

Te Hau Ora o Nga Kaumatua o Tuhoē

A Study of Tuhoē Kaumatua Mental Wellness

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fulfilment of the degree of Doctor of Philosophy

Karakia

TURUKI WHAKATAHA

E Io Matua Kore

Heke iho koe

Pou ki te whenua

Ko Papatuanuku

Te aitanga a Maui-tikitiki a Taranga

Ka puta ko te uwaha

Ka puta nga kaupapa katoa

O tona Ao

He Mauri

He Mana

He Ihi

He Tapu

Ka puta ko te ira tangata

Ka whakamaua kia tina!

Ui e Taiki e!

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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 acknowledgment is made.

Acknowledgments

Tuhoe moumou kai moumou tangata

Tuhoe wasteful with food and wasteful of men (in battle)

The *whakatauki* (proverb) captures the spirit of generosity for which the Tuhoe people are renowned. This is reflected in the way that *kaumatua* (elderly) participated in the study and gave their time unstintingly - even enthusiastically, to the research project.

Central to the project was the renowned Tuhoe *tohunga* (specialist/healer) Hohepa Kereopa who provided practical as well as spiritual guidance. His knowledge of the intricacies of Tuhoe social structures and inter-relationships is truly phenomenal.

Tamati Cairns was also instrumental in shaping and guiding the project. Ngamaru Raerino provided expert direction in traditional Maori knowledge systems. Te Aue Turuwhenua has provided unconditional support throughout the entire research process. Pare Nia Nia managed the training of interviewers and has maintained an interest in the research project. Waereti Rolleston also assisted with the project. Uru McGarvey, Evangelina Hita, Tangiora Rangihau, Rita Tupe, Hina Nicholas, Marie Stewart and other Tuhoe involved in the interviews were indispensable to the research.

Beyond the borders of Tuhoe the research owes much to the aspirations of Health Funding Authority (HFA) staff involved in the Tuhoe project, Elizabeth Cunningham, Kath Fox and Kath Holland. They advocated a radically different approach to Maori mental health, with research being a significant part of the project. Towards the end of 2000, the HFA amalgamated with the Ministry of Health (MOH), who continued to resource the Tuhoe project, despite their reservations about the philosophical framework of the HFA project. Therefore, it must be acknowledged that the completion of this thesis, owes much to the efforts and support of many.

Abstract

Tuhoe is considered to be one of the last bastions of 'traditional' Maori language and culture. The main purpose of the research was to examine the mental health status of Tuhoe *kaumatua* (elderly). Even before the research was undertaken anecdotal evidence indicated that a significant feature of the Tuhoe aging population was the apparent absence of mental health problems. *Kaumatua* are however particularly susceptible to physical diseases that afflict modern Maori, regardless of geography or tribal origin. To explore the health status of Tuhoe *kaumatua*, the study needed to take into account external cultural influences and, in particular, the colonial experience. This justifies a comprehensive theoretical approach that includes European philosophical influences which, it will be argued, have impacted on Maori lifeways. Notwithstanding, the study draws principally on Maori conceptualisations of the world, mainly because *kaumatua* mental wellness was considered to be inextricable to Tuhoe language and culture. The research attempted to isolate those factors that sustain *kaumatua* mental wellness. In determining the causal factors of wellness it soon became apparent that the practice of traditional Maori healing, embedded in ancient esoteric knowledge, was of considerable significance. This feature is apparent from the outset. The opening *karakia* of the Tuhoe *tohunga* (specialist/healer), Hohepa Kereopa invokes ancient Maori *atua* (Gods) and endows the work with an aura of spiritual protection. He has stipulated that both the *karakia* (prayer) and *mihi* (greeting) remain in Maori (Tuhoe dialect) because he believes that the essence of these rituals are best preserved in the Maori language. Throughout this entire body of work Hohepa Kereopa maintains a discernible and enduring presence.

Introduction

The research into *kaumatua* wellness developed from a Health Funding Authority (HFA) pilot project undertaken in Tuhoe from 2000 to 2002. The name of the initiative, Kia Tu Kia Puawai, loosely translated means ‘to stand tall with confidence’ which embodies the essence of the programme.

The vision of Kia Tu Kia Puawai is based on a view of mental health that includes an understanding that people are the most likely to realise their full health potential when they live in safe and supportive communities, in healthy environments, with adequate incomes and housing, and with meaningful roles in life. This emphasises the inter relationship of mental health with identity and the social, cultural and economic aspects of Maori development (HFA1999 p.5)

This holistic approach differs from conventional mental health strategies, which although well intended, are not achieving the desired results for Maori clients (Durie 1994, HFA 1999, MOH 1999). Instead a uniquely Maori approach, contingent on designing and delivering uniquely Maori services to Maori communities, was identified as the alternative to advancing in Maori mental health.

Tuhoe was one of four HFA, Kia Tu Kia Puawai demonstration sites situated in different North Island areas. The demonstration sites operated independently and autonomously although they met collectively at least twice a year- mainly to share information. Each site had a different population profile. The Tuhoe target group was *kaumatua* (elderly) because of their acclaimed reputation as native speakers and their observation of Maori traditions. In this respect Tuhoe was also identified as the most appropriate site to explore ‘traditional’ healing practices. Hohepa Kereopa, the Tuhoe *tohunga* (healer/specialist) was nationally (and internationally) recognised as an expert in this field. The location of a *tohunga* of Hohepa Kereopa’s stature at the centre of the project was critical, both in regards to practice (delivery) and also

epistemologically (Maori knowledge base). He was appointed *Te Mauri* (equivalent to Chief Executive Officer) of the Te Kapu a Rangi Trust. This Trust was established as a legal entity, to administer the Kia Tu Kia Puawai project.

The name Te Kapu a Rangi Trust literally means; ‘your health is in your own hands’. The purpose of the Trust, in congruence with the Kia Tu Kia Puawai vision, was to explore the status of *kaumatua* (elderly) mental health within the broader parameters of social, economic and cultural development. Te Kapu a Rangi Trust was also committed to the Kia Tu Kia Puawai objective (relating to sustainable communities) which involved building on existing strengths. To achieve this end education training programmes in the healing arts was established under the Trust. These programmes transmitted traditional knowledge, about healing methods that provided the community with the means to manage their own health. Although the programmes were accessible to all, those individuals identified as ‘gifted’ underwent intensive training in *rongoa* (medicinal plants), *mirimiri* (traditional massage) and *karakia* (ancient incantations).

This education process was linked to one of the long-term projections of the HFA Kia Tu Kia Puawai project, to develop traditional healing as a fundamental Maori mental health intervention strategy. The Trust had some reservations about this aspect of the HFA strategic plan, because it indicated adoption of a generic model of traditional healing. The practices of traditional healing adopted by the Trust were embedded in *Tuhoetanga* (Tuhoe traditions). A generic model of traditional Maori healing has to take cognisance of tribal differentiation. There has been a (disquieting) move towards a pan-Maori identity, which homogenises tribal identity into one single entity

(Ranginui Walker 1987, Leonie Pihama 1993 and Linda Smith 1999). A more thorough discussion of this phenomenon is developed in the chapter two. This critique provides the basis to the argument that tribal identity is central to mental wellness. John Rangihau (1992) also strongly censured the idea of a pan-Maori identity – which he articulated as *Maoritanga* (Maori culture).

Each tribe has its own history. And it's not a history that can be shared among others. How can I share with the history of Ngati Porou, of Te Arawa, of Waikato? Because I am not of those people. I am a Tuhoe person and all I can share in is Tuhoe history...I have a faint suspicion that Maoritanga is a term coined by the Pakeha together. Because if you cannot divide and rule, than for tribal people all you can do is unite them and rule. Because then they lose everything by losing their tribal histories and traditions that give them their identity (p.190).

The significance of tribal variations and in fact *hapu* (sub-tribal) differences is a recurring theme throughout the thesis. This notion is supported by the findings from the research with *kaumatua* advocating the importance of Tuhoe culture and dialect to wellness.

Tamati Cairns (personal communication, September 1999) proposed the idea of a research project that centred on *kaumatua* mental wellness. He was convinced that the research would support anecdotal evidence of *kaumatua* mental wellness within Tuhoe. Therefore the main objective of the proposed research was to isolate the variables that contributed to this phenomenon (of Tuhoe *kaumatua* mental wellness.) As a result of these preliminary discussions research became a significant part of the HFA, Kia Tu Kia Puawai Tuhoe contract. As already mentioned the Kia Tu Kia Puawai initiative contained a much broader mandate which required the Trust to explore the mental health status of Tuhoe *kaumatua* (elderly) in relation to social and

economic impacts on their wellbeing. Therefore it was agreed that a preliminary study needed to be undertaken to ascertain *kaumatua* (elderly) needs.

Accordingly the Tuhoe Kaumatua Needs Analysis Research was proposed at a *hui* (meeting) held at Maungapohatu in February 2000. The main purpose of the research was to provide an opportunity for *kaumatua* (elderly) to identify their own social and health needs. The findings from the study assisted the Trust to address those needs. The Tuhoe Kaumatua Needs Analysis (2000) was also useful in that it provided an indicative study for the second (and major) research project, the Tuhoe Kaumatua Mental Wellness Survey (2002). When the needs analysis report was near completion in December 2000 discussions began on the mental wellness proposal. At that time the Directors of Te Kapu a Rangi Trust considered the research being used for this doctoral study. Their agreement took into account the fact that Auckland University of Technology (AUT) involvement would provide academic support for the project.

However, there was less enthusiasm (from one of the other Kia Tu Kia Puawai demonstration sites) to the idea of the research being used towards an academic qualification. This site was not affiliated to Tuhoe in any way. The argument was that the research should not be appropriated by academics and should stay within Maori communities. Although it was accepted that the comment had some merit, Te Kapu a Rangi Trust felt that the liaison with the university had benefits in terms of supporting the Kia Tu Kia Puawai research objectives. In actuality Tuhoe was the only site that had a research component embedded in the HFA contract. Notwithstanding, the presentation of the Tuhoe Kaumatua Mental Wellness research in thesis format is problematic, simply because the medium is academic writing. This issue of the 'elitism' and academic writing is discussed in considerable detail in chapter three.

And although every attempt has been made to present the thesis in the narrative it retains all the characteristics of academia. It is anticipated that a more 'user friendly' version of the thesis will be published that will be more accessible to a wider reader audience.

The Trust's decision to support doctoral research proved to be fortuitous because in mid-2000 the HFA amalgamated with the Ministry of Health (MOH). With the organisational change came a perceptible shift in ideology. The HFA was absolutely committed to funding primary health promotion, which focuses on wellness. Although the Maori sector of the MOH has adopted a holistic approach to Maori health there appears to be less emphasis on primary health promotion. This culminated in the discontinuation of the Kia Tu Kia Puawai programme at the end of two-year contractual period - December 2001. This would have impacted negatively on the Tuhoe Kaumatua Mental Wellness Research project because the research was designed to be completed in the second phase (2003 – 2004) of the Kia Tu Kia Puawai programme. The fact that the research was a designated doctoral study meant that the project completed under the auspices of AUT.

The original intent of the Te Kapu a Rangi Trust in relation to the Tuhoe research was essentially to integrate theory and practice. The Tuhoe Kaumatua Needs Analysis (2000) provided the Trust with information so that they could formulate strategies to respond to needs that the *kaumatua* themselves had identified as important to them. The Tuhoe Kaumatua Mental Wellness Research (2002) had a similar objective. It was envisaged that the findings from the research would assist mental health providers (and not just Te Kapu a Rangi Trust) to formulate the most effective

strategies in primary health prevention. The Trust was mindful that the prognosis for Tuhoe *rangatahi* (youth) is not positive. It is extremely unlikely that the 55 plus *kaumatua* of the future will have the same (mental) health status of the present group. This observation is not based solely on conjecture - the statistics (documented in chapter seven) provide substantive evidence of escalating mental health problems amongst Maori in the Bay of Plenty area. The Trust is still in operation (January 2005) and is optimistic that the findings from the Tuhoe Kaumatua Mental Wellness Research project will benefit future generations of Maori. This idea is given some attention in the concluding chapter. To complete this introductory chapter an overview (of each chapter) provides a guide to the overall structure of the thesis. The following synopsis briefly describes and introduces the main themes contained and detailed within each chapter.

Chapter 1

The chapter incorporates two different but interrelated components. The first describes the geographical tribal territory and attempts to accentuate the relationship between the *whakapapa* (genealogy) of the people, and the land they occupy. This required a brief description of the place (Te Urewera) and an overview the tribal origins of the people of Tuhoe. The condensed summary of the early traditions reinforced the bond that the Tuhoe have with the land. The mountain (Maungapohatu) is the embodiment of Tuhoe identity as the primeval ancestor, who with the *atua* (deity) Hinepukohurangi, (the mist maiden) produced Potiki. Most of Tuhoe can claim to trace their ancestry from Potiki. Tuhoe are known as the 'children of the mist' (descendants of Hinepukohurangi) - a description that further accentuates the significance of the physical environment to the Tuhoe people.

The second part of the chapter and provides another perspective of the Tuhoe research setting. This is achieved by reflecting on the findings from the Kaumatua Needs Analysis Research (2000). The material contained in this Study provides glimpses into the lifestyle of Tuhoe *kaumatua*. Included, are comparisons between the five communities, Waikaremoana, Ruatahuna, Waiohau, Ruatoki and Waimana, chosen as the main research sites within Tuhoe. There is particular emphasis on the geographical differences between the northern and southern Tuhoe. The comparison accents the impact geography has on the lifestyles of the *kaumatua* (elderly).

Chapter 2

The locus of the literature search is the appraisal of philosophical influences that are of relevance to the exploration of Maori mental wellness. This study has to be considered within a broad, global context because Maori culture does not exist in an enclave impervious to external cultural influences. Edward Said (1994) describes the complexity of inter-cultural relationships that emerged from the colonial experience of the oppressed and the oppressors. Although it can be argued that colonisation was intent on ‘cultural genocide’ indigenous societies have, for the most part, survived the onslaught – although not unscathed. The result of this encounter is the syncretism of the culture of the coloniser and indigenous beliefs and values, which have forged new cultural configurations. Edward Said (ibid) aptly describes this process as ‘overlapping territories and intertwined histories.’ Therefore, like all cultures in a shifting global landscape - Maori are subject to external influences that impact forcefully on the lifeways of the people.

These influences are ideological. The reality of the colonial experience has prevented the development of a uniquely Tuhoe perspective on mental wellness that is completely embedded in *Te Ao Maori* (Maori worldview). However, it needs to be emphasised that the study draws principally on *Te Ao Maori*, the Maori world. In this ideological context colonisation has generated points of intersection between Maori and European worldviews. Furthermore it was demonstrated that external ideological influences on Maori lifeways are not homogenous but in actuality embrace a range of different philosophical approaches. Of particular interest to the study of Tuhoe Kaumatua Mental Wellness (2002) are the dissident European voices. The ‘anti-positivist’ school of thought, and in particular the work of the critical theorists, have challenged the domination of scientific positivism in European thought.

The literature search attempts to draw together the divergent influences of Te Ao Maori (Maori epistemology), the ideological consequences of colonisation and the effects globalisation into a cohesive framework that underpins the study of *kaumatua* mental wellness. In actuality a strong anti-positivist sentiment is perceptible throughout the thesis although the point has been made in the introductory paragraph that Maori are not anti-science. The main consternation centres on the relationship between science and western culture and the ideological ramifications of this ‘alliance’ in terms of power relations. The rise of capitalism, the impetus of eighteenth century European expansionism and the dominance of scientific thought have become ideologically synonymous with global disparate power relations.

This may be a problem of perception but as the argument developed in this chapter propounds science and western political domination have created, deliberately or

otherwise, the justification for European notions of cultural and intellectual superiority. The arguments developed in this chapter also questions the marginalisation of indigenous intellectual thought. This experience is ubiquitous to 'colonised people and has caused frustration on the part of indigenous intellectuals anxious to define their own intellectual realities.

Chapter 3

The demands of critical reflection of the issues that underpin Maori research meant that this chapter has similar challenges as the preceding one. However the main objective was to describe the most important research elements and the impact on Maori research and how they were incorporated into the study. Innate ethical problems associated with the scientific method and the potentiality for Maori paradigms to advance research in Maori communities, are the major themes of this chapter. This chapter is an exploration of the challenges researchers confront when studying indigenous communities. It is essentially an overview of ethical problems in indigenous research, so the context is not confined to Aotearoa (New Zealand). This broader geographical scope provides better insights into the indigenous research experience. Of particular interest is the resistance of indigenous peoples to being the objects of academic scrutiny. This is a global phenomenon. The reasons for resistance are clearly articulated in terms of disparate power relations. This theme is a continuation of the issues raised in the literature search in regards to the ideological ramifications of colonisation and indigenous cultures. The proliferation of anthropological studies in previous colonised societies is explored in some detail. However, although indigenous societies are the main focus of interest, the study of marginalised peoples (particularly the poor in European cultures) is also considered.

Maori researchers are also under scrutiny. It is argued that ethnicity should not be regarded as the main criteria for Maori research practice. It is reasoned that knowledge of *tikanga* Maori (customary practices) applied within the research process is a better indication of best practice.

Chapter 4

The main objective of the methodology chapter was to discuss the approaches used in the Tuhoe Kaumatua Wellness Research (2002). The research methodology could be considered problematic because of the range of methods used. It soon became apparent that no single strategy or methodology could adequately meet the requirements of the study. It was decided that the only feasible recourse was to engage a number of different theoretical approaches. However, the application of divergent methodological approaches is complicated. The Maori philosophical and theoretical position is more attuned to the anti-positivist school of thought, which acknowledges the metaphysical as a reality. However Hohepa Kereopa (private communication 2002) insisted that Maori recognition of the metaphysical does not signify that Maori are anti-science. The anti-positivist schools of thought argue that the natural world and the social worlds are different and the methods used to study the natural world cannot be applied to the study of human populations.

The rationale for using qualitative research methods is that it was considered the best tool available to gauge *kaumatua* (elderly) perceptions of mental wellness, language and culture. This method is applied to both the Tuhoe Kaumatua Needs Analysis (2000) and the Tuhoe kaumatua wellness research (2002). Community involvement and Maori language as the primary means of communication were the key factors to

encouraging *kaumatua* (elderly) participation in the surveys. This method provided *kaumatua* who rarely speak in public forums the opportunity to express their thoughts.

This chapter also considers (in the form of a critique) *kaupapa* Maori theory (theory based on Maori epistemology) and argues that the uncritical adoption of Graham Smith's (1997) concept of *kaupapa* (framework) Maori is misleading. While the actual content of the theory reflects the Maori colonial experience the title *kaupapa Maori* indicates that the theory is grounded in exclusively in Maori theory. The incorporation of western theory into a model contradicts the notion of *kaupapa* Maori theory. An existing model embedded in 'Kaupapa a Tuhoe' is Te Rangimarie Pere's *Te Wheke* (the octopus model) is a definitive Tuhoe wellness model (cf. chapter six). This model has inspired an exploration of a new methodological approach, Kaupapa a Iwi which has been integrated into this study of Tuhoe *kaumatua* mental wellness. This approach takes cognisance of Tuhoe cultural practices, values and beliefs and has the potential to be applied to research into other tribal communities.

Chapter 5

The conventional method for reporting the findings of qualitative research surveys usually involves presenting questionnaire responses as percentages based on similar responses. Although this may be the most practical solution to processing extensive data (50 questionnaires were selected for analysis), it also presented a stylistic challenge. The 'spirit' of *kaumatua* responses appeared to be subjugated by an apparent preoccupation with numbers. This problem was resolved by using the narrative style to report the finding and applying a format that ensured that the

statistical evidence remained unobtrusive. There are no tables or graphs to detract from the flow of the narrative.

The structure of the chapter is designed to reinforce this unobtrusive reporting style. The main headings and sub-sections are arranged into simple categories of *te oranga* (wellness), *te mauiuutanga* (unwellness) and *te wairuatanga* (spirituality). These provide the framework for critical commentary of the findings. Accordingly the final format for the report on the findings of the research integrates broad subject areas (from the questionnaire) with the commentaries and the findings from other sources. It was difficult to keep each of the subject headings completely separate. This is particularly obvious in relation to the concept of *wairuatanga* (spirituality), which permeates all of the discussions on the findings. However there were some aspects of *wairuatanga* that were not covered in the *te oranga* (wellness) and *te mauiuutanga* (unwellness) discussions which justified the inclusion of separate *wairuatanga* (spirituality) category.

Chapter 6

The Tuhoe kaumatua wellness research (2002) explores *kaumatua* attitudes about Tuhoe language, culture and traditions. It was envisaged that the study could contribute to the development of a model of traditional healing (as a fundamental Maori mental health intervention strategy). In actuality the model conceived from the study is very likely to disappoint the original architects of the *Kia Tu Kia Puawai* project. It was determined that Te Rangimarie Pere (1982) has already developed a perfectly adequate healing model, *Te Wheke* - that was grounded in Tuhoe epistemology. The purpose of the *Te Ao Tutahi* model is to differentiate the *tuturu*

Maori (practices) from other practices. This would provide health professionals with the tools to measure the efficacy of the intervention methods used in healing.

Therefore the *Te Ao Tutahi* model is designed primarily as a methodological tool.

As already intimated there is evidence to suggest that each tribe have their own concept of health. Ngamaru Raerino's (personal communication, 5 December 2003) description of wellness is at variance with other widely known tribal models.

However these models are not widely accessible and for the most part are not articulated as such. Instead, distinctive tribal concepts of health and healing are demonstrated in the living practices of the people. Therefore the discussion in this chapter focuses on existing Maori models of health, Mason's Durie's *Te Whare Tapa Wha* (1994), *Te Pae Mahutonga* (1999) and Te Rangimarie Pere's *Te Wheke* (1982).

Chapter 7

The research into Tuhoe kaumatua wellness implicates the Maori renaissance in language and culture as the most effective primary health strategy for Maori mental health. This relates to the underlying purpose of the study, which was to explore Maori conceptualisations of wellness. However in regards to any further research the indications are that the focus should be on *kaumatua* mental wellness but rather on the younger generation who do not appear to enjoy the same level of mental wellness as their *kaumatua*. Mason Durie (op.cit) in his explication of the *Te Pae Mahutonga* is reproachful about the plight of culturally deprived Maori raised in urban New Zealand with no access to Maori life experiences. The statistics on mental illness for the Bay of Plenty (HFA statistics 1999) suggest that Maori raised in tribal areas also suffer from cultural alienation. The demise of the Maori language even in the last bastions of Maori tribal society is a barometer for this phenomenon.

Chapter One

The Research Setting

Figure 1 - Te Urewera National Park



Tourism NZ Map

The map of the Te Urewera gives a visual indication of the ancestral land of the Tuhoe people its geographical location within New Zealand. The total Tuhoe population is 29,259 (Census 2001).

The structure of this chapter is unusual in that insights into the lifeways of the Tuhoe *kaumatua* (elderly) are presented from two ostensibly different perspectives. The first part describes the geographical and tribal landscape of Tuhoe. This link between kinship relationships and ancestral lands is a feature of Maori tribal existence. In Tuhoe this relationship is articulated in the earliest traditions. The mountain (Maungapohatu) is the embodiment of Tuhoe identity as the primeval ancestor, who with the *atua* (deity) Hinepukohurangi, (the mist maiden) produced Potiki. Most of Tuhoe can claim to trace their ancestry from Potiki. Tuhoe are commonly known as the ‘children of the mist,’ which is an obvious reference to the mists that cover most of Tuhoe in the winter. To those who know of the origins of the people, ‘the children of the mist’ eludes to the descendants of Hinepukohurangi (the mist maiden) a description that further accentuates the traditional significance of the physical environment.

In contrast, the second part of the research setting reflects on the findings from the Tuhoe Kaumatua Needs Analysis Survey (2000). This material provides glimpses into the contemporary lifeways of Tuhoe *kaumatua* (elderly). Contained in this study are comparisons between the five communities, chosen as the main research sites within Tuhoe. There is particular emphasis on the geographical differences between northern and southern Tuhoe. The comparison accentuates the impact geography has on the lifestyles of the *kaumatua* (elderly). The thesis concludes with a full presentation of the matrices and graphs that give a visual account of commonalities and differences between the research areas. This provides contextual information, which is reflective of the challenges Tuhoe *kaumatua* encounter living within their own tribal area.

Ko Maungapohatu te maunga
Ko Waikare te moana
Ko Tuhoe te iwi

Maungapohatu is the mountain
Waikaremoana is the lake
Tuhoe is the tribe

There are a number of similar *whakatauki* (proverbs) that identify the people of Tuhoe. However, this particular *whakatauki* was chosen because it is inclusive and encompasses all of the different Tuhoe communities that participated in the research on *kaumatua* (elderly) mental wellness. Although a comprehensive overview of Tuhoe lands and people are beyond the scope of this particular study, a synopsis on the subject provides a useful context for the study. For a more comprehensive overview of Tuhoe tribal origins Rapata Wiri (1994) presents a concise history of the Tuhoe people, which succinctly integrates the different descent strands and accounts of the intricacies of Tuhoe kinship structures.

In pre-European history the entire tribal area was known as Te Urewera. According to tradition the name comes from an incident where the Nga Potiki chief, Murakareke fell asleep too close to a fire and was fatally burnt in the groin. The literal translation of Urewera is ‘burnt penis’. Murakareka was the son of Tuhoe Potiki, the eponymous ancestor, from which Tuhoe takes its name. However the traditions relating to the origins of the Tuhoe people are complex. In effect the tribe, Ngai Tuhoe, is a confederation of tribes.

Te Urewera is the North Island’s largest native forest. Rugged ridges and densely misted valleys are features of this area. Early European travellers captivated by the beauty and isolation of the area wrote inspired poetical descriptions of the area.

Stokes, Milroy and Melbourne (1986), censure the palpable romanticism that dominates many of the observations.

To the Maori of old, the mist wreathed hills and valleys held spirits and gods, and even now some strange presence seems to linger. Man, mountain and myth are blended together. Revered ancestors are not just part of the genealogy but part of the land. The name of every hill, every rock and tree, brings the history of 1000 years to life again (p.18)

This excerpt from a 1983 Lands and Survey handbook is criticised by Stokes et al: ‘In the Tuhoe view of the forest world the only strange and foreign presence is the visitors from outside. There are no shadows of past spirits; they are still there, ancestors and present inhabitants, all part of a continuing cultural tradition in a forest homeland that is neither strange nor wild’ (op cit. p.37). Maori live in different and shifting spheres of reality because of the enduring relationship between the living and the dead, the past and the present. The *taha wairua* (spiritual essence) is manifest in the myriad traditions that envelop the landscape. To Tuhoe, the mist enshrouded mountain is a constant reminder of their place as progeny of the gods. Ngai Tuhoe are the descendants of Te Maunga (the mountain) and Hinepukohurangi (the mist maiden). Hinepukohurangi descended from the heavens to cohabit with Te Maunga, and returned to her celestial home after the birth of Potiki. To many Europeans, bereft of a metaphysical tradition that encompasses the natural environment, these traditions are mere myths. However, it is apparent that Europeans infatuated with the opulence of the natural environment espoused the ancestral past to create an ambience inspired by romantic sentimentality.

Unfortunately covetousness superseded romanticism and it soon became apparent that the early Europeans were more interested in land ownership rather than an existential relationship with the land. In 1896 the Urewera District Native Reserve Act alienated

some 650,000 acres. On 28 July 1954 the catchment areas of Lake Waikaremoana and other reserves were also taken. In 1957 the crown designated an additional 1350 square kilometres north of Ruatahuna to the park. Subsequent acquisitions further transformed the shrinking Tuhoe tribal landscape. Most of the southern reaches remain in natural native bush under the control of the Department of Conservation (DOC). Land alienation remains a source of grief for *kaumatua* in this area. Ten *kaumatua* from Waikaremoana raised land grievances as a key issue in the Tuhoe Kaumatua Needs Analysis Survey (2000). Clearly, land grievances are a 'health' issue for *kaumatua*. A common refrain was:

Kai te whanakotia nga whenua me to matau moana e te ture.
The government stole this land and our lake.

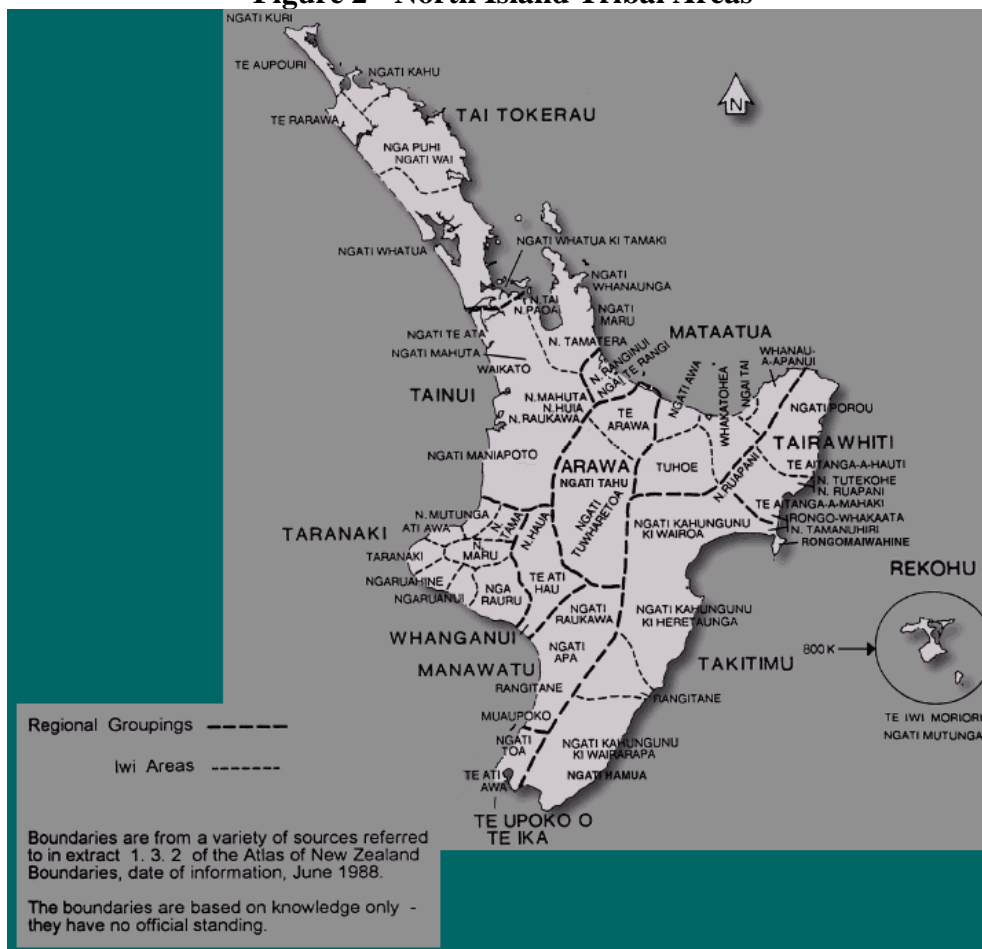
The poignancy of this loss permeates the tranquillity and opulent splendour of the native bush surrounding Lake Waikaremoana. Of special significance are the traditions of the *patupaiarehe* (supernatural beings) that are still believed to inhabit the bush around the lake. Contact between the people and the *patupaiarehe* is a rare but accepted phenomenon. Another more ubiquitous expression of *taha wairua* (the spiritual) can be found in the proliferation of medicinal plants. Tuhoe *tohunga* (priests/healers) are renowned as experts in the field of *rongoa* (medicinal plants/herbs) and are still active practitioners of traditional healing. The natural beauty of the scenic landscape, a feature of much of Tuhoe, has a therapeutic effect on the mental wellbeing of the people, and may even subconsciously offer some respite from the hardships that come with material deprivation (Tamati Cairns, personal communication, January 2000).

Throughout Tuhoe native bush is interspersed with large tracts of arable farmland. Tuhoe communities were founded on the dairy farming industry, a legacy of the

consolidation of Tuhoe land blocks in the 1920's. This initiative was the mastermind of the Maori statesman Sir Apirana Ngata who, with the best of intentions, sought to create an economic infrastructure for Maori. The farming industry has been in decline over the past two decades, but at the time, when farming was the mainstay of the New Zealand economy, this scheme brought a degree of prosperity to Tuhoe. According to John Rangihau, the renowned Tuhoe scholar and *tohunga*, the promotion of the land consolidation schemes, during the time of Ngata, marginalised many Tuhoe landowners, especially those that refused to sell. The land withholders were in effect dispossessed and forced to relocate (Hohepa Kereopa, personal communication, December, 2000). The ramifications of the land consolidation scheme continue to be problematic for Tuhoe who are at present in the process of Treaty land claims. The complexity of land ownership makes it extremely difficult for many Tuhoe Waitangi Tribunal claimants to establish legal title.

There is a link between tribal social structures and land ownership. In Maori conceptualisations *whakapapa* (genealogy) lies across the land. Tuhoe communities are made up of kinship groups affiliated to the land they occupy. These territories are subject to change through warfare, although this usually occurred with disputes over boundaries. However the shift from traditional to European land tenure exacerbated the usual problems associated tribal boundaries. The map (Figure 2) depicts the tribal territories surrounding the Tuhoe *rohe* (boundary), giving a visual indication of the geographical complexity of tribal lands. Tuhoe is flanked by other tribes, Ngati Awa, Whakatohea, Ngati Manawa, and Ngati Kahungunu. Ngati Tahu and Te Arawa may also claim a part of the periphery on their borders.

Figure 2 - North Island Tribal Areas



(www.takoa.co.nz/iwi_maps.htm)

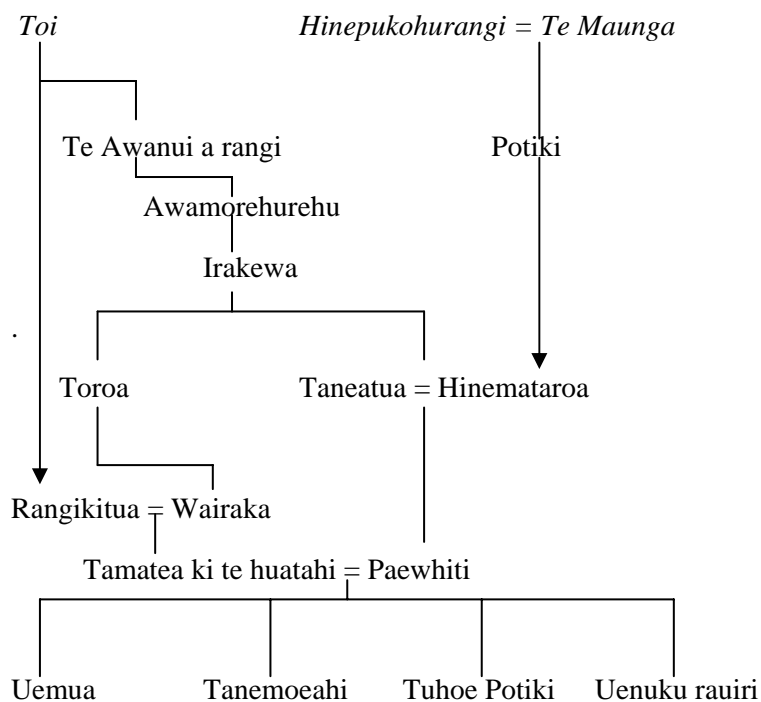
Descent within Tuhoe is multifarious as Elsdon Best (1925) ascertains in his description of the Tuhoe tribal origins in relation to the land.

If the reader will turn to a map of Tuhoeland, and drawing a line, running east and west through Nga mahanga on the Whakatane river, and about twenty four miles from the sea coast at Whakatane township, continue that line east and west to the boundaries of Tuhoeland, he will enclose to the south that portion of the watershed of Whakatane that was the original home of the tribe of Maoris, formerly known as Nga Potiki, but now termed the Tuhoe or Urewera tribe. With two exceptions – (1) most of the valley of the Tauranga (Waimana) river was occupied in olden times by the Hapuoneone tribe of aborigines, while to the south, Nga Potiki held the Parihaki district, which is situated upon the headwaters of the Waiou stream, a tributary of the Wairoa river which latter disembogues into Hawke’s Bay (p.8).

As already acknowledged, the earliest traditions relate to the union of Hinepukohurangi and Te Maunga. However, Toi is also an indigenous ancestor of the Tuhoe people, not to be confused with the famous navigator Toi of the Hawaiiiki

traditions. Other aboriginal tribes are progenitors of Tuhoe. For example the Hapuoneone of Waimana are well known descendants of the original inhabitants. Tuhoe, the ancestor, is affiliated to the Mataatua *waka* (canoe) that migrated from Hawaiiiki. To obtain a clearer account of the descent lines, Rapata Wiri (op.cit, p. 46) provided the following genealogical chart (Figure 3), which distinguishes the three main lines of descent from Hinepokohurangi, Te Maunga and Toi (italicised).

Figure 3 The major descent lines from Hinepokohurangi, Te Maunga and Toi



His commentary on the descent patterns of Ngai Tuhoe accentuated the two major lineages. An obvious distinction was made between aboriginal ancestry from Hinepokohurangi and Te Maunga, and descent from Hawaiiiki (Mataatua waka). Hohepa Kereopa (personal communication, April 2004) is emphatic that aboriginal descent takes precedence over later arrivals in relation to *mana*, which in this context means sovereignty. Elsdon Best's (1972) informants corroborated this assertion

further intimating that aboriginal descent amongst Tuhoe was of considerable genealogical value.

The *aho ariki*, or most revered line of descent of the Tuhoe people, is that from the original parents heaven and earth, through the Whaitiri line, including Tawhaki, Wahie-roa and Toroa; though not through Toi, or Potiki, although the Tuhoe are far more aboriginal in blood than they are Hawaiikan. (p13)

In contemporary tribal politics the different claims to primacy are demonstrated in *whakapapa* (genealogical histories), *purakau* (tribal and hapu narratives), *pepeha* (tribal sayings) and *nga moteatea* (song). Accordingly, the Tamakaimoana tribe named the place Waimana (the spring of mana) to venerate their aboriginal title. Similarly, Ruatahuna is promoted as the *kohanga* (birthplace) of the Tuhoe people. While there may be tacit agreement to these claims in effect all of the *hapu* (sub-tribes) that share the Urewera territories have their own distinctive histories. Elsdon Best further relates a *whakatauki* (proverb), which supports the different ‘political accentuations’ descendants from the aboriginal and Hawakiiian place on descent.

Na Toi raua ko Potiki te whenua, na Tuhoe te mana me te rangatiratanga. (The land is from Toi and Potiki, the prestige and rank from Tuhoe). Thus admitting that they obtained their lands from their ancestors of the original people, but claiming that they derived their rank from the Mataatua immigrants. Of whom Tuhoe-poriki was a (mixed) descendant (ibid).

Hohepa Kereopa provided an inventory (figure 4) of Tuhoe *hapu* (sub-tribes), *marae* (sacred courtyard) and *wharetipuna* (ancestral house). Included are *marae* situated outside of Tuhoe in Rotorua and Auckland. The inventory is a contemporary articulation of Tuhoe tribal social structures and has its genesis in primeval, aboriginal, as well as Hawaiikan ancestry.

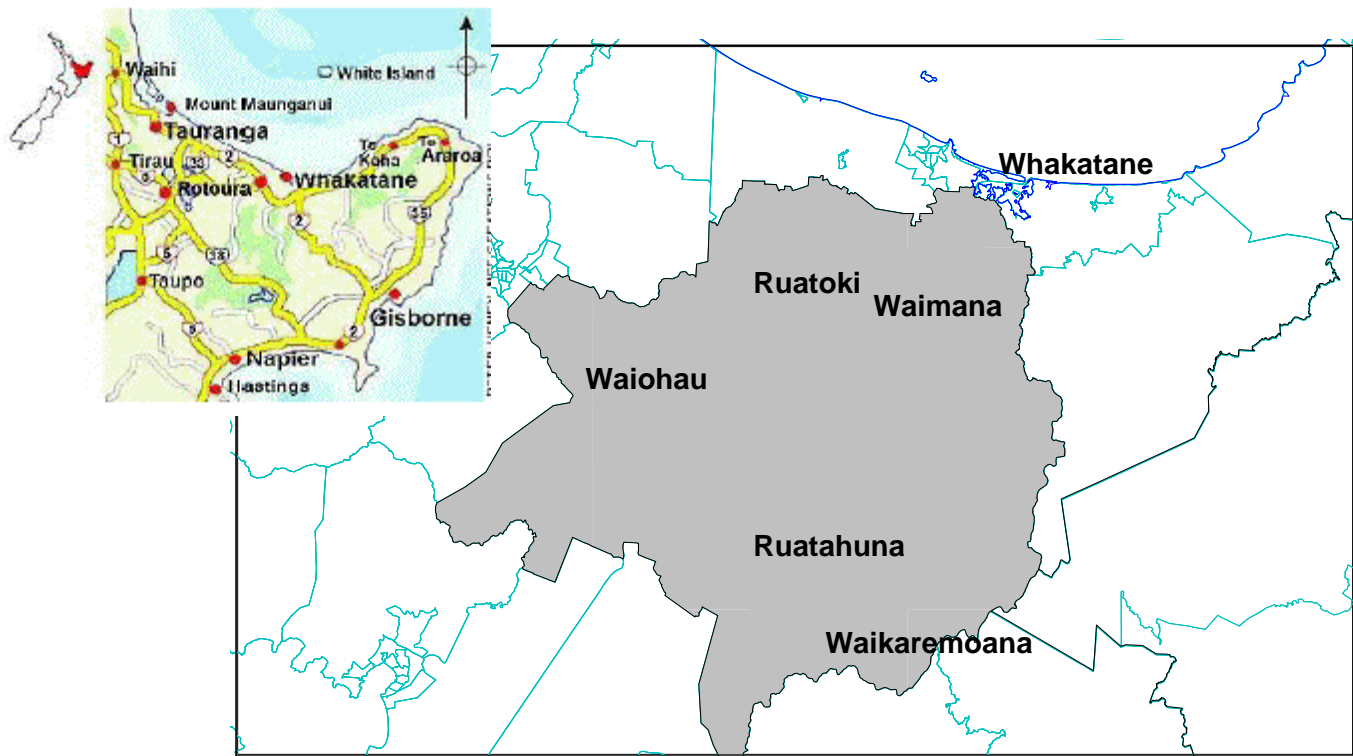
Figure 4 Nga Marae, Hapu, Wharetipuna o Tuhoe

MARAE	HAPU	WHARETIPUNA
RUATOKI		
Tauarua Rongokarae Otenuku Papakainga Te Totara Waikirikiri Ohotu Pane Te Ure Ngahina Owhakatoro	Ngati Rongo Te Mahurehure NgatiKoura Ngati Koura Te Urewera Hamua Te Whanau Pani Ngati Rongo Ngati Tawhaki Ngati Rongo	Rongokarae Te Rangimoaho & Kuramihirangi TahatuoTeAo Koura Kino Te Puhi o Mataatua Toi Kai Rakau Tuhoe Potiki Hui Te Rangiora Tawhaki Ta Apirana
WAIOHAU		
Waiohau	Patuheuheu	Tama Ki Hikurangi
WAIMANA		
Tatalahape Tantana Rahiri Piripari Omuriwaka Tuapou Matahi Whakarae Tawhana Tauanui Te Pouahinau Raroa	Ngati Raka Ngati Rere Ngati Rere Ngai Tatua Ngai Tama Tamakaimoana Ngai Tama Te Whakatane Nga Maihi Te Whakatane Ngai Turanga Tamaruarangi	Takutai o Te Rangi Te Poho o Tuhoe Rahiri o Te Rangi Tamakaimoana Te Tatua o Hape Te Ao Hou Te Huinga o Te Kura Toi Ki Te Huatahi Nga Tau e Maha Te Poho o Tamatea Turanga Pikitoti Te Poho o Tanemoeahi
MAUNGAPOHATU		
Maungapohatu	Tamakaimoana	Tane Nui a Rangi
RUATAHUNA		
Ohau Mataatua I Uwhiarae Tatahoata Te Wai Iti Te Umuroa Tipapa Oputao Otekura Papueru	Ngati Rongo Te Urewera Ngati Te Paena Ngai Te Riu Ngati Kuri Ngati Manunui Kakahutapiki Ngati Tawhaki Kakahutapiki Ngati Tawhaki	Ngati Rongo Te Whai a Te Motu Te Paena Te Tapuae Kuri Kino Te Poho o Parahaki Kakahutapiki Te Ngawari Te Ohaki Te Whatu o Te Kanohi
Te Kuha Tarewa Waimako	Ngati Hinekura Te Whanaupani	Te Poho o Hinekura, Ruapani Te Poho o Tuhoe Potiki
HEKENG		
Mataatua 2 Te Tira Hou	Tuhoe ki Rotorua Tuhoe ki Tamaki	Mataatua Te Tatau Pounamu

The matrix was particularly useful in providing the framework for a geographical scoping of the study. It was considered important to include representation from as many of the *hapu* (sub-tribes) as practicable. To this end *whakapapa* (genealogy) provided some assistance simply because the majority of individuals can claim membership to a number of *hapu* through personal genealogical links. This meant that even the smallest *hapu* were (indirectly) represented in the research. This also reinforces the assertion that rural marae communities are closely aligned to tribal kinship structures. Reflecting on overlapping genealogies resolved a logistical problem. Given the geographical size of the region, it was decided that the project would be better managed, by dividing the region into five research areas. These sites, Waikaremoana, Ruatahuna, Waiohou, Ruatoki and Waimana are depicted on the map (Figure 5).

