

# WHĀIA TE MAURIORA IN PURSUIT OF HEALING

Theorising Connections between Soul Healing, Tribal Self-determination and  
Māori Suicide Prevention in Aotearoa/New Zealand

BY  
KERI LAWSON-TE AHO

Ngāi Tāhu, Ngāti Kahungunu, Rongowhakaata, Ngāti Porou

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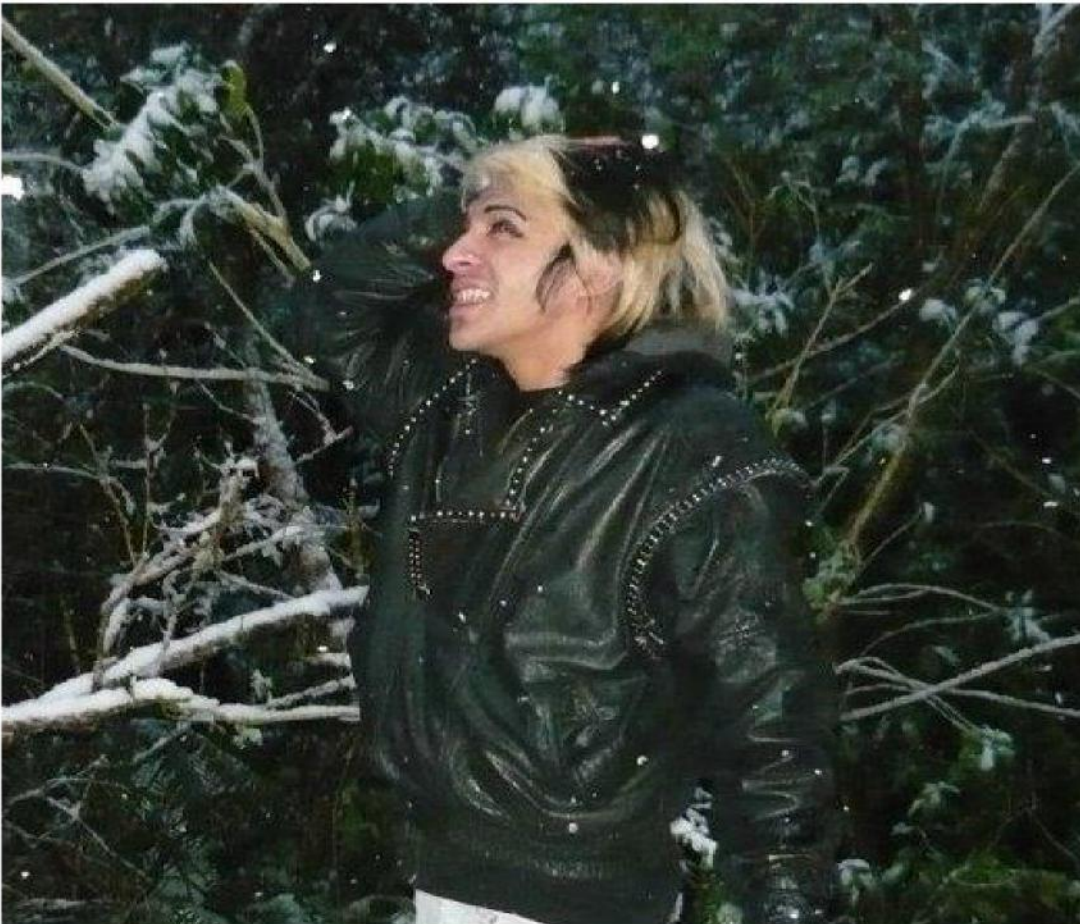
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## DEDICATION

This thesis is dedicated first and foremost to God. Your grace abounds and reaches the dark recesses of the heart bringing light and love to those who believe in you.

In loving memory of Te Kakahu Whero King-Hazel (Whero, Tea-Kay) who ended his life at home on 10<sup>th</sup> March 2012. A beautiful young man who dared to be different and suffered because of it. You taught us all about love, acceptance, courage and genuine friendship. We love you Whero for who you were not who the world said you should be. The love of God was ever present and obvious in you.



*May the peace of God that surpasses all understanding be with us all*

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It has become clear to me that healing of the wounded spirit is imperative so that we build our futures as indigenous peoples on constructive and positive foundations. Indigenous peoples are incredibly resilient. Against all the odds and in spite of extensive generational trauma we are still here and we are not going away. The future is indeed full of hope and promise.

This thesis is humbly and sincerely offered as a small contribution to the kaupapa of Māori and indigenous suicide prevention.

*Mā te Atua tātou e manaaki, e tiaki.*

*Mauri ora*

*Keri Lawson-Te Aho, 2013*

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## **ABSTRACT**

Māori suicide is theorised as an outcome of the wounding of the indigenous spirit as a result of complex trauma birthed during colonisation. The spirit is theorised as the place where trauma and suffering take root in whakapapa (kinship). Whakapapa is theorised as the mechanism by which spiritual affliction is transferred inter-generationally manifesting in physical outcomes within and between generations. Māori suicide is interpreted as the physical manifestation of spiritual wounds and spiritual wounding requires responses that ameliorate and heal spiritual suffering at the source. Therapies for soul healing are framed in context of indigenous self determination. This creates space to privilege healing traditions housed within cultural worldviews, practices and knowledge(s). This assumes an ability to reclaim traditional healing knowledge that works at a spiritual level. Whakapapa is theorised as the pathway by which profound healing of the wounded spirit can be achieved. In this research, connection to whakapapa and a full consciousness of the divine (mauri) inside all indigenous peoples that connects us with each other provides a source of healing of the spirit through balancing the spiritual and physical elements of human existence. In order to test the relationship between historical trauma and the outcomes of spiritual suffering 182 years of history were researched in one discrete tribal group. Using whānau narratives three major trauma acts were identified. The whānau identified historical trauma as having contemporary outcomes and consequences for whakapapa/kinship relationships. They found the analysis of historical trauma to be empowering, bringing forth revelation knowledge and explaining inter-generational suffering. The explanatory power of historical trauma/soul and spiritual wounding made sense to them experientially, intuitively and intellectually.

This PhD recommends healing methods (and pathways) for indigenous professionals and para-professionals working with extensive trauma in their communities. Trauma narratives are reframed as imperatives and opportunities for spiritual/soul healing.



A recommended healing pathway includes a number of integrated (but not exhaustive) practices including:

1. Clarifying the relationship between history, spiritual wounds and healing (consciousness raising and whakapapa analyses of historical explanations and trajectories for current suffering)
2. Developing consciousness of the spiritual/divine nature of whakapapa, reestablishing a lived appreciation of the need for balance by understanding tapu (sacred) and noa (profane), and authentic whakapapa practices (including giving effect to the obligations and duties of care enshrined in whakapapa).
3. Developing healing practices that work on whakapapa as the spiritual barometer of Māori, whānau, hapū and iwi wellbeing (such as whakawātea and pathways for the achievement of the full consciousness of whakapapa identities)
4. Preserving and protecting language and cultural values which hold therapeutic value
5. Developing exemplary tribal leaders with the courage to challenge those who oppress their own and the vision to restore authentic leadership practices including the restoration of female Rangatira (as is traditional in some hapū such as Ngāti Irakehu).

## **Table of Contents**

DEDICATION.....	ii
ACKNOWLEDGEMENTS.....	3
ABSTRACT .....	8
LIST OF TABLES & FIGURES .....	18
CHAPTER ONE: INTRODUCTION .....	19
Thesis Proposition .....	21
Māori Suicide Statistics.....	22
Trends in Māori Suicide .....	22
Completed Youth Suicides by Ethnicity 1996-2012 (Ministry of Health) .....	23
Coronial Data on Māori and Youth Suicide for 2012/2013.....	24
Attributions about the decline in Māori suicides in 2012/2013.....	25
Laying the Foundations: Framing the subject of Māori Suicide .....	25
Defining the Key Terms.....	26
Whakapapa .....	26
Soul Wounds/Historical Trauma .....	27
Hapū .....	28
Mana .....	28
Tapu.....	29
Key Contributing Processes for Understanding Māori Suicide .....	29
Colonisation as a process .....	29
Contemporary Relevance of Colonisation.....	31
The Embodiment of Historical Trauma .....	31
Māori Suicide as spiritual affliction and loss of hope .....	32
Māori Suicide as a Loss of Whakapapa Consciousness .....	32
Hapū and the Role in Suicide Prevention and Soul Healing.....	33
Therapeutic Considerations .....	34
The Problem with a Clinical framing of Māori Suicide .....	34
Individualism and Collectivism.....	35
Western Hegemonic Discourse and Traditional Knowledge .....	36
Reclaiming Māori Knowledge of Whakapapa as a Therapeutic Tool.....	36
Preserving Traditional Knowledge.....	36
Cultural Transformation and Survival.....	37
Cultural Narratives and Soul Healing.....	38
Holding the Line: Therapeutic Value of Culture .....	38

Research Parameters and Processes.....	38
Aligning Colonisation and Indigeneity.....	38
Applying the Principle of Whanaungatanga to the Research .....	39
Research Description: Whanaungatanga in Practice .....	39
Four Inter-Locking Analyses.....	39
Analysis 1: Government Suicide Prevention Strategies.....	41
Analysis 2: Indigenous Practitioner and Researcher Perspectives.....	41
Analysis 3: The Search for Meaning .....	41
Analysis 4: Case Study: Historical Trauma Narratives in Hapū x.....	41
Placement of the Research Findings in the Chapters .....	42
Content of the Chapters.....	42
CHAPTER TWO: KAUPAPA MĀORI .....	45
Defining Kaupapa.....	45
Impacts of Colonisation on Whakapapa .....	47
Indigenous Knowledge .....	48
Kaupapa Māori.....	50
The Challenges of Kaupapa Māori.....	51
Whakapapa .....	55
Whakapapa as Myth, Tradition and Tribal Histories.....	57
Whakapapa as Methodology .....	57
Whakapapa and Ethics .....	58
The Whakapapa of Māori Cosmology.....	60
Creation Whakapapa.....	61
The Separation of Rangi-nui and Papa-tū-ā-nuku.....	62
Tāne-Mahuta and Hineahuone.....	62
The Three Baskets of Knowledge - The Source of All Knowledge.....	63
Understanding Suicide through a Kaupapa Māori Frame .....	64
Tapu, Mana and Suicide .....	66
Conceptualising Māori Suicide .....	67
Whakapapa Disconnections and Suicide: the Role of the Hapū .....	67
CHAPTER THREE: .....	69
INDIGENOUS EXPLANATIONS OF INDIGENOUS SUICIDE.....	69
Positioning Indigenous Suicide .....	69
Indigenous Identity and Representation .....	70
Defining Indigenous People .....	70
Common Themes in Indigenous Suicide .....	71
Indigenous Conceptualisations of Suicide: Three Key Themes.....	71

Traditional Māori conceptualisations of Suicide .....	74
The Restoration of Balance .....	75
THEME ONE: INDIGENOUS SUICIDE AS SPIRITUAL AFFLICTION AND SUFFERING .....	76
Soul Wounding .....	76
Contesting the Validity of Historical Trauma Narratives: Colonising Discourses .....	77
Historical and Contemporary Trauma .....	79
Soul Wounding as Healing .....	80
Theorising Soul Wounding.....	81
Trauma and Culture .....	82
Survivor Syndrome and Soul Wounding.....	82
Genocide and Genocide Trauma .....	83
Distinguishing between Individual and Collective Trauma .....	85
Historical Unresolved Grief .....	86
Collective Memory .....	86
The Explanatory Power of Colonisation .....	87
Traumatic Legacies and Legacy Bearers .....	89
Learned Helplessness.....	89
Internalised Oppression.....	90
THEME TWO: THE TRANSFER OF HISTORICAL TRAUMA INTER-GENERATIONALLY .....	91
Silencing and Denial: Impacts by Invisibilising Narratives .....	93
THEME THREE: A COLLECTIVE CULTURAL FRAME .....	94
CHAPTER FOUR: NEW ZEALAND GOVERNMENT STRATEGIES FOR MĀORI YOUTH SUICIDE PREVENTION .....	96
Kia Piki te Ora o Te Taitamariki – Māori Suicide Prevention .....	96
The Move Away from Māori Community Development.....	96
Trends in Policy and Thinking about Māori Suicide.....	97
Changing Responses to Māori Suicide Prevention .....	97
1997 Kia Piki te Ora o te Taitamariki: A Review of the Evidence .....	98
Two Versions of Kia Piki te Ora o te Taitamariki.....	98
Understanding Māori Suicide Framing Kia Piki 1.....	98
Māori Stakeholder Research – radicalising the kaupapa.....	99
Kia Piki 2: Government Edited Version.....	100
The Kia Piki Goals .....	103
Implementation: The Kia Piki Sites .....	109
All Ages Strategy 2006-2016 .....	110
CHAPTER FIVE: INDIGENOUS SUICIDE PREVENTION INTERVENTIONS.....	115
State of the Evidence .....	115
Research Challenges for Indigenous Communities .....	115

Chapter Structure .....	116
Culture-Specific Interventions .....	116
Theme One: Privileging Indigenous Culture and Knowledge .....	116
Theme Two: Reconstructing Trauma Narratives.....	117
Theme Three: Spiritual Liberation is Foundational .....	117
Theme Four: Healing the Land and the People .....	118
Integrated Interventions .....	119
Theme One: Integrating Indigenous and Western Practices .....	119
Theme Two: Intervention Settings and Methods .....	119
Indigenous Suicide Prevention Interventions: Examples .....	120
Return to the Sacred Path: A Lakota Intervention .....	120
Community-Based Suicide Prevention in Alaska .....	122
Circle of Care .....	123
Zuni Life-Skills Development Curriculum .....	124
Māori Suicide Prevention.....	125
Te Whakauruora .....	126
Aboriginal Suicide Prevention.....	126
WASC-Y Training Manual (Westerman, 2002).....	127
Suicide Prevention Research in First Nations in Canada .....	127
Keys for Effective Indigenous Suicide Prevention Programmes .....	129
Risk and Protective Factors and Indigenous Suicide Prevention .....	130
Protective Factors for Psychological Resiliency.....	131
Contextual, Cultural and Historical Processes.....	133
Traditional Healing and Indigenous Suicide Prevention .....	133
Cultural Diversity and Indigenous Suicide Prevention .....	133
Spirituality and Indigenous Suicide Prevention.....	134
Evaluations of Programmes .....	135
Indigenous Expert Opinions .....	137
Self Determination and Indigenous Suicide Prevention .....	138
Self-determination and Tribalism .....	139
Decolonisation .....	139
Restorative Justice and Indigenous Suicide Prevention .....	140
Drawing the threads together .....	140
Self Determination.....	141
CHAPTER SIX: SOUL WOUNDING IN HAPŪ X.....	142
Trauma Narratives and Memory .....	142
Silencing and Negation of Victim Trauma Narratives .....	143

Superordinate Themes from the Narratives .....	144
Research Methods .....	145
Narrating the Research Story .....	147
The Kārangā .....	147
Articulating a Healing Vision for Hapū x.....	148
Subjective Positioning of the Researcher.....	148
Wairua/Spiritual Influences: Kaumatua/Tikanga/Karakia .....	149
The Connection to Māori Philosophies and Principles.....	150
Research Tools and Process .....	150
Interviews .....	150
Research Ethics -the Processes .....	151
Ethical Challenges .....	151
Ethics Committee Recommendations .....	151
Addressing the Clinical Risks of the Research.....	152
Addressing the Cultural Risks of the Research .....	153
Tikanga Supervision .....	153
Disclosure of Information about Historical Trauma in Hapū x .....	153
Sampling Frame.....	154
Data Analysis and Organisation .....	154
Interpreting the Trauma Narratives in Hapū X .....	154
Narrative Authenticity .....	154
Cultural Authenticity.....	155
Suicide as an Analytical Focus .....	156
Unexpected and Unanticipated Content.....	156
Inter-Generational Transmission of Whakapapa Knowledge.....	157
Oral Tradition .....	157
Selective Transmission of Whakapapa Knowledge .....	158
Whakapapa as Sacred Knowledge .....	159
Whakapapa Disconnection Trauma.....	159
Whakapapa Reconnection and Healing .....	160
Remembering and Social Representations of History .....	160
Hapū x Whānau Narratives .....	161
Traumatic Act One: Massacre of Hapū X.....	161
Context/ Historical Account .....	161
Death and Loss .....	162
Unresolved Grief .....	164
Takahi .....	165

Traumatic Act Two: Preservation of Matakite Whakapapa Line .....	169
Matakite .....	169
Preserving Matakite .....	169
Denial and Silencing.....	171
Loss of Cultural Knowledge.....	172
Normalisation of Abuse Patterns over Generations .....	172
Unresolved Anger and Pain.....	173
Traumatic Act Three: Alienation of Hapū x Lands.....	173
Context .....	173
The Loss of Mana Motuhake .....	173
The Enduring Struggle for Justice .....	175
Dispersal of the Hapū due to Hardship.....	175
Links between Historical Trauma and Suicide in Hapū x.....	177
The Legacy of Historical Trauma in Hapū x.....	177
CHAPTER SEVEN:.....	179
HAPŪ X YOUTH AND LEADERSHIP PERSPECTIVES.....	179
Hapū x Development – the Context.....	180
Treaty Settlement Process – Justice and Reparation.....	181
Establishing a Restorative and Healing Process .....	181
Youth suicide prevention efforts.....	182
Economic Development Projects .....	182
Findings.....	182
Hapū x Youth Perspectives.....	182
Hapū x Leadership Perspectives .....	183
Hapū x Historical Trauma Revisited.....	184
Historical trauma impacts on hapū relationships.....	186
Methods .....	188
Thematic Analysis .....	188
Super-ordinate Themes from the Youth Data .....	189
Whakapapa Disconnection and Disruptions.....	189
Ambivalence towards hapū and iwi identities .....	190
Hapū and Rūnanga .....	191
Relational conflicts within and between whānau .....	192
Cultural Disconnection .....	193
Disempowerment .....	197
Centrality of Whānau Relationships.....	202
The Capacity for Hope .....	204

Positive Coping Strategies .....	206
Selective Leadership Perspectives .....	208
Strengths and Weaknesses of the Hapū .....	209
Threats to Hapū x Tikanga .....	211
Stressors Impacting Hapū x Youth: Hapū responses .....	211
Youth Involvement in Hapū x Development .....	212
Aspirations for Hapū x Youth .....	213
CHAPTER EIGHT: DISCUSSION AND CONCLUSION .....	214
The Story of the Thesis .....	216
The Beginning of Consciousness and Understanding.....	217
Responding to Māori suicide.....	217
Thesis Studies/Research .....	218
Self Determination is Foundational .....	218
Suicide Prevention and Self Determination .....	220
Internal Development, External Input.....	220
Cultural Constructs in a Hapū Soul Healing Process.....	221
Wairua.....	221
Suicide as Kahupō/Spiritual Affliction .....	222
Tapu - Life as Sacred .....	223
Te Whenua: Land .....	224
Ahi Kaaroa: Title to Land through Occupation.....	224
Healing Pathways .....	225
Knowledge .....	225
The First Step for Soul Healing .....	225
Moving away from the Coloniser/Colonised Dichotomy.....	227
Building onto Positive Legacies.....	228
The Waka/Voyaging Canoe as a Healing Metaphor .....	229
De-colonisation, Conscientisation and Soul Healing .....	230
Whakapapa Analysis and Soul Healing .....	232
Utu, Muru and Restorative Justice .....	233
Healing Processes.....	234
Māori-specific/Culture specific Interventions .....	235
Spiritual Rituals and Healing Practices .....	235
Integrated interventions.....	235
Cultural Development.....	236
Tikanga and soul healing.....	236
Re-traditionalisation, Cultural Development and Soul Healing.....	236



Te Reo Māori.....	237
Leadership and Soul Healing.....	237
The Challenges for the Hapū going forward.....	240
Working with historical trauma gaining consciousness.....	240
Internalised Oppression .....	240
The diaspora and the challenge of repatriation.....	240
The Challenge of Establishing Whakapapa Consciousness .....	240
The challenge of Re-claiming cultural traditions.....	241
The Risks of Re-Visiting History .....	241
Conclusion .....	241
Contribution of the Research to Māori Suicide Prevention .....	242
Applying the Model Community Based Para-Professionals .....	243
Reframing Māori Suicide Prevention: A New Paradigm .....	243
Last words.....	244
GLOSSARY.....	246
REFERENCES .....	253
APPENDIX A: INTERVIEW SCHEDULE FOR YOUTH.....	290
APPENDIX B: INTERVIEW SCHEDULE FOR WHĀNAU/KAUMATUA/LEADERS.....	295

## **LIST OF TABLES & FIGURES**

<b>Table 1</b>	Māori Kinship Structures .....	28
<b>Table 2</b>	Key Characteristics of Suicide Prevention Programmes for American Indian and Alaska Natives .....	134
<b>Table 3</b>	Kaupapa Māori methodology .....	141
<b>Figure 1</b>	Youth suicide age-specific death rates, by ethnicity, 1996–2010 .....	23
<b>Figure 2</b>	Suicides by Ethnicity 2012/2013. Provisional Coronial Data .....	24
<b>Figure 3</b>	Doctoral Research Process: Four Interlocking Analyses .....	39
<b>Figure 4</b>	Hapū Transformation Pathway .....	226

## CHAPTER ONE: INTRODUCTION

*Whakapapa is everything and I am nothing if not for whakapapa*

Relationships in the Māori world are based on reciprocity, mutuality, responsibility, duties, obligations and the maintenance of balance. These concepts consciously or subconsciously form part of the relationships between whānau, hapū and iwi. We have within us, Te Ira Atua, the divine spark, a supernatural essence that we call wairua, our inner nature is wairua and so we are connected to the spiritual and physical worlds through whakapapa (genealogy) that describes how we are related to each other and what those relationships call us to do and be in the way we act towards each other. Whanaungatanga is how we are towards each other. First is it the way we recognise and honour our whakapapa because we are tied to each other through whakapapa. It makes it impossible for me to not be concerned for all of my whanaunga. In a Māori worldview we are interdependent and part of the natural and supernatural order. This is the Māori holistic worldview. When there is an imbalance, let's say conflict in our whānau well that has impacts for everyone...and it has to be put right for balance to be restored. Suicide is about the loss of hope. It reflects imbalances in the whakapapa, in the way we care for each other. For some it could mean that they are no longer taking their place as part of whānau, hapū and iwi. Whatever the reasons, it is not acceptable ...one life lost is lost potential (of whakapapa) ...many lives are impacted by the actions of one and we are all accountable for that one...whakapapa makes us accountable to each other especially when people are hurting or losing hope.

Miriama Kahu<sup>1</sup>, 1995

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<sup>1</sup> The late Miriama Kahu was recognised as a leader in Māori health. She had an instrumental involvement in Māori suicide prevention nationally and regionally in the 1980's onwards.

