Whare Wananga (house of learning) so that the best view or position in the world is gained.” It demonstrates three stages of continuous layers and has been developed in accordance with the key principles of the whakapapa (genealogy) paradigm of Te Kore, Te Po and Te Ao Marama. These principles form the infra-structure of the programme.

Chapter One Research Setting

*E kore teenei whakaoranga e huri ki tua o aku mokopuna
Maaku anoo hei hanga I tooku nei whare
Ko nga pou he manoe he patate
Ko te taahuu he hiinau
Me whakatupu ke te hua o te rengarenga
Me Whakapakari ki te hua o te kawariki
Teera anoo ooku nei hoa kei ngaa toopitoo o te Ao
Ko ngaa huumeke ko ngaa kaamura me ngaa pakimete
Ahakoa ngaa mano huri atu ki te haamarietanga
Mahue mai ki ahua kotahi mano e rima rau rima tekau maa rua
Ko ahua kei roto, ko te Atua tooku piringa ka puta ka ora.
Ta Te Kingi Tawhiao*

These things will not continue beyond the time of my descendants I shall fashion my own house out of the common woods of the forest. Our people must be strong and healthy like the hardy alpine plants. I have friends among the working classes throughout the world regardless of those who seek false salvation elsewhere. We, my followers and I, will survive and endure, because of our communities and our faith.

King Tawhiao

The introductory *whakatauki* is a strategic choice because it established the identity of the tribe (Tainui) as the *iwi* aligned with the organisation. Furthermore the services offered by Raukura Hauora o Tainui (RHOT) embrace *whakatauki* (proverbs) –to reinforce and provide guidance along the pathway to wellness. Raukura Hauora o Tainui has its inception and inspiration from Princess Te Puea who built a hospital for Maori at Ngaruawahia in the early 1930's. However, when the hospital was finally completed in the 1930's it was designated unsuitable for delivery of health services. It now occupies a central part of the Turangawaewae marae. The achievements of Princess Te Puea, continues to be a source of pride and inspiration for RHOT.

The ideological framework of the Te Toi o Matariki embedded in Tainui signals that the programme is shaped by Maori thinking and practice.

Raukura Hauora O Tainui (RHOT) is as a Maori Health Provider offering primary and secondary care services in the community. Raukura Hauora O Tainui (RHOT) organisational mission statement determines that 'RHOT will provide excellence in health care, which embraces the individual's right for integrity and dignity within a culturally appropriate environment' (Raukura Hauora O Tainui QA Manual One: 1). Most significantly the ethos of Maori cultural beliefs and values permeate all aspects of the organisation. Maori cultural beliefs and values shape and influence the planning, development and implementation of all RHOT health care programmes.

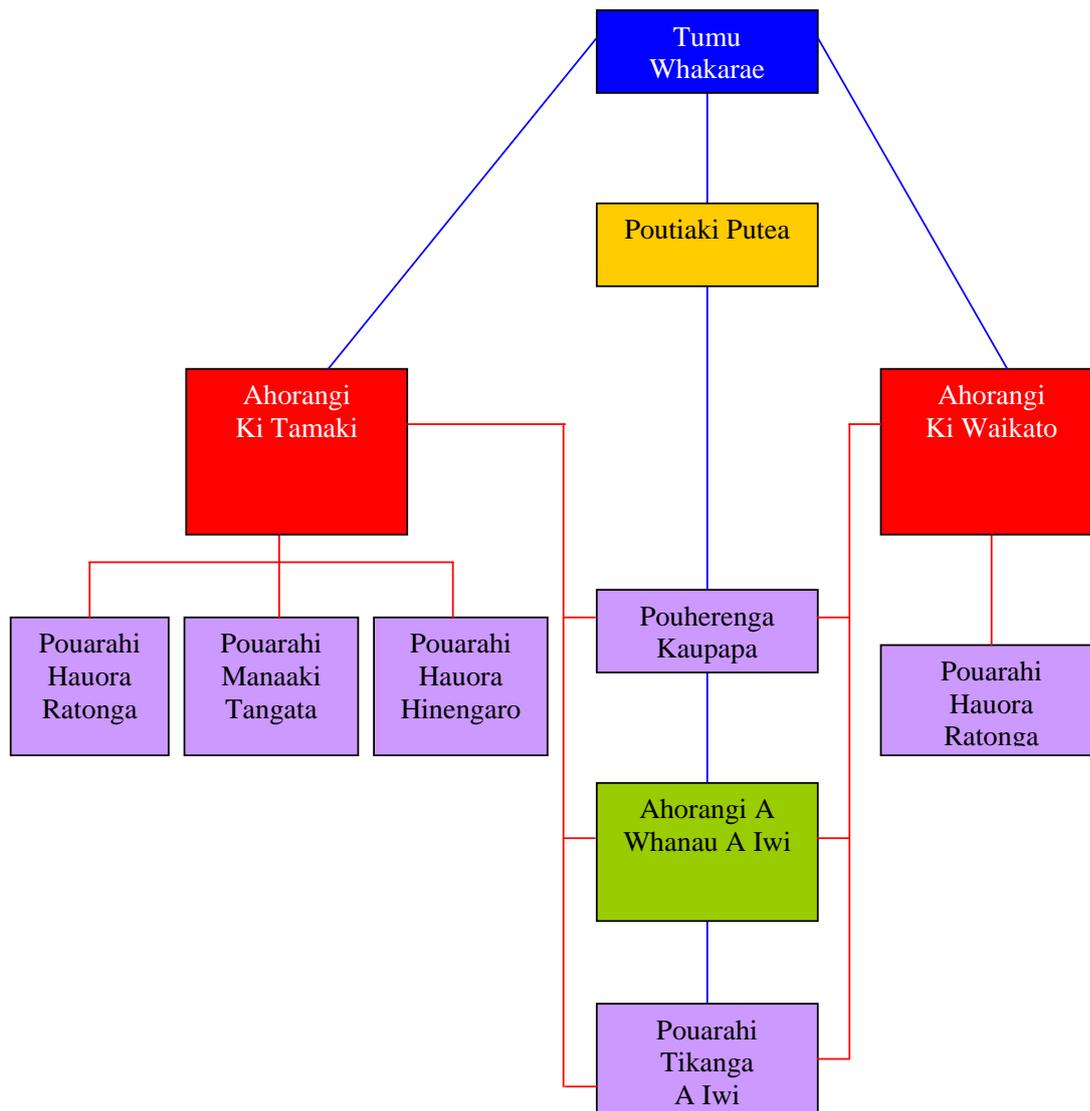
The Tainui report (1983) conducted into the socio-economic status of the tribe, identified four major disparities; employment, health, education and housing. In regards to health, the report stated that '...what was needed were small health clinics, based amongst Maori communities (preferably on *marae*) and operated by trained local people. These people can move easily amongst their community, assess basic health problems and conduct home-based and/or marae based preventative health programme' (ibid). RHOT preferred choice of health delivery is community based clinics and services.

The following diagram is an organisation diagram depicts the overall organisational structure of RHOT. The Toi o Matariki sits within Ahoranga ki Tamaki on the diagram. The most important personnel in the organisation are cultural advisors, *kuia* (female elders) and *kaumatua* (cultural experts).

Diagram 1 Raukura Hauora o Tainui Organisational Chart



Raukura Hauora O Tainui Organisational Structure



Te Ara Hou

The programme was designed by a team led by Hakopa and Te Orohi Paul in 1989 - and was supported by Tainui *kaumatua*. At that time, Te Ara Hou was an independent Maori organisation, specialising in Drug and Alcohol rehabilitation. In 1997 Te Ara Hou merged with RHOT but has retained the Te Ara Hou brandname and service. The Te Toi o Matariki model delivered by RHOT – Te Ara Hou is now used widely throughout the community for the treatment of substance abuse. The chronological events below outline the development of Te Toi o Matariki from its inception in 1989:

Diagram 2 Chronological History of Te Toi o Matariki

| Date | Event |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1989 | Te Ara Hou established a kaupapa Maori residential service for men and Te Toi o Matariki model was introduced. |
| 1991 | Te Ara Hou established a kaupapa Maori residential |
| 1997 | Raukura Hauora O Tainui merged with Te Ara Hou and adopted Te Toi o Matariki model for the A&D service. |
| 1997 | Raukura Hauora O Tainui established a kaupapa Maori community A&D service and Te Toi o Matariki was introduced to the community. (i.e. extended beyond the environment of residential treatment). |
| 2001 | The model was fully supported by eleven staff at Raukura Hauora O Tainui A&D team led by the Senior Team Leader A&D Services. |
| September 2002 | Te Toi o Matariki presented in USA Albuquerque: The World Indigenous Conference – ‘Healing Our Spirits.’ |
| July 2003 | Gained 3 years certification against the AS/NZS ISO 9001:2000- Quality Management systems and the AS/NZS 4801:2001- Occupational Health and Safety Management systems, audited by Bureau Veritas Quality International (BVQI). The service delivery model was Te Toi o Matariki. |
| 2003 (September) | Te Toi o Matariki presented in Wellington: The 4 th International Conference on Drugs & Young People. |
| 2003 | Internal planning commenced by Raukura Hauora O Tainui A&D services to apply Te Aka a Tane programme through the vehicle of wananga, using the Te Toi o Matariki as the framework. |
| 2004 (April) | Raukura Hauora O Tainui established and implemented Te Aka a Tane wananga project. |
| September | Gained 3 years certification against the Health and Disability Services |

RHOT – Te Ara Hou Programme

Te Ara Hou is a residential alcohol and drug programme based at the Weymouth Estuary in Auckland. Te Ara Hou programme integrates the therapeutic attributes of the natural environment with the cultural environment - articulated as Maori principles within the programme structure. The actual Te Ara Hou rehabilitation programme is a twelve week residential treatment course specifically designed for Maori men aged eighteen years plus. The programme (see Synopsis Diagram 3 - reproduced with permission) follows customary concepts of Te Toi o Matariki. This model incorporates the philosophies and cultural values of Maori. Te Toi o Matariki is known as an “Awakening” model. It works on the concept that, in order to realise the need for change, one must understand who they are as individuals, then as Maori, then their cultural value base. Taina Pohatu (2005b) has developed a similar paradigm ‘Mauri’ which encapsulates the notion of ‘Awakening.’ His concepts are based on the notions of *mauri moe* (inactive life force), *mauri oho* (awakening of the life force), and *mauri ora* (well being).

In terms of the ethnicity ratio within the programme, 90% are of the *akonga* (client’s) are Maori, 8% of *akonga* are Pacific Island and 2% of *akonga* are Pakeha. For non-Maori, they are fully informed prior to entry to the service that the ethos of the organisation is firmly based in Maori culture, social structures and rituals of encounter, and that their learnings will be entrenched in Maori worldviews. It is the experience of this service that Pacific Island clientele share similar beliefs and values as those of the Maori and have had favourable outcomes to making changes during treatment. Pakeha although respectful of the kaupapa of the organisation, appear to

struggle with the principles of *tikanga* (practices, protocols) and the concept of *whakawhanaungatanga* (inter-relationships). On completion of treatment, some of the *akonga* are less likely to continue utilising these beliefs, values and practices. This is an area that requires investment so that the efficacy of the programme can be successful. Anecdotal evidence suggests that the *akonga* invariably are grateful for the opportunity and experience of a *kaupapa Maori* service and have commented on how loving and supportive everyone has been, and how this has helped in their own journey of discovery.

Raukura Hauora o Tainui has continued health delivery services and maintains the Te Toi o Matariki model as the framework for their drug, alcohol and gambling intervention programmes. As mentioned, Te Toi o Matariki, as a cultural model, encompasses the entire *whakapapa* (genealogy) paradigm integral to traditional Maori thought. In the first instance an *akonga's* own *whakapapa* (genealogical) connections place the issue of Maori and tribal identity at the centre of intervention or healing process. Other intervention strategies are determined to ensure the best match between high-risk *akonga* behaviours and characteristics, their individual needs, and the available interventions. Te Toi o Matariki (a cultural model) monitors the personal growth and development journey of individuals that is cognisant of all the possible outcomes.

The programme also incorporates the notion of ethical behaviour, which is clearly outlined in the guidelines, and is essentially a 'code of ethical behaviour.' While behavioural guidelines have the appearance of a generic residential programme code, this discipline is an integral aspect of Maori behaviours. Pohatu (ibid) describes this

as *Whakakoharangatiratanga*. These behaviours are shaped by the rituals of encounter between *tangatawhenua* and *manuhiri*, and in the traditional Maori context lay down the code of behaviour expected of both groups. Te Ara Hou describes this as *Nga Ture* and is essentially *tangatawhenua* expectations of *manuhiri*.

The following is the actual code of behaviour of Te Ara Hou (reproduced with permission).

Nga Ture o Te Ara Hou

Guidelines

‘Nga Ture o Te Ara Hou’ are basic values for living with other residents. They include respect & courtesy for each other, self and for the staff and property of Te Ara Hou, and willingness to help out and to complete tasks as requested by the residential staff and residents.

As this is not a prison, “Nga Ture O Te Ara Hou”, will not be forced on you, however, it will be the measuring stick that the staff will use to determine whether you are able to complete our program.

Should you have difficulty with “Nga Ture O Te Ara Hou”, then you may either leave of your own accord or you may be asked to leave - the residential staff may assist in referring you to another Service.

Under the Clinical Code of Ethical Practice if an akonga discloses “**Self Harm**” or “**Knowledge thereof**” in a therapeutic or in casual environment to either a staff member or to another akonga, we are then legally bound to disclose that information to the appropriate authority.

1. Te Ara Hou no longer has a four week assessment stage, the criteria has changed to immediate weekend leave upon entrance to Te Ara Hou. The residential staff will monitor all new akonga on weekend leave for a period of four weeks. The akonga is expected to have arranged suitable residency from Friday afternoon through to Sunday afternoon. However, if an akonga is under the umbrella of Community Probation Services, the arranged weekend residence will be approved by the Probation Officer.
 - a. On entry into Te Ara Hou, all new akonga will be required to undertake a blood and urinalysis screening tests: **these tests are not negotiable**. The tests will be to gauge the alcohol and drug deduction in the body from admission to discharge.
 - b. Thereafter, all akonga will be required to undertake a urinalysis and blood screening test as requested by the residential staff: **this is not negotiable**.

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2. All groups and programme activities are compulsory and must be attended by all Akonga. This includes all recreational and extra-curriculum activities.

- Akonga are **not permitted** to wear hats and sunglasses while attending group or programme activities unless specified by the facilitator.
- Akonga are to be in bed by 10.30 pm and out of bed by 6.30 am for 7.00am breakfast and thereafter complete designated chores.
- All outside appointments for Akonga will be at the discretion of the Counsellor and the Team Leader,
- The Counsellor and the Team Leader must approve all whanau visits, provided that the Akonga has met the requirements of their treatment contract.

2. Te Ara Hou endorses a smokefree policy **and there is absolutely no smoking inside any of the houses, rooms and offices** should Akonga abuse this, then there will be a penalty imposed on the entire household. There are designated areas for smoking, and you should use these at all times.

- Cellular phones are not permitted on the programme,
- Unless you have been given permission by the clinical staff, no pictures or posters are to be hung on any wall,
- Akonga are not permitted to have private vehicles with them while they are on the programme,
- Personal items such as walkmans, TV's, radios or stereo's will not be permitted on the premises,
- Staff will enter your bedrooms for day and night checks. This is to ensure the rules are being adhered to,
- Random inventory checks upon entry and exit will be completed e.g. personal items.

Raukura Hauora O Tainui advocates that Maori define their own health priorities, and control of Maori health and practices should be in the hands of Maori. However this does not mean that the programme is exclusively Maori and in fact draws on other cultural and health models. The programme delivery centres on the application of Te Toi o Matariki alongside Evidence-Based Practice (EBP). This method ascertains that clients receive the best care when the practice relies on clinical decisions based on research, literature and clinical expertise. This approach is compatible with Te Toi o Matariki because it takes cognisance of individual's the beliefs and values. The family is also considered integral to the healing process.

This social component (values, beliefs and practices) gives balance to the clinical objectives of EBP and thereby is considered to be a holistic approach. Similarly, although Raukura Hauora O Tainui (and Te Ara Hou) are based within Tainui the services are accessible to other tribal affiliates including non-Maori (where appropriate). This policy applies to employment as well as client services. Therefore it is not surprising that RHOT encourages the use of existing Maori models, where appropriate, in conjunction with Te Toi o Matariki within its Alcohol and Drug service. Arguably, the main elements of all of the Maori health models have a point of intersection and are therefore compatible.

Te Ara Hou Modules

Tikanga Maori designed to introduce participants to Kawa (protocols), Rapunga Whakaaro (philosophy) and Matauranga Tuku Iho (knowledge) of Maori Society.