As alluded to in the introductory chapter, to help further explain and understand the setting, reference is made here to some of the initial results of the *Tuhoe Kaumatua Needs Analysis Survey* (2000). In this respect the separation of the region provided another dimension to the study because it presented an opportunity to compare differences (and similarities) between the communities. Not surprisingly the findings supported the idea that tribal societies are rarely homogenous, and each community within a tribe has distinctively different characteristics and needs. The findings from the *Tuhoe Kaumatua Needs Analysis Survey* (2000) were collated and presented in matrices and graphs. These are contained in the appendices because they provide further contextual information, for further understanding of the challenges *Tuhoe kaumatua* encounter living within their own tribal area. The graphs also provide a visual image that accentuates community differences.

Figure 5 Te Rohe o Tuhoe – Depicting the five research sites (HFA map)



The study identified geographical variations in the region as having a significant impact on the five communities. The most conspicuous difference was the separation between the North and South. The northern communities of Waimana, Ruatoki and Waiohau are larger and more densely populated than the southern, isolated communities of Waikaremoana and Ruatahuna. The comparison between the north and south accents the impact geography has on the lifestyles of the *kaumatua* (elderly). However it needs to be acknowledged that community and geographical differences were not as evident in the Tuhoe Kaumatua Wellness Research Survey (2002). The reason is that the focus of the study was more ideological than pragmatic. Most of the questions related to the effect of language and culture on wellness. The emphasis was on a Tuhoe perspective rather than a particular *hapu* (sub-tribe) view. Furthermore the questions in the wellness survey relating to physical health were unrelated to geographical influences. There was no evidence in the survey responses

that the different research areas had different conceptualisations of wellness (and unwellness).

Nor was geographical location a significant factor in the health status of *kaumatua*. Instead, the data clearly indicated that *kaumatua* residing in Waikaremoana and Ruatahuna had similar physiological health issues as those residing in Ruatoki, Waiohau and Waimana. However, it has already been established that even within the same tribal area there are perceptible differences. Tuhoe *hapu* (sub-tribes) often have slightly different variations of traditions and practices. Therefore in terms of the research there was a tacit appreciation of the *tino rangatiratanga* (authority) of each community.

Community differences were much more apparent in the *Tuhoe Kaumatua Needs Analysis Survey* (2000). The most obvious reason for these differences, as already intimated, is geographical. The gravel roads carved into the rugged terrain of the south make travel hazardous for visitors, a point not lost on the locals who have thwarted government attempts to improve accessibility to the region until the land grievances are satisfactorily resolved. The terrain in the northern territory means that these communities have better roads, although there are some roads that remain unsealed. Most of the roading between Waimana and Maungapohatu is gravel and is comparable to that in the south. As a consequence, especially in the south, transportation is a critical problem. Waikaremoana and Ruatahuna *kaumatua* transport difficulties are exacerbated by the scarcity of employment opportunities and inadequate government municipal services. In general the Council in the south is the object of much dissatisfaction, which highlights differences between the southern and

northern community service providers. The Waiohau *kaumatua* openly express satisfaction with government and especially with the delivery of health services. This positive attitude could relate the 'northern' communities being in closer proximity to the city of Whakatane, and one or more of the townships of Opotiki, Murupara or Kawerau. Ruatahuna has a visiting general practitioner (monthly) and Waikaremoana, the most isolated community, has health services but the *kaumatua* prefer to visit the health practitioners in town. For *kaumatua*, excursions into town are an enjoyable feature of rural lifeways.

Various organisations throughout Tuhoe have endeavoured to provide transport for *kaumatua* in this area. At present (2003) every community has at least one *kaumatua* van in operation. The transportation problem is one of sustainability. Depreciation and maintenance are major obstacles to providing long-term, safe community transportation. Some *kaumatua* have objected to the management or protocols governing the use, and sometimes abuse, of the vehicles. While 'policy' problems can be resolved, the reality is that most Maori organisations are dependent on 'precarious' government funding, and are unable to forecast budgets beyond a specified funding period. Consequently, the replacement and maintenance of vehicles remains problematic.

There were also perceptible differences between the north and south in relation to living arrangements. 'Maori are more likely than non-Maori to live in extended families, indicating the continued importance of traditional living arrangements' (www.stats.govt.nz). While this is the general trend, the information from *kaumatua* indicates that there are fewer inter-generational households with grandparents than

expected, especially in rural areas. The findings indicate that the majority of *kaumatua*, particularly in the south, live in much smaller units. There are more *kaumatua* residing in households made up of extended family groups in the northern districts. It is also common amongst Maori in general for *kaumatua* to undertake the role of primary caregivers to *mokopuna* (grandchildren). The majority of *kaumatua* who claim dependants are referring to *mokopuna*. The concept of dependency to Maori does not necessarily mean financial support; instead, emotional and personal support could well constitute Maori notions of 'dependency'. Predictably, the majority of Tuhoe *kaumatua* conform to this cultural edict. However, in southern Tuhoe there is a high incidence of only one *mokopuna* per *kaumatua* household. There are more *kaumatua* residing in households made up of extended family groups in the northern districts. The ownership of *kaumatua* housing also provides further insights into their living arrangements. According to the statistics from the 1996 census, 50.5 percent of Maori dwellings were owned with or without a mortgage (www.stats.govt.nz). Statistics are only approximate measurements at best, and some caution needs to be exercised in comparing the Tuhoe *kaumatua* statistics with general national statistics. These have been included because they provide an interesting point of reference. The comparison indicates that *kaumatua* in Tuhoe compare well with the national average of Maori, if other factors, such as the condition of the houses, are taken into consideration. However, the statistics give no indication of the condition of housing. Throughout the region most houses require maintenance. The poor condition of the houses is correlated to household incomes, which are also comparatively low. Ruatoki has the highest number of *kaumatua* homeowners and this pattern is more or less reflective of the general housing status throughout Tuhoe. However, the largest tribal social services agency, Pua Te Atatu a

Tuhoe (the main social services organisation in Tuhoe), was actively involved in an altercation with the government in 2000 over the quality of relatively new houses built in Ruatoki and Taneatua. While there has been some progress on the housing issue, this problem is indicative of the cavalier attitude that government has to rural Maori communities. In regards to the outcomes of the Tuhoe Kaumatua Needs Analysis Survey (2000), Te Kapu a Rangi Trust was committed to translating the findings into tangible outcomes within the communities. The following is a summary of initiatives implemented in 2002 by Te Kapu a Rangi Trust as a direct response to the findings of this research:

- Entered into a joint venture with a mental health work provider to contract a worker at Waikaremoana to collaborate with *kaumatua* to resolve issues raised in the survey concerning transport and services.
- Provided a quality *kaumatua* vehicle for Waikaremoana *kaumatua*. TKRT also developed strategies relating to the sustainability of the *kaumatua* vehicle initiative, which involved the inclusion of the vehicle operational costs in a 3 year budget forecast.
- Initiated an investigation into operating a *kaumatua* vehicle at Waimana.
- Formed a strategic alliance with Pua Te Atatu a Tuhoe to address the housing issue at Ruatoki. The research indicates that Ruatoki has the highest percentage of *kaumatua* home owners; however, the quality of new homes at Ruatoki and Taneatua was an issue.
- The Pua Te Atatu a Tuhoe housing alliance provides a model for addressing housing problems in Tuhoe. More important was the innovative process that Pua Te Atatu a Tuhoe created to motivate the community. Disaffected home owners were inspired to challenge the authorities and were supported, rather

than directed, by Pua Te Atatu. This model can be applied to a broad range of issues. Waikaremoana and Ruatahuna *kaumatua* have expressed their frustration over the lack of council services and TKRT intends to explore the possibilities of utilizing this process to address council related issues in the south.

- Purchased ten quality second hand computers for the *Kura kaupapa* (Maori language) school at Waiohau following a request from *kaumatua*. The school has allowed the community to use the computer pod, which includes internet access. TKRT's long term vision is to establish a communication network, within Tuhoe. This linkage will facilitate access to the Tuhoe web sites and in particular the proposed TKRT traditional web site. The site will be of particular benefit to younger Tuhoe and those residing out of the *rohe* (tribal boundary). According to the research, Waiohau *kaumatua* generally expressed satisfaction with health services. The clinic at Waiohau specialises in *rongoa* Maori (medicinal plants), *miri miri* (massage) and other traditional healing.

In conclusion, this chapter presented an overview of the people and the land, and used the Tuhoe Kaumatua Needs Analysis Survey (2000) to provide another perspective of their lifeways. However, Maori culture does not exist in an enclave impervious to external cultural influences, accordingly, the next chapter ventures well beyond the boundaries of Tuhoe into the global arena. Although the study draws principally on *Te Ao Maori*, the Maori world, the reality of the colonial experience precludes the development of a uniquely Tuhoe perspective on mental wellness, and has generated points of intersection between Maori and European worldviews. The literature search also reflects the complexities of contemporary Maori lifeways through the exploration

of philosophical influences. Using Christianity as a 'case study' the search describes how Maori have processed external influences and created a fusion of Maori and western elements to create their own unique cultural configurations. Further, within Tuhoë the syncretic religions of *Ringatu* (the raised hand) and *Iharaira* (Israelites) are used as 'case studies' because they are classic examples of this phenomenon.

Chapter Two Literature Search

*Te manu ka kai i te miro, nona te ngahere.
Te manu ka kai i te matauranga, nona te Ao.*

The bird that feeds on the miro owns the forest.
The bird that feeds on knowledge owns the world

This literature review is primarily an appraisal of philosophical influences that advance the study of Maori mental wellness. In this respect it would be reasonable to expect that the esoteric beliefs of Ngai Tuhoe would provide an exclusive ontological framework for this study. However, the subject matter extends beyond the ideological borders of Tuhoe. The colonial experience impacts on every facet of Maori lifeways and arguably, even on the psyche of the people. As a consequence it is not possible to rely exclusively on Maori ontological constructs or a unique Tuhoe perspective on mental wellness that has its' ontological genesis in *Te Ao Maori* (Maori worldview). However, it needs to be emphasised that the study draws principally on *Te Ao Maori*, the Maori world. Colonisation has generated points of intersection, but more often collision, between Maori and European worldviews.

As already mentioned in chapter one, *kaumatua* residing in Waikaremoana identified the economic and psychological repercussions of land alienation as a significant mental health issue. Throughout Tuhoe, health and education professionals lament the loss of the Tuhoe language and perceive this as a contributing factor to escalating mental health problems amongst the younger generation (Pare Nia Nia, personal communication, August 2000). This provides a rationalisation for the study of Maori mental wellness to be situated within a more comprehensive philosophical

framework. The exploration of this phenomenon is the recurring theme in this chapter because the contemporary Maori world encompasses a complex configuration of *tuturu* Maori (traditional) and overlapping western ideologies which has produced cultural syncretism.

As a consequence, Maori cultural conceptualisations are seemingly incongruently juxtaposed with non-Maori thought. For example, Maori practices, such as speaking to the dead are generally perceived to be abnormal or may even signal mental illness. However, there are some west-European theorists who challenge conventional concepts of mental illness. In this instance the thought of Michel Foucault (1926-1984) provides useful insights into European accounts of mental illness. His account of the historical and political evolution that shaped European definitions of ‘madness’ creates the opportunity to explore other ways of defining mental illness (and wellness) that give credence to other (including Maori) cultural views. In this process Foucault (1975) not only challenged the validity of the medical model, but also analysed mental illness, as an historical and social construct functioning within shifting convolutions of power and control.

More importantly, Foucault (1984) questions the nature of madness in terms of ‘the power to define’ within the broader historical socio-political parameters. Furthermore, he provides a perspective (herein Chapter Five) that supports Maori classifications of spiritually induced psychiatric and/or psychological disorders. The other aspect of his thinking on the issue of mental illness relates to power issues, which is explored later in this chapter in relation to the resilience of Tuhoe *kaumatua*. For Maori, power relations are mainly articulated in the relationship between Maori and the dominant or

majority culture (European). Therefore, the discussion requires a closer examination of ideological considerations from *Te Ao Maori* (Maori worldview) and *Te Ao Pakeha* (western worldview) in relation to the study.

This approach is markedly different from recent developments in post-colonial discourses (Fanon 1967, Walker 1987, Mander 1991, Smith 1999), which almost exclusively develop theoretical positions based on binary oppositions. It will be argued that the development of a polemic ‘western’ (positivistic) and ‘indigenous’ (metaphysical) paradigm was conceived to contest contemporary hegemonic relations. Curiously, although the term ‘indigenous’ in modern usage is loosely interpreted as ‘non-western’, in actuality the English are as indigenous to England as the Maori are to Aotearoa. However, nowadays the terms ‘western’ refers to cultures of west-European origin and ‘indigenous’ refer to non-Western cultures. This merely demonstrates the dynamic nature of language, which can lead to noticeable changes in meaning over a comparatively short time span. Semantics aside, there are inherent philosophical problems associated with the west versus indigenous paradigm.

Within the global context, ‘indigenous’ intellectuals have a tendency to focus on the homogeneity of ‘indigenous’ cultures rather than on the differences, or uniqueness, of each culture. The reasoning is that most, if not all ‘indigenous’ cultures subscribe to a holistic worldview that stresses the importance of the spiritual over the material. Antithetical to this indigenous ontological position is the ‘west.’ West-European culture is invariably depicted as an amorphic coalition that gained global politico-economic dominance as a result of the industrial revolution. The blending of all European cultures into a singular category, the ‘west’ is problematic. Throughout

Europe, cultural and linguistic diversification abounds. Interestingly, all European languages are derivatives of the proto-Indo-European language family, which includes India and parts of Arabia. Whatever the origins, the present languages and cultures of Europe (like those of Polynesia) are diverse and clearly distinguishable from each other.

The separation of the world into two dialectical entities, western and indigenous, ignores the reality of very diverse western and equally distinctive indigenous cultures. Said (1979) argues that if anything, the colonial experience has complicated the patterns that create cultural diversity. This process of cultural syncretism has contributed significantly to the emergence of more numerous culturally different configurations throughout the world. In the process, the ensuing cultural exchange has impacted on the cultures of both the colonised and the colonisers. Edward Said can, with some justification, be criticised for not giving enough credence to the destructive impact of colonisation on the languages and cultures of formerly colonised peoples. Equally it can be argued that the western-indigenous polemic ignores this proliferation of new formations within cultures. This phenomenon adds another dimension to the notion of cultural diversity. Even more problematic is the oversimplification of the epistemological infrastructure; namely, the categorisation of the west as scientific, and of non-western or indigenous as metaphysical. It will be argued that although scientific positivism dominates western thought, metaphysics is patently obvious in western philosophical oppositional discourses. And while metaphysics is a feature of indigenous worldviews, science is certainly not the prerogative of the west.

This contrary position should not be interpreted as an attempt to vindicate or distance the west from the devastation imperialism wrecked on native populations, or the effects of neo-colonialism in the modern global environment. However, the problem is that most post-colonial discourses portray colonised peoples as passive victims of colonial aggression. Maori, and many other previously colonised people, have maintained a remarkable degree of power and control over their own lifeways. This has been achieved in the face of British imperialism and aggression. Maori language, customs, and beliefs remain an integral part of marae based community life, even in the cities where urban communities are flourishing in response to a resurgence of Maori language and culture. In terms of this research project the very existence of a group of elderly Maori residing in their tribal homelands, none of whom present with chronic mental illness, is probably evidence of cultural resilience.

The shared experience of oppression does not mean that all oppressed people are the same. Different cultures struggle to maintain the uniqueness of their own cultures, despite colonisation and globalisation. Globalisation is the modern metamorphosis of colonisation and threatens to homogenise all cultures under the mantle of westernisation. This oblique objective is touted under the banners of democracy and a free market economy. This process of cultural homogenisation has nothing to do with equality and everything to do with exploitation and domination. There are parallels between the processes to subjugate native populations, and those employed to marginalise 'undesirables' within a society. Although a contradiction in terms, Michel Foucault's (1980), somewhat convoluted exegesis of power relations, provides an effective tool of analysis.

Foucault defines power as a force that cannot be objectified. According to Foucault, neither an individual nor a group can possess power, they can only exercise power. Therefore, power is dynamic, functioning within all social networks, so that even the most oppressed have potential to exercise power. Foucault centres his attention on the most oppressed and marginalised, and dissects the patterns and ensuing relations of power. Consequently, his own studies converged on those that west-European society deemed 'abnormal', being the mad and the criminal. *Madness and Civilization* describes the historical forces that shaped society's definition of 'abnormal' and the subsequent institutionalisation, marginalisation, and subjugation of these groups. Therefore, according to Foucault, the societal processes that privilege some, and punish others, are discourses of power. The exciting proposition in Foucault's work is that the subjugated are not condemned to passivity. The will to exercise power is manifest in the resistance of subjugated groups and peoples.

Frantz Fanon (1967), conceivably the most influential Black decolonisation theorist and philosopher of the twentieth century, harnessed the shared experience of oppression, and precipitated a deluge of 'indigenous' discourses on the subject. But he too, saw the world as a nemesis, of (white) colonisers and (non-white) colonised peoples.

The Negroes who live in the United States and in Central or Latin America in fact experience the need to attach themselves to a colonial matrix. Their problem is not fundamentally different from that of the Africans. The whites of America did not mete out to them any different treatment from that of the whites that ruled over the Africans. We have seen that whites were used to putting Negroes all in the same bag. During the first Congress of the African Cultural Society held in Paris in 1956, the American Negroes of their own accord considered their problems from the same standpoint as those of their African brothers...But little by little the American Negroes realized that the essential problems facing them were not the same as those that confronted the African Negroes. The Negroes of Chicago only

resemble the Nigerians and the Tanganyikans in so far as they were all defined in relation to the whites. But once the first comparisons had been made and subjective feelings were assuaged, the American Negroes realized that the objective problems were heterogeneous.
Frantz Fanon (p.173-174)

However, Fanon too acknowledges the influence of European thought in shaping his revolutionary position. The French existentialist, Jean Paul Sartre wrote the preface to the *Wretched of the Earth*, and the influence of Karl Marx (1818-1883) on his thinking is indubitable. Yet, Fanon did not subscribe to orthodox Marxism (whose sole focus is class relations), because he maintained that the class struggle must take cognisance of race. Fanon, one of the few 'indigenous' intellectuals to integrate the notion of 'class' into a critique of an emergent black bourgeoisie in post-colonial Africa, regarded 'colonised' native collaborators as reprehensible and therefore no different from the colonisers. Fanon's antagonists are essentially black and white- even when his tirade against the black bourgeoisie is taken into consideration. Indigenous intellectuals have tended to ignore class to focus exclusively on the effects of colonialism, because this experience has exerted such an omnipotent and enduring force over people's lives.

In this context, a pan-Maori or Maori national identity is articulated as a deliberate neo-colonial strategy that puts the last touches on cultural annihilation. John Rangihau (1992) has already been cited in the introductory chapter in relation to pan-Maori identity. However his reflections are insightful and profound, which more than justifies the duplication.

Although these feelings for me are Maori, for me they are my Tuhoetanga rather than my Maoritanga. Because my being Maori is absolutely dependant on my history as a Tuhoie person as against being a Maori person. It seems to me there is no such thing as Maoritanga because Maoritanga is an all-inclusive term, which embraces all Maoris. And there are so many different aspects about every tribal

person. Each tribe has its own history. And it's not a history that can be shared among others. How can I share with the history of Ngati Porou, of Te Arawa, of Waikato? Because I am not of those people. I am a Tuhoe person and all I can share in is Tuhoe history I have a faint suspicion that Maoritanga is a term coined by the Pakeha together. Because if you cannot divide and rule, than for tribal people all you can do is unite them and rule. Because then they lose everything by losing their tribal histories and traditions that give them their identity (p.190).

Theo Tait (personal communication, 1990) takes the notion of diversity even further, and subscribes to a concept of cultural uniqueness and autonomy (*tino rangatiratanga*) being the prerogative of each *hapu* (sub-tribe), as opposed to that of a national Maori identity, or even a tribal one. He argues that each hapu has political autonomy and will unite under a common tribal mantle on rare occasions, usually in adversity, or when a larger political unit is advantageous to all participating *hapu* (sub-tribe). Tribal and *hapu* traditions are cultural constructs that are critical in terms of the retention of Maori cultural diversity. As already stated, globalisation is propelling the world towards cultural sameness. Perhaps it is the sustainability of cultural differences, rather than cultural similarities that will provide some defence against global cultural genocide.

Jerry Mander's (1991) depiction of an ontological clash between indigenous cultures and the west also ignores the reality of cultural differentiation that even exists within, seemingly homogeneous cultures. His conceptualisation of the world has significantly influenced the thinking of contemporary Maori intellectuals, notably Ranginui Walker (1987), Leonie Pihama (1993) and Linda Smith (1999). All subscribe to the notion of a pan-Maori (nationalistic) as opposed to a tribal Maori identity. In terms of ideology the idea of a cultural 'ontological clash' is appealing because the Maori worldview is compatible with other cultural belief systems that perceive the environment as a living

entity. The following excerpts from Noah Sea'thl (Chief Seattle's) speech in 1854, in response to European land acquisition plans, is significant because it demonstrates this ostensible similarity in belief systems of many non-western indigenous peoples.

Incidentally Chief Seattle's speech is now the subject of contentious (and at times vindictive) criticism in the States. Malcolm Jones and Ray Sawhill (1992) questioned the authenticity of the speech in a disparaging article that was published in 'Newsweek'. The evidence rests on Chief Seattle's inability to speak English, and the existence of two versions of the speech. Both versions (appended in full) are similar in essence, and although a filmmaker is credited with one version, the differences clearly relate to interpretations of the original. There are discernable parallels between the worldview of the Duwamish people and Maori conceptualisations of the environment.

How can you buy or sell the sky, the warmth of the land? The idea is strange to us.

If we do not own the freshness of the air and the sparkle of the water, how can you buy them? Every part of this earth is sacred to my people. Every shining pine needle, every sandy shore, every mist in the dark woods, every clearing and humming insect is holy in the memory and experience of my people. The sap which courses through the trees carries the memories of the red man.

The white man's dead forget the country of their birth when they go to walk among the stars. Our dead never forget this beautiful earth, for it is the mother of the red man. We are part of the earth and it is part of us. The perfumed flowers are our sisters; the deer, the horse, the great eagle, these are our brothers. The rocky crests, the juices in the meadows, the body heat of the pony, and man --- all belong to the same family...

...Our ways are different than your ways. The sight of your cities pains the eyes of the red man. There is no quiet place in the white man's cities. No place to hear the unfurling of leaves in spring or the rustle of the insect's wings. The clatter only seems to insult the ears...

What is man without the beasts? If all the beasts were gone, man would die from a great loneliness of the spirit. For whatever happens to the beasts, soon happens to man. *All things are connected...*

...That destiny is a mystery to us, for we do not understand when the buffalo are all slaughtered, the wild horses are tamed, the secret

corners of the forest heavy with the scent of many men and the view of
the ripe hills blotted by talking wires.
Where is the thicket? Gone. Where is the eagle? Gone.
The end of living and the beginning of survival.
Noah Sea'thl

The controversy over the authenticity of the speech is interesting, firstly because the critics appear to be unwilling to concede that a native could be capable of such philosophical reflection. Secondly, although the speech is translated into English it has the poetic language and style of the great Maori orators. The worldview articulated in this speech is also reminiscent of Maori perceptions of the universe. The personification of the world is a feature of Maori cosmogony, and the reference to the genealogical relationship between man and the natural environment is always accentuated in the oral arts of the Maori, especially in *nga moteatea* (traditional song) and *whaikorero* (ritual speech). Toby Curtis (manuscript) analyses contemporary marae ritual and contends that the ceremonies ensure that Maori primeval beliefs are manifested in the living practices of the people. In ritual speech there are constant reminders of the relevance of the gods. Deference to Papatuanuku (earth deity) and Ranginui (sky deity) is the subject of the following *taupapara* (an opening stanza usually reserved for the most eloquent Maori orators) provided by Ngamaru Raerino of Ngati Rangiwewehi (personal communication January, 2003).

*Tihere a Ranginui te tarewa iho
Nana koia te taumaru a whanau takoto
Eke kamura
Te Ao ngahoro
Te Ao pukaia
Te Ao mai korokoro
Apu aroranga
Tu te winiwini
Tu te wanawana
Kapetau Papatuanuku te hora nei
Tihe Mauri Ora!*

Hail to Ranginui suspended above
The protector of those who dwell beneath

Ascended in the glow of the heavens
The world assembles
The world channels
The cluster of stars
Stand in awe Stand with pride
Papatuanuku resplendent lies below
The breath of life!

The principal deity in terms of the relationship between man and the environment is Tanemahuta (god of the forests), one of the offspring of Ranginui (Sky father) and Papatuanuku (Earth mother). As the progenitor of land based flora, fauna, and creatures the traditions relating to Tane Mahuta prescribe the nature of the intra-relationships between people and the environment. The relationship between Maori and the environment is cross tribal and is reinforced in everyday Maori rituals where the gods and ancestors are invoked and incorporated into the living lifeways. The metaphor of a falling totara tree describes the death of a respected elder '*Kua hinga te totara o te wao nui a Tane Mahuta*' (the great totara tree of Tane Mahuta has fallen). Even in the modern world the rituals relating directly to the environment can still be observed. *Karakia* (prayers/incantations) to Tanemahuta (the god of the forest) are often recited when trees are being felled, usually for the construction of tribal buildings or ceremonial canoes. The following tree felling *karakia* is from the manuscripts of Te Rangikaheke of a Te Arawa (MS 43, 81 Auckland Public Library).

*Toki nui te toki, toki roa te toki
Ko te toki na Tu tenei toki. Ko te toki na Rongo.
Ueue te mana.
Ka hinga a Tane, ka takoto kei raro,
Kei nga mano i runga, i raro.
Tawhiwhi te toki nei.
Ka pa te toki nei kei Hawaiki.
Ka tapu, ka noa.
Tena te hau, ko te hau o Tu-Tawhirimatea.
Waerea ki runga, waerea ki raro. Takoto.*

The adze is big, the adze is long
This adze belongs to Tu. This adze belongs to Rongo
Pulsating power
Tane falls and lies below

Surrounded by the thousands above and below.
Bind this adze
This adze strikes in Hawaiki.
It is sacred and it is released from the sacred
There is the life force, the life force
of Tu and Tawhirimatea
Clear above – Clear Below. Lie down.

These rituals are usually performed in public ceremonies but may also be observed as unobtrusive private acts of respect. For example, a fisherman may quietly return the first fish of his catch back to the sea in deference to Tangaroa (god of the sea).

As already stressed, the personification of the earth as Papatuanuku the earthmother, and of Ranginui as the sky father, is central to Maori ideological or spiritual beliefs. Maori cosmogony conceptualises the world as *whakapapa* (genealogical kinship relationships). There are also differences in tribal perceptions of the deities that have been obscured as a result of the work of Governor George Grey (1854). His famous collection of Maori traditions '*Nga Mahi a Nga Tupuna*' As a result, this popular and puerile version of Maori cosmogony depicts the pantheon of Maori deities as mythological beings. In actuality the metaphysical world of the Maori is composed of a multi-faceted different reality that bears little resemblance to George Grey's creation myths. However, the collection and collation of Maori knowledge had more to do with the appropriation of land than the furthering of tribal wisdom.

Edward Said (1994) suggests that the acquisition of local knowledge was an effective tool that was used to successfully subjugate native populations.

Once again, knowledge of subject races or Orientals is what makes their management easy and profitable; knowledge gives power, more power requires more knowledge, and so on in an increasingly profitable dialectic of information and control (p.36).

According to the historian Keith Sinclair (1980), Grey's motivation for learning the language and culture was a strategy to assist in the subjugation of the tribes. To facilitate the colonisation of the Maori, George Grey undertook to learn more about their language and traditions. To affect this he brought many of the Chiefs to together where they resided in Auckland. As evidence, Sinclair (ibid) goes on to describe the ways that Grey's land purchase officers used their knowledge of the language and tribal customs to persuade Maori to sell land.

Under Grey a method of negotiating land purchases was developed which was nicely grafted on to Maori custom and which for some years worked well and fairly. The Europeans found that the consent of the individuals using a piece of land, the chiefs of their sub-tribe, and of the tribe itself, was necessary before a purchase could be made...In 1859 – after Grey had left – to give one example, the Commissioner of Crown Lands in Taranaki went with Robert Parris, the local land purchase agent to visit 'Raumoa's widow'. He wrote afterwards, Parris commenced blubbing at some distance and then he rubbed noses (the Maori equivalent of kissing) with the widow and three or four other old withered things there. It was worth the trip to see the profile of Parris' mug as he was getting up steam. I had intended to joke him on the subject but he was so cursed dismal on the road back I couldn't venture on it. I suppose he had a 'motive' for it, or thought he had, which is the same thing – some hopes of land in that direction (p.83)

Unfortunately this chronicle does not reflect on the complicity of subject peoples.

Noah Sea'thl (Chief Seattle) gave his (aforementioned) moving farewell to his lands when he sold huge tracts of land to the invading settlers. This kind of complicity is also well documented in New Zealand history; the most famous being the selling of Taranaki lands without the consent of the paramount Chief Wiremu Kingi. His resistance precipitated the land wars. It is doubtful whether the Chiefs Grey appointed to record tribal traditions, would have suspected the covert political implications of this undertaking.

Notwithstanding the political implications of traditional knowledge, cosmological beliefs that personify the environment appear to be a universal feature of human existence. In actuality primeval rituals are still practiced in contemporary European cultures. The following is a description of rituals performed in Latvia in 2002 to celebrate the marriage of the Earth Mother and the Sky Father that must cast aspersion on the idea that a spiritual relationship with the universe is the prerogative of non-western indigenous peoples. Further, that the partitioning of the world into two ideological entities is an oversimplification that belies the innate complexity of all cultures.

For the Midsummer celebration, the mistress makes cheese, but the master brews beer. All the celebrants are treated with them. With the cheese wheel and the beer mug come the blessings of nature and God, but the songs, dances, and rituals of the Midsummer 'children' in turn bring blessings to everything and everyone to whom songs are addressed. The highest point of the year's turning has been reached, and each celebrant participates in the wedding of the Sky Father and the Earth Mother, (Mellena, 2000 p.1).

While the deities are comparable in terms of the similarities in deities, it is equally obvious that the imagery, rituals, and beliefs that the Latvian gods evoke are very different from those of the Maori. The same diversity is apparent even within Polynesia where many Pacific Island deities share the same name (as Maori deities), although most are designated different roles and status. Tangaloa in the Tongan Islands is the supreme deity, in Aotearoa (New Zealand) Tangaroa rules the sea. Irrespective of the commonalities in Polynesian history (and genetics) it should be obvious that the deities, beliefs, and values are peculiar to each Polynesian culture. This accentuation on cultural differences celebrates the uniqueness of each culture. The western/indigenous paradigm fails to take cognisance of the infinite variety that makes each culture, whether western or indigenous, a unique entity.

It has already been demonstrated that the colonial experience and the concomitant cultural synthesis has produced very complex convolutions and configurations for both the coloniser and the colonised. Edward Said (1994) provides some clarity of understanding on the subject by further developing Fanon's critical precedents when he assumes a global perspective. It also contrasts with the more radical position he takes in *Orientalism*, which pitted the 'occidental against the oriental', and restricted the discourse within the Middle East and European context. In *Culture and Imperialism* he extends Fanon's (1967) coloniser/colonised paradigm by taking into consideration other determinants that shape contemporary societies. It is Edward Said's (op.cit) argument that, notwithstanding the hegemonic relations that have arisen from the colonial experience, the reality is that the world has become more complex. A more positive expression of this phenomenon relates to John Rangihau's (1992) reflection on the Maori custom of *manaakitanga* (hospitality).

And a strong feeling of *whanaungatanga* reaches out to others in hospitality. I am reminded of a book written by Eric Linklater about his travels in New Zealand and...how he dreaded functions where they served morning tea because of the large quantity of cakes and pastries. It seemed to him that this was a particular New Zealand way of showing hospitality. Now I like to think that some of this has come from the Maori. I believe that New Zealanders have been influenced by Maori hospitality laws (p.183).

The consequential syncretism of the culture of the coloniser has forged different worldviews. From an ideological perspective the influence of European thought can be best described in relation to the proliferation of Christianity amongst indigenous populations. The influence of Christianity has had a profound effect on 'traditional' belief systems. Maori tribal culture was, as a result of colonisation, subjected to Christian influences, and gave rise to new, different expressions of Christianity. Tuhoë (which focuses mainly on Ngati Tamakaimoana of Waimana) religious practices reflect the fusion of traditional Tuhoë belief with Christianity. Jerry

Mander's (op.cit) argues that the primeval belief systems have been supplanted by Judeo-Christianity. The following exegesis presents a more complex interpretation of metamorphic 'cross cultural' religious practices.

Ringatu, the religion practiced throughout the Bay of Plenty and the East Coast, is an obvious example of syncretisation of pre-contact Maori beliefs and Christianity. The founder of the Ringatu religion, Te Kooti Arikirangi, also fought against the British colonisers; hence the religion has long been associated with Maori resistance.

Although there is a fine line between cultural syncretism and assimilation, Christianity, as it is practised in Maori communities throughout Aotearoa, is definitively different from mainstream Christian religions. Most are conducted in Maori, and the congregations, especially in rural based communities, are made up almost exclusively of related kin. *Hahi* Maori (Maori Christian churches) in the cities, also bear little resemblance to their Pakeha counterparts. The Holy Sepulchre is a *Hahi Mihinare* (Anglican church) situated in the inner city of Auckland. At these services Christian theology is subject to Maori values, and the rituals are performed in a uniquely Maori way. Incomprehensibly this disparity in belief systems comes together in spurious harmony in Maori ceremonial practice. Christian church services are integral to most *tangihanga* (death rituals/ceremonies), and on these occasions the shift from Christianity to the Maori belief system is barely perceptible. The eulogies to the dead during the Christian service can assume the same style as the *whaikorero* (ritual speeches) except that here the dead are addressed directly. In these situations, when Maori rituals are resumed after the service, it is the singing of *waiata moteatea* (dirges), rather than the hymns that signifies a definite ontological shift. Similarly, it is not unusual to hear a hymn sung in Maori instead of a *waiata moteatea* during

whaikorero. Christianity and Maori religious systems invariably merge in everyday Maori lifeways. This demonstrates how adept Maori are at moving between different worldviews, and this ability gives the appearance of congruity. In actuality the belief systems of ‘traditional’ Maori religions and Christianity are fundamentally antithetical. The myriad of *atua* (Maori deities) that occupy the Maori pantheon are in absolute contrast to the monotheism of Judeo-Christianity. There is also the commonly heard refrain that Maori deities are less forgiving than the Christian one.

Apparently oblivious to the theological contradiction, many Christian Maori leaders throughout Aotearoa also observe Maori beliefs and customs that, under close scrutiny, may be considered antagonistic to orthodox Christian theology. Similarly, *tohunga* are known to acknowledge and respect the Christian God. Hohepa Kereopa is known foremost as a *tohunga* (Maori sorcerer-priest) but he is also a practitioner of *Iharaira*, an ‘offshoot’ religion developed from Ringatu. Despite these illustrious ‘traditional’ credentials, his belief in the Christian God is also absolute.

He went to a Christian church service where the minister – a Samoan – preached about life experiences and the role God played these. After the service the minister approached Hohepa, and told him that he had experienced the presence of God. Hohepa was initially taken aback that the minister could have sensed this in him, but quickly composed himself, told the minister about his experience, and asked how it was possible for the physical money to be placed on the bed by a spiritual being, to which the minister replied that it was all in the power of the Almighty. ‘This was an important lesson for me to learn,’ Hohepa noted. ‘It taught me about the total power of the Almighty...’ (Moon, 2003 p. 53)

When asked to clarify what appeared to be inconsistencies, Hohepa explained that different belief systems occupied different spiritual planes, but in fact were the same because they came from the spiritual realm (Kereopa, personal communication, July 2002). His thinking on this matter was clearly shaped by the teachings of Rua Kenana.

The prophet Rua Kenana (1869-1937) is the founder of Ihairaira and most of his followers can be found amongst the Ngati Tamakaimoana of Waimana. Rua Kenana formed an alliance with the Presbyterian Church, because he didn't want to register Ihairaira as an official religion. Having his followers undergo Presbyterian rituals, such as christenings, meant that the Ihairaira did not have to contend with government officials (over the registration of birth, death and marriages). It appears that Rua Kenana decision to align with the Presbyterians was inspired more by pragmatism than a shared ecclesiastical vision

Whether the Presbyterian Church officials shared the prophet's perspective of the relationship between the two organisations is a matter of conjecture. Hohepa Kereopa is emphatic about the relationship being a partnership, which contradicts Sissons (1991) version that Ihairaira converted to Presbyterianism. John Laughton's friendship with Rua Kenana made it possible for the institution of the Presbyterian mission, which included a school, at Maungapohatu. Perhaps it gives an indication of the stature of the man, Rua Kenana, who allowed John Laughton to continue his mission even after his incarceration. Even so, it is surprising considering the relentless persecution he endured at the time. According to Binney (1979) this culminated in the militia's 1916 invasion of Maungapohatu. Imprisoned with hard labour at Mount Eden, on trumped up insurgency charges, Kenana's people also suffered when land was confiscated to pay for the invasion and his lengthy trial. These events catapulted Rua Kenana into the role of a Maori resistance leader. Despite his ostensible acquiescence to Christianity Rua Kenana remained the quintessential Maori prophet.

Frantz Fanon (1967) is not so accommodating of Christianity. His condemnation of the role of the Christian Churches in 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 colonized 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).

Fanon's idea that the Church in the colonies is a powerful tool in terms of the psychological indoctrination inspired Ngugi Wa Thiong'o (1986) to develop the theory around '*Colonisation of the Mind*,' which is also the title of his most well known work. Before Frantz Fanon, colonisation was seen as a process of dispossession. This process involved the alienation of the native peoples from their natural resources (land), produced 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. Integrated into observations of mental disorders amongst war casualties is the allusion to psychological problems inflicted in colonisation experience.

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 (ibid p. 201).

This explains the phenomenon of colonised peoples in different parts of the world sharing the 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.

Early traders and government agencies manipulated Native American individuals and communities by encouraging consumption of alcohol and hence the debilitating impact of alcohol became wide spread. Alcoholism continues to be a major problem among Native American people, though clearly not all drink alcohol, and most Native American communities frown upon its consumption.
www.merceronline.com/Native/native10.html

Sorrenson (1955) alleges that Maori consumption of alcohol was actively encouraged during the 1860's when (district) Native Land Courts and hotels worked in tandem to separate the Maori from their land. African cultures that do have customary practices involving drug and alcohol consumption argue that the abuses of these substances are a consequence of colonisation.

In pre-colonial days, drugs and alcohol were used and consumed as part of the cultural traditions of the community. The traditional rules and values of most African cultures strictly prescribed the circumstances under which drugs and intoxicants could be obtained, used and consumed. Drinking alcohol was generally the prerogative of the elders-more often than not, of the male elders. So was the use of tobacco. Restrictions were placed on youth, but both men and women elders were free to use it.

Alcohol was not readily available before the coming of foreigners.

Although a cultural stigma attached to drunkenness, alcohol was liberally consumed on special occasions such as weddings, birthdays, harvest festivals, funeral ceremonies and other social events.

Drug abuse as a social problem did not exist because strong social cohesion acted as a mitigatory mechanism. The close-knit social communities were torn apart however, by the economic policies of colonialism, which emphasised individualism rather than the wellbeing of the communities. Colonialism thus eroded the powers of censure and control of the family, and weakened traditional family solidarity.

The process of urbanisation also led to social atomisation, as the values of individualism took root and spread (Mwenesi 1996:65)

This issue is very relevant to the study of mental illness amongst Ngai Tuhoe *kaumatua*. There does not appear to be any problem drinking amongst the elderly who participated in the survey. A subsequent literature search on the subject failed to find any existing studies of alcoholism amongst *kaumatua*. However, observations of

drinking patterns amongst Maori indicate that even those *kaumatua* who were reputedly heavy drinkers in their youth, abstain as they assume more tribal responsibilities (usually in their forties). According to Wira Gardiner (1992) the propensity for alcohol abuse amongst Maori (who are now *kaumatua*) was exacerbated by wartime trauma. He provides the rationale for the high consumption of alcohol among Maori men after World War 2 in the following quote. To some extent this explains the diminishing, or even non-existent alcohol problem amongst elderly Maori men across the tribes.

The rapid consumption of large amounts of alcohol was the inevitable consequence of inadequate entertainment and a lack of suitable clubs and institutes that could provide men with the opportunity to drink alcohol in a more suitable environment ... [after the war]. For some the only way to ease the unsettled feelings and trauma associated with resettlement was to seek solace in the company of those who would understand them. The pubs and the parties that followed were a focal point for many men (Gardiner 1992:127).

Ngai Tuhoe did not participate in World War 1. Rua Kenana resisted conscription and he predicted that the other Tuhoe would not go to war either. It transpired that Tuhoe soldiers arrived in Auckland just as the war ended. The isolation of Tuhoe was a buffer for many of the ills that had befallen other tribes (including alcoholism). Nowadays this is not the case, and even more prevalent than alcohol problems is drug and substance abuse, which is endemic amongst younger members of the tribe.

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.

www.med.uio.no/iasp/files/guidelines.html

Therefore it is conceivable that these problems are symptomatic of cultural alienation.

The evidence from the research suggests that the mental wellness status of Tuhoe *kaumatua* is the result of cultural integration. It was anticipated that the outcomes of the research would provide a rationale for promoting *hapu*/tribal identity, language and traditions as the key mental health intervention strategy to prevent mental illness amongst Maori. At the outset there was sufficient anecdotal evidence to propose a research hypothesis indicating a correlation between mental wellness and the sustainability of Maori language and culture. Fortunately, the findings from the research provided convincing evidence of mental wellness amongst Ngai Tuhoe *kaumatua*.

More research needs to be undertaken to assess the role of language and culture in determining Maori mental wellness amongst the young and culturally dispossessed. The findings from the research, while sufficient to justify the development of a traditional Tuhoe website, requires a more advanced inquiry to provide irrefutable evidence of its effectiveness. It is proposed that a longitudinal study (targeting young Tuhoe) will be integrated into the website initiative to investigate the effect of language acquisition and cultural competence on mental wellness. However, there are some reservations over the use of technology to disseminate 'sacred knowledge' that warrants careful consideration. Paul Moon (op.cit) poses the question of 'sacred knowledge' being misappropriated or contaminated when he embarked on a journey with Hohepa Kereopa to record the life and work of a Tuhoe *tohunga*. The proposed traditional website has *waiata moteatea*, *karakia* and other sacred material on the site.

At (a post graduate lecture) Auckland University of Technology in June 2003 the demonstration disk of the website was shown to Maori students and a few expressed the same anxieties. Hohepa Kereopa allays concerns about the potential misuse of sacred knowledge.

Laying open centuries of accumulated wisdom and insights to the public for the first time surely had the potential, to put it simply, to enable people with self seeking motives to take advantage of this material. I expressed this anxiety to Hohepa on a few occasions during our early meetings, to which he offered the explanation that embraces all the content of this work: the learning, understanding and comprehension of a tohunga will only be passed on to those who are in the right mental and spiritual frame of mind to receive it. Unless an individual is ready to receive the wisdom and knowledge than the bare 'facts' of the practice of a tohunga will be of no use to them. 'Its basically like insurance' Hohepa observed with a grin opening up on his face. 'the knowledge protects itself from being exploited. That's the way it works. So I have no worries at all about people misusing it, because it simply won't happen' (Moon, 2003 p.12).

Jerry Mander's (op.cit) critique of technology ascertains that technological advancement is not only ideologically opposed, but damaging to the sacred knowledge of native peoples. Mander argues the case in a 1991 interview with Catherine Ingram:

Politically, they're overpowered. Technology overpowers them; they're not only being invaded by television, they're being invaded by oil companies, and in the case of the Dene, by the Canadian government, which wanted them to turn into Canadians to become workers in the oil fields. They are constantly told that the way they are is not OK and that they should be another way... The Indians are asking that we apologize for the past as well as for the present, and that we return a lot of the lands we stole from the Indians, because the land is crucial for traditional cultures to survive. It's time we did that, and if we did, it would surely benefit us at least as much as the Indians. I'm not speaking only of the psychic relief--letting go of that guilt--but, more important, the benefits of sustaining cultures and communities that still have access to an ancient earth-based knowledge that we have lost, a knowledge of the appropriate way for human beings to live on the planet (p.63).

The desire to harness native metaphysical knowledge to reverse global technological development is probably a little naive. It is also highly unlikely that there will be

many converts amongst the developed nations to 'deconstruct' technology and embrace the metaphysical, natural world. The arguments he presents are not without appeal to both the indigenous people, eager to have the wrongs of the colonial past properly recompensed, and to the growing number of environmentalists concerned about the global effects of rampant technological advancement on the planet and on all eco-systems.

The Industrial Revolution is about a century old, and we have had ample time to draw a few conclusions about how it is going. It is not too soon to observe that this revolution may not be living up to its advertising, at least in terms of human contentment, fulfilment, health, sanity, and peace. And it is surely creating terrible and possibly catastrophic impacts on the earth. Technotopia seems already to have failed, but meanwhile it continues to lurch forward, expanding its reach and becoming more arrogant and dangerous. (Mander 1991 p.1-7)

The Critical Theorists in particular, have produced compelling arguments that instrumental (reason) is the ideological manifestation of the domination over nature. As a consequence, technological advancement has given rise to technical thinking that now dominates all aspects of life. Interestingly, less technologically developed cultures were designated primitive by west-Europe. In actuality, the worldview of many 'primitive' cultures impeded technological advancement because ideologically the relationship with nature was a relationship with the gods.