This thesis examines the subject of Māori suicide, positioning it as an expression of the deep wounding of the spirit from historical trauma birthed during the time of colonisation. In this frame, healing interventions designed to fix the enduring destructive products of colonisation are identified and encapsulated within a recommended pathway for Māori suicide prevention that shifts the focus from suicide prevention to healing of the wounds afflicting the spirit. The cultural duties and obligations of whakapapa, (a foundational Māori cultural construct that describes kinship relationships and kinship histories) circumscribe the obligatory role of the hapū/sub tribe in leading soul healing processes.

The theoretical link between suicide prevention and the hapū/sub tribe in this thesis assumes that the tribal collective is powerful in the lives of individual Māori. However, a deep consciousness of the importance of connection to kin, land and history and the activation of a profound appreciation of the intrinsic value of these constituents of cultural identity is needed for the hapū to be effective for whānau (Winiata, 2006). Through the interconnections and inter-dependence of kinship, land and history, Māori are positioned in cultural contexts in which they are able to experience themselves as part of something infinitely greater than their individual humanity (Rangihau, 1975). Conversely when whakapapa consciousness and practices for the preservation and protection of cultural knowledge are compromised through cultural breakdown and loss these connections are eroded along with the consciousness of them. In this disconnected spiritual/wairua space the person has nothing to anchor them and they can become vulnerable to trauma and psychic pain (Duran, 2006).

Cultural connections are sourced in the spirit/wairua that protects and preserves the mauriora or sense of wholeness and wellness of the individual (Marsden, 1975; Marsden, 1986; Marsden & Henare, 1992). The intrinsic sense of Te Tapu o Te Tangata or the sacredness of the individual and divine essence within them is compromised in the 'disconnections' born of historical trauma. Disconnection for indigenous peoples becomes part of the 'normalised' psychological landscape of historical trauma (Zayas, Kaplan, Turner, Romano, & Gonzalez-Ramos, 2000). This renders the individual vulnerable to suicide and other self-destructive practices as the spirit in wounded state struggles to bring a sense of balance, connection and peace (Ihimaera & MacDonald, 2009; Lawson-Te Aho, 1998a).

## **Thesis Proposition**

Māori suicide is interpreted and treated in this thesis as indicative of a loss of hope initiated from the historical legacy of colonisation into which Māori are born. Loss of hope leading to suicide and other self-destructive practices denotes a profound wounding of the indigenous spirit (Duran, 2006).

Colonisation as a process with its roots embedded deep in history is considered to be the most influential, insidious and far reaching process impacting on Māori today (Lawson-Te Aho & Liu, 2010; Rata, Liu & Hanke, 2008; Reid, 1999). The enduring pernicious (deadly and destructive) effects of colonisation are transformational, multi-generational, continuous – flowing through time and history - and current (Brown, 1971; Churchill, 1996; Churchill, 1998; Churchill, 2002a, Churchill 2002b; Cox, 1993; Durie, 1998a; Durie, 1998b; Durie, 2001; Ehle, 1988; Evison, 1997; Fanon, 1957; Fanon, 1964, Fanon, 1965; Friere, 1972; Jackson, 2008; Josephy, 1971; Matthiessen 1983, Matthiessen, 1984; Memmi, 1965; Orange, 1987; Reid & Robson, 2007; Smith, 1999; Walters, Beltran, Huh & Evans-Campbell, 2011; Walters, Mohammed, Evans-Campbell, Beltran, Chae & Duran, 2011).

Spiritual wounding over generations creates a precarious ‘indigenous condition’ (Fanon, 1957) in which suicide and other self-destructive practices serve as confirmatory evidence for the existence of deeply entrenched spiritual wounds (Duran, 2011; Duran & Duran, 1995). Moreover, spiritual wounds/historical trauma indicate that many indigenous communities have a very tenuous hold on culturally grounded knowledge and processes that might lead an indigenous person away from the cliff face and knife edge of self-destruction (Brave Heart & DeBruyn, 1998).

## **Māori Suicide Statistics**

There are three relevant data sources describing Māori suicide. The first source is official statistics that are collected, analysed and reported by government agencies such as the Ministry of Health. The second source is the anecdotal data from Māori communities, whānau, hāpu and iwi which, until recently have not been given a lot of credence as an indication of suicide levels in Māori communities.

However, the ‘anecdotal evidence’ of Māori communities has provided Māori suicide prevention researchers with a barometer by which to develop awareness of issues confronting our communities, feeding this information into Māori suicide prevention networks to inform political advocacy thereby, bringing attention to the issues (Turia, 2012). The third data source is coronial data (MacLean, 2012; MacLean, 2013). The coronial data is preliminary until cause of death is confirmed. However, it gives a very useful (likely) picture of trends in Māori suicide.

## **Trends in Māori Suicide**

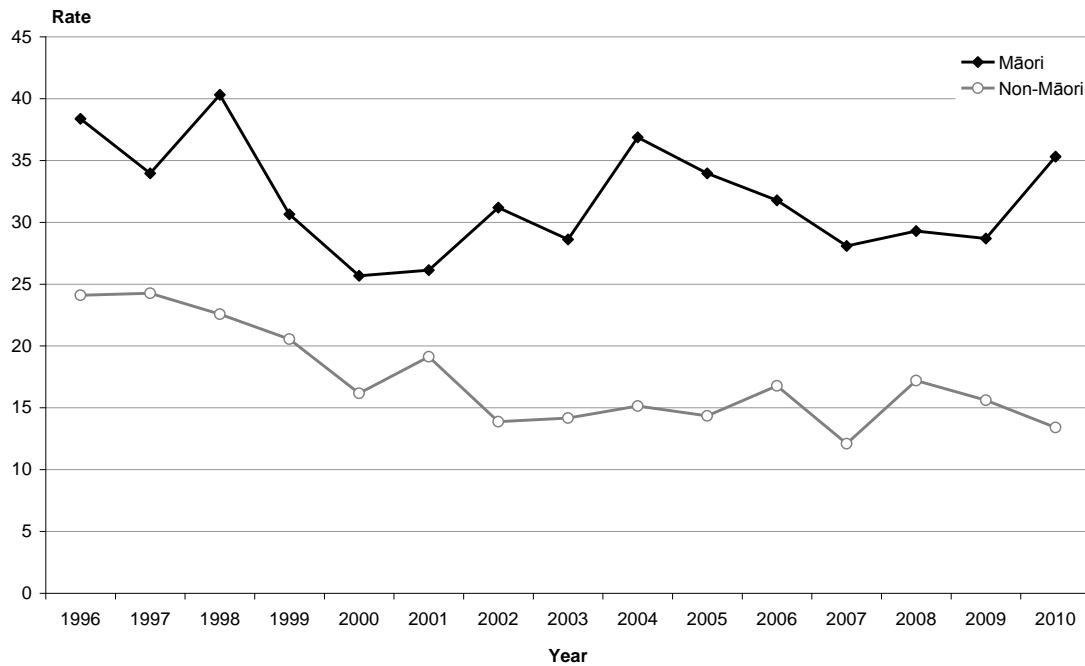
Beautrais (2003) explains issues in the collection of Māori youth suicide:

As a result of changes in the ways in which the ethnicity of those dying by suicide has been recorded it is not possible to examine ethnic differences in suicide rates prior to 1995. Before this time, the ethnicity of suicide was based upon an assessment of the individual’s extent of Māori descent. Recognition of the limitations of this method of measurement led to a revision of data collection methods. Since 1995, ethnicity has been defined on the basis of the family’s report of the individual’s ethnic self-identification. This change in definitions led to a clear discontinuity in time-series data, and an under-enumeration of Māori suicide prior to 1995.

### Completed Youth Suicides by Ethnicity 1996-2012 (Ministry of Health)

The Ministry of Health data released in 2012 indicates a fluctuation in the number of completed Māori youth suicides from 1996 to 2012 as shown in figure one. Māori youth suicides began to increase again in 2010.

**Figure One: Youth suicide age-specific death rates, by ethnicity, 1996–2010**



Source: New Zealand Mortality Collection

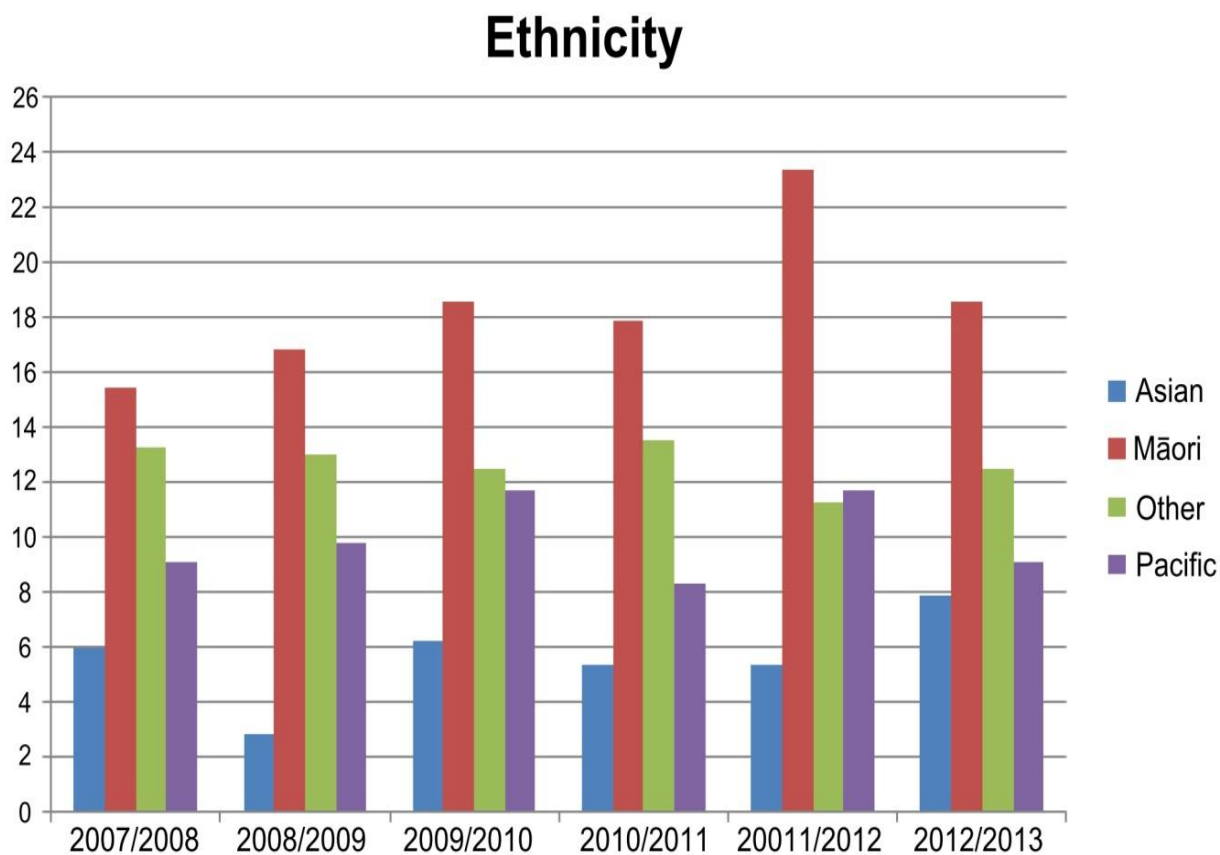
Note: The rate in this figure is the age-specific rate, measuring the frequency of suicides relative to particular population age groups.

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### Coronial Data on Māori and Youth Suicide for 2012/2013

Chief Coroner MacLean released the provisional annual suicide statistics for the year ending June 2013. The overall data by ethnicity is shown in figure 2. The overall trends in this data show a decline in the numbers of completed Māori suicides in the 2012/2013 (coronial) year to June 30th 2013 following a spike in Māori suicides in 2011/2012. While this data is provisional and there is still major concern about the overall levels of suicide in New Zealand, it is heartening that Māori suicide dropped from 132 in 2011/2012 to 105 in the current year. Yet, we still have a way to go.

**Figure Two: Completed Suicides by Ethnicity 2012/2013: Provisional Coronial Data**





### **Attributions about the decline in Māori suicides in 2012/2013**

The coronial data for 2012/2013 indicates a reduction in completed suicides for Māori (MacLean, 2013) The decline in the number of completed Māori youth suicides in 2012/2013 has been attributed to Māori communities (such as in Northland) taking action by developing and implementing their own suicide prevention (whānau centered support) strategies (Ashby, 2013). This is supported by evidence of the decline in completed suicides in the Kawerau community following the implementation of a community action approach initiated and led by a grieving Māori whanau. Both examples provide confirmation of the effectiveness of Māori community action on suicide rates. This supports the call for self determination in the framing and implementation of responses to suicide by Māori communities, whānau, hāpu and iwi.

### **Laying the Foundations: Framing the subject of Māori Suicide**

Whakapapa is everything...it tells me who I am and where I fit in. It tells me what my obligations are to others....it is my identity and through it, I am able to say that I come from this place, that I'm related to these people and descended from these ancestors. I am able to say who I am and that knowledge is empowering and powerful....it gives me strength and I understand I'm not on my own....I'm part of a larger reality that covers the universe and connects me with God, my Tīpuna and my whole Māori world – the natural environment, the spiritual world...really it is amazing when you think about it...I descend from wairua (spirit), ngā atua...I am whānau with moana (oceans); whenua (land); tangata (people), maunga, (mountains), te ao turoa (the natural world), te ao hurihuri (the ever turning and transforming world) and all the potential...that is yet to be seen and is still changing, shifting, forming, creating. That is whakapapa.

Miriama Kahu, 1995

## **Defining the Key Terms**

### **Whakapapa**

Whakapapa is the core cultural construct that informs Māori identity (Te Rito, 2009; Walker, 1990). Whakapapa undergirds authentic Māori cultural identities (Rangihau, 1975).

Tau (2003) describes whakapapa as:

Genealogy, in a wider sense, whakapapa attempts to impose a relationship between an iwi and the natural world. Whakapapa is then, a metaphysical framework constructed to place oneself within the world (p.33).

Whakapapa is often defined as a process of laying one thing upon another or the laying of one ancestor upon another and the genealogical descent of all living things (Wakefield, 2008). According to Marsden (1975) everything has whakapapa. Henare (1988) asserts that whakapapa makes no distinction between the supernatural and natural worlds or between the sacred and secular realms. Therefore, whakapapa is a continuous relationship between the seen and unseen realms of human existence. Thus, it has spiritual, physical and metaphysical qualities. Salmond (1978) refers to ideas of fluidity and flux of time and space where the past and present are caught up together and viewed as one. Whakapapa creates, defines and shapes obligations and duties to care and intervene on the part of the tribal collective, when individuals who whakapapa to the tribal collective are suffering (Lawson-Te Aho & Liu, 2010).

### **Soul Wounds/Historical Trauma**

Soul wounds/historical trauma is defined as trauma that is cumulative, has occurred over both the lifespan and generations and results from massive cataclysmic events in history (Brave Heart, 1998; Brave Heart, 1999a; Brave Heart, 1999b; Brave Heart, 2000; Brave Heart, 2001; Brave Heart, 2003). Historical trauma according to Walters et al (2011) consists of traumatic events targeting a community. Soul wounds are offered as explanations for the high rates of suicide, addiction and other forms of internalised violence in indigenous populations in the United States (Brave Heart, 2001; Brave Heart, 2005; Brave Heart & DeBruyn, 1998; Brave Heart & DeBruyn, 1999;) and externalised violence such as domestic violence, child abuse and sexual abuse (Duran, 2010; Brave Heart-Jordan, 1995; Brave Heart & Deschenie, 2006; Evans-Campbell, 2008; Evans-Campbell, Lindhorst, Huang & Walters, 2006).

Braveheart (2003) attributes alcoholism, suicide risk, self-harming and other self-destructive practices, to colonisation. This is supported by a number of indigenous scholars and practitioners (Deschenie, 2006; Duran & Duran, 1995; Duran, Firehammer & Gonzalez, 2008; Yellow Horse Braveheart & De Bruyn, 1995).

Historical trauma events are thought by some indigenous researchers to be etiological agents to social and psychological distress. Others identify historical trauma events as producing outcomes such as an historical trauma response while some researchers and scholars refer to historical trauma events as pathways/trajectories by which trauma transfers through generations. Finally, historical trauma-related factors such as collective loss that interact with proximal stressors create an immediate vulnerability to stress and disease (Walters et al, 2011, p.180).

## Hapū

Hapū is a form of Māori tribal organisation that describes a group of whānau/families related to each other by kinship. For Māori, the basic unit of organisation is whānau. Hapū are a collective of whānau/families. The hapū has a political and cultural mandate to exercise self determination within local tribal jurisdictions shaped and determined by the reciprocal obligations of kinship. In a hapū analysis, whakapapa/kinship is the key organising cultural value and identity construct.

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**Table 1: Māori Kinship Structures**

<b>Whānau</b>	Family group, extended family, to be born
<b>Hapū</b>	Kinship group, clan, sub-tribe (n) to be pregnant
<b>Iwi</b>	Kin, tribe, people, nation, family groups who share a common ancestor, bone

## Mana

Mana refers to prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object. Mana goes hand in hand with tapu, one affecting the other. The more significant the event, person or object, the more it is surrounded by tapu (sacredness) and mana. Mana is the enduring, indestructible power of the atua (creator gods) and is inherited at birth, the more senior the descent, the greater the mana. The authority of mana and tapu is inherited and delegated through the senior line from the atua as their human agent. Since this authority is a spiritual gift delegated by the atua, man (sic) remains the agent, never the source of mana. Mana gives a person the authority to lead, organise and regulate communal expeditions and activities, to make decisions regarding social and political matters (Te Whanake, Māori Dictionary on line).

## **Tapu**

Tapu is often defined as sacredness or a state of being under divine protection. Durie (1994) defines tapu as ‘the sacred state or condition in which a person, place or thing is set aside by dedication to the gods and thereby removed from profane use’ (p.9). Durie states that tapu is secured by divine sanction and reinforced by the endowment of mana. Finally, tapu was considered to be an all pervasive force which also served to regulate social and community behaviour. Suicide prevention may be supported by the re-invigoration of a consciousness of Te Tapu o Te Tangata (the sacredness of the human person).

## **Key Contributing Processes for Understanding Māori Suicide**

The key underlying and contributing process for understanding Māori suicide in this thesis is colonisation. Colonisation produces deadly impacts over generations (Jackson, 2008). It is vital to understand that colonisation although rooted in history is a continuous and enduring process (Reid & Robson, 2007). Impacts such as loss of culture and disconnectedness are pervasive outcomes of colonisation (Graham, 2002; Hawkeye-Robertson, 2006; Hawkins & Blume, 2002).

Contemporary iterations of colonisation include racism and internalised oppression. Due to the insidious character of colonisation, it is often very difficult to see the machinations of it. Moreover, there are layers of impacts that are so difficult to disentangle in order that precise attributions concerning the impacts of colonisation can be made. Loss of land and people inducing a corresponding loss of mana and hope are implicated in contemporary suicide (Josephs, 1997).

## **Colonisation as a process**

Colonisation as a process is purposed to remove resources, authority, power and control from a group of people (Indigenous) and relocate it into the hands of another group of people (non-Indigenous). It is as Fanon (1957) describes a process of usurpation. Usurpation means to seize hold of the power and rights of another by force and without legal authority. Memmi (1965) identifies the psychological processes of colonisation and the characteristics of the relationship between the colonised and the coloniser advocating for liberation through resistance and the overthrow of the oppressive colonial relationship.

According to Memmi, the colonised has two responses – 1. collusion with the colonisers. In order to collude, Memmi says that the colonised must despise everything about their own culture, values and identity in order to pursue the new ‘culture of the coloniser’ which has to be prized more highly than their own. The second strategy for the colonised occurs when they realise that they can never be fully accepted. The only choice left according to Memmi, is revolution which requires the complete and utter rejection of the coloniser and all his (sic) colonial products. Churchill (1996) describes colonisation as dehumanisation. Dehumanisation was used as a weapon of colonisation. The mythology of colonisation being a ‘civilising mission’ was premised on the ideology of Social Darwinism and one man’s ideas about evolution and classification of human beings according to their degree of humanity (and civilisation). White patriarchal/male culture was positioned at the top of the biological order and all other groups placed beneath the ‘white male’ apex of biological and cultural superiority. The darker the race, the lower down the scale they appeared. This gave rise to colonising actions that were justified and rationalised as being ‘civilising’. It produced outcomes such as indigenous peoples being perceived as sub human and, hunted like animals (as in the colonisation of Australia) or removed from their homelands and kin, placed into boarding schools in which the most vile abuses were perpetrated against them (as in the case of North America) (Hawkeye-Robertson, 2006).

Colonisation led to incomprehensible violations of indigenous peoples (Klungel, 2009; Lawson-Te Aho, 1998a, Lawson-Te Aho, 1998b; Leenars, 2006; Leenars, Brown, Apart, Anorak & Hill-Eddie, 1999). There were no boundaries. It was open season for the slaughter of innocents (Sitting Bull, 2010). These violations continue to travel through generations rebirthing legacies of destruction in each subsequent generation. For some, this legacy leads them to write their own ending to their story.

## **Contemporary Relevance of Colonisation**

Colonisation did not stop in 1840 when the relationship agreement embodied in Te Tiriti o Waitangi set the parameters for Māori and the colonial government to 'relate' differently to each other (Jackson, 1995; Jackson, 2002; Williams, 1991). The impacts of colonisation endure through time and generations, finding modern day expression in statistically verifiable outcomes amongst indigenous peoples such as premature death, internalised racism, criminality, mental illness and so on (Alfred & Cornassel, 2005; Awatere, 1984; Mikaere, 1995; Robson & Reid, 2007). Indigenous suicide rates reveal an apparent entrenchment of patterns of suicidal behavior in certain indigenous populations that is more severe than the patterns in non-indigenous populations (Baxter, 2007; Baxter, 2008; Baxter, Kingi, Tapsell, Durie & McGee, 2006; Baxter, Kokaua, Wells, McGee & Browne, 2006; Measey, Li, Parker & Wang, 2006; Silviken, Haldorsen & Kavernmo, 2006; Silviken & Kvernmo, 2006). It is apparent, that pain and suffering are present and that suicide statistics tell a story about soul wounds and a loss of hope in indigenous communities (Churchill, 2002b; Morgan & Freeman, 2009).

## **The Embodiment of Historical Trauma**

Walters, Beltran et al (2011) link the disparities in indigenous health to the embodiment of historical trauma. Although they acknowledge that the empirical evidence is limited, they argue that the physical embodiment of historical trauma is an outcome of prolonged exposure to chronic stress from colonisation (Berry, 1990; Duran, 2010; Duran, 2011; Duran, Duran, Brave Heart & Yellow Horse-Davis, 1998; Gone, 2007). Walters, Beltran et al (2011) demonstrate a relationship between the stress of land loss and adverse impacts on mental and physical health amongst Alaska Natives and American Indians. Kuzawa & Sweet, (2009) and Matthews & Phillips (2010) link chronic stress with diseases such as diabetes articulating the role that stress plays in the onset and maintenance of these conditions.