Tamatu designed to encourage men to address their issues honestly and openly (this is a closed group)

Ruaimoko designed to encourage men to learn how to control and manage the anger deep within oneself

Kapa Haka designed to assist participants with motor skills and memory retention

Te Wahanga a Tawhaki uses the character of Tawhaki to parallel characteristics and behaviour with those of the forgiveness, grief, Mauri and other important facets of human development

Manutaki uses role modelling and peer supervision as its catalyst for character building for the participants

Whakapakari designed to address all the cognitive and intuitive issues related to human development and behaviour

Kai o Te Rangatira designed to educate and make participants aware of all the addictive substances and behaviour

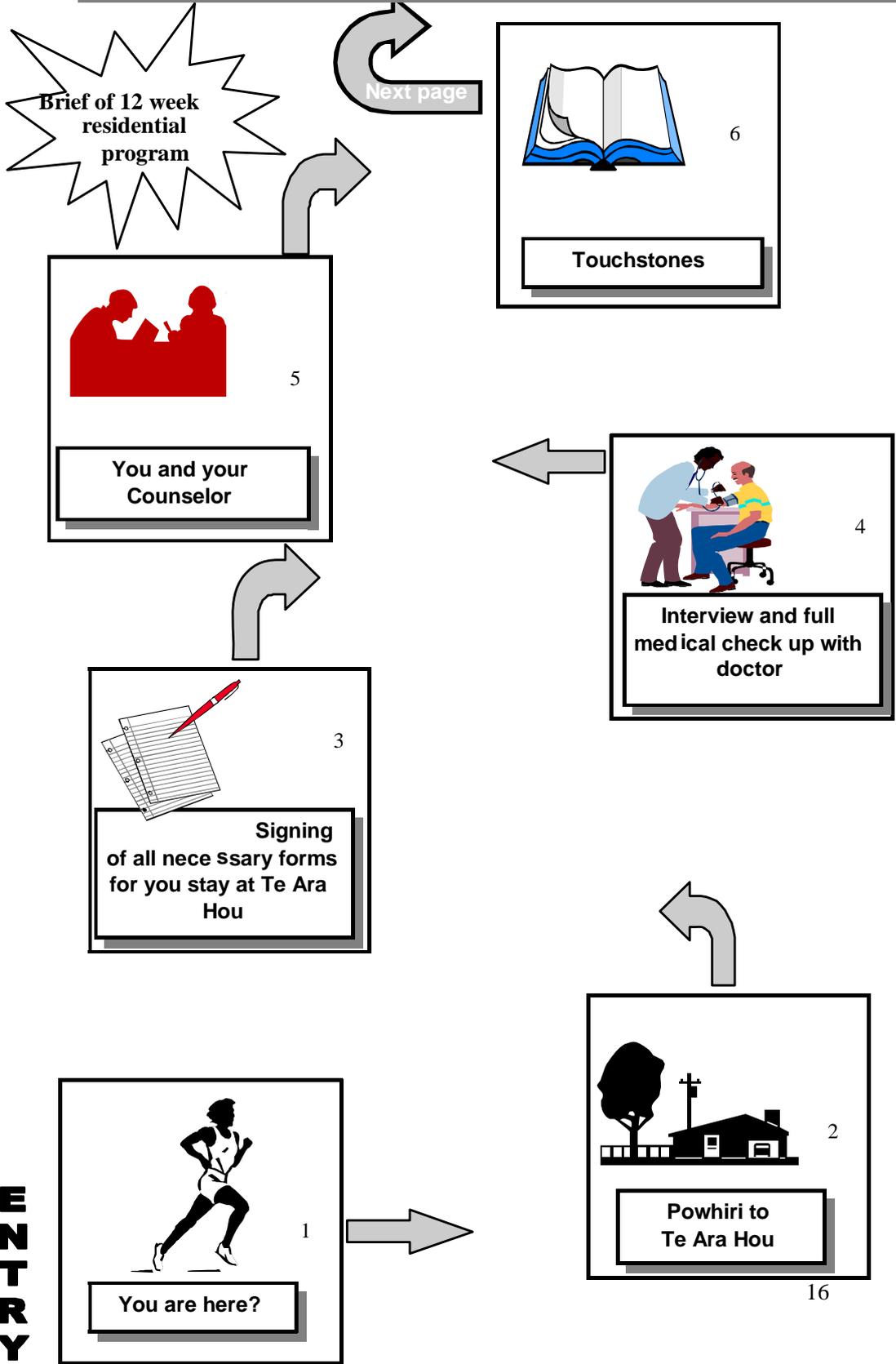
Te Reo Maori is an introductory programme for second language learners

Wairuatanga is a therapeutic journey of discovery for Akonga

Hakinakina to support participants in promoting healthy lifestyles

Diagram 3 Synopsis of the RHOT Te Ara Hou Programme

Te Ara Hou Residential Alcohol & Drug Services



Conceptual Meanings - 'Toi and Matariki'

The Raukura Hauora O Tainui Te Ara Hou programme is embedded in Maori philosophical values and beliefs, Te Toi o Matariki. The following description provides insights in the complexities found within the words '*Toi and Matariki*' that offers meaning and understanding of its application. Te Tai Tokerau Maori and cultural Tourism Association (2004) provide a definitive explanation.

“The word *Matariki* is defined as the Maori name for the group of stars also known as the Pleiades star cluster or The Seven Sisters; and what is referred to in the traditional as the Maori New Year.” *Matariki* has two meanings, both referring to a tiny constellation of stars *Mata Riki* (tiny Eyes) and *Mata Ariki*. (Eyes of God). It was also seen as an important time for family to gather and reflect on the past and the future’.
<http://www.taitokerau.co.nz/matariki.htm>

For Maori, preserving their way of life depended on the relationship with the land and all things living on it.. *Matariki* is closely associated with horticulture and was the time to prepare the land for cultivation. *Matariki* was used to dictate how the coming year would be in regards to the size of the harvest, depending on the visibility of *Matariki*; the coming season’s crop was thought to be determined. The brighter the stars augured the warmer the season would be and thus a more productive crop. It was the optimum time for new harvests and ceremonial offerings to the land based gods of *Rongo* (God of peace), *Uenuku* (personified form of rainbow) and *Whiro* (God of evil), to ensure good crops for the coming year. Therefore the people were motivated to prepare the land as best they could in order to enable the coming year to be bountiful.

In contemporary Aotearoa, *Matariki* is to celebrate the unique place in which we live in the celebration of culture, language, spirit and people. It signals growth, the time of change to prepare for action to celebrate the diversity of life. It is a time to learn about

those who came before us and to learn to share ideas and remember to give respect to the *whenua* on which we live and the admiration to our Mother Earth, *Papatuanuku*. The *Matariki* celebrations are becoming more popular with all of the tribes as part of the modern Maori tribal renaissance. For some tribes celebrations are held when *Matariki* is first seen in the dawn sky, for others it is celebrated after the full moon rises, and for others the dawn of the next new moon. There are many ways to celebrate *Matariki* and for this context, *Matariki* and health will be used to explain the diversity of *Matariki*.

‘Matariki and health is a time of new beginnings, a time to pause and reflect on the year that will be. So naturally it is a time for people to take a look at their lifestyles, their health and make some changes for the better’ (ibid).

For a long time Maori people have been suffering in the state of their health. Obesity, diabetes, smoking, alcohol and drug abuse, are all areas of concern and need to be addressed. *Matariki* provides a perfect opportunity for Maori people and people of New Zealand to examine and reflect on the state of their health and lifestyle. With the help and information from health services, hospitals and medical practitioners, *Matariki* offers a time of healthy beginnings and new awareness.

The purpose of *‘toi’* provides the stepping-stone for achievement in *Matariki*; at each level of achievement *‘toi’* is inter-woven throughout the pathway of development.

For example, *‘toi whakairo’* (arts and crafts), as one learns the complexities of making a *kete* (basket) the deeper meanings and insights of thought, spirit and knowledge transpire, this process of transformation from the flax to *kete* (basket) is seen as the stepping-stones of *‘toi’*. Anything in life requires thought and planning, *‘toi’* are the components from one level of achievement to the other, it is seen as, *‘te arapiki ki te Rangituhaha’* the stairway that leads to the three baskets of knowledge.

Te Toi Matariki - Philosophical Applicability to Drug and Alcohol Services

The definition of Te Toi o Matariki (a cultural model) as an intervention strategy embodies both literal and conceptual meaning. *Toi* – ‘to make supple, to climb, to ascend, to achieve’ and *Matariki* represents heavenly space. Within the context of treatment, *Matariki* is a time to reflect on past, present and future growth. This notion embodies the literal meaning of the *Matariki*; ‘to ascend or achieve to the highest point’ and in this sense the meaning is extended. The highest point in the Te Toi o Matariki programme is the *whare wananga* (house of higher learning), which is symbolically the programme that imparts knowledge to the *akonga*, to assist in the journey of recovery. In terms of attainment – successful recovery at the end of the programme *akonga* would have scaled the *poutokomanawa* (main pillar). This provides the best view or position in the world is gained.

This approach is the metaphor for the Te Toi o Matariki programme which charts an *akonga* (client’s) journey from the darkness of the mind, *Te Kore*, (abyss) to *Te Ao Marama* (the world of light). Te Toi o Matariki is comprised of a sequence of integrated dimensions that parallel an individual’s passage through their personal growth and development pathway. The following features distinguish the proposed model from current practice:

- There are multiple dimensions, each with a protocol designed specifically to elicit the development of the *akonga* (client) to inform optimal decision-making
- The behaviours and characteristics of *akonga* (client) unfolds within the *whakapapa* paradigm enhancing the management of safety and risk
- The differentiation of risk is based upon a robust mechanism of layers

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- A model of describing behaviour and characteristics of *akonga* (client) has been developed from the *whakapapa* paradigm that includes *tikanga* (customs and protocols) which enhances the applicability of Maori worldviews.

Te Toi o Matariki (a cultural model) prescription should encompass the entire *whakapapa* (genealogy) paradigm to determine the best match between high-risk *akonga* (client's) behaviours and characteristics, their individual needs, their own *whakapapa* (genealogy) connections and available interventions. Te Toi o Matariki (a cultural model) monitors the personal growth and development journey of the individuals with possible outcomes. These include:

- An individual's identifiable needs
- Identifiable levels of behaviour and characteristics
- Crucial information towards the development of potential in *whanau ora* (family wellness).

The key approach that underpins the model is encapsulated in the *whakapapa* (genealogy) paradigm. According to Walker (1990) *whakapapa* (genealogy) paradigm refers to '... the mythological origins of Maori society beginning with the creation myth' (p.11). It is this version of Maori creation that provides the platform for Te Toi o Matariki (a cultural model) linking the traditional method of genealogical recital with contemporary perspectives in personal growth and development. The substantive elements supporting this perspective are:

- The term *whakapapa* (genealogy) paradigm is an apt descriptor for the notions of connectedness and interdependence that is central to Maori worldviews.

- Maori worldviews portray the notion of wholism that collectively includes tangible and intangible frameworks on a multi-level consideration, inclusive of spiritual and physical dimensions.
- An integral component is the inclusion of *whanau/family* and the wider community in relation to intervention with the individual.
- A more pragmatic feature of the *whakapapa* (genealogy) paradigm is its immediate practicality in that it addresses core questions about the target client base, the service provision, and the appropriate methodology to use.
- Literature pertaining to Maori worldviews provides a complementary perspective to the *whakapapa* (genealogy) paradigm.

These philosophical elements of Te Toi o Matariki (a cultural model) are consistent with *Te Ao Maori* (Maori worldview) principles. Te Puni Kokiri (1994) report to the Ministry of Health, that an ideal *kaupapa Maori framework* (Maori philosophy) must refer to and be informed by a cultural base and will speak to Maori needs and aspirations in regard to present-day demands and conditions. It is a philosophy that embraces new ideas, new technologies and new strategies for development where collective talents, expertise and energies need to be fully harnessed from across Maoridom as a whole. In this way such activities contribute to the survival, the continuity and the future development of Maori culture and identity.

The Toi o Matariki model integrates all of these elements into the rehabilitation programme. The model provides a pathway for *akonga* to gain an understanding of their problems and ultimately to develop useful skills and strategies to overcome

them. It is made up of three stages of progression in accordance with the key principles of a *whakapapa* (genealogical) paradigm.

- *Te Kore* (the abyss), *Te Po* (the darkness) and *Te Ao Marama* (the world of light). These key concepts derive from Maori cosmogony which is in essence the genealogy of being or Maori existence.
- The Te Toi o Matariki model charts an *akonga's* progress from Te Kore (confusion) to Te Po (darkness) and finally to Te Ao Marama (light) which signifies recovery. Te Toi o Matariki model describes dimensions of behaviour and characteristics that leaves the reader or listener to assess where they wish to be positioned.

The next chapter provides a broader philosophical context in which Te Toi o Matariki is sited. The concept of *wairuatanga* (spirituality) is addressed and underpins the entire discussion. The significance of *wairuatanga* underlies all Maori thought and is perceived to be a state of consciousness as *akonga* progress to '*te arapiki ki te Rangituhaha*' (that is the stairway that leads to the three baskets of knowledge). The baskets of knowledge relate to self-knowledge, intervention knowledge and Maori knowledge, which are drawn from the precedents and formulated into strategies and action steps. These objectives also require participation by both the whanau and the *akonga* (client) to ensure that a clear pathway has been established in respect to recovery while in treatment, as well as for preparation for re-integration back into the community.

Whakapapa in the ‘Treatment’ Context

Whakapapa allows tribal members to know where they are positioned in relationship to others. According to Hemara (2000) *whakapapa* (genealogy) is,

‘Maori individuals that hold positions on a whakapapa continuum, connecting to everyone else, these links are part of an ever-widening cycle of relationships where information is continually being transmitted and received’(p33)

Whakapapa (genealogy) is a basis for the organisation of knowledge in respect of the creation and development of things. It is the genealogy descent of all living things from the gods to the present time. According to Barlow (1991), the meaning of *whakapapa* (genealogy) is “to lay one thing upon another, for example, to lay one generation upon another’ (p.173). Everything has *whakapapa* (genealogy) from the gods through to every living thing in this world that includes the mountains, rocks and land. It is through whakapapa that kinship and economic ties are cemented and holds knowledge, and great efforts are made to preserve it.

Te Toi o Matariki – Traditional concepts applied in Intervention

In terms of the practical application for *akonga* (clients), the significance of *whakapapa* (genealogy) relates to *whanaungatanga* (family relationships) which are reinforced in the programme with the cultural practices of *karakia* (incantations, prayers) and observance of *manaakitanga* (positive behaviours towards others). *Akonga* (clients) are taught the importance of *whakapapa* (genealogy) by using the myths and legends of *Tawhaki*, *Maui* and other legendary heroes as role models. These narratives provide a system of knowledge that are manifest in individual behaviour and attitudes which shape the inter-relationships we engage through our daily activities.

During the *karakia* (prayer) the spiritual realm is brought into focus. This may be in the form of Christian (Karaitiana) prayers taught and recited in Maori. Traditional *karakia* involves the acknowledgment of *Io* (Supreme Being), *Atua* (gods), *whare* (houses), the dead and us the living. In this way *karakia* invokes *whakapapa* (genealogy), and reinforces the connections between the living and the dead, within *whanau*, *hapu* and *iwi*. It is an opportunity for *akonga* to begin the journey of discovery, the importance of belonging and a feeling of connection.

The understanding of the importance of *whakawhanaungatanga* (inter-relationships), its function and purpose in their day-to-day lives is an indicator to the level of awareness one has reached and their ability to use *whakawhanaungatanga* (inter-relationships) as a vehicle to guide their engagement and interaction accordingly. The capacity to care for, take care of, is a critical role for *akonga* (client) within the treatment service. It requires *akonga* to promote healthy lifestyle choices that are consistent with *tikanga Maori* (Maori culture) to maximise well-being and independence, participate within the community and reciprocate care for other *whanau* members. The optimal outcome would be that *akonga* have a strong sense of identity, feel well cared for, are able to enjoy quality lifestyles with a sense of independence and remain concerned about the welfare of other *whanau* (family) members. Staff, when working with *akonga* (client) monitor those who behaviour signals signs of disengagement, low participation, expressions of hurt and pain, lethargic interaction, and with no apparent interest in the *kaupapa* (agenda, process). This may be due to many reasons, at entry point. The ability to show or express *manaakitanga* generally seems unimportant or holds little value to the *akonga*. The

instillation of *manaakitanga* as a means to achieving meaningful relationships is a critical part of the Te Toi o Matariki programme.

The use of *karakia* (prayer), *whakapapa* (genealogy), *te reo Maori* (Maori language), *whakawhanaungatanga* (*inter-relationships*) and *manaakitanga* (hospitality) is offered as some of the intervention processes utilised within Te Toi o Matariki model and is therefore also considered to be critical to the programme. *Akonga* who practice the various components of the model serves as a behavioural guide to change and for many, wellness. As an *akonga* progress and positive changes are made, this becomes evident in their *ahua* (appearance), the way in which one talks, looks, stands and walks that asserts their sense of wellbeing.

Chapter Two Literature Review

The literature review is the appraisal of philosophical influences that invariably formulate an ideological infrastructure to Maori worldviews. The pre-European systems for Maori society demonstrated a sophisticated and functional system for Maori society confirming development was an essential component to the well being of the *whanau*, (extended family) *hapu* (sub-tribe) and *iwi* (tribe). The most significant impact on this Maori social organisation was the period of colonisation. It signalled the decline of the Maori world and its replacement by modern western systems – through the implementation of a policy of assimilation. This period provided European justification for the suppression of Maori rights. Buck (1949) argued Maori were versatile in adapting to the changing climate, but still wanted to develop themselves without compromising pre-European trading practices.

For decades Maori development has had to endure near extinction, assimilation, and environmental climate changes. However, Maori efforts to articulate Maori aspirations as they relate to development, observed that Maori have utilised customary conceptual frameworks and principles as the foundation for a holistic approach and effective approach to development. It is these efforts that have managed to pass the test of time, whereby Maori have continued utilising systems that best serve people towards wellbeing. In illustrating this point the most well-known wellness models are *Te Whare Tapa Wha* (Durie, 1982) and *Te Wheke* (Pere, 1984).

Development Paradigm

There is no one definition that defines development, however many have been proposed. According to South Commission, (1990) development is “a process which enables human beings to realise their potential, build self-confidence, and lead lives of dignity and fulfilment.” Definitions of development share in common the notion of advancement, that development increases value or desirability and asserts development has positive connotations and the notion of advancement is a central theme. Black, 1996; Durie, 1998b; Jackson, 1997; Kawagley, 1995; Loomis, 2000b contend that the concept of development is evident in many efforts made by indigenous peoples to contribute towards indigenous development. Indigenous developmental literature identifies indigenous peoples’ self-determination, towards control over their own affairs and increased autonomy from the State. This notion of self-determination is supported by Loomis (2000b) who asserts:

‘The Fourth World peoples in advanced post-industrial societies are asserting their right of self-determined development. Indigenous peoples’ are questioning the Western pathways, and looking for guidance to the recovery of traditional perspectives’ (p. 896).

Furthermore, Brohman, 1996; Grey, 1997; Loomis, (ibid) contend that indigenous development include a holistic approach, cultural relevance, and an appreciation of, and respect for, diversity. According to Ratima (2001) an important component to effective development for indigenous peoples,

lie within cultural institutions and is evident in contemporary Maori development today. These cultural institutions centre on the notion of self-determination by drawing upon a distinctly Maori worldview as its philosophical foundation to guide theory and practice’ (ibid).

Durie (1998b), Love (1998) and Puketapu (2000) assert that Maori development is generally described as a process, with a purpose of self-determination and the

promotion of Maori advancement. The goals of Maori development include the retention of a secure and distinctive Maori identity and improvement in the social and economic position of Maori within New Zealand society, protection of the natural environment for future generations, and an enhanced capacity to embrace change.

Cunningham (1999); Durie (op.cit) and Loomis (op.cit) propose definitions of Maori development argue that it is a collective concept, that the notion of self-determination is central, balancing economic concerns with social, cultural, and ecological concerns is important, and benefits should be shared equitably. Further, Maori development is primarily focussed on people rather than growth or profits, though economic aspects of development are still important. Furthermore, Loomis, (2000b) and Walker (1990) believe that Maori development is consistent with indigenous development and the philosophical underpinning is firmly located within Maori worldviews.

According to Cunningham (1994), traditional Maori worldviews are acknowledged as central to the concept of wholism, on the personal, collective and relationships between man and the environment, both physical and spiritual. It focuses very much on the interconnectedness of the various aspects of health and development underpinned by values of *wairua* (spiritual), *manaaki* (care for others) and *whanaungatanga* (maintaining the family). Bird & Drewery (2000) argue that these concepts serve to emphasise the notion that there are ethnically linked ways of thinking, feeling, and acting, which are acquired through socialisation.

It appears that development has connotations to the concepts of collective approaches, holistic approaches and the notion of self-determination. These concepts are closely

linked to the concept of empowerment and empowerment is ‘...the process by which people, organisations, and communities gain mastery over their lives (Rappaport 1984). Empowerment belongs to a family of concepts that include participation, partnership, enabling and facilitating. These concepts therefore are congruent with Maori worldviews and reflect key values of collective autonomy, equity, and social justice.