Jerry Mander's admiration for indigenous peoples respect for nature has inspired him to identify 'indigenous' peoples as the vanguard of the radical eco-activism revolution in the struggle for the survival of the planet. The idea of an oppressed group, as a catalyst for change, draws on the thinking of Karl Marx (1948) who predicted that the working classes would revolt against the oppression that arose from the industrial revolution. Unlike Habermas (1970), who neglected the idea of revolutionary

struggle, Herbert Marcuse (1968), disillusioned with the revolutionary prospects of the working classes, looked towards the poverty-stricken predominantly black ghettos and in the 1960's youth movements. Advocating indigenous people as the neo-revolutionists in what is essentially an anti-capitalist movement is unlikely to be successful. The reality is that both the working classes and the black/youth resistance movements have failed to realise their revolutionary potential and it is highly implausible that an indigenous revolutionary movement will deliver a more positive outcome. The impetus for revolutionary change comes from outside rather than from within the group.

In this respect, the thought of Antonio Gramsci (1978) especially in regards to the idea of 'organic intellectual's, provides useful insights into the idea of a shared rather than individual's vision. Gramsci believes that organic intellectuals or natural leaders from within the oppressed are the most effective agents of change. Similarly Habermas (1970, 1992), although highly critical of technological development, is somewhat more circumspect than Jerry Mander. Habermas invariably underscores his critique with the concept of communicative action in which 'truth' is revealed through reflective discussion or discourse. Habermas's thought taken to its logical conclusion recommends a course of action involving collective dialogue (of all the facts), which would ultimately lead to a rational conclusion. Effective community action usually arises when the community in question has the opportunity to define their own needs, and the ensuing action or social change has more prospect of being effective and sustainable.

All of these critiques of technological development owe much to the thought of Karl Marx (1951), and in particular the ideas that he developed in *Critique of the Political Economy*. In essence this is a monumental critique of ideology that exposes distorted forms of consciousness (false consciousness). The concept of false consciousness is integral to his theory of alienation. According to Marx the objectification of relations between people arises from the alienation of people from the environment (economic resources). Industrialisation has developed relations of production or power relations whereby one stratum of the class system has power over another. In Marx's time the function of false consciousness was to mask these underlying disparate power relations. Workers at the bottom of the social stratum believed that employment was the simple exchange of labour for wages. Marx contended that the workers were subjugated and the exchange involved the usurpation of political power. The surplus labour (profit) was the mechanism by which the ruling classes accrued political power. In the contemporary context Mander contends that in the existing global economy powerful corporations have continued the colonisation process (neo-colonialism) through economic domination. He argues that their domains of influence have extended to control over the media and in particular television and computer technology. The Americanisation of the world is promulgated through seemingly harmless programmes that in fact reinforce American beliefs and values. It is on this principle that Mander's develops his ideas of the destructive power of seemingly innocuous technology, such as the television and the computer, on indigenous populations. This theory challenges conventional wisdom, which would view most objects, especially general appliances, as neutral or value free.

Mander's (op.cit) solution to the technology crisis, as a means of preserving sacred wisdom, is not only flawed but paternalistic. Mander cites an article in the October 1984 issue of "Development Forum" entitled "Worshipping a False God" by Ken Darrow and Michael Saxonian. The authors, who have been involved in developing small-scale technology in third world countries, reject the use of computers. To actively discourage native peoples from using television or computers is reminiscent of native protectionist policies that, while well intended, are inherently racist and discriminatory. Alcohol abuse amongst indigenous peoples has already been described in the context of cultural alienation. From a governmental perspective the Maori alcohol problem was perceived as a racial weakness and policies were instituted essentially to protect Maori from themselves. In post-war New Zealand most hotels refused to serve Maori men alcohol. This 'policy' culminated in a riot that killed two Americans, after US soldiers refused to allow Maori soldiers to be served at Allied Services Club in Wellington in 1943. The issue here was discrimination. Most, if not all, Maori communities at the time were concerned with the rising alcoholism problem and placed self-imposed restrictions on alcohol being served on some marae. In some areas this remains in force today, although most allow wine on special occasions. The following review is quoted at length because it powerfully challenges the notion that resistance to technology is not necessarily the wisest option for indigenous struggles.

They do not think that computers can provide low-cost communications and information processing needs to primarily agrarian societies. This is "dangerous nonsense" and Mander agrees with them. They say, "In a poor country, using a microcomputer linked by satellite to an information system half-way round the world...is absurd."

To the contrary, it is "dangerous nonsense" for indigenous peoples to avoid using computers in this manner. Anybody who has been following the Zapatista struggle for the past few years understands how crucial the Internet has been. Not only has it served to educate

people all around the world about what these Mayan peoples are fighting for, it has also provided an emergency response mechanism when the Mexican government has attempted to repress the movement. Immediately after the massacre in Chiapas last month that took the lives of 44 people, the Internet became a beehive of activity as word circulated. Demonstrations, picket-lines and other forms of protest forced the Mexican government to open up an investigation and public awareness will surely make it more difficult to repress the movement in the future.

Furthermore, the World Wide Web is replete with pages devoted to struggles of land-based peoples all around the world, including the American Indian. The information originates with the tribes themselves and provides an accurate source of information in contrast to the misinformation contained in the daily newspaper or television and radio. For somebody to tell Indians not to use computers is not only arrogant, it is stupid.

<http://www.columbia.edu/~Inp3/mydocs/indian/mander.html>

This criticism (of Mander's ideas) focuses on computer technology, but there is also compelling evidence to challenge the wisdom of maligning television as a completely destructive neo-colonial force. In the recent (2003) American and British invasion of Iraq there was a deluge of protests about the biased reporting on the war from both the British and American media. At the same time the Arab satellite TV channel based in Qatar, *Al-Jazeera* is a globally recognized network whose coverage of the Afghanistan and Iraqi so enraged the Bush administration it reacted with bombs. Al-Jazeera stations were destroyed and broadcasters killed in both countries. This unprovoked attack was broadcast worldwide (including CNN) and did little for the Bush administration's 'hearts and minds' campaign. Instead Al-Jazeera's reputation as international broadcasters was enhanced. Interestingly the American media has had to rely on Al-Jazeera for information on their exclusive coverage of the Osama Bin Laden communiqués. It is also interesting to note that Jerry Mander himself uses the internet to publicise his eco-activism and advertise his books (see Amazon Books website) and a plethora of other material, including interviews. *In the Absence of the Sacred* was written using a word processor. It is difficult to imagine how Mander

expects to persuade a sceptical world to relinquish computer technology when it is evident that he cannot. Despite the flaws in Mander's radical eco-activism strategy (and personal practice), his ideas are not without merit. However, there is also another overriding theme in his thought that warrants further exploration. *In the Absence of the Sacred* (1991) brings into focus the philosophical debates that centre on the polarisation of the metaphysical and scientific schools of thought.

The dialectical tension that pervades the discourses around this west/indigenous model has its genesis in unparalleled (throughout history) European expansionism. Ideologically this period that began in the eighteenth century, is known as the Enlightenment and signified the ascent of scientific positivism, and exemplified reason, objectivity, and universalism. This signalled a philosophical (and subsequent political shift) throughout Europe, which culminated in science usurping religion. Until then, Europe was essentially a theocracy and religion dominated politics. However, it will be argued that the compartmentalization of the west as positivistic is deeply flawed. The identification of the west with the pre-eminence of science and technology ignores the dissent of other European philosophical discourses that arose out of the Enlightenment. Linda Smith's (1999) major work "*Decolonizing Methodologies*" identifies the Enlightenment as the period in European philosophical history that marked the absolute polarisation of west-European and indigenous philosophical thought. In this respect she may have a dubious ally in Raymond Firth, New Zealand's most famous anthropologist flippantly remarked, "...anthropology is not the bastard of colonialism but the legitimate child of the enlightenment" (Firth 1972:29). Firth's comment was an attempt to deflect Marxist criticism about anthropology's link with colonialism, an exercise in futility given the insurmountable

evidence indicting anthropology with colonialism (cf. Hymes 1974). Linda Smith's analysis of colonialism centres on two related themes; east-Europe's appropriation of non-western thinking and the adjudication of what constitutes legitimate knowledge. As already intimated, this deduction oversimplifies the complexities surrounding very divergent philosophical thought that came out of the Enlightenment. Foucault (1984) condemns the positivism of the Enlightenment and its emphasis on absolutes. As already mentioned, in the context of relations of power, he argues the dominant class translated into societal norms. The defining of societal norms was based on false universal 'truths' that invariably sanctioned the control of whole classes of people who do not conform. The ostracism or marginalisation of non-conformist individuals or groups can be found in many cultures. Michel Foucault advances the contrary argument that the Enlightenment's predilection for universalism developed into a mechanism for control over all members of the society. The methods used to control inmates of penal institutions can also be observed in schools and workplaces. The nascent subjugation of entire populations and by extension to colonised peoples, according to Foucault, can be attributed to the thinking the Enlightenment.

However, it is Smith's condemnation of western philosophers (in particular Hegel) as racist that is difficult to comprehend given the dearth of evidence used to support the denunciation.

Henry Louise Gates Jr names Kant, Bacon, Hume, Jefferson, and Hegel as "great intellectual racialists" who have been influential in defining the role of literature and its relationship to humanity (op.cit 1999 p.65).

There appears to be some confusion in Henry Gate's junior's thinking. The philosophies of those he decries as racialists are as divergent as their 'European' nationalities. This diversity is further compounded by the fact that most lived in

different historical and social contexts. Kant and Hegel are the only philosophers who could be regarded as contemporaries. However, their philosophies were emphatically antithetical to each other. During their lifetimes Kant, influenced by Bacon, led the new scientific positivistic school of thinking, which berated Hegel for stipulating the paramountcy of the spiritual over all other human social interests. In this respect Hegel's philosophy, as articulated in '*Phenomenology of the Spirit*', aligns more closely with the Maori worldview that always acknowledges the spiritual as paramount, than it does with his compatriot Kant. It cannot be over stressed that Hegel was essentially a metaphysical philosopher and as such stimulated generations of thinkers that have developed alternatives to the natural science paradigm.

German phenomenology and French existentialism are recognised as the principal philosophical heirs of the Hegelian legacy mainly because they have maintained the metaphysical tradition. Metaphysics recognises realities other than the concrete material world promulgated by the scientific positivism. Martin Heidegger (1962) is widely recognised as the founder of phenomenology and profoundly influential in the development of existentialism. Both schools of thought provide theoretical points of reference that are useful in the examination of Maori epistemology and Maori ontology. The problem here is not philosophical but political. Heidegger provides a credible philosophical framework for the exploration of other (metaphysical) realities. Martin Heidegger's pro-Nazi and anti-Semitic leanings cause consternation because, as Peter Leithart (1994) maintains, Heidegger (op.cit) himself claimed that his political activities grew out of his philosophy. Given the problems that Linda Smith et al (op.cit) had with Hegel's alleged collusion with west-European expansionism, Heidegger's complicity in the Nazi politics of his time needs to be acknowledged.

Whether his politics, as Leithart (op.cit) claims, is integral to his philosophical thought is a moot point. Friedrich Nietzsche (1956), a precursor to the existentialists is equally, if not more influential than Heidegger. “*The Genealogy of Morals*”, which is unabashedly anti-Semitic provides profound insights into the evolution of west-European morals. His transcendental thought is extremely useful in the exegesis on Maori conceptualisations on mental wellness and illness. Nietzsche’s (ibid) anti-Semitism is integral to his philosophy, as is his contempt for the masses that, in “*Thus spake Zarathus*”, he derisively refers to as the ‘herd’. Do Nietzsche’s dubious ethical principles cast doubts on the validity of his philosophy?

The denunciation of Hegel ignores the metaphysical as the predominating force in his philosophy and instead presents the master/slave metaphor as conclusive evidence of Hegel’s racism.

Hegel articulates a philosophical structure of the appropriation of the other as a form of knowledge which uncannily simulates the project of nineteenth century imperialism; the construction of knowledge which all operate through forms of expropriation and the incorporation of the other mimics at a conceptual level the geographical and economic absorption of the non-European world by the West. (Young, 1990 p.3).

Hegel (Miller 1997) is difficult to read, a problem exacerbated by the need for non-German readers to rely on translation. However Young’s ‘highly creative’ interpretation of Hegel’s philosophy is extremely problematical. If non-Western ‘intellectuals’ insist on indulgently playing the racist card, their reasoning needs to be exemplary. Furthermore, in the history of western ‘civilization’ as already intimated, there are many more deserving philosophers to denounce as precursors of ‘imperialistic’ philosophical thought. Niccolo Machiavelli (Crick: 1971) shamelessly encouraged the state’s imperialist ambitions. In this context, colonisation is hardly the prerogative of the west. In the history of mankind, colonisation has been a feature of

human existence. The point of differentiation, as already suggested in the opening paragraphs of this chapter, is that the Enlightenment signalled the beginning of unprecedented European expansionism. “By 1914...Europe held a grand total of roughly 85% of the earth as colonies, protectorates, dependencies, dominions and commonwealths.” (op.cit, 1998:6). Encouraged by global domination the concomitant technological and scientific advances were almost immediately construed as evidence of intellectual and racial superiority.

Eurocentric attitudes reinforce the hegemonic status of western culture and political dominance. The ‘power to define’ enables the dominant culture to denote the meaning of ‘legitimate knowledge. But what is science? It can be argued that the Maori classification of flora and fauna constitutes science. To be accepted as legitimate knowledge is it necessary for the exact chemical components in *rongoa Maori* (medicinal plants) to be isolated and classified according to ‘western’ criteria? Tohunga (tribal experts) in this field are privy to the same scientific knowledge. The difference is the way that information is processed and classified, in that it relies on disparate systems of thinking, Maori rather than Pakeha epistemology. In reality there are instances where the Maori testing process corresponds to western scientific methodology. According to Hohepa Kereopa (personal communication, January 2002) *rongoa* Maori plants were sometimes given to animals, mainly dogs, to test their efficacy. This type of experimentation may not conform to controlled laboratory conditions, but does replicate the same techniques that (recognised) scientists have used in experiments on animals. The degrading of Maori knowledge as inferior is merely an articulation of disparate power relations.

This Eurocentricity is best articulated in Linda Smith's work when she draws on Bernal (1991), who in the tradition of Fanon (1967) and Edward Said (1999), forcefully, but elegantly, attacks 'western' claims of intellectual supremacy:

The globalisation of knowledge and Western culture constantly affirms the West's view of itself as the centre of legitimate knowledge, the arbiter of what counts as knowledge and the source of "civilized" knowledge. This form of global knowledge is referred to as "universal" knowledge available to all and not really owned by anyone. That is, until non-western scholars make claims to it. When claims like that are made history is revised (again) so that the story of civilization remains the story of the west. For this purposes, the Mediterranean world, the basin of Arab culture and the lands east of Constantinople are conveniently appropriated as the story of Western civilization and Western knowledge (op.cit,1999 p.63).

The suppression of non-western intellectualism is an aggravation that has motivated a school of thought that completely discards the west as ideologically irrelevant. Ngugi Wa Thiong'o (1986), is a Nigerian intellectual famous for having abandoned using English as the primary language of his work in favour of Gikuyu, his native tongue. In terms of 'power to define', the rationale is based on a conscious decision to define the world in his own terms, shaped by a Gikuyu worldview. This position emerged after decades of writing, in the tradition of Fanon (op.cit 1967), against the imposition of colonial power in his native land. Enmity between the west and indigenous cultures is central to Wa Thiong'o conceptualisation of the world. As already stated, the separation of the world into two disparate philosophical entities based on hegemonic political relationships is not unreasonable. Indigenous cultures, as a result of colonisation, have at best been marginalised or at worst annihilated. The Tasmanian Aborigines are testament to ethnic genocide as a result of Britain's conquest of Australia. It is undeniable that the subjugation of indigenous peoples has progressed with west-European pre-dominance in science and technology.

The political, economic and cultural impact of west-European imperialism is now realised as contemporary globalisation forces. These historical developments, culminating in undisputable western hegemony, have shaped the west/indigenous paradigm. Despite the apparent plausibility of this position, it has been argued that this perception of the world is flawed because it does not recognise cultural diversity. In the context of this particular study Maori do not exist as an isolated enclave. Relationships of co-existence and intersection are forged between hapu, other tribes, other ethnic groups and not least the Pakeha Treaty partner. These relationships have a profound influence on the way each unique culture constructs and perceives the world. The underlying theme of this chapter is the convergence of different cultures and the impact this has had on the *kaumatua* of Tuhoe. This notion is continued throughout in the next chapter, which examines the ideological ramifications of colonisation on indigenous cultures, within the context of research. It is essentially an overview of ethical problems in indigenous research, and the exploration is not confined to Aotearoa (New Zealand). This broader geographical scope provides better insights into the indigenous research experience as it examines the challenges researchers confront studying indigenous communities.

Chapter Three Maori Research

Te mana o te kupu, Te pono o te matauranga, Te wairua o te mahi
Integrity, wisdom and spirituality provide a Maori ethical research framework

The *whakatauki* (proverb) inspires an ethical framework for the exploration of Maori mental wellness. The word, *matauranga* is central to understanding the proverb.

Matauranga infers that the knowledge is tested or credible. *Mohiotanga* is the word that refers to accepted knowledge or epistemology. The distinction between *mohiotanga* and *matauranga* is that the latter has undergone a process of questioning or inquiry (Ngamaru Raerino, personal communication, June 2002.). This interpretation of *matauranga* is very relevant to an ethical enquiry because it carefully considers different approaches, emphasising ethical implications, to field research.

The *whakatauki* also alludes to integrity in relation to the way knowledge is conveyed, which applies directly to the appropriateness of language used in research. This issue is discussed in some length in this chapter. Finally and perhaps most significantly, for research that is carried out in Maori communities the *whakatauki* acknowledges the primacy of the spirit. All of these considerations embedded in the *whakatauki* shaped the way that research was undertaken amongst the Tuhoe *kaumatua*.

The underlying ethical objective of the research undertaken within Tuhoe was to ensure that the people were not exploited in any way. This undertaking provided the impetus for the research team to develop a paradigm that empowered participating communities within Tuhoe. This process of empowerment generated a number of ethical challenges in relation to the research. Even before the project was finalised a

small *hui* (meeting) was convened at Waimana in January 2000 to discuss the issues.

The ensuing discussion revolved around four interrelated questions:

1. What is the *real* objective of the fund provider in terms of research outcomes?
2. In regards to *Tino Rangatiratanga*, who controls the project?
3. Who is the research for?
4. How does the community benefit?

The primary concern of those involved in the discussion at Waimana was the issue of *tino rangatiratanga* (self determination). It was argued that *tino rangatiratanga* was crucial; that the mana (real control) of the HFA, Kia Tu Kia Puawai project must come under the authority of Tuhoe (invested in Te Kapu a Rangi Trust). A description of the relationship between the HFA and Te Kapu a Rangi Trust is summarized in the introductory chapter. The practical application of *tino rangatiratanga* in relation to the research project(s) guaranteed relevancy in terms of the *kaupapa* (framework), and also ensured that the delivery outcomes would benefit the community.

As anticipated, the general consensus from the *hui* (meeting) was that Te Kapu a Rangi participation in the Kia Tu Kia Puawai project was subject to the acceptance by Health Funding Authority (HFA) of the *tino rangatiratanga* of Tuhoe. This resolution, which was accepted in principle by the HFA, involved both parties in lengthy contractual negotiations that culminated in the Trust assuming substantive control over the project. This ‘power sharing’ defined the relationship between the Trust and the HFA. This was reinforced by a mutual understanding of the *kaupapa* (theoretical framework) that promotes *tikanga* (customary practices) Maori as fundamental to a collaborative approach to Maori mental health. The 1999 HFA

publication, *Kia Tu Kia Puawai*, which was not distributed until April 2000, strengthened confidence that the Trust in partnership with a government agency could produce a unique and effective approach to Maori mental health.

Health promotion, preventative health, early intervention, community health development and intersectoral collaboration are proven health strategies. Yet to date, these strategies have not really been explored in terms of their ability to improve mental health. They are entirely consistent with a *tikanga* Maori model that reflects the needs and expectations of Maori. *Kia Tu Kia Puawai* is uniquely Maori. We believe it has the potential to lead the way of the future in mental health (p.1).

The strategic plan contained in the document also helped allay any reservations the Trust may have still held regarding the HFA's research objectives. In relation to the benefits of the research, it was envisioned that all Maori would ultimately benefit from the project. This was clearly a long-term objective that would develop as a natural progression out of the *Kia Tu Kia Puawai ki Tuhoe*, research project. The Trust's immediate priority was to focus on those communities within Tuhoe that were targeted research areas. In this respect the research team agreed that tangible benefit(s) to the *kaumatua* was one of the main priorities in terms of research outcomes. This apparently innocuous proposition generated endless discussion about how this objective could be achieved. Eventually an indicative study in the form of a Needs Analysis survey was accepted as the most practical option. The survey gave *kaumatua* the opportunity to identify their own social and health needs. The research provided the information necessary for the Trust to formulate effective strategies to address *kaumatua* needs, which in many instances could be translated into tangible benefits. However, the main objective of the indicative study was to explore the potential of research as a collaborative process with communities under research. Despite the best efforts of those involved, the research was not without problems.

Although the indicative needs analysis research achieved a measure of success in relation to achieving the objectives, it can also be argued, with some justification, that the project was too ambitious. One example, linked to a specific outcome was the provision of *kaumatua* transport for Waikaremoana. It soon became evident that some of the other communities involved in the research, felt that the same service should be extended to all *kaumatua*. Most were satisfied with the explanation that the research had identified a real need in the south for *kaumatua* transport and that Waikaremoana was the only community within Tuhoe without a *kaumatua* van. The discord over the *kaumatua* van drew attention to other funding problems. Although the most conspicuous research outcomes were successfully delivered, others were compromised because of funding complications. The HFA's amalgamation into the Ministry of Health (MOH) signalled a change of direction. There were perceptible differences between the two organizations in terms of their respective philosophical approaches to mental wellness. The HFA was absolutely committed to funding primary health promotion. Although the Maori sector of the MOH has adopted a holistic approach to Maori health there appears to be more of an emphasis on secondary and tertiary health strategies and less on primary health promotion. The corollary is that the minutes from a meeting (MHC Maori Expert Panel) held in Wellington on the 15 October 1999 discussed the Labour Health Policy. The minutes contain criticisms of the Kia Tu Kia Puawai project verifying the impending shift to secondary and tertiary services under the new labour Government:

- Does not give sufficient weight to clinical care compared to cultural care. Does not provide for strong clinical services for serious illness
- Applaud something being done about primary mental health but needs to be set in the whole context of secondary and tertiary care for Maori too.

The perception needs to be clear. Has the potential to take away from acute services

Irrespective, most of the key objectives of the Kia Tu Kia Puawai ki Tuhoe were delivered within the constraints of the original budget. One particular objective, the delivery of research outcomes to the five research centres within the Tuhoe, has been delayed as a result of the change in funding criteria. Continuity in funding would have meant that the Tuhoe Kaumatua Maori Mental Wellness research report would have been completed within the projected timeframe. Feedback to the community is an important component of the research using a medium of communication that is 'user-friendly.' There has been much criticism from Maori about research reports being processed in language that is inaccessible to the communities being researched:

...the people under study rarely benefit from the research; rather it is the researcher/s who accrue academic status and monetary rewards from the study. Furthermore the issue of relevancy needs to be addressed; who is the research for? Past experience indicates that it is the academic community who are the ultimate consumers as the language used in the finished product is usually the language of academia (McNeill1986:51).

Unfortunately as already stated, and despite the best efforts of the research team, the Maori mental wellness research report is still incomplete. Sadly, many of the *kaumatua* who participated in the research have died, adding poignancy to disappointment about the delay in feedback presentation. Given the deep suspicion Maori harbour about the real motives of research within their communities the inability to deliver research outcomes should not be simply dismissed as part and parcel of the research terrain. For research to be meaningful, community involvement is critical especially when the researchers are members of the same community.

The report, 'Attitudes to Family Violence' (ibid), although published nearly two decades ago, clearly identifies problems Maori researchers grapple with when

undertaking study within their communities. The following extract from the introduction, and subsequent exegesis of the issues, provides a framework for the discussion on most of the problems of empowerment in research:

There is increasing resistance from indigenous people to being the objects of research. The reasons are well documented and debated amongst anthropologists (cf. Gough 1968, Caulfield 1974, Hymes 1974 and Barnes 1979). The resistance has meant that in Papua New Guinea research permits have to be secured before any research by foreigners can be undertaken. Some Indian reservations in the United States have erected huge signposts banning anthropologists. In Aotearoa, Maori people are voicing their opposition to being studied. At a health hui held recently in Tokoroa (May 13 – 15 1988) a research project was presented at the Marae which was rejected in no uncertain terms. The objection was based on the monocultural Pakeha bias, structure and the approach of the research design. Disgruntled objectors stated loudly and clearly that they were sick of being studied and analysed. Furthermore when a *kaumatua* was approached as a potential subject for interviewing (for this research) he expressed a ubiquitous sentiment held by Maori people. He was convinced that the research would benefit Pakeha and had to be persuaded that the project would ultimately benefit Maori. His decision to allow the interview to proceed rested on his kinship relationship with most of the interview team and his faith in their integrity (ibid).

Other objections about research processes (aired at the Tokoroa *hui*) were directed towards the academic community, who were identified as the ‘ultimate consumers.’ The discussion centered on the obvious benefits to the researcher, rather than the researched, in terms of funding and peer recognition. Another consideration raised was the research reports and the use of academic language, which clearly indicates that the intended audience is the academic community rather than the community being researched. These other fundamental problems focus on the question of accountability: “It is argued that researchers are for the most part ‘outsider’s’ alienated from the community being studied apart from sojourns known as field work” (ibid). There is considerable debate amongst social scientists (see Barnes 1979) in regards to the advantages and disadvantages of ‘outsider’ or participant observer research as opposed to ‘insider’ researchers undertaking fieldwork. The argument for

proponents of 'outsider' research is based on the assumption that social enquiry, as a science, must be objective. This objectivity enables 'outsider' researchers to better comprehend the subjective interpretations of the members of the society under investigation. The researcher whilst being an active participant, is not a member of the society and is considered an 'outsider', and therefore according to this particular school of thought, is free from subjective bias.

There is equally as much debate over the merits of 'insider' researchers who by definition are members, rather than 'outsiders' of the community or organization where fieldwork is undertaken. The premise for advocating 'insider' research appears to be simply a matter of reliability in terms of the information. The arguments against 'insider' research, focus on the fact that the information cannot be regarded as reliable because it is subjective. The reasoning follows that because the 'insider' enculturated in the traditions, beliefs and values that inform their practices of their own communities, objective analysis or even reflection is virtually impossible. The reality is that research, whether 'insider' or 'outsider', is rarely value free. The 'outsider' social scientist is as enculturated with their own cultural beliefs and values as any 'insider'. This phenomenon is known as ethnocentrism, although a more explicit term, Eurocentricity may be used to describe the perceived research bias of Europeans studying ethnic minorities, as described in chapter two.. The term 'Eurocentricity' is loaded with connotations of racial superiority, which had its genesis in eighteenth century west-European expansionism.

British colonisation of Aotearoa produced Elsdon Best, one of New Zealand's most famous colonizer/ethnographers, who did most of his work in Tuhoë. The following

synopsis of his role as an ethnographer is revealing. The biographical details provide irrefutable evidence of the link between ethnographical research and imperialism.

Notably both Walter Gudgeon and Percy Smith were also involved in ethnographic research.

Armed Constabulary in Taranaki, which was engaged in facilitating forced surveys and sales of Maori land. Best's company, based at Pungarehu, was called on to arrest groups from the pacifist community at Parihaka led by Te Whiti-o-Rongomai and Tohu Kakahi, who were resisting the government surveys. Best's sister, Edith, had married Walter Gudgeon, an officer in the Armed Constabulary. With Gudgeon's support Best joined a native contingent, and in November 1881 he took part in the raid on Parihaka involving over 1,500 troops, which resulted in the destruction of the settlement and the arrests of Te Whiti, Tohu and hundreds of their supporters. Gudgeon, along with other influential Taranaki settlers, notably Percy Smith and Edward Tregear, also encouraged Best in the study of Maori history and culture. Best's association with these local scholars of Maori society was to prove of lasting significance for his future career... In 1892 and 1893 government survey teams met with hostile opposition from Tuhoe when attempting to survey a road through the Urewera district without the tribe's consent. Concerned that further conflicts might arise, the government agreed to a proposal from Percy Smith, then a senior official in the Department of Lands and Survey, that Elsdon Best be sent to the Urewera as a mediator. Tuhoe had been in contact with Pakeha society for more than 50 years and most of the tribe followed the teachings of the Ringatu church. The government, however, also agreed with Smith that Best's appointment afforded 'civilisation' the last opportunity to gather information about pre-European Maori society, in an area that was still relatively isolated. Elsdon Best was, as a result, to become New Zealand's first professional ethnographer, combining these duties with those of paymaster and storeman (Sissons 1993).

Nearly a century later in 1968 the celebrated English anthropologist Kathleen Gough famously described anthropology as the 'child of imperialism.' While research is always carried out in a particular historical and social framework, contemporary research that is undertaken in a neo colonial (with previously colonized peoples) setting carries the legacy of imperialism. It is little wonder that many ethnic communities are sensitive, or at times even hostile to 'outsider' researchers.

The 'outsider' research method, also known as participant observation, provides an ideal platform for the analysis of a range of problems in this type of research. The famous anthropological Freeman-Mead debate provides a detailed case study scenario and elaborates on the 'outsider' question referred to (at the 1988 Tokoroa *hui*). Incidentally, this debate erupted just a few years before the Tokoroa *hui* was held. The timing of the controversy places the issue into a contemporary context. However, given the volume of research that has been carried out in Maori communities the reference to a Samoan case study may appear a little incongruous. The Freeman-Mead debate does provide a unique perspective because the ethical issues were argued, challenged, and scrutinized by anthropologists in an international context. This process cast even more aspersion on the motivation of 'outsider' researchers. Freeman's critique of Mead was construed by some to be an attack on anthropology, who anxious to defend the discipline against a perceived threat, presented useful insights into problems in participant/observer or 'outsider' research methods.

The *Freeman-Mead* controversy erupted into a furore within the social sciences community when New Zealand born Derek Freeman published a critique of the eminent American anthropologist, Margaret Mead's fieldwork in Samoa in 1925. He presented compelling evidence that Mead's interpretation of Samoan adolescence was wrong and that her ethnography was more fictional than factual. His criticisms of Mead's work was supported by many respected Samoans, including some of Mead's informants who recanted their original statements. Fa'apua'a, an adolescent when Mead interviewed her during fieldwork study in the early 1920's, confessed in the documentary *Margaret Mead and Samoa* (Heimans 1988) that she and the other girls had deliberately and mischievously misled Mead. Margaret Mead's inability to

distinguish between 'joking' and reality is a good example of the limitations of 'outsider' research. Members or 'insiders' have the advantage of intimate knowledge of the culture. Their understanding of particular gestures and other non-verbal cues would assist in deciphering real meaning. Few Samoans would have been deceived by the adolescents teasing, especially when it involved descriptions of their own sexual escapades. Freeman's exposé of Mead's blunder is now legendary, but there is evidence to suggest that he was as susceptible as Mead in misinterpreting cultural meaning from behaviour.

Both Freeman and Mead accepted the highest titles in Samoan society, that of the female *tupou* and the male high Chief. Interviews with both anthropologists clearly indicate that both misconstrued the honours conferred on them by the local Samoan community. Firstly, as anthropologists who are supposedly expert analysts of the societies they are studying, it should have been patently obvious that the titles conferred were inextricably tied to genealogy. On that basis alone, any anthropologist worth their salt would have been more prudent about flaunting their newfound status beyond Samoan borders. A more credible explanation for *such symbolic* gestures of honour being extended to 'outsiders', is the strengthening of relationships between different cultures, rather than individuals. It appears that both Mead and Freeman were deluded in believing that the titles signified their high personal worth and status within the Samoan community. The attitudes of the Samoan community, expressed in the 1988 documentary towards Mead, give little credence to that presumption. During Mead's fieldwork in Samoa, hospitality, warmth and even an honorary title had been extended to her. Fa'apua'a, as already mentioned was 86 years old when interviewed for the documentary. When asked to describe her relationship with Mead she replied,

'like sisters'. It was obvious that she, like all of those interviewed, felt aggrieved at the way Mead had presented their culture to the world.

The tiresome professions of friendship for colored informants has now become suspect. Real friends are not treated in such unjust ways... That anthropology has been for the benefit of white societies is shown by its use to provide education and recreation for white people (Willis 1974 p.141).

The publication of Mead's research (1928) was intended exclusively for North American audiences. The original title of the ethnography was '*Coming of Age in Samoa, Study of Primitive Youth for Western Civilization* (my emphasis).' The book also targeted popular audiences and it became a huge international bestseller.

Needless to say, none of the profits that made her both rich and famous went back to the Samoan community. The real issue here is that neither Freeman nor Mead undertook research in Samoa for Samoans. Freeman's intended audience was the anthropological community. The fame (and notoriety) that he achieved from the controversy catapulted him into the 'anthropological hall of fame.' It is obvious that Freeman had no interest in advocating for the aggrieved Samoans he used to discredit Mead. Both anthropologists demonstrated that they were the quintessential 'outsiders' irregardless of the accolades and high ranking genealogical titles they received during their sojourns in Samoa. Participant observation research is 'outsider' research undertaken by representatives of the dominant culture, and this is a factor that needs to be taken into consideration. The analysis of the relationship between the researcher and the researched, reflects disparate power relations of the dominant culture and the marginalized culture of the people under study.

On another level, although it was contrary to Freeman's intention, his critique inadvertently challenged the underlying principle of the objectivity in 'outsider'

research, and thereby cast aspersion on the scientific validity of this research method when applied to the study of human societies.

Mead's failures were partly those of cultural anthropology then and now; she did not make her claims clear enough to be tested and she did not present sufficient or adequately representative data to support her generalizations. Had she met these requirements of ordinary scientific practice, whatever her predilections regarding culture and biology, she could not without falsifying have written the rather misleading account that she did (Orans 1996).

Orans (ibid) may be correct in castigating Meads for her 'bad' science. Nevertheless, the inference that the scientific method is invincible, and social scientists trained in this method have the ability to 'know' another's culture better than the people themselves, is difficult to accept. For example, placing the argument within the context of research undertaken in Tuhoe, there is no social scientist who could claim, with any credibility, that they know more than Hohepa Kereopa about Tuhoe *tikanga* (norms). Advocates of participant observer research methods contest the view that 'outsider' researchers, irrespective of the theoretical differences or differing capabilities, are simply not as good as 'insiders' when it comes to interpreting their own cultures. The view that, as in the case of Margaret Mead, it is possible to comprehend all the nuances and complexities of a foreign society in as little as three months, is even more questionable. Margaret Mead was also purported to have learnt the language in that time. The underlying principle is that 'primitive' (a word loaded with racist connotations of inferiority) cultures are so simplistic that Europeans with the right training can claim expertise in those cultures. Unquestionably, this typically Eurocentric (and colonial) attitude towards the 'cultural other' defines the relationship between the researcher and the researched in terms of power relations.

The reality is that both Freeman and Mead are unequivocally a-political. It could be argued, particularly in regards to Margaret Mead, that she was a product of her time and the political implications of social science research is a more recent phenomenon. In fact, Mead was a contemporary of an equally celebrated English anthropologist Kathleen Gough who, as already stated, famously described anthropology as the 'child of imperialism.' As late as 1967 Margaret Mead's political apathy was in evidence when she vigorously opposed anthropologists, including Gough, who were campaigning against the Vietnam war.

SINCE the 1967 annual meeting of the American Anthropological Association, the issue of ethical anthropology or action research has been central to debates within the discipline. In that meeting, several anthropologists like Kathleen Gough and Gerald Berreman wanted to pass a resolution condemning the Vietnam war, while others like Margaret Mead opposed it. Mead argued famously that political resolutions were not in the professional interests of anthropology. The floor, however, was swayed by Michael Harner who declared that 'Genocide is not in the professional interests of anthropology,' and the resolution was passed (Sundar undated).
<http://www.india-seminar.com/2000/488/488comment.htm>

Freeman fares no better than Mead in terms of political alliance with, and in the interests of, the cultural other (the subjects/objects of anthropological study). His intention was to destroy Margaret Mead's reputation as 'the' leading expert in anthropological fieldwork of her time. This has become his life's work. He claims that the basis of his contention is theoretical, rather than personal; he argues that Mead's manipulated the data on Samoan adolescent behaviour to support her theoretical position in regards to cultural determinism. There are others who are more sceptical of Freeman's motives:

Freeman's views are, in fact, very similar to Mead's. He often emphasizes the importance of culture. Like Mead, Freeman believes that since humans can learn non-genetically and transmit information symbolically, culture often gives meaning to behaviour. He notes that people may attribute different cultural meanings to the same genetically

prescribed behaviours. As an example, he cites the genetically prescribed behaviour known as the eyebrow flash, which means 'yes' in Samoa while meaning 'no' in Greece (Shankman 1998).

Whether methodology or incompetence is the basis of Mead's misinterpretation, there is sufficient evidence to suggest that her own cultural worldview clouded her perceptions and understanding of Samoan culture. Mead's American/European cultural 'filters', possibly reinforced by European romantic misconceptions about Polynesia, may have influenced her interpretations of Samoan adolescent behaviour. A leading Samoan academic, Dr Fanaafi Le Tagaloa, insisted that Mead's perceptions were based more on her own experiences, rather than Samoan reality (op,cit 1988). It has already been established that her research was intended for Western civilization (*sic*). Samoans were bitterly aggrieved at Margaret Mead's inability to accurately interpret their culture. In particular, the *interpretation* of the intimate details of their lives ultimately reinforced European stereotypes about Polynesian promiscuity. The question arises, 'Is it possible for outsiders to successfully undertake research within a Maori community?'

Recently a Pakeha academic, Paul Moon, was invited to meet with Hohepa Kereopa at Waimana to discuss the possibility of writing his biography. An excerpt from the introduction of the manuscript describes a very different approach to 'outsider' research:

The subject of this work – the tohunga Hohepa Kereopa – gave his unqualified consent for his knowledge and view of the world to be presented in this book. He did so with kindness, candour and always, humility. But he also made the decision to make known this privileged information out of an acknowledgement that the corpus of learning he possesses would otherwise die with him had it not been recorded. To ensure that the accuracy of the material contained in this volume remained intact, Hohepa scutinised every paragraph and frequently made additional observations on how the material might be enhanced...How appropriate is it, though, for a New Zealander of

European decent to assume the role of a conduit for this knowledge? In the recent past, concerns have been voiced about the corruption of a Maori worldview when filtered through a Pakeha lens, and there are sufficient instances to more than justify such anxieties. In the case of this work, however, it was Hohepa who nominated me to write it, rather than me approaching him. He also keenly acknowledged and accepted the need for his knowledge to be preserved in a manner that accommodates the characteristics of the present age (Moon, 2003 p.11).

The narratives are undeniably Hohepa's, but Paul Moon expertise is not relegated to that of a mere scribe. The style is deceptive because the research and commentary on the material is skilfully submerged into the narrative. This demonstrates that the expert social analyst need not presume to understand the cultural 'other', better than they know themselves. The technique is beguiling because the depiction of the Maori worldview is essentially an 'insiders' view.

The most notable precedents of this particular genre can be found in the work of Ann Salmond (1975) and Michael King (1992) who, amongst others, have created space for other voices and stories to be told without compromising the integrity of either their profession or the subject. The expertise of the social scientist is evident in the ability to present another worldview while retaining its authenticity. Paul Moon (2003) develops this paradigm even further, because the writing is imbued with 'wairua' (a sense of the spirituality). Maori who have pre-viewed the manuscript have expressed a longing to see Hohepa because his wairua permeates the work. However, it also needs to be understood that the Moon biography is not a composite of *all* of Hohepa Kereopa's knowledge; it is more accurately a glimpse into his world. The work that he has been doing on '*rongoa* Maori' (medicinal plants) in collaboration with Waikato University is more reflective of the depth of his knowledge in that field. In this work he reveals the '*whakapapa*' (genealogy) relating to each variety of plant life used in. This does not detract from the quality of what has been achieved,

however, there is still a great deal of antagonism to the idea of non-Maori (even the most highly skilled) relating accounts of Maori lifeways and worldviews.

This animosity is understandable and its genesis can be traced to the colonial past. Edward Said (1994) is uncompromising in his critique of the colonial endeavours of the eighteenth century, which marginalised non-western narratives. This notion of marginalised narratives has brought into focus exciting developments in indigenous writing and thought. The marginalisation of indigenous intellectual thinking is the inability of the dominant culture to recognise different intellectual traditions as different, but equal. This experience is ubiquitous to “colonised peoples” and has led to drastic measures on the part of indigenous intellectuals anxious to define their own intellectual realities. Maori now want to do it for themselves. Hohepa when questioned about his choice of biographer/ethnographer simply stated that Paul Moon was the right person. Hohepa is surrounded by Maori academics, members of his whanau, all of whom are more than capable of writing about his life as a *tohunga*. However, he first broached the subject three years ago, and three years later it still hadn't been done. Paul Moon was taken to meet Hohepa and five months later the manuscript was complete.

Writing an account of a great *tohunga* presents a special set of challenges. There is the requirement to afford the subject as much latitude as possible when eliciting information, and in many cases, this means the subject dictating many aspects of the structure as well as the content of the final work (ibid).

If it is possible for ‘outsider’ research to be credible, is it equally conceivable that ‘insider’ research can be problematic? It has already been suggested that ‘insider’ research is equally prone to falling into the same ethical minefield as conventional ‘outsider’ research. Although a critique of ‘insider’ research is emerging amongst

Maori researchers, the general response to perceived problems with ‘outsider’ research undertaken in Maori communities has been for Maori research to be carried out exclusively by Maori:

Insisting that researchers should have Maori ancestry was not seen as “biological essentialism’ but rather a safeguard against obvious exploitation of Maori material, and as a means of guaranteeing accountability of the researcher to those being researched (Bishop and Glynn 1992).

The inequitable relationship between the research and the researched is not necessarily reconciled by restricting the research to ‘insiders’. Nearly all Maori researchers studying within their own communities are to some degree implicated as representatives of the dominant culture, simply because they are ‘western’ educated, and many uncritically apply western paradigms as the main research tool. There are specific research projects that in order to achieve the desired outcomes need to use scientific methods. However, successful research also depends on other factors. Tawhao Tioke, a renowned Tuhoē tohunga who is a recognized authority of *rongoa* Maori (medicinal plants), was asked about his views on the harvesting of plants for commercial purposes. He was unperturbed at the prospect because he believed that the researchers had failed to comply with the laws of *tikanga* (in this context, mores). As a consequence the *mauri* (spiritual essence) of the *rongoa* (plants) was missing, and it is the *mauri* that activates the healing properties of the plants. The research process, which identifies the medicinal properties of *rongoa* Maori in laboratory conditions, was accepted as a legitimate activity. From the Maori ontological position, failure to recognize the *mauri* (spiritual life essence) seriously jeopardizes the outcomes of the research.

Maori academics have challenged other aspects of Maori research that relate to *tikanga*: What is problematic...is an assumption that regardless of whether one is Maori or Pakeha, the relationship to the researched is the same. It is not. Maori researchers are differentiated

according to iwi, hapu or whanau links. Furthermore, age and gender may also be a factor in the research process (Jahnke and Tapiata 1999).

These issues were alluded to at the aforementioned health hui at Tokoroa in 1988. At that time, Maori consideration of research problems had only begun, but even at that stage consideration was given to the complexities that have been further developed in more recent analysis of the subject (Jahnke & Tapiata, 1999; Pihema, 1993; Smith, 1999). The Tokoroa *hui* challenged the fact that in 1988 Maori involvement in a research project did not necessarily guarantee *carte blanche* approval. However, a more muted reaction to the research proposal may have resulted, had the researcher concerned secured the support of his own tribal *kaumatua* and *kuia* (tribal elders). This oversight had the advantage of stimulating discussion on Maori misgivings about the research methodology:

At a health hui held recently in Tokoroa (May 13 – 15 1988) a research project was presented at the marae which was rejected in no uncertain terms. The objection was based on the monocultural Pakeha bias, structure and the approach of the research design. Disgruntled objectors stated loudly and clearly that they were sick of being studied and analysed (op.cit 1986).

Mindful of the potential for problems that can arise in research methodology, *Te Kapu a Rangi* (in this particular study), canvassed community opinion using small focus group hui (conducted between January and April 2000). From the ensuing discussions it became apparent that the research methodology was of major concern because the entire project, and not just the research, was under the *mana* (authority) of the *tohunga*, Hohepa Kereopa.

Within a Maori context, *mana* or power remains with an individual and is not something which can be given. *Mana* may be inherited or achieved, and it can be increased or decreased depending on personal achievement or effort, which enhances group well-being. Individual *mana* is conferred by hapu or iwi thus providing an obligatory mechanism in terms of individual action. Academic protocols regarding publication of research privileges the names of the researchers as the

authors and therefore the authorities. Problems arise when non-Maori keynote speakers are seen to be the voices of Maori at national or international conference venues (op cit 1999).