There is mounting evidence in epigenetic and neurobiological research that weaves explanations about the pervasive and profoundly destructive outcomes of prolonged exposure to chronic stress from historical trauma on the contemporary health and mental health of indigenous peoples (Bombay, Matheson & Ainsman, 2010; Brand, Brennan, Newport, Smith, Weiss & Stowe, 2010; Kaati, Bygren, & Edvinsson, 2002; Yehuda & Bierer, 2009). Epigenetics researchers found a relationship between racism, discrimination and health inequalities (Krieger, 1999; Krieger, 2000; Krieger, 2005; Krieger, 2012 and Krieger & Smith, 2004). The epi-genetics literature can be used to create the rationale for Māori self-determination and cultural restoration as part of a healing project for Māori suicide prevention.

### **Māori Suicide as spiritual affliction and loss of hope**

Suicide evidences a deep seated spiritual mamae/pain/wounding. Tikanga Māori/codified cultural practices was/is a set of behavioural controls. Colonisation relied upon the destruction of Tikanga Māori (Lawson-Te Aho, 1993). Māori suicide is interpreted and treated as an indication of a loss of hope initiated from the historical legacy of colonisation (Hirini & Collings, 2005). There is a sense of inevitability in this analysis that the life experiences of Māori will invariably be shaped and impacted by colonisation as if Māori today live and relive colonisation by proxy. The hurt of colonial legacies continue to be inflicted upon whakapapa/kinship (Lawson-Te Aho, 1998a).

### **Māori Suicide as a Loss of Whakapapa Consciousness**

Suicide reflects the precarious status of cultural knowledge and practices concerning whakapapa. Suicide also reverberates through kinship (Lawson-Te Aho & Liu, 2010). Suicide adversely transforms whakapapa, the heartbeat of Māori cultural identity (Kruger, Pitman, Grennell, McDonald, Mariu, Pomare, Mita, Maihi & Lawson-Te Aho, 2004). The loss of a sense of connection to cultural identity ordinarily enabled through a working knowledge of kinship relationships, history and place/whenua/land cuts to the heart of this thesis (Keenan, 2002). The connection to an intact cultural identity is empowered by a working knowledge of whakapapa enacted as whanaungatanga. Whanaungatanga describes whānau relationships and the enactment of behavioural obligations to care for each other (Ritchie, 2003). The reciprocal nature of whakapapa or kinship relationships carries certain cultural obligations that can be described as a duty of care. This duty of care permeates all levels and layers of kinship (Kruger, 2010).



## **Soul Healing for Māori Suicide Prevention: Framing Interventions**

### **Hapū and the Role in Suicide Prevention and Soul Healing**

The role of the hapū (as part of iwi) is to secure cultural identity, continuity and permanence. Soul wounding reflects a loss of whakapapa consciousness. Therefore, soul healing which is foundational for the survival of whakapapa must include securing Māori cultural identities and Tikanga (Kruger, Pitman, et al. 2004). Hapū are not the lone operatives of tribal self-determination. There are layers and levels of relationships, described by whakapapa that include whānau and iwi. The hapū is the seat of mana motuhake/local political autonomy and pivotal for self determination (Kruger, 2010). The hapū is the vehicle by which tribal self-determination is exercised and the hapū is required to act for the protection and preservation of mana whenua/territorial rights and power associated with possession and occupation of tribal lands. The tribe's history and narratives are based in the lands they have occupied over generations and the land provides the sustenance for the people and a political vehicle for addressing challenges to its capacity to protect and preserve mana whenua and mana tangata. Mana tangata refers to the power of the people. The hapū acts for the preservation of the human rights of the descendants of the ancestors who hold kinship connections to the land and each other.

This thesis is predicated on the assumption that whakapapa creates obligations on the part of the hapū towards those at risk of suicide. More specifically, that hapū x, has obligations that are housed within its genealogical traditions and kinship relationships to intervene when suicide risk is present (Lawson-Te Aho, 2010). Suicide prevention is not the overarching aim of hapū development although suicide risk cannot be ignored because every suicide creates a threat to the continuity of whakapapa. In order to realise the cultural obligations contained in a working knowledge of whakapapa, it is important to consider how the hapū understands its role to preserve, protect and ensure the continuity of whakapapa, without which, the hapū ceases to exist.

## **Therapeutic Considerations**

### **The Problem with a Clinical framing of Māori Suicide**

Evidence based approaches for Māori suicide prevention are limited because of the way in which Māori suicide is framed and understood as an outcome of the prevalence and arrangement of individualised risk factors (Lawson-Te Aho & Liu, 2010). The capacity of clinicians to comprehend the depth of issues that are rooted in historical trauma (manifesting as layers of ‘pathology’) is constrained by the clinical practice frameworks within which they function as clinicians (Duran, Firehammer & Gonzalez, 2008). Clinical evidence tends to invisibilise history and with it, historical trauma. Medication used to dull the psychic pain of historical processes has marginal effect. Cognitive behavioural therapies to ‘reprogramme’ negative automatic thoughts and reinforce agreed behavioural schedules are likewise marginal although these therapeutic practices may offer some immediate relief when culturally tailored (Bennett, 2007; Gone, 2007; Gone, 2010; Gone, 2011; Shepherd, 2011).

Clinical interventions deal with clinical symptoms (Duran et al, 2008). Cultural competency training gives license to clinicians to interpret and apply cultural values who if not engaged in rigorous self examination may demonstrate cultural incompetence. Such practitioners are culturally unsafe. There are ongoing unanswered questions about the cultural and clinical safety of these approaches in Māori suicide prevention. They are grounded in ahistoric explanations and conceptualisations of Māori suicide. This leads to incredulous theorising about Māori suicide prevention. Collings, Atkinson & Fawcett (2002) note that our knowledge about the causes of suicide among Māori has developed differently with a specific focus on socio-cultural factors, such as past and current colonisation effects, and loss of traditional social structures and processes. They note that although the fact of the colonisation of Māori is inarguable, it is much less clear how processes such as acculturative stress or the state of cultural alienation impacts on suicidal behavior at the individual level. It is complex to measure individual suicide as an artifact of the collective experience of colonisation. However, individual Māori suicide cannot be understood by isolating the individual from the collective cultural context in which trauma at the group level is inseparable and indistinguishable from trauma at the individual level. It simply produces an incomplete analysis which if ignored, may lead us down the wrong pathways in our efforts to prevent suicide. Duran et al (2008) interpret monocultural conceptualisations of indigenous realities as epistemic violence.

**Individualism and Collectivism**

Some indigenous psychologists have critiqued the limitations of Western/mainstream psychology and specific therapeutic approaches in suicide prevention research (Adair, 2006; Allwood & Berry, 2006; Duran & Duran, 1995; Gone & Alcantara, 2007; Yang, 2012). The core challenge is that Western psychology, particularly clinical psychology is grounded in the Eurocentric notions which are as Yang (2012) describes ‘rooted in Western native culture’ (p.17). Yang (2012) differentiates between Western psychology and indigenous psychology with the former being imposed knowledge from outside the culture and the latter being an internal knowledge developed from inside the culture. Many indigenous cultures are more accurately conceptualised as kinship based cultures with collective histories, and experiences under colonisation. Indigenous psychologists challenge the relevance of Western psychology (Kim, Yang & Hwang, 2000; Kim, Yang & Hwang, 2006; Lawson-Te Aho, 2008, Lawson-Te Aho, 2010; Love 2000; Love, 2004; Milne, 2005; Pere, 1982; Pere, 1984; Pere, 1991; Pere, 1994; Royal, 1998a; Royal, 1998b; 2002; Yang, 2012). This thesis does not attempt to critique Western (clinical psychology) indepth as that is a dead-end (Duran et al, 2008). Rather, it is concerned with the validation of Māori and indigenous therapeutic processes for Māori and indigenous suicide prevention.

The focus on indigenous psychology is purposive in this thesis to avoid cultural violations such as the abnormalisation of ‘normal outcomes of suffering’ endured by indigenous peoples through generations (Duran, 2006; Lawson-Te Aho, 1993). The roots of pathology are in the colonisation process not ‘naturally or normally’ in indigenous peoples. Suicide is often treated to the same Western clinical psychological tradition that pathologises and abnormalises indigenous cultural values and worldviews primarily through the individuation of the ‘Māori/indigenous client’. This epistemic tradition has no ability to deal with kinship. Simply stated, if the core of Māori identity (whakapapa/kinship) is considered to be pathological, then Māori identity when treated in a Western clinical epistemic tradition is interpreted (by association) as pathological (Lawson-Te Aho, 1998a).

## **Western Hegemonic Discourse and Traditional Knowledge**

There is a pervasive hegemonic discourse in the practice of clinical psychology that diminishes the validity of cultural knowledge and the application of such knowledge in therapeutic methodologies with indigenous peoples (Love, 2004; Milne, 2005). Clinical psychology as it originates in Western cultural contexts may be construed as part of the maintenance of colonisation (Ranzijn, McConnachie, Clarke & Nolan, 2007). Wakefield (2008) observes that the marginalisation of traditional knowledge has birthed a global movement to reclaim, restore, reassert and revitalise indigenous knowledge and practices relating to healing systems.

## **Reclaiming Māori Knowledge of Whakapapa as a Therapeutic Tool**

This thesis is predicted on the assumption that it is possible and desirable to reclaim knowledge of whakapapa as a therapeutic tool for suicide prevention. Whakapapa contains within it, cultural obligations in the form of relationships that are purpose-built to provide a buffer against individual suffering and pain (Lawson-Te Aho, 1998a; Lawson-Te Aho, 1998b). The caveat is that culture is not static. There are elements of cultural continuity that act as protective factors against suicide (Chandler, 2000; Chandler & Lalonde 2003; Chandler & Lalonde, 2008). However, culture is a dynamic process and historical narratives reveal that in the course of indigenous histories, change and adaptation were desirable and necessary (Chandler & Proulx, 2006; Durie, 2001).

## **Preserving Traditional Knowledge**

Rev Māori Marsden defines a worldview as:

Cultures pattern perceptions of reality into conceptualisations of what they perceive reality to be; of what is to be regarded as actual, probable, possible or impossible. These conceptualisations form what is termed the ‘worldview’ of a culture. The worldview is the central systemisation and conceptions of reality to which members of its culture assent and from which stems their value system. The worldview lies at the very heart of the culture, touching, interacting with and strongly influencing every aspect of the culture (cited in Royal, 2002, p. 18).

There are a number of significant challenges to the capacity of indigenous peoples to hold on to their cultural values, worldviews and knowledge in a rapidly changing world (Te Huia & Liu, 2012; Te Rau Matatini, 2009; Wakefield, 2008; Wanhalla, 2009; Weaver, 1998; Weaver, 2002). The opportunity to use these to inform culturally authentic interventions in a contemporary world calls for compromise. The question is how much compromise is too much? Conversely how much resistance to cultural compromise threatens practices and traditions intended for preservation? (Rewi, 2010). These are matters that are yet to be determined to inform therapeutic processes for soul healing. In this thesis, the therapeutic value of foundational knowledge such as whakapapa is championed.

### **Cultural Transformation and Survival**

Rewi (2010) asks whether cultural transformation is necessary for the survival of Māori culture. He observes that cultural maintenance depends on a strong community life and commitment as well as a capacity for cultural transmission. A soul healing strategy that rebuilds, reclaims and re-establishes cultural traditions is not without major challenges for the very reason that these practices have been contaminated by colonisation and the manipulation of tikanga. Culture is not a static phenomenon as any reading of iwi histories verifies (Binney, 2009; Reilly, 2012). However, there has to be a way to preserve and protect healing traditions (Lawson-Te Aho, 1996; Lawson-Te Aho, 1998c, Lawson-Te Aho, 2012; Reinfeld & Pihama, 2007). Cultural survival compels the current generations of Māori to seek out and preserve knowledge that might lead to deep healing of the wounded spirit ideally changing painful outcomes (McCann, 2001; Maaka & Fleras, 2005; Mead, 2003; O'Regan, 2006). However, there is a need to also be concerned about the way in which such knowledge is applied and transmitted from generation to generation. If cultural reclamation is impossible should Māori succumb to indifference? This is untenable. It is precisely because there is value in Tikanga Māori that efforts are made to integrate these into clinical treatment settings (Valentine, 2009). The reclaiming of Māori knowledge systems is precisely because these knowledge systems are considered to have therapeutic value for Māori healing (Reinfeld & Pihama, 2007).

## **Cultural Narratives and Soul Healing**

Cultural narratives are potential repositories of healing and grief resolution (Liu & Hilton, 2005). These narratives offer a source of wisdom about restoring balance when suffering is present. This PhD focuses on the capacity to reclaim and apply traditional knowledge for suicide prevention through a hapū development process. This is based on the assertion that culture provides a buffer against historical trauma and a hedge of psychological and spiritual protection (Chandler, Lalonde, Sokol & Hallett, 2003).

## **Holding the Line: Therapeutic Value of Culture**

Often culture is considered as an adjunct to widely accepted clinical interventions for indigenous suicide prevention. There are many challenges to the application of cultural interventions including the capacity to measure change in a meaningful way especially where co-therapy approaches have been used. The ‘clinical’ elements of therapy are usually assigned more importance, deemed to be ‘more effective’. The evidence tells us otherwise (Lawson-Te Aho, 2012). Undeniably, the ability to ensure authenticity in the application of cultural values, worldviews and practices is an ongoing challenge especially when reshaped to become ‘fit for purpose’ to make clinical interventions more cultural responsive (Kruger, et al, 2004). Control over therapeutic decision-making needs to be in indigenous hands. If indigenous peoples see merit in elements of behavioural therapy grounded in a traditional spiritual practice like the sweat lodge, then the overarching goal of healing the wounded soul has to be at the forefront of prevention efforts. The issue is one of locus of control over therapeutic decision-making.

## **Research Parameters and Processes**

### **Aligning Colonisation and Indigeneity**

This analysis is both empathetic and sympathetic towards the experiences of other indigenous populations, who occupy the status of being colonised peoples. Māori share familiar historical narratives with indigenous peoples. Moreover, there is a certain commonality about these historical narratives in which trauma, massive and unanticipated cultural transformations and disruptions, death, despair and the loss of hope take center stage.

### **Applying the Principle of Whanaungatanga to the Research**

The cultural construct of whanaungatanga is applied in this thesis as an analytical tool (Cram & Kennedy, 2010). Whanaungatanga refers to a sense of family connection or - a relationship through shared experiences which provides people with a sense of belonging. Whanaungatanga develops as a result of kinship serving to strengthen each member of the kin group. It also extends to others with whom one develops a close family-like relationship. Whanaungatanga brings the colonisation narratives from other indigenous experiences under colonisation together as one family of knowledge/knowledge whānau.

The narration of the shared histories of indigenous peoples under colonisation is drawn together and considered in a relational way. This analytical process has been applied in this thesis in order to map out the common experiential and historical terrain between indigenous populations so that an exchange of learning occurs as an interactional and reciprocal process between indigenous scholars and practitioners. This positioning assumes greater experiential and intellectual compatibility than incompatibility. The commonalities are strengths that draw us together so that suicide prevention in our respective communities receives value and clarity from a gathering of the collective wisdom. Joining the experiential dots enables indigenous peoples to learn from each other in order to build therapeutic practices that reflect indigenous realities and achieve effective results.

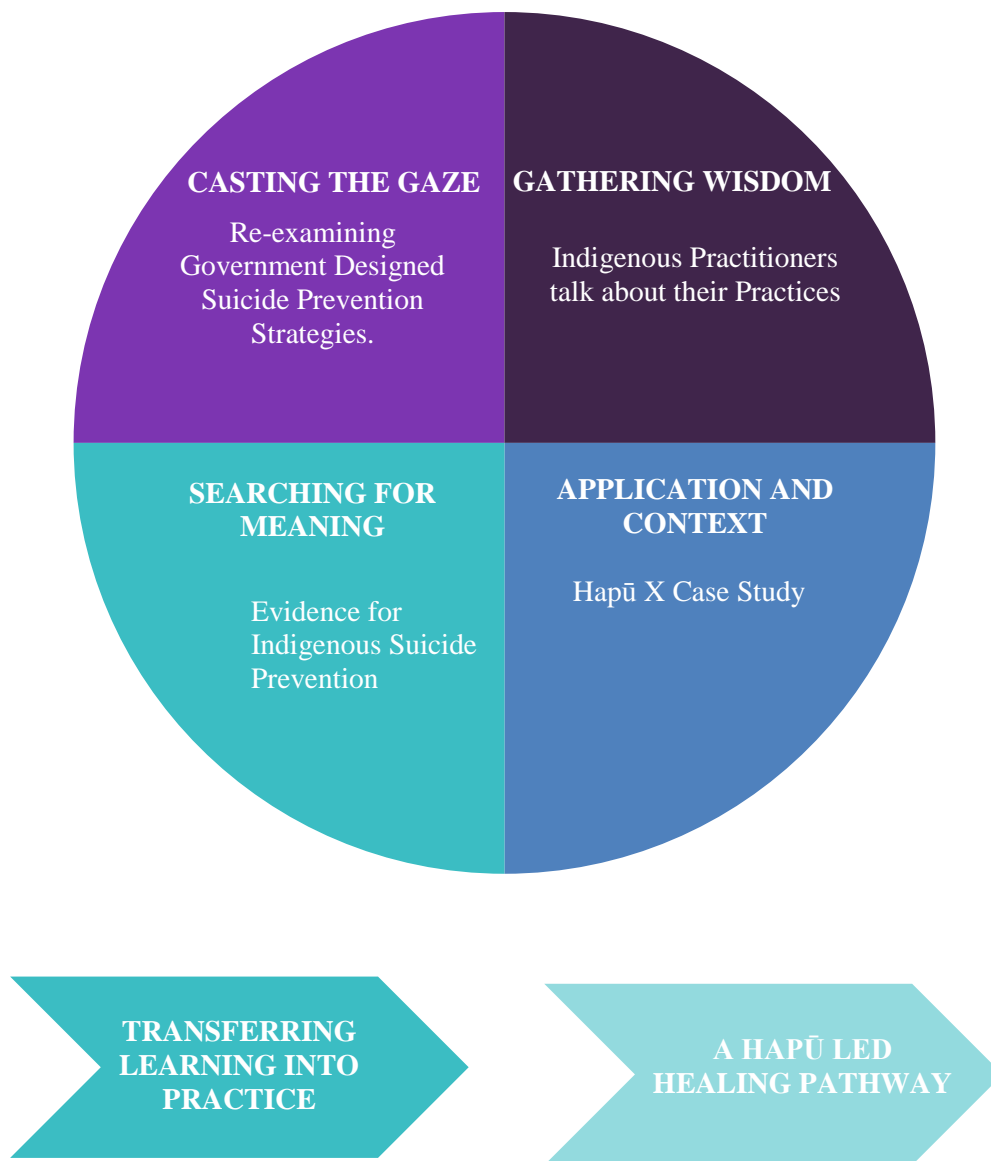
### **Research Description: Whanaungatanga in Practice**

The construct and process of whanaungatanga is applied in the clarification of the relationships between the four analyses that have been drawn together to inform the pathway towards healing and suicide prevention using the vehicle of hapū self-determination (in this context). Each analysis and body of knowledge offers a different perspective on the subject. This research is underpinned in its entirety by an analytical framework that is based on Kaupapa Māori epistemology with its central theme being that of whakapapa/kinship and history.

### **Four Inter-Locking Analyses**

Four inter-locking analyses make up this thesis. The relationship/whanaungatanga between these four analyses is shown in Figure Three. These analyses provide a unified and informed treatment of the subject of Māori and indigenous suicide prevention and soul healing by offering different views of the same overarching subject matter.

This PhD integrates expert practitioner testimony including clinical and cultural practice knowledge; published indigenous scholarship and research; policy and strategic advice from the New Zealand government and most importantly, narratives from one discrete Māori/hapū community. The information has been triangulated and used to inform the recommended healing pathway led by the hapū to fulfill their duty of care to whakapapa.



**Figure 3:** Doctoral Research Process: Four Interlocking Analyses



### **Analysis 1: Government Suicide Prevention Strategies**

Analysis one involved a retrospective examination of Kia Piki te Ora o te Taitamariki (the Māori component of the New Zealand Youth Suicide Prevention Strategy) developed in 1997 (Lawson-Te Aho, 1998a, Lawson-Te Aho, 1998c). The clinical and treatment oriented approach of the All Ages Strategy was compared with the community development approach of Kia Piki te Ora o te Taitamariki. Kia Piki te Ora o te Taitamariki was based on pro-active and positive Māori community development principles and practices construing Māori suicide as a part of the colonial legacy. While the analysis of colonisation was not sophisticated it achieved the intended purpose of bringing Māori suicide out of the shadows of a more general population youth suicide focus that rendered Māori youth invisible. Analysis 1 reflects on the trends in Māori suicide prevention strategies in order to extract the lessons for further strategy development.

### **Analysis 2: Indigenous Practitioner and Researcher Perspectives**

Analysis two involved extracting practice lessons from practitioners and researchers working in the field of indigenous suicide prevention. The ideas in this thesis were tested in discussions with indigenous practitioner and researcher networks over a 15 year period from 1997-2012.

### **Analysis 3: The Search for Meaning**

Analysis three involved reviewing the literature on the conceptualisation of indigenous suicide. Indigenous suicide prevention and soul healing interventions were also examined to link the conceptualisation of suicide with the activation of responses that together, may better inform the field of suicide prevention in indigenous including Māori populations.

### **Analysis 4: Case Study: Historical Trauma Narratives in Hapū x**

Analysis four involved a case study of historical trauma in hapū x. The hapū x case study was conducted for the purposes of articulating the role of the hapū in suicide prevention as part of a more encompassing process of identifying a healing process born of the imperatives of self-determination. The study involved interviews with whānau/families, youth and leaders.

### **Placement of the Research Findings in the Chapters**

The chapter arrangement locates the four analyses that together, offer future direction for indigenous suicide prevention as follows: Analysis 1 (policy case study) is written up in Chapter Four Analyses 2 and 3 are written up in Chapters Two, Three and Five which deal with the subject matter of the conceptualisation of indigenous and Māori suicide. The underlying themes and approaches in indigenous suicide prevention and healing projects are clarified as these are contained in the literature and confirmed through indigenous practitioner and researcher advice.

Analysis 4 is written up in Chapters Six and Seven. Chapter Six documents the historical trauma narratives as narrated by whānau from hapū x. Chapter Seven documents the findings of interviews conducted with hapū x youth about their cultural identities, the challenges and stressors that they face, how they cope with these and also the extent and quality of their relationships and engagement with the hapū/tribal processes. Chapter seven contains data from the hapū/tribal leadership about their responsibilities to whānau and youth who share kinship as part of the larger tribal dynamic.