Traditional Maori Society

In classical Maori society, all communication was oral and this included the handing down of tribal knowledge in the form of traditions, genealogy and mythology from generation to generation. Patterson (1992) asserts the classical Maori society, consisted of Maori values and traditional narratives that portray the creation narrative. This begins with *Te Kore* (nothingness) the standing of time, and proceeds to describe the evolution of a series of Nights (*Te Po*), to Rangi (heaven) and *Papa* (earth). This notion is a metaphysical concept of important connections that depict genealogical descent patterns.

The mythological traditions of the Maori dating from a very ancient period are held to be very sacred, that provides an account of the Cosmos of *Po* (night), *Te Ata* (morn), *Rangi* (heaven) and *Papa* (earth), recording the genealogical traditions preserved to the present time. The genealogies recorded hereafter are divisible into distinct epochs: the personified powers and nature of man, the religious worship of *karakia* (incantations, prayer) and the migration to New Zealand. Walker (1990) asserts that the mythological origin of Maori society consisted of three major myth cycles: *Ranginui* (sky-father) and *Papatuanuku* (earth mother), the demi-god *Maui* and the life of *Tawhaki*. It depicts the Maori phenomenology world of existence that

contained in its vastness the seeds of the universe, the celestial realm, the domain of the gods, and the world of light that is the dwelling place of humans.

Whakapapa (genealogy) is the means by which there is interpenetration of the realms of humans, into the realms of the dead and the realms of the gods. *Whakapapa* according to Barlow (1991) is "...a basis for organisation of knowledge in respect of the creation and the development of all things." In customary Maori society, 'myths' and 'legends' provide an understandable vehicle toward Maori worldviews. The legend of *Tane-nui-a-rangi* (one of the children of the sky-father and earth-mother) ascends to the highest heaven and obtaining from *Io*, the creator, and the three baskets of knowledge representing each of the three realms. According to Best (1924: 125) "...Maori mythology bear the mark of a comparatively high plane of thought, and are the result of universal personification of natural phenomena, the higher phases of animism."

Bishop & Glynn (1999) describes the pre European system as "...pre-existing and complex and that colonisation sought to deny or belittle the existence of such a system". Smith (1998) agrees with Bishop and Glynn (Ibid), that Maori had a sophisticated and functional system of development, prior to colonisation. Maori had a powerful knowledge base, a complex oral tradition and a dynamic ability to respond to new challenges and changing needs. These systems were important to the development of the *whanau* (extended family), *hapu* (sub-tribe) and *iwi* (tribe) in aspects relating to social, economic and political stability.

Leedy (1997) admires the European Philosopher, Jean-Jacques Rousseau thinking because he was the first (in the eighteenth century) theorist of note to define education as a lifelong learning experience. This European notion of education was practiced in pre-European Maori society. According to Potaka (1995) Maori knowledge and learning was transmitted throughout the *whanau*, *hapu* and *iwi* as a lifelong process. Smith (1998) emphasises the inter-relationship of teaching and learning were not separate concepts. Bishop & Glynn (op.cit) further explain how Maori placed significant value on transmitted facts and beliefs, which reflected a high cultural value. Transmission involved a great deal of time and repetition and was fostered within the social context of underlying principles of the culture such as *mana*, *tapu*, *noa* and *mauri*. Furthermore, Marsden (2003) asserts the world of Maori cosmogony providing interrelated topics of knowledge that provide sanctions, protocols and guidelines through Maori worldviews and value systems. It portrays an understanding of holistic approach and the fundamental principles of Maori customs to everyday life that integrates into the value systems of culture.

Bird (2000) provides more underlying principles in Maori development by explaining how traditional Maori values work together to inscribe a total ecology or cultural environment, where all aspects are interdependent upon all other aspects. These are deeply underpinned by values of *wairua* (spirituality), *manaaki* (care for others) and *whanaungatanga* (maintaining the family) that are kept alive in rituals, stories and everyday contexts such as greetings. It was clear from the evidence that there was a sophisticated and functional system for Maori that consisted of a powerful knowledge base, complex oral traditions, rituals and Maori worldviews that reflected the

interconnectedness of the various aspects of health and development underpinned by Maori social values.

Spearhead of Colonisation

From the arrival of the missionaries, Walker cited in Selby (1999), missionaries were seen as the party to cultural invasion and had two pronged goals; one was to convert Maori to Christianity and the other was to transform Maori from perceived barbarism to civilised life. Frantz Fanon (1967), who is not so accommodating of Christianity in the role of the Christian Churches, in that the colonisation process is damning:

‘But the triumphant communiqués from the missions are in fact a source of information concerning the implantation of foreign influences in the core of the colonised people. I speak of the Christian religion, and no one need be astonished. The Church in the colonies is the white peoples’ Church, the foreigners Church. She does not call the native to God’s ways, but to the ways of the white man, of the master, of the oppressor. And as we know, in this matter many are called but few are chosen’ (p.63).

McNeill (2005) recounts Frantz Fanon’s (1967) challenge that the Church in the colonies is a powerful tool in terms of the psychological indoctrination. The missionaries were the vanguard of colonisation. Colonisation was process involved the alienation of the native peoples from their natural resources (land), creating social and cultural disruption, and invariably impoverishment. The psychological ramifications of colonisation remained uncharted territory until Fanon (op.cit), who was also a French trained psychiatrist, linked psychiatric disorders amongst Algerians with the war of independence.

‘The period of colonisation when it is not contested by armed resistance, when the sum total of harmful nervous stimuli overstep a certain threshold, the defensive attitudes of the natives give way and they find themselves crowding mental hospitals. There is thus during this calm period of successful colonisation a regular and important mental pathology which is the direct product of oppression’ (p. 201).

McNeill (op.cit) contends that this explains the phenomenon of colonised peoples in different parts of the world sharing common psychological disorders. The mental health problems of Maori, manifest in destructive social behaviours can be observed in other colonised peoples who also identify the colonial experience as the root cause. The Sioux Nations, Seven Fires Council accuses the American institutions of encouraging the alcohol consumption amongst their people as an effective colonising strategy.

‘Indigenous groups in many parts of the world have been reported as having increased rates of suicide. This is so in the Inuit in Canada, in the American Indians, in the New Zealand Maori, and in Australian Aborigines. The reason for the increased rate of suicide is complex and involves socio-cultural factors in addition to associated mental disorders. Indeed, in such groups the socio-cultural factors probably predominate, as those groups have often suffered quite extreme social, environmental and emotional deprivation, with disruption of their traditional values. Often this leads to alcohol and substance abuse. The main aim in influencing the overall suicide rate of such communities involves political action rather than specific individual treatment, but it should not be forgotten that the prevention of individual suicide is essentially a personal matter and emotional suffering must be addressed along the usual lines.’

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The Colonial Government and Assimilation Policies

The role of missionaries in the colonisation process heralded the annexation - which invariably led to blatant assimilation policies and practices. In Aotearoa the colonial policy of assimilation instrumented by Governor Fitzroy. Parker (1992) informed Fitzroy’s preamble to the Native Trust Ordinance that assimilation should take place as speedily as possible in order to accelerate the process of settlement. Each successive education administration beginning in 1847 with the Education Ordinance Act rigorously pursued this policy. This policy continued into the twentieth century and was dominated by a belief that assimilation was a desirable outcome for the new

colony. Bishop & Glynn (1999) contend that central Governments agenda and policies created and maintained a burden on Maori people to subjugate their own identity and destiny to the goals of the emerging nation, these goals were decided by the Pakeha majority.

According to Hauora (1998) as a result of forced assimilation into the dominant culture practices that had originally been foreign to Maori resulted in Maori people having to act outside of the essential being of who they were as Maori. This policy was known as 'the doctrine of assimilation' that did not take long for the doctrine of assimilation to marginalise Maori language, traditions and health practices. Durie (1997) states in a keynote address to the 22nd Annual Conference of the Australian and New Zealand College of Mental Health that the greatest impact to the organisation of Maori knowledge and understanding occurred in 1907 when the Tohunga Suppression Act (1907) was passed. By outlawing traditional healers, the Act opposed Maori methodologies and the legitimacy of Maori knowledge in respect of healing the environment, the arts and the link between the spiritual and secular.

Development has in reality led to the decline of the Maori world and its replacement by modern western systems. In making progress the central theme in New Zealand's history, Europeans provided ideological justification for the suppression of Maori rights, for the transfer of land from Maori to European control and for an active policy of assimilation.

'The arrival of the missionaries systematically disempowered the Maori people, programming them towards limited aspirations and achievement of limited goals, the school system was designed to provide industrial type training rather than intellectual development' (Simon 1992: 7).

The relative disadvantage experienced by Maori, and a lack of control over their own affairs as a result of the perpetuation of historical injustices, alongside the growing momentum of social movements worldwide, provided the backdrop for Maori political activism movements of the 1960s and 1970s. As a point of reference these movements are a result of the effects of colonisation toward the struggle for autonomy.

The Hunn Report (1961) highlighted further widespread disparities between Maori and other New Zealanders. Poata-Smith (1996), acknowledged that the trade union movement in the late 1960s, served to politicise Maori workers who sought improved wages and working conditions. Maori had an interest because at that time the Maori workforce was concentrated in unskilled labour, the most threatened sector of the labour market. Maori activist groups and the Maori Organisation on Human Rights were closely connected to the trade union movement. Maori were also actively involved in the anti-racist organisation 'Halt All Racist Tours' (HART) that was formed in 1969 and opposed apartheid. HART sought to stop the 1981 South African national rugby team's tour of New Zealand.

Walker's (1990) commentary of Maori activism argued that activists were politicised through their involvement with a variety of movements committed to the advancement of Maori. Although this involved working within existing systems, it soon became apparent to many activists that this was unworkable for Maori and the best option was for Maori issues to be addressed through the adoption of exclusively Maori structures. The Maori activist group *Nga Tamatoa* became the 'public face' of Maori activism during the 1970s. *Nga Tamatoa* was involved in a range of activities

including monitoring the courts, campaigning for the inclusion of the Maori language in school curriculum, and introducing a Maori language day, which eventually became Maori language week. Walker (ibid) provided accounts of key protests of the 1970s, the 1975 land march, the Bastion Point protest, and Waitangi Day protests. The 1975 land march on parliament to petition the Government in regard to unjust Maori land alienation drew 5,000 protestors, and more than 60,000 people signed the petition. The late Dame Whina Cooper, founding president of the Maori Women's Welfare League, led the march.

In 1977, the Orakei Maori Committee Action Group demonstrated its concern over the Government's lack of action in relation to Ngati Whatua's Orakei land claims by rallying support and establishing a camp on Crown land at Bastion Point. The Bastion Point protest attracted many supporters who, though not necessarily connected to the specific purpose of the protest, shared the general concerns of the Orakei Group. The protest lasted 506 days and when it was finally ended, with the serving of an eviction notice and a force of 600 police officers and army personnel, 222 people were arrested. Regular protests at the Waitangi Day celebrations in Waitangi (to mark the signing of the Treaty of Waitangi) began in the early 1980s and have continued up to, and including, the present day.

Maori political activism of the 1960s and 1970s, though often centred on land and natural resource issues, was an expression of growing Maori discontent with the marginalisation of Maori in all areas. Activists called for the recognition of Maori aspirations, redressing of historical injustices that continued to disadvantage Maori people, honouring of the Treaty of Waitangi, equitable allocation of resources, and

Maori advancement generally. Activists were committed to the position that Maori should lead their own development and that distinctly Maori approaches to development were valid and should underpin strategies for Maori advancement.

The decade of Maori development saw the momentum of the Maori political activism of the 1960s and 1970s crystallise into a higher Maori profile within State institutions, increased representation of Maori within parliament and a range of distinctly Maori initiatives across sectors. This decade can be considered as a reference point for contemporary Maori development. Durie (1998b) asserted Maori political activism of the 1960s and 1970s was the foundation on which a more consistent approach to Maori advancement was built. That approach has been labelled self-determination, and/or Maori development. Some commentators distinguish between self-determination and Maori development on the grounds that, while both approaches seek to facilitate Maori advancement, the mechanisms differ. Self-determination emphasises Maori control of resources and autonomy from the State, while Maori development can include a prominent role for the State.

These movements are important milestones for Maori who have had to endure near extinction of their heritage and the continued struggle for autonomy. It is these movements that have seen Maori participation grow into successful businesses and entrepreneurs. Raukura Hauora O Tainui is part of this business paradigm as a successful enterprise responsive to the needs of Maori in the health arena.

Maori Developmental Initiatives

The Department of Maori Studies, Massey University 1994 asserts the concept of Maori development was given increased prominence at the 1984 *Hui Taumata* (the Maori Economic Summit), through the launching of the Decade of Maori

Development (1984-1994). *Hui* akonga included both tribal and Maori community representatives. The major objectives of the *hui* were:

- To reach an understanding of the nature and extent of the economic problems facing New Zealand as they affect Maori people;
- To examine the strengths and weaknesses of the Maori people in the current position;
- To discuss policies for Maori equality in the economic and social life of New Zealand; and,
- To obtain commitment to advancing Maori interests

Durie (1998b) identifies six general themes that emerged from the hui and that can be considered as a basis for the Decade of Maori Development: the Treaty of Waitangi, Tino Rangatiratanga (self-determination), tribal development, economic self-reliance, social equity, and cultural advancement. Maori community development is also accepted, alongside tribal development, as central to Maori advancement (Tamihere 1999).

Durie (1998b) asserts the decade of Maori development expressed Maori confidence in distinctly Maori approaches, and was premised upon the sentiment that Maori advancement would rely upon “Maori solutions to Maori problems”. Loomis (2000a) asserts that, based on overseas experience, the Government should be primarily concerned with supporting Maori capacity building.

‘Capacity building, at least in overseas experience, emphasises indigenous autonomy and self-determination, of ownership of resources and control over decision-making. Its main focus is on strengthening governance, human capital and infrastructure so indigenous people can govern themselves and determine their own path of development’ (p.12).

According to Ratima (2001), Maori customary knowledge and understanding founded on tribal values, beliefs and custom presents a recognisable philosophical base. Today, it is cultivated in the discourse of Maori realities revealed by concepts such as *whakapapa* (genealogy), *whanaungatanga* (inter-relationships) and *mauri* (life source/energy). This framework for Maori development is supported by Loomis (2000b) who argues that Maori have utilised customary conceptual frameworks and principles as the foundation for a holistic approach.

While there has not yet been a comprehensive articulation of Maori paradigms, there is some consensus among Maori development theorists that there are distinctly Maori worldviews, and that although they are implicit they underpin Maori development theory and practice, and have an integrated nature (Loomis, 2000b; Puketapu, 2000; Walker, 1990). Cultural advancement relies upon access to Maori resources. Increased access to Maori resources will require the protection, enhancement, and management of those resources as well as greater opportunities within New Zealand society for Maori cultural expression. (Durie et al., 1995)

Contemporary Maori development has emerged from within, as a Maori-driven process to realise Maori self-determination and advancement. The Decade of Maori Development is a reference point for contemporary Maori development. Maori development is centred on people, rather than having a sole focus on economic growth. A distinctive feature of Maori development is that it is grounded on Maori worldviews and therefore draws on customary knowledge.

Maori Models of Wellness

In illustrating this point, the most commonly applied model of Maori health is *Te Whare Tapa Wha* (Durie, 1998c). Durie first presented this model at a 1982 training session for the Maori Women's Welfare League research project, *Rapuora*. The model proposes that health is the balance between four interacting dimensions: *te taha wairua* –spirituality; *te taha hinengaro* (thoughts and feelings); *te taha tinana* (the physical side) and *te taha whanau* (extended family). Therefore, when considering Maori health it is important to focus not only on the individual, but also on wider kinship networks. There is much overlap between *Te Whare Tapa Wha* and the model of *Te Wheke* (Pere, 1984).

According to the model of *Te Wheke* (octopus symbol) health is attained by achieving a balance between eight interacting dimensions.

- *wairuatanga* (spirituality)
- *taha tinana* (the physical)
- *hinengaro* (the mind)
- *whanaungatanga* (kinship relationships)
- *mana ake* (the uniqueness of the individual and family)
- *mauri* – (the life principle of people and objects)
- *ha a koro ma, a kui ma* (link with the ancestors)
- *whatumanawa* (the open and healthy expression of emotions).

The commonalities with *Te Whare Tapa Wha* are notable. Rose Pere's model *Te Wheke* incorporates:

- *wairuatanga* (spiritual)

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- *hinengaro* (mental)
- *whatumanawa* (emotional)
- *taha tinana* (physical) and *whanaungatanga* (family) dimensions.

In addition, *Te Wheke* (the octopus) model includes a focus on

- *mana ake* (the uniqueness and diversity of Maori)
- *mauri* (the vitality of people and objects and, therefore, the need to have respect for others and the environment)
- *ha a koro ma, a kui ma* (the continuity between the past and present in recognising the role of ancestors in shaping contemporary realities).

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Maori models of health are holistic and locates individuals within the family context that recognise determinants of health (spiritual, cultural, social, and biological), emphasising continuity between the past and the present, and viewing good health as a balance between interacting variables. Ratima (2001) contends Maori concepts of health place a greater emphasis on holism, and are distinct in incorporating a spiritual dimension and a focus on cultural integrity. These are features that are common with other indigenous peoples' understandings of health and, generally, Maori concepts of health are consistent with those of other indigenous peoples.

Maori models of health are holistic is an integral component within the delivery of healthcare services by Raukura Hauora O Tainui, which includes the incorporation of complimentary healing practices and behaviours that enhance total wellbeing. This is encapsulated within the Maori saying of, "*Ehara taku toa i te toa takitahi engari he toa taki mano,*" My strength is not that of my own but that of the multitude, the wellness represents the notion of collective wisdom.

Raukura Hauora O Tainui values are woven into the knowledge and acceptance of individual tribal lore's. It is placed in the understanding that its people are intrinsically connected to their environment, *whanau* (family) and extended whanau, reflecting Maori spiritual, emotional and family dimensions. For example, in relation to the model of Te Toi o Matariki for the treatment of substance abuse among Maori, the vision of *whanau ora* (family well being) embraces principles that reflect a holistic service that encompasses inclusion of whanau in the recovery process of substance abuse. That for Maori, wellness comes from understanding oneself not just as individuals, but also what it means to be Maori and being part of a whanau. It embraces Maori views of *whanau/family* being central to a person's wellbeing and having the ability to be a whole person, utilising the cornerstones of *Te Whare Tapa Wha*. The programme aligns with Raukura Hauora O Tainui core goal of "*whanau ora*" (family wellbeing) is to build healthy Maori families by providing quality health services that are fully responsive to the needs of Maori and their *whanau* (family).