Hohepa Kereopa is internationally recognized as a *tohunga* and highly respected as an expert in all facets of *tikanga* Maori (lore). Consequently, his *mana* is sufficient to legitimize any project undertaken under his guidance. This phenomenon raises some ethical dilemmas. This indifference to research method, based solely on the reputation of participating pivotal individuals, does not imply that research methodology is irrelevant to research in Maori communities. Instead, it merely stresses how crucial tribal *kaumatua* support is to any Maori community initiative. 'Outsider' researchers who successfully obtained endorsement from recognized tribal elders have enjoyed the same privileges as 'insiders.' There is also some credence to the claim that some 'outsiders' have been accorded more privileges than 'insiders', not because they are extraordinary individuals, but simply because they are 'European'. Arguably attitudes are changing and the generation of elders that provided Pakeha (like Elsdon Best) with Tuhoe traditional knowledge, is being replaced by a more sceptical generation of *kaumatua*. The work of Elsdon Best is an obvious target because of his dual role as both ethnographer and colonizer. However, it is the covert manifestation of past colonial practices in field research that is perhaps more relevant (and is of more interest) to this study. 'Neo-colonialism' in contemporary research is 'alive and well'. Very recently (February 2003) a Pakeha social scientist expressed an interest in developing a research project on housing in Ruatahuna. It transpired that the interest in the project had nothing to do with the needs of the community, but was motivated solely by the opportunity to secure research funds. Apparently, the Ruatahuna housing profile was a perfect match for the funding criteria!

There is a tendency to focus on ‘outsider’ research to identify ethical problems in research. The reality is that some of these issues are equally problematic in ‘insider’ research. This fundamental realization challenges the assumption that ‘insider’ researchers have a monopoly on authenticity and legitimacy, merely because they are ‘insiders.’ In the course of this discussion on ethical problems in research this assumption will be scrutinized with the same enthusiasm as that of ‘outsider’ (participant observation) research. It will become apparent that ‘insider’ researchers are as susceptible as ‘outsiders’ to questionable research practices. Therefore, problems identified in the context of ‘outsider’ research can provide useful information for ‘insider’ research, not only in terms of a critique of ‘insider’ research, but also in developing ethical research paradigms. The Kia Tu Kia Puawai ki Tuhoe approach to research benefited from the insights into ethical issues identified in the Freeman-Mead critique. The analysis of the Freeman-Mead debate is deceptive because it gives the impression that the problems are glaring, but in actuality many of the issues are more obscure than they appear. And there is plausible evidence to suggest that exploitation of Maori communities is not confined to ‘outsiders’.

Maori elders have conveyed their disappointment when Maori researchers have ‘behaved like Pakeha’. Hohepa Kereopa, (personal communication, July 2002), regretted his personal endorsement for a particular research project because as the work progressed he became more disillusioned with the behaviour and attitudes of the principal *Maori* researcher. It transpired that Hohepa had supported the project on the assumption that all Maori share the same cultural values, beliefs and practices. This misconception is common - and questionable:

The claim that Maori people are the best qualified to undertake research is also problematic. What needs consideration here is the researchers’

knowledge of tikanga, their tribal affiliations, their age and their gender. It must be understood that not all Maori who undertake research are necessarily conversant with tikanga. It is fair to say that the effects of colonisation have ensured that those who are are the exception rather than the rule (ibid).

In this context the key question is, “Who benefits?” Generally, Maori are realists and it would be surprising to find any who would object to researchers receiving rewards for their work either as remuneration or in academic status. This is especially applicable to researchers who not only have tribal links into the community but who are also actively involved in tribal affairs. This does not abrogate the researcher from any accountability; in effect the relationship between the researcher and their tribal community defines the relationship. Collective consciousness dominates the Maori psyche. The status that the researcher may achieve as a result of the research is perceived in Maori communities as shared by all members. Similarly, should any member of the community fall into disrepute, the whole community experiences collective shame. Therefore, accountability is determined by kinship and as such is an integral feature of the interrelationship between ‘insider’ researchers and their communities. The intricacies of the relationship are manifested in many ways. Many Maori who live in urban cities manage to maintain meaningful relationships with their tribal and particularly *hapu* (sub-tribe) connections.

On the other hand, Maori academics actively involved in tribal affairs, may be subjected to unreasonably high community expectations. Lawyers are perhaps considered the most useful, and those with research capabilities are in high demand, especially with regard to Waitangi Tribunal claims. Throughout Aotearoa, members of Maori communities invariably volunteer their professional services. However, this is problematic because ‘paid’ labour usually takes precedence over ‘unpaid’ labour,

and regardless of the best intentions of the volunteer the outcomes are seldom satisfactory. The problem is exacerbated when applied to monetary payments either to individuals, particularly informants, or to the community as a whole. There is considerable debate in the 'academic community' about the issue of remuneration.

Another example is the traditional attitude to paying respondents for their participation in research. It is often assumed that payments will result in bias. The conventional view is that the only valuable respondent is one who is willing to engage in the prescribed hierarchical relationship, which necessarily includes the donation of time for the benefit of the social sciences. When money and exploitation is the subject matter of the study, the issue of payment comes into particularly sharp focus... (Thompson, 1998).

In this respect Social science conventions reflect an arrogance that is borne from exploitation and for non-western communities is reminiscent of entrenched colonial attitudes. It is little wonder that communities are becoming more and more resistant to being the *objects* of research, a trend that is likely to continue if attitudes remain unchanged. The issue of 'intellectual property' (of informants) unacknowledged in the conventional social scientific view is a subject of great interest amongst Maori. In Maori communities the role of experts, invariably elderly (*kaumatua/kuia*), as research informants is crucial for two reasons: firstly, because they are the repositories of tribal knowledge; and secondly, their involvement signifies acceptance. This factor is widely recognized not only within the social sciences, but also by most institutions in this country. This is observable in the recruitment of *kaumatua* as consultants or even as full-time paid employees. The problem is that while there is tacit acceptance of their superior knowledge in Maoritanga, this is rarely matched by comparable remuneration that takes into account their status and expertise. The insinuation is that Maori knowledge and expertise is less valuable than Pakeha. Furthermore, *kaumatua* employed by institutions for their 'expertise' in *tikanga* seldom have power in decision making, and many are relegated to performing

rituals that are ‘openers’ for the real institutional business that follows. The *Te Kapu a Rangi* project attempted to redress the imbalance, and the office of the *Te Mauri* (Steward/protector) was invested with real rather than nominal power, both materially and in the decision-making processes. In spite of this, due to complicating factors the problem of personal remuneration for *kaumatua* who were interviewed was never satisfactorily resolved. Sonia Thompson examines the complexities that status and expertise engenders in any research environment:

Payments are rarely considered in designing qualitative research. This may be because the researched are often those lacking the power to insist on being compensated for their time, as experts or consultants on their own values, knowledge, skills and experiences. As Madge (1975, p. 145) notes, interviewees may be selected because he (sic) is in a position of authority; or because he possesses special knowledge about other people or things; or because he is one of a class of people in whom the scientist is interested.

Payment can be one way of recognising and beginning to equalise such power relations.

It is not invariably the case that respondents deserve to be paid. For example, when it comes to socially powerful people (who in global terms tend to be white, male, and middle-class) payments are unlikely to be desirable. Not only would it be impossible to recompense a managing director of a multi-national company at a level which would not seem derisory, it would be unnecessary to attempt to redress a power imbalance in favour of such a respondent. Because of the variations in the relative power of the researched and the researcher, there cannot be a prescription for the amount of payment, which should be offered to participants and the issue of payment, will need to be resolved on a case by case basis. Researchers should consider the possibility of building the cost of payments into research bids (ibid).

Tikanga Maori may provide some guidance and in doing so demonstrates the complexity of Maori conceptualizations. The following analysis may appear to be laboured but it does illustrate the intricacies of Maori cultural values that complicate an ostensibly simple transaction. Many *kaumatua* are extremely uncomfortable about monetary payment especially for services. As already intimated this attitude is deeply rooted in Maori values such as *manakitanga* (kindness) which are highly treasured, especially by *kaumatua* anxious to preserve positive Maori ways of thinking from the

past. This attitude towards money, as inferior or even distasteful, is illustrated by an incident that occurred during a *tangihanga* (funeral rituals) in late 1980's. A Tapuika *kuia* (elderly woman) reprimanded her daughter for leaving early and seemed to be irritated, rather than placated, with the generosity of the *koha* (gift/donation). The implication is that money is a very poor substitute for personal commitment.

Extending this *tangihanga/koha* metaphor not only demonstrates the complexity of Maori cultural mores but also explains the way in which Maori values can be misconstrued when taken at face value. Integral to the concept of *manaakitanga* (kindness) is reciprocity. It is usual, in most tribes, for a 'reading of the bill' hui to be held after all other rituals have been completed. This involves all interested parties listening to a detailed presentation of the accounts followed by acknowledgements of the exact amounts of *koha* donated by both individuals and *whanau* (family). When all the names have been read the total amount of *koha* is compared to the accounts, and the profit or deficit is reported. Incidentally, *koha* placed on the marae during *pohiri* (rituals of welcome) is not usually considered a contribution to the *tangihanga* (mortuary ceremonies); instead this is given to the marae committee to cover expenses incurred in maintaining the marae. There is also a separate amount known as *moni aroha* that is the contribution of the *kirimate* (the extended family of the deceased). Only the total amount of *kirimate* is announced at the hui, and that money is given directly to the immediate family. The management of *koha* for public dissemination requires expert knowledge of *whakapapa* (genealogy). A mistake can seriously damage intra-whanau relations. A person attending the *hui* may be inadvertently placed on either the *koha* (public donation), or the *moni aroha* list, with dire consequences. In one particular case a man, on hearing his name announced during

the reading of the bill, stormed out of the marae shouting, “Aren’t I good enough for this family?” Another wanted to know what had happened to his *koha*, which had been mistakenly included in the *moni aroha* list. Despite the hazards, there are *whanau* (families) who, regardless of the demands, continue to keep records of *koha*. These *whanau* consult the account books whenever a death occurs. The amount donated by the family of the deceased is returned as *koha* or *moni aroha* (depending on the kinship relationship), and according to Maori etiquette a little extra is added for *aroa* (love). On the other hand, an overly generous *koha* can cause difficulties for a *whanau* bound by tradition to reciprocate.

Nowadays many Maori are developing more ambivalence towards money: intrinsic Maori values are still seen as important, but due to ignorance, they are also seen by many to be open to abuse. It is difficult to predict if the traditions that guide Maori values in regards to money are sustainable in a changing world. Government agencies in particular can take some credit for changing attitudes. A fitting example is the ‘Matua Whangai’ programme, which at the time of its inception was celebrated as the most progressive initiative of the nineteen eighties. ‘Matua Whanagai’ was a social services programme that returned young offenders, from the towns and cities, to their *whanau* living in marae based communities. The concept developed from real concerns about the high offending and recidivist rates amongst Maori, and consequently, the unacceptably high numbers held in institutions. Many Maori were convinced that Pakeha institutions had failed Maori and the alternative was to return ‘at risk’ members back to their own *whanau*. Some who had been raised in the city were returned to their *tribal/hapu* areas. Many Maori, particularly the older generation, embraced the concept. Despite the best intentions of the Maori involved,

“Matua Whangai’ did not deliver the promised outcomes, and many communities blamed themselves for the perceived failure. It can be argued that the Government is to blame, because it failed to appreciate the hardship this scheme placed on already materially impoverished families. This propensity to rely on the goodwill of a people that occupy the lowest socio-economic status in the country is clearly reprehensible. The success of programmes such as ‘Matua Whangai’ depends as much on a well-managed economic infrastructure, as it does on other contributing socio-cultural factors. Consideration of economic factors need to be taken into consideration especially when research is carried out in poor communities; this is certainly an issue in Tuhoe, which has already been described as culturally rich and materially poor.

In this context it is conceivable that Kia Tu Kia Puawai research team may have been a little hasty in concluding that *kaumatua* involved in the research had no interest in personal remuneration. There are culturally acceptable ways to provide financial support to Maori informants that would neither compromise nor embarrass.

Unfortunately there are also external impediments that need to be resolved in the process. The most obvious is that the Inland Revenue does not recognize *koha* as legitimate form of payment, exempt from taxation. There have been attempts to redefine the *koha* system for compatibility with standard accounting practices required by both government agencies and most research funders. The problem is that when *koha* is viewed as taxable income, it is simply no longer *koha*. The target group for the research was *kaumatua*, the majority of who are social security beneficiaries, which meant that any supplementary income would affect their benefits. Sonia Thompson (1998) faced a similar dilemma when undertaking research in Jamaica,

although her informants were waged earners and she did not have to deal with the complications of welfare benefits.

If the conventional approach to research were to be applied to this situation, the question of financial payment would never be entertained. However, given that the research targeted poor women and centred on their working relationship with those who exploit their labour, the research process itself would have contributed to their financial pressures and put strains on them by taking time away from other essential tasks (ibid).

The financial circumstances of most of the *kaumatua* were similar. The Tuhoe Kaumatua Needs Analysis Research (2000) supported by focus group interviews intimated that most of the *kaumatua* were interested in collective (community), rather than individual benefits from the research. Again, traditional attitudes towards money determined the process, which meant that for the most part *kaumatua* were unaware that tangible assistance to the community was determined by the findings from the Needs Analysis Research (ibid). The contributions that did become public knowledge had interesting and unanticipated consequences. Most notable among these was the Waiohau initiative: the *kaumatua* interviewed in the research process had requested computers for the *mokopuna* (grandchildren) to be installed at the local primary school. The Trust supported the initiative because it was linked to one of the long-term strategic goals, community computer access to a tribal web site specializing in Tuhoe language and traditions. After the computers were installed at the school it became apparent that this initiative had created some consternation within the community. At a *hui* (meeting) held at Waiohau convened to discuss the issues, some younger community health workers argued that they, rather than the *kaumatua*, were better qualified to decide on *kaumatua* needs. This assertion did little to advance their cause despite them having the support of a respected local *kaumatua* (who had not attended the focus group interview).

It is unrealistic to expect that all members of any given community will be in complete harmony on every issue. More importantly the research provided information necessary for the Trust to formulate effective strategies to address *kaumatua* needs that in many instances could be translated into tangible benefits. Nonetheless, the main objective of the indicative study was to explore the potential of using a collaborative process with communities under research. This process means that the outcomes of research in Maori communities must be subject to scrutiny. Notwithstanding any errors in the delivery of research outcomes, ethical issues that were clearly identified from the outset as the priority established the responsibility of the research team to interaction conscientiously with the community.

The Needs Analysis research data also provided an indicative study (as described in the introductory chapter) that gave the research team the opportunity to assess and trial the research methodology. Given that the project involved Maori communities, the use of conventional sociological research methodology caused considerable consternation. It was decided that the research team would use qualitative research methodology to collect the data; with significant modifications to ensure that *tikanga* Maori was not compromised. To mitigate the effects of research methodology, Maori was the primary language of communication. Moreover, interview techniques compliant with *tikanga* (social norms) were assiduously observed. In an interview situation, Maori etiquette can be a significant impediment. For example, custom dictates that elders are never interrupted when they are speaking, consequently hours can be spent with *kaumatua* who are under no compulsion to remain focussed on the subject. Maori discourses are inclined towards the 'bigger picture'. These times spent with *kaumatua* are rarely unpleasant, but most have no concept of the constraints

imposed by Pakeha time and any attempt to impose it invariably invites censure. One particular *kaumatua* chastised her *mokopuna* who tried to terminate an interview after eight hours on one topic with, '*Koina te ahuatanga o koutou nga rangatahi – kare taea e koutou te hohonutanga o te mohio*. 'That's the problem with you young people – you only want to know the little bit!' This problem was circumvented in the Tuhoe Kaumatua Mental Wellness Research Survey (2002) by using a survey questionnaire. However, as described in Chapter five, when the findings were collated it became apparent that the study could have been improved if more in-depth interviews were conducted with *kaumatua*, particularly in regard to more conceptual issues. The difficulty lies in trying to achieve balance while obtaining the best possible outcomes.

Other non-western indigenous researchers experience similar challenges. Bryan Brayboy and Donna Deyhle (2000), both Native Americans, complain about the difficulties in applying qualitative research methodology to their own communities. The conflict between cultural etiquette and the demands of scientific rigour caused acute anxiety for the researchers. The source of this conflict is not solely attributable to problems in methodology, but is also a result of the dialectical tension between different ontological positions. Maori ontology is resistant to scientific rationality and is also at variance with a research method that treats social phenomenon as social facts. Emile Durkheim (1951) is credited with devising this method, but historically the collecting of data for census dates back to eleventh century England with the Norman Domesday book. The collection of data for census purposes was an exercise in political control as it allowed governing bodies to monitor the movements of its citizens. The use of data collection to support commentaries on society was a much later development that coincided with the Enlightenment. There is a general

consensus of opinion that the development of scientific method as a tool for the study of human societies has its roots in the philosophes of the Enlightenment, which dominated eighteenth century European thinking.

It was the Enlightenment, not the Reformation or the Renaissance that dislodged the ecclesiastical establishment from central control of cultural and intellectual life. By emancipating science from the trammels of theological tradition the Enlightenment rendered possible the autonomous evolution of modern culture...Hence natural science occupied the front of the stage.

(Rempel undated), <http://mars.wnec.edu/~grempe.html>.

The 'Enlightenment,' also known as the 'Age of Reason,' built on the foundations of seventeenth century developments in the sciences. Consequently, scientific advancements made during the Enlightenment that displaced theocratic hegemony in western-Europe, created a new discipline; the social sciences. Thereafter, the study of society was undertaken using the same techniques as the study of the natural world. As already indicated, science's incursion into sociology is not without its critics.

Edward Wilson (1998), internationally recognised American entomologist and winner of two Pulitzer prizes, is lampooned for his recent attempt to synthesise science with the humanities in a process he calls consilience. 'Dr Wilson admires the organisation and efficiency of ant colonies. He admires them so much, he seems to think that humans will eventually come to their senses and live like them' (anonymous reviewer USA, undated, www.amazon.com). John Barnes (1979) presents a more serious analysis of the natural science paradigm in his appraisal of anthropological fieldwork:

...scientists, whether or not they began to specialise in social enquiries, thought they could collect data from members of other social groups as if they were at home in the laboratory studying some natural object. In this respect there was no difference between the anthropologists overseas and the anthropologists studying the poor in the metropolis...For both sociology and anthropology the intellectual dominance of the natural science paradigm was complemented by the political context in which the paradigm was applied in practice. The

focus of scientific attention in both disciplines was the powerless rather than the powerful, the poor working class at home and the conquered tribal peoples overseas. The positivistic ontology whereby social facts were held to exist in their own right was matched by the real world in which the initiative for social action was held by a ruling minority. The two were linked by an investigative praxis whereby these independently existing unbiased facts were assumed to be known by the guardians of the poor rather than by the poor themselves (p.33-34).

From this perspective, the natural science paradigm and inequitable power relations are inextricably linked. The idea that methodology determines power relations provides further insights to the discussion of problems in Maori research. It is suggested that 'insider' research is as susceptible to exploitation (in relation to the researcher and researched) as 'outsider' research. However, the earlier critique of Maori 'insider' research focused on tribal affiliations and knowledge of *tikanga* Maori (norms) rather than research methodology. Barnes (ibid) attributes the genesis of disparate power relations in research to methodology and the ascendancy of the natural science paradigm. When methodology is considered from this position it places research within an ontological framework. More importantly it takes into account the historical forces that shape the socio-political settings in which research takes place.

Max Weber (1949) in the tradition of positivistic sociology advocates research that is 'value free'. The role of the researcher is to collect, collate and interpret the information or data in a way that ensures that it is completely devoid of subjectivity. The value designated to scientific, objective knowledge reflects power relations between the dominant and the dominated. It is reasonable to argue that this bolsters the dominant culture's superior notions of epistemology and standards of scholarship. In this sense non-western indigenous cultures are more inclined towards a more

subjective interpretation of the world, which incurs 'inferior' status in terms of knowledge.

West-European's intellectual self-aggrandizement has an impact on Maori (as well as other non-Western indigenous) researchers and intellectuals, who are for the most part, educated in mainstream universities. The role of education in any society is to ensure the replication of cultural mores and values. For Maori, the majority of whom are enrolled in mainstream educational institutions, the education system and pedagogy is that of the majority culture, Pakeha. This assertion is complicated by the existence of the same imbalance in power relations within the majority, in this case Pakeha culture.

There is a difference. This method is reflective of the worldview of the dominant culture. The positions of power are shaped by the different ontological positions or worldviews, therefore the scientific method in research is predominant. This approach contradicts the ubiquitous view that the objective of the scientific method is to negate the subjective, the intuitive, and the instinctive. Applying the scientific method to the study of any society is challenging, and even more so in consideration of non-western indigenous societies that value the metaphysical. The Maori worldview, irrespective of tribal differentiation, always emphasises the paramountcy of the *te taha wairua* (the spiritual dimension). The *taha wairua* is the antithesis of scientific positivism because the spiritual dimension is intangible, immeasurable, and therefore supposedly unamenable to scientific scrutiny. Paul Moon describes the esoteric difficulties he encountered when working with Hohepa Kereopa:

There was also the critical matter of the convergence of the natural and metaphysical worlds. Tohunga like Hohepa seem to glide effortlessly

between the two, whereas the task of transmitting some of the attendant information into a written form can demand considerable exertion at times. Hohepa was appreciative that he frequently operated in different realms, but explained away the conceptual difficulties using the image of a fern leaf. The underside of the fern leaf - he explained - is a different colour from the top side, is shaped differently, and is only revealed to those who look for it. It is never apparent on the surface. In the same way the knowledge and actions of a *tohunga* operate in both worlds, in which one domain of thinking and action is merely an alternative perspective of the other. (Moon, 2003 p.11-12).

Jerry Mander (1991) identifies a fundamental clash between western and indigenous belief systems; maintaining that indigenous peoples perceive the environment as a living entity. The terminology 'indigenous' and 'western' requires some reflective consideration prior discussing the ideological differences between the two. The definition of "indigenous" in modern usage is very broad, but can be loosely interpreted as non-western European. However, this definition does not recognise cultural diversity or, for Maori, tribal diversity. In actuality there are two divergent approaches to contemporary Maori culture; a pan-Maori approach (Walker et al, 1987; Smith, 1999). The *Maoritanga* (pan-Maori) approach is synonymous with nationalism with its genesis in the Maori urban drift of the nineteen fifties. Rural, marae based communities, have tended to resist the development of a national consciousness, preferring to accentuate tribal and even sub-tribal (*hapu*) differences.

Tribal differentiation is not only manifest in different customs and traditions, but also in language. Tuhoē accentuate the 'n' in 'nga' pronouncing the place name Ngongotaha as 'Nonotaha' much to the amusement of other Maori because *nono* means backside and *taha* (part or portion). Te Arawa demonstrate a dialectical distinction in the use of the 'a' category in a specific range of possessives; *taku* (my-singular) instead of the more widely used *toku*. Even within Te Arawa there are noticeable dialectical differences between *hapu*, Tapuika add 'w' to plural possessives

such as *taku*, which becomes *waku*. Tribal identification of an individual is invariably based on dialect; therefore the exclamation ‘*E hika!*’ identifies the speaker as Ngati Porou. Similarly, use of the glottal ‘h’ is a unique characteristic of the Taranaki tribes. The impetus to preserve tribal differences in language (and customs) has been frustrated because of the demise of the language. Understandably, the campaign for the survival of the language has had to take precedence over tribal dialectic. The onus for sustainability of the Maori language has been largely institutional, mainly in education and media. Although aware of the struggle to have Maori taught in school, Tapuika *kuia* (elderly women) still lament the adoption of generic Maori language and the concomitant standardising of the cultural traditions. They want Te Arawa Maori and traditions to be taught in Tapuika. The *kuia*, like John Rangihau, had a singular *tribal* Maori worldview. According to them, the wellbeing of future generations of Tapuika and Tuhoe are absolutely dependent on the peculiarities of their own tribal language and traditions.

Arguably the preservation of tribal differences is as important an ethical problem as the insider/outsider issue. Samoan concerns regarding Margaret Mead’s misinterpretation of cultural mores, apply equally to Maori tribal communities who are perceived as homogeneous. A pan-Maori approach to the study of Maori communities will invariably produce erroneous interpretations, which is an ethical problem for research.

The focus of this discourse shifts slightly in the next chapter; there is less discussion on ethical problems in research and more attention is given to the themes of power and domination raised in Chapter two in relation to methodological issues in research.

Major consternation centres on the relationship between science and western culture, along with the ideological ramifications of this 'alliance' in terms of power relations. This may be a problem of perception, but the chapter on methodology argues that science and western political domination have created, deliberately or otherwise, the justification for European notions of cultural and intellectual superiority. This has marginalised and even obstructed the advancement of indigenous research paradigms in research. Institutions that fund research are invariably disposed towards the 'scientific' paradigm. Indigenous Maori models are inclined more toward the metaphysical, albeit with scant research funding opportunities. Graham Smith (1997) has developed a Maori paradigm, *kaupapa* Maori theory (Maori framework) that relies on external theorists to explain the reality of contemporary Maori existence. This concept is debated in relation to a critical reflection of *kaupapa* Maori research paradigms. Notwithstanding this, the main objective of the following methodology chapter is to examine the methods used in the Tuhoe Kaumatua Wellness Research Survey (2002).

Chapter Four

Research Methodology

Ka kōhi te toi ka whai te maramatanga

When knowledge is gathered enlightenment follows

The purpose of this chapter is to deliberate in some detail, on the methodological approaches used to examine the effect of tribal identity, language, and traditions on Maori mental wellness. The expectation that the study would adopt the Kaupapa a Iwi (tribal model) methodological model arose because the research focuses primarily on Tuhoē beliefs and attitudes. However, when members of Te Kapu a Rangi Trust met early in 2000 to discuss the research it soon became apparent that no single strategy or methodology could adequately meet the requirements of the study. Consequently, it was decided that the only feasible option was to employ a number of different theoretical approaches, notwithstanding that the application of divergent methodological approaches is complicated. The Maori philosophical and theoretical position is more attuned to the anti-positivist school of thought, which acknowledges the metaphysical as a reality. However, Hohepa Kereopa (private communication 2002) insists that Maori recognition of the metaphysical does not signify that Maori are anti-science. This is contrary to the anti-positivist school of thought that argues that the natural world and the social worlds are different, and the methods used to study the natural world cannot be applied to the study of human populations.

For the most part, as already discussed in preceding chapters, for Maori the natural world and the human world are connected through *whakapapa* (genealogy). The world is conceived as an integrated genealogical whole through the primeval traditions of *Papatuanuku* (earth mother) and *Ranginui* (sky father) and the plethora

of *atua* (gods) that connect all animate and inanimate things together through *mauri* (life principle). The introductory chapter contains a synopsis of the genealogy of Tuhoe to *Hinepokohurangi* (the dawn maiden) and *Te Maunga* (the mountain). This replication of the relationship between the metaphysical and natural worlds reinforces the links between the gods, the people, and the natural environment. This animistic ‘worldview’ is the antithesis of the scientific approach that rejects the metaphysical as unscientific. It is at this point that Maori thinking converges with the critical theorists’ abhorrence of the scientific method that arguably is the objectification of humanity. A synthesis of these positions was explored fully in the previous chapter, which deals with the ethical ramifications of the scientific approach to the study of Maori communities.

The choice of whether to rely on divergent theoretical and therefore methodological approaches is exacerbated by another related challenge, maintaining a sense of cohesion throughout the research. To avoid fragmentation, throughout the thesis the different philosophical approaches will be presented as recurring cornerstone themes. At a more pragmatic level and in order to retain a focus on methodological discussion, it is useful to critique each of the philosophical and theoretical approaches and to explain the relevancy of each approach to the research project.

It could be argued that a *kaupapa* Maori (Maori philosophical) strategy or method falls within the gambit of qualitative research, with strong phenomenological influences. However, the actual methodological strategies defined as *kaupapa* Maori in this particular research project focuses exclusively on Maori ways of eliciting information and the subject matter, which arises from pre-contact Maori issues. For

that reason this approach is only applied to *tuturu* Maori (pre-contact traditional knowledge) aspects of the research, and other more suitable methodological techniques are used to investigate other components of the research. The *kaupapa* Maori methodological approach focuses primarily on *hui* (ceremonial gatherings) and *korerorero* (dialogue). The field research into beliefs and practices emanating from Te Ao Tawhito (ancient Maori world) is obtained primarily by analysing and interpreting *korerorero*. This method requires locating the discussion in a ‘particular’ social context. The cultural protocols that establish the rules (or methodology) of discourse differ depending on social context. In formal ritual, debates can occur as part of the *whaikorero* (ritual speeches). At *hui a iwi* (tribal gatherings) the format is prescribed according to custom. Each speaker has the right to speak without interference or interjection. In formal ritual situations, a speaker is usually allowed one opportunity to speak. The rules of who can speak and when, are determined by each tribe. At family meetings the procedures are inclined to be less formal, anyone at the meeting can speak as often as they want, and interjections are tolerated but are not generally acceptable etiquette.

In informal social situations the research continued in the form of dialogues with key elders such as Tamati Cairns (Ngai Tuhoe, Ngati Raukawa) Pare Nia Nia (Tuhoe, Ngati Kahungunu) and Ngamaru Raerino (Tuhoe, Te Arawa, Mataatua). These could not be described as interviews, but rather illuminations on particular subjects that arose in the course of ordinary conversations in everyday situations. Driving to a *tangihanga* (ceremony for the dead), sleeping on the floor at home, catching Ngamaru in the corridor at university, are situations in which issues of great significance were pondered. As previously stated, the *korerorero* method of research may be open to

manipulation, to conform to the conventional qualitative research paradigm. To minimize the possibility of manipulation would necessitate the accurate verbatim recording of the dialogue, including the dates that the encounters occurred along with any other relevant circumstantial evidence. At this point it is pertinent to repeat the assertion made in the introductory paragraph, namely that this research method focuses exclusively on Maori ways of eliciting information and should not be designated as inferior, just different. Furthermore, as already stated, this particular research project does not rely exclusively on the *korerorero* method.

The processes used to explore aspects of *tuturu* Maori (traditional Maori principles) is a legitimate Maori methodological tool in its own right and should not be confused with qualitative methodology despite the obvious similarities. There are significant differences in the processes used to analyse the '*korerorero*' within contexts that are uniquely Maori. Qualitative research methods require more fidelity to science in relation to methodology, irrespective of the subject matter. Maori '*korerorero*' can be as structured especially in formal situations, such as *whaikorero* (ritual speeches) but often other elements such as *whakapapa* (genealogy) usually take precedence over scientific factors, such as impartiality. This conceptualisation of Kaupapa Maori contrasts with the Kaupapa Maori theoretical framework developed by Graham Smith (1997). To distinguish the two approaches *tuturu* Maori can be best described as Kaupapa a Iwi.

This approach places the paradigm firmly with tribal rather than pan-Maori social context. In contrast Kaupapa Maori Theory is described by Graham Smith (ibid) as:

... the practice and philosophy of living a Maori culturally informed life. It has a political connotation in that it also invokes the stance of

identifying with, and pro-actively advancing, the cause of being Maori (not wholly assimilated) as opposed to being Pakeha (fully assimilated) (p.453).

It will be argued that this definition derives from a syncretism of Maori-Pakeha beliefs and practices, often identified as Maori, in contemporary Maori life. The two major influences on Smith's (ibid) thinking originate from Antonio Gramsci's (1978) conceptualisation of power relations (hegemony), and a notion of praxis derived from Paulo Freire's (1999) explication of pedagogy. The integration of this paradigm into Kaupapa Maori theory is appealing. Critical theory not only contextualizes Maori research within historical, social, and political realities; but also challenges the status quo. The colonial experience has produced disparity in power relations between a majority Pakeha culture and marginalized tribal Maori culture, and thereby provides the rationale for incorporating critical theory into Kaupapa Maori theory.

Maori existence cannot be divorced from external influences, specifically the colonial experiences, and to a lesser extent other tribal influences. Critical theory illuminates the consequences of colonisation. Firstly, in relation the psychological, social and economic outcomes of clash between Maori and European cultures, articulated using Antonio Gramsci's (op.cit) notion of hegemonic relations of power. Therefore, Kaupapa Maori theory is a fusion of theoretical and ontological perspectives. This approach is methodologically problematic because critical theory relies heavily on west-European theoretical paradigms. Kaupapa Maori theory denotes that the theory is grounded in an exclusive Maori domain. The philosophical thought that inspires critical theory is essentially east-European, epitomised by the Jewish contingency of the Frankfurt School that rose to prominence in the Nazi era. It needs to be emphasised that the worldview of the critical theorists is inculcated with their own

cultural idiosyncrasies. The uniqueness of the east-European experience is shaped by the peculiarities of their own historical, social, and political experiences. However, there are many points of convergence between the critical thinking and Maori post-European conceptualisations, especially in regards to disparate power relations.

It is the shared experiences of oppression that can be readily transferred to other cultural contexts. Of the anti-positivist school of thought (which includes hermeneutics, existentialism and phenomenology), critical theory has had the most impact on Maori 'neo-colonial' theory primarily because of its commitment to empowerment. The axis of critical theory is disparate power relations and the concomitant responsibility to challenge the status quo, and thereby effect change (or praxis). In accordance with this tenet, the underlying purpose of the research is to challenge conventional approaches to Maori mental health that in the past has generally proved to be ineffectual. However, the adoption of critical theory as a major influence has created unique challenges, especially in relation to methodology.

There are no textbooks on the 'methodology' of critical theory. Rather, critical analysis refuses to acknowledge the reduction of epistemology to methodology. Where most sociology asks "how is it possible to prove this fact? A critical analysis asks 'what is a fact?'" (Kirkpatrick, Katsiaficas, & Emery 1978).

It can be argued that the methodological component of critical theory is in the method used to explore epistemology and the Marxist principles that overarch discourse, namely praxis and power relations. The theoretical issues are invariably assessed 'critically', exploring the conceptual meanings against conventional wisdom and/or accepted perceptions. This has always been juxtaposed against power relationships. Accordingly, from a methodological perspective an analysis of Kaupapa Maori theory

paradigm, places Maori culture (which incorporates beliefs, values, and principles) as the subject; critical thinking is the actual methodological tool of analysis.

Graham Smith's (op.cit) conceptualisation of *Kaupapa* Maori theory uses English as the primary language to convey theoretical concepts. As already stated 'Kaupapa Maori' indicates that the kaupapa or framework is exclusively Maori. It follows that the language contained in the Kaupapa Maori paradigm must be primarily Maori. The use of Maori language is integral to the implicit understanding of a separate Maori reality. Maori concepts can be translated into English, but in the process loses semantic meaning, and also fails to capture the essence or the nuances implicit in the language. *The research undertaken in Tuhoe for this project, including the qualitative section, was conducted in Maori. A Kaupapa a Iwi approach is the preferred method to explore, interpret, and analyse the tuturu Maori (traditional) worldview from an exclusively Maori perspective. Kaupapa a Iwi techniques extrapolate tuturu Maori (Maori reality embedded in tradition) from other culturally distinct influences – and from other tribal conceptualisations. This phenomenon is best demonstrated in the observance of karakia (prayers and incantations) that are used in the healing process. Karakia tuturu Maori (traditional/pre-contact Maori incantations) performed in a contemporary context exemplifies Kaupapa a Iwi. Within Tuhoe there are specific karakia (prayers) that are peculiar to Tuhoe.*

Genealogical relationships, interpretation of non-verbal cues, implicit understanding of covert cultural meanings and feelings, are also contributing factors to this reality. Each tribe has their own way of undertaking the ritual *karakia* (prayers/incantations). Relationships between the people participating in the ritual are critical to the ritual experience. Participants in traditional rituals are involved in a total cultural experience

and in many cases these are tribally specific. The language is significant in many ways. Dialectical differences in pronunciation will often signal the source of the *karakia* and is an indication of how the ritual will be performed. Moreover, not only are the ritual words important epistemologically; the rhythm and cadences of the *tohunga* reciting *karakia* can have a transcendental effect. Underpinning these cultural features of ritual *karakia* is the language.

Methodologically, the analysis of this Maori reality requires the use of the Maori language to decipher meaning. This problem is exacerbated further by Maori occupying and even traversing a range of distinctly different realities. The Pakeha world is one that *all* Maori engage in, not necessarily by choice. This explains the inclusion of western theory (critical theory) into Smith's *Kaupapa* Maori Theory model. This integration of critical theory is admirable because it is essentially emancipatory theory, and the reality of contemporary Maori existence (arguably) appeals to theories of opposition. However, while plausible in terms of the contemporary Maori reality, the definition of *Kaupapa* Maori theory as *Kaupapa Maori* is problematic due to the reliance on non-Maori theoretical paradigms. The challenge is to present a model that is multi-faceted and reflects the complicated, and at times convoluted, existence of Maori in today's world(s).

This critique of Smith's conceptualisation of *Kaupapa* Maori Theory does not signify that the paradigm is unsound. The problem is the use of the terminology, *Kaupapa Maori*, which clearly places the model in a position that is exclusively Maori. However, it can be argued that Smith's theoretical ideas advance a uniquely 'indigenous' theoretical framework which captures the realities of modern Maori

existence. Unquestionably, *Kaupapa* Maori Theory theorises the experiences of post-colonial Maori. Other, previously colonised peoples have also engaged in developing theoretical paradigms opposed to colonial intellectual domination:

...imperialism tended to license only a cultural discourse that was formulated from within it, today post-imperialism has permitted mainly a cultural discourse of suspicion on the part of formerly colonized peoples (Said 1979 p. 234).

This 'suspicion' encourages resistance to using theoretical frameworks that originate within other worldviews. It is this struggle to move beyond post-colonial oppositional discourses that inspired Ngugi Wa Thiong'o (1986) to seek intellectual solace in his own language and world, and to thereby sustain a uniquely Nigerian intellectual identity. The work of Ngugi Wa Thiong'o suggests the potential for a methodological tool that can be used to analyse and explore indigenous cultural realities from within the culture. Maori traditions that still exist and function in today's world can be explored using a method designed specifically for that purpose. It is for this reason that a *Kaupapa* Maori model of mental health composed from the findings of the research, are presented in both languages. The model in Maori language retains the essence of the language and the concomitant shades of meaning. The practices of *tohunga* (specialist healers/priests) and tribal conceptualisations of the *kaumatua* (elderly) who participated in the research, formulate a Maori (Tuhoe) worldview that is unique to Tuhoe.

The separation of different worldviews owes much to phenomenology. Martin Heidegger (1962), the founder of hermeneutics, developed a holistic epistemology in which the process of interpretation is critical to understanding meaning. This insistence on a separate Tuhoe reality does not ignore other influences. It simply separates the different realities and thereby assists in the analysis process. Therefore,

the Maori ontological framework does not conform strictly with orthodox hermeneutics (a branch of phenomenology) because the emphasis of the analysis is on Tuhoe ontology. Whilst being attentive to European influences on the worldview of Maori, the underlying contention is that despite external influences, Tuhoe have retained an identity that is unique to Tuhoe. An orthodox hermeneutics approach takes into account all of the influences that shape post-colonial Tuhoe. The adaptation of the hermeneutic paradigm is compatible with Maori worldviews because it is holistic. This holism recognises historical and therefore cross cultural effects on meaning. Holistic ontology in turn gives credence to historical events and processes, values, and beliefs; in fact, all of the ‘variables’ that can potentially distort meaning. Ann Salmond’s (1975) classic ethnography, *‘Hui - A Study in Ceremonial Gatherings’*, uses a hermeneutic framework that subjugates other influences to that of the Maori. This work demonstrates that hermeneutics provides insights into a worldview that is manifestly different from the west-European worldview. More significantly the philosophical tenets of this theoretical position maintain the integrity of different worldviews that can be best described as non-invasive.

The research undertaken amongst Tuhoe *kaumatua* circumvents the inherent problems of misinterpretation or distortion because the research (fieldwork) was undertaken by ‘insiders.’ Hermeneutics as a discipline may provide insights into the interpretation of the *kaumatua* perceptions of wellness and un-wellness that are shaped by external influences. Subsequently some of the responses to survey questions were interpreted taking into account cultural ‘fusions.’ For example, some of the responses indicated that Christian beliefs and values dominated the respondent’s conceptualizations of ‘*wairuatanga*’ (spirituality). Christian *karakia* are integrated into every aspect of

modern Maori lifeways. Many *tohunga* will use *karakia Karaitiana* (Christian *karakia*) to assist in the healing process (Ngamaru Raerino, private communication, December 2003). Depending on the circumstances and nature of the affliction *karakia* may be Christian *karakia*; or when the cause is considered extremely virulent, *karakia tuturu* Maori and ritual are invoked.

Karakia karaitiana (Christian prayers) are almost perceived to be *kaupapa* Maori mainly because the Maori language gives the *karakia* the semblance of belonging in the Maori domain. In actuality *Karakia karaitiana* is a Judeo-Christian religion and the philosophy and ideology of Christianity was introduced to Maori as part of the colonising process.

But the triumphant *communiqués* from the mission are in fact a source of information concerning the implantation of foreign forces in the core of the colonized people. I speak of the Christian religion and no one need be astonished. The church in the colonies is the white people's 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.
(Frantz Fanon 1967, p.32).

This infiltration of Christian beliefs and practices may have impacted psychologically on the people, in varying degrees. Arguably the damaging influence of Christianity has abated to some extent within Maori communities. Amongst the *kaumatua* surveyed, with the exception of two *kaumatua* who were fervently Christian, it was apparent that in many areas of their lives, the majority of respondents moved between the different worlds and indeed different planes of reality. Furthermore, the lines of demarcation between the different worlds appear to be clearly defined as separate realities. The evidence suggests that there is no confusion amongst the *kaumatua* surveyed between the Pakeha world and that of the Maori. In relation to the

convergence of different realities, hermeneutics was considered the most appropriate tool for analysis.

Using Salmond's work (op.cit) as a model, Tuhoe 'traditions' or worldview can be accommodated methodologically or theoretically within a hermeneutic framework. European influences cannot be ignored because the study takes into account European incursions into Maori lifeways. As a consequence there have been philosophical as well as political ramifications for Maori, irrespective of tribal affiliation. Two important characteristics of this research project relate to the description and interpretation of the socio-political forces that shape the Tuhoe worldview. This provides the impetus for the exploration of strategies that have the potential to effect change. This political ambivalence is most likely the point at which hermeneutics and critical theory diverge. In this regard, the problem with hermeneutics is that it is essentially apolitical and therefore describes rather than engages in the socio-political that shape Tuhoe lifeways. Also, in terms of methodology, this approach presented other challenges relating to praxis. The failure of Marxism (and critical theory) to effect revolutionary change is evidenced by the absolute dominance of capitalism, and the concomitant power relations of the present global political and economic reality.

This observation is shared with Habermas (1979), the leading contemporary critical theorist, who describes science as the monopoly of information and technological solutions that not only dominates and infiltrates the economy, but every sphere of public and private life. As already mentioned in the previous Chapter the dominance of science ensued during the 'Enlightenment' (eighteenth and nineteenth centuries) led by the positivist philosophers; notably Kant, Smith & Comte. This philosophical

movement coincided with European expansionism. One of the ideological consequences of this movement was the demise of metaphysics. The denigration of the metaphysical realm has negative repercussions for those indigenous communities in which the metaphysical is an integral and significant aspect of the worldviews. The eclipse of science over metaphysics has also led to the economic and political global domination by west-European countries (including USA). It can be argued with that ideologically technological advancement is perceived as intellectual and racial superiority. This ideological and intellectual separation of science and metaphysics has been illustrated in the philosophical polarity between the positivist and anti-positivist schools of thought. In the context of methodology the convention is that the research is clearly undertaken using either the positivist or anti-positivist approach. For example, quantitative research methodology is designated as a purely scientific methodological approach and qualitative research methodology accepts that non-scientific (unmeasurable) phenomenon is valid and legitimate areas for research.

However, qualitative research methodology that provides the practical framework to this study has its roots in scientific positivism. The other theoretical approaches (critical theory and hermeneutics) are emphatically anti-positivistic and *Kaupapa a Iwi* (tribal models) defies categorisation. Maori emphasis on the metaphysical tends to align *Kaupapa a Iwi* (tribal models) more closely to the dissident anti-positivists. The Enlightenment philosopher, Fredrick Hegel (1997) inspired these oppositional discourses to scientific positivism. These critiques are vital because,

The ideology of the knowledge society has at its roots a modern day faith in science as the model of truth (Imre, 1984).

The research presents Tuhoe conceptualisations of truth and knowledge as legitimate and valid. It needs to be emphasised that the Maori worldview is not anti-science. Maori conceptualisations of the universe recognize the physical world (*te taha kikokiko*) as a part of the totality. The west-European definition of science is antagonistic to the metaphysical (*te taha wairua*), which most Maori distinguish as the most important aspect of human existence. *Kaumatua* perceptions of wellness and other related concepts required a practical approach for gathering information. It is their conceptualisation of their reality that is critical to understanding Maori perceptions. Therefore, the most viable procedure for gathering this information was qualitative research methodology in order that Maori values and beliefs would not be compromised. It is this juxtaposing of antithetical positions that presents difficulties as the methodological problems in the research can be attributed to the paradoxical nature of the philosophical infrastructure.