### **Content of the Chapters**

Chapter Two is the Kaupapa Māori chapter. This considers Māori epistemology and cosmology in terms of whakapapa and the narratives about the creation and continuity of culture and meaning in relation to whakapapa. Core cultural constructs such as whakapapa, tikanga, tapu and noa are considered in this chapter as vital to healing and restoration leading to suicide prevention. A kaupapa Māori methodology is described. This chapter considers the weaving of knowledge and process to enable an authentic understanding of hapū x's trauma history and relationship to suicide risk in the hapū. This chapter also considers the rationale for this thesis and Kaupapa Māori ethical practices.

Chapter Three explains indigenous suicide in terms of the literature on soul wounding and indigenous theorising about the causes of suicide in indigenous populations. In this chapter, the psychological impacts of trauma are presented through indigenous eyes. This includes literature about the processes and outcomes of colonisation on indigenous psychology and identity. This chapter links colonisation to the desire to end ones' own life as an expression of the trauma of history birthed in the particular context of colonisation.

Chapter four considers Māori youth suicide prevention policy, strategy and research and lessons from the development and implementation of the New Zealand Māori youth suicide prevention strategy entitled *Kia Piki Te Ora o Te Taitamariki*. The limitations of Government strategy become clear and this creates further rationale for indigenous control over indigenous suicide prevention.

Chapter Five considers indigenous suicide prevention strategies and interventions. The literature on effective interventions for suicide prevention in indigenous communities is scarce. Interventions often target discrete variables and risk factors. There is a paucity of evidence about effective suicide prevention strategies in indigenous communities. Evidence about the importance of connection with a collective identity and culture is more substantive. Translation of the evidence into suicide prevention strategies highlights the gap between theory and practice. The implications of this are considered. Finally, the description of what has been tried in terms of thinking about suicide prevention in indigenous populations and the effectiveness of these strategies and interventions is appraised.

Chapter Six contains the case study of hapū x identifying the trauma themes and hapū responses over time. This chapter examines how these whānau interpret history and the transfer of historical processes into present day trauma in the whānau and hapū. These whānau narratives provide guidance about how healing might be focused in the future.

Chapter Seven contains the findings from interviews with hapū x youth. Whānau and leaders were interviewed about the role of the hapū in suicide prevention. It is hypothesised that whakapapa makes the hapū responsible. There is a need for hapū x youth to be actively engaged in plotting the course of their development. The way that hapū x youth identify with their whakapapa is examined to clarify the relevance and importance of whakapapa for them. Their aspirations for the future and the role of the hapū in providing opportunities for them to engage with hapū politics and processes are also examined. The issue of whānau relationships, the impacts of the premature deaths of their whānau and impacts are examined through the perspectives of hapū x youth. Grief is identified as part of their legacy as colonised youth.

Chapter Eight is the discussion and conclusions chapter. In this chapter, a framework for suicide prevention based on whakapapa healing/soul healing is proposed. Suicide prevention is one indication of a healthy, functioning hapū. It is not the only indication and other indicators of the restorative power of whakapapa will be discussed and conclusions drawn for suicide prevention research, policy and strategy in Aotearoa/NewZealand.

## CHAPTER TWO: KAUPAPA MĀORI

Ko te tangata kāore ōna tikanga, he rite ki te rakau kāore ōnā pakiaka. Ka puhia e te hau,  
ka hingā noa, ka maroke, ka popo, ka hanehane

People without identity are like the tree with no roots to establish it-self firmly. It is  
constantly at the disposal of the elements.

Rewi (2010, p. 57)

This research on the theoretical links between hapū/tribal development and suicide prevention in hapū x is located in a Kaupapa Māori conceptual and methodological frame (Pihama, Cram & Walker, 2002; Smith, 2003; Wakefield, 2008).

### Defining Kaupapa

The term kaupapa Māori refers to Māori ideology, and a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society (Moorefield, 2011). Pihama, Smith, Taki & Lee (2004, p. 8) state that “the concept of Kaupapa implies a way of framing and structuring how we think about ideas and practices”. In this research, Māori cultural constructs have been applied to theorise a relationship between hapū self determination and suicide prevention. The core cultural construct applied in this analysis is that of whakapapa or kinship relationships and the attendant process of recognising the flow of spiritual forces or spiritual continuity (both positive and negative) through generations.

Nepe (1991) defines kaupapa Māori as a conceptualisation of Māori knowledge. Kaupapa Māori can be a process of describing Māori existence and realities and generative of knowledge about the nature of being Māori.

Smith (1997a) describes Kaupapa Māori as Māori philosophy and principles and local theoretical positioning related to being Māori with the following suppositions:

- The validity and legitimacy of Māori is taken for granted
- The survival and revival of Māori language and culture is imperative
- The struggle for autonomy by Māori over Māori cultural wellbeing, and lives is vital to Māori survival

In this research Kaupapa Māori is treated as epistemology, or theory about the basis of Māori knowledge. Kaupapa Māori epistemology recognises supernatural and natural elements described by Shirres (1997) as a two world knowledge system. Māori creation and cultural narratives establish a platform for the treatment of Māori subject matter, in this case, suicide prevention through whakapapa/genealogical analyses and the interpretation of Māori suicide as loss of whakapapa connection and spiritual suffering leading to spiritual then physical death (Duran, 2010; Lawson-Te Aho, 1998a)

Kaupapa Māori is also treated as a conceptual, procedural and analytical framework by which Māori subject matter can be understood (Smith, 1997b). Kaupapa Māori in this research is used for the re-discovery and contemporary interpretation of traditional Māori knowledge for suicide prevention in contemporary contexts. According to Smith (2006) Kaupapa Māori offers Māori researchers a template and conceptual framework situated within Māori culture, language, values and worldviews. Kaupapa Māori is valuable as it offers unique cultural methodological opportunities. In identifying the defining features of Kaupapa Māori, Smith calls for the revitalisation and preservation of Te Reo Māori. It is within the language of a culture, that values, worldviews and ideas are accurately articulated and appropriately contextualised (O'Regan, 2006). Te Reo Māori conveys a more culturally accurate way of conceptualising whakapapa and tracing the life lessons from the wisdom and knowledge that is derived from Māori cultural narratives. The translation of Māori knowledge into the English language is complex and difficult as there are no comparable English language equivalents for Māori cultural constructs. This has been addressed in this research through an ongoing process of cultural supervision. However, it is recognised here that there are some hermeneutical challenges in this approach.

The branding of Western clinical and psychological traditions as a recolonising knowledge system underpins the justification for reclaiming indigenous knowledge and healing systems. This is the rationale for the global indigenous psychology movement (Yang, 2012). The culture bound psychologies of the West have been critiqued for relevance to the psychologies of indigenous populations. Some indigenous scholars have accused psychologists trained in Western traditions, of subjugating indigenous worldviews and beliefs from a standpoint that is both culturally bound and imperialist (Duran et al., 2008).

Kaupapa Māori is about taking back the power of definition and asserting self-determination at the collective tribal and political levels (Pihama, 1997; Pihama & Gardiner, 2005). The decimation of indigenous healing traditions is attributed to imperialism and interpreted as a deliberate strategy of colonisation (Poupart, 2003; Reser, 1990a, Reser, 1990b).

## **Impacts of Colonisation on Whakapapa**

Colonisation was a relentless process that produced a profoundly destructive alteration in the natural order, content and balance of whakapapa (Binney, 2009). Māori were individualised through a systematic and sustained attack on kinship (Koea, 2008, p. 157) leading to disconnections from whakapapa. Little is documented about the psychological and multi-generational outcomes of individuation. There is substantive evidence concerning the devastating impacts of land loss (see Waitangi Tribunal claims reports for example Wai 27 Ngāi Tahu Report; Wai 143 Taranaki Report; Wai 201 Mohaka ki Ahuriri Report and Wai 894 Te Urewera Report) which became a tool intended to speed up the destruction of kinship.

The Tohunga Suppression Act, 1907 outlawed the practices of Tohunga/traditional healers (Lawson-Te Aho, 1996). The Tohunga were the repositories of whakapapa knowledge and one of the main vehicles by which such knowledge was actively protected and transmitted inter-generationally (Te Rito, 2009).

Ballara (1991, p. 550) states,

Evidence exists that most expert tohunga did have phenomenal memories...There is some evidence that genealogies were learned in metric patterns involving changes of pitch for each generation, similar to intonation of waiata, in formalised patterns designed to aid memory...Genealogies were often rendered at a speed and in a tone of voice designed to protect both tapu information and the status of tohunga.

Ballara confirms that whakapapa was sacred/tapu knowledge attesting to the power of the spoken word and characterising whakapapa as a living phenomenon. Whakapapa knowledge was carefully preserved and there were a number of protections for practices associated with the recitation and transmission of this knowledge.

The Tohunga Suppression Act forced tohunga to practice 'underground' beneath the scrutiny of the colonial law-makers. The retention of traditional knowledge during the colonial period was difficult (Lawson-Te Aho, 1996). The colonising acts that irrevocably changed the balance of power thereby impacting on Māori cultural identities, values and worldviews were exhaustive. Along with the sustained attack on whakapapa, Māori were inculcated into new tikanga/ways of being part of the new 'colonial citizenry' Christianity was a source of disconnection from whakapapa. Whakapapa based on the genealogy of Christ was privileged over the genealogy of Māori (Smith, 1999). Democracy produced further threats to whakapapa by establishing opportunities for individual Māori to alter the course of their collective histories through their behaviours at the ballot box (Kruger, 2010). Another deadly outcome of colonisation is internalised oppression (Poupart, 2003). Smith (2003) comments that this is the ultimate strategy of colonisation to have the colonised, take on the behaviours and roles of the colonisers.

In summary, colonisation was a sustained and voracious attack on whakapapa and collectivism. Māori ultimately had no capacity to escape colonisation although there is a long history of resistance (Awatere, 1984; Walker, 1990; Walker, 1993; Walker, 1996). Disconnections from whakapapa produced trauma that has woven its way through subsequent generations. The individuation of whakapapa is exemplified in suicide prevention research where Māori suicide is often interpreted as individualised mental illness.

### **Indigenous Knowledge**

Indigenous knowledge is often referred to as localised knowledge or knowledge that is traditional and localised to a particular area (Semali & Kincheloe, 1999). Indigenous knowledge is considered to be a potentially powerful transformative tool mobilising indigenous communities for self determination and political autonomy while maintaining cultural continuity and authenticity (Posey, 1998). Indigenous knowledge is often passed down through generations by means of oral traditions and lived expressions of cultural values and meanings. However, cultural authenticity is problematic. The endangered status of traditional knowledge drives efforts to reclaim, rediscover, reconstruct or abandon (when appropriate) such knowledge. For example, the Tohunga Suppression Act impacted on the transmission of whakapapa knowledge, leading to threats to the capacity to pass on that knowledge (Lawson-Te Aho & Liu., 2010). Losing whakapapa knowledge and the uptake of and compliance with foreign tikanga further undermines Māori cultural knowledge. This is identified as one of the most significant threats to the survival of whakapapa (Kruger, 2010).



Sissons (2005) refers to the revival of traditional indigenous knowledge systems noting that indigenous peoples are forming alliances globally and finding commonalities in shared histories of colonisation. The revitalisation of shared objectives of achieving the right, capacity and ability to be self determining provides the rationale. The right to self determination was identified as one of the key goals of Kaupapa Māori theory (Smith, 1997a, Smith 1997b). Contemporary indigenous identity extends beyond the preservation of static and traditionalist cultural knowledge. It is not just concerned with preserving indigenous knowledge whereby traditional indigenous knowledge is locked into pre-colonial timeframe. It is forward looking. The overarching aims of self determination using traditional knowledge combined with new theories and understandings, indicates that the drive for self determination is intensifying (Hokowhitu, 2010).

In this research, localised indigenous knowledge pertains to the whakapapa/genealogy and history of hapū x. Thus it is context specific to hapū x. However, it is also contextualised by the broader historic, multi-generational and systemic issues affecting Māori as a colonised population. The larger historical analysis is refined and the specific trajectory of historical trauma in hapū x marks the impacts for hapū x and their descendants. The analysis of the case study of hapū x is then reconnected with the larger context of indigenous post-colonial historical trauma and suffering leading to suicide, represented as a set of theoretical propositions. A framework for suicide prevention and healing through reconnection to whakapapa is proposed.

It is worth noting here that it would be counter-productive to run a selective whakapapa analysis starting with the process of colonisation and disregarding the impacts of pre-colonial trauma and the generational impacts of traumatic events that occurred in the time before colonisation. However, the products and outcomes of pre and post colonisation differ and should be understood differently. Pre-colonisation strategies of conquest, collusion, collaboration, cooperation etc. that resulted in the production of new whakapapa and alteration of existing kinship relationships can and should be understood as a 'normalised' feature of the pre-colonial world of Māori (Salmond, 1997). Evolutionary processes altered the nature, function and structure of kinship relationships (Tau, 2003). Political aspirations such as tribal expansionism existed in the time before colonisation.

Māori have shared and often traumatic histories. These are contained in cultural narratives (Walker, 1993). Moreover, Māori had their own systems of understanding cultural narratives that enabled them to deal with their own humanity. Historical cultural narratives articulated in the recitation of whakapapa indicate that the restoration of balance in the natural order was always sought when transgressions occurred. Tikanga or Māori cultural traditions and practices determined how the restoration of balance was to occur. One example of a cultural narrative concerning suicide is that of Māui and his actions of transforming his brother-in-law Irawaru into a dog. Māui could not reverse his 'spell' and so he had to face the grief of his sister, Hinauri. Upon seeing Hinauri's grief, Māui was deeply remorseful and created jewellery for her as a token of his remorse. Bone carvings and other adornments are to this day associated with love and healing. But Maui's gifts did not take away Hinauri's grief and she attempted suicide. As she walked into the ocean, reciting a prayer to ask Tangaroa, the God of the sea and the spirits of the ocean to take her life, she was cast her back onto the shore and this is said to mean that suicide was not considered to be natural behavior in the pre colonial Māori world.

Colonisation abnormalised Māori behaviour (Lawson-Te Aho, 1993). It removed the opportunity for tikanga to underpin solutions for the restoration of natural balance. Whakapapa is everything and without it Māori are nothing. Within Māori mythology is housed traditional wisdom and it is through the act of narration that those old wisdoms are applied in contemporary contexts as lessons that guide and inform the way Māori respond to issues such as suicide. Mahuika (2008) cautions us against being overtly and publicly critical of Māori cultural practices without considering the impacts for the underpinning traditional knowledge systems.

### **Kaupapa Māori**

Kaupapa Māori is a particular localised form of indigenous knowledge. An organic theory grounded in Māori experiences under colonisation (Smith, 2003), Kaupapa Māori is often applied as an analytical framework (Edwards, McManus & McCreanor, 2005) and epistemology (Nepe, 1991; Pihama, 1993; Smith, 1999) that gives particular attention to the colonial and post-colonial experiences of Māori (Smith, 2003). It is grounded in Te Reo and Tikanga Māori (Pihama et al, 2004; Milne, 2005). Colonisation created an imperative to preserve Māori language and culture. Indeed, were it not for colonisation, there would be no need for Kaupapa Māori. Thus it is reactionary and assertive in orientation.

Kaupapa Māori is embedded in Te Ao Māori. Māori perspectives of holism and interconnection through whakapapa specified as relationships between atua (gods), whenua (land) and tangata (people) (Wakefield, 2008). There is no singular definition of Kaupapa Māori (Mahuika, 2008). However, the word kaupapa has the root word kau which describes coming to a place of arrival (Williams, 2001). Royal (1998a, p. 8) describes the concept of kau as “to appear like something through the mist”. Papa is derived from Papatūānuku, which refers to the ground or foundation. Together kau-papa refers to the right way of doing things through a shared and collective vision (Wakefield, 2008, p. 56). Thus, the notion of collective processes underpins and informs kaupapa Māori research.

Royal (1998, p. 8) refers to kaupapa as “the first principles”. Kaupapa Māori research is principled research. Nepe (1991) describes Kaupapa Māori as being grounded in distinct cultural epistemological and metaphysical foundations that are interpreted as whakapapa. Moreover, kaupapa Māori research is a continual process of describing genealogical relationships and the enactment of whakapapa to achieve a restoration of balance and order.

Influenced by critical theory which is concerned with the emancipation from oppression (Adorno, 1966; Fanon 1957; Friere 1972; Friere, 1992; Gramsci 1971; Habermas, 1991; Memmi, 1965) and constructivism, with the social construction and validation of knowledge being central (Foucault, 1977; Vygotsky, 1979), Kaupapa Māori is also anti-colonial (Mahuika, 2008) and pro-Māori with an agenda of transformation (Ratima, 2008).

Finally, kaupapa Māori is predicated on a holistic worldview with the interconnectedness between all living things being paramount in the framing of indigenous worldviews (Duran, 2010). In indigenous knowledge systems and worldviews, individuals are positioned in their proper social, cultural and historical contexts and the underpinnings of their existence are neither confined nor circumscribed according to physical boundaries. Indigenous knowledge is comprised of a ‘sacred order’ that recognises a spiritual and continuous existence through time and generations (Shirres, 1997). Kaupapa Māori is sacred knowledge handed down generationally through kinship narratives (Te Rito, 2008). Kaupapa Māori is applied in this thesis to clarify the contemporary relevance of colonisation.

### **The Challenges of Kaupapa Māori**

Moewaka-Barnes (2000) observes that Kaupapa Māori begins as a challenge to the assumption and accepted norms about knowledge construction and continues as a search for meaning and understanding from within a Māori worldview.

In Kaupapa Māori research, the worldview of the researcher is integral to the way in which the research is constructed and undertaken. According to Smith (1997a) Kaupapa Māori assumes the validity of Māori worldviews.

This thesis recognises that whakapapa is foundational to Kaupapa Māori. This relies on collective remembering and oral and written forms of knowledge transfer that describe relationships between ideas about the way the world is. For example, self determination requires ongoing negotiation and preservation of the relationships described and bounded by whakapapa. Collective memories of conflicts are powerful motivators of behaviour in contemporary contexts (Kidron, 2009; Liu & Laszlo, 2007; Liu & Laszlo, 2009; Paez & Liu, 2011). This idea is relevant to Kaupapa Māori praxis because without the continual referencing of Māori history to colonisation, the potency of arguments that justify strategies for counter colonisation lose their impetus and reason to be. Furthermore, a collective memory of conflicts is recalled and transmitted as narratives that serve to tell the story of past injustices fuelling and creating as permanent struggle, the search for justice and redress in current contexts. This creates a continual weaving of past, present and future narratives of oppression, resiliency, triumph, retaliation and so on. Story-telling keeps history alive. Stories or narratives support and fuel the anti colonial stance of Kaupapa Māori (Pihama, 1997). Without the recalling of histories under colonisation and retelling of narratives of injustice, loss and oppression, the goals of emancipation and self determination, become meaningless. They work in a dialectical interplay offering a very powerful psychology that both unites and divides Māori (Rata, 2006).

In Kaupapa Māori there is a connection between local theory development and international theorising concerning historical and multi-generational trauma. Kaupapa Māori positions Māori as an indigenous population subjected to similar histories under colonialism as other indigenous populations. Kaupapa Māori is a unifying epistemology in which indigenous peoples share a common narrative of suffering and oppression creating the imperative for liberation and justice. However, Smith (1999) points out that while there are many commonalities, it is inappropriate to collectivise indigenous peoples. Smith urges caution lest Māori researchers become guilty of hegemony.

Kaupapa Māori has roots firmly embedded in Te Ao Māori/Māori worldviews which while locally contained are understood as being universally applicable and transportable across cultures particularly indigenous cultures. The challenge to their application resides in the detail. Kaupapa Māori is founded on the idea that life is a continuous and limitless interplay between time and space from the birthing of the world and human life (Barlow, 1991).

Indigenous knowledge is predicated on the idea that all life is connected and inter-related. This is described as a particular epistemic system referred to as ‘whakapapa’. For example in Kaupapa Māori research, whakapapa or genealogy becomes a process of ordering the story of the research.

Kaupapa Māori research is a process of describing sets of relationships by whakapapa. In a kaupapa Māori analysis, traditional Māori knowledge and contemporary Māori knowledge and the variations between these are articulated as Māori epistemology and positioned on the same evolutionary continuum. This continuum is contained by and expressed as, whakapapa. Culture evolves just as cultural knowledge evolves. An essentialist treatment of traditional Māori knowledge/Mātauranga Māori without acknowledgement of contemporary Māori realities is inappropriate. Borrell (2005) recognises that for some Māori, traditional cultural knowledge is meaningless. Yet the potential of whakapapa is limitless (Barlow, 1991).

Taki (1996, p. 10) identifies a corpus of iwi knowledge inherent to and inextricably linked to an understanding of the basis of Kaupapa Māori. The corpus includes Te Ira Tangata, Te Ira Atua and Te Ira Whenua. Te Ira Atua is described as “The seed descent of iwi Māori from creator Gods” (Taki, 1996, p. 8). Te Ira Tangata is described as “the seed descent of human life” (Taki, 1996, p. 8) and Te Ira Whenua is described as “the seed descent of the planet” (Taki, 1996, p. 8)

Kaupapa Māori knowledge is sourced and conveyed in the whakapapa of creation, the earth (nature) and humanity. Whakapapa is the core principle underpinning Kaupapa Māori research and is applied as epistemology, ontology and methodology (Te Rito, 2008). Whakapapa is considered to be the foundation of Māori existence because it describes the sets of relationships from creation to the present time. Whakapapa relationships are central to Māori identity. Whakapapa is also the basis for the organisation of knowledge in respect of creation knowledge.

Jones, Crengle & McCreanor (2006) define Kaupapa Māori research as a Māori philosophical framework that is a reaction to the assertion of Western cultural research traditions, an outcome of colonisation. There is a political agenda underpinning the rise of Kaupapa Māori research that weds traditional knowledge with current and developing Māori knowledge designed to advance the reclamation of Rangatiranga or Māori leadership and control/self determination.

Kaupapa Māori is based on the recognition that Māori knowledge is sacred knowledge. This is a major departure from the positivist scientific paradigms that have usurped traditional indigenous knowledge's and subjugated them. Liu & Lazslo (2009) call for narrative empathy in the interpretation and treatment of socially constructed narratives. Taki (1996) focuses on linking traditional knowledge specifically with iwi identities as a reassertion of the right to define who Māori are. The assumption is that traditional Māori knowledge aligns with traditional social, cultural and political structures of whānau, hapū and iwi. The use of the generic term *Māori* is colonising discourse (Smith, 1999). Moewaka-Barnes (2000) identifies the need to define Kaupapa Māori within context of epidemiological research as a colonising process. Jones et al (2006) assert that Pākehā culture and values have applied as the cultural norm in research. According to Smith (1999) research was an important part of the colonisation process because it defined Māori realities using what hooks (1992) describes as the gaze of the coloniser.