The model of Te Toi o Matariki therefore adheres to the objectives of Raukura Hauora O Tainui which purports to provide a high level of *whanau/family* participation in the treatment and rehabilitation of *akonga* (clients) with substance abuse. Participation of *whanau/family* in the treatment programmes provides *akonga* (clients) with *whanau/family* support through their healing journey. It offers *whanau* themselves, knowledge and skills necessary for assisting their loved ones on returning to their community, work and family lives. Achieving maximum support from *whanau* is viewed to be a critical component of maintaining success among *akonga* (clients) to stay addiction free, long-term. It encourages whanau to endorse and

maintain collectively healthy living for healthy lifestyles by utilising the values and principles of whanaungatanga. It extends understanding among whanau on primary aspects of substance abuse in a way that will empower *whanau/family* with new knowledge and skills. The result is one of empowering *whanau* to make lifestyle choices that will lead to independence and wellbeing for their loved ones and to strengthen *whanau ora* (family well being) *within whanau* (family), *hapu* (sub-tribe) *and iwi* (people).

This is further supported in research methods that have integrity with *Te Ao Maori* (Maori World View). Models that emphasise holistic approaches to health, education and social life include as Durie's (1984) aforementioned model, *Te Whare Tapa Wha*, has continued to be an inspiration to Maori research and his latest model *Te Pae Mahutonga* is a cosmological orientation for health and *whanau* revitalisation. Charles Royal (1988), Linda Smith (1998) Fiona Cram et al (1997) argued for a critical and reflective approach for Maori researchers and raised consciousness to the colonising practices in research. Ranginui Walker (1992), Api Mahuika (1981) and Maharaja Winiata (1956) provide the impetus for *kaupapa Maori theoretical frameworks* in research. Maori customary knowledge and understanding founded on tribal values, beliefs and customs. The Te Toi o Matariki model adds to this body of knowledge. It has been in existence since the mid 1980's and was developed from the disproportionately high number of Maori presenting with substance abuse. At this time there were no appropriate programmes that were culturally and linguistically compatible for Maori and hence the importance to develop a model that met the needs of Maori.

Consequently, Te Toi o Matariki relies on a distinctly *Kaupapa Maori framework* (Maori philosophy) for people who present with substance abuse. The distinctive feature of this model is that it is grounded on Maori worldviews and therefore, draws on customary knowledge found within the *whakapapa* (genealogy) paradigm of *Te Kore* (abyss), *Te Po* (darkness) and *Te Ao Marama* (the world of light). As the theme's outlined in this model are not new to Maori, as *whakapapa* (genealogy) has been utilised by Maori for the betterment of the people for centuries. However, what makes Te Toi o Matariki different in its approach is that *whakapapa* (genealogy) is utilised in the pathway of personal growth and development.

The Hunn Report (1961) highlighted further widespread disparities between Maori and other New Zealanders, paving the way for significant milestones of Maori movement. These movements are important milestones to note that the struggle for Maori autonomy has been for a purpose and has seen Maori participation grow into successful businesses and entrepreneurs. Raukura Hauora O Tainui has been proactive in providing *kaupapa Maori* (Maori philosophy) services in the arena of healthcare that includes the model of Te Toi o Matariki in its programmes. Although Maori have progressed, it is still at a price and is indicative of the poor health status of Maori. The following chapter explores the health status of Maori and in particular, the impact of drug use among Maori.

Chapter Three

Drug Use Among Maori

According to the Ministry of Health (2002) He Korowai Oranga report, Maori today on average have the poorest health status of any ethnic group in New Zealand.

Furthermore, Te Puni Kokiri (2000) reported:

‘The disparities which sets Maori apart from non Maori are, higher sudden infant death syndrome, lower participation in early childhood education, Maori school leavers, poor educational qualifications, lower employment opportunities, entry to tertiary education, higher unemployment rates, benefit dependency, inadequate housing, and alcohol and drug related harm’ (p.1).

If Maori are to live longer and have healthier lifestyles to fulfil their potential to participate in New Zealand society, then the factors that cause inequalities in health need to be addressed. The New Zealand Health Strategy (2001) emphasises the need for health policy to reduce inequalities for those population groups with the poorest health status and particularly Maori and Pacific Peoples. This is supported by evidence of disproportionate harm from alcohol and cannabis use among Maori compared to non-Maori. For example, in 1998 the Maori hospitalisation rate for alcohol related conditions was 1.5 times more than that of the non-Maori rate, and for cannabis related conditions it was over three times higher than that of the non-Maori rate. Wyllie (1996) stated that Maori reported a higher incidence of alcohol-related problems. One in five Maori men indicating that alcohol is causing problems to their health. This chapter will explore the impact of drug use among Maori and provide a synopsis of the pre- and early contact with Pakeha that charts the introduction of alcohol into Maori society from the nineteenth century to present day and includes the impact of cannabis, illicit drugs and tobacco.

History of Maori Alcohol and Substance Use

Pre-European Contact

According to Hutt (1999) “Maori had never developed alcoholic beverages of any description prior to European contact (p.6). Furthermore, Reverend W.J. Williams (1930)) asserted that: “The white man and the whisky bottle came to New Zealand together”. There are many reports by European explorers and travellers of initial Maori aversion to alcohol (cited in Cocker & Malton, 1930). Water was their universal drink – verified by Joseph Banks (1999) who recorded that “Maori only drank water, and saw no signs of any liquor being consumed or any method of intoxication” (p7). This was a view supported by early colonists including Julien-Marie Crozet (1772), John Savage (1806) and the painter Augustus Earle (1827). The surgeon of the warship ‘*Alligator*’ William Marshall (1834) observed. “Maori showed great repugnance for wine and especially for strong liquors” and “...they drink a great deal of water” (ibid:7-8). The Maori raiding party on the ship Boyd in 1809 demonstrated their aversion to alcohol by throwing overboard of large amounts of spirits.

The missionaries in the mid-1830 also recorded that they did not find much evidence of Maori drinking during this period. According to the missionary Chapman, (in Strafford 1967) observed (who attended a peace meeting held in Puhirua over seven days and over 800 people attending) ‘no gaming, no drinking, no swearing ...it is safe to assume there was no alcohol present, but another commodity introduced by Pakeha was tobacco, which was supplied in bulk’ (ibid p.7-8).The Bay Of Islands was the focal point of pre-1840 contact between Maori and Pakeha

...it was this region that alcohol was first introduced on a large scale and where the history of Maori and alcohol truly begun. The Pakeha population of the region in the

pre-1840's, quickly earned the reputation for lawlessness and hard drinking' (Hutt 1999, p.11).

Lord John Russell in 1840, secretary of state for war, wrote to all Lieutenant-Governors in Australasian.

'Between the Native, who is weakened by intoxicating liquors, and the European who has all the strength of superior Civilisation and is free from its restraints, the unequal contest is generally of no long duration; the Natives decline, diminish, and finally disappear (ibid).

Drunkenness was a major social characteristic of the young British colony among the settlers. In the 1870's drunkenness comprised less than half of all causes of convictions, and in the 264 cases of drunkenness brought before the Courts in Wellington, only one was for "Natives." Furthermore, the Court records stated, "The native population is remarkably free from drunkenness- indeed from any use of ardent spirits". Maori were reluctant to trade in alcohol and only engaged in trade in liquor to a moderate extent through the 1840's. Tobacco, blankets and muskets were used far more as trading commodities than alcohol, and tobacco was far more popular with Maori. Mitchell (1837) observed that , "...the crew often had to accede to requests from Maori to trade in their darling tobacco, muskets and pipes, but with no mention of requests for liquor (p.12)."

However insignificant alcohol was in Maori life at this time (1830's-1850's) many colonial administrators were convinced that it would contribute to widespread social dislocation among a Maori population. Unfortunately because the legislation targeted Maori, it was viewed as paternalistic and the good intentions perceived as racist. The most significant legislative measure was the Ordinance to Prohibit the Sale of Spirits to Natives of 1847. This piece of legislation prohibited the sale of liquor to Maori and

gave the Governor the power to forbid the sale of liquor in any area - although this power was not invoked until the 1860's. Many of the petitions presented to Parliament in the 1850's argued not only concern at the potential and actual impact of alcohol on Maori, but also indications of Maori-initiated resolve regarding liquor.

In the late 1840's, on the Chatham Islands it was recorded that alcohol abuse among Maori and European was low, particularly among the Moriori. Not until the 1890's was there evidence of adverse social effects involving alcohol amongst the Moriori, which resulted in the sale of alcohol being banned on the Chatham Islands on New Year's Day 1893. In the late 1850's there was a large population of Maori drinkers in the East Coast and was recorded as being well-controlled. From the 1850's in Auckland, there were signs of increasing consumption of alcohol among Maori and becoming more noticeable among Auckland urban Maori. During this period, Maori outlined their concerns of alcohol among their people and presented numerous amounts of petitions to Parliament.

In the 1860's Maori were being introduced to a sophisticated use of etiquette surrounding drinking in the form of toasts, showed that Maori alcohol consumption at this time was starting to be linked to political allegiances and alliances. It also raised an awareness of the behaviour brought on by drinking. Several chiefs in 1866, including King Tawhiao, wore the blue temperance ribbon of total abstinence pledges. This continued into the 1870's among the Ngai Tahu region where there was growing resistance to alcohol and in 1879 all South Island tribes petitioned Parliament for the total prohibition of alcohol in the southern provinces.

By the 1880's, the issue of liquor licensing had become one of the primary areas of concern in the King Country. In 1883, Ngati Maniapoto leaders met the Native Minister to discuss licenses and would not submit their lands to the Native Lands Court until their request that liquor licenses be banned in their ancestral land. As a result of such meetings a proclamation was issued under section 25 of the Licensing Act 1881. The important event during this period was the alleged 'sacred pact' made between Government and Ngati Maniapoto to allow the main railway track linking Auckland and Wellington on the condition that liquor licenses were forbidden in the King Country. Despite the initial support, Pakeha support for prohibition in the King Country was far from unanimous. Stout, the Premier, at the ceremony held in 1885 for prohibition in the King Country, was paternalistic because the decision was based on a perception that it was the duty of European's to help the Maori.

During the 1900's, pre-1945 period, according to Hull (ibid), the arguments that Maori and Pakeha should be equal in law, while laudable, was often used as a lever to dismantle Maori alcohol control initiatives that Maori merely wished to be enforced effectively. In 1923, a petition was sent to the Prime Minister that stated a belief that theirs (Maori) was an agreement between the elders and Governor Grey. And that in honouring that agreement liquor not be allowed within the confines of the domains of the King Country **forever**. However, a petition was also lodged and signed by 5,000 Pakeha for licensing reform on the grounds that the King Country was no longer a Maori territory, as the demographics showed in 1926, that 24, 070 were Pakeha and 5,120 were Maori. The Prime Minister Gordon Coates took no action.

In 1949 a 300-400 strong delegation to Parliament to support the King Country led by King Koroki and Princess Te Puea. The tribes represented were Waikato with Ngati Maniapoto, Taranaki, Tuwharetoa and Wainui a Rua. Te Puea was concerned that alcohol took an excessive toll on Maori, especially where there were a lack of social supports and traditional sanctions on behaviour. However, during this period, young Maniapoto tribal leaders in negotiation with the liquor trade had agreed to the licensing of hotels in the King Country. As a result, their tribal trust received 500 pounds per annum from each license. This funding was used for social welfare, education, charitable and tribal purposes. Pei Te Hurinui Jones (1968) wrote, "Alcohol was something that Maori would have to learn to accept and live with it if they wanted equality with Pakeha (p.15)" Te Puea had a different attitude and saw alcohol as "an evil foreign leviathan what I want is (a return to) the law of 1945 so I can go into a hotel and drive them out, women and all (Hull:17)."

In the 1946 report of the Royal Commission on Licensing (1884-1954), using police statistics, showed there were very low Maori offending rates for various offences against licensing laws, as compared to other police districts. For charges relating to sly-grogging in the King Country, Pakeha greatly exceeded those for any other districts, indicating that prohibition was causing higher rates of lawlessness among the Pakeha population

Despite the laudable notion of the time which sought to promote self-reliance for Maori through absolute equality before the law, this equality was at the expense of a social support and alcohol control system that had been remarkably effective for seventy years; arguably the most effective alcohol control regime that has ever operated in New Zealand (Hull, op.cit , p.50).

Once discrimination was removed from legislation, opportunities for drinking were heightened by massive Maori migration to the cities, three quarters of Maori lived in

rural areas, away from large Pakeha populations, but by the mid 1970's this same proportion of Maori were urban. This would have a major impact to the wellbeing of Maori society. An historian of the Maori Wardens, Augie Flera, noted in the 1960's, the continuing presence of wardens within urban areas was:

'Constant and vivid reminder that Maori had not achieved the full measure of equality. In fact, as a labelling device, their existence proclaimed the helplessness of Maori, who, so ravaged by alcohol, crime and the pressures of modern life required special social control measures. Exposed to the glare of the public, the Maori wardens had to be repackaged, limited to Maori contexts, or perhaps allowed to quietly die; a social experiment no longer adaptive to modern conditions' (Hull:20).

During the 1950's and 60's when bars shut at six p.m. many writers both Maori and Pakeha asserted that this created poor drinking practices and that it encouraged drinkers to swill and skull before the closing time. With the rising of rural and urban Maori alcohol consumption showed a large consumption of alcohol in the Maori community. The Royal Commission of Inquiry into the Sale of Liquor in New Zealand report (1974) acknowledged "...we are close to a crisis in Maori drinking because of major breakdowns in Maori community patterns"(p.4). Despite this concern, the Commission recommended marae liquor licenses be allowed so that alcohol could be sold and consumed within the cultural context of Maoritanga. The combination of Maori, alcohol and politics can be seen operating early in the 19th century. According to Cullen (1984):

In order to facilitate the transfer of land from Maori to settlers, native land acts were passed enabling title to land that had previously been communally owned to be vested in individuals. To force Maori to sell their land, it became common practice to encourage them to build up considerable debt for alcohol and other goods and to subsequently force sale of the land to satisfy debt (p5-7).

These inequalities have been well documented and according to the Maori Health Strategy Report (2002) are greater for those in more deprived socio-economic groups.

Whanau are not only over-represented in the more deprived groups, but also appear to experience further inequalities over and above those experienced in the same socio-economic groups.

Impact of European Contact for Maori Alcohol and Substance Abuse Today

Today it is undeniable that Maori are suffering disproportionately from alcohol abuse compared to Pakeha. This change to alcohol consumption, Huriwai (1997) explained,

‘Maori consistently argue that the loss of their lands along with urbanisation, breakdown of traditional tribal structures and general loss of dignity and respect amongst its people has been a major contributing factor of alcohol and drug disorder’ (p32).

This view asserts that alcohol use and abuse is based upon the alienation from traditional structures and practises. Durie (2004) asserts, ‘loss of secure cultural identity causes identity diffusion and anomalies occur, alcohol provides an escape from a sense of humiliation and socio cultural inferiority’.

In the *New Zealand Household Health Survey*, (1996-97) the *Te Hoe Nuku Road Survey* (1996) and the *Maori Women’s Health Study* (2001) all found that significant numbers of Maori were non-alcoholic drinkers or teetotalers. Two of those studies stated that one third of all-Maori adults did not drink alcohol and that forty percent of those had never used alcohol at all. The remaining adult population was made up of two groups, those who used infrequently, and those who used regularly. The second group included hazardous drinkers, binge drinkers and those who went on to be chronic drinkers. It was this second group whose drinking patterns resulted in domestic, financial, health and legal problems.

Of equal importance on virtually every socio economic indicator of crime, education, health, housing, income, longevity, social deprivation and employment, alcohol has an impact on Maori. Furthermore, Maori featured in more motor vehicle accidents than non-Maori where alcohol was a factor. Pomare (1995) reported in *The Alcohol Advisory Committee of New Zealand (AACNZ)*.

‘Alcohol dependency or abuse is the leading cause of admissions to psychiatric institutions for Maori males and the second most common cause of admission for Maori women’. The study also identified that Maori made up 50% of the prison populations and 60% of prison inmates having alcohol and drug problems...‘Maori have higher death rates for cardiovascular diseases, cancers and diseases of the digestive system particularly alcohol related cirrhosis of the liver’ (Sagger & Gray 1998, p.123).

The extent of the impact of alcohol use among the *whanau, hapu, iwi* and society at large is highlighted in *Te Puni Kokiri & AACNZ Report (1995)*. The financial and social cost of alcohol related harm to the country was estimated at \$2 billion per year and the Treasury report excise tax raises \$440 million each year. Direct and indirect costs to the New Zealand taxpayers include loss of productivity, excess unemployment, sickness and even premature death. Hospital expenses from alcohol induced violence; accidents and vehicle accidents are all further costs to society, whereby the Maori population is severely over represented in injury drink driving accidents. Other economic costs borne by the taxpayer include ACC payouts for accidents in sports, recreation, and workplace due to alcohol use; costs associated within the Justice system include legal aid, penal administration costs, community probation departmental costs, court costs and the police department.

Findings Of The Drug Use Among Maori Survey

The following statistical evidence has been sourced from the survey ‘*Drug use among Maori*’ (1998:10-14) where 1, 593 Maori aged 15 to 45 took part in a 1 national

telephone survey of drug use in New Zealand. It is intended to be the first in a series of reports to examine trends and inform drug policy relative to the Maori population.

Alcohol

The majority of Maori respondents (83%) reported they were drinkers, 72% of males were more likely than females (60%) to have used alcohol in the last month. Forty six percent of drinkers drank alcohol at least once a week compared to 37% of females. Twenty seven percent of drinkers drank large amounts of alcohol on single occasions at least once per week, with 22% of males reporting a higher level of drunkenness on a weekly basis compared to 11% of females. Fifty two percent of male drinkers aged 20-24 were more likely to drink larger quantities, and 39% to feel drunk at least weekly. The most commonly reported problem caused by drinking, 25% reported was the effect on people's energy levels and vitality, followed by the effect on people's financial position, particularly for males and then problems experienced in friendships and social lives.

Cannabis

The report argued sixty percent of the Maori respondents reported that they had tried marijuana at some time in their lives. 26% stated that they had used it in the twelve month period prior to being interviewed and 18% regarded themselves as current users and around 4% could be regarded as heavy users. Forty one percent of the respondents reported their first time they had tried cannabis was between the ages of 15 and 17, there were however, younger people in the sample who reported they had tried it at a slightly younger age to those reported by the older people.

The majority (69%) of respondents reported they had stopped using, 5% reported they were using more compared to a year ago, and 11% stated that they were using the same amount. The main reason given from the respondents who were using more was that they liked the effect and it was fun. Respondents reported they used in groups of three or four rather than by themselves, and generally smoke up to two joints on a typical occasion.

Fifty one percent of marijuana users stated that they used at least some of their marijuana with alcohol, 21% of females than males (12%) reported smoking all of their marijuana while drinking. Most marijuana users (67%) did not drive while under the influence of marijuana, where 19% of males said they did some, most or all of their driving while under the influence of marijuana, compared to 9% of females. When asked to identify problems, if any, that they had experienced as a result of using marijuana, 69% reported experiencing no problems, heavier marijuana users reported memory loss as a problem. In terms of how marijuana affected a range of specific life areas, 41% reported a problem in at least one of these areas, 28% stating it had adversely affected their levels of energy and vitality, 14% reported outlook on life, 14% reported in friendships and 13% in health.