Although the deliberation of these incongruent theoretical approaches underpins the discussion, the main focus of this section is the survey of *kaumatua* attitudes to the research that was undertaken within Tuhoe. Conventional qualitative methodology was used to solicit *kaumatua* conceptualisations, perceptions, and related information on their own health status. The misgivings about this approach are ameliorated to some extent by the attitude of orthodox science to this qualitative method as being 'quasi-scientific.'

Positivists often perceive qualitative approaches as unscientific, soft scholarship, exploratory, overly subjective and biased, indeed, as an assault on the scientific method that undermines the "crowning" achievements of Western civilisation (Denzin & Lincoln, 1994 p. 4).

Notwithstanding the obvious fidelity that proponents within orthodox science establishment have to 'objectivity,' both qualitative and quantitative research methodologies are essentially embedded in the scientific paradigm. Qualitative research replicates many of the characteristics and terminology developed within the 'pure' sciences. This is unmistakably demonstrated in the application of scientific terminology such as, sampling, data collection, data analysis and validity to research design. The main divergence in quantitative and qualitative research methods is epistemological. The qualitative method relies more on the interpretation of results that is not necessarily reliant on objectivity as a key factor. However, in recent times the scientific method has developed a more liberal attitude toward the problem of subjectivity in research. The 1985 Declaration of Professional Ethics states that:

Science can never be entirely objective, and statistics is no exception. The selection of topics for attention may reflect a systematic bias in favour of certain cultural or personal values...Even so; the statistician is never free of a responsibility to pursue objectivity and to be open about known barriers to its achievement (International Statistical Institute).

The ability to conceptualise, and more importantly in relation to methodology, to interpret the world, is unique to human existence. This is an issue for positivism; it's insistence on objectivity presents a one-dimensional view of reality. Consequently, any analysis of human behaviour that relies exclusively on the objective reality must be a distorted view. Fundamental to this criticism is the issue of interpretation. The subject being researched is 'defined' according to the laws of science, giving emphasis to objectivity and with a disdain for subjectivity. Fortunately qualitative research methods are not restricted to observable facts. This is an irreconcilable epistemological difference between quantitative and qualitative research methods. More significantly, for the purposes of this research project, the inclusion of metaphysical phenomenon (attitudes, beliefs and values) as legitimate topics for

investigation makes qualitative research methodology the most appropriate choice. Even so, misgivings linger about the suitability of the scientific paradigm as a suitable method for studying human societies, regardless of epistemological concurrence.

The appropriateness of the social sciences as a discipline has been debated since it gained prominence in eighteenth century Europe. Auguste Comte, an Enlightenment philosopher of considerable stature, developed the concept of a positivist philosophy that focussed on facts as the only means of interpreting social reality. This achievement earned him the title ‘father’ of sociology, notwithstanding some criticism of his thinking. Comte provided the philosophical context for further theoretical development in the social sciences. Emile Durkheim (1951) was notable because he was the first theorist to treat society as an object of study. He considered society to be a unit of analysis with its own characteristics, which he called *social facts*. The uneasiness this new approach generated was essentially methodological; the process reduced the study of human existence to measurable, objective facts. The study of society was undertaken using the same techniques as the study of the natural world. It is to be expected that many find this approach objectionable:

We have a history of putting Maori under a microscope in the same way a scientist looks at an insect. The ones doing the looking are giving themselves the power to define (Mita 1989, p.30).

The underlying message is that the scientific method dehumanises and disempowers people. John Barnes’s (1963, 1979) analysis of ethical issues in research concluded that historically, the quarry for sociological and anthropological research was the ‘powerless.’ In European societies the objects of study were the poor and abroad ‘conquered tribal people’. Moreover, Barnes contends that positivistic ontology reinforced the power of the ruling minority “... whereby independently existing

unbiased facts were assumed to be known by the guardians of the poor rather than by the poor themselves (p34)”. Social facts are constructed based on the worldview of the ruling minority and this translates into the ‘power to define.’ In many ways, being able to define the ‘facts’ is a precondition for power over reality.

The allegation that the scientific method dehumanises people is encapsulated in Merata Mita’s comparison between Maori research and laboratory insects. This objectification reduces people (and for that matter animals) to ‘things.’ The reduction of all living things to the status of objects has, until the imposition of ethical constraints, allowed scientists (including social scientists) to act with impunity. The anti-vivisection movement has gained prominence because of the ‘inhumane’ methods science has adopted to advance scientific knowledge. Advances in science relied on the principle that the ‘means justified the ends’, especially in the medical field. Ethical considerations in research are a relatively recent development, which has forced science to reflect on practices. In particular, it is impossible to separate methodology from morals. The relationship between the scientist and the subject has already been identified as a microcosm representative of disparate power relations operating within society or even between societies. Consequently, the development of ethics and methodology have become inextricable linked, an opinion that is not shared by all. “People who write about methodology often forget that it is a matter of strategy, not of morals’ (Homans, 1949, p.330).”

Indeed, the focus of methodology is on ‘strategy’, but arguably these strategies come with a significant amount of ‘ideological baggage.’ Homan, in separating morality from methodology, is reinforcing the tenets of positivistic sociology. This follows in

the tradition of Max Weber (1949) who is considered the architect of modern positivistic social science. Homan conceived the idea of value-free or value-neutral research, accepted by proponents of this method as the only conceivable way to access reality (or truth). The premise of value-free research is based on the notion that objectivity is pre-requisite to comprehending reality. Whilst not openly rejecting the existence of the subjective reality (expressed mainly as religious beliefs) he argued that subjectivity distorted reality. That essentially the subjective and the objective spheres of existence were 'unbridgeable'. This fundamentally 'western' definition of scientific truth is flawed. It can be argued that excluding subjectivity, especially in the study of human societies distorts reality. This obsession with objectivity gives rise to yet another complication for research, particularly in relation to Maori communities. Certainly, any attempt to understand Maori reality has to take into account spiritual beliefs and values that are integral to the Maori worldview. In terms of social enquiry it can equally be argued that knowledge cannot be divorced from social reality, and thereby from social values.

Despite the challenge of reconciling this fundamental philosophical contradiction, existing statistical information was considered the most viable way to construct a composite view of the health needs of Tuhoe *kaumatua*. Furthermore when the survey was in the planning stages it was suggested that quantitative analysis of the data was a possible option (Hui at Nukuhou, July 2003). The rationale for a quantitative analysis was that this might provide further insights and elicit more information. The *Tuhoe Kaumatua Needs Analysis Survey* (2000) had the potential to be further translated into statistical information that had the potential to be useful in the prediction of future trends. Having already adopted a scientific approach in using the qualitative

research method, the idea of pushing the boundaries further was irresistible. The idea was discussed with a statistician, Stuart Young (personal communication, April 5, 2004), who surprisingly advised against adopting quantitative research methods. He argued that the material was more amenable to a qualitative approach because that would allow more scope for interpreting *kaumatua* perceptions. Although qualitative research is scientific in the sense that it adopts the scientific paradigm as a model for enquiry into social realities, it allows more scope in the interpretation of data. There is a significant difference between qualitative research methods and the more rigid or pure science approach of quantitative research methodology. The decision to confine the analysis to a qualitative interpretation is also consistent with the underlying philosophical influences. Ultimately, the fundamental issue remains, that *science is not the problem for Maori*. It is the *power to define* that enables positivist social scientists to monopolise definitions of science, and the concomitant methodological strategies that comply with this paradigm. Mindful of the limitations of the qualitative research paradigm and the concomitant political implications, this method was considered the most meaningful and effective mechanism to encourage full participation of *kaumatua*. It has already been argued in the chapter on ethical considerations that not all *kaumatua* choose to participate (vocally) in *hui* (traditional gatherings). The surveys provided a space for *kaumatua* to articulate their opinions on matters relevant to *kaumatua* health.

The Tuhoe Kaumatua Needs Analysis Survey (2000) was scientific in the sense that it relied on 'qualitative' methodology, and the primary tool for gathering information was a written questionnaire. The questions were pragmatic in accordance with the main purpose of the project that was to assess *kaumatua* needs.

Survey 1 - *Kaumatua* Needs Analysis Questionnaire (2000)

1. *Nou ake tou kainga noho?*

Do you own your home?

2. *Tokohia nga tangata e takinoho ana i tou kainga noho?*

How many people live in your house (permanently)?

3. *He waka tou?*

Do you own a vehicle?

4. *Pehea te mamao o te taone mai i tou kainga noho?*

How far do you live from the nearest town?

5. *He aha tou oranga?*

What is your main source of income?

6. *He manaakitanga au?*

Do you have any dependants?

The findings were presented in tables and graphs (cf chapter one) that indicated that the study could be further analysed and could provide greater insight with the use of quantitative research methods. However, as previously mentioned, a statistician advised that this approach would detract from the ‘spirit’ of the study.

It was determined that the overriding principle was for the research to be designed with the community as the focus. In observance of this community focus the concept of a project was proposed at a *hui* (meeting) held at Maungapohatu in February 2000. At that meeting key aspects of the project were identified as imperative.

- Tuhoe dialect was used as the principle language of communication and all questionnaires and other information were written in Maori.

- Insider researchers were recruited for the interviews of *kaumatua*. Whakapapa networks were utilized - interviewers were recruited on the basis of personal networks and whakapapa (genealogical) links into the communities.
- Issues of accountability were factored into the research design – insider researchers are accountable for their actions because they reside in small rural, face to face, communities.
- All interviews and focus group interviews were conducted in Maori.
- Interview techniques – observation of the custom of allowing the person being interviewed to speak uninterrupted even when the subject appeared unrelated to the question/topic.
- Hospitality etiquette was emphasised as part of the interview structure. The survey took cognisance of the tribal whakatauki (proverb) *Kaua e haere ko tou rae anahe* (Never visit with only your forehead).
- The costing of the project took into account this etiquette of providing food at interviews and at focus group interviews. The latter was usually held at marae and the Trust was responsible for all costs incurred in the form of ‘*koha*’ (gift).
- The issue of paying *kaumatua* for interviews was broached, but the consensus was that the ‘*koha*’ benefited the community rather than interviews. However, this problem of paying informants remained a concern for some members.

This issue is explored in detail in the chapter on ethical considerations.

The Tuhoe Kaumatua Needs Analysis Survey (2000) provided insights and information that proved to be invaluable in the planning and implementation of the Tuhoe Kaumatua Wellness Research Survey (2002). The outcomes of the Needs Analysis study was considered successful in terms of the information elicited, which determined the Trust’s direction in responding to health needs as defined by

kaumatua. This covert objective essentially provided the opportunity to test the efficacy of the methodology and to scope the project. The survey results supported the use of a qualitative research survey as the most effective way of eliciting *kaumatua* views and perceptions. It can also be argued that the success of the survey was contingent on the careful observance of Maori beliefs and values in all aspects of the research. These factors were consciously integrated into the research design and processes.

Whilst the needs analysis explored the benefits to the *kaumatua* communities of Tuhoe, the findings from the wellness research has the potentiality to benefit all Maori. The intention of the research design was to isolate those variables that should eventually provide evidence to support Maori theories of healthy personality development. In relation to the methodological issues: the Tuhoe Kaumatua Needs Analysis Survey (2000) as an indicative model was refined to some extent in deference to the different foci of the two studies. For example, the separation of the Tuhoe area into five areas was essential to facilitate comparisons for the indicative study, because the needs of *kaumatua* were inextricably linked to the geographical peculiarities of each area. In particular, the south of Tuhoe had accessibility problems due to the difficult terrain. However, this was not a key issue for the Kaumatua Mental Wellness study. As already mentioned, the questions in the indicative study are pragmatic requiring perfunctory responses. Conversely, the questions in the Tuhoe Kaumatua Wellness Research Survey (2002) are predominantly conceptual, because the objective of the questionnaire is to fully elicit *kaumatua* attitudes, beliefs and values.

Survey 2 - Te Hauora Research Questionnaire

1. *He aha ki a koe te mate:*

What is your understanding of:

- a) *Porangi?* Madness, different state of consciousness, craziness?
- b) *Wairangi?* Despondency, melancholy, despair?
- c) *Haua?* Disability?
- d) *Tangata whai ora?* Health intervention, health educator?

2. *He aha ki a koe te oranga tangata?*

What is your understanding of good health/wellness?

3. *He aha nga hua i puta mai i nga mahi wairua?*

What are the outcomes of spiritual activity?

4. *He aha nga tikanga a Tuhoe e hua ai i te oranga tangata?*

What is unique to Tuhoe that sustains the people?

5. *Ka taotu ano to oranga i te korero Maori?*

Does speaking Maori have an adverse effect on your health/wellbeing?

6. *He aha koe i manakonui ai ki tou ake mita (Tuhoe)?*

Is your dialect (Tuhoe) important to you?

7. *He aha te mamae o te ngaro o ou whenua (raupatu)?*

Describe your feelings regarding the loss (confiscation) of your land?

8. *No nawhea te haerenga whakamutunga ki te tohunga ki te kimi oranga mou?*

When was the last time you visited the tohunga for health reasons?

9. *Whaitaua ano o rongoa e kainga e koe?*

Was the medication prescribed of any benefit to you?

10. *No nawhea to kitenga whakamutunga i te takuta (Te Rata)?*

When was the last time you saw your doctor?

11. He mate huka koe? *AE KAO*

Do you have diabetes? YES NO

12. He mate manawa koe? *AE KAO*

Do you have heart problems? YES NO

13. He mate tai kaha te ia toto koe? *AE KAO*

Do you have high blood pressure? YES NO

14. He mate huango ano koe? *AE KAO*

Do you have asthma? YES NO

15. He mate pokapoka ano koe? *AE KAO*

Do you have cancer? YES NO

16. He raru ano koe ki te nekeneke haere? *AE KAO*

Do you have problems with mobility? YES NO

17. He korero atu ano aau?

Is there anything else you would like to add?

The questionnaire is arranged in clusters around specific themes. Questions 1 to 3 relate to general concepts of wellness/unwellness. Questions 5– 6 consider the relationship between language and wellness. Question 7 explores attitudes to the land, as a wellness issue.

There is a potential correlation between spiritual wellbeing and the land, which accounts for the inclusion of the subject of land alienation in the questionnaire. Questions 8 – 15 concentrate on physiological health issues. The reason for the accentuation on physical wellbeing is that the evidence, supported by the Health Funding Authority (HFA 1996) statistics for the western Bay of Plenty region,

suggests that physical rather than mental health is the major contention for health problems amongst Tuhoe *kaumatua*. The last question is open-ended, inviting *kaumatua* to make further comment. As with the indicative study (Tuhoe Kaumatua Needs Analysis 2000), few responded to the final question.

The first question in the research questionnaire encompasses a number of related concepts pertaining to states of mental unwellness. The *kaumatua* were asked to describe their perceptions of *porangi* (madness), *wairangi* (altered states of consciousness), *haua* (physical disability) and *tangata whai ora* (healthy person). The translations are merely guidelines because, as *kaumatua* responses indicate, the concepts are subject to interpretation. It is for this reason that translations are kept to a minimum to preserve the integrity of *kaumatua* responses. To facilitate analysis similar responses, although expressed slightly differently, are grouped together under a particular theme, such as *mate Maori* (Maori sickness, which is broadly a spiritual affliction). The collation of responses to *mate wairua* (spiritual sickness) represents a range of responses categorised as *wairua*. The word *mate* (in the question) denotes an affliction, illness, or sickness. All of the responses are defined in the context of *mate porangi*, which means that the responses can only be interpreted as negative (spiritual influences). The response ‘*Tangata rongō i nga reo e whakahau ana i a ia*. (A person who hears voices talking to him/her)’ may not necessarily refer to negative spiritual experiences depending on the context. However the reference to *mate porangi* removes any ambiguity. This justifies clustering closely aligned responses under the one generic heading of *mate wairua*.

Mate Wairua

1. *Mate wairua*. Spiritual sickness/affliction

2. *Rongo reo whakahau a wairua.* Hears spiritual directives
3. *He mate rongoa reo wairua.* Sickness associated with spirit voices
4. *Tangata rongoa i nga reo e whakahau ana i a ia.* A person who hears voices talking to him/her
5. *Wairua kua kino.* Evil spiritual influences

This method of analysis can be challenging. However, to facilitate the analysis of the research findings, each question (and parts of each question), are dealt with as separate entities. The method of analysis, as described in the methodology chapter, entailed clustering similar responses together. The clustering of thematic concepts was difficult because the categorisation of responses was subject to interpretation. For example, the distinction between *mate wairua* (spiritual affliction) and *mate Maori* (Maori sickness) is tenuous. *Mate Maori* is placed in a separate category simply because it refers to an illness that has a distinctive, culturally unique causation. It has a spiritual element that is clearly distinct from that of *mate wairua* projected in the *kaumatua* responses.

Mate wairua could include:

- a) *Mate Maori* (affliction associated exclusively with Maori culture)
- b) *He wahanga kai te hinengaro e mate ana – me he wahanga wairua ano* (mental and spiritual affliction).

Both of these categories indicate spiritual influences. However, the distinctions justify separation because *mate Maori* is an affliction that is usually associated with *makutu* (curse), spiritual violations, or hereditary spiritual causes. Similarly the response, '*He wahanga kai te hinengaro e mate ana – me he wahanga wairua ano* denotes both mental and spiritual components to *porangi*. The exegesis or discussion on *mate*

(unwellness) in the chapter on research findings demonstrates that this process of analysis is reasonably effective. The clusters of responses provided the mechanism for a more cohesive account of *kaumatua* perceptions on specific issues.

This method was applied to all of the questions, which assisted in the analysis of the data. The report on the findings is not solely on the questionnaire responses. In fact the research findings are a synthesis of information taken from a range of sources using the methodological tools described in this chapter. The application of *kaupapa* Maori, particularly *waiata moteatea* (dirges) and *karakia* (incantations) as tools of analysis is a feature because no other method can adequately describe Maori conceptualisations.

Furthermore, interviews and communication with experts provided a broader contextual discussion of the issues. In relation to a comprehensive exegesis of the concepts canvassed, most attention was given to *porangi* (madness), *wairangi* (despair) and the concept of *oranga tangata* (wellness). These conceptualisations are the core of the research project, which aspires to an explication of Maori wellness. In the process of exploring paradoxical ideas, the opposites illuminate each other, and provide insights into complex perceptions.

The design of the research project was comprised of two main components:

- The use of the Tuhoe Kaumatua Needs Analysis Survey (2000) as an indicative study. This provided a broad understanding of the territory and the issues that proved to be useful in designing the *Tuhoe Kaumatua Wellness Research Survey* Project (2002). Considering the size of the territory, the separation of the Tuhoe *rohe* into five areas assisted in the management of the survey. The Needs Analysis

study attempted to interview ALL of the *kaumatua* resident in Tuhoe at the time. It transpired that such a large number of responses were unnecessary.

Approximately 25% of the submitted indicative survey questionnaires were considered invalid. The main reasons for exclusion were incompleteness, and the use of English rather than Maori in the responses. A small percentage of the unused questionnaires were from *kaumatua* who had stated that they were not of Tuhoe descent. The indicative study provided useful information that has been integrated into the thesis, although the primary focus remained on Tuhoe *kaumatua* wellness.

- The research into *kaumatua* wellness relied primarily on the responses from 50 questionnaires. The original target group for this study was 100 *kaumatua*, 20 from each of the five sites: Waimana, Ruatoki, Waiohau, Ruatahuna and Waikaremoana. The decision to interview 100 *kaumatua* was considered inclusive because it allowed most *kaumatua* the opportunity to participate. In practice the research project proved to be too ambitious, and there were difficulties that required a review of the original plans. The Ruatahuna site proved especially challenging. Before the interviews began, the researcher (a Ruatahuna *kaumatua* of some repute) became very ill. Unfortunately, he considered it a matter of *mana* (personal pride in this context) that he complete project. This stance precluded the appointment of a replacement and as a result the interview process stalled. When all of the other sites had completed the interviews in March 2001 it was decided that the research project would not be adversely affected if the Ruatahuna interviews were omitted.

A further problem, already anticipated because it had been identified in the earlier study, the Tuhoe Kaumatua Needs Analysis Survey (2000), was the exclusion of

kaumatua from other tribes who had participated in the study. Their inclusion was perfectly reasonable when considered within Maori social situations. In small, face to face communities, events such as research projects on this scale generate their own publicity. In terms of Maori etiquette inclusion is the norm, particularly when the person is elderly and has *whakapapa* (genealogical) links to the community through marriage. To check for these types of irregularities, those interviewed completed a coversheet which requested names, age and tribal affiliations. Hohepa Kereopa selected the final questionnaires, basing his selection on his intimate knowledge of *whakapapa* (genealogy). One *kaumatua* who had identified as Ngati Porou, according to Hohepa Kereopa had Tuhoe affiliations. He was also able to determine the approximate age of participants where this information was omitted from the questionnaire. The research team was satisfied with the process used to select the questionnaires for the study. Although there was no coercion for *kaumatua* to participate in the indicative study, some of the responses were perfunctory which could be interpreted as an indication that they felt obliged to participate. This observation was supported by anecdotal accounts from a few *kaumatua* after the indicative survey was completed, that they felt it their duty to be involved. Interestingly the few *kaumatua* who chose to respond to question 17 of the wellness study, remarked positively on the research.

To recapitulate, in order to explore issues relating to *kaumatua* wellness, material gathered from all sources has been integrated and analysed using a range of methodological approaches. The main source of information was the qualitative research survey that complied with normal research practices, and relied primarily on mainly anti-positivist theoretical approaches. The Kaupapa a Iwi methodological

approach included *hui a whanau* (focus group meetings,) *korerorero* (individual interviews/dialogue), and reliance on the oral traditions such as, *whakatauki* (proverbs), *karakia* (incantations) and *waiata moteatea* (traditional song). In this way, the survey results are contextualised within an in-depth exploration of the issues surrounding *kaumatua* wellness.

Chapter Five is unconventional in the sense that the reporting of the findings of the qualitative research surveys are embedded in the Kaupapa a Iwi (framework), particularly the *moteatea* (dirge) entitled *Whakawairangi*. This was particularly challenging because it involved processing extensive data (50 questionnaires were selected for analysis), without losing the sense of the Maori worldview. Initially, the ‘spirit’ of *kaumatua* responses appeared to be subjugated by an apparent preoccupation with numbers. This problem was resolved by using the narrative style to report the finding and applying a format that ensured that the statistical evidence remained unobtrusive. There are no tables or graphs to detract from the flow of the narrative.

The structure of the chapter is designed to reinforce this unobtrusive reporting style. The main headings and sub-sections are arranged into simple categories of *te oranga* (wellness), *te mauuitanga* (unwellness) and *te wairuatanga* (*spirituality*). These provide the framework for critical commentary of the findings. Accordingly, the final format for the report on the research findings integrate broad subject areas (from the questionnaire) with the commentaries, and findings from other sources

Chapter Five Research Findings

Te hua o te mahi rangahau
The outcomes of the research

The structure of this chapter is unconventional in the sense that the research findings do not relate exclusively to the findings from the Tuhoe Kaumatua Mental Wellness Survey (2002). This approach was devised to redress limitations in the research methodology, as it relates to the survey. When the questionnaires were being collated it became apparent that abstract issues relating to concepts such as *te oranga* (wellbeing) could have been explored further, to better ascertain *kaumatua* attitudes. Given the design of the questionnaire it was reasonable to expect *kaumatua* responses to be perfunctory rather than conceptual. However, any reservations about the survey methodology were also allayed to some extent by the interest these questions generated amongst participants, simply because of their active involvement in the research process. Anecdotal reports from different sectors of Tuhoe reported *kaumatua* commenting positively on this component of the research. Supportive evidence is contained in questionnaire responses, with *kaumatua* comment that participation in the research was an enjoyable experience. Admittedly some were less enthused by the section relating to the physical health status of *kaumatua*. Consideration of their criticisms is the subject of discussion located at the end of Section Two (physical health status) of this Chapter.

In retrospect, other methods such as *hui a whanau* or focus group interviews, would have been a more effective approach to probe *kaumatua* attitudes. Although *hui a whanau* interviews were undertaken, these sessions were restricted to experts in the

field of Maori knowledge. The quality of the information generated from participants of this calibre provided invaluable insights into concepts of wellness and unwellness that were not immediately apparent in *kaumatua* responses. This indicated that the contextualisation of the *kaumatua* questionnaire with other sources would enhance the analysis. Consequently, the integration of commentary from an extensive range of sources is a structural feature of the report.

This critique in turn draws on a wide range of sources, including other philosophical worldviews, relevant statistical information, and traditional material. For example, the discussion of *wairangi* (disturbed) relies primarily on a *waiata moteatea* (songs of lamentation) which was composed before European contact in Tuhoe. The use of *waiata moteatea* as a methodological tool of *analysis* is a Kaupapa a Iwi approach already contended in the previous chapter. Kaupapa a Iwi methodology for the purposes of this research project relies almost exclusively on personal conversations with experts in the field, and traditional sources such as the aforementioned *waiata moteatea*. The inclusion of material such as *waiata moteatea* also gives some indication of the scope of the material that contextualises *kaumatua* responses, and also provides a sense of the overall style of the report on the research findings.

The conventional method for reporting the findings of qualitative research surveys involves presenting questionnaire responses as percentages based on similar responses. Although this is the most practical solution to processing extensive data (50 questionnaires were selected for analysis), this also presented a stylistic challenge. The ‘spirit’ of *kaumatua* responses appeared to be subjugated by an apparent preoccupation with numbers. Interestingly this observation is reinforced by the

(constructive) criticisms of the statistician recounted in the chapter on methodology. It also needs to be noted that the findings which involved 50 individuals, all of whom responded to most of the questions (the questions relating to physical illness were the anomaly), showed remarkable consensus (up to 100%) on most issues. Although these are significant, the main concern was to ensure that numbers did not dominate the discussion. To rectify the problem the thematic collation of *kaumatua* responses are confined to the end of each sub-section. Empirical data is an important aspect of the research, but in keeping with the narrative style of the research, it was also important that that statistical evidence remain unobtrusive. As a result, the report on the findings retains the narrative style while at the same time providing empirical evidence to support the theory that Maori mental wellness is contingent on tribal identity, '*te reo Maori me nga tikanga Maori* (Maori language and lifeways)'.

A significant number of actual responses to questions are included in the report to ensure that *kaumatua* attitudes dominate. What *kaumatua* actually said, was as significant to the study as *kaumatua* agreement on specific topics. For example, only one *kaumatua* described *porangi* (madness) as *kaore e mohio ki nga rereketanga o te po me te awatea* (the inability to distinguish between night and day). The word *porangi* is derived from the two main components, *po*(darkness or unknown) and *awatea* (day). The juxtaposition of these opposites gives an indication of a state of imbalance that encapsulates the state of being *porangi*. Hohepa Kereopa (personal communication, 2002) admired this definition because, in eclectic Maori style, it is charged with meaning.

In comparison the English translation (madness) is woefully inadequate. This explanation gives credence to a method of analysis, which accentuates one, isolated, *kaumatua* response. Similarly, according to Ngamaru Raerino (personal communication, January 2003) in pre-contact Maori thought, *porangi* belonged to the occult or the unknown. The divination of meaning relates to *po*, the darkness or unknown, and *rangi*, the rhythm in the sense of life force vibrations. None of the *kaumatua* responses alluded to this explication, which provides deeper insights of meaning. A reporting structure that integrates other contextual information within the survey results allows the inclusion of these insights that are critical to understanding Maori conceptualisations of wellness and unwellness

It is understandable that this approach produced additional structural problems in relation to the reporting format, which was designed around the survey questionnaire. When integrating the findings from other sources, they appeared to be incongruent or out of context. The solution was simple. Instead of applying a conventional reporting style, the headings and sub-sections are arranged into simple categories of *te oranga* (wellness), *te mauuitanga* (unwellness) and *te wairuatanga* (*spirituality*). These provide the framework for critical commentary of the findings, which also gives the report the quality of a discourse. The final format for the report on the research findings integrated broad subject areas within the questionnaire, with the commentaries and the findings from other sources.

Also, it is virtually impossible to completely separate the different categories of *te oranga* (wellness), *te mauuitanga* (unwellness) and *te wairuatanga* (*spirituality*). This is particularly applicable to *wairuatanga* which underpins all of the discussions

on the findings, and as such is a feature of the entire research project. Support for the supposition that *wairuatanga* (spirituality) is an immutable presence in *kaumatua* thought is evidenced in *kaumatua* responses. In particular, the inclusion of *te wairuatanga* (spirituality) as a separate reporting category emphasises its significance to Maori thought.

Furthermore, in the course of discussion there is invariably some overlap in subjects to clarify or illuminate a point of argument. These ‘structural’ problems are exacerbated because there are no definitive Maori terms for wellness and unwellness, mainly because these concepts are abstractions. Consequently, the English translations of Maori wellness/unwellness terminology, such as *oranga* (wellness), are inadequate. A more profound understanding of the terms emerge from the discussion relating to the findings, which incorporate a range of different perceptions on the subject. For example, the exegesis on wellness incorporates all of the responses to questions that *kaumatua* have indicated are requisites to health. This includes the Tuhoe language and *kawa* (cultural mores) and *tikanga* (norms).

Similarly, the unwellness section is primarily a critical analysis of the states of *porangi* (mentally deranged) and *wairangi* (mentally disturbed) and physical unwellness. The exegesis on states of unwellness is critical to this study. It will be argued in the concluding chapter that the mystery of mental wellness amongst Tuhoe *kaumatua* is dependent on their understanding of cultural knowledge to protect and preserve wellness. The discussion on unwellness, supported by *kaumatua* statements, clearly articulates the consequences of cultural ignorance. The violation of *kawa* (mores) invariably manifests as chronic mental illness, although physical impairment

is often identified as a ‘culturally induced’ disorder. Tuhoe *kaumatua*, have a profound understanding of the cultural dictates (in terms of protection) and also the curative practices to restore wellness. Accordingly, a wide range of associated subjects, including the physical health status of *kaumatua*, are examined under the subject heading of unwellness.

The categorisation of the myriad of the survey questions into the broad areas of wellness and unwellness worked well, with the exception of one question asking *kaumatua* to define *te tangata whaiora*. In Maori there are two different meanings of *te tangata whaiora*; depending on the context it can relate to a person seeking healing (a patient), or to a health worker. Most of the *kaumatua* defined *te tangata whaiora* as a patient or person seeking health. In actuality this question was redundant because it contributed little to discourses on Maori health. Finally, the following discussion has been divided into section headings to provide a structural setting for the report. These divisions roughly correspond to survey questions and thereby provide some semblance of order.

Section 1 Te Oranga – Wellness

1.1 Te Oranga Tangata – Personal Wellness

A simple Maori perception of wellness is encapsulated in the *pepeha* (maxim): ‘*Mauri oho, mauri ora*’ (a productive life a healthy life). *Pepeha* (maxims) possess a complexity of symbolic meaning. Just one word may capture the quintessence of Maori beliefs and values, which explains the Maori propensity for *pepeha* and *whakatauki* (tribal proverbs). The saying, ‘*Mauri oho, mauri ora*’ (a productive life a healthy life) implies that a well person is attentive to their responsibilities in relation

to *whanau* (family), *hapu* (extended family), and *iwi* (tribe/community). The corollary to active participation in tribal community affairs is knowledge of tribal values and beliefs. This notion is embodied in the word (*mauri*). The majority of *kaumatua* surveyed incorporated this idea in their responses to the questions relating to wellness. For example, a common response to questions relating to wellness was '*tupakari*'. The literal translation of '*tupakari*' describes a mature, capable person. This interpretation derives from the correlation between the two components of the word *tupakari*, *tu* (to stand) and *pakari* (maturity). In another context *tupakari* can mean simply the ability 'to cope'. The following examples from the questionnaire reinforce this perception of wellness:

R: *Pena kare te tangata i te mate ka kaha tonu ia ki te mahi*

A person who is healthy and hardworking

R: *Kaha tonu i te mahi ka ora tonu ia*

A person who is able to work is healthy

R: *He pakari no te tinana ka marama te wairua nga whakaaro nga mahi ka mama ka watea te huarahi ahakoa he aha nga raruraru*

A mature person, calm in spirit, will think before acting and consequently will deal with life's problems no matter how difficult.

Kaumatua responses also alluded to a concept of wellness that is contingent on the ability to actively participate in community affairs and the possession of a working knowledge of the language and customs. The following select responses were chosen to endorse the view that wellness is simply the ability to perform and fulfil the roles and functions expected of an adult residing in Tuhoe tribal communities.

R: *Tangata mohio ki te whangai i tona iwi.*

People known to nurture the tribe

R: *Nga mahi me nga tikanga Maori katoa*

Being able to work and guided by Maori beliefs and values

R: *Ka tona whakapono, whanau, hapu, iwi, me nga mahi e pa ana ki ena whakaharere, tae noa ki te reo me nga tikanga nga mahi o runga i te marae*

The ability to safeguard the family, sub-tribe and tribe – active involvement in all those things associated with the *marae* - the language, protocols, beliefs and values.

A significant number of *kaumatua* (32%) responded to the question on personal wellness by relating to the more conventional holistic model of health. In this sense, the notion of balance is integral to Maori *ideological* conceptualisations of health. As with most cultures, there is invariably a gap between ideology and practice. The argument that this concept of wellness is ideological is developed in the section on physical disabilities. Nevertheless, it is apparent from the following examples that it is a generally held perception that wellness is multi-dimensional.

R: *Ko te pakaritanga o te taha wairua, taha tinana, taha hinengaro.*

Mature spiritually, physically and mentally.

R: *Tapawha – ko te hinengaro, tinana, wairua me te whanaungatanga kore e taea te wehe.*

Four sides/components – the mind, body, spirit and the social cannot be separated.

R: *He tangata e tino pai ana i roto i tona wairua, tinana, hinengaro me tona whanau*

A person who is healthy in spirit, body, mind with healthy family relationships.

R: *Ko te oranga o te wairua nga mea katoa i runga i te tangata*

When the spirit is healthy all things associated with that person are healthy.

A small percentage (6%) of *kaumatua* alluded to their Christian beliefs as the source of wellbeing. These statistics are collated under the miscellaneous heading: *He korero*

ke, at the end of the chapter. There is one other response including in this section that did not correlate to any of the other thematic headings.

1.1.1 Te Oranga Tangata – Thematic Collation Findings

- *Tupakari* – mature (54%)
- *Ko te pakaritanga o te taha wairua, taha tinana, taha hinengaro* - holistic (32%)
- *Kaore he mate* – absence of sickness/disease (10%)
- *He korero ke* – miscellaneous (8%)

1.2 Nga Tikanga a Tuhoe

The effect of Tuhoe beliefs, values and practices on wellness

There was considerable confidence that *kaumatua* responses would support the thesis hypothesis, that tribal language and culture were critical factors in Tuhoe *kaumatua* mental wellness. However, there was some anxiety present because the hypothesis had never been tested in the field. When the results were analysed it was obvious that this confidence was not misplaced. Invariably the importance of tribal lifeways, as requisites to wellness, was endorsed by *kaumatua*.

R: *A tatau tikanga manaaki tangata*

Our custom of nurturing people.

R: *Kia mohio ki o tatau tikanga ka ora tatau*

If we understand our customs/beliefs we will be healthy.

R: *Kia mau i te kawa ka ora a Tuhoe*

The keeping of the customs and beliefs sustains Tuhoe.

R: *Pena ka whai tikanga Maori ka ora*

Wellness is attained through Maori values and beliefs.

R: *Nga tohutohu nga tikanga i waiho mai e oku pakeke e toku koroua*

The tribal teachings left by my elders and my grandfather.

R: *Nga korero tapu a koro ma a kui ma*

The sacred teachings of the ancestors.

With one exception all of the responses indicated that *Maoritanga* (Maori beliefs and values) contributed in some way to the overall wellbeing of the people. The majority of responses (84%) indicated or referred to the observance of Tuhoetanga as a requisite to wellbeing; *Kia mohio ki o tatau tikanga ka ora tatau* (if we understand our beliefs and values we will be healthy). The remainder, with the exception of one very different *kaumatua* response, mentioned one or more specific tribal attributes such as *Manaaki aroha tautoko* (caring, love and support) or *Te reo te manaaki* (the language sustains). The introductory chapter describes the uniqueness of the Tuhoe natural environment, which is an integral part of the Tuhoe ethos reflected in the response. ‘*Kaitiaki ngahere nga wai u*’ (guardianship of the forests and places that sustain us). This was the only comment that referred specifically to the forests.

Although the natural environment is considered to be a contributing factor in *kaumatua* mental wellness, a specific question relating to the therapeutic nature of the forests was not included in the survey.

An intriguing response associated with the uniqueness of Tuhoe culture simply stated, ‘*Tuhoe moumou kai*’ (Tuhoe wasteful of food). This is a famous Tuhoe proverb (already used in the acknowledgments) that refers to the generosity of Tuhoe.

However, as explained earlier in the relation to *pepeha* (tribal maxims) these literary fragments encapsulate a myriad of meanings. It is considered bad etiquette amongst ‘traditional’ Maori to boast about their own attributes. There is a *whakatauki* (proverb) that is often quoted to remind Maori of this sanction, *Kaore te kumara e*

korero mo tana reka (the kumara does not say how sweet it is). The use of a tribal *pepeha* (maxim) in this way conveys the message that Tuhoe are renowned for their hospitality, circumventing the ‘boasting’ problem. This technique of manipulating the oral arts is much admired amongst Maori, although from observation, sadly these cultural subtleties are lost on the majority of modern Maori.

The only disparate response in this section related Tuhoe *tikanga* (customs) to the wellbeing of the people. There was no discernible link between the question and the response, instead the *kaumatua* saw it as an opportunity to criticise the Tuhoe Trust Board. *Nga moni purihianga e Te Tuhoe Trust Board kua kore he moni hei awahi i a tatau tamariki i roto i te wharewananga* (The Tuhoe Trust Board does not provide money to support our children at university). Fortunately, this response was out of character, in the sense that this particular *kaumatua* provided reasonable and perceptive responses in the rest of his questionnaire.

1.2.1 Nga Tikanga a Tuhoe – Thematic Collation of Responses

- ***Ka whai tikanga Maori ka ora*** – affirm Tuhoe with wellness (98%)
- **He korero ke** – miscellaneous (2%)

1.3 Te Reo Maori - The effect of language on wellness

All of the respondents agreed that the language did not have an adverse effect; in fact the majority stated that knowledge of the language was an asset. Interestingly, 20% also referred to health or wellbeing in their responses. It is important to note that ‘*taotu*’ (in the question) can mean an affliction or to cripple. The actual survey question was: *Ka taotu ano to oranga i te korero Maori?* Does speaking Maori have an adverse affect on your health/wellbeing? This could account for a significant

number of responses, which simply stated, 'Ehe' - which means no or incorrect indicating that they disagreed with the statement.

R: *Kare kau - Ka piki ke atu to oranga i te korero i te reo*

No. Your health improves with speaking the language.

R: *Korerotia te reo kei reira te oranga*

Speak the language wherein lies wellbeing.

R: *Kao - Ma te korero i te reo koirā te oranga*

No – by speaking the language there is wellness.

R: *Mehemea kei te mohio ki te reo kare e taotu*

If you understand the language there is no disadvantage.

R: *Ae rawatu he taonga to tatau reo he reka*

Yes our language is an absolute treasure it is sweet.

R: *To tatau reo he pai he taonga- Ko te reo Pakeha e raruraru ana*

Our language is good it is a treasure. It is the English language that is an affliction.

Therefore, these responses clearly indicated that the language was not a hindrance, and this assertion is reinforced in relation to the question on Tuhoe dialect. There is unanimity in the responses to the issue of dialect; for most *kaumatua* the speaking of one's own dialect is a given. It is likely that this 'tribal-centricity' is the reality for most people who are living in communities with lifeways that are contingent on their own tribal beliefs and practices.

R: *Na te mea he Tuhoe ahau*

Because I am Tuhoe.

R: *No Tuhoe ahau*

I am from Tuhoe.

R: *Ka manakonui au i te mita o to tatau reo na te mea kei a Tuhoe whanui o te Ao te mita o te reo*

The dialect is very important to me because this language is unique to all of Tuhoe.

R: *Kia mau ai i toku mita a Tuhoe*

I will hold onto my Tuhoe dialect.

R: *Parekareka ana*

It is very good.

R: *Ko te reo tuatahi ki a au*

It is my first language.

R: *Koira taku nui ko te mita o taku reo o Tuhoe*

My Tuhoe dialect is very important to me.

R: *Nga taonga i waihotia mai e nga koroua kuia hei awhina i nga whakatipuranga i heke mai i tena wa i tena wa*

Treasures left by the old people to sustain growth for the future time

Clearly there were no obvious disparities in the responses to the importance of the dialect to *kaumatua*. It is notable from the following responses that many saw the question as redundant, in actuality 16 % simply stated that they were Tuhoe. The remainder of responses were consistent in that they insinuated that the dialect was important. For example, *Manaaki i to tatau mita* (We must look after our dialect) and *Parekareka ana* (very, very enjoyable). It follows that tribal identity and tribal dialect are synonymous.

1.3.1 Te Reo Maori - Thematic Collation of Responses

- *Dialect - Kia mau ai i toku mita a Tuhoe* – affirms the relationship between the Tuhoe dialect and wellness (100%)
- *Maori language - Ma te korero i te reo koira te oranga* – affirms the relationship between language and wellness (100%)

Section 2 Te Mauiuitanga - Unwellness

In Maori conceptualisations mental illness is generally associated with spiritual influences. Hohepa Kereopa and Ngamaru Raerino are recognised experts in Maori epistemology. In discussions on the subject of *porangi* and other concepts relating to this study, their perceptions were remarkably consistent. Although Kereopa (personal communication, March 2003), has a personal dislike for the term *porangi* he agreed with Raerino (personal communication, March 2003), that in traditional conceptualisations *porangi* was associated with the darkness which Raerino translated to be the occult. As already demonstrated (in the introduction to the chapter) a more insightful understanding of the conditions or states of unwellness can be found in the semantic analysis of the words. Ngamaru Raerino (ibid, 2003) associated the notion of *porangi* with negative spiritual influences. He also explained the meaning of the term *wairangi* (disturbed), semantically as *wai meaning g motion*, and *rangi* as rhythm. The connotations are similar in that they imply a spiritual aspect that causes imbalance.

Contemporary (post-European) usage of this unique system of classification is demonstrated by the term *haurangi* to describe intoxication. The components of *haurangi* are *hau* (wind) and *rangi* (rhythm). The introduction of alcohol and its effect on the Maori population has already been discussed in a previous chapter. It should

come as no surprise that intoxication has been included in classifications relating to unwellness. One *kaumatua* even described *wairangi* (disturbed), as *haurangi* (drunk). All of these states (of consciousness); *porangi*, *wairangi*, and *haurangi* convey an impression of instability and a loss of control over one's faculties.

2.1 Te Mate Porangi – Madness

Ngamaru Raerino (op.cit) provides more specific insights that further reinforce the relationship between *mate Maori* (Maori sickness) and *nga Atua* (Maori deities). It is a specific illness relating to transgression of *tapu* (taboo) by the individual or a member of the *whanau* (family). It is widely believed that the negative effects of *tapu* may bypass the transgressor and affect a more vulnerable and innocent member of the family instead. Integral to the concept of *mate Maori* is the cause of the affliction, which in many cases, is beyond the control of the individual. *Mate Maori* left untreated could affect future generations and although often associated with mental afflictions, death is also a common outcome.

Mate Maori is generally perceived to be peculiar to rural marae based communities. In reality, *mate Maori* is indifferent to both the vicissitudes of time and the confines of geography. Haki Graham of Ngapuhi spent much of his adult life as a practicing *tohunga* (priest/healer) in Auckland. At a *hui* (Purengi marae, 2000) he described his work healing people afflicted with *mate Maori*. He condemned the widespread practice amongst Maori of buying clothing from *hokohoko* (second hand shops). It is well known that *hokohoko* shops purchase clothing from deceased estates. According to Maori laws of *tapu* (cultural prohibitions), at death all personal effects become *tapu* and may cause harm to anyone who uses them. Ignorance is no defence against these influences. Many, to their peril, believe that washing an article makes it clean. In

reality the soap removes dirt and renders the garment hygienic. It does not remove the *mauri* (spiritual essence) of the deceased and the garment remains *tapu* and harmful.

Haki Graham (ibid) described an incidence where he was asked to assist a person who was psychotic. All conventional psychiatric treatment strategies had been exhausted. Preliminary *karakia* revealed the cause of the problem. It transpired that the woman had unwittingly purchased *hokohoko* (second hand) clothing, which had belonged to a person who had died. When he described the article of clothing she denied having it in her possession. Graham explained that in his experience this was normal behaviour. An afflicted person often becomes spiritually attached to the article. In this case he was compelled to search a closet in the house where the offending garment was carefully hidden. He performed the cleansing rites and told the woman that she could now wear the dress without any harmful effects. But once released from the disastrous effects of *mate Maori* (Maori sickness) the dress was no longer coveted. The process of healing or intervention restored this person's condition from a state of unwellness to wellness. This particular person was born and raised in an urban environment, which indicates that Maori beliefs are not confined geographically to rural, *marae* based communities. Incidentally this process of removing *tapu* from second hand personal effects explains the traditional practice of burying personal effects with the deceased.