Indigenous peoples have their own epistemologies that are framed in their cultural traditions and relationships with the physical, metaphysical and spiritual domains. History and kinship are positioned as continuous and interconnected. It is in the interconnections and relationships between these domains that create the potential for the acquisition of knowledge through new and contemporary applications of traditional worldviews and values about the nature of creation. The challenge for kaupapa Māori researchers rests in discerning authentic traditional indigenous knowledge and its contemporary instrumentality to subjects such as suicide. Suicide is often considered to denote a loss of cultural meaning and hope (Kruger et al, 2004). Hope is generally believed to be housed in the spirit of a person (Shirres, 1997). Knowledge of one's identity and fit in the web of kinship enables placement in the order of creation (Wakefield, 2008). Smith describes a transformation in the thinking of Māori away from 'decolonisation' (placing the coloniser at the centre of attention) to conscientisation or consciousness-raising (placing Māori at the centre). This produces a "reawakening of the Māori imagination" (2003, p. 2). Jackson (personal communication, August 2013) calls this 'Māorification'. Changing Māori consciousness about the conditions of oppression fostering new ways of thinking and a revaluing of Māori creates new possibilities to change the colonial script away from fixation on colonisation to fixation on self determination and healing. Research and knowledge production become sites of activism for self determination, bought about by critiquing the limitations of positivism and positivistic research (Smith, 2006).

Māori scholars assume the relevance of Kaupapa Māori by dismissing the relevance of positivistic paradigmatic and epistemic research which they find to be re-colonising and imperialist (Bishop, 1996; Cram, 2004; Hemara, 2000). Research for indigenous peoples has been a colonising exercise, designed purposively to privilege western positivist knowledge systems over the knowledge systems of indigenous peoples (Smith, 2003). This has forced clarification of what traditional Māori knowledge is and how it is acquired. Ontology refers to the nature of being and existence. Ontology is sourced in Māori epistemology and Maori epistemology informs and frames Māori realities as evolutionary, progressive and enacted through whakapapa. Positivism has led to a reactionary positioning by Māori researchers that is as Mahuika describes both critical and anti-colonial (Mahuika, 2008). Furthermore, Smith (1999, p. 230) states

There is more to Kaupapa Māori than our history under colonialism or our desires to restore Rangatiratanga. We have a different epistemological tradition that frames the way we see the world, the way we organise ourselves in it, the questions we ask and the solutions we seek.

Indigenous researchers condemn imperialist research with indigenous peoples. Positivism is seen as fundamentally flawed and imperialist because it is used to deliberately disregard the social construction of reality and meaning by, for and with indigenous peoples. The challenges to knowledge production from a positivist paradigm are intensifying as questions are posed about the relevance of the products and outcomes of the positivist paradigm and its application in research endeavor particularly with indigenous peoples (Smith, 1999). There is a need for a reconceptualisation about the products and purpose of research for knowledge production and a revaluing of the connectedness and social relationships between researchers and communities. Research with indigenous peoples needs to be collaborative, participatory, action focused and based on indigenous epistemologies about the nature, acquisition and source of knowledge (Liu& Laszlo., 2009).

### **Whakapapa**

Barlow (1991, p. 173) describes whakapapa as “The genealogical descent of all living things from the gods to the present time”. Walker (1993 cited in Te Rito 2008, p.8) says that “the whakapapa of a tribe is a comprehensible paradigm of reality, capable of being stored in the human mind and transmitted orally from one generation to the next”.

Barlow (1991) defines three types of genealogy/ whakapapa. These are cosmic, human or primal genealogy and the genealogy of the canoes/great voyaging waka by which Māori came to Aotearoa/New Zealand over 2000 years ago. Cosmic genealogy is concerned with describing the sets of relationships from the supreme or creator God, Io Matua Kore to Ranginui and Papatūānuku (primordial parents). Cosmic genealogy describes the separation of Rangi-nui (sky father) and Papatūānuku (earth mother) by their children and the birth of humanity following the separation. Primal genealogy relates to the children of Rangi and Papa who upon entering the world of light lived with their mother becoming mortal or Ira Tangata. The genealogy of the canoes enables Māori in the current generation to trace their ancestry back to the captains of the great canoes that brought them to Aotearoa. Theoretically, every Māori person has the capacity to connect with whakapapa on one of three levels. The entry point into knowledge of whakapapa may differ but the pathways by which identity may be claimed remain intact.

Whakapapa describes relational boundaries and reciprocal obligations thereby, providing clarity about the natural order of life from the atua (gods) to tīpuna (ancestors) to tangata (people) and whenua (land). Whakapapa is considered to be the core of an authentic identity as whānau, hapū and iwi (Lawson-Te Aho, 2010). Whakapapa has been described as the most potent force in the Māori universe (Kruger et al, 2004). Marsden (1975) describes the (Māori) world as ordered in terms of connections and relationships commenting that through whakapapa, Māori are related to everything. Implicit within the analysis of whakapapa are notions of orderliness, structure, sequence, evolution and progress (Wakefield, 2008). Moreover, everyone and everything is said to have its own whakapapa and is therefore related to everything else. The notion of whakapapa and descendancy of humankind from celestial beings in an evolutionary and ordered way is what renders Māori knowledge as sacred and reveals a weaving together of physical, metaphysical and supernatural realms. While this thesis is not an examination of the traditional belief systems of indigenous peoples, it is evident in the creation narratives of other indigenous populations, that there is a belief in the divine and spiritual elements of existence (Deloria, 1994; Deloria, 1999; McPherson & McPherson, 1990). In describing whakapapa as a framework,



Te Rito comments,

The whakapapa paradigm operates at various levels. It exists as a genealogical narrative, a story told layer upon layer, ancestor upon ancestor up to the present day. There are parallel lineages of characters which run vertically side by side, era by era, and incident by incident. The whakapapa can also be presented laterally (2008, p. 1).

### **Whakapapa as Myth, Tradition and Tribal Histories**

Walker (1993, p. 1) describes whakapapa as a Māori view of reality that sequences myths, traditions and tribal histories tracing the genesis of human beings from the creation of the universe. Myth refers to the cosmogony and the creation stories. Walker (cited in Te Rito 2008, p. 3) “terms it myth because it is unable to be corroborated by hard evidence”. However, in a Kaupapa Māori frame, the validity of these stories is assumed.

Traditions are referred to by Walker as “the oral stories of mortal human beings after the time of the gods in the creation era and inclusive of tribal migration stories to Aotearoa up until the arrival of the European colonisers”. He terms the period since the post-colonisation era as “history as it marks the arrival of the written word and the recording of events in history books, as compared to the stories being memorised and transmitted orally from generation to generation in pre-European times” (cited in Te Rito, 2008, p. 3).

### **Whakapapa as Methodology**

Whakapapa as methodology concerns the sets of relationships that pre-exist any research endeavor. If whakapapa exists between the researcher and research participants, the relationships described by that shared whakapapa take precedence over any perceived expertise or qualifications of the researcher. The expertise and perceived trustworthiness of the researcher gives way to an analysis of the precise nature of the whakapapa relationships. Whakapapa also defines the position of researcher in relationship to the researched. For example, if the researcher is teina (junior) and the researched are tuakana (have seniority in whakapapa terms) then the process of entry into the research site is based on the validation and acknowledgement of that shared whakapapa and what it means in terms of reciprocal obligations and roles. This is also impacted by status as ahi kaa (home based) and ahi kaa enables the enactment of another core methodological process of kanohi kitea which means that the researcher must be known to the research participants and seen on a regular basis. This impacted on the capacity of the researcher to engage in the research. In short, whakapapa relationships impact on how a researcher is to conduct themselves in that community.

Having whakapapa only makes it more imperative that the conduct of the researcher is positioned in context of the boundaries described and defined by whakapapa. Indigenous identity in Aotearoa is linked with tribal membership in whānau, hapū and iwi (Wakefield, 2008). Traditional Māori society was made up of social groupings of whānau who were birthed into a family group and therefore related, with kinship and reciprocal responsibilities and obligations. Hapū were formed through the clustering of groups of whānau (usually up to 30). The word hapū denotes to be with child and symbolically it is defined as a state of pregnancy and, of members being born into a group (Mead, 2003). Iwi is literally translated as ‘bones’ and tribe and this emphasises the political alliances between hapū, kinship ties and reciprocal relationships. Cultural authenticity is far more challenging in contemporary contexts. It can be argued that when whakapapa is known it serves as a type of credentialing of the researcher. Once whakapapa is established, one’s identity can never be denied. However, there are a number of contemporary challenges to knowledge of whakapapa and the manifestation of reciprocal obligations and duties that constitute whakapapa in action.

In this research, whakapapa is the core cultural construct that describes the connection between individuals who whakapapa to a given hapū and their whānau and iwi. There is also the creation whakapapa which positions all Māori in a common relationship based on descent lines from Io Matua Kore (God), the primordial parents Rangi and Papa and their children. Cosmological whakapapa provides narratives about death, separation and grief and a timeline that locates when they entered the collective whakapapa of all whānau, hapū and iwi Māori. Within that collective whakapapa is old wisdom that guided and shaped the way in which Māori were and are to respond to trauma by applying the lessons birthed from traumatic events, conveying them through shared cultural narratives. Māori were never free of trauma. However, the lessons and the strategies that were employed for the restoration of balance and harmony in the natural order of the life worlds of Māori were articulated in the same narratives. Colonisation undermined whakapapa by ‘disconnecting’ the people from their whakapapa through strategies of individuation. In the process, people were disconnected from their stories and their shared histories.

### **Whakapapa and Ethics**

Kaupapa Māori is often articulated as a movement for self determination that privileges Māori control over all aspects of knowledge production and use. Knowledge is sacred and living because it comes from traditions, ancestral narratives and histories, flowing through time as ‘epistemic traditions’.

Ethics in Kaupapa Māori research are defended by and embodied within, the relational frame of whakapapa and the associated behavioural rules pertaining to mana o te tangata (the dignity of people) and the protection of the tapu or sacredness of the knowledge (Hudson, 2004). Research in this frame calls for ‘mana enhancing’ research practices designed in the first place, to preserve whakapapa and the relationships and knowledge that flow from whakapapa. Knowledge production occurring in the relational frame of whakapapa is rich with ancestral and cultural narratives that are difficult to challenge the validity of without also challenging the mana of those whose truths are represented in these narratives.

### **The Ethics of Uncovering Traumatic Content**

In Kaupapa Māori research, the exercise of mana motuhake/local control and authority is paramount. This would translate methodologically as hapū x having control of all elements of the research from the outset. However, in terms of university ethics practices, authority over the research design is assumed by the academy, in this case Victoria University of Wellington (VUW). While the research sought to explicate a relationship between whakapapa, historical trauma and the role of the hapū in ameliorating the effects of trauma, suicide being one of these, the focus of the research was reframed (at the request of VUW) to focus on ‘stressors’.

The relationship between the theory of historical trauma and outcomes in hapū x assumes transfer and continuation of trauma histories that reach back into generations of hapū x. The VUW Ethics Committee did not have the capacity to understand the intergenerational workings of whakapapa and so the research did not directly ask about trauma histories but rather asked about the ‘history of development in the hapū’. The participating whānau initiated the kōrero/narratives about trauma in the hapū enabling the theme of the current impacts of historical trauma to be opportunistically pursued by the researcher. Safety considerations were at the forefront not just because the VUW Ethics Committee spelled out its expectations concerning ‘the risks to the ‘clinical safety of the research participants’ but also because there was a whakapapa obligation to act to uphold the mana/dignity of hapū x and the tapu/sacredness of their narratives. The assertion of a whakapapa methodology is completely consistent with Kaupapa Māori.

In this research, the mana of the research in terms of both the knowledge generated and the relationships was a challenge to preserve in context of the rules and boundaries around ethical practices housed within the university’s ethics approval practices. The manner in which the university deems what is ethical practice is concerned with the protection of

individualised data, ownership of that information and the preservation of the privacy and confidentiality of the research participants. Concerning the subject matter of this thesis, there were considerable concerns expressed about the ‘clinical safety’ of the research by the university ethics committee from the outset. Moreover, hapū x wanted to ‘control’ the research in its entirety and that included being influential in the design of the research questions and processes. The exercise of self determination in this case, housed within the relational and historical obligations of whakapapa, was not able to take precedence. Steps taken to navigate the ethical tensions between hapū x and Victoria University are described in chapter 7 and discussed in chapter 8.

This research navigated the tensions between collective accountability for the preservation and protection of whakapapa knowledge as explicated in whānau narratives and histories and the requirements of the university to maintain the anonymity of the research participants. Both a whakapapa and tikanga approach to the collection and protection of sensitive knowledge and the University Ethics Committee approach led to the outcome of preserving and protecting the detail of the research findings and thereby, the mana of the research participants and by whakapapa, the whānau of hapū x. However, the very foundation of Kaupapa Māori research supports a transfer of the locus of control over all aspects of the research process into the hands of those being researched. Although the outcome was acceptable to hapū x, the process failed to fully acknowledge the rights of the hapū to exercise mana motuhake and rangatiratanga over all aspects of the research. The control exercised by the VUW Ethics Committee over defining the parameters of the research directly challenged the capacity to apply a fully Kaupapa Māori approach.

### **The Whakapapa of Māori Cosmology**

Māori divided the phenomenological world into three states of existence – Te Kore (the void), Te Pō (the dark) and Te Ao Mārama (the world of light). Shirres (1997) describes the Māori traditional belief as a whole of creation, dynamic movement out of nothingness, into the night, then into the world of light. The movement from the world in darkness to the world of light required the separation of Rangi (sky father – representing the heavens) and Papatūānuku (earth mother representing physical life), the mother of his children (supernatural entities or gods).

The creation of Rangi and Papa from the nothingness and the darkness marks creation in Māori epistemology and cosmology as a process that is devoid of light, and without form. This could be construed as reflecting the duality of human existence where the potential for life co-exists with the potential for death in a continuous relationship. However, Te Kore (the beginning of whakapapa) denotes energy, potential light or unorganised potential, the void, the nothingness. It is in this first phase of creation, that potential exists. The second stage of the cosmic phase of creation is Te Pō which has form and is referred to as the dark, the night and the world of becoming. The third stage of Te Ao Mārama refers to emergence, light, reality, world of being and the dwelling place of humans. Thus, out of darkness, over time, comes light. If the natural order of Māori creation describes the movement from darkness towards the light, this creates hope that movement from suffering to healing is possible. This is depicted in the separation story of Rangi and Papa. There is continual forward movement, growth and healing implied in the analysis of the separation story even though those states are birthed from pain and trauma. Hope exists in a state of potential.

### **Creation Whakapapa**

The creation of whakapapa began with Io-Matua-Kore, the supreme God, often described as the parentless one. Io was also referred to as:

Io-taketake:	from whom all things have sprung
Io-matangāro	Io of the hidden countenance
Io-te-wānanga	the all knowing God
Io-te waiora	Io the giver of life
Io-te-whiwhia	Io the omnipotent, unfathomable one
Io-mataahe	Io of the flashing countenance (Barlow, 1991, p. 11).

Te Rangihiroa (Sir Peter Buck) (1949, p. 526) described Io as,

.... a core, heart and essence which existed in space. He had no parents and was self created. He was credited as being the creator of all things, and it is evidently assumed that he was responsible for the primary parents Rangi and Papa.

Wakefield (2008) observes that while there has been dispute over the existence of Io or one supreme God, the contestation of the validity of Io is itself an example of the layering of new knowledge on old knowledge, reinforcing the construct of whanaungatanga.

## **The Separation of Rangī-nui and Papa-tū-ā-nuku**

In the narrative of the creation of Māori, Ranginui, the sky father descended from the heavens when he saw earth mother, Papatūānuku. Rangī and Papa lay in a close embrace and lived together in the darkness of Te Pō where they procreated. They sought to protect their children by keeping them safe locked inside their embrace. In doing this, they taught Māori about the responsibilities of whanaungatanga, of taking responsibility for caring for whānau. However, their children conspired to separate their parents to allow light to enter the world. Tāne-Mahuta (god of human-kind) succeeded in separating their parents. Tāne succeeded by lying on his back and thrusting his legs upwards. His siblings also helped using four poles to keep their father up: one for Ranginui's head, two for each arm and the fourth one was for his legs. But as Ranginui was thrust he and Papatūānuku reached out and clasped each other. In desperation their children cut off their arms. Ranginui's blood forms the red sky at dawn or dusk and Papatūānuku's blood forms the red ochre that is her skin (Kahukiwa and Grace, 1994, p. 22). The separation was considered an act of kōhuru (cruelty) or a transgression and violation of the tapu or sanctity of the parents. Thus, not only did grief, separation and loss enter whakapapa but the association between these psychological and spiritual states and a breach of the sanctity of life was formed, demanding the restoration of balance within the collective through either reconciliation or utu. Utu which translates as reciprocity, equivalence, payment or compensation was the course of action chosen by Tūmatauenga, god of war, who retaliated against his siblings as a form of utu for the purposes of restoring balance and order in whakapapa. The separation was thought to be the first hara or misdeed, in the creation story. Letting light into the world brought with it, knowledge of good and evil.

## **Tāne-Mahuta and Hīneahuone**

A further whakapapa narrative of grief, separation and transformation is that of Tāne-Mahuta and Hīneahuone. Tāne and his brothers, the children of Rangī and Papa were Ira Atua (the divine principle). The divine principle searched the world for the human principle Te Ira Tangata. Their efforts led them to conclude that Te Ira Tangata could not be derived from Te Ira Atua (confirming a two world system of divine and physical existences). There needed to be a separate act of creation. Tāne fashioned Hīneahuone from the earth and breathed his life force (mauri) into her. Despite being cautioned against this behaviour by his mother, Papatūānuku, Tāne mated with Hīneahuone and their first child, Hīnetiitama, the dawn maiden was conceived. He then mated with Hīnetiitama to produce other children (Robinson, 2005). Hīnetiitama eventually discovered that her husband was also her father.

She fled from Tāne to the underworld of Rarohenga and became Hine-nui-te-pō, the goddess of death. It was here that death entered into the whakapapa of human beings. Kruger (personal communication, 2011) posits that one of the key lessons from what may be interpreted as an act of rejection of her true identity is that as Māori we cannot escape our whakapapa. In a modern day interpretation, suicide is seen as a form of escape that is brought on by a loss of knowledge of the sanctity of life (a disconnection from whakapapa consciousness). Moreover, pain and suffering are considered to be positive opportunities for growth and transformation in many indigenous knowledge systems (Duran, 2010). The whakapapa of Māori is a continuous movement from darkness into light. Hinetiitama's rejection of her identity represented a reversal of that process, against the natural order of Māori existence. According to Walker (1990) creation from a single coupling requires incest in the second generation. Hinetiitama's flight to the underworld demonstrated an innate aversion to the act of incest.

### **The Three Baskets of Knowledge - The Source of All Knowledge**

According to Shirres (1997) traditional Māori thinking identifies three sources of knowledge. These three sources of knowledge are spoken of as three baskets of knowledge brought down from the heavens (the domain of Rangiui). According to Māori tradition, it was Tāne-mahuta, who climbed to the highest heaven and brought back the three sources of knowledge. The three baskets of knowledge are generally known as Te Kete Aronui, Te Kete Tuari and Te Kete Tūātea. According to Marsden (1975) Te kete aro-nui is the basket containing knowledge of what is seen – aro-nui – that before us, the natural world as perceived by the senses. Te Kete Tuauri is the basket that contains knowledge that is tuauri (beyond the dark) or the knowledge which stands under the sense experiences. Shirres (1997, p. 17) defines the contents of Te Kete Tuauri, “the knowledge we have of the reality behind the colours, shapes, smells and sounds perceived by our senses” and “the seed bed of creation where all things are gestated, evolve and are refined to be manifested in the natural world. This is the world where cosmic processes originated and continue to operate as a complex series of rhythmical patterns of energy to uphold, sustain and replenish the energies and life of the natural world”.

Marsden and Henare state:

It is obvious that the Māori does not and never has accepted the mechanistic view of the universe which regards it as a closed system into which nothing can impinge from without. The Māori conceives it as at least a two world system in which the material proceeds from the spiritual and the spiritual (which is the higher order) interpenetrates the material physical world of Te Ao Mārama. Moreover, the human person is regarded as the greatest reality of this world (Marsden & Henare, 1992, p. 3). Shirres (1997) concludes that all elements and parts of creation including the current descendants of this system of knowledge are interconnected and interdependent. The third basket of knowledge referred to as Tuātea, knowledge that is beyond space and time. Tuā-tea is the world beyond any space-time framework, it is infinite and eternal. This is the realm of Io, the Supreme God. Thus Māori epistemologies describe the transformations that took place in the creation of the Māori worlds (physical and spiritual) as sets of interdependent and interconnected relationships sourced in a divine relationship (between Rangi and Papa – heaven and earth) and their progeny of which humanity is one part. Cultural narratives contain life lessons and deep, often hidden wisdoms that establish tikanga or principles that guide and shape behavior.

### **Understanding Suicide through a Kaupapa Māori Frame**

Māori epistemology as explicated through creation narratives is foundational to suicide prevention. It establishes suicide not as an individualised act but as an act that has impacts for the continuity and perpetuation of whakapapa. Suicide is a disconnection in the continuity of whakapapa and a loss of knowledge pertaining to whakapapa. The process for healing disconnection is reconnection. However, the reason for reconnection must be understood as deliberate consciousness so that the act of reconnection takes on deep meaning and relevance. If after consciousness, cultural disconnection is preferred this denotes the presence of a form of spiritual blindness (kahupō). Duran (2010) proposes that spiritual suffering requires spiritual healing and that physical therapies will never be effective in the treatment of spiritual afflictions. Suicide is a physical end to spiritual suffering. In Māori cosmology, physical death is not a natural response to spiritual pain. However, the cultural narrative that fixes Māori mortality is that of demi god Māui who was crushed to death seeking to reverse immortality. In this cultural narrative, the lesson was that there is physical death that is a natural part of our existence – the inevitability of death was established in the whakapapa of Māori with the death of Māui.



However, suicide as the story of Irawaru's wife and Māui's sister confirms, is not an acceptable way to end one's life. Suicide denotes spiritual death and spiritual pain needs a spiritual solution. As Duran (2011, p. 5) states "spirit seeks after spirit" and "spiritual problems need spiritual solutions". When hope is lost that balance can be restored and healing is possible, suicide is contemplated. Soul wounding or historical trauma produces spiritual pain requiring a spiritual solution. It is suggested here that whakapapa knowledge and revelation of the divine principle as an integral part of our human existence, is part of the spiritual solution to soul wounds that lead to self abuse and suicide. The specific features of this narrative of the creation of humanity that are relevant to an analysis of suicide prevention in the contemporary context is that they describe the interconnectedness between the physical and spiritual worlds and locate every person as a precious part of creation.