Most of the respondents (82%), reported that they did not need any help to reduce their level of marijuana use. 8% stated that they felt they needed at least some help - while a similar proportion stated that they had needed help at some stage in their life but had not got it. The main reason cited for not being able to get help were: fear of the law; fear of losing friends; having no local services; not knowing where to go; and social pressure. Respondents felt that the level of risk associated with marijuana use

increased as marijuana use became heavier, with a low level of respondents reporting low levels of risk associated with no-regular levels of use.

Other Drugs

Fifteen percent of the sample stated that they had tried a hallucinogenic drug at some time in their lives, 7% stated they had used them in the previous twelve months. 10% had tried magic mushrooms, 4% in the previous 12 months, 8% had tried LSD, 4% in the previous 12 months, and 2.3% had tried ecstasy, 1.1% in the previous 12 months. There were few respondents reported trying stimulants 7%, cocaine 2.4% crack 0.7%, or ice 0.2%. 6.3% had tried kava; 3.1% solvents, 1.5% tranquillisers and 1.2% had administered their drug intravenously.

Tobacco

Three quarters (70%) of Maori had smoked tobacco at some time in their lives, 41% could be regarded as current smokers with more females (46%) than males (35%) reporting to be smokers. 60% felt that they were smoking more than they were happy with, women and those under 30 years were more likely to smoke 1-10 cigarettes per day, while men in 30-45 year olds were more likely to smoke 11 or more cigarettes per day. There was a high perception among respondents of risk associated with cigarette smoking, with over 38% perceiving there to be a great risk associated with smoking, only having tried it once or twice, and the perception of risk increasing steeply as the level of smoking increased. Drugs perceived to be of most concern for their affect on the community were illegal drugs, other than marijuana, followed by solvents, alcohol, marijuana and tobacco. Women appeared generally more concerned

than men about marijuana and alcohol, while men appeared to have greater concern about tobacco.

Government Strategies - To Address Alcohol & Drug Abuse

The Government has produced a National Drug Policy (1998) evidenced in the AACNZ and Ministry of Health (2001) National Alcohol Strategy (NAS) 2000-2003. This clearly states the position. “The National Drug Policy sets out the Governments commitment to minimize all drug related harm and identifies various priority areas and desired outcomes towards this end” (p.5).

Specifically in relation to Maori, Government recognises the obligations arising from the Treaty of Waitangi. As a result the NAS 2000-2003 outlines specific In the strategies for addressing alcohol related harm experienced by Maori, these include:

- Support for initiatives within the Maori community; encourage the setting up of *Kaupapa Maori* (Maori philosophies) alcohol and drug services, support programmes designed by Maori for Maori,
- Ensure appropriate advertising and marketing strategies addresses Maori needs, assist and support the work of Maori wardens, encourage involvement in the development of policy on alcohol,
- Improve networks between government agencies and Maori and reduction in Maori death and injury caused by alcohol related motor vehicle accidents.

The *New Zealand Health Strategy Report* (2001), identified alcohol and drug related priority populations. This resulted in the production of policy documents that include the *National Drug Policy* (1998), the *National Mental Health Funding Plan* (1998-2002), the *National Strategic Framework for Alcohol and Drug Services* (2001) and the *Public Health Services Handbook* (2001). These have particular demographic

characteristics such as age, gender or ethnicity, share unique functional characteristics such as legal features or clinical features that are useful to determine the direction agencies need in addressing this problem. A need for interventions must be matched with population groups; specific strategies and services directed towards public health and primary health care appear to improve access. However, there has been limited systematic research on their effectiveness. An alternative method is to develop services and workforce development that is multi-disciplinary and eclectic modalities that can address the complexities of drug and alcohol related problems to population health. In working with people and in particular Maori with addictive behaviours, knowledge of best practice frameworks need to be constantly updated in order to meet the changing environment of problems related to substance use.

The *National Strategic Framework* (2001) has made strong inroads into addressing alcohol and drug treatment services, particularly *kaupapa* Maori services that are responsive to Maori. This is in acknowledgement of the fact that interventions designed for the general population have had limited effect in reducing harm among some Maori. The then *Health Funding Authority* (2000) asserts dedicated Maori services, as well as increasing the cultural content in existing services and increasing the cultural competence of clinicians, would reduce some barriers to access, engagement and retention in treatment due to cultural inappropriateness and irrelevance.

Maori Responsiveness to Government Strategies in Drug and Alcohol

The reviews on alcohol and drug surveys argue that strong *kaupapa Maori* (Maori philosophy) focus have shown to be successful in reaching communities, groups and

individuals who were not responsive to mainstream programmes (Ministry of Health, 2000). Maori paradigms that are grounded with *tikanga* (customs and protocols) and *te reo* (language), this empowers communities to embrace new ideas, new technologies and new strategies of wellness. In this way talents, expertise and energies need to be fully harnessed from across Maoridom as a whole. Such activities contribute to the survival, the continuity and the future development of Maori culture and identity.

The importance of *kaupapa Maori* (Maori philosophy) paradigms that adheres to *Te Ao Maori* (Maori world view) principles of *tikanga* (customs and protocols) and the concept of *mauri-ora* (well-being) and under *kaupapa Maori* (Maori philosophy), an ideal framework for wellness must refer to and be informed by a cultural base that will speak to Maori needs and aspirations in regard to present-day demands and conditions (Te Puni Kokiri, 1992).

Access to cultural knowledge is therefore of importance a concept supported by the National Centre for Treatment and Development Research Unit (1977):

Addressing cultural needs makes alcohol and drug treatment more effective for Maori, many dedicated Maori alcohol and treatment programmes have been abstinence-focused in which successfully treated Maori have subsequently reinforced a view that alcohol is alien to Maori culture.

Since the 1980's *kaupapa Maori* (Maori philosophy) services have been introduced with a Maori perspective providing a treatment environment based on Maori cultural values, processes and beliefs. According to Keelan (1997) six key characteristics of a Maori health service are:

- management by Maori for Maori
- the incorporation of *tikanga Maori* (Maori customs and protocols)
- the involvement of *whanau* (family), *hapu* (sub-tribe) and *iwi* (peoples)
- the use of traditional Maori healing practices
- the provision for cultural assessment, cultural practices

- *whakawhanaungatanga* (inter-relationships).

‘If we accept the notion that cultural identity is linked to health, then a secure cultural identity may protect against poor health. Poor Maori health is linked with separation from Te Ao Maori, including separation from language, whanau, cultural institutions, land and environment’ (ibid).

In 1999 the Health Funding Authority had specified the delivery of *Kaupapa Maori* (Maori philosophy) services to not only provide cultural enhancement but also to have standards of residential care as high as any other residential service.

“The degree of effectiveness of Maori-controlled alcohol schemes is in direct proportion to the degree of autonomy they have. The degree of cohesiveness and aroha among the respective groupings, the forcefulness of the leadership and commitment to the *kaupapa*, the importance of relationships, the responsibility accepted for alcohol control, as well as adequate and realistic funding and support (ibid).”

The Huakina Development Trust Board (1993) developed strategies to prevent alcohol-related traffic injuries and deaths and promote alcohol moderation. It provided a model that was an effective tool in Maori alcohol health promotions and education campaigns. Positive Hauora messages delivered through Marae projects initiated by Maori health providers, *Manaaki Tangata programme* (1994), are examples of initiatives that have been effective in delivering safety messages relating to alcohol. It is evident that Maori alcohol and drug control and health promotion programmes can be developed which promote self worth, self- determination and assertiveness and grounded in both Maori ideology and history.

The National Drug Policy clearly promotes the use of and engagement in *kaupapa Maori* alcohol and drug services to assist in the reduction of drug and alcohol related harm among Maori. It is apparent that The *National Strategic Framework* (2001) has

begun to address the efficacy of alcohol and drug treatment services - particularly *kaupapa* Maori services.

As a means to providing continued services, the model of Te Toi o Matariki can be included as a practical model of intervention when working with Maori who present with alcohol and drug addictions. As mentioned previously, the model of Te Toi o Matariki strengthens *whanau* (family), *hapu* (sub-tribe) and *iwi* (peoples). It supports and contributes in the success of encouraging *whanau/family* to work collectively with their loved ones in maintaining healthy lifestyles, through adopting values and principles of *whanaungatanga* (inter-relationships) and increases *whanau/family* awareness of *tikanga Maori* (Maori customs and protocols). Therefore, Te Toi o Matariki can contribute toward the body of knowledge for an effective Maori model of practice for Maori who present with substance abuse.

In conclusion, this chapter examined the introduction of alcohol into Maori society through to the nineteenth century to present day and described the resulting impact on Maori. Today it is undeniable that Maori are suffering disproportionately from alcohol and drug abuse compared to Pakeha. As a result of the disparities between Maori and Pakeha, governments have introduced the National Drug Policy that outlines their commitment to minimise all drug related harm and identify various priority areas, with specific strategies for addressing alcohol related harm experienced by Maori. To reiterate, programmes that have strong *kaupapa Maori* (Maori philosophy) views have shown to be successful in reaching communities. In particular, those groups and individuals at risk of substance abuse and were not responsive to mainstream programmes. The next chapter explores the philosophical influences on Kaupapa Maori intervention models. This includes the growth and development theory

presented by Peter Buck renowned Maori thinker. His concept of development, while not conspicuous in Te Toi o Matariki paradigm (which relies primarily on the Maori cosmological paradigm), is a covert philosophical influence. Pohatu's theory of 'Ata' as an ethical Maori framework is also influential. Consequently, the discussion on Kaupapa Maori provides an overview of the philosophical influences that shape the Te Toi o Matariki model of intervention.

Chapter Four

Kaupapa Maori Theoretical Frameworks

The framework used in Te Toi o Matariki (cultural model) is based on the *whakapapa* paradigm, which is embedded in Maori cosmogony. The epochs in Maori cosmogony begin with Io (the supreme deity) who brought into being Te Kore (the abyss), Te Po (darkness) and Te Marama (the light). The *whakapapa* (genealogy) paradigm will provide a vehicle to generate and transmit Maori worldviews and knowledge giving wider and deeper meanings to the *whakapapa* paradigm's purpose, function and performance that will contribute to Maori advancement and increase Maori control over their own future. According to Ratima (2003), "... Maori recognise that reality is culturally bound and that what is real is dependent upon the window of cultural values through which one perceives the world."

Inherent in Te Toi o Matariki is the notion of Maori human development as described by Buck's (1949) model which is essentially a theory of growth and development inspired by Maori philosophical thought. His stages of development use the plant as a metaphor incorporating, *Te Pu* (the root), *Te Weu* (the rootlets), *Te More* (the taproot), *Te Aka* (the vine) and *Te Tipuranga* (growth). Buck (ibid) sees these concepts "... as a theoretical interpretation of evolution and forces of nature, while at the same time it provides an opportunity for the expert to add length and prestige to the human line of descent." Consequently, his theory sits comfortably within the *whakapapa* (genealogy) paradigm because the ideas are embedded in Maori epistemology and the Cosmogony is the wider philosophical context for any *tuturu* (traditional) Maori thought. In Chapter One, the theoretical principles of Pohatu's (2005b) model of

Mauri was also applied to the Te Toi o Matariki model to describe the concept of 'Awakening.' His ideas are elaborated on in this chapter give a composite view of *kaupapa Maori* Theories that have been harnessed in the intervention process at Raukura Hauora o Tainui programme Te Ara Hou - for Maori who present with alcohol and substance abuse.

Maori Creation

Maori worldviews provide a wealth of concepts, principles and values that are used and applied through time. It provides generations to engage in cultural responsibilities and obligations.

'...generations are able to add their layers of experiences and analysis, informed by reality of each new time.'" It is informed, developed, nurtured and defined by Maori. It is the source of Maori knowledge that provides a pathway to Maori wellness to confirm Maori are part of nature. Maori believe the spiritual realm interacts with the physical world and vice versa' (Pohatu, 2003 p.3).

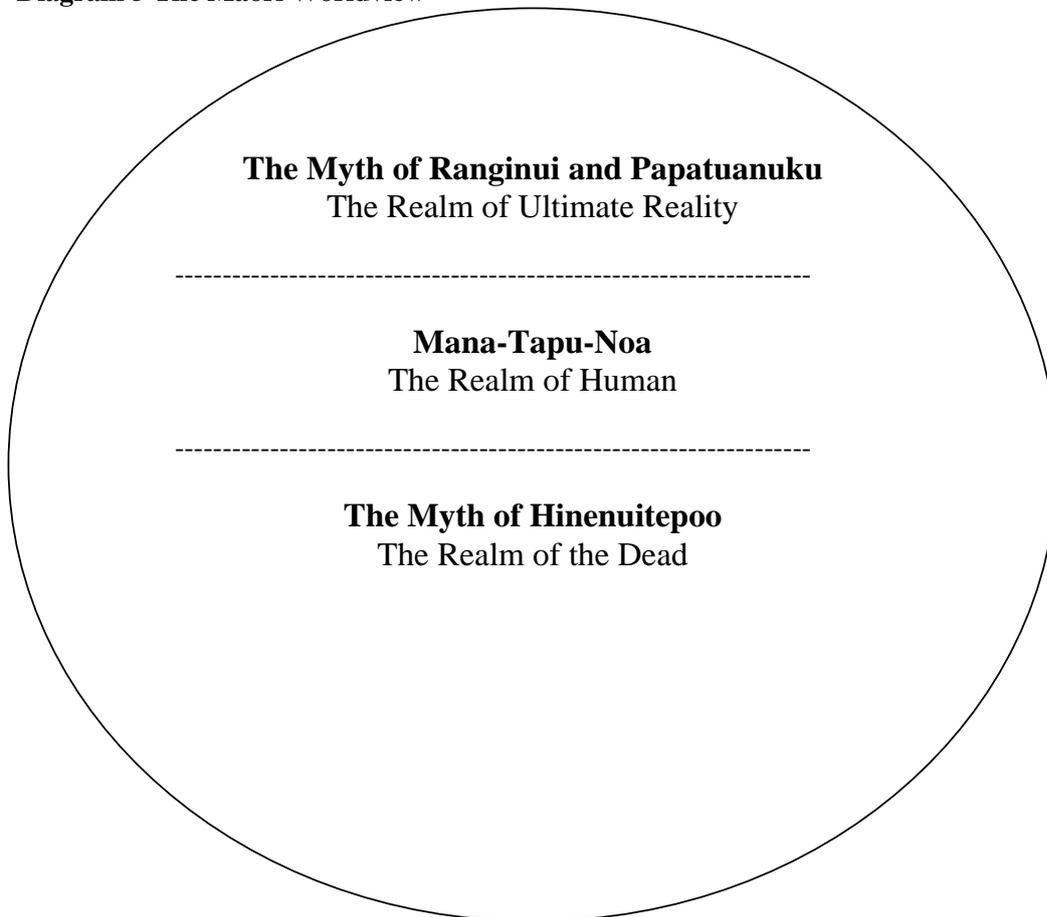
The Ngai Tahu Seas Fisheries Report (1992) reinforces this position.

'...Maori myths and legends support a holistic view not only of creation but also of time and of peoples. To understand this concept, it is important to look at how Maori see the world that they live in' (p.5).

Irwin, (in Marsden 2003), describes the Maori worldview as three-tiered structure consisting of the following dimensions depicted (Diagram 5). The first tier represents the 'spiritual realm' that encompasses all *kaawai tipuna* (direct ancestor) that are found within Maori tradition. The second tier represents the present day, all people who are living. The third tier is a representation of *tipuna* (ancestor) who are now under the care of *Hinenuitepo* (Goddess of Death). The dotted line (diagram 5) represents the reality that they are not closed off from each other because Maori who are living believe that their *kawai tipuna* and their *tipuna* exist alongside them. The interaction between the spiritual realm and physical realm is evident in the cultural

practices. Those who have passed on live through the living generation and in turn will live through those that follow. This concept of regeneration is contained in the concept of *whakapapa*.

Diagram 5 The Maori Worldview



Korero tawhito (historical messages, discussions, talk) record the deeds of *kawai tipuna* the *mana* and the history. *Korero tawhito* lay down the ethical principles of the *tipuna*.

Patterson (1992) describes the attitude of Maori to the past.

‘To a Pakeha the past generally lies behind, one’s aims, aspirations and goals relate to the future, which lies ahead. For Maori the opposite holds. The past is ahead not behind, and it is there that one finds one’s models, one’s aims, aspirations and goals’ (p.7).

A spiritual conception of the universe served in developing the values and sanctions of Maori society. The creative activities of the kaawai tipuna and the activities of real people have underlying themes, which influenced the way Maori society operated and their behaviour patterns. Metge (1967) supports this view by asserting, “Maori mythology and an elaborate system of ritual governed all human activities and relationships (p.8).

Whakapapa Paradigm

The *whakapapa* (genealogy) paradigm is underpinned by *wairua* (spirituality) and values such as, *manaaki* (care for others) and *whanaungatanga* (maintaining the family). According to Bird & Drewery (2000) these traditional Maori values work together to inscribe a total ecology or cultural environment, where all aspects are interdependent upon all other aspects.

Furthermore, Barlow (1991) maintains that Maori values are a basis for organisation of knowledge in respect of the creation and the development of all things. It holds Maori traditions that relate to the origin of the human race, illustrating the beginning of creation where all things originated. George Grey’s (1995) account of creation relates to that section of the cosmology, which depicts *Ranginui* (Sky-Father) and *Papatuanuku* (Earth-Mother). In customary Maori society, ‘myths’ and ‘legends’ provide an understandable vehicle toward Maori worldviews. *Whakapapa* provides an interpretation of environmental ideas as reflected in the Maori myth of *Rangi and Papa* (Sky-Father and Earth Mother). Yoon (1986) asserts *Rangi and Papa* (Sky-Father and Earth Mother) represent the basic worldview of the Maori culture that

reflects social interaction and cultural values projecting important principles of mana, utu and aroha, which governed Maori society. Furthermore, it presents interrelated topics of knowledge that provide sanctions, protocols and guidelines through Maori worldviews and value systems. Marsden (2003) asserts Maori cosmology portrays an understanding of a holistic approach and the fundamental principles of Maori customs to everyday life that integrates into the value systems of culture. The *whakapapa* (genealogy) paradigm provides key concepts that strongly influence the attitudes and behaviour of Maori people today. The philosophical ideals underpin the way the Maori deal with the world and influence many ideals and actions.