Because '*mate Maori*' (Maori sickness) has its genesis in tribal culture it is perceived to be a culturally induced mental affliction. It follows that Maori perception of mental un-wellness deviate considerably from 'medical model' definitions. However, modern psychiatry can also be seen as deficient in terms of objectivity. Critics of the DMS-IV

Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition), the main diagnostic tool of modern psychiatry, contend that the DMS-IV relies as much on conjecture as on science. This critique was retrieved from the prestigious *Psychiatric Times*:

This process of equating symptoms with illnesses has been repeated with every diagnostic category, culminating in perhaps one of the greatest sophistries psychiatry has pulled off in its illustrious history of sophistries, namely the creation of the Diagnostic and Statistical Manual (currently in its fourth incarnation under the name DSM-IV), the bible of modern psychiatry.

In it are listed all known "mental disorders," defined individually by their respective symptom lists. Thus mental illnesses are equated with symptoms. The surface is all there is. The perverse beauty of this scheme is that if you take away a patient's symptoms, the disorder is gone. For those who do serious work with patients, this manual is useless, because for me it is simply irrelevant what name you give to a particular set of symptoms. It is an absolute myth created by modern psychiatry that these "disorders" actually exist as discrete entities that have a cause and treatment. This is essentially a pseudo-scientific enterprise that grew out of modern psychiatry's desire to emulate modern medical science, despite the very real possibility that psychic pain, because of its existential nature, may always elude the capture of modern medical discourse and practice. Despite its obvious limitations, the DSM-IV has become the basis for psychiatric training and research. Its proponents claim it is a purely phenomenological document stripped of judgments and prejudices about the causes of mental illness. What in fact it has done is the defining and shaping of a vast industry of research designed to validate the existing diagnostic categories and to find ways to lessen symptoms, which basically has meant biologic research (Kaiser 1996, p.4 – 6).

Modern diagnosis techniques rely primarily on subjective information (symptoms) from patients and as David Kaiser deduces, psychiatry is not an exact science. This does not mean that psychiatric illnesses are nonexistent. It simply indicates that the medical model is not an infallible tool of science. In relation to the diagnosis of Maori, and for that matter any non-European subjects, the DMS-IV model is flawed because it does not take into consideration cultural perceptions of un-wellness. It has already been established that every culture has its own conceptualisation of good and evil. It follows that each culture also has its own definition of unwellness and

wellness. The DMS-1V does not take cultural norms into consideration. It is sufficient to note that mainstream definitions of unwellness, which impact on a diagnosis could disadvantage Maori and other 'indigenous' clients who accede to a different worldview.

In addition, behaviour within any culture may be deemed normal or abnormal depending on the circumstances, or social context. In specific social situations Maori consider conversing with the dead a normal activity while in other contexts this would indicate that something was amiss. In some circumstances speaking to the dead is a ceremonial requirement. In ritual speech (*whaikorero*) during tangihanga (mortuary rites) the *tupapaku* (corpse) is addressed directly. At *urupa* (cemeteries) visitors will invariably talk to their loved ones. This interaction with the supernatural is usually considered a normal experience. Although someone who is excessively preoccupied with the dead could be the subject of concern regarding their state of unwellness. In actuality there are a myriad of factors that distinguish normal and aberrant behaviour, and it is the cultural nuances that make definitive statements about conceptual states of consciousness so elusive.

In contrast to the more conventional or traditional concept of *porangi*, a significant number of *kaumatua* (14%) described *porangi* as *porokeka*, *keka* or *heahea*. These terms loosely translated all mean crazy. The term *porokeka* or *keka* is possibly the closest definition to the modern concept of 'madness.' As already mentioned, in the introduction to the section on Mauiuitanga, Hohepa Kereopa (op.cit 2003) finds this conceptualisation of *porangi* disturbing. He believes that the conceptualisation of madness has changed over time and has been influenced by changing historical

circumstances, which have shaped attitudes. Furthermore, Hohepa Kereopa (ibid) maintains that *porangi* has evolved negative connotations of madness and insanity. This shift in attitude is demonstrated by *kaumatua* definitions of *porangi* as *porokeka*. It is for this reason that Hohepa Kereopa has developed a personal dislike for applying the term *porangi* to the mentally afflicted. *Porangi* insinuates that all those afflicted have some culpability in their sickness.

Michel Foucault (1988) also questions the nature of madness within the broader historical socio-political parameters.

Throughout *Madness and Civilization*, Foucault insists that madness is not a natural, unchanging thing, but rather depends on the society in which it exists. <http://www.sparknotes.com/philosophy/madnessandciv/context.html>

His ideas are unquestionably influenced by the German philosopher, Friedrich Nietzsche (1956), who contended that definitions of good and evil were not only culturally defined, but also shaped by specific historical and social conditions. Foucault developed these ideas to include power relations, a notion that would have been lost on Nietzsche who promoted the Arian ideal. Ironically given his reputation as the Nazi philosophical architect, Nietzsche provides insights into the human spirit. His approach is refreshingly unrestrained and candid. The following account is quoted at length to demonstrate that European civilisation does not have a monopoly on good or evil. Instead, Nietzsche establishes that morality is culturally specific and a product of evolving socio-historical processes.

The severity of all primitive penal codes gives us some idea how difficult it must have been for man to overcome his forgetfulness and to drum into these slaves of momentary whims and desires a few basic requirements of communal living. Nobody can say we Germans consider ourselves an especially cruel and brutal nation...but it needs only a glance at our ancient penal codes to impress on us what labour it takes to create a nation of thinkers...Germans have resorted to ghastly means to triumph over their plebeian instincts and brutal coarseness. We

need only recount some of our ancient forms of punishment: stoning (even in earliest legend millstones are dropped on the heads of culprits; breaking on the wheel (Germany's own contribution to the techniques of punishment)...What an enormous price man had to pay for reason, seriousness, control over his emotions – those grand human prerogatives and cultural showpieces (p.193 –194).

Piatarahi Wihapi (personal communication 1985 – estimated date) maintained that for Maori, spiritual transgressions resulting in death, suggested compassion, rather than vengeance as the overriding motive. Death prevented the effects of the transgression affecting future generations. However, it is possible that inter-generational social and health problems prevalent in contemporary society may well originate from past 'sins of the fathers' that are in reality beyond redemption? In early 1999, Hohepa Kereopa was approached by a Child Youth and Family Services (CYFS) social worker seeking assistance for a family from the Bay of Plenty who were living in Auckland. There was history of catastrophic intergenerational problems within the family. Hohepa Kereopa (op.cit) explained that only one particular *whakapapa* (genealogical) line in the family was affected. The behaviour of the descendants of the other lineage was exemplary. The social worker later verified that assertion through family group conferences, a process used by the department to facilitate intervention. According to the *tohunga* the problems with the family originated because of conflict between two brothers over the naming of a *wharenuī* (tribal meeting house) in the process of being carved.

One of the brothers insisted that the proposed name was too *tapu* (sacred in this context), and was tantamount to a transgression against the gods. His anxieties were vindicated when the carvings, reputed to be some of the finest examples of Maori craftsmanship were competed. Every attempt to erect them has been unsuccessful, because when the building was vacated the carvings simply fell to the ground.

Consequently, the *wharenui* (tribal meeting house) has never been completed and the site is now abandoned. Hohepa Kereopa was unable to intervene on the basis that, according to Maori law, the crime was so heinous that it demanded a death penalty. When the death penalty was performed under the auspices of Maori customary law, such practices were considered barbaric and were eventually abolished as part of the civilising process. Unfortunately, the civilising effects of colonisation have brought more problems for Maori and arguably fewer benefits. As a result modern Maori communities are forced to improvise on past practices to protect the health of Maori members afflicted with disorders thought to belong rightfully in another age.

Kaumatua responses support the assertion that the state of *porangi* is inextricable to Maori cultural beliefs.

R: *Hopu tikanga* - breach of Maori customs known as the breaking of taboo.

R: *He takahi tikanga* - flouting Maori custom.

R: *He mate tuku iho* - inherited affliction.

Conversely the description of *porangi* as, *he mate o te hinengaro* (illness relating exclusively to the mind) could indicate that Pakeha notions of mental illness are infiltrating *kaumatua* perceptions. Although a possibility, responses to other sections of the questionnaire from the same respondents suggested otherwise. To illustrate the point, the following responses from two of the *kaumatua* who had defined *porangi* as a mental affliction, described *wairangi* (despondency/despair) as:

R: *Kei te he te hinengaro me te wairua*

The mind and spirit are damaged.

R: *Wairua kua rere*

The spirit has taken flight.

Incongruously, 6% of *kaumatua* described the states of *porangi* and *wairangi* as identical. The same percentage had responses that did not sit comfortably within any of the thematic categories.

R: *He mate whakaheke etahi ehara i nga wa katoa*

It is an affliction that comes and goes.

R: *Te porangi e mohiohia nei e tatau*

We all know what porangi is.

R: *Kaore e mohio ki nga rereketanga o te po me te awatea*

Cannot distinguish the difference between night and day.

In terms of a general overview 32% of *kaumatua* described *porangi* as *mate Maori* (Maori sickness). This supports Raerino and Kereopa (op.cit 2002) who insist that in pre-contact Maori society the sole cause of *porangi* (madness) was *mate Maori* (Maori sickness). However, they both concede that *kaumatua* who described the condition as *mate wairua* (spiritual affliction) connote a disorder that is uniquely Maori. In addition all of the participants in the *hui a whanau* (focus group interviews) agreed that the state of '*porangi*' has a spiritual element. In fact it was argued that all illnesses have a spiritual component, including physical illnesses, and *mate Maori* (Maori sickness) could also be manifested as a physical inter-generational illness.

Therefore the general consensus is that *mate Maori* is as an affliction that is peculiar to Maori culture. The individual suffering from *mate Maori* (Maori sickness) is considered a victim of spiritual forces. When the responses were first collated *mate wairua* (spiritual affliction) was grouped with *mate Maori*. However, the numbers of *kaumatua* who identified *porangi* (madness) as *mate wairua* (spiritual) fuelled discussion on *wairuatanga* (spirituality) that was used in the commentary.

2.1.1 Te Mate Porangi - Thematic Collation of Responses

- *Mate Maori* – Maori sickness (32%)
- *Mate Wairua* (28%)
- *Porokeka* - Deranged (14%)
- *He Mate o Te Hinengaro* - Illness relating exclusively to the mind (14%)
- *He rite tonu te porangi ki te wairangi* – Porangi and wairangi are the same (6%)
- *He Korero Ano* – Miscellaneous (6%)

2.2 Wairangi –Disturbed

Wairangi is a derivative of *wai* indication motion and *rangi* rhythm, indicating an imbalance of an individual's rhythm. This semantic analysis demonstrates the inadequacy of the translation of *wairangi* simply as mentally and emotionally disturbed. This censure is mitigated by the *kaumatua* responses to the question on *wairangitanga* (despondency). A significant number of *kaumatua* (54%) made no differentiation between, *porangi* (derangement) and *wairangi* (mentally/emotionally disturbed). These responses are reflective of a shift in meaning in contemporary usage that indicates that 'wairangi' and 'porangi' are virtually interchangeable. There were 26% who described the two states as identical. A further 28% also described *wairangi* using the same terms that appeared in the responses describing the state of *porangi*, although in most cases the *kaumatua* in this category did not use exactly the same terminology to describe both *wairangi* and *porangi*. These responses included *mate Maori*, *heahea* and *mate wairua*. To illustrate this point, the responses from one questionnaire described *porangi* as *mate Maori* and *wairangi* as *heahea* (crazy/mad).

R: *He rite tonu te porangi ki te wairangi*

Porangi and wairangi are the same.

R: *He rite nga me e rua (wairangi/porangi)*

The two manifestations are the same.

R: *He rite tonu ki te porangi*

The same as *porangi* (deranged).

R: *He porangi*

Porangi (deranged).

R: *Porangi/mate wairua*

Porangi/ spiritual sickness

Despite *kaumatua* impressions, closer scrutiny of both concepts exposes distinct differences between the two states. This was clearly articulated by *hui a whanau* participants (focus group interview June 8, 2000) who concluded that *wairangi* was the lesser affliction, a temporal state described as despair and confusion. This conceptualisation is reinforced by a reflective analysis of the *waiata moteatea* (song of lament). The title of the song, ‘*Whakawairangi*’ embodies the despair and confusion that arises from conflicting states of emotion. The *waiata* also provides an innovative framework to explore the concept of *wairangi* (mentally/emotionally disturbed) because it exemplifies pre-contact conceptualisations. As such it provides a creative opportunity to explore the notion that the concepts of wellness, or in this instance un-wellness, are culturally defined. The composition of the song pre-dates European contact when Maori notions of time were based exclusively on *whakapapa* (genealogy) or significant tribal events. The most common dating reference point for this *waiata* (song) is articulated as ‘in the time of Te Moatutahuna....’ Hohepa Kereopa provided the background to the *waiata* and the guidance on the exegesis (personal communication, January 20, 2001).

Te Whakawairangi is essentially a love song, with a twist. The protagonist is Te Moatutahuna of Tamakaimoana, who became besotted with Tamati-ihu-waka after watching him perform the haka. She succumbed to temptation with Tamati-ihu-waka, and in doing so abrogated her responsibility as the tribal *puhi* (aristocratic virgin). The choice of marriage partners for ‘*puhi*’ was the prerogative of the tribe, and was often dependant on political rather than personal factors. The liaison between Te Moatutahuna and Tamati-ihu-waka was severed when his wife, aided by the esoteric arts (witchcraft), lured him back. Te Moatutahuna was left grieving and shamed. Heart broken she composed this waiata lamenting her ill-fated, lost, love.

The lyrics of *Whakawairangi* capture the essence of the state of ‘*wairangi*’.

WHAKAWAIRANGI

*Whakawairangi ai oku nei mahara
 He tiro noa atu ra ki te ao takari
 He aha kai taku ihu e waitohu noa nei
 Ko au kai te ngutu e mauria ana mai
 Mo taku kai kapotanga te ure o te tangata
 E hoa ma e kai te takaware atu
 Ko te mate i te kai tau rakau ana
 Ko te puke i hakahaka te pau te hapai
 Rite rawa ki nga hiwi ki Maungapohatu
 Maunga tipua ra kai reia te huka e
 Kai mai koutou i te kai a Tiki
 He mea ai toku kua pukawatia
 Noku rawa i maro iho ki te rau kawakawa
 Moe iho ai au i te moe korohiko
 Kai te wharepora ahau o Hineteiwaiwa
 Mei penei ana te Tinana ki te tau
 Me te wairua ra e moe a iho nei
 Taku whakarehu iho tuarua rawa mai
 Oho ake ki te ao he wairua turaki
 Whainoa atu au he wairua atu koe*

Confusion and despair invade my mind
 I gaze into the nothingness - eternal emptiness
 My nose weeping, streaming, courses freely
 On to my lips proof that I am
 Blinded with lust and still I yearn?
 For what I thought would be forever

Pleasures of the flesh
Hard hips rhythmic sway - hypnotically
Raised to mystic heights
I passed over Maungapohatu
- the sacred mountain covered with snow
You may still be a virgin
For me I am no longer
That I have squandered
I surrendered helpless
As if in the house of death - of Hineteiwaiwa
That I may have another chance
In sleep I would renew my spirit
If only it was just a dream
Let it be as I have dreamt
Then I awaken – forgiven

In *Whakawairangi*, Te Moatutahuna describes her utter confusion; despair and regret are juxtaposed with longing and remorse. The reference in the first stanza to the weeping nose is the customary expression for deep, unrelenting grief. Therefore, this state cannot be construed as a symptomatic of mental illness. *Te hupe me te roimata* (tears mingled with mucous) is often heard in *whaikorero* (ritual speech) to welcome a party of mourners. Nowadays it is more a symbolic maxim, because mucous is no longer considered a necessary or appropriate manifestation of grief. Similarly the very *explicit* references to sex in the lyrics do not signify a ‘disturbed’ mind. Cultural attitudes towards sexuality are implicit in the language. In Maori words used to describe sexuality are not loaded with the cultural inhibitions and attitudes that English has inherited from the Victorian past. Accordingly, an interpretive (even sanitized) translation of the most explicit sexual references is adopted because a literal translation would present as crude, even pornographic. Sexuality for the most part is often a source of great amusement to Maori. In contrast, in the context of *Whakawairangi* it is more serious, evocative of deep, uncontrolled passion.

It is this inability to cope, or to manage emotionally, that provides a more definitive depiction of the state of '*wairangi*'. This interpretation corresponds with the *kaumatua* conceptualisations of wellness, as *tupakari* (the ability to cope). Unwellness can therefore be described as a state in which a person is unable to cope and has no control over their emotions. *Whakawairangi* describes this state perfectly. Te Moatutahuna had transgressed one the most sacrosanct customary laws. As a '*puhi*' (tribal virgin) her role was to sacrifice personal happiness for the wellbeing of the tribe. Her marriage was intended to effect political ends for the tribe. Consequently, her lament is not just for her lost love but also because her failure to fulfil her responsibility to the tribe. Interestingly, this notion of collective responsibility recalls the responses of *kaumatua* who described responsibility as an indicator of personal wellness.

Lovesickness was viewed as a genuine illness and there are many tribal accounts of this affliction ending in suicide. The last stanza in *Whakawairangi* alludes to redemption with undertones of death. Suicide for pre-contact Maori was sometimes sought as a form of redemption. An afflicted person was often carefully watched to prevent self-harm and the healing or treatment could involve intervention from the *tohunga* (healer). As with any other illness it requires diagnoses and an appropriate cure. If the sickness was deemed 'organic' the treatment would likely be derived from *rongoa* Maori (Maori medicines from plants and sometimes even animals). *Rongoa* Maori was not only used for illness of an organic nature. The plant, *kawakawa* (*Macropiper excelsum*) for instance can be used to cure impotency, which was considered by some tribes to be an illness.

This demonstrates that *rongoa* Maori (medicine) could be used for the treatment of ‘social’ and ‘psychological’, as well as physiological problems. It is pertinent to point out that ‘*karakia*’ (prayers and incantations) are an integral and mandatory aspect of any treatment, and may well be the only form of intervention required. *Whakaoranga* (Healing) was synonymous with redemption in that it is essentially restorative, restoring an un-well person to a state of wellness. In relation to *Whakawairangi*, the composition of the waiata itself is another Maori cultural pathway to redemption, signifying the healing process. Apart from the most heinous crimes, transgressors were invariably forgiven. Te Moatutahuna is not only remembered whenever the *waiata* is sung, the love story is enshrined as an historical artefact. The *poutokomanawa* (central pillar) at Te Rewarewa marae at Ruatoki represents Te Moatutahuna and Tamati-ihu-waka.

In many tribal traditions the stories tell of the use of *makutu* (in this context bewitchment) to ensnare lovers. This element is present in the Te Moatutahuna tradition where the wife resorts to *makutu* to lure her husband back. It is possible for a *tohunga* to lift the *makutu* and restore the afflicted person back to normalcy. The same principle applies to all conditions relating to *tapu*. *Tapu* has a myriad of meanings dependant on circumstances or context. *Tapu*, usually describes as sacred, signifies the extraordinary. The process to remove *tapu* is *whakanoa*. The *whakanoa* rituals are essentially clearing and cleansing rituals, which remove spiritual obstacles that impede free movement. The Maori penchant for the dialectic is demonstrated by the concept of *whakanoa*. However, *noa* as opposed to *tapu* has been very poorly translated into English as ‘profane.’ This English translation has negative connotations that have contaminated the concept of *noa*. To many ‘colonised’

individuals, the association of the female with *noa* has led to the perception of *noa* being inferior or demeaning. Hohepa Kereopa (ibid) described the importance of women in *whakanoa* rituals. In his role as a *tohunga*, the presence of women facilitates the process of lifting *tapu*. Although in some circumstances, a woman can enter a state of *tapu*; notably at childbirth, menstruation and death. The dialectical of male (*tapu*) and female (*noa*) are elements that are complementary, rather than the depiction of superior as opposed to inferior status.

This demonstrates that Maori conceptualisations of mental unwellness are extremely complex. This observation is further strengthened with the consideration of other *kaumatua* interpretations of *wairangi*.

R: *Rangirua* - In two minds.

R: *He wairua poke* - Gloomy in spirit (melancholic).

R: *E pokea ana i nga whakaaro e pa ana ki a ia ki tona whanau wairua hoki*
Overwhelmed by concerns relating to the family and affected spiritually.

2.2.1 Wairangi - Collation of Responses

- *Rite tonu te porangi ki te wairangi* - Porangi and wairangi are the same (54%)
- *He wairua poke* – Despair (30%)
- *He Korero Ke* – Other responses (16%)

2.3 Te Mate Tinana - Physical sickness/disabilities

The World Health Organisation's definition of health, in compliance with most holistic health models, defines health in relation to an 'optimum' state of wellness. According to this paradigm, wellness occurs when all the different aspects (physical, mental, social *and* spiritual) of the healthy personality are in harmony and are fully functional. This definition is problematic because it decrees that a person, who is

physically impaired but exudes mental, social, and spiritual wellness, cannot be described as a healthy personality. Reremanu Wihapi of Tapuika is a distinguished *kaumatua*, an acknowledged tribal leader, the headmaster of a local school and is effective in community affairs. He has one leg, but this does not affect his mobility. Although he also suffers from diabetes, it is well managed, and does not interfere with his physical health. Despite these physiological setbacks he is considered to be a person who enjoys a high standard of health. But the holistic model of health suggests that because of his physical impairment, he may not readily fit the criteria of a healthy personality. Therefore, an *optimum standard of wellness* is a flawed ideal because it necessitates wellness in all aspects of the personality. The case study of Rereamanu Wihapi substantiates the assertion that there are varying degrees of wellness. A useful basis for the discussion on this subject is the recollection of *kaumatua* descriptions of wellness as *pakari* (mature), rather than *ora* (good health). This corroborates the argument that a person, whose disabilities or illness does not impair their functioning within the community, is not necessarily considered unwell.

This observation is consistent with *kaumatua* responses relating to *te mate haua* (physical disability). The following *kaumatua* response is very explicit.

R: *Ko te tinana kaore ko nga mahara he mate ki te tinana*

It affects the body, not the mind. It is an affliction of the body.

Only 3% of *kaumatua* alluded to a broader causative effect in accordance with the following example:

R: *Ka hangai ki te tinana tenei ahuatanga te whiu haere i te tangata*

It relates to the body this type (of illness) and damages the person

1% in that category cited *mate* Maori (Maori sickness) to describe *mate haua* (physical disability). This response is not as absurd as it may seem as the manifestation of *mate* Maori, and in particular *makutu* (curse), can appear as an inter-generational physical affliction. However, nearly all of the respondents described the condition simply as a physical impediment and the following responses are indicative of most of the *kaumatua* perceptions:

R: *Pararaiha te tinana*

The body is paralysed.

R: *Mate tinana*

Bodily affliction

R: *Ko te tangata i whara i runga waka, i te waka ranei kua pararaiha*

A person who has been injured in a car accident or similar and is paralysed.

R: *Tinana turoro*

Diseased/sick body.

R: *He mate ra tena he kopa*

This affliction cripples (the body).

An entire section of the questionnaire probed *kaumatua* physical health because the unsubstantiated impression was that physical, rather than mental health, is the major cause of health problems amongst Tuhoe *kaumatua*. Although Health Funding Authority (HFA 1996) statistics for the western Bay of Plenty region supported the supposition, there was no statistical data extrapolated for Tuhoe. All of the tribes in the Bay of Plenty catchment area were included in the statistics. Although the findings from this project have redressed that imbalance, this has come at a price. Although *kaumatua* had been advised that they were under no compulsion to answer any of the questions, a poignant observation about this section of the research questionnaire was

mortifying. If this reaction could have been predicted, that section of the questionnaire would have been eliminated and the research would have relied solely on secondary statistical data.

He pai ki ahau nei enei patai ka kitea te noho mokemoke whakama o tetahi o tatau kei runga i te whakautu i nga patai ki te mate tinana e pa ana kia ratau ka kite i tenei ahua nga pakeke kei te mahue ko ratau noaiho

I was comfortable with these questions but it was obvious that some of us (*kaumatua*) were embarrassed about answering questions about our physical illnesses. It was obvious from their demeanour that they had given up (on the research).

Sadly the statistical data gives credence to *kaumatua* feelings, by verifying the unquestionable state of poor physical health amongst Tuhoe *kaumatua*. If further research is undertaken in this area it must focus on intervention strategies to ensure *kaumatua* are aware of the positive outcomes of the research. The findings are located in the thematic collation of responses and are self-explanatory.

The information regarding visits to general practitioners (doctors) and *tohunga* indicated that *kaumatua* were conscientious about seeking intervention for physical ailments. Only 8% stated that they never visited *tohunga*, and 2% indicated they never visited a general practitioner. Incidentally, the availability of *tohunga* (specialist healers/priests) is a rarity in Maori communities. These results need to be contextualised because 8% chose not to respond to the question on *tohunga* visits and 6% for visits to the doctor. This correlates with the Ministry of Health's statistics:

In older age groups, use of GP services increases with age. In 2000/01 men and women aged 85 and over each visited a GP service around nine times a year compared with six and seven visits for men and women aged 65–74 years (MOH 2001).

In regards to the use of medicines, the questionnaire did not make a distinction between traditional Maori medicine and those prescribed by the doctor. Nevertheless,

84% stated that they took medication with 10% specifying that the medication was *rongoa* Maori (Maori medicine). 6% stated that they did not take medicine, but this may simply mean that they were not using any medication at the time of the survey. In this context 4% said that they took medication sometimes. A further 4% did not respond to the question. Of the 50 questionnaires used in the research, this section was the only area that *kaumatua* non-responses were notable, which may reflect the discomfit experienced in relation to their physiological status. It is unfortunate that Tuhoe *kaumatua* feel that they are personally responsible for their poor health. The comparatively high mortality rate of Maori indicates that other factors beyond the control of the affected individuals contribute to poor health amongst aging Maori.

It is now widely acknowledged that the wider social, economic and cultural determinants contribute inequalities in health outcomes. Health inequalities do not just occur among individuals. People living in deprived areas are more likely to have poor health and shorter lives (National Health Committee, 2000).

The high response rate to questions relating to mental wellness and unwellness suggests that Tuhoe *kaumatua* clearly felt more confident about this aspect of their health status. As already mentioned, at the time the survey was undertaken in 2000 there were only two cases of disorders associated with impaired mental performance amongst Tuhoe *kaumatua*; Alzheimer's and dementia. These are both degenerative diseases associated with aging. But according to the Ministry of Health; 'People over the age of 60 are less likely to use mental health services than any other age group apart from the 0–4 age group' (ibid). The MOH report acknowledges that this observation is based on unreliable hospital admission statistics and incomplete research, and is therefore more conjecture than fact. Until more dependable evidence is available it can be safely assumed that Tuhoe *kaumatua* enjoy a comparatively high standard of mental health.

In relation to the thematic collation of responses, although *tinana mauiui* (physical illness) and *mate haua* (physical disability) were categorised under the same heading - *te mate tinana* (physical afflictions) - their differences warrant separate thematic reporting of the responses.

2.3.1 Te Mate Tinana Mauiui - Thematic Collation of Responses

- *He mate huka* - sugar diabetes (30%)
- *He mate manawa* - heart problems (24%)
- *He mate tai kaha te ia toto* - blood pressure (28%)
- *He mate huango* – asthma (26%)
- *He mate pokapoka ano* – cancer (8%)
- *He raruraru ano koe ki te nekeneke haere* - mobility problems (32%)

2.3.2 Te Mate Haua - Thematic Collation of Responses

- *He mate ki te tinana* – affliction that affects the body (82%)
- *He mate Maori* – Maori disease/affliction (10%)
- *He korero ke* – other responses (8%)

Section 3 Wairuatanga - Spirituality

The research findings support the concept of spirituality as a significant factor in Maori thinking. The paramountcy of the spiritual aspect of Maori existence has already been discussed in considerable detail in the literature search. However, in order to appreciate the full significance of the meaning of *wairuatanga* (spiritualism), further exploration is useful. The word *wairua* (spirituality) derives from *wai* meaning motion and *rua* (two). This duality is reflected in the view of *wairuatanga* (spirituality), as both positive and negative manifestations. *Kaumatua* described both states of *wairuatanga* (spirituality) indirectly when describing negative connotations associated with *mate* (sickness/disability/death), and positively in response to the question specific to *wairuatanga*: *He aha nga hua i puta mai i nga mahi wairua?* (What outcomes can be expected from spiritual pursuits?) The paramountcy of the spiritual in Maori perceptions derives from the belief that the spiritual permeates every facet of existence, the tangible as well as the intangible.

While considerable attention is attached to spirituality, the concept of balance is equally important. The dialectical relationship creating balance in this instance is between *te taha wairua/te taha kikokiko* (the spirit and the flesh). Most of the natural world is perceived to embody both elements. For example, the land can be perceived simultaneously as a physical entity (geographical features), and as Papatuanuku (female deity of the land). Tribally the land is imbued with the 'spiritual footprints' of the ancestors. Similarly a *whare tupuna* (ancestral house) is a physical entity (building), and at the same time the spiritual incarnation of the actual ancestor. The symbolism associated with the *taha wairua* is so deeply ingrained in the Maori psyche, that social relations are shaped as much by spiritual forces as by more

tangible aspects of human existence. In theory, optimum wellness is a symmetrical balance between all contributing components. The elements intrinsic to the spiritual, physical, emotional, and social spheres of human existence come together in spurious accord. In this sense the physical aspect is as important as the spiritual. Consequently, the preoccupation with the spiritual over the secular would not be considered healthy. This does not apply to specialists. In particular, *tohunga* when undertaking customary rituals may be required to focus exclusively on the spiritual realm and thereby enter a state of *tapu*. This state is intrinsically *extraordinary*. In ordinary circumstances the spiritual is ubiquitous permeating all aspects of existence. Notwithstanding the primacy of the spiritual there is an equally strong inclination for equilibrium.

Given the significance of *wairuatanga* in Maori thinking it is difficult to conceive that, according to Ngamaru Raerino and Hohepa Kereopa (private communication, March 2003), the concept is a post-contact Christian development. They both contend that the spiritual realm was originally simple referred to as *nga Atua* (deities). It transpires that the different deities had jurisdiction over different spiritual domains. 14% of *kaumatua* respondents mentioned deities in relation to the question on spirituality. However, the majority of these intimated that the *atua* (deity) that they were referring to was Christian. The most obvious indicator of Christianity was the use of the singular *Te Atua*. When *kaumatua* referred to Maori deities they were more inclined to indicate the plural.

Question: *He aha nga hua i puta mai i nga mahi wairua?*

What is the manifestation of things spiritual?

R: *Mana Atua*

The power of the gods.

R: *He oho oho i te wairua o te hunga kare e mohio he atua ano*

Spiritual awakening amongst those who are unaware of the gods.

R: *Kei te mohio tatau ki te Atua*

We all understand God.

R: *He hua kai roto i te wairua engari me whai te wairua o te Atua e tiaki ana mo tatau te tangata*

Spiritual outcomes however the seeking the spirit of god will ensure that we the people are cared for.

R: *Kia piri ki te Atua*

Closer to god.

R: *He tangata marama ki tona hinengaro, tinana, ngakau me tona wairua ki te Atua*

A person with an understanding of his mind, body, emotions with his spirit connected to God.

However observation of *kaumatua* behaviour, in various social contexts, suggests that Maori operate in different competing spiritual spheres. *Kaumatua* ritual practices invoke Maori deities with the same deference to Christian ones. It has already been argued in the literature search, that generally the influence of Pakeha beliefs and values on rural marae centred communities has been peripheral in the sense that a distinctive Maori culture continues to exist. The contention is that the syncretism of ‘traditional’ values and beliefs, and Pakeha adaptations has given rise to a uniquely contemporary Maori worldview. This is reflected in *kaumatua* responses to the question on *wairuatanga*. Although the majority included *karakia* (prayer) in their responses; there was no differentiation made between traditional and Christian deities. When the singular *te* (the) rather than the plural *nga* was used to describe deities, it was obvious that the reference was to the Christian God. Another explicit reference to Christianity was the use of the term *runga rawa*, which is never used to describe

Maori deities. Similarly the inclusion of *himene* (hymns) and *karakia* (prayers) in a response indicated Christian influences. The problems involved in deciphering traditional and contemporary Maori belief systems inspired the formulation of a Maori mental health model (cf. Chapter Six). Had this tool been devised *before* the questionnaire was designed it is possible that this type of differentiation would have been scrutinized more fully in the survey. Nevertheless, other strategies were adopted that corroborated the interpretation of the findings from the *kaumatua* survey in respect of traditional and contemporary influences.

The *hui a whanau* (focus group) discussion made a distinction between Christian and ‘traditional’ *karakia*. Ancestral *karakia* are mainly invoked by *tohunga* (priests) in specific rituals such as *whakanoa whare* (ritual cleansing of buildings). *Karakia* recited in private are usually Christian based and are recited in Maori. The ‘Lords Prayer’ for example was used by all members of the focus group in a wide range of social contexts. Some admitted to even using that *karakia* to ward off *kehua* (ghosts), although a *tohunga* would be called in if the problem with *kehua* persisted. Traditional *karakia* was perceived as more effective in matters relating to *mate* Maori. The expectation was that the *tohunga* would use traditional *karakia*. Irrespective of the type or origins it is very apparent from the survey that *karakia* was a significant factor in the lives of *kaumatua*, contributing to their spiritual wellbeing.

Question: *He aha nga hua i puta mai i nga mahi wairua?*

What is the manifestation of things spiritual?

R: *Nga karakia te whakapono he whakapakari ake i te hinengaro*

Prayer.

R: *He karakia kia homai ora he kaha*

Prayers bring health and vitality.

R: *Nga karakia himene harakoa te wairua me nga mea katoa*

Prayers, hymns delighting the spirit and everything concerned.

R: *Ka mama katoa i te karakia ko te whakaaro ano kia a ia te tuatahi kua whakake koe kia koe ano*

Everything is easier with prayer the thoughts turn towards others first rather than yourself.

R: *Te tahi mahi wairua te karakia te mea nui*

Of all the works associated with the spirit prayer is the most important.

R: *Me karakia tonu tatau*

We should all continue to pray.

It has been emphasised that the importance of *karakia* (prayers) cannot be overemphasised because in Maori belief it contains curative or healing powers. It therefore comes as no surprise that the majority of *kaumatua* eluded to *karakia* (prayers) in relation to *wairuatanga* (spirituality). But only a couple of *kaumatua* specified harmful spirits as the cause of *porangi* (mental derangement)

Q: *He aha ki a koe te mate porangi?*

What is your understanding of porangi?

R: *Wairua kua kino*

Harmful spirits.

R: *Wairua kino kua riro ke*

Taken (over) by harmful spirits.

According to Raerino (ibid) this state of *porangi* (derangement) signified a *hara* (spiritual transgressions) related to *kawa* (covenant) that defined the relationship between people and gods. Retribution from the gods was invariably manifested as

mate Maori (Maori sickness), which could result in death. The use of *karakia* (prayers) to remove *tapu* (religious condition) is critical to sustaining mental wellbeing, as the following ‘cases’ demonstrate. The lower socio-economic status of most Maori necessitates the use of ‘second hand’ clothing and appliances (a subject that has been discussed in detail earlier in this chapter). A simple remedy used by Maori to protect against negative influences is to sprinkle water over the clothing while reciting a *karakia* (incantations/prayers). Similarly, in pre-contact times when a person died in a house it was burnt down due to the spiritual potency of the deceased! Nowadays, compared to a raupo whare, the cost of housing is prohibitive; consequently, fire has been replaced with the ‘*takahi whare*’ (trampling of the house) and ‘*whakanoa whare*’ (removing tapu). The practice may involve the sprinkling of water, and may also require the *tohunga* to consume bread used in the ritual. The *kino* (evil influences) is absorbed into the bread and removed through the digestive process, giving some indication of the personal *mana* (power) of the *tohunga* (priest/specialist). The moral here is that discarding or disregarding some customary practices can have unfortunate and even dire consequences. It also demonstrates the need for practicing *tohunga* (healer/specialist) within the community.

Government institutions have begun to recognise the value of *tohunga*, some of whom are employed in most major hospitals, usually under the euphuism of ‘*kai awhina*’ (support person) or other equally innocuous titles. Their expertise is not regarded as comparable to that of other specialists, which is reflected in the lower status and remuneration of these positions. In this respect Michel Foucault (1975) adds further insight to this discussion. He described madness as a historical and social construct functioning within shifting convolutions of power and control. The Maori position

adds another dimension to his argument. Disparate power relations between the doctor and the patient that are central to his argument in *'Madness and Civilization'* are inconsequential to the *tohunga* and patient relationship. The erosion of Maori institutions has resulted in the shift of power and control over Maori health to mainstream Pakeha. The *tohunga* in this situation presents a microcosm of power relations between Pakeha and Maori. It can be argued that the disempowerment of the *tohunga* as a specialist in the field of Maori medicine has impacted negatively on Maori mental health. The disempowerment of *tohunga* is contained in the (now repealed) 1907 Tohunga Suppression Act, which was (sadly) instigated by Maori leaders of the time: James Carroll, Maui Pomare, and Apirana Ngata.

As already stated in the introductory chapter, Hohepa Kereopa has a vision for health that is encapsulated in the name *'Te Kapu a Rangi'* which means 'your health is in your own hands'. In keeping with this philosophy, the main strategic focus of Te Kapu a Rangi Trust, is to invest knowledge in the people. This specialised knowledge has traditionally been the preserve of *tohunga*. The Trust has been instrumental in providing 'young people' with esoteric knowledge and the preparation of traditional medicines necessary to sustain wellness within Maori communities. Tuhoe *kaumatua* still have a knowledge of the curative capability of *karakia* (prayers and incantations), access *tohunga* (healers/specialists) services, and most have a working knowledge of *rongoa* Maori (Maori medicines). Perhaps, as the research demonstrates, belief in the spiritual realm is the most significant variable that accounts for the mental wellbeing amongst Tuhoe *kaumatua*.

R: *Ka tau te wairua o te tangata ka pai tana noho*

If the person is settled in spirit they will achieve wellness.

R: *Whakapakari i te wairua - te oranga o te tangata*

Spiritual maturity is the prerequisite to wellbeing.

R: *Ko te hinengaro te tutahi - Ka ora te tinana ko te wairua te kai tautoko.*

A sound mind will sustain a healthy body – the spiritual is fundamental.

This positive concept of spirituality and wellness is not confined to Tuhoe:

Taha wairua is generally felt by Maori to be the most essential requirement for health. It implies a capacity to have faith and to be able to understand the links between the human situation and the environment. Without spiritual awareness and a *mauri* (spirit or vitality sometimes called life force) an individual cannot be healthy and is prone to illness or misfortune (Durie, 1994, p.71).

In research undertaken in 1988 on Maori views of domestic violence Piatarihi Kihirini of Tapuika, the oldest kuia interviewed, expressed the same attitude applied within a negative social context.

How do I analyse it? To me violence is a spiritual thing. It is a lack of ability to fulfil our spiritual needs. If we were fulfilled spiritually we would have control over our, *wairua*, *hinengaro*. Therefore control over our tendencies to be violent (McNeill, 1988, p.57).

The reference to good and evil in terms of spirituality can be summed up with the response of one *kaumatua* who stated '*He hua pai – ka puta i te wairua pai. Ano te wairua kino i ona hua*' (Positive outcomes come from good spiritual forces, equally, bad spiritual forces produce negative outcomes.)

3.1 Wairuatanga - Thematic Collation of Responses

- *Kei mohio tatau ki te Atua* – understanding deity/deities (14%)
- *Karakia* – prayers and incantations (44%)
- *He hua pai/he hua kino* – positive and negative outcomes (10%)
- *Kia pai ai te tangata* – positive outcomes (28%)
- *He korero ano* – miscellaneous responses (4%)

Conclusion

The findings relating to Maori conceptualisations of wellness indicate that the majority of *kaumatua* are conscious of the impact that cultural identity, language, and marae based lifeways have on their wellbeing. The application of a Kaupapa a Iwi approach centred the research focus on Tuhoe. Although this was grafted on to a qualitative research survey the following examples of Kaupapa a Iwi demonstrate that Tuhoe language and customs eclipsed any other methodology.

- Maori (Tuhoe dialect) as the primary means of communication
- Interviewers with close *whakapapa* (genealogical links) to the *kaumatua* involved in the survey so that all those involved in the interviews belonged to the Tuhoe *hapu* (sub-tribes) of Waikaremoana, Ruatahuna, Waiohau, Ruatoki and Waimana.
- Tuhoe *tikanga* (etiquette and protocols) was observed in all phases of the research
- *Korerorero* (dialogue) - Discussions were recorded with key Tuhoe personalities primarily, Hohepa Kereopa, Tamati Cairns, Te Uru McGarvey, Pare Nia Nia, Te Aue Turuwhenua and Waireti Rolleston.
- Traditional oral arts; *waiata moteatea* (traditional song), *karakia* (incantations), *whaikorero* (traditional speech). Examples of Tuhoe oral traditions are evidenced throughout the entire thesis beginning with the *karakia*.
- *Mahi a tohunga* (work of specialist healers/priests). Hohepa Kereopa and Tamati Cairns elucidated Tuhoe esoteric knowledge.

The critical difference between the two approaches is theoretical. Graham Smith (1997) incorporates non-Maori theory, to explain colonial influences, while Kaupapa a Iwi is embedded in *tuturu* (traditional) tribal beliefs values and practices.

Rapata Wiri (2001) captures the essence of a definitive *kaupapa* Maori paradigm in his assessment of what constitutes Maori epistemology.

Maori epistemology; the *Maori* way; the *Maori* worldview; the *Maori* style of thought; *Maori* ideology; *Maori* knowledge base; *Maori* perspective; to understand or to be acquainted with the *Maori* world; to be knowledgeable in things *Maori*; to be a graduate of the *Maori* schools of learning; *Maori* tradition and history; *Maori* experience of history; *Maori* enlightenment; *Maori* scholarship; *Maori* intellectual tradition (p25).

The development of a *Kaupapa a Iwi* model (tribal model) focuses on tribal differentiation. This approach uses tribal conceptualisations of the *kaumatua* (elderly) who participated in the research to formulate a uniquely tribal Maori worldview that is unique to Tuhoe. The basic tenet of the thesis is that each tribe has their own unique conceptualisations of wellness and unwellness and this differentiation needs to be acknowledged.

However, it has already been established that Tuhoe do not live in a traditional Maori environment and other external influences constantly impinge on their existence. It was apparent that it was necessary to construct a model that differentiates between *tuturu* Maori (traditional) and other cultural influences. Although the findings from the research provided valuable insights into Tuhoe *kaumatua* wellness it became patently obvious when the information was being collated that the process would have benefited from a model that reflected the Tuhoe ontology. For example *karakia* (prayers) were considered to be a significant factor in sustaining *kaumatua* wellbeing. However, the questionnaire did not ask *kaumatua* to identify the type of

karakia used. An ontological model would specify whether the *karakia* was *tuturu* Maori (traditional) had European influences (for example Ringatu) exclusively European (for example Christianity) or derived from other non-Maori religions (for example Buddhism). The same analysis would apply to *mirimiri* (massage). *Mirimiri tuturu* (traditional massage) requires *karakia* (prayers/incantation) to remove harmful spiritual impurities that are dislodged through massage. According to Hohepa Kereopa (personal communication, 2001) the inability to eliminate these harmful spiritual forces can have a negative effect on the place and people where the *mirimiri* (massage) was performed. Had the model been designed before the research was undertaken the analysis of the *kaumatua* responses could have been more insightful.

The next chapter explores this idea, with a full exegesis of an ontological model *Te Ao Tutahi*, which developed from the research into *kaumatua* mental wellness. The model is essentially a methodological tool and is considered in relation to other existing Maori models. Therefore the discussion in the next chapter focuses on existing Maori models of health; namely, Mason's Durie's *Te Whare Tapa Wha* (1994), *Te Pae Mahutonga* (1999) and Te Rangimarie Pere's *Te Wheke* (1982). The *Kaupapa a Iwi* (Maori tribal model) of mental health composed from the findings of the research is presented in both Maori and English. The model in Maori language retains the essence of the language and the concomitant shades of meaning.

Chapter Six

Maori Mental Wellness Models

Te ahua o te oranga tangata
Maori wellness models

Rees Tapsell (personal communication, December 2003), a foremost Maori forensic psychiatrist, proposed the idea of constructing a model of mental wellness that encompassed all of the states of Maori existence. The objective of the proposed model was to depict the different cultural influences and experiences that have shaped Maori contemporary lifeways. This model came out of the research into Tuhoe Kaumatua Mental Wellness (2002) and was designed to make sense of the composite cultural influences that contribute to Maori existence. Te Ao Tutahi can be best described as an ontological model of mental wellness. The influence of Martin Heidegger (1962) is very obvious particularly his notion of worldviews in *Being and Time*. The different worlds encapsulated in the Te Ao Tutahi model are:

Te Ao Whakaneke Maori world

Te Ao Pakeha –Pakeha world

Te Ao Hou Contemporary Maori world

Te Ao Tawhito Ancient Maori World

Therefore this model is not a *kaupapa* (framework) Maori model, as defined in chapter four, because it depicts external (non-Maori) ontological spheres of influence.

The model owes much to the Maori pioneers in the field, in particular, Te Rangimarie Pere (1982), Mason Durie and Te Kani Kingi (2000), and Graham Smith (1997).

However, as already argued in chapter two, it is an oversight to rely exclusively on Maori ontological constructs because the influence of the colonial experience impacts on every facet of Maori lifeways.