In a Kaupapa Māori analysis, there is no separation between creator and creation. They are one in the same. Māori epistemology also contends that all natural things depend for their existence on something else (whanaungatanga connection). Suicide denotes the loss of connection to whakapapa and the inability to live as part of whakapapa. This reduces the capacity to enact whānau values/whanaungatanga. The act of physical death by ones' own hand becomes a plausible way to end spiritual suffering brought on by loss of awareness of the sacredness of life. A person whose spirit has entered a state of disconnection through loss of revelation knowledge about the divine principle inside of them might end their physical suffering by suicide. However, when the physical suffering becomes overwhelming, but the individual has a revelation that although they are suffering, they are carriers of wairua (spirit) and part of something much bigger than themselves, suicide may not result. Therefore, suicide prevention must in the first instance deal with the wounded spirit through the reconnection with revelation knowledge about who they are as Māori, whānau, hapū and iwi, that is, with a revelation of the meaning, potency and power of whakapapa.

Suicide, when understood through the lens of whakapapa is about disconnection. It is the loss and discontinuity of whakapapa and the birthing of spiritual blindness (kahupō), which can be likened to a form of dissociation of the spirit from the body. The act of suicide resonates and resounds through the whakapapa of the person who commits suicide. This means all of their kin are impacted. However, there is no capacity to separate from whakapapa even on death. Death through suicide becomes woven into the genealogy of the collective and takes a permanent place in the whakapapa narrative of the tribe.

## **Tapu, Mana and Suicide**

The late Rev. Māori Marsden (1975, p. 148) defined tapu as,

The sacred state or condition in which a person, place or thing is set aside by dedication to the gods and thereby removed from profane use. This tapu is secured by the sanction of the gods and reinforced by endowment with mana.

Tapu is linked to spiritual power. Every part of creation has tapu. Every part of creation has a corresponding link with spiritual power through the relationship with Io Matua Kore, Rangi and Papa and their progeny. Mana refers to power and is often used interchangeably with tapu. Once any being ceases to exist, it loses its tapu and mana. When suicide occurs, tapu and mana are lost. The loss of tapu and mana impact on whakapapa and whakawātea/spiritual cleansing are needed. Shirres (1997, p. 33) states that

The story of Rangi and Papa can be seen as the meeting of tapu with tapu. When the separation happened, Tumatauenga, god of war, sought retribution from his brothers. After a great struggle, Tumatauenga became master of Tangaroa (god of the sea), Haumia (god of the fern root), Rongo (god of the kumara) and Tāne (god of the forests and creator of human beings). This is expressed by his eating the fish, fern root, kumara and the birds, thus destroying their tapu. Tumatauenga was not able to master the winds and storms, the domain of Tāwhirimātea, god of the elements and so Tawhiri retained his tapu.

Tapu is the essence of the divine within the individual (Wakefield, 2008). Suicide then becomes possible when consciousness of the sacredness/tapu of human life is lost. There becomes a need for restoration and healing through the process of hohourongo (peace-making) expressed as either utu or reconciliation, to address the breach of tapu, heal whakapapa and restore balance. Although suicide is permanent loss of life, the act demands the restoration of balance for the healing of whakapapa. In traditional pre colonised times, the process required for reconciliation would have been utu or reconciliatory peace-making through the identification of specific strategies dependent upon the magnitude of the breach. Inter-marriage between hapū to bring peace was one restorative practice; war was another option to restore mana. Whakapapa when working to its full potential and potency is the highest form of collective accountability.

In the case of suicide, the accountability for the restoration of balance through addressing suicide as a breach of tapu and mana (since these are interdependent states) resides initially with those connected to the person by whakapapa. This is the enactment of the values of whanaungatanga and the reciprocal obligations described by that particular set of relationships.

### **Conceptualising Māori Suicide**

In this research on the theoretical links between suicide prevention and hapū development, suicide is conceptualised as a lack of hope and meaning partly explained by the breakdown of tribal relationships, enshrined within functional and working whakapapa. Suicide is often attributed to the wounded spirit that is located as an outcome of colonisation and the ensuing loss of traditional cultural knowledge that would if working, position each individual in a set of boundaried relationships defined by whakapapa. Thus, whakapapa contains within it, methods of cultural protection and continuity (Te Rito, 2008).

Whakapapa describes sets of reciprocal obligations of caring and sharing so that suicide is never an individual act. Instead, every life is intimately connected by whakapapa. Whakapapa is inter-dependent, permanent and continuous. Whakapapa never dies although individuals as bearers of whakapapa do. Whakapapa is continually brought back to life through naming of the person and recalling memories of them. Some indigenous scholars argue that suicide is not a choice. Rather it is the outcome of a long and painful history under colonisation (Brave Heart Yellow Horse, 1995; Churchill, 1996). In fact, colonisation is often held responsible for the breakdown of cultural systems of meaning, protection and continuity that are understood as risk factors for suicide (Lawson-Te Aho 1998a; Lawson-Te Aho & Liu, 2010). Suicide existed in certain whānau and hapū before colonisation. Evidence of this is available in readings of tribal histories (Newman, 2010). Josephs (1997) describes traditional suicides as whakamomori. Whakamomori refers to a deep seated suffering (Lawson-Te Aho, 1998a). In traditional times, suicide was often attributed to the alteration of kinship relationships through death of a spouse or a deep sense of whakamā (shame) as a result of breaches of tapu against the collective wellbeing (Josephs, 1997).

### **Whakapapa Disconnections and Suicide: the Role of the Hapū**

This thesis proposes that there is a theoretical link between hapū development and suicide prevention. Whakapapa frames suicide as a disconnection from the collective cultural identity. Therefore, Māori suicide is best understood in context of whakapapa. It is very important to understand, perhaps even pinpoint when trauma and disconnection entered whakapapa.

There are generational patterns of suicidality in certain whānau that might reveal relationship disturbances and conflicts that have never been healed or restored through whakawātea and restorative practices of hohourongo. Knowledge of traditional cultural practices that set boundaries and cultural protections in place may no longer function to deliver on the reciprocal obligations that are defined and boundaried by whakapapa (Kruger, 2010). The renewal of hope is theoretically constructed as the antidote to suicide. The hapū has mana motuhake or local level political mandate and authority to act (Kruger, 2010). The hapū is one site of the renewal of hope.

This thesis asserts that self-determination at the hapū level has an instrumental role in suicide prevention. Whakapapa implicates the hapū thereby creating a duty of care. One role of the hapū in suicide prevention is reconnection with knowledge of whakapapa. Having whakapapa consciousness affirms identity bringing a sense of connection and belonging. The role of facilitating the reconnection of whakapapa is potentially powerful as a healing process.

## **CHAPTER THREE:**

# **INDIGENOUS EXPLANATIONS OF INDIGENOUS SUICIDE**

This chapter examines indigenous explanations and conceptualisations of indigenous suicide. These are contrasted with a Westernised (clinical) psychological view of suicide to illustrate key differences in the conceptualisation of suicide and suicide prevention strategies by indigenous practitioners for the prevention of indigenous suicide.

### **Positioning Indigenous Suicide**

The challenge when considering how to approach the subject of indigenous suicide is that indigenous suicide exists in a complex interaction between trauma induced during colonisation (that traverses generations re-creating and reinforcing soul wounds birthed in history) and contemporary struggles at the collective tribal level to break free of traumatic colonial legacies by picking up the fragments of broken cultural histories and trying to make them whole again. Indigenous suicide prevention is primarily concerned with tribalism and self-determination; Indigenous therapies; relevant conceptualisations of indigenous suicide; cultural development and traditional tribal knowledge and wisdom (Gray, 2013).

Self determination is complicated by internalised oppression (Duran, 2006). These complex issues are considered in this thesis in which the role of tribal development and the link to suicide prevention in hapū x is theorised. There is no single panacea for suicide. Indigenous suicide prevention may not come from psychotropic medication, CBT or Multi-Systemic Therapy or any intervention plucked from the colonisers' medicine bag. In fact, efforts to 'treat' indigenous suicide from a Western clinical psychological paradigm have delayed research into and development of indigenous specific interventions. Suicide prevention requires a holistic response that addresses this issue among many others afflicting the indigenous spirit. There is an intermediary step in the process. That is, the rebuilding of a continuous developmental pathway from out of the heart of a severely traumatised history in which love, hope and the capacity to dream are restored to indigenous peoples. Soul wounding/intergenerational trauma requires a spiritual response (Duran, 2006). Healing of the wounded spirit is critical for the restoration of balance in indigenous life worlds.

## **Indigenous Identity and Representation**

In order to speak about indigenous suicide, the subject of indigenous identity needs to be considered. Alfred and Corntassel (2005, p. 597) maintain that indigenous-ness is an identity constructed, shaped and lived in the politicised context of contemporary colonialism. Indigenous suicide occurs in a politicised context in which contemporary colonialism produces and calls for new identity constructs which may be divisive of kinship based tribal collectives. Indigenous suicide has been theorised as an outcome of colonisation and the ensuing loss of lives, land, cultural values, language and sovereignty/political control and authority (Brave Heart, 1999; Churchill, 2002; Durie, 2001; Kruger et al, 2004; Lawson-Te Aho, 1998a, Lawson-Te Aho, 1998b). Therefore, suicide prevention must involve liberation from all constraints to the full and unequivocal restoration of indigenous language and cultural values; a traditional land base and political authority for self-determination (Alfred & Corntassel, 2005). Self-determination and tribal authority must be concerned with the healing of the people, without whom, the purpose and goals of self-determination are redundant (Kruger, 2010).

Chandler and Lalonde (2008) found that tribes who have achieved self-determination, a measure of local authority and have a concomitant history of land claim struggles had low if any suicides. They concluded that self-determination acts as a protective factor for the tribal collective. While this aligns with indigenous scholarship on self determination and suicide prevention it cannot be assumed that tribal decision-makers and leaders are not impacted by historical trauma. Decision-makers, healers, therapists and political leaders are also vulnerable to historical trauma. All indigenous peoples have been damaged by colonisation and all carry the battle scars of history. Those who oppress their own kin, taking on the role of the coloniser (Memmi, 1965) are quite possibly the most spiritually afflicted and the most in need of help (Duran, 2006).

## **Defining Indigenous People**

According to Alfred & Corntassel (2005)

Indigenous peoples are just that: indigenous to the lands they inhabit, in contrast to and in contention with colonial societies... Moreover, according to Alfred and Corntassel, the struggle to survive as distinct peoples on foundations constituted in their unique heritages, attachments to their home-lands and natural ways of life is what is shared by all indigenous peoples as well as the fact that their existence is in large part

lived as determined acts of survival against colonising states' efforts to eradicate them culturally, politically and physically (p.597).

### **Common Themes in Indigenous Suicide**

The trajectory and outcomes of historical trauma and the implications on suicide rates differ for different indigenous populations (Evans-Campbell, 2008; Manson, Beals, Klein, & Croy et al, 2005). There are common themes that apply to all indigenous populations that consistently appear in the literature on historical trauma and suicide. The rates of suicide also differ from tribe to tribe and indigenous population to indigenous population.

#### **Indigenous Conceptualisations of Suicide: Three Key Themes**

There are three overarching themes inherent in indigenous conceptualisations of suicide. These themes are inter-linked and based on the assumption of the currency and validity of cultural identity, values, worldviews and epistemologies.

Theme one is that suicide is an affliction of the spirit. Thus suicide needs to be dealt with by responding to the oppression of the indigenous spirit. The emphasis on spiritual beliefs in Native American belief systems is considered to be a fundamental element of native cosmologies (Graham, 2002; Hodge & Limb, 2009; Hodge & Limb & Cross, 2009). The source of spiritual oppression is identified as colonisation, acts of genocide, and the oppression and subjugation of indigenous culture, language (Hawkeye-Robertson, 2006; Hawkins & Blume, 2002).

Theme two is that historical trauma and unresolved grief which birthed spiritual wounds referred to in the literature as soul wounds (Brave Heart, 1998; Brave Heart 1999a; Brave Heart 1999b; Duran, 2006; Duran, 2010; Duran & Duran, 1995) are sourced in history and live on reproducing spiritual trauma (that manifests culturally, physically, emotionally, psychologically and relationally) through generations and time (Walters, & Simoni, 2002; Walters, Simoni & Evans-Campbell, 2002). In this frame, indigenous suicide is birthed from spiritual suffering and is historical, being a direct outcome of colonisation, inter-generational and multi-generational. Evans-Campbell (2008) notes that the tendency for indigenous peoples to have extended family and community systems means that individual traumatic events are likely to affect the entire community (Duran et al. 1998). The emphasis on ancestral ties is interpreted as creating exposure to spiritual contact with deceased relatives who remind their descendants of the traumas they lived with (Evans-Campbell, 2008). This is relevant to some Māori for whom whānau and hapū (depending on whakapapa) actively engage with the spirits of their deceased ancestors through dreams, visions and revelatory knowledge

(Robinson, 2005). Soul wounding is said to take on a life of its own when indigenous peoples internalise the oppression experienced during colonisation and begin to perpetuate abuses of power that manifest as within group violence at the collective level (Poupart, 2003; Willmott-Haque & Bigfoot, 2008). This further enables and empowers self-abuse at the individual level which manifests as addictions, suicide and other self-destructive practices (Duran, 2010). Suicide may be construed as ending the suffering of the individual experiencing spiritual pain. Duran (2006) interprets suicide as the misinterpretation of the soul's quest for transformation. Pem (2010) interprets suicide as a spiritual battle for life. Suicide produces traumatic outcomes for those who are relationally connected to the person who has ended their life (Pem, 2010). The individual becomes the receptacle for collective suffering and the collective absorbs the trauma of loss that is added to the pool of trauma and loss through generations. This feeds and reinforces the collective pain that creates and sustains the potential for further self destructive action and so the cycle becomes self perpetuating (Poupart, 2003).

Theme three is that the individual indigenous person is part of a collective tribal reality. Conceptualising suicide as an individual act is inadequate in terms of the explanatory power of individual trauma on collective trauma (Duran, 2010). Every life is integrally linked to every other in a collective tribal reality. A Māori cultural conceptualisation of this is explained in chapter two. Duran (2006, p. 10) expresses this idea when he cites his own tribal wisdom in the phrase “Aho!! Mi Takuye Oyacin – All are my relatives”. At some point in the histories of indigenous peoples, there was a lived collective consciousness of the interconnections and indivisibility of life. Cultural identity and the capacity to hold onto a strong cultural identity in the face of extensive soul wounds has been implicated in indigenous suicide prevention efforts (Hodge & Limb & Cross, 2009; Hodge & Limb 2009; LaFromboise, Albright & Harris, 2010; Lawson-Te Aho & Liu, 2010; Middlebrook, Le Master, Beals, Novins & Mason, 2001).

Colonisation brought a profound alteration in the consciousness of indigenous peoples through processes that were designed to completely eradicate and extinguish the people, their knowledge systems and practices (Churchill, 2002a; Churchill, 2002b). Yet, indigenous peoples survived albeit that there were whole kinship lines destroyed in colonisation, indigenous leaders and visionaries murdered (Churchill, 1996) and other atrocities committed. Massive dysfunction in native communities stemming from the internalisation of the oppressive practices of the colonisers is evident (Poupart, 2003). Yet, traditional knowledge and customary practices are being reclaimed and applied as therapeutic methodologies to heal the impacts of historical trauma in some indigenous communities inspired by the therapeutic work of practitioners such as Brave Heart (1999); Duran (2006) Westerman (2002); Westerman,



(2004) and the models of therapeutic practice from Māori health practitioners such as Professor Sir Mason Durie (Durie, 1995; Durie, 2004), Dr Rangimarie Rose Turuki Pere (Pere, 1989; Pere, 2002); Dr Irihapeti Ramsden (Ramsden 2000; Ramsden, 2003; Ramsden, 2005) and others. These acts of resistance to the imposition of culturally unsafe and unsound clinical practices with indigenous people are acts of sustained activism (Durie, 2006). The assertion of indigenous rights to intervene therapeutically in culturally congruent and resonant ways is critical. Sustained activism necessarily critiques the limitations of Western based psychological practices. However, there is a sense of urgency to stem the tide of premature and preventable death and the continued intergenerational transfer of soul wounds in order that healing and restoration can be facilitated. This carries implications for indigenous practitioners and researchers who are an integral part of that history and are working with their own pain and traumatic histories as their work unfolds (Duran, 2006).

In summary, suicide is understood in indigenous conceptualisations as a complex spiritual suffering of collectives and individuals that traverses time and generations, resonating with and impacting on all relationships within the tribal collective, community, and kinship structures (Brave Heart, 1999a). Historical trauma or soul wounds have become established as part of the cultural fabric and narratives of indigenous peoples. Understanding suicide and the way in which the collective consciousness about the meaning and value of life has altered over time as a result of colonial oppression is vital to framing suicide prevention efforts accurately and enhancing opportunities for transformative practices in the prevention of indigenous suicide and healing now and in the future. Duran (2006, p. 23) emphasises this point:

Although there are diverse manifestations of internalised oppression, there is a common thread that weaves them all together. The pain of internalised oppression continues to plague our relatives despite massive amounts of interventions that have been provided to treat the symptoms of individuals. Eventually what is needed is a preventative approach that addresses these issues at the source. Initially, what is required is awareness of the problem. Interventions can be developed.

Therefore, while this thesis considers the specific relationship between soul wounding and suicide, it applies to the building of a knowledge base that accurately leads to the testing of interventions that address all expressions and manifestations of soul wounds personally, inter-personally, individually and collectively.

In this frame, the individual and the collective are considered to be inseparable although they offer different opportunities and points of access for soul healing. The outcomes of soul healing at the individual level indicates to others, that it is possible to overcome generations of trauma and live a meaningful life, that is, to find joy again from revisiting and gaining understanding of historical multi generational trauma and mourning the losses surrounded by and immersed in, a compassionate, loving and understanding cultural community. Conversely, if soul healing is pitched at the collective level, then individuals through consciousness of belonging in such a cultural community are able to experience a level of profound support and connection. This is achievable through understanding the trajectory of historical trauma and within that, normalisation of more constructive trauma responses in the individual histories and collective histories of indigenous peoples. This teaches them that they do not carry the soul wounds alone as isolated individuals but that they are part of a much larger cultural process that might stand together in the quest for healing, wholeness and restoration. As indigenous individuals, their survival represents the survival of the culture, of family, tribe and community, of kin, and the assertion of a right and determination to live a life full of love, hope, peace and joy. The act of survival is at once, an act of courage and an act of resistance and it creates a narrative of resilience, strength and survival.

Furthermore, what happens to an indigenous brother or sister such as the history of the Lakota nation happens to us as Māori. The same can be said of Māori legacies of historical trauma, unresolved grief and suffering and the impacts on other indigenous people and populations. Brave Heart-Jordan (1995) and Brave Heart & DeBruyn (1999) acknowledge that indigenous peoples throughout the world can source internalised oppression and pathologies to similar historical pathways. Furthermore, when my spirit as an indigenous woman is whole, the soul wounds forged over generations are finally treated at their source. This impacts on my children, my whānau, my hapū and my iwi; past, present and future generations and offers hope that healing is possible. It is also imperative. Therefore, suicide prevention efforts with indigenous peoples have to return to the source of the soul wounds and work forward from there (Duran, 2006; Lawson-Te Aho & Liu, 2010).

### **Traditional Māori conceptualisations of Suicide**

The literature relating to a traditional Māori cultural conceptualisation of suicide supports the conclusion that suicide was not traditionally sanctioned and rarely practiced in pre contact Māori society (Durie, 2001). Durie attributes this to the needs of the collective to combat an often harsh climate and sometimes hostile neighbours.

While suicide was rare it did exist in times of grief when widows sometimes killed themselves to join a dead spouse. Durie concludes that social structures and relationships acted to protect against suicide (p. 99). Kruger (personal communication May 2012) confirms that suicide was seen as unnatural and unacceptable in traditional Māori society as exemplified by the Māui/Irawaru narrative. There is a paucity of evidence that refers to suicide in traditional Māori society. The rare examples position suicide as an act of revenge and/or extreme grief. However, these suicides were the exception rather than the norm. Durie identifies that there are certain groups and circumstances within other indigenous populations who committed suicide for a defined purpose such as an act of altruism for the benefit of society or to ration resources. Durie gives the example of elderly Native Alaskans who committed suicide when they could no longer fulfill a functional role in their families due to physical infirmity. These suicides according to Durie were rational, carefully planned, supported and earned the respect of family members. Durie provides another example of altruistic suicide in Uruguay where high rates of suicide were found in males in their 70's and 80's. The literature on contemporary indigenous suicide unanimously attributes suicide to unresolved historical trauma. This places suicide firmly in a colonial and post-colonial timeframe perhaps suggesting that suicide did not become a major problem until colonisation. It is logical to deduce from the specific positioning of American Indian suicide as an artifact of colonisation, that suicide was not traditionally practiced or widely sanctioned in pre contact American Indian societies.

### **The Restoration of Balance**

Durie states that according to the paradigms of post-colonial psychology, suicide indicates a loss of culture and an absence of spiritual connection with the wider environment. He describes the loss of balance between the individual's spirit leading to "center of human intuition being out of synchronicity with the center of creation" and, that at the "center of suicidal mentation is a sense of estrangement from spiritual bonds that sustain life and give meaning to existence" (2001, p. 105).

Kruger (personal communication, May 2012) refers to a condition called 'ea'. Ea is an expansive cultural construct describing a state of balance, peace and an intrinsic knowing that balance is restorable and healing is achievable despite past traumas. Indigenous peoples may catch fleeting glimpses of *ea*. When that happens, it revitalises and sustains them so that no matter what circumstances have been, are or are yet to come, they know that they are part of a much larger unfolding of a new, hopeful and more positive narrative. That is the place where suicide becomes a redundant consideration and where alcohol, self-harm, fear and

violence to self and others is finally laid to rest. This chapter considers the pathways and outcomes of historical trauma, the constituents of historical, multi generational trauma including unresolved grief and the spiritual, psychological, emotional and relational outcomes of unresolved trauma and untreated soul wounds.

In offering this PhD as a contribution to the field of soul healing/suicide prevention, the theories, analyses and practice lessons from indigenous scholars and practitioners such as Brave Heart (1998; 1999a; 2004); Brave Heart-Yellowhorse, (2003); Churchill (1996); Deloria (1970), Deloria, (1974), Deloria (1994), Deloria (1997); Deloria, (1999), Deloria & Lytle (1984), Duran & Duran (1995); Duran (2000); Peltier (1992); Trask (1995) and others need to be acknowledged for their contribution to the uptake of these ideas in terms of Māori histories under colonialism and the localised application of their scholarship to building an understanding of historical trauma in Māori communities.

## **THEME ONE: INDIGENOUS SUICIDE AS SPIRITUAL AFFLICTION**

The idea of wanting to die is literally a misinterpretation of the soul's desire to transform...The patients realize that suicidal images have a transforming energy that literally can take them into the depths of their psyche, which has been suffering from personal and intergenerational grief (Duran, 2006, p. 99).