Te Kore

In the beginning *Io* (God) existed alone in the realm of *Te Kore* (abyss), nothing existed before *Io* (God), he was the truly supreme god and dwelt tranquilly in the void of *Te Kore* (abyss). His essence flowed forth to fertilise *Te Kore* (abyss). He spoke and commanded the night, the heavens, the light, the earth and water. Thus were the essential foundations of the universe laid. According to Marsden (1985) only the seed of potential being was established and there was no form or substance for this seed of creation gestated in *Te Kore* (abyss). Then *Io* (God) activated himself and recited the names of the different foundations of things: of the night and light, of the earth and sky and waters and things took form.

The Maori philosophers saw the whole world order as a vast genealogy. The simplest genealogies were those of the common man, tracing himself from a tribal ancestor, connecting to members of the tribe depicting complex relationships. Everything in the Maori worldview order was genealogically connected. The Maori traditional belief sees the whole of creation as a dynamic movement *i te kore, ki te po, ki te ao marama*,

(out of the nothingness, into the night, into the world of light). Shirres (1997) contends that this is a model to understand the universe and its evolvments and that is intimately linked into both the world of spiritual powers and the material world we see around us. This model forms the basis of the Toi o Matariki programme. The following module descriptor synopsis clearly shows the place of the cosmogony in the programme. The philosophical and ideological themes incorporating the cosmogony, growth and development and ethical frameworks for behaviour continue themes of throughout all twelve modules.

Name: Te Toi O Matariki

Reference: TTOM 102

Kaiako:

Times:

Description: This group is designed to assist akonga in their discovery of self And to identify their turangawaewae in their whanau and in society from a therapeutic perspective.

Aims:

- To learn and identify family characteristics
- To learn and identify roles within the family
- To learn and identify their individual roles
- To learn and identify personal temperaments
- To learn and identify growth and development

Miserable Outcomes: At the end of 12 weeks all akonga will know:

- Identification of their turangawaewae in their whanau
- Identify the dynamics of whanaungatanga
- Identify and understand their own temperaments and their partners
- Raised awareness of who they are and how come

Resources:

- Whiteboard, marker pens, handouts

Week 1 Whakawhanaugatanga – Ko wai ahau – Part 1

Week 2 Te Kore

Week 3 Te Kore

| | |
|---------------|-------|
| Week 4 | Te Po |
| Week 5 | Te Po |
| Week 6 | Te Po |
| Week 7 | Te Po |

An exegesis of the cosmogony gives insights into the main philosophical influences of Te Toi o Matariki intervention programme. *Te Kore* (abyss) signified space and depicts the Maori phenomenology world of existence that contained in its vastness the seeds of the universe, the celestial realm, the domain of the gods, and the world of light that is the dwelling place of humans. It is the means by which there is interpenetration of the realms of humans, into the realms of the dead and the realms of the gods.

- *Te Kore* (the void of nothingness that exists without shape or form)
- *Te Kore te whiwhia* (the void in which nothing could be obtained)
- *Te Kore te rawea* (the void in which nothing could be felt),
- *Te Kore I ai* (the void with nothing in union)
- *Te Kore te wiwia* (the space without boundaries). *Te Kore* (abyss) the timeless, perfect and uncreated.

Walker's (1990) view of *Te Kore* refers to voids that signify the aeons of time during which the primeval matter of the universe came together and generated *Papatuanuku* (earth mother) and *Ranginui* (sky father). *Te Kore* (abyss) signifies the realm between non-being and being, that is, the realm of potential being. It is the realm of primal and elemental energy or latent being. According to Marsden (1985) it is here that the seed-stuff of the universe and all created things gestate, it is the womb from which all things proceed.

A contemporary perspective of *Te Kore* (the abyss) is used as an opportunity to identify stages of underdeveloped growth due to significant events in one's life. A person may be seen to be in *Te Kore* if those events have led to the individual's life becoming monotonous: hopes, dreams, aspirations do not have form. The person may be despondent, depressed and feeling alone, the only focus is the self. It may feel like the end. However, the person can begin to disperse *Te Kore* by beginning to make positive decisions, but this is still a fragile part of existence. *Te Kore te whiwhia* (the void in which nothing could be obtained) is described as time that a person is reflecting, pondering, or mediating over the unresolved events or issues they are facing. This may look as if nothing is happening, but can be a time of the greatest growth where the journey ahead is planned and understood. This can be a time of understanding the lessons of life.

Te Kore te rawea (the void in which nothing could be felt) is a place where feeling is restricted to the *hinengaro* (mind) and the *wairua* (spirit): the *ihi*, *wehi* and *mana* (energy, vitality and integrity). In this way it has a relationship with *Te Kore Te Whiwhia* (the void in which nothing could be obtained), with the emphasis on 'rediscovering'. So positive decisions are being built upon, it is viewed as '*oho ake*' (awakening) of the inner self. This process can become a closer involvement with the person's culture that is, the *whaikorero* (formal speech making for men), and the *karanga*, (formal call of the women).

Te Kore i ai (the void with nothing in union) is the void with nothing in union, from a contemporary view *Te Kore i ai* (the void with nothing in union) is defined as a state

of confusion, catastrophe and disastrous. This is a reminder that a past situation, that has not been adequately dealt with requires attention before progress can be made. It reminds to take the opportunity to build boundaries and structures at this time. *Te Kore te wiwia* (the space without boundaries) is viewed as both esoteric (common knowledge), and exoteric (*tohunga* or expert knowledge), referring to infinite distances. Individuals may realise their relationship with ancestors and begin to value their place within their *whakapapa* (genealogy), and within their *whanau/family*. It gives a better understanding of oneself as part of the vastness of the universe, within a boundless kinship design. There is closeness to those of near *whanau/family* as well as closeness to those long gone. This is the taonga of *whanaungatanga* or kinship relationships and is related to the tasks within *Te Kore te rawea* (the void in which nothing could be felt).

Te Po

Te Po (darkness) is the second state of existence. The *whakapapa* of *Te Po*:

- *Te Po* (darkness)
- *Te Po nui* (the great night)
- *Te Po roa* (the long night)
- *Te Po uriuri* (the deep dark involvement)
- *Te Po Kerekere* (the intense night)
- *Te Po Tangotango* (the intensely dark night)
- *Te Po Whawha* (the night of feelings)
- *Te Po Namunamu-ki-Taiao* (the night of seeking the passage).

As in *Te Kore* (abyss), these periods of *Te Po* (darkness) correspond to aeons of time when the earth came into being. Both *Te Kore* (abyss) and *Te Po* (darkness) signified the emptiness and darkness of the mind, because there was no light and no knowledge. The reason for this state of affairs according to Walker (1990) was that during *Te Kore* (abyss) the primeval pairing of *Ranginui and Papatuanuku* (Sky-Father and Earth Mother) prevented light from entering the world. Reed (2004) refers to the aeons of *Te Po* (darkness) that mentions several phases that are closely linked with the embryo earth, with the waxing moon, and with death and the after world of spirits. The complexities of *Te Po* (darkness) are endless and these periods of darkness are in a sense pre-creation and phases of creation. Best (1995) refers to *Te Po* (darkness) as the period of time prior to the existence of the universe. It is the period of labour of the Earth Mother, the period of time after death and the underworld. *Te Po* (darkness) is the intangible, unknown and unseen that denote phases of darkness. *Te Po* (darkness) is the realm of becoming and *Te Ao Marama* (the world of light) is the realm of being.

‘The development of Ranginui and Papatuanuku occurred during Te Po and from this relationship derived the male and female principles. Ranginui and Papatuanuku joined and they lay in an embrace so the world was still shrouded in a darkness that inhibited growth, progress and an increase in knowledge’ (Buck 1950).

During this time they produced children of which six are well known because of the Grey collection (op.cit, 1995) of tribal myths. *Tanenuiarangi* (ancestor of the forest), *Tawhirimatea* (ancestor of the winds), *Tumatauenga* (ancestor of war), *Tangaroa* (Ancestor of the sea), *Rongomatane* (ancestor of peace, kumara, cultivated plants), and *Haumiatiketike* (ancestor of fern root, uncultivated foods). According to the myths and legends (ibid) *Tumatauenga* (ancestor of war) asserted to kill their parents but relented when *Tane* asserted they separate their parents to promote growth and life. All but one of the sons, *Tawhirimatea* (ancestor of winds) participated in the

incident. However, *Tanenuiarangi* (ancestor of the forest) was held responsible for the separation of his parents. *Ranginui* (sky father) was thrust high above *Papatuanuku* (earth mother) so that there would be room to move around and light could enter the world. These stories contain within them concepts that are intrinsic to Maori principles and values. *Tanenuiterangi* symbolises ‘best practice leadership’ because he effected change that benefited all of mankind. These are notions that are intrinsic to the Toi o Matariki intervention process.

In the intervention process *Te Po* (darkness) symbolises a time in an individual’s life when there is limited vision and limited light. For the affected person, this is the time when goals and aspirations are neglected or discarded because of the desire to seek relief through escape. Time and energy is invested in using addictive substances. This is the darkness with no understanding. *Te Po nui* (the great night) is reflected as the immeasurable darkness, for the individual, this is a time when misery is so deep it is like being in a bottomless pit – a black hole wherein one could easily disappear forever. In this state, communicating clearly can be exceedingly difficult if not impossible. Sufferers have described it as a time when they have been choked up with too much emotion, frustration and even blind rage.

Te Po roa (the long night) signifies the time of continuous darkness. For the person this is a time of recognition and a sudden desire for an end to the darkness. There may be a developing consciousness of his/her situation and circumstances. There may begin to be a desire for progress. *Te Po uriuri* (the deep dark evolvment) is a time of evolvments in the deep darkness. Here there is progress toward action, but is still not the time for action. It is described as a heart-breaking stage, where decisions may

involve unselfishness in the choices made. *Te Po Kerekere* (the intense night) is the time of decision-making that has arrived; thought is shifted from analysis to action. The past is compared with possible futures, depending on the decisions made. Sometimes, decisions can be proposed but not carried through due to lack of commitment. *Te Po Tangotango* (the intensely dark night) seems the darkest time of one's life. The decision made must be followed by action. The experience is intensified, where a paradigm shift occurs which impels action either forward or backwards. *Te Po Whawha* (the night of feelings) is where the physical senses are inhibited. Within *Te Po Whawha* it is important to momentarily restore the senses in order for the person to find their way through the darkness and also to help with balance as this stage feels like walking on a tightrope.

Te Po Namunamu-ki-Taiao (the night of seeking the passage) - the task is seeking, a realisation that it is time to move on. Finding the passage back to reality is an exhausting process where the direction is neither forward nor back and is by no means resolved. Positive consequences require assistance from others, so that the processes of self-evaluation may flow unreservedly. Negative consequences result from an unwillingness to move onwards. The way to change can become clearer or clouded, depending on the individual's capacity and willingness to make constructive decisions. *Te Po Tahuri atu* (the night of restless turning) is viewed as a spiritual restlessness. The process of restoration and renewal depends on how willing one is to let go of negative attitudes and behaviours. Forgiveness of self and others is necessary at this stage, it is often described as a *wananga stage*: to worry the worry, to pursue it in order to reach resolution. It is the moment of ascension from darkness into light, one that is fundamental to the health and well being of every individual, even if this

process is for a short period of time. It is the gasp or sudden intake of breath referred to as '*Tihei mauri ora*' (breath of life).

Te Ao Marama

The epoch of *Te Ao Marama* (the World of Light) emerged from the separation of *Ranginui and Papatuanuku* (Sky Father and Earth Mother). This was the time of the gods (*atua*) – who are the ancestors of all Maori. *Tawhirimatea* (*atua* of the winds) attacked his brothers with winds and mighty storms, uprooting the children of *Tane* (*atua* of the forest) and attacked *Tangaroa* (*atua* of the sea) who fled from sea to sea. *Rongomatane* (*atua* of peace/cultivated food) and *Haumiatiketike* (*atua* of the uncultivated plants) were hidden within the bosom of *Papatuanuku* (Earth Mother) from the forces of *Tawhirimatea* (*atua* of the winds). *Tumatauenga* (*atua* of war) was the only brother who withstood the attacks from *Tawhirimatea* (*atua* of the winds). He considered his brothers to be weak during the attacks so he turned against them by using their children for food and everyday materials. This in pre-Christian times provided the precedence in Maori law for cannibalism.

Tane (god of the forest) was responsible for the creation of humans; he moulded the female body out of the sacred clay from *Papatuanuku* (Earth Mother) and breathed life into the nostrils of the figure. The first female was created and given the name *Hineahuone*, the first *ira tangata* or the human element, which became *Hinenuitepo* (the goddess of death). The union of *Hineahuone* (first human female) and *Tane* (god of the forest) resulted in the birth of *Hinetitama* (daughter of *Hineahuone* and *Tane*). In order for the species to be continued, *Tane* took *Hinetitama* as his wife and produced a daughter. However there are some tribal interpretations of this tradition that view this myth as a prohibition against incest. This is evidenced by the fact that

Hinetitama on learning the truth about her father/husband fled to the underworld and became the great death *atua* (goddess) *Hinenuitepo*.

Creation myths encompass the whole of existence. As one total entity land, sea and sky were all were parts of their united environment, all having spiritual force. The concept and practice of understanding and caring for the natural environment are manifest through Maori work ideals. Maori show their respect towards these gods (*atua*) by performing rituals in their honour by reciting *karakia* (prayer, chants). The first fish or first fruits taken from nature were in traditional times given back as an offering to the primeval gods by throwing fish/seafood back into the sea or burying the first of each harvest.

Maori Human Development Framework

The Maori human development framework as outlined in the introductory paragraph tracks the stages of growth and development within the *whakapapa* (genealogy). Buck's (1949) paradigm of human development is based on the notion of something evolving from nothing, this idea is supported by Taylor (1855).

'The traditions of creation go back far beyond the gods themselves. Begin with nothing, which produced something, and that brought something more, and generated a power of increasing. Spirit, being more subtle than water, arose before it, and thought, being supposed to be more so than spirit, the commencement dates with its birth' (p.20).

An exegesis of Buck's (op.cit) model begins with *Te Pu* the root cause. It is the nutrient that causes growth. It is symbolically the lifeline of what can be and what will be. It is also a greater state of consciousness. *Te Pu* (root cause) can be seen as the basis of cognitive and instinctive learning. It can also be the stage where individuals comprehend that their inappropriate behaviour has a root cause. This is stage where

adjustments in personal behaviour and lifestyle can be considered as necessary for recovery. Understanding the process of adjustments or behaviour is contingent on redressing negative influences that has been learnt from past experience. Therefore, in *Te Pu* (root cause) is the nutrient that causes growth and potential.

Te Weu is the rootlets or the offshoots from *Te Pu* (root cause) that come off the main root. These symbolise side issues that are related and intertwined to the root cause of behavioural influences. They are the annoyances that generally hinder or slow the process of change and constructive growth. Inevitably the rootlets or side issues become enmeshed with the main issues, and consequently the real causes of behavioural problems are not identified at an earlier stage compromising the journey and or the healing process. *Te Weu* (rootlets) can also assist in differentiating between right and wrong in terms of ethical, moral, emotional, physical, spiritual and psychological rules that maybe observed. This may also help people to survive and navigate the situation making it less daunting than previously perceived. The importance of *Te Weu* (rootlets) is to address the rootlets or off shoots that are seen as side issues or the root cause of behavioural influences, it requires individuals to utilise their learnt skills in overcoming the stage of *Te Weu* (rootlets). The individual needs to understand the processes of *Te Pu and Te Weu* (root cause and rootlets) to ensure the growth is maintained regardless of the culture.

Te More is the taproot or the main arterial root that causes growth. It is also the root that can cause a diversion in growth. It can be viewed as any desire to change the direction of growth, requiring manipulation at the beginning of a life cycle. With nurturing and care one is able to add to the quality of life. From a cultural perspective,

nurturing should be both positive and negative; these are values that add to a better quality of life. The positives are designed to cause growth and set aims and goals for the future, while the negatives are designed to establish parameters. For example, neglect and abuse will cause the taproot to produce a shell without the identifiable structure necessary for a rich and full existence. Therefore, *Te Pu and Te Weu* (root cause and rootlets) is the vitality seen as the continued thread that connects to the development of growth within *Te More* (taproot).

Te Aka the vine represents an internal process that is associated with living or the state of being alive. The care and protection given to the taproot and rootlets determines the quality of the vine. The vine as the physical evidence of ancestry is symbolised by the roots and thereby affirms one's identity. Through the course of this evolvment we are taught fundamental principles that give enhancement to our character, cultural identity and later, it is the individual's responsibility to take ownership of their identity. However, if the taproot of *Te More* and the rootlets of *Te Weu* do not receive the nutrients provided from *Te Pu*, growth is stunted. However when the process of growth is activated it can give rise to the individual's character, responsibility to take ownership of these, and in turn bring about a state of liveliness. This is *Te Aka*; the vine is associated to living and is seen as a process in forming growth.

Te Tipuranga in Buck's, (ibid) conceptual model is central to his theoretical model because it symbolises growth. It is the time where learning and survival is dependant on the environmental elements to provide and produce nutrients for long-term survival. It is access to the elements of nature, which provides the basis for further development. In human development positive growth depends on the learned beliefs

and values which are culturally defined. These elements shape the moral values of the individual. For Maori these values recognise a *wairua* (spirituality) base. Williams (1998) proposes that *whakawhanaungatanga* (culturally defined relationships) shapes ethical behaviour. These are the relationships between people; between people and the physical world; between people and the *atua* (spiritual entities). This perception is similar to the *whakapapa* ethical model which Marsden (1975) poses. He argues that it is *whakapapa* that enables a person to trace their descent and this identity binds the Maori world together. *Whakapapa* identifies the nature of relationships with all things emphasising the responsibility owed by individuals to the collective. It provides the individual identity through the individual's relationships with others. *Whakapapa* (through the gods and in particular *Tanemahuta*) is the relationship between people and the environment. This sacred relationship governs the laws, which prohibit Maori from exploiting the natural world for individual profit.

Whanaungatanga (inter-relationships) is the connections between groups, kinships, humans, the physical world, as humanity for Maori is directly descended from *Rangi and Papa* (Sky Father and Earth Mother). Williams (1998) asserts that the common thread in all Maori social organisations is *whanaungatanga* (inter-relationships) and in modern society those relationships remain of central importance. This idea is related to Buck's (op.cit) notion of *Te Weu* (rootlets or offshoots). The represent side issues that are related and intertwined to the root cause of behavioural influences. These influences are as a result of previous exposure to the elements or doctrines. It can also be the individual's development of skills, resources and attributes that provide the platform for personality, integrity and further influences development within.

Te More in Buck's (ibid) model are connected with these Maori values. *Te More* represents the taproot or the main arterial root that carries nutrients for the purpose of growth. The rootlets can provide individuals with their goals, aims, direction and setting tasks to achieve their development in life. The same connection is seen in *Te Aka* being the vine, the external manifestation of an internal process to a quality of life that is determined by the care and protection of the taproot and rootlets. *Te Aka* is seen as the vine, the physical evidence of ancestry of the roots that identify's who we are. It can be seen as the character of the individual, their strengths and areas of expertise, which have connections to the past. The external growth of individuals and groups is derived from the interactions that they participate in and from what is learnt through the interaction. This inturn can be viewed as socialisation.