This explains the obvious influence of Edward Said (1994) and Heidegger (1962) in shaping the model. The concept of ontological realities, the idea of different worldviews (embedded in distinctive cultural philosophical signification), owes much to the thought of Heidegger (ibid). His philosophy conveys the notion that the human experience is shaped by the forces of time, the past, the present, and a speculative future. This position is developed within an 'indigenous' paradigm when Edward Said (op.cit) contends that in the global context entwined histories and shared territories have produced an infinite variety of cultural configurations. In an earlier work, *Orientalism* (1979), Said introduces the idea of contestable territories, which raises issues surrounding domination and imperialism that also needed to be depicted in the model.

Therefore, the convergence of these somewhat disparate ideas provided the impetus for a *Maori* ontological model. Although other worlds that impinge on the Maori experience are intrinsic to the model, the locus is uniquely Maori. Ngamaru Raerino (personal communication, June 2004) named the model *Te Ao Tutahi*, which is virtually untranslatable. *Te Ao Tutahi* denotes the idea of worlds standing side by side. The inter-relationships and interaction between the different worlds both negative and positive, is an integral aspect of the model. This idea will be explained in more detail in the full exegesis of the *Te Ao Tutahi* model. The exegesis concludes a critical analysis of the most widely accepted Maori models that have been developed and applied within the health and education fields. In this respect the *Te Ao Tutahi model* was developed in response to perceived methodological limitations with the existing Maori models: Te Rangimarie Pere's (1982) *Te Wheke*, Mason Durie's (1994), *Te Whare Tapa Wha* and his most recent addition *Te Pae Mahutonga* (1999). The focus

of the critique is on methodological issues, which provides a point of reference to link these models to *Te Ao Tutahi*. *Te Ao Tutahi* is not intended to replace these models. Rather, its main function is as an additional analytical tool, to extend the research parameters and provide possibilities for further analysis.

All of the existing models embrace the Maori penchant for the poetic use of symbolic iconic Maori metaphors as a framework. The literal translation of *Te Whare Tapa Wha* is the four sides of the house. However, the concept of the *whare* (house) is laden with covert meaning. As already related in the previous chapter, *whare tupuna* (ancestral houses) are symbolic personifications of tribal progenitors. The structural framework of the building depicts figurative parts of the body. For the most part the symbolism is generic, although there are minor tribal variations. For some tribes the porch represents the *roro* (brains), for others it is the facing wall that represents the brain. Durie (1994) has reworked and applied this concept to *Te Whare Tapa Wha* (four sides of the house) which represents four components of the total personality.

- Taha wairua (spiritual dimension)
- Taha hinengaro (mental dimension)
- Taha tinana (physical dimension)
- Taha whanau (social/family dimension)

Te Pae Mahutonga is the Maori name for the constellation of stars known as the Southern Cross. In Maori thought the night sky is an inextricable aspect of existence. The recent revival of Maori New Year celebrations in June is bringing ancient Maori customs into contemporary consciousness. Throughout Aotearoa (New Zealand) the Maori New Year ushers in another cluster of stars known as *Te Matariki* (Pleiades). The star *Puanga* (Rigel) is also visible at around this time, and for some tribes

Puanga rather than *Matariki* signifies the beginning of the New Year. *Matariki* is closely linked to horticulture, and connects to *Papatuanuku* (female earth deity). *Te Pae Mahutonga* is identified with *Ranginui* (male sky deity) and is associated with the ancient navigational systems of many cultures. *Te Pae Mahutonga* is of particular significance because it is linked to early voyaging traditions from Hawaiiiki to Aoteaora.

Te Pae Mahutonga is made up of six stars; four central stars and two pointers. The stars form a pattern of a cross, and on a clear night, are easily distinguished from the myriad of other celestial formations. *Te Pae Mahutonga* is symbolic of the four key requisites of health promotion and preservation.

The four central stars represent:

- *Mauriora* – access to Te Ao Maori
- *Waiora* - environmental protection
- *Toiora* - healthy lifestyles
- *Te Oranga* – participation in society

The two pointers represent:

- *Nga Manukura* (leadership)
- *Te Mana Whakahaere* (autonomy).

The development of the health promotion model, *Te Pae Mahutonga* has more complexity both structurally and in the meaning of each of the component, than *Te Whare Tapa Wha*. *Te Pae Mahutonga* is a model that Durie (1999) describes as a symbolic map for bringing together the significant components of health promotion, as they apply to Maori health; and as they might also apply to other New Zealanders.

In this sense both *Te Pae Mahutonga* and *Te Wheke* are universal models that contain strong Maori cultural influences.

In contrast Te Rangimarie Pere (1982) has created a model which is exclusively Maori. It also articulates the characteristic complexity of Maori philosophical thought. The literal translation of *Te Wheke* is the octopus. Although, not as familiar (symbolically) as the *whare tupuna* (ancestral house), the octopus has a special place in Maori consciousness. The main navigation tool for Maori has been the stars (cf. *Te Pae Mahutonga*). However, according to some traditions the octopus guided Kupe (the famous navigator) from Hawaiiiki, the ancestral homeland of the Maori, to Aotearoa (Tetahi Roberts, personal communication, 1985). As a model of wellness *Te Wheke* utilises the parts of the octopus body to represent different structural components of the total personality within a socio-cultural framework. The head of the octopus represents the individual and the family unit from which eight tentacles radiate each symbolising different configurations of Maori being:

- *Wairuatanga* (spirituality)
- *Mana ake* (uniqueness of the individual)
- *Mauri* (ethos which sustains all life forms including the language)
- *Ha a kui ma a koro ma* (traditional cultural legacy)
- *Taha tinana* (physical aspect)
- *Whanaungatanga* (kinship)
- *Whatumanawa* (emotional aspect)
- *Hinengaro* (mind)

These components are self-explanatory and take into consideration human complexities symbolised by the suckers on each tentacle. These suckers represent the

many facets contained within each of the configurations (of life). *Whaiora* (total wellbeing) is reflected in the eyes of the octopus. Interdependence of all parts of the model is a crucial factor, symbolised by intertwining tentacles. This interconnectedness of the different components is explicit in *Te Wheke*, whereas it is more implicit in the *Te Whare Tapa Wha* model.

The crucial difference between the various models is that '*Te Wheke*' is an amplification of Maori concepts of being. The incorporation of the *te ha* (the breath of life) not only refers to physiological dependency on air to sustain life, but to Maori traditions pertaining to the origins of human existence. Central to this notion is tribal identity. The research into *kaumatua* wellness clearly emphasised the significance of *Tuhoetanga* (Tuhoe tribal affiliation) with emotional and spiritual wellbeing. In comparison Durie's (op.cit) emphasis is in accessibility to *Te Ao Maori* (Maori world). He quite rightly contends that the realities of modern Maori existence preclude the majority of Maori from accessing the Maori world. In *Te Pae Mahutonga* Durie advocates redressing Maori cultural deprivation through accessibility to a range of different Maori cultural experiences. These include *marae* (sacred courtyards) and other distinctively Maori social contexts. However, this notion of accessibility must take into account Maori spirituality. It is possible that despite the best intentions, the provision of Maori cultural experiences has the potential to cause mental unwellness.

The previous chapter discussed in some detail the concept of *mate* Maori and described the consequences of transgressing *tapu* (Maori laws/sanctions). Visits to *marae* and other tribal areas that are designated *tapu*, and *marae* become extremely *tapu* during *pohiri* (ceremonial welcome), need to be carefully managed. Many

modern Maori are unaware that the rituals involve the invocation of the dead. The purpose of the rituals is essentially to protect the living. Both the *tangatawhenua* (hosts) and the *manuhiri* (visitors) bring the past to the encounter. The ancestors of both are carried on their shoulders. Any animosities or conflicts that occurred between the ancestors are remembered, and placated through the proper observance of the rituals. Most Maori raised in rural communities are familiar with Maori customs and practices, even if they are uninformed of the reasons for behaving in particular ways. This provides them with cultural security that Maori raised away from their tribal areas do not possess. Accessibility to Maori cultural experiences may be critical to cultural identity, but in order to ensure positive outcomes this assess must take into consideration the complexities of the experience and therefore must be carefully managed.

It is clear that the *Te Wheke* model does not take into consideration Maori cultural deprivation because the primary objective of the model is the articulation of a *tuturu Maori* (traditional Maori) model. The emphasis of the *Te Wheke* model is on the uniqueness of Maori philosophical beliefs and values. *Te ha a kui ma a koro ma* (traditional cultural legacy) specifies the inheritance of the Maori cultural past from the ancestors. Te Rangimarie Pere (op.cit) is resolute that the restoration of Maori wellness is absolutely contingent on *tuturu* Maori (traditional) learning. The setting for the model was based on the life experiences of Te Rangimarie Pere who grew up in Waikaremoana immersed in the language and traditions of a small Maori rural community. Although the model is acclaimed in other tribal areas, it is understandably imbued with cultural perceptions unique to the people of Tuhoe.

Although it can be argued that each tribe have their own concept of health and wellness, Mason Durie's (op.cit) *Te Whare Tapa Wha* model is representative of most cross tribal models because it depicts the basic components of a holistic concept of health. This is supported by the research, whereby Tuhoe *kaumatua* described a model of wellness identifying the elements included in *Te Whare Tapa Wha*. This was a surprising outcome considering the *Te Wheke* model of health was developed by Te Rangimarie Pere who is Tuhoe. A plausible explanation is that the questionnaire was designed to elicit definitive, rather than conceptual responses. In fact Te Rangimarie Pere, who participated in the survey, did not refer specifically to *Te Wheke* in her responses to the wellness questions. Rather, she described wellness as '*nga oranga ki te aoturoa*', alluding to the ancestral concepts of wellness contained in her *Te Wheke* model.

As already discussed the main problem with the '*Te Wheke*' model is that it is difficult to apply, which may account for a preference toward the simplicity of *Te Whare Tapa Wha*. An example of the difficulty in adapting the *Te Wheke* model in a modern context occurred at The Waiariki Polytechnic, which adopted '*Te Wheke*' as a framework for the Health Studies curriculum for nursing. In the process the most culturally significant tentacles, *Te Mauri* (life force) and *Te ha a kui ma a koro ma* (traditional cultural legacy) were amputated, simply because they could not fit into the nursing curriculum. While this resulted in its transformation into a model that could be adapted cross-culturally, the reconstituted model lost its most important asset, *matauranga* Maori (Maori epistemology). The problem was further exacerbated by the Maori language being integrated into the programme. The reality is that in the period from 1987 to 1990 there was only one native Maori speaking student, and none

of the lecturers were competent Maori speakers. Ngamaru Raerino (private communication, 17 September 2003) insists that *Matauranga Maori* (Maori cultural knowledge) is critical to any Maori wellness model and that Maori concepts of health should provide the standard against which intervention plans should be measured.

In contrast Mason Durie (1994) described his model *Te Whare Tapa Wha* as ‘...simple even simplistic but that was also its appeal’ (p74). The comparative simplicity of the *Te Whare Tapa Wha* may explain its universal application within the health field in Aotearoa. *Kaumatu*a responses reinforce and support this view, demonstrating that the simplicity of the ‘*Te Whare Tapa Wha*’ model made it a convenient point of reference. However, this advantage could also be its greatest weakness because apart from the Maori titles, there is little to distinguish this from any other non-Maori model. The uniqueness of the Maori worldview is barely perceptible. The problem with the ‘*Whare Tapa Wha*’ model is that it does not define the uniqueness of Maori as a cultural entity. The Maori translations should carry *matauranga* Maori (Maori knowledge that defines and distinguishes the four components of health as uniquely Maori). ‘*Te Whare Tapa Wha*’ reflects in essence a holistic perception of health that is more generic in that could easily be translated and applied to any cross-cultural analysis of wellbeing.

What exactly distinguishes the *taha hinengaro* (mental dimension) from a Pakeha mental dimension, an Indian mental dimension or any other culture’s conceptualisation of the mental dimension? Similarly, what exactly distinguishes the *taha tinana* (physical dimension) from a Pakeha physical dimension, an Indian physical dimension or any other culture’s conceptualisation of the physical

dimension? These questions can also be applied to the *Te Pae Mahutonga* model because this model also contrives to be all-inclusive. However, *Te Pae Mahutonga* does incorporate the socio-cultural outcomes of the colonial experience into the model. Furthermore, strategies to redress the detrimental effects of colonisation are articulated in relation to the various components of the model.

Durie (op.cit) does acknowledge colonisation as a driving force in the explication of the *Te Whare Tapa* models, but this remains covert. The '*Whare Tapa Wha*' model is essentially a personality profile that does not take into account other variables that have a significant impact on the health status of an individual. A continuing theme throughout this research project is the idea that Maori cultural concepts no longer exist, separate from the political and social ramifications of colonial history. It is virtually impossible to address the reality of the contemporary experience on Maori without taking cognisance of colonisation as a key factor in shaping the destiny of Maori. It can be argued that the problems associated with poverty, that many rural Maori confront, are compounded within Tuhoe because of the geographical isolation of much of the area. This impacts on the general health of the population in terms of employment opportunities, access to essential services, and the higher cost of basic necessities. The contention that *kaumatua* unwellness is caused by socio-economic determinants beyond their control, was covered in the previous chapter.

It has already been argued in the literature search that the influence of Pakeha beliefs and values on rural marae centred communities, generally appeared to be peripheral. The impression in these communities is that a distinctive Maori culture continues to exist, regardless of Pakeha influences. The supposition is that the syncretism of

‘traditional’ values and beliefs and Pakeha adaptations has given rise to a uniquely contemporary Maori worldview; *Te Ao Hou* (the New World). *Te Ao Hou* is essentially a syncretism of traditional Maori and European cultural constructs. It is interesting to note that *Te Ao Hou* is perceived to belong to the Maori cultural domain because European influences are subjugated, and concepts are articulated in the Maori language. Certainly, there is little deference to European origins.

However, *kaumatua* responses in the research provided evidence that suggested the appropriation of Maori beliefs in some areas. A small minority indicated that their religious practices were situated solely within the Christian faith. Although they attended rituals that were *tuturu Maori* (traditional) their personal faith was resolutely Christian. It was determined from their responses that maintaining a sense of wellbeing was determined more by their Christian faith than *tuturu* Maori beliefs and practices. This is evidenced by the following responses to the survey question:

Question: *He aha ki a koe te oranga tangata?*

What is your understanding of wellness?

R: *Karekau he maharahara ki tetahi atu mea kei a ia te oranga tangata wairua*

I do not think much about this – The spiritual wellbeing of the people is with him.

R: *Ko te whakapono ki te Atua*

Belief in God.

R: *Whakaaro ki te runga rawa*

Thoughts towards God.

It could also be argued that the propensity for Maori to move with ease between different belief systems raises some question about the assumption that Christianity dominates their sense of *wairuatanga* (spirituality). In the biography '*Tohunga*' Hohepa Kereopa refers to the 'Almighty' in relation to a miraculous experience:

'This was an important lesson for me to learn,' Hohepa noted. 'It taught me about the total power of the Almighty...'
(Moon, 2003 p.53).

The unconscious shift from one ontological belief system is not just the prerogative of *tohunga* (Maori priest/specialist), and is an observable characteristic of Maori cultural behaviour. In terms of analysis this blurring of beliefs and practices presents difficulties. Unfortunately, the Maori model of mental wellness, *Te Ao Tutahi* was developed as an outcome of the research into Tuhoe *kaumatua* wellness. Its main feature is that it separates the different beliefs and practices, and thereby facilitates an unambiguous understanding of the issues.

This ambiguity is explored in the relation to '*Hui Oranga*' A Maori measure of a mental health outcome (Durie & Kingi, 2000). The process of evaluation relied on the application of *Te Whare Tapa Wha* as a cultural measure of a mental health outcome.

The tool is designed to be a quick, easily administrated measure of outcome, appropriate for routine clinical use. It may be used as a specific cultural measure of outcome or combined with other, more targeted clinical tools. Application should take no longer than 10 – 15 minutes (p.2).

The process relies on perceptions of well being to gauge gains in mental, physical, spiritual and social health. The process involves interviewing the clinician, patient and patient's whanau for their personal opinions on the outcomes of the patient's care/treatment plan.

A treatment plan may, for example, include interventions or processes designed to enhance a dimension of health, which is culturally

founded, such as wairua. A service may do so in a variety of ways and could include karakia or powhiri as part of a spiritual intervention. The outcome of this particular process might be significant and important part of the client's treatment and recovery plan. Measures of outcome which neither consider the intervention or the outcome are likely to disadvantage services which operate within that type of cultural paradigm (ibid, 2000, p29).

However, the report does not provide sufficient evidence of the Maori 'standards' it purports to measure. The outcomes of interventions do not appear to relate to

matauranga Maori (Maori epistemology) to measure Maori standards of healing.

Apart from one question relating to the strengthening of the client's Maori identity,

the assessment tool is devoid of any explicit Maori subject matter. If the assessment

strategy included an intervention programme designed around *kaupapa* Maori (Maori philosophical framework), the tool would have the potential to contribute enormously

to the advancement of the Maori health status. Cultural components are not integrated into intervention programmes simply because they are included in the methodology.

Measuring mental health outcomes requires that the assessment defer to Maori

conceptualisations. However, the impact of colonial experience on Maori life ways is

an important consideration. It is possible to integrate this into the evaluation process

as the following analysis demonstrates.

It has been established that the use of *karakia* (prayers/incantations) may be included

'as part of a spiritual intervention' strategy. But omitted from the description of the

planned intervention is important contextual information, such as the type of *karakia*.

Was the *karakia* an ordinary Christian prayer, recited in English? A Christian *karakia*

recited in Maori, or a pre-European contact *karakia* invoking the traditional Maori

atua (gods)? The cataloguing of the different origins of prayers also provides a more

definitive representation of present day Maori life ways, where Maori are subject to

different cultural influences. Separating the cultural configurations of the different interventions would facilitate the analysis. These components differentiate Maori wellness strategies and could even test the efficacy of different types of Maori spiritual ritual practices. In fairness to Durie and Kingi (ibid) their work does not claim to be the definitive example of evaluation, and have identified the necessity of further developments in Maori measurement standards. The contention here is that the publication of the 2000 report indicated that a *Maori* measurement of health was being implemented in a clinical setting.

While Maori will benefit from the measures which consider clinical aspects of the outcome, culturally founded outcome preferences will likewise need to be explored so that a more complete assessment of outcome, aligned to Maori concepts of health, can be determined (p27).

The potentiality for integrating *tuturu Maori* (traditional/authentic) into clinical practices is far reaching. It is widely acknowledged (cf. discussion on *mate Maori* – Maori sickness Chapter Five) that some ‘mental afflictions’ are beyond the scope of conventional intervention methods. According to Hohepa Kereopa (personal communication, 2004) the faith or the belief of the individual is the most significant factor in healing. This notion is exemplified in the following incident involving a *whanau* member who had burnt herself cooking *panekeke* (pancakes) at a *hui* (tribal gathering) in Te Puke.

The burn had already started to blister and there was a frantic rush as family prepared to take her to the Hospital Outpatients. On the way out Hohepa was spotted in the *wharekai* (dining room). He merely looked intently at the hand for about thirty seconds, and then told her that she would be all right. The subsequent healing process can be described as comparable to the rewinding of a video recording in slow motion.

Over a period of approximately half an hour or so, the burn actually receded, leaving no visible mark whatsoever. The healing procedure involved no conspicuous displays or ritual commonly associated with the *tuturu Maori* (traditional) practices of the *tohunga*. What is interesting in this case is that the ‘patient’ is a medical doctor and the healer a *tohunga*. Obviously in this instance their professional roles embraced a synergy of science and spiritual beliefs. The patient had absolute faith in Hohepa’s skill as a *tohunga*, although she was not expecting any miracles. Hohepa too will defer to science by consulting medical professionals and medication for his own ailments, provided he considers this the most appropriate form of treatment.

Therefore, the whole issue of Maori healing is convoluted and complex and the use of Maori cultural interventions in the mental health field require more comprehensive examination. Notwithstanding the apparent difficulties inherent in the development of a Maori measurement ‘aligned to Maori concepts of health’, it is an exciting prospect. It should also be noted that Maori endeavours to apply Maori models are often met with resistance, rather than enthusiasm in mainstream institutions. Maori advancement in both the education and health fields owes much to the innovative thinking of Maori theorists and to Maori professionals who have challenged the status quo; and have been forced to make compromises. This is the reality of Maori existence in a neo-colonial environment. While acknowledging the challenges Mason Durie has endured to advance Maori in the health field, the absence of a Maori epistemological basis to his model of wellness is extremely problematic.

Although both the *Te Whare Tapa Wha* and the *Te Wheke* models approach to health is holistic, it is devoid of *tuturu Maori* (traditional Maori) knowledge systems that

distinguish it clearly from any other wellness model. This is most apparent when the *Te Whare Tapa Wha* is compared with the World Health Organisation's (WHO) definitions of health. The WHO primary health care statement from the WHO conference at Alma-Ata (1978) states:

The conference strongly affirms that health, which is a state of complete, physical, mental and social wellbeing and not merely the absence of disease or infirmity... (p2).

The exception in the *Te Whare Tapa Wha* is that it includes a spiritual dimension, which is conspicuous by its absence in the WHO model. It has already been established that, taking into account equilibrium in relation to all components, the '*taha wairua*' (spiritual component) is the cornerstone of Maori concepts of health. Similarly, as Durie concedes the *Te Pae Mahutonga* model is inspired as much by the Ottawa Charter (1986) as it is by Maori conceptualisations.

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health (pg 1).

Again, the spiritual dimension is conspicuously absent from the WHO health promotion model. Perhaps it is this preoccupation with the spiritual that differentiates 'western' from 'indigenous' worldviews. While researching Maori conceptualisations of health, Mason Durie observed *kaumatua* attention to the paramountcy of the spiritual in Maori thought.

During the welcome *kaumatua* Tupana Te Hira had emphasised in Maori the importance of wairua as a starting point for health. It was a view that many *kaumatua* shared and was frequently heard on marae throughout the country (p.70).

Notwithstanding the omission of the spiritual dimension, the WHO in collusion with most holistic health models, defines good health as an optimum state of wellness.

According to this paradigm, wellness occurs when all the different aspects of the healthy personality: physical, mental, social, and spiritual, are in harmony and are fully functional. This demonstrates that an *optimum standard of wellness*, indicating wellness in all aspects of the personality, is the ideal. As described in detail in Chapter 5, this concept of health is problematic for two reasons. Firstly, *kaumatua* definitions of wellness (*tupakari*) include those who have an obvious disability. In actuality, as the majority of Tuhoe *kaumatua* suffered from a range of physical illnesses. This did not appear to affect their mental wellness. However, in terms of a holistic approach to wellness their physical health status affected their overall wellness status, depending on the degree of affliction. In this context it is important that perceptions of health and their enviable health status should not be construed as total wellness. The point being clarified here is that a holistic concept of health does not necessarily mean that an individual has to be in an *optimum* state of health. It must be recognised that Tuhoe *kaumatua* have issues relating to poverty and problems of physical un-wellness that need to be urgently addressed, in spite of the perceptions they hold regarding their own well-being.

Secondly and perhaps more critically, confusing health with illness creates unnecessary complications, especially in terms of implementing intervention strategies. Rees Tapsell (private communication July 17, 2003) also supported the notion that mental wellness is a separate entity, irrespective of the cultural frameworks. He criticised the conventional use of health, as a single construct to include all states of mental illness as well as mental wellness. The application of a wellness model to measure the effectiveness of intervention strategies to individuals experiencing mental problems suggests that wellness and un-wellness exist on a

continuum, rather than as dialectically opposed, separate entities. The research findings (which went beyond the actual surveys) on defining wellness, signalled that in Maori conceptualisations, wellness exists as an entity separate from un-wellness.

To support this argument *kaumatua* who participated in the research did make a clear distinction between wellness and un-wellness. Similarly, their responses indicated perceptions of different states or experiences of wellness. This generally held perception advocates a paradigm that is essentially characterized as a single continuum from extreme illness to optimum wellness. This is contradictory because the word 'health' signifies wellness. Maori conceptualisations distinguish wellness and un-wellness very clearly: *oranga* (wellness), and *matenga/mauiuitanga* (un-wellness). The word used to describe health is '*oranga*' which derives from '*ora*,' which means to be alive and/or well. Conversely *mate* can signify illness or death depending on the context. It was apparent from *kaumatua* responses that the dialectical positioning of wellness as opposed to unwellness did not preclude the idea of different states of wellness and unwellness.

The definition of wellness and unwellness is integral to the planning and implementation of community health care. This wellness strategy is contained in Clause 4 of the WHO, Alma Ata (op.cit), which suggests that the planning and implementation of health care is a basic human right.

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care (ibid).

What is not explicated is the right of individuals and communities to 'define' health care, and implicit in clause 4 is the tacit acceptance that health care is a universal

construct. It would have been more meaningful if the WHO statement on health emphasised the right of different cultures and communities to define their own notions of health. There may not be a definitive outcome, but each culture has the right to devise paradigms that are relevant to their own unique cultural experience. These ambiguities suggest that defining wellness or health is difficult, which impacts on intervention strategies.

Maori felt that their relationship with health professionals and the health system generally had become strained. Rightly or wrongly a feeling of alienation had arisen, not necessarily because of poor access or inadequate care, but mainly because there was a lack of shared decision making and a limited recognition of Maori view. Maori health perspectives such as *whare tapa wha* were welcomed because they provided the necessary framework within which a semblance of ownership over health could be entertained (op.cit, 1977, p. 75).

It can be safely deduced that care plans that derive from models shaped and endorsed by consumers, is preferable to one that is imposed. The WHO definition of health, while motivated with good intentions, perpetuates a paternalistic paradigm. The 'power to define' and the subsequent intervention strategies require a less paternalistic approach, with more confidence in the ability of previously colonised or marginalised people to determine their own health paradigms and health needs.

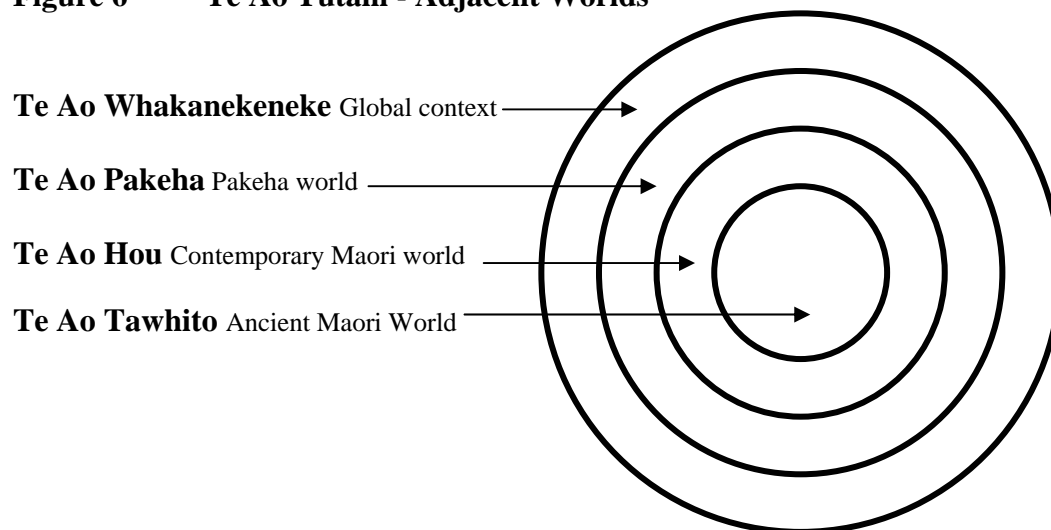
The *Te Wheke* model reflects a *tuturu* Maori (traditional) representation but ignores (perhaps deliberately) the realities of contemporary Maori existence, and the impact of colonisation on the Maori psyche. The challenge was to construct a model that retains the simplicity of *Te Whare Tapa Wha*, without compromising the cultural integrity of Maori conceptualisations contained in *Te Wheke*. Consequently the *Te Ao Tutahi* model attempts to provide the means to integrate all the diverging methodological models into a single cohesive tool of analysis. This task was undertaken with the realisation that Maori cultural concepts are complex, and

furthermore that most needed to be contextualised or framed within the specific intervention process to be fully appreciated. The strength of the *Te Ao Tutahi* model is that it recognises that Maori are subject to a complexity of cultural influences.

The *Te Ao Tutahi* model separates different ontological realities and effectively demarcates specific areas of beliefs and practices. The model provides a means or method for effective epistemological analysis because it deconstructs the different cultural spheres or realities. From this perspective the *Te Ao Tutahi* model is primarily a methodological tool to analyse Maori reality or realities:

- Te Ao Whakanekeneke (Global world)
- Te Ao Pakeha (European world)
- Te Ao Hou (Synthesis of cultural elements from Maori and Pakeha worlds)
- Te Ao Tawhito (Maori world –origins in pre-contact Maori existence)

Figure 6 Te Ao Tutahi - Adjacent Worlds

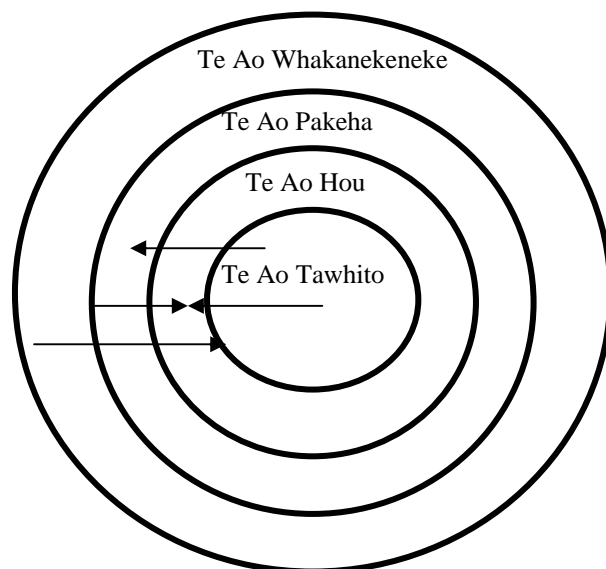


When applied to the research environment, data can invariably be differentiated according to the influence of specific world-view components. As already mentioned in the previous chapter, the model would have been especially useful in the analysis

of *wairuatanga* (spirituality). However, the model also assists where a more complex approach is required in the analysis of other questions. Pakeha cultural influences were apparent in some responses that were considered essentially Maori, and this presented a methodological challenge. A model was required that separated *tuturu* Maori (pre-contact Maori ideological beliefs and practices) and contemporary Maori ideological beliefs and practices; that clearly demarcates the different influences on contemporary Maori beliefs and practices. This alternative model simply aligns the different worlds in which Maori interact. Essentially the *Te Ao Tutahi* model provides a paradigm of Maori mental wellness that takes into consideration, different cultural influences on Maori, while at the same time retaining deference to traditional Maori thought demonstrated by the placement of *Te Ao Tawhito* in the central position. The arrows on the following diagram depict the movement between each of the different world creating cultural configurations and influences – both positive and negative.

Figure 7 Te Ao Tutahi - Adjacent Worlds (Interactive)

- Te Ao Whakanekeneke** Maori world
- Te Ao Pakeha** –Pakeha world
- Te Ao Hou** Contemporary Maori world
- Te Ao Tawhito** Ancient Maori World



It has already been stressed that many Maori move effortlessly between different worldviews or realities. Although the transition between the different worlds is seamless in ordinary existence, for analytical purposes it is useful to separate them

into different entities. The functioning of this model is best demonstrated in the context of a real life case study, reflecting ordinary everyday activities. This observation occurred in March 2002. Hohepa Kereopa in his role as a *tohunga* was asked to lift the *tapu* (in this context malignant spiritual influence) from a Whakatane building. On the way to perform the ceremony he stopped at the bank to withdraw money. When he arrived at the building in question, he exchanged pleasantries with the Pakeha manager and other participants from the organisation. The ceremony began with a *himene* Maori, a Christian hymn that is sung in Maori. Hohepa began the cleansing ceremony with a *karakia Ringatu* that has its origins in both Maori traditional beliefs and Christianity. As he moved around the building he began to recite *karakia* that pre-dates Christianity. When the ceremony was completed Hohepa returned home and logged onto the Internet. Within the space of approximately six hours Hohepa had traversed all four planes of reality as depicted in the following table.

Figure 8 Case Study

Ontology	Activity – select examples
Te Ao Pakeha	Use of bank facility
Te Ao Hou	Hymns, prayers and other rituals that contain Christian and Maori elements performed in the Maori language.
Te Ao Tawhito	Invoking Maori deities through the recital of ancient prayers and ritual. Maori language including ancient words that have lost meaning in the contemporary world.
Te Ao Whakanekeneke	Use of the world wide web

Peter Harwood (personal communication, 26 January 2005) commented that the global world and the Pakeha world were virtually the same. However, he acknowledged that the demarcation of the Pakeha world was critical to Maori conceptualisations of existence. Although it is conceded that Pakeha culture is essentially a global western culture, Chapter two includes a vigorous defence of

European cultural diversity (reflected in language and dialectical variations of different western (European) cultures. The retention of Te Ao Pakeha (the Pakeha world) within the Te Ao Tutahi model is critical because Maori perceive the Pakeha world as an entity separate from the rest of the west.

In conclusion, *Te Ao Tutahi* presents a Maori paradigm that encompasses all Maori irrespective of their life experiences. For example, there are those Maori who by choice or circumstance, interact totally within the confines of Te Ao Pakeha. The only discernible difference between this person and any non-Maori is ethnicity. But by virtue of *whakapapa* (genealogy) every person who has Maori blood has a legacy implanted in *Te Ao Tawhito* (the Maori world). *Whakapapa* (genealogy) is the key to membership. The following *whakatauki* (proverb) recognises these ancient bloodlines:

E kore au e ngaro te kakano i ruia mai i Rangiatea
The seed sown in Rangiatea, you will never be lost

The issue of 'Maoriness' or identity is especially poignant for urban Maori, many being estranged from their tribal roots. The mental wellness paradigm recognises this phenomenon. It is likely that the majority of Maori requiring mental health intervention are alienated from their tribal roots. Certainly the research undertaken amongst the Tuhoe *kaumatua* provides a reasonable basis for this kind of speculation. The research indicates that Maori who are comfortable in the Maori worlds (depicted on the model as Te Ao Tawhito and Te Ao Hou) are more likely to be mentally well. This supposition is founded on the basis that the survey showed an apparent absence of mental health problems amongst an aging Tuhoe population. When other cultural influences impinge on an exclusive Maori world view, the *Te Ao Tutahi* model becomes most useful. The defining of the different and very separate entities

simplifies the methodological approaches as applied to this research project. As already discussed in relation to mental health intervention strategies, *Te Ao Tutahi* can be seen as an additional resource to extrapolate and identify the origin of different intervention processes. Furthermore, the model can be applied to a range of different contexts and for different purposes, although it was designed originally to assist with the analysis of Maori mental wellness.

The final Chapter relies on *Te Ao Tutahi* model to draw together the various themes contained in the thesis. Each of the preceding chapters are revisited with a brief commentary on how the content relates specifically to the Tuhoe study. It then concludes by returning to the original hypothesis of the study, which considered the correlation between mental wellness and the maintenance of the language and cultural traditions. These determinants provide a framework, in which each of these factors can be considered in relation to Tuhoe kaumatua mental wellness. The variables that were identified as requisites to *kaumatua* wellness before the research was undertaken. The Chapter closes with a commentary on *kaumatua* thoughts about the research. Inspired by kaumatua comment about further research targeting youth the notion of mental wellness as a legacy from *kaumatua* to future generations is the concluding statement.

Chapter Seven

Conclusion

The model Te Ao Tutahi, described in the previous chapter, embodies the disparate themes that make up this thesis. It was clearly established in the opening chapters that Ngai Tuhoe communities are susceptible to change although remain more culturally resilient than most tribes. This study has provided evidence that amongst the aging sector of the Tuhoe population there is a correlation between cultural resilience and the sustainability of tribal customary practices. Te Ao Tawhito (the ancient Maori world) and Te Ao Hou (Contemporary Maori world) remain central to Tuhoe lifeways. The references to these spheres of the Tuhoe ontology are evident throughout and in particular in the discussions relating to the metaphysical aspects of Tuhoe existence. It can be argued that Tuhoe have responded in a unique way in regards to external influences both nationally and globally (Te Ao Pakeha and Te Ao Tawhito). The environmental and geographical elements that make up the Tuhoe tribal estate have provided a buffer for Tuhoe in terms of preserving their culture and language.

At the turn of the 20th century the people from the Eastern Bay of Plenty were still living in predominantly Maori communities...The roads between these communities were often rough and at times no more than tracks. This made Maori communities isolated and somewhat protected from the dominance of the English language. (Te Puni Kokiri, 2003)

Chapter One focuses more on the difficulties for *kaumatua* (elderly) in terms of the geographical isolation but describes the positive effects of the environment in regards to the *wairuatanga* (spirituality). Tuhoe perceive the environment in a distinctive way because their *tupuna* (ancestral spirits) and *atua* (gods, taniwha) occupy the land, rivers and streams.

Chapter 2 is an overview of the literature which explores the impact, on Ngai Tuhoe, of globalisation (Te Ao Whakanekeneke) and European cultural and ideological influences in the New Zealand context (Te Ao Pakeha). The search attempts to draw together the divergent ideological influences on Maori. The argument centres on the significance of Maori epistemology in its own right. These motifs are significant to the study of Tuhoe because it draws colonisation and globalisation into a cohesive framework. The Tuhoe *kaumatua* mental status may be robust but the effects of colonisation (in terms of the loss of tribal resources) can be measured against standard national indices of poverty. This aspect of the study is reflected in the Te Ao Pakeha (Pakeha world) and Te Ao Whakanekeneke (Global world).

Chapter 3 explored the antithetical relationship between science and metaphysics within the context of European intellectual hegemony. It is essentially a critique of the precedence that scientific positivism is given in European thought. It is not science that is rejected but the idea that the spiritual and metaphysical aspects of existence are undermined. This discussion was necessary because metaphysics is critical to an understanding of Maori epistemology. This discussion underpins the challenges researchers confront when studying indigenous communities. One of the reasons Maori communities are resistant to research is because the perception is that they are the object of scientific scrutiny. Although the Tuhoe *kaumatua* studies (2000 and 2002) was relatively straightforward mainly because of Tuhoe personalities of considerable stature, Hohepa Kereopa, Tamati Cairns and Pare Nia Nia were closely involved in the project. However there were issues concerning working in Maori communities that required critical reflection and are addressed in this chapter. The

exploration into undertaking research that is ethically and culturally appropriate instigated the development of Kaupapa a Iwi approach to research.

Chapter 4 is an exegesis of the research methodology, which discusses Graham Smith's Kaupapa Maori Theory (1997) and introduces the notion of a Kaupapa a Iwi approach which is based on tribal *tuturu* (traditional) tribal beliefs values and practices. Therefore Kaupapa a Iwi (tribal theory) provides a more useful approach to the research within Maori communities. However it was also argued that this particular research project (of Tuhoe *kaumatua*) would benefit from a range of different methodological approaches. Consequently qualitative research methodology was used to survey Tuhoe *kaumatua* attitudes, beliefs and values. The survey integrated, where appropriate, a Kaupapa a Iwi approach by using Tuhoe *reo* (Tuhoe dialect), *korero a waha* (dialogue), *hui a iwi* (tribal meetings), *mahi a tohunga* (tohunga practices), *waiata moteatea* and other oral arts. Tuhoe *tikanga* (protocols) framed the research process.

Chapter 5 reports on the findings from the research survey and integrates commentaries and the findings from other sources particularly *mahi a tohunga* (tohunga practices) and *waiata moteatea* (traditional dirges). The findings are separated into specific areas; *te oranga* (wellness), *te mauuiuitanga* (unwellness) and *te wairuatanga* (spirituality). These categories were employed to give the report some order although as anticipated there was some overlap. This was especially notable in relation to the concept of *wairuatanga* (spirituality), which permeates all of the discussions on the findings. However there were some aspects of *wairuatanga* that were not covered in the *te oranga* (wellness) and *te mauuiuitanga* (unwellness)

discussions which justified the inclusion of separate *wairuatanga* (spirituality) category.

Chapter 6 explores existing Maori models of health, Mason's Durie's *Te Whare Tapa Wha* (1994), *Te Pae Mahutonga* (1999) and Te Rangimarie Pere's *Te Wheke* (1982).

As already mentioned during the research process it was determined that Te Rangimarie Pere (1982) has already developed a perfectly adequate healing model, *Te Wheke* - that was grounded in Tuhoe epistemology. It became apparent in the course of undertaking this research project that what was needed was a model that differentiated the *tuturu* Maori (traditional practices) from other practices. It is envisaged that this model could provide a useful methodological tool in research. Furthermore health professionals may be able to apply the model to assess the efficacy of the intervention methods used in healing.

The Te Ao Tutahi model provides a new theoretical framework that came from the need to assess the wellness of *kaumatua* (elderly) using a paradigm that would encapsulate Tuhoe culture. The mental wellness status of Tuhoe *kaumatua* who were residing outside of the Tuhoe tribal area was beyond the parameters of this study. The indications are that further research could be undertaken with 'expatriate' Tuhoe *kaumatua* to compare the status mental health status of this sector with those residing in the Tuhoe *rohe* (tribal area). However it would be more advantageous in terms of benefits to Tuhoe if the priority was to determine the effect of Tuhoe language and culture on the mental health status of Tuhoe youth. Other possible areas for further research could include cross-tribal and different influences in the way tribes and *hapu* practice, *tikanga*, *karakia*, *rongoa* and leadership. It is anticipated that each tribe and

sub-tribe will have their own distinctive way of integrating these customs and rituals into their daily lives. The effects of this can also be evaluated in relation to the mental health status of the people.

As a corollary, further research within Tuhoe would provide the opportunity to advance the Kaupapa a Iwi approach. It is evident that the Kaupapa a Iwi approach requires further development. It has already provided a useful tool – but it needs refining. Incidentally, the Kaupapa a Iwi approach has been applied and further developed in recent Waitangi Tribunal research. In the process of further advancing this approach Pia Callaghan (personal communication, April 5 2005) suggested that a Kaupapa a Hapu (sub-tribe) approach could be developed that may be more useful in Maori research.

Chapter 7 opened with an overview of thesis using the Te Ao Tutahi model as a motif to demonstrate how the model could be applied. The remainder of this chapter is an appraisal of the factors that contribute to mental wellness amongst the *kaumatua* who live within the rohe (tribal boundaries) of Tuhoe.

Hokia ki nga maunga kia purea koe e nga hau a Tawhirimatea
Return to the mountains to be cleansed by the winds of Tawhirimatea

This *whakatauki* (proverb) refers to the healing powers of *te hau kainga* (home). This has special significance to the study of Tuhoe *kaumatua* mental wellness, because it has been established that Tuhoe is considered to be the vanguard of traditional Maori lifeways and customary healing practices. As already stated in the findings of the Tuhoe Kaumatua Mental Wellness Survey (2002), the majority of Tuhoe *kaumatua* are conscious of the impact that cultural identity, language, and marae based lifeways have on their wellbeing. This supports the research hypothesis that there is a

correlation between mental wellness and the sustainability of Maori language and culture.

The target group of the fifty-five plus age group had no reported incidence of mental illness in 2000, at the time the first survey was undertaken in Tuhoe. Only two *kaumatua* were suffering from dementia and Alzheimer's disease. These are classified as degenerative diseases, rather than as mental illnesses. It appeared from the study that the main distinguishing differences between Tuhoe resident in Tuhoe, and other Maori communities (including urban Tuhoe) are:

1. Traditional life ways.
2. Maori as the first language
3. Living within kinship based communities
4. Natural environment

One of the key objectives of the research was to isolate the factors that explain the high incidence of mental wellness amongst the *kaumatua* sector within Tuhoe. For this reason it is appropriate to provide a brief summary, relating each of the factors to *kaumatua* mental wellness.

Traditional life ways

This aspect of Tuhoe *kaumatua* reality has been a persistent theme throughout the thesis. However, one aspect of traditions that has not been discussed that is particularly relevant to mental wellness is traditional methods of conflict resolution. In relation to the maintenance of mental wellness there has been considerable discussion on traditional 'safety mechanisms' such as *karakia* to ensure spiritual safety. For example, the deflection of *makutu* (curses). The use of traditions to resolve

conflict is not as well documented, although this mechanism may also have therapeutic consequences.

Tamati Cairns (personal communication, August 2000) recounted an incident in Southern Tuhoe where two *hapu* (sub-tribes) were embroiled in conflict. A young woman had died and her husband had refused to give her body to her own *hapu* for burial. After the woman was interred, her husband's *hapu* called a *hui* (meeting) with her *hapu* to air their grievance. The ceremony concluded with the presentation of a greenstone *patu* (weapon). The *patu* is associated with combat and symbolically absorbed the conflict. The *koha* (gift) signified peace, and when it was accepted by the 'injured party' the process of reconciliation was completed.

Depending on the circumstances, the same process is often applied to personal or intra-*whanau* conflict. The application of traditional practices of retribution for heinous crimes, such as murder, rape, and incest, may account for the low incidence of mental illness amongst Tuhoe *kaumatua*. For example, the Tuhoe punishment for incest was castration and this practice continued until very recently (Hohepa Kereopa, personal communication, August 2002). This practice probably served both as a deterrent and more importantly, in terms of mental wellness, a healing strategy.

Maori generally have an idiosyncratic attitude towards conflict resolution. The term '*kua ea*' means it is complete or paid for. When this occurs, the conflict dissipates. It is reasonable to deduce that the psychological implications of this uniquely cultural approach to conflict resolution must have positive psychological benefits.