### **Soul Wounding**

Soul wounding involves subjugation and oppression of the spirit, soul and psyche through exposure to cataclysmic events producing chronic and cumulative trauma (Brave Heart, 1998; Duran 2006; Duran & Duran, 1995). Soul wounding is also referred to as historical trauma. Niederland (1989) described historical trauma as being cumulative and compounding leading to emotional and psychic wounding. Brave Heart and Debruyn (1999) proposed that historical unresolved grief produces social pathology that can be directly attributed to the loss of lives, land and vital aspects of Native culture promulgated by European invasion and conquest. The contemporary outcomes of historical trauma and historical unresolved grief are thought to include high rates of suicide, alcoholism, domestic violence, child abuse and other social problems (Brave Heart and Deschenie, 2006; Chandler & Lalonde, 2003; Duran, 2011; Duran, et al. 2008; Evans-Campbell, 2008; Hawkins & Blume, 2002; Iwasaki, Bartlett & O'Neil, 2005; Jones, 2008; LaFromboise, et al. 2010; Leenars, 2006; Morgan & Freeman, 2009; Pearce, Christian, Patterson, Norris, Moniruzzaman, Craib, Schecter & Spittal, 2008; Peltier, 1992; Poupart, 2003; Silviken et al. 2006; Weaver & Brave Heart, 1999;

Whitbeck, McMorris, Hoyt, Stubben & LaFromboise, 2002; Willmott-Haque & Bigfoot, 2008).

Brave Heart & DeBruyn (1998) inform their analysis of historical trauma and historical unresolved grief by reference to the holocaust trauma. They describe colonial strategies to destroy the Lakota peoples as genocide based on deliberate genocidal intent. The literature on the genocide perpetrated against the Native peoples of the Americas is extensive (see for example Brown, 1971; Churchill, 1996; Deloria 1970; Deloria 1974; Deloria 1997, Deloria & Lytle, 1984; Debo, 1940; Debo, 1983; Moquin & Van Doren, 1973; Nabokov, 1991; Neihardt, 1932; Sundance, 1995; Waters, 1993). The literature on acts of cultural genocide against Māori is extensive (see for example Awatere, 1984; Evison, 1997; Jackson 1996; Jackson 1995; Jackson, 1987; King, 2003; Walker, 1990; Binney, 2009; and Waitangi Tribunal Claims Reports Wai 27 Ngai Tahu Report; Wai 143, Taranaki Report; Wai 201, Mohaka ki Ahuriri Report; Wai 894, Te Urewera Report). There is a growing literature on genocide in Australian Aboriginal colonial history (Gigliotti, 2003). Therefore, challenges to the validity of claims that indigenous peoples underwent genocide legitimated by extreme racism and perpetrated as culturally imperialist acts are redundant. History speaks for itself.

### **Contesting the Validity of Historical Trauma Narratives: Colonising Discourses**

Challenges to the reconstruction of history surface when political agendas (such as exoneration from guilt for war crimes perpetrated against indigenous peoples) interfere with the narration of historical trauma and lead to the contestation of the truth and validity of those narratives (Churchill, 1996). Often the contestation process is very subtle such as the misuse of a research question about how trauma is transferred across generations when the current generation of traumatised American Indian youth never directly experienced the boarding school system. For Māori, one example of the undermining of the validity of history takes the form of attributing health inequalities to behaviours and/or genetic pre-dispositions (Kruger et al, 2004). Australian Aboriginal accounts of the stolen generations as genocide have been challenged (Clendinnen, 2001) on grounds that the quintessential genocidal experience is that of the holocaust. To suggest that Aboriginal dispossession and the stolen generations history that continued unabated from 1910-1970 was genocide, has been received by historians and other public commentators such as Clendinnen as being not only unpalatable but also erroneous.

When the Bringing the Home report (Human Rights and Equal Employment Opportunities Commission, 1997) documenting the genocidal policies and practices of the Australian government over the period 1910-1970 during which as many as 50,000 ‘separations’ took place, Clendinnen responded:

I remain persuaded that the persistent invocation of the term ‘genocide’ by the authors of the report and their later supporters to describe any phase of Australian policies to Aborigines was not only ill judged, but a moral, intellectual and political disaster. I am reasonably sophisticated in these modes of intellectual discussion but when I see the word “genocide” I still see Gypsies, and Jews being herded into trains, into pits, into ravines, and behind them the shadowy figures of Armenian women and children being marched into the desert by armed men. I see deliberate mass murder (p. 7).

Indigenous scholars continue to build the case for historical trauma as a valid explanation for excessive levels of illness, disease and despair of indigenous peoples. They continue to use this knowledge to theorise and develop interventions that assume the validity of history and the existence of deep spiritual wounding through generations without being drawn in by colonising/recolonising discourses.

An analysis of the history of the genocide of indigenous peoples and relationships with contemporary outcomes is foundational to understanding the depth of spiritual wounding that took place during colonisation and the way that it lives on through subsequent generations. Soul healing, interventions developed from this history such as group psycho-therapy (Brave Heart, 1999a) and the spiritually focused clinical practices of Duran (2006), are based on a re-telling of trauma histories on grounds that giving voice to trauma enables understanding. This process enables survivors to understand at the most profound spiritual and psychic levels, that they are legacy bearers who do not have to be victims in perpetuity. This conscientisation process (Friere, 1972) clarifies and ‘normalises’ traumatic outcomes in victim’s lives and provides them with an analytical framework by which feelings and experiences of oppression do not become permanent fixtures of their spirits, psyches, relationships or lives. However, this approach can also be re-traumatising and there are a number of entrenched psychic defenses that need to be confronted and identified as being counter-productive to healing. Brave Heart (1999a) speaks of the comfort that may be derived from staying in victim mode. Investing in the victim role is disempowering. It reflects the break-down of a collective consciousness and responsibility for healing.

## **Historical and Contemporary Trauma**

Evans-Campbell (2008, p. 321) identifies three core characteristics of historical trauma in American Indian and Alaska Native communities. These are 1. Widespread experience of historical trauma in AIAN communities with whole community impacts at the time of the traumatic events 2. The events produce high rates of ongoing collective distress, grief and mourning in communities (Brave Heart, 1999a, 1999b; Whitbeck, Adams, Hoyt & Chen, 2004) and 3. The events are usually perpetrated by those outside the community rendering them intentionally destructive. Evans-Campbell (2008) proposes that there are contemporary events that merge with and bring to life historical trauma so that contemporary trauma is heightened emotionally and culturally by historical trauma. The suggestion here is that as a result of over 500 years of historical trauma, AIAN communities attribute current trauma as being part of a continuum of trauma. Historical trauma comes to life every time a new traumatic experience occurs. AIAN communities inhabit their histories, reliving it on a daily basis. In times of contemporary trauma, historical trauma is relived linking the past with the present (Evans-Campbell et al. 2006).

Microaggressions are contemporary events that target individuals from diverse racial groups and involve acts of racism and discrimination. Evans-Campbell, Lindhorst, et al. (2006) distinguish between covert discriminatory acts such as being arbitrarily pulled over by a police officer and overt acts such as being spat on. Daily discriminatory stressors include name calling, authenticity testing – urbanised AIAN's being asked if they are a 'real Indian'; romanticised stereotypes of AIAN people and customs; the appropriation of AIAN sacred ceremonies and objects and presentations of AIAN people as if they were extinct. While research needs to be conducted on the existence of microaggressions with Māori populations, racism has been evidenced in health service utilisation and prohibitive health policies and practices that limit Māori access to care (Blakely, Ajwani, Robson, Tobias & Bonne, 2004; Te Roopu Rangahau Hauora a Eru Pomare, 2007). Evans-Campbell et al. (2006) developed the concept of a Colonial Trauma Response (CTR). CTR is defined as a complex set of both historical and contemporary trauma responses to collective and interpersonal events. A defining feature of CTR is its connection to colonisation. Each time a contemporary discriminatory event or microaggression is experienced it is used as the connector to an unresolved and pervasive sense of injustice. Manson et al. (2005) found that American Indians live in adverse environments that place them at high risk for exposure to trauma and harmful health sequelae.

For Māori, the Treaty settlements process offers a constant reminder of past abuses and injustices. Psychic and spiritual pain is evident as ancestor struggles are called into the present and the pervasive sense of loss is re-experienced. One need only stand at the graveside of a whānau member who has completed suicide to feel that pain and the pervasive sense of unresolved historical trauma that has set the course of events in motion leading to suicide. Māori suicide might be understood as a type of CTR/Colonial Trauma Response brought on by a loss of hope that was birthed during colonisation. The relationship between historical trauma and the pervasive sense of loss and unresolved grief is a plausible explanation for Māori suicide. Cultural destruction and disconnection from whakapapa initiated during colonisation are vital considerations (Lawson-Te Aho 1998a).

### **Soul Wounding as Healing**

Duran (2006, p. 49) quotes Native American Oral Tradition

The medicine is already within the pain and suffering. You just have to look deeply and quietly. Then you realize it has been there the whole time.

Similarly, the context and set of conditions out of which the suffering and pain of Māori was born is the starting place for healing so that pain and suffering does not become a permanent fixture. To ignore history is perilous. To understand and embrace historical trauma is potentially healing and restorative. It is after-all part of the cultural and historical narrative of being Māori in this land. Moreover, to view trauma as only bad is to disregard the fact that historical life lessons are important without which we may not fully comprehend the pain of another or develop consciousness about our strengths and the source(s) of those strengths. Suffering can be beneficial because it equips us with strength, resilience and determination. It is how we adapt, respond and survive historical trauma and emerge from it intact and healthy that is the challenge. When soul wounds become entrenched, normalised and internalised across generations of indigenous peoples, they can take indigenous peoples onto very destructive paths. However, according to Evans-Campbell (2008) trauma responses are not ubiquitous. Like survivors of traumatic events, some descendants exhibit negative symptomology. Others exhibit resilience. American Indian and Native Alaskan survivors of historical trauma and their descendants have shown areas of vulnerability and areas of resilience (Danieli, 1998). There is considerable variation in the trauma responses of indigenous peoples.



Danieli (1998) suggests that symptoms of guilt, denial and extended mourning are generally interpreted as being dysfunctional and evidence of psycho-pathology. Danieli advocates for a reframing of trauma symptoms as adaptive strategies that support indigenous peoples to cope with massive trauma. Historical trauma may be useful in informing soul healing from the heart of the pain and loss incurred from trauma experiences. Danieli suggests that provided they are not prolonged, such strategies may be a reasonable way to deal with overwhelming trauma. Finally, some individuals report spiritual and emotional growth after experiencing trauma (Ai, Cascio, Santenglo & Evans-Campbell, 2005).

### **Theorising Soul Wounding**

Brave Heart has been examining and theorising historical trauma in AIAN populations since 1978 (Brave Heart, 1998). Evans-Campbell (2008) states that,

Despite the initial promise of historical trauma as an explanatory and diagnostic concept, within the broader trauma literature it is still largely unknown. This is partly because the early research in this area was conducted with smaller, clinical samples and there is relatively little empirical work documenting the precise nature and impact of the phenomenon.

Duran (2006) refers to the construct of soul wounding as relatively recent. Soul wounding is generally under researched in terms of empirical support for the construct and theory (Evans-Campbell, 2008; Whitbeck, 2006). Intuitively, it makes sense and takes the analysis of suicide way beyond the limitations of cultural loss explanations into the weaving of traumatic outcomes into life pathways of indigenous people at the individual and collective levels. For this reason, it will contribute to our understanding of soul wounding and suicide prevention amongst Māori populations (Lawson-Te Aho & Liu, 2010).

Soul wounding as it applies to Māori is currently under theorised albeit that there is an understanding that Māori were spiritually, psychologically, culturally and physically decimated during colonisation. Therefore, interventions developed on strength of a soul wounding analysis, are likewise, under-developed. The analysis of the impacts of colonisation on health, mental health and related outcomes is available (Reid & Robson, 2007). There is mounting evidence about the impacts of discrimination and racism on health outcomes for Māori (Harris, Cormack, Tobias, Yeh, Talamaivao, Minster & Timutimu 2012; Krieger, 2012). The generational impacts of colonisation on whānau violence levels are well understood and theorised as a practice framework referred to as the Mauriora Continuum (Kruger et al, 2004).

The correlation between suicide and colonisation (which assumes an inter-generational transmission of trauma) has been established (Lawson-Te Aho, 1998a; Lawson-Te Aho & Liu, 2010). The correlation between impaired cultural identity and Māori suicide prevention has also been established (Coupe, 2005; Durie, 2005; Lawson-Te Aho, 1998a; Lawson-Te Aho, 1998b; Lawson-Te Aho & Liu, 2010). The analysis of soul wounding is gaining momentum in Aotearoa due to the scholarship of American Indian practitioners, researchers and academics (Lawson-Te Aho & Liu, 2010).

### **Trauma and Culture**

Trauma according to Surin (2008) is situated in and filtered through a web of cultural belief and affect. It is within this web that includes “feelings, impressions, moods, and so called unconscious states, that gives the phenomenon in question its particular epistemic content and affective charge” (p. 21). Soul wounds must be interpreted in the correct epistemological frame and historical context. There is much written about trauma and much debate according to Surin about the way in which trauma is conceptualised in the literature. However, Surin observes that traumatic episodes and experiences have an etiology and significance for their sufferers delineated by cultural location and historical period (p. 19).

In Western science-based epistemology the capacity to commune with a spirit world, is considered to be indicative of psychosis and mental illness. Surin states that trauma is filtered through the affect and belief system of the people experiencing it. Duran (2010) describes suicide as a spirit that indicates the presence of internalised oppression. Moreover, Duran (2006) objects to the assertion and application of Western psychological therapies that he interprets as undermining the validity of indigenous epistemologies. He refers to this as epistemic violence. Duran (2010) advocates for therapists to address the ‘critical spiritual root metaphor’ from out of a non Western cosmology and suggests that if they cannot, they risk re-traumatising the indigenous client (p. 12).

### **Survivor Syndrome and Soul Wounding**

Whitbeck et al (2004) describe symptoms of a ‘survivor syndrome’ from psychoanalytic research on holocaust survivors. This included psychological defenses such as denial, depersonalisation, isolation, somatisation, memory loss, agitation, guilt, depression, intrusive thoughts, nightmares, psychic numbing and survivor guilt (p. 120). In drawing comparisons with the Jewish holocaust survivors, they note that there were additional outcomes of the Native American holocaust that are not sufficiently conveyed by reference to the Jewish holocaust. Specifically, there was no safe place to go to for Native Americans.

The reservations were likened to large penal colonies or concentration camps. Leaving was illegal. Once on the reservations, American Indians were wholly dependent on the government for food, health care and shelter. American Indian culture was eradicated and traditional ways of survival were replaced with practices such as farming which were culturally incongruous, unacceptable or unsustainable on reservation lands. Ethnic cleansing practices were rife on the reservations. The Jewish holocaust occurred within a defined period of time. However, ethnic cleansing of Native Americans was pursued in a sustained manner for 400 years and did not end with military defeat or occupation of territory. According to Whitbeck et al,

American Indian people are faced with daily reminders of loss; reservation living, encroachment of Europeans on even their reservation lands; loss of language, loss and confusion regarding traditional religious practices, loss of traditional family systems and loss of traditional healing practices (p. 121). Losses are not confined to a single catastrophic period (for American Indians). Rather they are ongoing and present (Whitbeck et al, 2004).

The reports published by the Waitangi Tribunal abound with examples of cultural genocide amongst the Māori population of New Zealand. These form a historical and cultural narrative of loss that can be theorised as inducing historical trauma. The ongoing impacts of this traumatic history are evidenced in high rates of mental illness, addictions, suicide and ill health amongst Māori (Te Roopu Rangāhau Hauora a Eru Pomare, 2007). Mental illness is commonplace in cultures with a history of genocide and historical trauma (Meierhenrich, 2007). Furthermore, historical trauma is reflected in the levels of incarceration of Māori, educational failure, unemployment, poverty and other indicators of trauma that may be explained as products of history (Lawson-Te Aho & Liu, 2010).

### **Genocide and Genocide Trauma**

Genocide has been defined by the United Nations as ‘any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group and includes five types of criminal actions: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group, conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group’ (Letgers, 1988, p. 769). Cultural genocide is defined as “actions that are threatening to the integrity and continuing viability of peoples and social groups” (1988, p. 769). Letgers (ibid.) describes the outcomes of colonisation as a form of genocide that produces a number of outcomes including:

Coerced abandonment of religious and cultural underpinnings of the subject society, preemption and destruction of resources necessary to native survival...transmittal of disease and addiction against which native populations have inadequate immunity, disruption of kinship and familial relations basic to the native social structure, treatment based on modes of definition that obliterate a group's identity and finally outright extermination of native populations (pp. 771- 772).

Meierhenrich (2007) describes two types of genocide induced trauma. The individualised form of genocide trauma is described as psychological trauma. Individualised genocide trauma manifests in three ways. Firstly, psychological trauma involves re-experiencing the trauma by means of intrusive and disturbing recollections of the traumatising experience(s), flashbacks and visual and sensory hallucinations. Secondly, the avoidance of trauma inducing stimuli includes psychic and emotional numbing and avoidance of social contexts. Lastly, hyper arousal of the autonomic nervous system manifests as insomnia, difficulty falling asleep, irritability and hyper-vigilance. The persistent and chronic presence of these three characteristics of psychological trauma can lead to a classification of PTSD (post traumatic stress disorder). Meierhenrich (2007) states that PTSD has replaced more specific trauma terms denoting psychological disturbance including concentration camp syndrome, rape trauma syndrome and post-torture syndrome and identifies the common thread in all forms of trauma as “the very real threat of annihilation that defined the traumatic moment and which may pursue the survivor long after the trauma has passed” (p. 551).

Collective trauma is referred to as cultural trauma (Meierhenrich, 2007; Lazar, Litvak-Hirsch & Chaitlin, 2008). Cultural trauma is collective trauma. In their research on the correlation between personal and familial experiences of the holocaust and sociocultural mechanisms that maintain a ‘holocaust memory’ Lazar et al (2008) found that regardless of family connections to the holocaust, there are social-cultural mechanisms impacting the perception of the holocaust on the third generation of holocaust survivors as a cultural trauma (p.93). The term cultural trauma is intended to describe the collective manifestations of psychological disturbances produced by exposure to trauma. Meierhenrich (2006) states that cultural trauma occurs when “members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (p. 553). The irrevocable nature of cultural trauma raises concerns about the ability to recreate and reclaim traditional cultural knowledge in contemporary contexts.

It is critical not to become embroiled in debate about what is authentic Māori culture and what is constructed. The arguments are circular and there can be no resolution of them.

The purpose of reclaiming Māori traditional healing systems and traditional knowledge is that they contribute to the formulation and development of soul healing strategies. If a rationale is needed, then the general failure of Western psychological interventions, to stem the tide of pain and loss manifesting as suicide is evidence enough that something is not working (Lawson-Te Aho & Liu, 2010).

### **Distinguishing between Individual and Collective Trauma**

The distinction between individual and cultural trauma is important (Durie, 2001). The focus on individualised psychopathology is the hallmark of most forms of ‘Western’ psychology (Durie, 2001). The application of an individualised focus in the treatment of indigenous survivors of collective cultural trauma silences both historical and cultural trauma narratives. Moreover, somatic treatments for mental illness such as psychotropic medications operate to silence history rather than giving voice to the collective trauma narrative that plays out in individual lives. Western psychology is not only epistemically violent but divorces the pain of the client from the historical context that has given rise to it. This leads to a reconstruction of the cultural and historical narratives through the denial of the relevance of history to current problems. The denial of colonisation as the source of real and permanent soul wounds afflicting indigenous peoples is understood as recolonising discourse.

Duran (2006) calls for healing of soul wounds by returning to the root cause of them. Opatow (2011) refers to moral exclusion which is exclusion from the scope of justice. This involves a process whereby individuals and groups are seen as being outside the boundary in which justice applies (p. 206). This is relevant to the current analysis on soul wounding insofar as it is a process in which the coloniser establishes the rules for ‘moral conduct’ and uses a process of ‘abnormalisation’ (Lawson-Te Aho, 1993; Duran & Duran, 1995) and ‘othering’ (Poupart, 2003) to justify the positioning of indigenous peoples as inferior, immoral, sub human thereby, enabling the coloniser to proceed with an agenda of cultural annihilation. Subtle manifestations of this occur as racism and discrimination in which the rates of mental illness and disease amongst indigenous populations are attributed to behavioural choices rather than entrenched systemic, institutional and ‘clinical/diagnostic’ racism (Reid & Robson, 2006).

The ongoing denial of post colonial trauma and its link to suicide in indigenous populations occurs through a process of invisibilising history and context in clinical practice with indigenous peoples (Duran, 2006) and, in suicide prevention research which emphasises risk factors rather than soul wounds as explanatory of disparate rates of suicide in indigenous populations.

### **Historical Unresolved Grief**

Historical unresolved grief is identified as a ‘profound, unsettled, bereavement that results from generations of devastating losses which have been disqualified by prohibiting indigenous ceremonies and by the larger society’s denial of the magnitude of its genocidal policies’ (Brave Heart, 1998: p. 288). Brave Heart (1998) writes of the impacts of massive traumatic losses and the difficulty of mourning a mass grave. Fogelman (1988) describes the psychological outcomes of ‘stunted mourning’ amongst the holocaust survivors as a process of denial and psychic numbing due to the suppression of emotions for fear of insanity were they to be released. Brave Heart speaks of disenfranchised grief which is grief that cannot be openly mourned or acknowledged.

She comments that the “absence of rituals to facilitate the mourning process can severely limit the resolution of the grief” (p. 67). Unresolved grief translates into an intra-psychic process (shame) that inhibits and suppresses the normal emotional responses to grief (sadness and anger). Brave Heart applies the concept of unresolved grief to the loss of ancestors, extended kin, animal relatives, traditional languages, songs and dances (p. 67). Characteristics that are congruent with traumatic grief are described by Brave Heart (1998b, p. 291) as obsessive rumination about the deceased; searching and pining for the lost object with fantasies of reunification; coping strategies such as fantasies about the re-appearance of deceased relatives and about transcending experiences by projecting oneself into the past or future. Brave Heart cites the research of Erickson (1958) who identified trauma responses including a. Withdrawal and psychic numbing b. Anxiety and hyper-vigilance c. Guilt d. Identification with ancestral pain and death and e. Chronic sadness and depression.

### **Collective Memory**

Collective memory is defined by Paez & Liu (2011) as “widely shared knowledge of past social events that may not have been personally experienced but are collectively constructed through communicative social functions” (p. 10). Furthermore, “collective memory is an explicit, if informal, transmission of meaning and identities from the historical past of a group”.