Where *whakapapa* (genealogy) begins so too does the growth of the individual or group. Each component is part of the collective, as generations to come will at some point receive the knowledge gathered by that individual or group which adds to the growth of that line. This may cause a divergence in the growth pattern or create an enlargement or a decreased capacity of flow. Maori society today has many examples of this phenomenon and certainly adds flavour to the development of the individual or group. Another viewpoint, whether in a Maori or non Maori context, it is clear that what people choose to do with the information or knowledge gained from this process can be used for the betterment of the relationships either from an individual or collective basis.

In conclusion, the *whakapapa* (genealogy) paradigm provides a vehicle to generate and transmit Maori worldviews. Continuing with the theme of using a kaupapa Maori framework, the next chapter discusses the interventions of *Karakia* (prayer), *whakapapa* (genealogy), *Te Reo Maori* (Maori language), *Whakawhanaungatanga* (inter-relationships) and *Manaakitanga* (caring, hospitality) that are used within Te Toi o Matariki model. Each intervention strategy is explained to determine the impact of Te Toi o Matariki as a practice model.

Chapter Five

Te Toi o Matariki -The Intervention Process

This chapter provides insight into the purpose and functions of interventions used within Te Toi o Matariki. Each intervention stratagem has its own *kaupapa* or purpose. In addition the influence of Pohatu (2002) further analysed in relation to his key concepts, *mauri moe*, *mauri oho*, and *mauri ora*. These concepts give further insight into Te Toi o Matariki as an Awakening model of intervention. The main purpose of the chapter is to provide a commentary on the intervention stratagems. Each is considered as having its own function, unique insights, angles, sets of experiences and interpretations. This view is to be seen as holding moments in time (*wa*) and place (*wahi*), where actions, reflections and understandings will and have taken place.

Karakia

In pre-European times *karakia* (incantations) were a daily ritual. These *karakia* were recited when travelling, fishing and warfare to invoke divine intervention to assist and to provide protection.. *Karakia* has the effect of concentrating the attention of uniting everyone together towards a common goal. Raerino (1999) describes the function of *karakia* as, “it can be summarised as being a ritualised oral invocation to other forces, to intervene or to mediate the human condition.” In this way *karakia* has potential to gain deeper insights and understanding of their inter-relationships with Io (God), as well as with people. Within the residential treatment service, *karakia* serves to give thought to those of our *whanau*, those who are sick, for us of the living, our ancestors who have gone on before us, and for the day to begin and end. It effects respect for one another, our *whanau*, our *Atua*. *Akonga* are taught contemporary *karakia i roto i te reo* (prayers in Maori). They also learn the meaning of the *karakia*, and how

karakia can help in their journey of recovery and discovery. In participating in this process, *akonga* begin to understand the meaning of respect - which is the key element in reshaping their relationships with *whanau*, *hapu* and *iwi*. The respect innate in *karakia* promotes self-respect. *Akonga* have a sense of pride as a result of participating in *karakia*. What then are the signposts that will signal the intention that *karakia* is actively functional? The notion of '*mauri moe*,' Pohatu (2002) asserts as,

“A proactive state that represents the untapped potential within Maori bodies of knowledge to inform our kaupapa and relationships. At one level it cautions us to the consequences of inactivity, isolation, withdrawal, non-attendance and non-participation.”

Mauri moe then provides a signpost for staff when working with *akonga* whose behaviours signal signs of disengagement, low levels of participation, expressions of hurt and pain, lethargic participation and no apparent interest in the kaupapa. When *akonga* initially enter the treatment service, *karakia* usually has no place in their daily lives and *karakia* does not seem important. *Karakia* is usually the catalyst that persuades *akonga* to confront their negative life experiences and behaviours. This can be described as *mauri moe* initiating the interactive healing process towards the *mauri ora* (wellness).

When *akonga* experience *karakia* it signals a movement towards the state '*mauri oho*.' As *akonga* begin to participate in *karakia* their behavioural responses change, instead of disengagement and little participation, they begin to engage and participate. Therefore, *mauri oho* has begun its interactive awakening process within the *karakia* framework.

“Interpreted as being fully aware of transformative possibilities in our daily and group responsibilities and activities. It is an awareness of a high level of energy, an obvious purpose of being, clarity of the past and a willingness to actively engage in the forging of a future.”

The attainment of *mauri ora* is evident in the behavioural changes. Their commitment to strive and maintain the change while in the treatment service is rewarding. It is evident in their *ahua* (appearance), the way in which they stand and walk shows that *mauri ora* has begun its interactive transformation process.

Whakapapa

Whakapapa distinguishes Maori from any other race, nationally or community. It is a proclamation of individuals' and communities origins. *Whakapapa* provides for the potential for all iwi and hapu members to know where they are positioned in relationship to others.

“Maori individuals that hold positions on a whakapapa continuum, connecting to everyone else, these links are part of an ever-widening cycle of relationships where information is continually being transmitted and received” (Hemara 2000:33).

Whakapapa is the genealogical descent of all living things from the gods to the present time. In terms of the practical application for *akonga*, are taught the importance of *whakapapa* by using our myths and legends of Tawhaki, Maui and the ancestors who have gone on. *Whakapapa* is an integral to connections that exist within our *whanau*, *hapu* and *iwi*. It is an opportunity for *akonga* to begin the journey of discovery, the importance of belonging and a feeling of connection. What then are the signposts that will signal the intention that whakapapa is actively functional?

Mauri moe provides a signpost for staff when working with *akonga* whose behavioural responses signal signs of disconnection with others, lack of respect for others, little connection with *whanau* members. Again this maybe due to many reasons, at entry point, usually *akonga* come on their own with no *whanau* support.

This is not necessarily due to lack of interest on the *whanau*'s behalf, but rather the *akonga* usually does not see the importance of *whanau*. In the wider context of *hapu* and *iwi* many are unsure of their connections. Most may know their *waka*, but the rest of their *whakapapa* connections - and tribal history are largely unknown. To understand the importance of *whakapapa*, regardless of negative or positive experiences and attitudes, researching their *whakapapa* is a critical step to wellness and a stronger sense of identity. As this learning progresses *mauri moe* has begun its interactive healing process towards a state of *mauri ora*.

As *akonga* begin to appreciate *whakapapa* their behaviour changes accordingly. Instead of disconnection from *whanau*, *hapu* and *iwi*, the significance of their *tipuna*, and the connection to one another becomes evident in the way in which they care for and respond to others. Many become involved in *whanau* and tribal affairs, attending events as *tangihanga* and other *whanau* happenings that were previously avoided or shunned. As learning progresses, *mauri moe* has begun its interactive healing process towards a state of *mauri ora*.

Te Reo

What are the signposts that will signal the intention that *te reo* is actively functional? *Mauri moe* provides a signpost of behavioural signals demonstrated by *akonga* reflects signs of *whakama*, usually signalled by embarrassment, as one cannot participate in the language. They do not hold *te reo* as important in their lives as *whanau* or friends do not speak Maori and only know what they have heard through conversations or observation. This maybe due to many reasons, usually *te reo* Maori is not common within their daily lives, they may have had negative experiences for

speaking the language, and their parents do not see the relevance of *te reo* Maori in their daily lives. So *te reo* Maori is then viewed as unimportant to the *akonga*. These behavioural responses in turn begin to assist *akonga* to work towards learning the basics of *te reo* Maori, having the opportunity to learn *whaikorero* (formal speech making) and to participate in *powhiri* for new *akonga* and their *whanau*.

As *akonga* begin to participate in *te reo* Maori their behaviour changes. Their engagement and participation in the *reo* becomes more frequent as they begin to feel more comfortable with the dialogue and growing confidence in its use. A sense of pride and respect for the language is accorded importance and value within the lives of *akonga*. As learning progresses *mauri moe* has begun its interactive healing process towards a state of *mauri ora*.

Whakawhanaungatanga

The notion of *whakawhanaungatanga* reflects the need for *akonga* to develop decision-making processes where *whanau* interaction is strengthened. In order to reach consensus for decision-making there must be opportunities for contributions toward a shared vision and processes that enable *akonga* and their *whanau* to make decisions in a way that is fair and consistent with *tikanga*. What then are the signposts that will signal the intention that *whanaungatanga* is actively functional? This idea of practices that bond and strengthen ties and incorporate the notion of *aroha*, is the application demonstrated and modelled among the staff. Some *akonga* do not have a sense of belonging, have not experienced what a *whanau* is and usually do not have a sense of the importance of taking care of themselves let alone others.

During their journey within the treatment service, the understanding and insights of *whakawhanaungatanga* (inter-relationships) begin to take form by doing things for each another and genuinely caring for the wellbeing of all within the service. This is evident when *akonga* respect personal space of others, respecting each other's property, supporting each other when times get tough and sharing resources among themselves. This process is viewed as the signpost of *mauri oho*. As this practice is consistently practiced throughout the duration of treatment, *akonga* are able to see, hear and feel the importance of commitment, responsibility, loyalty and a sense of belonging to one another and in turn the significance reciprocity and positive inter-relationships within whanaungatanga.

Manaakitanga

The capacity to care for, take care of, is a critical role for *akonga* within the treatment service. It requires them to promote healthy lifestyle choices that are consistent with tikanga Maori to maximise well being and independence, participate within the community and reciprocate care for other whanau members. The optimal outcome would be that *akonga* have a strong sense of identity, feel well cared for, are able to enjoy quality lifestyles with a sense of independence and remain concerned about the welfare of other *whanau* members. What then are the signposts that will signal the intention that *manaakitanga* is actively functional?

Mauri moe then provides a signpost for staff when working with *akonga* whose behaviour signals signs of disengagement, little participation, expressions of hurt, pain, little energy to take part and no apparent interest in the *kaupapa*. This maybe due to many reasons, at entry point, usually the concept to show or express

manaakitanga is not generally a process or consideration an individual would practice therefore, does not seem important or have value. These in turn begin to assist *akonga* to unravel the impacts and experiences felt when participating or expressing the concept of *manaakitanga*. When *akonga* experiences of the provision of *manaakitanga* is interpreted and understood differently, the signpost of 'mauri oho' can be tracked, whereby it is at the point of being awoken from a particular state of *mauri moe*. As *akonga* begin to understand, participate and provide *manaakitanga* towards others their behaviour changes. Instead of disengagement and little participation, they begin to engage, participate, and show *aroha* and pleasure towards helping others. Therefore, *mauri oho* has begun its interactive awakening process within the framework of *manaakitanga*.

The use of *karakia*, *whakapapa*, *te reo*, *whakawhanaungatanga* and *manaakitanga* is offered as some of the intervention processes utilised within Te Toi o Matariki model. It aligns to the Maori human development framework discussed in chapter four, which outlined stages of growth and development within the *whakapapa* (genealogy) paradigm. Following with the theme of using a *kaupapa Maori framework* (Maori philosophy framework), *Kaupapa Maori* research methodology is explored as it relates to Te Toi o Matariki.

Chapter Six

Kaupapa Maori Research Methodology

A *kaupapa Maori framework* (Maori philosophy) formed the basis of the research exploring: “how the interventions used within Te Toi o Matariki (cultural model) were perceived by *akonga* (clients) and their *whanau/family*?” The intent was to present Te Toi o Matariki as a cultural model of practice in personal growth and development for Maori people who present with substance abuse. The method used in the research was based on *tikanga* (customs and protocols). *Tikanga* (customs, practices) informed and guided the process that identified layers upon which to place Maori thinking and reasoning in a culturally appropriate manner. The methodology followed the rationale of using *Kaupapa Maori* (Maori philosophy) thinking to inform and guide the process applied. Each component of the framework had its own *kaupapa* or purpose in this context and was framed by fundamental principles in the notions of *kanohi ki te kanohi* (face to face contact), *karakia* (prayer), *whakawhanaungatanga* (inter-relationships) and *kotahitanga* (unite as one). The importance of *tikanga and kawa* (customs, protocols and practices) was to guide behaviour and practices. *Whakanoa* (to clear) ensures that the pathway was cleared correctly, *whakatau* (formal greeting) was to ensure the process was correct and *wananga* (higher learning) is essentially the formal learning process.

By definition Maori research is grounded in the lives and experiences of Maori and thus requires an application of certain investigative protocols and rules that underpin a ‘uniquely valid Maori way’. Researchers have long questioned the place of western methodology in Maori research. Smith (1999) and Bishop (1996) have argued about the extent to which western research ignores Maori protocols, beliefs and values.

Moreover, how western thought influences the results of research and does little to improve overall well being.

Smith, (1997) prescribes a *kaupapa Maori* research framework that challenges research practice to move beyond western epistemological understanding. He outlines seven key ethical considerations as imperative to this approach:

1. Aroha ki te tangata (respect for people)
2. Kanohi ki te kanohi (the seen face; a requirement to present yourself 'face to face')
3. Titiro, whakarongo...korero (look, listen...then speak)
4. Manaaki ki te tangata (share and host people, be generous)
5. Kia tuupato (be cautious)
6. Kaua e takahia te mana o te tangata (do not trample on the mana of people)
7. Kaua e mahaki (do not flaunt your knowledge)

For Maori researchers working with, and among their own people, these conduct considerations should be adhered to unequivocally at all times. The distinction between Maori-driven research and Maori-based research: that the former calls into account *whakapapa* (genealogy) and *whanaungatanga* (extended family ties) connections as standard qualifiers to research. Bevan-Brown (1998:231) noted Maori research has its own set of unique criteria and this would mean "it must stem from a Maori worldview, be based on Maori epistemology and incorporate Maori concepts, knowledge, skills, experiences, attitudes, processes, customs, reo, values and beliefs."

Furthermore, Pohatu (1999) provides a truly *kaupapa Maori* (Maori philosophy) template when considering the notion of *Ata* as a behavioural and theoretical strategy employed by Maori in relationships and offers cultural definitions and interpretations of *Ata* to a transformative approach to advance ethical social service practice in Aotearoa today. Pohatu asserts, “*Ata* is considered as a vital cultural tool created to shape and guide understandings of relationships and well-being.” The endeavour to gain meaningful insights into the integrity of *Āta* and its applications has led to the constructing of the following constituents:

- *Ata* focuses on our relationships, negotiating boundaries, working to create and hold safe space with corresponding behaviours
- *Ata* gently reminds people of how to behave when engaging in relationships with people, kaupapa and environments.
- *Ata* intensifies peoples’ perceptions in the following areas:
 - It accords quality space of time (wa) and place (wahi).
 - It demands effort and energy of akonga.
 - It conveys the notion of respectfulness.
 - It conveys the notion of reciprocity.
 - It conveys the requirement of reflection, the prerequisite to critical analysis.
 - It conveys the requirement of discipline.
 - It ensures that the transformation process is an integral part of relationships
- *Ata* incorporates the notion of planning.
- *Ata* incorporates the notion of strategising.

In order to fully appreciate the fullness of *Ata*, Pohatu asserts, “it should be considered individually, in this way one can experience and feel their true worth and

value.” *Ata* has the potential to help guide what and how we do things, how to enter, engage and exit relationships in order to explore the deeper appreciations of its transformative potential.

These methodologies therefore, provided the rationale for using *kaupapa Maori* (Maori philosophy) thinking to inform and guide the process applied. For ‘... without methodological rigor, there can be no right thinking (Friere, 1998, p.51). The *Ata* framework assists and marks; the placing of *takepuu* or Maori principles that identify, defines, position and verify *Ata* in every aspect of activities; Cultural purposes and reasoning as shaped by Maori thought and thus constructed and articulated by *Ata*. A place for Maori to safely bring forward definitions and their ways of informing activities; Energy that can be traced in our activities and practice at every level, as individuals or groups work to fulfil cultural responsibilities.

Therefore Pohatu’s model of ethical behaviour ‘*Ata*’ is very useful as a tool to assist in informing and shaping ‘good’ Maori activities and practice. Knowledge and wisdom is a pre-requisite for the development and wellbeing of future generations. Maori cultural signposts and messages that should be validated and re-validated throughout the generations is *kaupapa Maori*. The model *Ata*, to hold levels of insights and possibilities that can be reshaped and used to promote positive Maori behaviour and practice.

Toi o Te Matariki - The Research Process

In conclusion, a *kaupapa Maori framework* (Maori philosophical framework) was proposed as the basis of discussion to explore “How effective are the interventions

used within Te Toi o Matariki (cultural model) for *akonga* (clients) and their *whanau/family*?" It was seen as the best method to explore, interpret and analyse Maori worldviews from an exclusively Maori perspective. It was formed on the basis of *tikanga* (customs, protocols) that was threaded throughout the notions of *whakanoa* (to clear), *whakatau* (formal welcome) and *wananga* (meeting with small groups of whanau)). *Tikanga* (customs, protocols) informed and guided the process that identified layers upon which to place Maori thinking and reasoning in a culturally appropriate manner.

The research process observed Tainui *tikanga* (customs, protocols) and *kawa* (practices) which was made up of the following:

The method of *whakanoa* (to clear) would require *kanohi ki te kanohi* (face to face) to meet the *whanau/family* in an environment that would be comfortable and an invitation to attend a *hui* (meeting) at Raukura Hauora O Tainui Alcohol & Drug Treatment Service. During this process the purpose of the research was explained to *whanau/family*, all relevant documentation be discussed and any questions be answered. Once this process was complete, options were provided regarding timeframes offered and the researcher would make contact once a time had been agreed by *whanau/family* who agreed to participate in the *wananga* (higher learning). There would be a two-step process in terms of the meetings with *akonga* (clients) and *whanau/family*. Firstly each *akonga* would be asked if the researcher could access and use their completed 12-week evaluation forms from the programme and during this process seek further consent for them to participate and contribute in the research questionnaire form.

In terms of *whanau/family*, the initial stage involved meeting with each *whanau* member to discuss the purpose of this research and the relevant documentation to be completed. During this process the researcher gained agreement with *whanau* members to determine dates for the *wananga-hui a whanau* (family gathering). The processes of *whakatau* (formal welcome) encompass concepts of *whakawhanaungatanga* (inter-relationships), *karakia* (prayer), *kapu ti* (refreshments) and *kotahitanga* (unite as one). The purpose is to *whakatau* (formally welcome) the *whanau/family*, to convey warmth, acknowledge their contribution to the *kaupapa* (research) and to connect *ma ta waka* (different Maori canoes gathered for this occasion).

Tainui contend that if the *tikanga and kawa* (customs, protocols) is followed correctly it asserts *whakamana* (high regard) for the *tangata whenua* (people of the land). Hosting is an integral part of *tikanga* (customs) that demonstrates *manaakitanga* (host responsibility), which is the principle of the quality of caring, kindness, hospitality and showing respect for others. This is the concept of '*whakawhanaungatanga*,' (inter-relationships) for individuals to be able to connect by *whakapapa* (genealogy), to feel part of the *kaupapa* (philosophy) and to be included. Once the formal process is complete, the *whanau/family* would be invited to join in *kapu ti* (refreshments). This is *whakanoa* (to clear) the tapu inherent in the *whakatau* ceremony of welcome which is considered sacred. The entire ceremony facilitates the process of *kotahitanga* - that is, joining *tangata whenua* (people of the land) and *manuhiri* (visitors) as one. The process of *whakanoa* (to clear) would assist in providing a safe passage for *whanau/family* to participate in, *whakawhanaungatanga* (inter-relationships) to join

ma *ta waka* (different Maori canoe's) and *tikanga and kawa* (customs, protocols) to provide a template for correct practice to be adhered to.