Maori as a first language

While the Needs Analysis (2000) accentuated the difficulties the Tuhoe environment presented it is apparent that this factor may have also sustained the language.

Rapata Wiri (personal communication, 29 July 2005) argues that the sustainability of the language within Tuhoe differentiates Tuhoe from other tribes simply because

Tuhoe kaumatua living within the tribal area are native speakers. When **Benton (1982) undertook a comparative study of native speakers during the 1970's**

Tuhoe (including all age groups) had purported the highest number of speakers. These findings are reinforced in the Report from Te Puni Kokiri, '*The Health of the Maori Language in Waiariki*' (2003), which maintains that the retention of the language amongst Tuhoe was determined by their isolation during the period of European settlement.

Further inland, the inland Tuhoe were even more isolated. This limited the movement into the area, and because the people living there had become self reliant, it limited the need to get support from the outside of the area. This aspect of isolation has assisted the people from the area to maintain higher levels of knowledge and the use of te reo Maori than almost any other area in New Zealand (p3).

More recent statistical data indicates that Tuhoe has retained the status quo as the tribe with the highest number of Maori language speakers.

According to the 2001 census 'those people of Maori descent who stated that they were able to speak a language, the proportion who were able to converse in te reo Maori varied considerably by iwi. Of the 10 largest iwi, Tuhoe (42%) and Ngati Awa (36%) had the highest proportions of people who could hold a conversation in te reo Maori, compared with 20% of Te Atiawa and 13% of Ngai Tahu/Kai Tahu members' (www.stats.govt.nz).

The effect of fluency of language on mental wellness has also been discussed in detail in Chapter Five (Research findings). *Kaumatua* responses indicate that the ability to speak the language was a significant factor in their own sense of cultural wellness.

This notion is captured in the following response.

R: *Korerotia te reo kei reira te oranga*

Wellness can be enhanced by speaking the language

Without exception, Tuhoe *kaumatua* endorsed the language as a positive influence on their sense of wellbeing. The demise of the language has its genesis in colonisation.

Angela Ballara (undated) describes the process which has culminated in the diminishing numbers of Maori first language speakers.

Racism, prevalent in the late 19th century, was at its strongest in the early 20th century, and included the conviction that only European culture - often regarded by Europeans as superior because it was 'civilised' and as a universal culture - would matter in the future. Maori language was not understood as an essential expression and envelope of Maori culture, important for Maori in maintaining their pride and identity as a people. In this prevailing climate of opinion, Maori was still officially discouraged (by neglect rather than punishment), and many Maori themselves questioned its relevance in a Pakeha-dominated world, in which the most important value seemed to be to get ahead as a successful individual.

<http://www.nzhistory.net.nz/Gallery/tereohistory.html>

The reference to the importance of the language in 'maintaining their pride and identity as a person' acknowledges the positive psychological implications for first language speakers. It was apparent from *kaumatua* responses that being able to speak their own Tuhoe dialect further strengthened their sense of identity. From the research findings, there appears to be a strong correlation between Maori as a first language and the mental wellness of Tuhoe *kaumatua* who participated in the 2002 survey.

Living within kinship based communities

Living within kinship based communities is a distinguishing feature of Tuhoe *kaumatua* lifeways. The contention that this factor contributes to their mental wellness is difficult to repudiate. A major study undertaken in Australia (Tang, Sullivan and

Fisher, 1995), promotes the importance of 'caring communities' as a pre-requisite to wellness amongst the elderly.

Social interaction and loneliness are issues of relevance to the health of old people. The lack of social relationships is as much a risk factor for health as cigarette smoking, high blood pressure and lack of physical activity (p23).

Another study in the UK, exploring the effects of social isolation on the elderly, also supports the theory that community is a significant factor in wellness (Victor, Scambler, Bond, & Bowling, A. 2000).

An enduring theme in social gerontology over the last fifty years has been the positive relationship between social engagement and participation and 'quality of life' in later life. ...The importance of social networks, particularly family and kinship relationships has consistently been reported by older people as an important factor in the quality of their lives (p.407).

Although a question relating specifically to the influence of community lifeways on wellness was not included in the questionnaire it was alluded to by many of the respondents in the process of articulating their concept of wellness.

R: *Ko tona whakapono, whanau, hapu, iwi, me nga mahi e pa ana ki ena whakaharere, tae noa ki te reo me nga tikanga nga mahi o runga i te marae*

The ability to safeguard the family, sub-tribe and tribe – active involvement in all those things associated with the marae - the language, protocols, beliefs and values.

Furthermore, Maori community lifeways which encourage *kaumatua* to participate in the daily life is likely to inhibit what is often referred to as the 'silent disease' and commonly associated with aging.

Depression in later life frequently coexists with other medical illnesses and disabilities. In addition, advancing age is often accompanied by loss of key social support systems due to the death of a spouse or siblings, retirement, and/or relocation of residence. Because of their change in circumstances and the fact that they're expected to slow down, doctors and family may miss the diagnosis of depression in elderly people, delaying effective treatment. As a result, many seniors find themselves having to cope with symptoms that could otherwise be easily treated. www.nlm.nih.gov/medlineplus/ency/article/001521.html

At this point it is appropriate to present further collaborative evidence (a case study) to support the view that Maori community lifeways are a factor in combating diseases that afflict the elderly, such as depression. The *kaumatua* concerned did not want to be identified. In 2001 it became increasingly obvious that after a prolonged period of hospitalisation a Tuhoe *kaumatua* was thought to be suffering from depression. He had severe kidney problems, and as he had been physically fit before the onset of the disease, he found his deteriorated health difficult to accept. He became withdrawn and quiet, and was reluctant to participate in tribal affairs.

Given the realities of rural Maori household arrangements he was compelled to interact with *whanau* members and to entertain visitors (mostly kin). At that time the *kaumatua* concerned had only one *mokopuna*, (grand daughter) who moved into the household because she was so distressed with her *koro's* (grandfather) condition. She became his constant companion, acting as his personal nurse and coaxing him out of his sadness. Although only four years old, she even chose to take responsibility for heating his CAPD (diabetes) bag in the microwave. The relationship between Maori *kaumatua* and their *mokopuna* (grandchildren) is legendary. In this particular case, this relationship may well have contributed to much of the healing process, even though interaction with others was also significant. Some of the *whanau* (extended family) travelled considerable distances to visit and he was forced to communicate with them. Attendance at *hui* (tribal meetings) further expanded his spheres of social interaction, although some members of his *whanau* complained that his participation at *hui* was taxing his health. Within a few weeks his demeanour changed and his life returned to normal, although the disease remained a source of discomfort that has

severely impacted on his quality of life. This suggests that supportive social networks may inhibit disorders such as depression. Needless to say more research is required to provide irrefutable evidence that Maori community lifeways have an influence on illness, even in cases where the cause of the mental disorder (in this case depression) is most likely to be symptomatic of a physical illness (diabetes).

The natural environment

The beneficial effects of the native bush (which dominates the Tuhoe landscape) on the psyche is considered to be therapeutic. Karen Henwood (undated) provides a compilation of research studies on the influence of the environment on health. She also intimates that more research is needed in this neglected field of environmental health. Although the concept was explored in *korerorero* (dialogue) with Tamati Cairns (personal communication, January 2000) it was not included in the research questionnaires. A rigorous research project that focuses exclusively on the subject is needed.

There are also many studies reporting the positive (mainly mental health) benefits of wilderness experience where people enter a landscape rather than just view it. Frumkin reports that psychiatric patients (Cumes, 1998; Jerstead and Stelzer 1973), emotionally disturbed children and adolescents (Witman, 1987; Berman and Anton, 1988, Marx, 1988), bereaved persons (Moyer, 1988), rape and incest survivors (Levine, 1994), and patients with cancer (Pearson, 1989), end stage renal disease (Warady, 1994), post-traumatic stress syndrome PTSD (Hyer et al., 1996), addiction disorders (Bennet et al., 1998; Kennedy and Minami, 1993) and other ailments (Easley et al., 1990) can benefit in ways that range from reporting renewed sense of vigour and energy, self-awareness, feelings of awe and comfort at connection with nature, improved sense of coping and ability to assert personal control (p.7).

It is contended that the natural environment is one of the variables that sustain *kaumatua* mental wellness. Most interesting is that the beneficial effects (both psychological and medicinal) of the natural environment appear to have less influence

on the younger generation of Tuhoe. According to Pare Nia Nia (private communication, August 2000) the *ngahere* (forests) are a source of illicit herbs (marijuana) to younger Tuhoe, rather than a resource providing medicines and a sense of wellbeing. As a result of her experiences working with youth, Pare Nia Nia is adamant that marijuana is often the catalyst for mental problems exhibited by some youth. The HFA (Health Funding Authority) statistics in the publication '*Kia Tu Kia Mohio*' (1999) clearly register the burgeoning mental health problems amongst the Maori youth residing in the Bay of Plenty. Although the statistics do not specify Tuhoe, it can be safely deduced from the evidence (which includes anecdotal evidence from Tuhoe health workers) that the majority of Tuhoe youth are not privy to the same state of mental wellness as their *kaumatua*.

Unfortunately, *kaumatua* wellness is concentrated in the mental health domain. It was very apparent from information elicited from the same research that physical wellness eludes most of the *kaumatua* involved in the study. The reality is that mental wellness amongst the aging Tuhoe population cannot be isolated from other factors that determine wellness. This is supported by *kaumatua* definitions of wellness.

R: *Ko te oranga o te wairua nga mea katoa i runga i te tangata*

The health of the spirit and all things relating to the person Mason Durie (1997) argues that for Maori, good mental health also requires access to the institutions of Maori society such as Maori language and land, as well as ready access to primary health care. The scope of primary health care encompasses education, housing, and employment opportunities. Therefore, Tuhoe *kaumatua* mental wellness can not be studied in isolation and there is a correlation between the compromised physical ill health of Maori and lower socio-economic status.

Half of the Maori population aged between 25 and 64 years live in the three most deprived deciles (ibid p.24).

According to HFA Statistics (1996) ‘83% of older Maori aged fifty five years and older, live in areas of socio-economic deprivation.’ The *Kaumatua Needs Analysis Survey* (2000) provided evidence that the problems associated with poverty, that many rural Maori experience, are exacerbated in Tuhoe because of the geographical isolation of much of the area. This impacts on the general health of the population in terms of employment opportunities, access to essential services and the higher cost of basic necessities. It is reasonable to deduce that the (mainly physical) afflictions evident amongst Tuhoe *kaumatua* are related to, or aggravated by, material poverty. Furthermore, recent research on ethnicity and deprivation (Salmond & Crampton 1999) provide evidence to support the notion that poverty and physical ill health are major impediments to total wellbeing.

The result of deprivation is compromised health, which has a social cost in terms of the sustainability of Maori traditions and language. The elderly perform a key role in Maori society as transmitters of tribal knowledge and Maori values venerate the elderly as the repositories of tribal wisdom. This specialised role of the elderly in tribal affairs occurs within the context of a comparatively low life expectancy rate, which has significant ramifications on the social life ways of the community. The following statistics (www.stats.govt.nz) compare life expectancy at birth, based on ethnicity, for residents of the Bay of Plenty:

Figure 9 Life Expectancy Comparison between BOP Maori and non-Maori

	Male	Female
Maori	66.28	70.93
Non-Maori	74.49	80.10

These high Maori mortality rates are reflective of the appalling state of Maori health (ill health). Based on the statistical evidence and *kaumatua* information on their own physical illness status, this area requires urgent attention. While there is considerable existing research in this area, new research if undertaken should take into account clause 4 of the WHO (Alma Ata, 1978) statement on primary health care. This document strongly advocates that every community has the right to define their own health needs. The corollary is that communities must be involved in the intervention processes to address those needs. This demands a 'leap of faith' from government health agencies, the main funders of intervention programmes, who appear more inclined toward conventional approaches to health. This does not appear to be a successful strategy in the area of Maori health.

It is false economy to keep resourcing programmes that are having very little impact on improving the health status of Maori. This is a critical issue, particularly in the field of mental illness. Although Tuhoe *kaumatua* enjoy an enviable standard of mental wellness, this certainly does not apply to other sectors of the Maori population.

Maori have many needs, which are not being met by mental health services and there are disproportionate numbers of Maori in crisis, acute inpatient and forensic services. Maori have substantially higher rates of re-admission than non-Maori; these rates have risen steadily in recent years and are continuing to rise. Maori are also greatly over-represented in alcohol and drug services; alcohol and drug abuse and psychosis are the main reasons for Maori being admitted to a psychiatric ward or hospital.
(*Blueprint for Mental Health Services in New Zealand*, 1998, p.56).

Although the renaissance in Maori language and culture is a positive development, its effect on mental wellness does not appear to be fully appreciated. The absence, or near absence, of mental disorders amongst Tuhoe *kaumatua* gives some credibility to

the significance of language and culture, which is less cultivated amongst the younger generations, and those Maori alienated from their tribal roots.

To reiterate, the findings from the Tuhoe Kaumatua Wellness Research Survey (2002) indicated that the high standard of mental wellness amongst Tuhoe *kaumatua* is contingent on traditional life ways, including Maori as the first language, living within kinship based communities, and the influence of the natural environment. The research provides a rationale for promoting hapu/tribal identity, language and traditions as *the key mental health intervention strategy*. To protect the mental health of future generations of Tuhoe, and indeed Maori in general, intervention programmes need to take cognisance of the main determinants of *kaumatua* mental wellbeing.

According to Ngamaru Raerino (personal communication, December 2003), the contemporary interpretation of '*hauora*' (ahealth) is very different the meaning originating in *Te Ao Tawhito* (ancient Maori world). *Te hau* is described as the catalyst or the spark that ignites *te mauri* (vitality/life force). This indicates that *te mauri* is dormant unless activated by *te hau*. Similarly, the ancient meaning of *Maori* is normal or free from impediment. Hohepa Kereopa (personal communication, January 2000) used water to explain the concept of *Maori*. *Wai Maori* simply means fresh water that is free of any impurities. *Te Hau Ora o Nga Kaumatua o Tuhoe* is a type of metaphor for Tuhoe *kaumatua* mental wellness can be extended to Maori mental wellness. The *kaumatua* represent *te hau* (the spark) that demonstrates that all Maori (people) have the potential to be *Maori* (in this context mentally well - free from the impediment of mental illness). This process of becoming Maori in the true sense is reliant on the knowledge and practice of tribal language and culture. This is

made explicit in the words of one *kaumatua* who translated the word *ahuatanga* into English as ‘identity’.

Taku reo, taku iwi, toku ahuatanga
My language, my tribe, ones identity

Finally, it is most fitting that the conclusion to this thesis is dedicated to Tuhoe *kaumatua* reflections on the research. There was little indication of *kaumatua* negativity to the study, with the exception of the following observation of one of the eldest kuia in Tuhoe, which can hardly be described as censorious. Her comments are astute:

Ae ko etahi o nga morehu kei te parekareka i tenei rangahau.
Te tono me rangahauhia etahi o nga rangatahi.
Akene ratau whakaaro mahara kua timata ki runga o te taumata.

Yes some of the old people really enjoyed being involved in this research. However the request is that some young people needed to be interviewed. Their ideas and thoughts have already attained insights into a higher level of understanding.

As already stressed in the analysis of the physical unwellness some *kaumatua* conveyed *whakama* (discomfort).

Ko etahi o na kuia morehu o te wa kainga nei kore e perani e te haina nga rangahau no te mea ki te mohio o ratau takuta i nga mate i runga i a ratau.

Some of the survivors (old people) stated that they were reluctant to consent to the research because their doctors already know their medical histories.

Nonetheless, overall *kaumatua* receptivity to the research was remarkable considering the general negativity Maori have of being the subjects of research. This particular study attempted to allay research anxieties by involving members from each community in the research process. The corollary to this objective was to capture the subjectivity of *kaumatua* responses while at the same time, providing substantive evidence to support the underlying theory of Tuhoe *kaumatua* mental wellness. The

findings also contextualised mental wellness within a holistic framework. This took into consideration a wide range of other aspects of (wellness and unwellness), and thereby provided a composite profile of Tuhoe *kaumatua* and their attitudes to wellness.

The research into Tuhoe *kaumatua* wellness anticipated that the findings would substantiate the theory that there is a correlation between mental wellness and the maintenance of the language and cultural traditions. Certainly, the enviable state of mental wellness observed amongst Tuhoe *kaumatua* can be attributed to a unique Tuhoe worldview that endures in the contemporary lifeways - without compromising the integrity of past traditions. The corollary to this optimistic summation is poignant, even depressing, because there is a sense that these Tuhoe *kaumatua* could be the last generation to experience mental wellness at that level. The predictions for the younger generation of Tuhoe are not nearly as promising, and the concluding remarks reiterate an earlier assertion that any further research should focus on the youth who do not appear to enjoy the same level of mental wellness as their *kaumatua*. Further research into the experiences of Tuhoe youth in relation to tribal knowledge of language and culture will provide insights into the establishment of effective intervention programmes that will contribute positively to future mental wellness prospects. This notion is encapsulated in the response of one of the *kaumatua* involved in the study of mental wellness.

Kia mohio ki o tatau tikanga ka ora tatau

If we understand our customs/beliefs we will be healthy.

Appendix

Tuhoe Kaumatua Needs Analysis Research (2000)

Matrices

WAIKAREMOANA

Figure 10: Waikaremoana Data									
APA, Tane/ Wahine (Male /Female)	Tane: 16				Wahine: 17			Total: 33	
1. <i>Nou ake tou kainga noho?</i> (Home ownership)	Ae (Yes)		19		Kao (No)			14	
2. <i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i> (Number of occupants)	1	2	3	4	5	6	7	NR	
	3	16	7	2	1	2	1	1	
3. <i>He waka tou?</i> (Car ownership)*	Ae (Yes)		22			Kao (No)		11	
4. <i>Pehea te mamao o te taone mai i tou kainga noho?</i> (Distance from nearest town)	Ehara noa iho tenei patai ki te take. (Question irrelevant because the areas can be located on map).								
5. <i>He aha tou oranga?</i> (Source of income)	Penihana (Benefit)			Mahi (work)			Kaore he whakautu		
	21			11			1		
6. <i>He manaakitanga au?</i> (Dependants)	Ae (Yes)		24			Kao (No)		9	
7. <i>Putuputu ano te kitea kaimahi kawana ki a koe?</i> (Accessibility of Government services)	Ae (Yes)		2			Kao (No)		32	

Figure 10a: Waikaremoana Percentages conversion for analysis	
APA, Tane/ Wahine (Male /Female)	Male 48% Female 52%
<i>Nou ake tou kainga noho?</i>	Homeownership 58%
<i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i>	Occupancy majority 48% have 2 persons per household
<i>He waka tou?</i>	Vehicle ownership 67%
<i>He aha tou oranga?</i>	Main source of income Penihana 64%
<i>He manaakitanga au?</i>	Dependants 73%

RUATAHUNA

Figure 11: Ruatahuna Data

APA, Tane/ Wahine (Male /Female)	Tane: 24		Wahine: 28		Total: 52		
1. <i>Nou ake tou kainga noho?</i> (Home ownership)	Ae (Yes)		27		Kao (No)		25
2. <i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i> (Number of occupants)	2	3	4	5	6	8	12
	14	7	6	11	10	3	1
3. <i>He waka tou?</i> (Car ownership)	Ae (Yes)		23		Kao (No)		29
4. <i>Pehea te mamao o te taone mai i tou kainga noho?</i> (Distance from nearest town)	Ehara noa iho tenei patai ki te take. (Question irrelevant because the areas can be located on map).						
5. <i>He aha tou oranga?</i> ((Source of income)	Penihana (Benefit)		Mahi (work)		Kaore he whakautu		
	43		9		No response Nil		
6. <i>He manaakitanga au?</i> Dependants	Ae (Yes)	43	Kao (No)	7	NR	2	
7. <i>Putuputu ano te kitea kaimahi kawana ki a koe?</i> (Accessibility of Government services)	Ae (Yes)		0		Kao (No)		52

Figure 11a: Ruatahuna Percentages conversion for analysis

APA, Tane/ Wahine (Male /Female)	Male 46%	Female 54%
<i>Nou ake tou kainga noho?</i>	Homeownership 52%	
<i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i>	Occupancy majority 48% have 2 persons per household. 21% have 5 persons & 19% have 6 persons). 3 <i>kaumatua</i> are living in households with 8 persons and one is living with 12.)	
<i>He waka tou?</i>	Vehicle ownership 44%	
<i>He aha tou oranga?</i>	Main source of income Penihana 83%	
<i>He manaakitanga au?</i>	Dependants 83%	

WAIOHAU

Figure 12: Waiohau Data

<i>APA, Tane/ Wahine</i> (Male /Female)	Tane: 17		Wahine: 12		Total: 29		
1. <i>Nou ake tou kainga noho?</i> (Home ownership)	Ae (Yes)		22		Kao (No)		7
2. <i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i> (Number of occupants)	1	2	3	4	5	6	7 NR
	4	1	1	10	4	1	1 5
3. <i>He waka tou?</i> (Car ownership)*	Ae (Yes)		19		Kao (No)		10
4. <i>Pehea te mamao o te taone mai i tou kainga noho?</i> (Distance from nearest town)	Ehara noa iho tenei patai ki te take. (Question irrelevant because the areas can be located on map).						
5. <i>He aha tou oranga?</i> (Source of income)	Penihana (Benefit)		Mahi (work)		Kaore he whakautu		
	19		10		No response Nil		
6. <i>He manaakitanga au?</i> Dependants	Ae (Yes)		20		Kao (No)		9
7. <i>Putuputu ano te kitea kaimahi kawana ki a koe?</i> (Accessibility of Government services)	Ae (Yes)		24		Kao (No)		5

Figure 12a: Waiohau Percentages conversion for analysis

<i>APA, Tane/ Wahine</i> (Male /Female)	Male 59%	Female 41%
<i>Nou ake tou kainga noho?</i>	Homeownership 76%	
<i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i>	Occupancy majority 34% have 4 persons per household.	
<i>He waka tou?</i>	Vehicle ownership 66%	
<i>He aha tou oranga?</i>	Main source of income Penihana 66%	
<i>He manaakitanga au?</i>	Dependants 69%	

RUATOKI

Figure 13: Ruatoki Data

<i>APA, Tane/ Wahine</i> (Male /Female)	Tane: 28		Wahine: 28		Total: 56			
1. <i>Nou ake tou kainga noho?</i> (Home ownership)	Ae (Yes)		51		Kao (No)		5	
2. <i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i> (Number of occupants)	1	2	3	4	5	6	7	9
	3	10	15	10	8	2	4	4
3. <i>He waka tou?</i> (Car ownership)*	Ae (Yes)		19		Kao (No)		10	
							NR	
4. <i>Pehea te mamao o te taone mai i tou kainga noho?</i> (Distance from nearest town)	Ehara noa iho tenei patai ki te take (Question irrelevant because the areas can be located on map).							
5. <i>He aha tou oranga?</i> (Source of income)	Penihana (Benefit)			Mahi (work)			Kaore he whakautu	
	38			13			No response 5	
6. <i>He manaakitanga au?</i> Dependants	Ae (Yes)		45		Kao (No)		8	
							NR	
7. <i>Putuputu ano te kitea kaimahi kawana ki a koe?</i> (Accessibility of Government services)	Kaore he whakautu (No response)							

Figure 13a: Ruatoki Percentages conversion for analysis

<i>APA, Tane/ Wahine</i> (Male /Female)	Male 50%	Female 50%
<i>Nou ake tou kainga noho?</i>	Homeownership 91%	
<i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i>	Occupancy majority 27% have 3 persons per household. Most <i>kaumatua</i> live in smaller households although 14% <i>kaumatua</i> reside in households with more than 7 persons.	
<i>He waka tou?</i>	Vehicle ownership 34%	
<i>He aha tou oranga?</i>	Main source of income Penihana 68%	
<i>He manaakitanga au?</i>	Dependants 80%	

WAIMANA

Figure 14: Waimana Data

<i>APA, Tane/ Wahine</i> (Male /Female)	Tane: 24					Wahine: 26			Total: 50		
1. <i>Nou ake tou kainga noho?</i> (Home ownership)	Ae (Yes)		40			Kao (No)		7		Other	3
2. <i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i> (Number of occupants)	1	2	3	4	5	6	8	9	12	NR	
	7	16	2	7	4	5	3	4	1	1	
3. <i>He waka tou?</i> (Car ownership)*	Ae (Yes)		32			Kao (No)		17		NR	1
4. <i>Pehea te mamao o te taone mai i tou kainga noho?</i> (Distance from nearest town)	Ehara noa iho tenei patai ki te take (Question irrelevant because the areas can be located on map.)										
5. <i>He aha tou oranga?</i> (Source of income)	Penihana (Benefit)					Mahi (work)			He mahi tuao (casual)		
	40					3			7		
6. <i>He manaakitanga au?</i> (Dependants)	Ae (Yes)		36			Kao (No)		13		NR	1
7. <i>Putuputu ano te kitea kaimahi kawana ki a koe?</i> (Accessibility of Government services)	<u>Kaore he whakautu</u> (No response)										

Figure 14a: Waimana Percentages conversion for analysis

<i>APA, Tane/ Wahine</i> (Male /Female)	Male 48%	Female 52%
<i>Nou ake tou kainga noho?</i>	Homeownership 80%	
<i>Tokohia nga tangata e taki noho ana i tou kainga noho?</i>	Occupancy majority 32% have 2 persons per household. The condition of the housing in Waimana is a real concern. One <i>kaumatua</i> is living with his <i>whanau</i> (of nine) in a makeshift “house” and another (also nine <i>whanau</i>) occupy a caravan	
<i>He waka tou?</i>	Vehicle ownership 64%	
<i>He aha tou oranga?</i>	Main source of income Penihana 80%	
<i>He manaakitanga au?</i>	Dependants 72%	

Graphs

Figure 15

Home Ownership

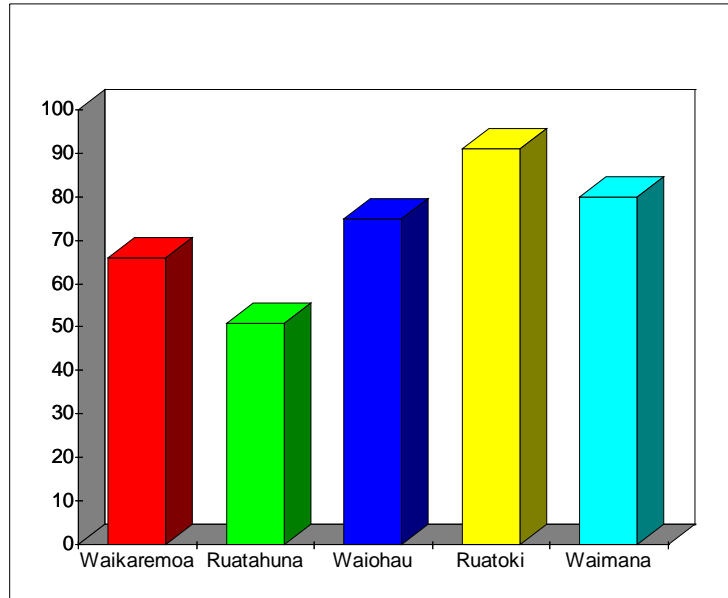


Figure 16

Household Composition

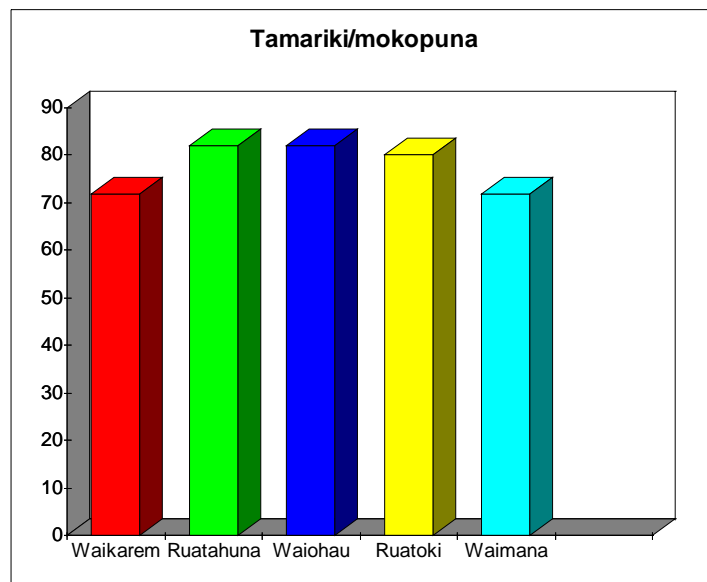
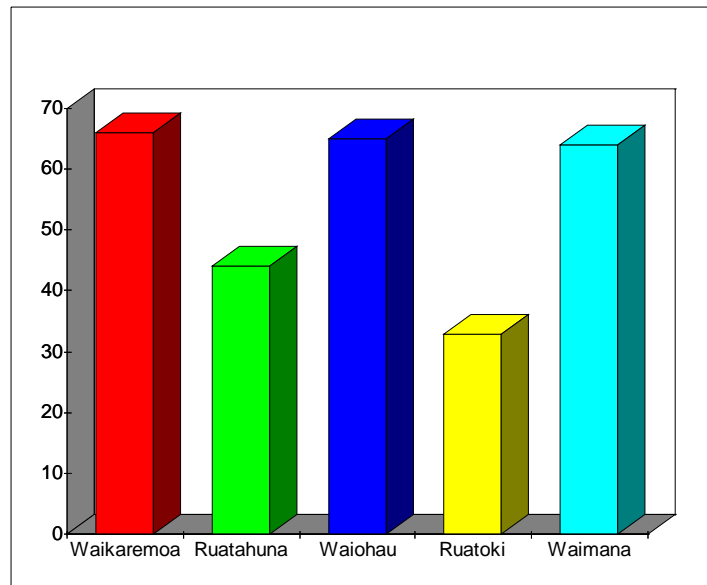


Figure 17

Vehicle Ownership



Bibliography

Adorno, T. and Horkheimer, M. (1972). *Dialectic of Enlightenment*. (J.Cummings, trans), New York: Herder and Herder.

Amuta, C. (1995). Fanon, Cabral and Ngugi on National Liberation. In Ashcroft et al (Eds) *The Postcolonial Studies Reader*. London: Routledge.

Anonymous reviewer USA. Retrieved January 2001, from <http://www.amazon.com>

Ballara, A. (undated). *ABrief History of the Maori Language*. Retrieved 6 November 2004 from, <http://www.nzhistory.net.nz/Gallery/tereo/history.htm>

Barnes, J. (1963). Some Ethical Problems in Modern Fieldwork, in *British Journal of Sociology* 14:118-133.

_____. (1979). *Who Should Know What? Social Science, Privacy and Ethics*, Middlesex: Penguin Books.

Benjamin, W. (1985). *Illuminations*. Adrendt, H. (Ed), New York: Schocken Books.

Benton, R. (1982) *Te Tirohanga i Te Korerotanga o Te Reo Rangatira i Roto i Nga Kainga Maori me Nga Rohe: He Pu Rongorongo Whakamohio Ma Nga Kaiuru Ki Te Toronga Tuatahi 1973-1978*. Wellington: New Zealand Council for Educational Research.

Bernal, M. (1991). *Black Athena. The Afro-asiatic Roots of Classical Civilization*. London: Vintage Books.

Best, E. (1925). *Tuhoe, The Children of the Mist*. Wellington: Reed.

_____(1975). *Waikaremoana – The Sea of the Rippling Waters*. Wellington: Shearer Govt printer.

Binney, J. (1979). *Mihaia. The prophet Rua Kenana and his community at Maungapohatu*. Auckland: Auckland University Press.

Birzniece, I. (2002). *Intervention*. Retrieved 8 December 2004 from, <http://www.european-convention.eu.int/docs/speeches/2209.pdf>

Bishop, R. and Glynn, T. (1992). He Kanohi Kitea: Conducting and Evaluating Educational Research. In *New Zealand Journal of Educational Studies* 27.

The Mental Health Commission (1998). *Blueprint for Mental Health Services in New Zealand*, Wellington.

Brayboy, B. and Deyhle, D. (2000). Insider-Outsider: Researchers in American Indian Communities, in *Theory into Practice*, Vol.39: p163-169.

- Choudry, A. (Undated). *New Wave/Old Wave: Aotearoa New Zealand's Colonial Continuum*. Retrieved 10 December 2003 from, www.aprnet.org/journals/9/v9-1.htm
- Crick, B. (Ed) (1971). *Machiavelli: The Discourses*. (L.Walker, trans.) New York: Penguin Classics.
- Curtis, T. (MS) *The Hawaiki Phenomenon Essential to Maori Identity*.
- Declaration of Alma-Ata*. (1978). International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September. Retrieved on 5 January 2004, from http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.
- Depression in Elderly*. Retrieved on the 7 November 2004, from <http://www.nlm.nih.gov/medlineplus/ency/article/001521.htm>
- American Psychiatric Association (1994). *Diagnostic and Statistical Manual DSM-IV*, Retrieved on 6 July 2004, from <http://www.psychologynet.org/dsm.html>
- Durie, M. (1994). *Whaiora, Maori Health Development*. Auckland: Oxford University Press.
- _____. (1999). Te Pae Mahutonga: A Model for Maori Health Promotion, in *Health Promotion Forum of New Zealand Newsletter 49*, 2-5 December 1999.
- Durkheim, E. (1951). *Suicide: A Study in Sociology*. Glencoe: Free Press.
- Fanon, F. (1967). *Black Skin, White Masks*. New York: Grove Press.
- _____. (1976). *The Wretched of the Earth*. New York: Grove Press.
- Firth, R. (1972). The Sceptical Anthropologist? Social Anthropology and Marxist Views on Society. In *Proceedings of the British Academy No. 58*.
- Foucault, M. (1975). *The Birth of the Clinic: An Archaeology of Medical Perception*. (A. M. Sheridan Smith trans.) New York: Vintage Books.
- _____. (1980). Power and Knowledge. In Gordon, C. (Ed). *Power/Knowledge - Selected Interviews and Other Writings 1972-1977*, Brighton: Harvester Press.
- _____. (1984). *What is Enlightenment?* In Rabinow, P. (Ed). *The Foucault Reader*. London: Penguin.
- _____. (1988). *Madness and Civilization*. New York: Vintage Books.
- Freire, P., (1996). *Pedagogy of the Oppressed*. London: Penguin.

- Freeman, D. (1983). *Margaret Mead and Samoa: The Making and Unmaking of an Anthropological Myth*. Cambridge: Harvard University Press.
- Gardiner, W. (1992). *The Story of the Maori Battalion*, Auckland: Reed Books.
- Gadamer, H. (1975). *Truth and Method*. New York: Seabury Press.
- Gough, K. (1990). Anthropology and Imperialism Revisited. In *Economic and Political Weekly*. August, p1705-1708.
- Gramsci, A. (1978). *Prison Notebooks*. London: Lawrence & Wishart.
- Grey, G. (1854). *Nga Mahi a Nga Tupuna Maori*. London: George Willis.
- _____. (1956). *Polynesian Mythology and Ancient Traditional history of the Maori*, Christchurch: Whitcombe and Tombs.
- Habermas, J. (1970). Technology and Science as Ideology. In *Toward a Rational Society*, (J.Shapiro trans.) Boston: Beacon Press.
- _____. (1977). A Review of Gadamer's Truth and Method. In F. Dallmayr & T. McCarthy (Eds.), *Understanding and Social Inquiry* (pp. 335-363). Notre Dame: University of Notre Dame Press.
- _____. (1992). *Moral Consciousness and Communicative Action*. (S. Nichol森, trans.) Cambridge: MIT Press.
- Habermas, J, Foucault, M. & Kelly, M. (1994). Critique and Power, Recasting the Foucault/Habermas Debate. In *Studies in Contemporary German Thought*. Cambridge: MIT Press.
- Health Funding Authority. (1999). *Kia Tu Kia Puawai*.
- Hegel, G. (1997). *Phenomenology of Spirit*. (A.V. Miller trans.) Oxford: Oxford University Press.
- Heidegger, M. (1962). *Being and Time*. San Francisco: Harper.
- _____. (1977). *The Question Concerning Technology*. (W Lovitt, trans.) New York: Harper and Row.
- Henwood, K. (undated) Retrieved on the 7 November 2004, from <http://www.hda-online.org.uk/downloads/pdfs/environmentissuespaper.pdf>
- Homans, G. (1949). The Strategy of Industrial Sociology. In *American Journal of Sociology* Vol. 54.
- Horkheimer, M. (1974). *Eclipse of Reason*. New York: Herder & Herder.

- Hymes, D. (Ed). (1974). *Reinventing Anthropology*. New York: Vintage Books.
- I.A.S.P. Guidelines for Suicide Prevention. Retrieved on 5 May 2004 from, <http://www.med.uio.no/iasp/files/guidelines.htm>
- Imre, R. (1984). The Nature of Knowledge in Social Work. In *Social Work*, 29: 41-44.
- Ingram, C. (1991) Bad Magic: The Failure of Technology – An Interview with Jerry Mander's. In *The Sun, A Magazine of Ideas*, Issue 192.
- International Statistics Institution. (1985) *ISI Declaration of Professional Ethics*. Retrieved on 5 May 2005 from, <http://www.cbs.nl/isi/ethics.htm>
- Jahnke, H. and Tapiata, J. (1999). Maori Research. In Davidson, C. and Tolich, M. (Eds.) *Social Science Research*. Auckland: Longman.
- Jones, M & Sawhill, R. (1992). Just Too Good to be True: Another Reason to Beware of False Eco-prophets. In *Newsweek*, May 4.
- Kemmis, S. & McTaggart, R. (Eds.). (1990). *The Action Research Planner*. Victoria: Deakin University.
- King, M. (Ed) (1992). *Te Ao Hurihuri. Aspects of Maoritanga*. Auckland: Reed Books.
- Kingi Te K.R. & Durie, M. H. (2000). *Hui Oranga, a Maori Measure of Mental Health Outcome. A Report Prepared for the Ministry of Health*, Massey University, Palmerston North.
- Kirkpatrick, R., Katsiaficas, G., & Emery, M. (1978). *Critical Theory and the Limits of Sociological Positivism*. Retrieved on 9 February 2003, from <http://www.mega.nu:8080/ampp/176krkpt.html>
- Leithart, P.J. (1994). Heidegger Deconstructed. In *Contra Mundum, No.13*.
- Margaret Mead and Samoa*. (1988). Video Recording, (F.Heimans, producer). New York.
- McNeill, H. (1986). Attitudes to Family Violence: Maori Study. In *Attitudes to Family Violence – A Study Across Cultures*, Wellington: Department of Social Welfare.
- Marcuse, H. (1968). Industrialization and Capitalism in the Work of Max Weber. In *Negations*, (J.Shapiro, trans.) Boston: Beacon Press.
- Mander, J. (1991). *In the Absence of the Sacred: The failure of Technology and the Survival of the Indian Nations*. San Francisco: Sierra Club Papers.

- Marx, K and Engels, F. (1848). The Communist, in *Karl Marx, Economic and Philosophic Manuscripts of 1844*. (M. Milligan trans.). New York: Prometheus Books.
- Marx, K. (1959). *Grundrisse: Foundations of the Critique of Political Economy*, (M.Nickolaus, trans.) New York: Penguin Classics.
- Mead, M. (1928). *Coming of Age in Samoa, Study of Primitive Youth for Western Civilization*. New York: William Morrow.
- Mellena, M. (2000). *Latvian Seasonal Holidays*. Latvia: University of Latvia.
- Ministry of Health. (1999). *Social Inequalities in Health*. New Zealand.
- Minutes (MHC Maori Expert Panel) 15 October 1999, Miramar Golf Club, Wellington
- Mita, M. (1989). Merata Mita. In *The NZ Listener*, 14 October.
- Moon, P. (2003). *Tohunga Hohepa Kereopa*. Auckland: David Ling Publishing.
- Mwenesi, H. A. (1996). Rapid Assessment of Drug Abuse in Kenya. In the *Bulletin on Narcotics Issue*. Nairobi: United Nations.
- Native American Seven Fires Council. Retrieved 6 January 2001 from, <http://www.merceronline.com/Native/native10.html>
- Nietzsche, F. (1956). *The Birth of Tragedy and the Genealogy of Morals*. (F.Golffing trans.). New York: Doubleday.
- Ngugi Wa Thiong'o. (1986). *Decolonising the Mind: The politics of language in African Literature*. New Hampshire: Heinemann.
- Ott, H. (1993). *Martin Heidegger: a Political Life*. (translated by Allen Blunden), New York: Basic.
- Ottawa Charter for Health Promotion (1986). First International Conference on Health Promotion Ottawa. Retrieved on 21 November 2004 from, http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf
- Orans, M.(1996). *Margaret Mead, Derek Freeman, and the Samoans*. New York: Chandler & Sharp Publications.
- Pere, R. (1982). *Ako Concepts, Learning in the Maori tradition*. Hamilton: University of Waikato Press.
- Pihema, L. (1993). *Tuhungia Te Ururua, Kia Tupu Whakaritorito Te Tupu o Te Harakeke: A Critical Analysis of Parents as First Teachers*. MA Thesis, University of Auckland.

- Progler, J. (1998). *Insightful Analysis of Technology's Impact on Human Society*. Muslimedia. Retrieved on 6 February 2003 from, <http://www.muslimedia.com/archives/book98/techbk.htm>
- Proyekt, L. (undated). *Jerry Mander's In The Absence of the Sacred: A Critique*. Retrieved February 9, 2003, from: <http://www.columbia.edu/~Inp3/mydocs/indian/mander.html>
- Rangihau, J. (1992). Being Maori. In King, M. (Ed), *Te Ao Hurihuri, Aspects of Maoritanga*. Auckland: Reed Books.
- Rempel, G. (undated). *Age of Enlightenment*. Retrieved February 9, 2003, from <http://www.mars.acnet.wnec.edu/~grempel/courses/wc2/lectures/enlightenment.html>
- Said, E. (1979). *Orientalism, Western Conceptions of the Orient*. New York: Vintage.
- _____. (1994). *Culture and Imperialism*. New York: Vintage.
- Salmond, A. (1975). *Hui - A Study of Ceremonial Gatherings*. Wellington: A.H. & A.W. Reed.
- Saunders, E. (2001). *Alcohol Abuse: Beattie Blames the Victims*. In *Green Left Weekly*.
- Shankman, P. (1998). Margaret Mead, Derek Freeman, and the Issue of Evolution. In the *Skeptical Inquirer*, November –December.
- Sinclair, K. (1998). *A History of New Zealand*. London: Penguin Books.
- Sissons, J. (1991). *Te Waimana, The Spring of Mana, Tuhoe History and the Colonial Encounter*. Dunedin: University of Otago Press.
- _____. (1993). 'Best, Elsdon 1856 - 1931'. In *Dictionary of New Zealand Biography*. Volume Two (1870-1900), Wellington: Ministry of Culture and Heritage.
- Smith, G. (1997). *The Development of Kaupapa Maori: Theory and Praxis*. Doctoral thesis, of University of Auckland.
- Smith, L. (1999). *Decolonizing Methodologies, Research and Indigenous Peoples*. London: Zed Books Ltd.
- Sorrenson, M. P. K. (1955). *The Purchase of Maori Lands, 1865-1892*. MA thesis, University of Auckland.
- Sparknotes *Madness and Civilization - Important Themes, Ideas, and Arguments*. Retrieved August 1, 2004, from <http://www.sparknotes.com/philosophy/madnessandciv/context.html>

Sundar, N. (undated). *Activism and Academic Angst*. Retrieved February 9, 2003, from <http://www.india-seminar.com/2000/488/488comment.htm>

Te Puni Kokiri. *Te Ora o te Reo Maori i Waiariki - Ko Nga Kitenga Matua : The Health of the Maori Language in Waiariki*. Retrieved August 2, 2005 from <http://www.tpk.govt.nz/publications/subject/default.asp>

Te Rangikaheke, W. (1849). MS 43, 81. Auckland Public Library.

Thompson, S. (1996). Paying Respondents and Informants. In *Social Research Update*. Issue 14, England: University of Surrey.

Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being Alone in Later life: Loneliness, Social Isolation and Living Alone. In *Reviews in Clinical Gerontology*, Vol. 10.

Wa Thiong'o, N.(1986). *Decolonising the Mind. The Politics of Language in African Studies*. New Hampshire, Heinemann.

Walker, R. (1987). *Nga Tau Tohetohe - Years of Anger*. Auckland: Penguin Books.

Weber. M. (1949). *The Methodology of the Social Sciences*. (E. Schils & H. Finch, trans.). New York: The Free Press.

_____. (1972). *The Types of Legitimate Domination*. Cambridge: Cambridge University Press.

Wilson, E. (1998). *Consilience. The Unity of Knowledge*. New York: Knopf Publishing.

Windshuttle, K. (1998). Foucault as Historian. In *Critical Review of International Social and Political Philosophy*, Vol 1, No 2, pp 5-3535.

Wiri, R. (1994). *Te Wai-kaukau o Nga Matua Tipuna: Myths, Realities and the Determination of Mana Whenua in the Waikaremoana District*. Masters thesis. University of Auckland.

_____. (2001). *The Prophecies of the Great Canyon of Toi : A Social History of Te Whaiti-Nui-A-Toi in the Western Urewera Mountains of New Zealand*. Doctoral thesis. University of Auckland.

World Health Organisation. (1978). *The WHO Primary Health Care Statement*. Conference at Alma-Ata.

Young, R. (1990). *White Mythologies, Writing, History and the West*. London: Routledge.