“Procedures are established to be ritually correct, are validated by generations and are always subject to what a group or an individual is able to do’ (Meads 2000, p.10)

In conclusion the essential component of kaupapa Maori theoretical frameworks is *Tikanga* (customs, protocols). This framework provides values, beliefs, standards, principles and norms, which Maori communities subscribe to as appropriate for that particular community. Mahuika (1977) sees *tikanga* as the obligation to do things in the right way, doing the right thing for no other reason because it is the right thing to do. *Tikanga* (customs, protocols) therefore is integral to a *kaupapa Maori framework* (Maori philosophical framework) for research.

Chapter Seven

Findings of the Research

The research findings were separated into themes where they were analysed and compared with other responses. The findings from the research were contextualised within traditional Maori conceptualisations to measure the effectiveness of Te Toi o Matariki as a practice model in researching and evaluating two of the interventions discussed in chapter five, namely *karakia* and *whakapapa*. The research was undertaken with twelve *akonga* (clients) and eight *whanau*/family members. The *akonga* were asked to participate in an individual interview, while *whanau*/family were asked to participate in *wananga-hui a whanau* (family higher learning).

Research Interview Process and Protocols

Akonga (clients) participated in two questionnaires, firstly the Raukura Hauora O Tainui Alcohol & Drug 12-week evaluation form and secondly, the research questionnaire. *Akonga* were interviewed in a safe environment to preserve privacy and confidential issues. The interviews commenced with *karakia* (prayer) as is the normal practice undertaken prior to commencement of a session. This practice assisted *akonga* to feel safe during *korero* (interview) and also acknowledged their contribution to the research. At the request of *akonga* the *korero* (interview) was not taped; it was written verbatim and was read back, clarified and asked to verify as being correct. The interview was concluded with a *karakia whakamutunga* (closing prayer).

Questionnaire 1

Raukura Hauora O Tainui Alcohol & Drug 12-Week Evaluation Form Result

1. Do you feel you understood the concept of Te Toi O Matariki?
YES/ NO
2. Did Te Toi o Matariki help you?
Yes/ No
3. Please say why Te Toi O Matariki did not work for you, and then go to
Question 6.
4. What are the main areas of your life that have been positively improved due to
Te Toi O Matariki (*tick as many as you like*)?
Personal Relationships/Family Life/Overall Outlook On Life/Personal Growth
Interaction With Others/Health And Wellbeing
5. Please give examples of these positive improvements for each of the areas of
your life identified in Question 5.
6. What overall rating would you give Te Toi O Matariki?
Excellent/ Above Average/ Average/ Below Average/ Poor/ Don't know

The Findings (Questionnaire 1)

- Q1 100% of *akonga* stated that they felt they understood the concept of Te Toi o Matariki.
- Q2, 100% stated Te Toi o Matariki had helped them.
- Q3, In terms of the areas improved from the choices 100% acknowledged improvement in their family life.

- Q4. No respondents actually answered this question. Instead they responded to this question as an affirmation of the programme. They all gave answers that indicated that in the main areas of their life, they had been positively improved in their personal relationships. 80% felt an improvement on their overall outlook on life, 80% felt improvement in their personal growth and 100% felt improvement in their health and wellbeing.
- Q5. *Akongas* were asked to give examples of their improvements to their responses provided in Q4. All *akonga* had affirmed respect for oneself and for others. The improvement in their personal relationships had impacted in their relationships with their partner and family. All *akonga* had affirmed that major improvements in their family life involved making their partner and children number one - and wanting to ensure they supported their family. The *akonga* responses to improvements in their overall outlook on life reflected a general theme that “life was too short to be mucking around with meaningless things.” A more positive stance to life was reflected in all *akonga* responses. All *akonga* identified the improvement in their personal growth was attributed to learning about Maori culture within the programme. In terms of the responses to improvement in their health and wellbeing, all *akonga* (clients) responded by using the model of “*te whare tapa wha*” (four cornerstones of health) to express the changes from within.

Q6, 100% argued an overall rating for Te Toi o Matariki as excellent.

From the *akonga* responses, it is apparent that clearly that a positive improvement to their lives was attributed to the Te Toi o Matariki component of the Te Ara Hou

programme. Research needs to be undertaken post-treatment to ascertain whether the improvements have long-term sustainability.

Akonga were also asked to participate in the research questionnaire that consisted of eight questions relating to two interventions used in Te Toi o Matariki, namely *whakapapa* (genealogy) and *karakia* (prayer). The *akonga* responses to the questions were recorded by the researcher. At the request of the *akongaa* tape recorder was not used. As each question was noted the research sought confirmation by reading back what was recorded.

Questionnaire 2

Te Toi o Matariki Individual Questionnaire

1. What is your understanding of ‘whakapapa’
2. How has your understanding of the way ‘whakapapa’ works impacted on your relationship with whanau?
3. Has Maori ideas of achieving wellness helped you to deal with challenges?
4. Karakia is central to the programme – what is your attitude to karakia?
5. Is there any difference to karakia said in English rather than Maori?
6. What is the effects of Maori karakia no nehera?

7. What is the effect of karakia Karaitiana?

8. How important is 'being Maori' to you?

During each *korero* (interview) the following observations were made. Some of the *akonga* were very expressive and able to articulate their answers easily. Others found the questions challenging in a positive way, however they needed time to frame thoughts in a manner, which they were comfortable with. In recognition of this need, there was no specific time limit set in which termination of the interview was to take place. Those who had been in treatment for a period of three months or who had graduated were able to state clearly their answers to the questionnaire.

Four of the *akonga* requested a copy of their interview to keep, because they said that they realised the value and the impact of *karakia* and *whakapapa* on their lives and wanted to keep the copy as a memento of this phase in their life.

The findings showed that 60% of the *akonga* attributed their growth in understanding of *whakapapa* (genealogy) gave them a sense of closeness, connectedness and/or respect. This was reinforced by *akonga* statements.

“I got my identity back”

“I feel inspired to know my whanau/family members more closely”

One particular *akonga* found as a result of his understanding of *whakapapa* on the programme his attitude had changed and had gained acceptance within his *whanau*, - something he had never experienced before. *Whakapapa* therefore has become a catalyst in the process of addressing the multitude of health and social needs of

akonga (clients). This is reiterated in the following statement and observation about the therapeutic nature of *whakapapa*.

Whakapapa, as a sense of belonging between *whanau*, *hapu* and *iwi*. Traditionally *whakapapa* would be communicated across the generations to ensure that a child would know their connections. Disconnection occurs when *whakapapa* links are broken down resulting in negative effects creating unwellness for that individual. (Wepa, 2005, p.5).

The other key concept the questionnaire was the role of *karakia* in the programme. The findings from the research questionnaire clearly showed that *akonga* considered *karakia* to be a significant contributor to the healing process.

- 90% of *akonga* found *karakia* to be of importance to them at the time of the project
- 60% of *akonga* entered treatment without understanding or practicing *karakia*

The practice of both *karakia no nehera* (ancient prayers) and *karakia karaitiana* (Christian prayers) were found in the interviews to be critical to good health. The participant's statements that connected their sense of health and well being with *karakia* verified this. *Karakia* (prayer) was described as lifting one out of a depressive state, gave the ability to breathe better, enjoy clarity of thought, exercise greater patience and feel better in the *wairua* (spirit). Although not understanding Maori *karakia no nehera* (ancient prayers), one participant stated that it made him feel good and gave him a sense of belonging while another said *karakia* (prayer) made him feel adjusted, gave him clarity of mind, and he experienced comfort, warmth and a feeling of well-being. Those who previously did not practice *karakia* (prayer) stated that *karakia* (prayer) was now applied on a daily basis because it was relevant. One *akonga* described *karakia* as: "it is a sacred thing, it has to be said". It is apparent that

karakia (prayer) and *whakapapa* (genealogy) had supported *akonga* (clients) in their own personal growth and development.

The interventions of *karakia* (prayer) and *whakapapa* (genealogy) created an environment where conduct, choices and self-management were able to occur. An *akonga* (client) stated that prior to coming to treatment he did not know what it was to be truly Maori, and now states “***I do now***”. This *akonga* remained in treatment for one year and made significant lifestyle changes, which affected his behaviour and his environment. He became abstinent from all drugs and his lifestyle and behaviour changed dramatically and as a result he now feels empowered. He has now been employed in a social service position working with those in need of treatment.

Hui A Whanau

The initial focus of *wananga-hui-a-whanau* (family higher learning) was to bring eight families together and *wananga* (higher learning) to explore the question:

How do the Maori concepts learned on the programme, support future life experiences?

Each *wananga* (higher learning) commenced and ended in *karakia* (prayer) and *whanau/family* were asked the question. The researcher recorded the *whanau/family* responses to the question. At the request of the *whanau/family* a tape recorder was not used. As each question was noted the researcher sought confirmation by reading back what had been written.

During the *wananga* (higher learning) it was established that *whanau/family* experiences of *whakapapa* (genealogy), during the timeframe of their *akonga* (client)

treatment established a sense of closeness, connectedness, respect, and that it supported their wellness. For one particular *whanau/family*, *whakapapa* (genealogy) became an important part of research for the *whanau/family* to identify their roots. Another *whanau/family* commented that seeing their *akonga* (client) becoming well, encouraged them to take part in further discussions among extended *whanau/family* who knew their *whanau whakapapa* (family genealogy).

These statements were common threads among the *whanau/family* who participated in this research. This theme was reinforced by comments such as.

“As a partner I feel more supported and loved”

“He is a much more loving partner since he has been involved with his Maoritanga

“Its great for us as a whanau/family”

As mentioned previously, *whakapapa* (genealogy) was also a tool of analysis for the *whanau/family* not only to unravel the multitude of health needs of their *akonga* (client), but also contributed to our *whanau/family* as a whole. This was expressed by way of providing meaning to the existence within the realm of *whakapapa* (genealogy).

The other element identified as being crucial that created change in the home environment and the health and well being of the *whanau/family* was *karakia* (prayers and incantations). Although *karakia* (prayers and incantations) was not practiced regularly, 90% of the *whanau/family* found *karakia* (prayer) to be of importance for their *whanau/family* as a result of the Toi o Matariki experience.

The practice of both *karakia no nehera* (ancient prayers) and *karakia Karaitiana* (Christian prayers) were found to be critical to good health for both the *akonga* (client) and their *whanau/family*. *Whanau/family* statements that connected their sense of health and well-being with *karakia* verified this. *Karakia* (prayer) was described as being able to share value as a *whanau* unit, calmer in the home for all, better understanding of each other, and *whanau wairua* (family spirit) has been lifted.

For partners especially, the effects of *karakia* (prayer) assisted in their relationship, one partner stated.

“I was a bit apprehensive at first when I saw these changes happening for him, I wondered if he could keep it up, and to my amazement, karakia (prayer) now is a regular practice in our home.”

“It’s like we are much more closer than ever before, not sure if it’s all due to karakia (prayer) but I’m loving it anyway.”

As stated previously most of *whanau/family* did not practice *karakia* (prayer) prior to the *akonga* entering treatment. Post-treatment *karakia* (prayer) has become a daily practice and has relevance in their lives as a *whanau/family*. *Karakia* (prayer) along with *whakapapa* (genealogy) again became useful as a tool of practice to engage in wellness for both *akonga* and *whanau/family* alike.

Cultural Identity

During the process of interviews, *akonga* and their *whanau/family*, found the issue of cultural identity challenging. According to Durie (1997); “From a Maori health perspective cultural identity occurs when culture, social structures and Maori rituals of encounter are embraced’ (p.12). The intervention framework of Te Toi o Matariki pathways and services supports individuals to establish a cultural base while in

treatment. The incorporation of *karakia* (prayer) and *whakapapa* (genealogy) in treatment assisted in treating Maori in a holistic manner throughout their treatment programme. The *akonga* and *whanau/family* were able to learn to uphold and practice Maori beliefs and practices and further more were encouraged to learn by and from more experienced *akonga* and extended whanau.

In response to the question “has Maori idea’s of wellness helped you to deal with challenges?” 100% answered in the affirmative, the following participant statements endorse this.

“From shame to pride”

“I feel whole”

“Has given us a kaupapa”

“Has helped us refocus”

“Gave us a sense of pride, mana”

“I was ashamed of being a Pakeha Maori, treatment helped to address the issue of my identity.”

Furthermore, 90% of *akonga* when asked “how important is being Maori to you” the *akonga* argued that it was very important and 60% prior to treatment experienced disconnectedness from their cultural identity. For whanau, 100% had also stated it is very important being Maori.

For Maori, who have experienced some sense of or even total disconnection, the understanding of *tinu rangatiratanga* or Maori control and self-determination within the health sector may be totally outside of their awareness. However the research produced evidence that it is possible within a *kaupapa Maori* setting to achieve health

gains are possible. A participant stated that the two of the central keys of Te Toi o Matariki, *karakia* and *whakapapa*, were instrumental in helping him to gain a sense of pride. They brought out qualities one never knew existed and gave a quality of life one had never experienced before. This chapter is summed up with the statement of one *akonga* who proclaimed ***“This is the best I have ever been in my entire life.”***

Chapter Eight

Conclusion

The objective of this research was to analyse Te Toi o Matariki, a cultural model of practice in personal growth and development for Maori people who present with substance abuse. This was contextualised within a broader framework Maori philosophical thought. However Maori ideology does not sit exclusively within a Maori site because of the colonial experience. Colonisation led to a pathway of assimilation. The colonial experience has manifest in mental health problems, destructive behaviours such as alcohol and drug abuse.

Raukura Hauora O Tainui has been proactive in providing *kaupapa Maori* (Maori philosophy) services in the arena of health care that includes the model of Te Toi o Matariki in its programmes. This initiative is a tribal response to drug and alcohol use among Maori. The history of this phenomenon from pre-European contact through to post contact was documented and supported the research findings that Maori are suffering disproportionately from alcohol and drug abuse compared to non Maori.

In responding to the challenge of Drug and Alcohol abuse among Maori the literature recounted that programmes with a strong *kaupapa Maori* (Maori philosophy) focus grounded in *tikanga* (customs and protocols) and *te reo* (language), have shown to be successful in reaching communities, groups and individuals who were at risk of substance abuse and were not responsive to mainstream programmes. This view is supported by the National Drug Policy (1998) that clearly argued the use of and engagement in *kaupapa Maori* (Maori philosophy) alcohol and drug services to assist in the reduction of drug and alcohol related harm among Maori. As a means to

providing such a service the model of Te Toi o Matariki can be included as a practical model of intervention when working with Maori who present with alcohol and drug addictions.

The recommendation has resulted in a number of different Maori perspectives on *kaupapa Maori theoretical frameworks* (Maori philosophy) that provided a vehicle to generate and transmit Maori worldviews. The theoretical framework used the *whakapapa* (genealogy) paradigm sits within a larger *whakapapa* theory of Maori cosmogony. A thorough exegesis of Maori cosmological thought and traditional models of growth and development provided an overview of the influences that Te Toi o Matariki is subjected.

Following the theme of using a *kaupapa Maori framework* (Maori philosophy) the effectiveness of the *whakapapa* (genealogy) paradigm was considered. The cultural conceptual interventions used in Te Toi o Matariki, *karakia* (prayer, incantations), *whakapapa* (genealogy), *te reo* (the language), *whakawhanaungatanga* (inter-relationships) and *manaakitanga* (to care for), were examined both theoretically and in relation to practice. These concepts were analysed with the application of Taina Pohatu's (2005b) notions of *mauri moe* (dormant life force), *mauri oho* (awakening life force) and *mauri ora* (active life force).

Kaupapa Maori Methodology (Maori philosophy) explored different perspectives on the subject. Irrespective of the differences it transpires that *Kaupapa Maori* is based on varying configurations of *tikanga* and *kawa* (customs, protocols, practices). These provide the signposts to ensure cultural appropriateness is correctly undertaken. In the

context of Te Toi o Matariki the application of *kaupapa Maori* to the research process involved *whakanoa* (to clear), *whakatau* (formal welcome) and *wananga* (higher learning). This process was viewed to support a safe space for all *akonga* to participate and contribute in and an opportunity for the researcher to test and evaluate the proposed methodology.

The findings of this research were collated into themes and were compared and analysed accordingly. These themes provided a commentary on the effectiveness of Te Toi o Matariki as a practice model. The 12-week alcohol and drug evaluation findings clearly demonstrated that positive improvements for *akonga* could be attributed to the application of Te Toi o Matariki. *Akonga* and their *whanau/family* flourished in an environment that was supportive and met their needs.

It was also noted when *akonga* (clients), were immersed into Te Ao Maori and specifically in relationship to *karakia* (prayer, incantations) and *whakapapa* (genealogy), all *akonga* who participated stated that their health and well being improved. *Akonga* also articulated that in their own personal growth and development Te Toi o Matariki had been beneficial in their healing journey from addictions.

More importantly *akonga* felt that they were empowered to identify and practice their culture and further more were encouraged to learn by and from more experienced *akonga* and extended *whanau*. As a result, Te Toi o Matariki as a practice model clearly assisted *akonga* and *whanau* in achieving wellness. Whakapapa was seen as a tool of analysis for the *whanau/family* not only to unravel the multitude of health needs of *akonga* (clients), but also contributed to *whanau* as a whole by providing

meaning of their existence within the realm of their own *whakapapa* (genealogy) connections. It supported and established a sense of closeness, connectedness, respect, in their wellness.

In undertaking the challenge of this research and in particular extending my professional and tertiary education I have come to the realisation that there is still much more work to be completed within this field. It also highlights for me that there is insufficient research of Maori worldviews, practices, models of wellness, processes and practices which enable *akonga* and *whanau* alike to journey on the pathway of both recovery and discovery of who they are, where they came from and where they are heading.

One of the highlights I have observed throughout this process is that while Raukura Hauora O Tainui provides an addiction service for *akonga* and their *whanau/family*, it also provides choices for them to select specific pathways that enhance them as Maori. The fact that the environment operates under *Kaupapa Maori* (Maori philosophy) does not disadvantage *akonga*, *whanau/family*, community or stakeholders but provides a means to an end.

It also highlights the double edged approach by Raukura Hauora O Tainui in that it provides a means of developing pathways of wellness for *akonga* and *whanau*, while also providing a model of innovation for health outcomes from a national perspective.

It was also obvious that everyone who participated in the research or provided support has benefited and learnt from those we strive to support and assist. This journey has not ended here at the completion of this research, for it has just begun.

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