Paez and Liu examine the processes by which collective remembering of past conflicts affects the course of current conflicts. Oral histories were a key form of transmission of Māori ancestral knowledge and kinship details (Marsden & Henare, 1992). The role of the Tohunga/healer was to recite whakapapa/kinship relationships and this knowledge was considered to be sacred so it had to be recalled accurately (Reinfeld & Pihama, 2007). Māori cultural narratives abound with stories of the consequences of not accurately reciting tribal wisdom and chants to invoke spiritual forces (Orbell, 1995). Collective memory and historical documentation form the basis of testimony underpinning the settlement of claims for justice for past abuses perpetrated against tribes during the colonial period in Aotearoa. Empirical evidence confirms that a process of intergenerational transmission of trauma at the collective level does occur (Evans-Campbell, 2008). In this research, collective memory serves to establish and maintain consciousness about the history and whakapapa of hapū x. This serves to memorialise ancestral suffering and loss. Moreover, this is implicated in historical trauma and unresolved grief which is implicated in suicide (Brave Heart 1999a, 1999b).

### **The Explanatory Power of Colonisation**

Colonisation provides a powerful explanation for the onset and trajectory of historical trauma/soul wounds (Duran & Duran 1995; Duran, 2006, Lawson-Te Aho & Liu, 2010). The literature on Māori health outcomes clarifies that Māori ill health is attributable to colonisation and cultural invasion (Te Roopu Rangāhau Hauora a Eru Pomare, 2007). Moreover, Māori health and healing are linked to self-determination (Durie, 1997). Marsden (1986) contended that continued and persistent deprivation/oppression/intrusion/imposition/manipulation/exploitation of the tangata whenua (indigenous peoples) by the dominant culture/society/government, poses a serious threat to the self esteem/humanity/identity which leads to serious disorders social/organic/mental/spiritual

Cultural security is linked to healing and wellbeing and Māori healing must be based on the restoration of Māori cultural and healing paradigms that colonisation sought to destroy (Jackson, 1987). Durie (1998a, p. 214) states that Māori health development is the story of struggle, challenge, threat, adaptation and adjustment. The evidence for the relationship between soul wounding and colonisation is extensive. In Aotearoa colonisation left nothing intact and nothing untouched as it brought irrevocable destruction to Māori. Māori lives, language, culture, values, worldviews, knowledges and practices were changed in the most profound ways as customary practices were prohibited by law (Jackson, 1995) and cultural values educated out of Māori children through active policies of assimilation (Ritchie,

2003). Forced compliance with the strategies of the colonial government were enabled and empowered through legislation, incarceration, confiscation of lands and other forms of punishment. In the early stages of colonisation, the death toll from introduced diseases, starvation and warfare saw the massive depopulation to the point of 'near genocide' (Durie, 1994, p. 28). There are many documented examples of the destruction wrought upon Māori kinship structures (Durie, 2001; Evison, 1997; Lange, 1999; Pihama et al, 2002; Soutar, 2008); values, worldviews and knowledge's (Durie, 2001; Reinfeld & Pihama, 2007; Smith, 1999); removal of a land base (see for example Wai 27, 143, 201, 894; Binney, 2009) and the relentless and voracious assimilationist strategies (Pihama et al, 2002) with all the psychological and spiritual consequences (Marsden, 1986; Durie, 2001).

Memmi (1965) and Fanon (1964) articulate the psychological processes of colonial oppression. According to Memmi, the coloniser/colonised relationship chained both to an implacable dependence, molded their respective characters and their conduct. He proclaims oppression as "the greatest calamity of humanity...diverting and polluting the best energies of man – of oppressed and oppressor alike...for if colonisation destroys the colonized, it rots the colonizer" (p. xvii). This describes a complex psychology in which the colonised is forced make a choice between assimilation and submission or resistance and rebellion. Assimilation requires that the colonised loathe everything about themselves in order to pursue a new identity, that of the coloniser. A contemporary manifestation of this is internalised oppression, in which, having been rejected by the coloniser the colonised assimilate the strategies of colonial domination and oppress their own people through force, violence and exclusionary practices that privilege some members of the group over others (usually, the most helpless, women and children) (Evans-Campbell, 2008; Poupart, 2003).

In Memmi's thesis (1965), ultimately, the colonised come to the realisation that in order to be assimilated, it is not enough to leave one's identity. It requires that the colonised enter fully into the culture of the coloniser and it is at this point that rejection occurs. Memmi states that,

...in order for assimilation of the colonized to have both purpose and meaning, it would have to affect an entire people; i.e. that the whole colonial condition be changed. However, the colonial condition cannot be changed except by doing away with the colonial relationship (p. 126).

Revolution is the only way out. This occurs when assimilation is abandoned and the colonised's liberation is carried out through the recovery of self and autonomous dignity.



That is the agenda for liberation that indigenous peoples seek after in contemporary contexts as ‘self-determination’; self-governance; self-control; all forms of cultural development and reclamation of cultural knowledge and political autonomy. Fanon (1964) opts for a revolutionary pathway, a rejection of and resistance to the coloniser by any means necessary. In a therapeutic sense, the rejection of Western epistemology that privileges Western science and knowledge over indigenous knowledge is fundamental. The imperative of an anti-colonial framing of soul healing strategies requires an unequivocal commitment to indigenous self-determination. This is a necessary part of the agenda for freedom from the colonial authored realities that indigenous peoples endure (Brave Heart 2001; Brave Heart and Deschenie, 2006; Alfred, Pitawanakwat & Price, 2007; Lawson-Te Aho & Liu, 2010).

### **Traumatic Legacies and Legacy Bearers**

Brave Heart states that wherever people are being decimated and destroyed, subsequent generations will suffer. Current generations of indigenous peoples have inherited traumatic legacies from colonisation rendering them as legacy bearers. Soul healing will never eliminate historical trauma completely because history cannot be denied. It is part of the fabric of indigenous societies (Lawson-Te Aho & Liu, 2010). Therefore, the aims of soul healing may be alleviation of suffering, through confronting and understanding trauma histories so that indigenous peoples acquire consciousness of what afflicts them, enabling them to name and understand it and thereby begin to deal with it. Soul wounds will never disappear for disappearance requires denial of history. In light of Memmi’s thesis on the colonial relationship, that cannot succeed as a strategy. Yet, while the wounds heal (through resistance and self-determination) the scars remain becoming a source of courage and commitment to the struggle for healing.

### **Learned Helplessness**

Duran (2006) refers to learned helplessness as an inducement of historical trauma. Learned helplessness is a psychological process denoting a state of entrenched victimisation and loss of the ability to maintain hope and see a way out of the pain and suffering. This is the state out of which dependency is birthed. Dependency prolongs a state of helplessness and inhibits the psychological and spiritual liberation that is fundamental for self-determination to succeed (Duran, 2006).

## **Internalised Oppression**

Duran (2010) acknowledges that oppression can have two sources – the historical oppressor (coloniser) and the internal oppressor (colonised). The second form of oppression is referred to as internalised oppression. Duran comments that internalised oppression occurs where Native peoples take on the values of the oppressor and the oppression is passed on to individuals and community in a cyclical way that perpetuates destructive psychology in the life-world (Duran, 2006). Māori refer to those who colluded with the colonisers in the early stages of colonisation as kupapa. This behaviour establishes a legacy of deceit that is a permanent scar on the whakapapa or kinship structures of Māori. Jackson (1995) uses the term ‘colonising artifacts’ to describe a ‘cultural justice system’ controlled by the crown. The idea of indigenous models and agents of the crown being an extension of colonisation is analysed by Duran (2010) in the form of the Indian agent. This refers to oppressive treatment of tribal members by tribal leaders who have been placed in positions of power by the government.

Poupart (2003) proposes that American Indian people learned and internalised the discursive codes of the West - the very codes that created, reflected and reproduced their oppression. In this way, Poupart claims that American Indians define themselves through oppressive constructions and then replicate the oppressive codes internally. Poupart states that inward and outward internal oppression should be understood as two expressions of oppression on a non-linear continuum of multiple expressions. Moreover, that outwardly expressed internalised oppression is an assault on oneself as it serves to dismantle spiritual and cultural connections to a tribal community. Memmi (1965) considers the assault on self when indigenous peoples have to deny themselves to acculturate into the oppressors’ culture only to find that they are ultimately rejected.

Kruger at al. (2004) described perpetrators of whānau violence in Māori communities as being in a state of kahupō/spiritual blindness when they become capable of abuse. The methodology for healing internalised oppression is confrontation, reconciliation and peace-making with those who have been hurt and transformation through conscientisation of the spiritual, psychological and cultural meanings of their actions. Suicide has been interpreted as oppression of the spirit (Lawson-Te Aho & Liu, 2010). Thus it is a form of internalised oppression leading to death.

## **THEME TWO: THE TRANSFER OF HISTORICAL TRAUMA**

Indigenous peoples have a repertoire of entrenched sub conscious responses that undermine healing and restorative practices (Duran, 2006). These have become normalised over time as they transfer from generation to generation. Multi-generational trauma refers to a process whereby trauma is transferred through generations. Brave Heart (1999a) describes intergenerational transmission as “an important element of the theory of historical trauma”. The psychological transfer of a trauma response across generations has been explained by theories of (a) transposition where descendants identify with ancestral history living emotionally in the past and the present (b) loyalty to the deceased and identification with their suffering which necessitates perpetuation in one’s own life and (c) memorial candles where descendants assume a family role of identifying with ancestral trauma (p. 112). Walters, Evans-Campbell, Simoni, Ronquillo & Bhuyan (2006, p. 328) observe that,

...at the society or community level, the effects of an event may include multifaceted losses such as the elimination of traditional ways of life after relocation to reservation communities. Related effects might carry forward for as long as that loss remains un-replaced. In other words, the community could retain the loss from the time of the initiating event into present day life. Individuals living within this traumatised or ‘wounded’ community might also experience secondary effects. In a community that has lost its spiritual compass for example, people might be more susceptible to drugs, or children raised in families that have lost their ability to parent might experience increased levels of abuse and neglect. In this way, the trauma like a wave continues to roll forward over generations leaving an array of effects in its wake.

Whitbeck et al (2004) propose that there are “daily reminders of ethnic cleansing coupled with persistent discrimination” that are the keys to understanding historical trauma amongst American Indian people (p. 121). The losses are constantly present and it is extremely difficult to escape the grinding and insidious reality of historical trauma. However, they also comment that “as intuitive and appealing as the notions of historical trauma and historical grief are, there are numerous challenges to disentangling the interrelated components of the concepts and understanding what mechanisms are at work” (p. 120). The issues that they identify as being problematic and challenging are distinguishing between proximal and distal causes.

They make the distinction between actual historical issues and more proximate grief and trauma that stems from the daily lives of American Indian people who are economically poor, have higher rates of mortality and severe health issues all of which are complicated by ongoing racism and discrimination. They speculate that the current conditions may be attributed to historical causes. However, the origins of the symptoms may be contemporary experiences (p. 121). The second challenge pertains to the mechanisms by which trauma is transferred across generations. They give the example of current generations who are removed from the direct and overt ethnic cleansing practices of the eighteenth, nineteenth and twentieth centuries. Thirdly, the prevalence of intergenerational trauma and historical grief has not been quantified and they make the point that it is very difficult to tell how widespread it is and whether it will pass away with the current generations of elders. The final challenge they present is the determination of the symptoms of historical trauma. They state that the symptoms range from elements of post traumatic stress disorder (numbing, anger, rage) to symptoms of major depression, anxiety disorder and alcohol and drug use. However, the means by which they are attempting to gain a clearer conceptualisation of historical trauma, sits within a Western clinical psychological frame that does not account for spiritual or other culture related symptomology. The clinical psychology diagnostic tool (DSM) does not and cannot classify soul wounds (Duran, et al. 2008). The DSM provides a very limited analysis of post traumatic stress disorder which has been identified as inadequate in terms of describing and classifying the psychopathology of historical trauma (Walters, Mohammed et al. 2011; Evans-Campbell, 2008). Whitbeck et al (2004) conclude that their research ‘suggests’ that historical losses interrupt optimal functioning, influence parenting and contribute to maladaptive behaviours. They call for further research to assess the contribution of historical loss with more proximal contributors to emotional distress (p. 122). However, they may be erroneously theorising the ‘soul’ out of soul wounding. Duran (2006) says that spirit seeks after spirit and that spiritual afflictions can only be understood and treated with spiritual interventions although he notes that some clinical treatments can offer relief and positive therapeutic outcomes. However, he also cautions Western trained clinicians and counselors to be mindful that the life-world of the American Indian client cannot be understood from within a narrow clinical psychological and counseling frame (Duran, 2011).

Evans-Campbell (2008) confirms that the intergenerational transmission of trauma can occur at the interpersonal and societal levels. In direct interpersonal transmission, children can vicariously experience trauma through the trauma narratives of their parents, grandparents and other influential family members. In indirect transmission, poor

parenting practices and poor parental mental health can create stress for children. Both forms of transmission lead to psychological problems in American Indian populations (p. 328). At the familial level, research indicates that children and grandchildren of trauma survivors exhibited a high level of interest in the suffering of their families and ancestors (Whitbeck et al, 2004). Researchers suggest that inter-generational trauma can become an organising construct for families leading to roles such as keeping the trauma narratives alive through testimony about the past and healing (memorial candles) (Evans-Campbell, 2008). Walters et al (2006) found that descendants of indigenous survivors avoid discussing their own problems so as to not burden their families. At the community level, Evans-Campbell identifies that while this is the least researched and understood of the trauma pathways, historical trauma continues to 'assault tribal sovereignty and traditional practices' (p. 327). Nagata (1991) identifies a correlation between internment and the acceleration of acculturation in the Japanese American community. Accelerated acculturation was seen as a protective strategy. Evans-Campbell (2008) emphasises the numbers of historically traumatic events that involved the removal and loss of children identifying profound impacts such as loss of leadership, language and culture over generations.

### **Silencing and Denial: Impacts by Invisibilising Narratives**

Davoine & Gaudilliere (2004) postulate that historical trauma is kept alive through the life re-enactments and psychotic symptomatology of succeeding generations. Davoine and Gaudilliere postulate that certain experiences of massive violence, destruction, betrayal - experiences commonplace in times of war – remain outside normal conscious awareness because they were never inscribed:

It is as though a gallery of petrified images of terror, persisting in the catastrophic zone of several generations, is waiting to be set in motion again, to come alive so as to enter narrative and history...what keeps this petrified gallery beyond the limit of normative mental processes is the terror of catastrophic proportions that imbued it. The violence of wars, genocides and of major social upheavals created a breach in the social link, in the social connectedness between people. The events frozen into those images of terror could never be told; they have never been historicised, because they mark the breakdown of social order and the erasure of all reference points...In the aftermath of traumatic impact, life picks up and continues in a pseudo-normality that is stark and insensitive, devoid of all engagement of truth....symptoms become an

attempt to break away from the grip of silence, distortion and oblivion. This is a normal craziness that bears witness to a normality that is crazy, trivialised (sic), de-historicised (sic) and condemned (p. 148).

Mendelssohn (2008) found that trauma can be transmitted through generations in an unconscious way so that the second and third generations of survivors find themselves living out elements of the original trauma without recognising or understanding it because the origins are hidden. Sagi-Schwartz, van Ijzendoorn & BakermansKranenburg (2008) found no meta-analytic evidence for tertiary traumatisation in a sample of third generation holocaust survivors. They explained this finding as attributable to a strong resilience of traumatised survivors in their parenting roles. However, they also cautioned clinicians working with third generation survivors to consider that these clients may search for other explanations for their problems besides the holocaust experience of their grandparents. Stessman, Cohen, Hammerman, Rozenberg, Bursztyn, Azoulay, Maaravi & Jacobs (2008) found that fifty years after the holocaust, survivors still exhibited significant psycho-social and functional impairment. However, they found no evidence that the delayed effects of the holocaust trauma impacted on physical health, health trajectories and mortality. Whereas Parens (2009) found evidence of a 'yoke of shame' on the children of the perpetrators of genocide that created a strong and relentless sense of guilt and high rates of depression.

### **THEME THREE: A COLLECTIVE CULTURAL FRAME**

The third theme is that of the inter-relationship between individual indigenous suicide and kinship structures or whakapapa. All of the literature on soul wounding, historical unresolved grief and cultural trauma describes collective impacts of individual suicide. The frame through which indigenous suicide is understood and interpreted is a collective one. Moreover, historical trauma is collective/cultural trauma.

Contemporary indigenous interpretations of suicide locate individual suicide as a collective act with permanent consequences for those related to the individual by kinship. The literature on indigenous suicide in a relational frame has been analysed in this chapter. The scholarship of Duran & Duran (1995), Duran (2006), Durie (2001), Lawson-Te Aho & Liu (2010), and Kruger et al (2004) elaborates on this idea. Zayas et al (2000) found that female Hispanic adolescents were less likely to attempt suicide if they had strong relationships with their extended families. They also found that the degree of acculturation impacted on the level of dependency that their parents had on them to cope with a new culture. They state that in

such cases, Hispanic adolescents may not be parentified or enmeshed. The extended family is an important support system for them. Where this is absent, Hispanic female adolescents are burdened with the role of supporting their parents to adjust and adapt to an unfamiliar culture.

Weaver and Brave Heart (1999) observe that a sense of group identity exists for the Lakota that is not inherently pathological. They postulate that historical trauma overlaid with a pre-existing sense of a collective cultural identity may have led to the formation of a persecuted and oppressed group identity. Moreover, that identification with a tribe or clan may be more significant and meaningful than identifying as native. They conclude that cultural connections are a source of strength in native peoples. A lack of cultural connection places them at risk of suicide.

La Fromboise et al (2010) in their study of 438 adolescents in 67 American Indian tribes found that youth who were adept in more than one culture experienced less reported levels of hopelessness than those with adeptness in one culture or lacking in cultural adeptness. This changed by place of residence. Reservation based youth reported less feelings of hopelessness than those in urban or rural/non reservation areas. They concluded that involvement in traditional tribal activities may alleviate psychological distress and that bicultural and multi-cultural competence was not deleterious to identity as native. The capacity for native peoples to connect with and live amongst their people was a positive factor that contributed to hopefulness rather than hopelessness (Albright & LaFromboise, 2010).

Poupart (2003) states that prior to contact, traditional American Indian societies valued all members of their communities as gifts from the spirit world. Differences between men and women and social groups were understood as a “mirroring of one another in symmetry and metaphysical balance” (p. 91). She comments that in many traditional tribal communities, the community as a whole was valued over the individual and acts of individual self-gain were discouraged and prohibited. Kruger et al. (2004) state that whakapapa is the most important feature of the Māori universe. This literature confirms that indigenous peoples are collective in their core orientation. Therefore, suicide, while theoretically based on individual decisions and action, cannot be separated from the cultural collective.

## **CHAPTER FOUR: NEW ZEALAND GOVERNMENT**

### **STRATEGIES FOR MĀORI YOUTH SUICIDE**

#### **PREVENTION**

“The All Ages strategy is a backwards step for us. We had Kia Piki and that was recognisable - pro-active Māori community development, whānau, hapū, iwi, whakapapa based, cultural development – all those kaupapa were clear in the strategy. The All Ages strategy feels like Māori and our issues are not recognised, sort of hard to see now and it’s gone from community development to more clinical and treatment focused”

Kia Piki Coordinator, 2010

#### **Kia Piki te Ora o Te Taitamariki – Māori Suicide Prevention**

This chapter considers government policy and strategy responses to Māori youth suicide over the past two decades from 1988-2010. This chapter tells the story of the development of Kia Piki Te Ora o Te Taitamariki: The New Zealand Māori Youth Suicide Prevention component of the New Zealand Youth Suicide Prevention Strategy which was released in 1998 and then replaced in 2006 by the All Ages New Zealand Suicide Prevention Strategy. As the author of the evidential review for Kia Piki Te Ora o Te Taitamariki and the primary author of Kia Piki te Ora o te Taitamariki, this chapter recounts some of the challenges of Māori suicide prevention policy and programming over the last two decades.

#### **The Move Away from Māori Community Development**

The All Ages Strategy introduced in 2006, departed from the Māori community development approach to suicide prevention contained in Kia Piki te Ora o te Taitamariki. The emphasis on a more clinically oriented focus with less reference to Māori culture and development is the main difference between the two strategies. The impacts of this shift in focus are examined alongside indigenous specific theorising about indigenous suicide prevention.



## **Trends in Policy and Thinking about Māori Suicide**

This chapter recounts in summary form, the challenges of having Māori suicide contextualised by history (of colonisation and its impacts in terms of intergenerational, historical trauma – or soul wounding) and cultural identity. This narrative creates the rationale for the development of suicide prevention responses that not only take account of historical trauma (soul wounding) but also reposition suicide as a collective responsibility with collective impacts. Whakapapa creates reciprocal obligations between individuals, whānau, hapū and iwi. These are within group kin based reciprocal obligations.

## **Changing Responses to Māori Suicide Prevention**

The ideas driving policy and intervention design have changed over time from the rendering of culture as invisible in suicide prevention in the 1980's and early 1990's to the acceptance that Māori suicide called for a different, more culturally relevant response from the late 1990's. However, the place of cultural values in suicide prevention such as the preservation and protection of whakapapa has never really had any substantial support in government suicide prevention policy. That is still the case. The key challenge for Māori suicide prevention today is that whakapapa and the potential of whakapapa healing and reconnection for the prevention of suicide (through the reconstruction of reciprocal relationships and obligations) appears to be problematic for government to believe in and act on. The challenge for Māori is to unpack the comfort derived from an investment in evidence based monocultural clinical research to realise that the answers to Māori suicide prevention reside in the hands of whānau, hapū and iwi supported and resourced but not controlled by government. The challenge for mainstream researchers and government is to take the hands off and stop reframing Māori suicide prevention research in a way that diminishes the role of history in manufacturing trauma outcomes like suicide.

Māori suicide has for too long been treated as an individualised act. This detaches suicide from the collective cultural identity where it may be more appropriately positioned. Māori suicide is still largely treated as individualised behavior. The individualised focus has turned from being largely pathological to considerate of strengths and resiliencies at the individual level linked to the degree of 'connectedness' with a caring cultural community (Lalonde & Chandler, 2004). Nonetheless it is still individually focused.

In 2006, the All Ages Strategy replaced Kia Piki Te Ora o Te Taitamariki and there has been a noticeable trend towards clinical interventions and the weakening of a strong focus on Māori community development, historical analyses of suicide and the value of cultural development for Māori suicide prevention.

### **1997 Kia Piki te Ora o te Taitamariki: A Review of the Evidence**

The evidential review for Kia Piki te Ora o te Taitamariki was developed on contract to Te Puni Kokiri. The research was commissioned to evidence and create a rationale for a culturally responsive treatment of Māori youth suicide. The literature review focused on the need for an analysis of the impacts of colonisation on Māori. Cultural development as one of the proposed strategies for Māori suicide prevention recognised the value of cultural development programmes.

### **Two Versions of Kia Piki te Ora o te Taitamariki**

Kia Piki te Ora o te Taitamariki; the New Zealand Māori component of the New Zealand Youth Suicide Prevention Strategy ‘in our hands’ was developed in 1998. The original Kia Piki strategy was led by a Māori Focus Group fully supported and facilitated by Te Puni Kokiri. Te Puni Kokiri had challenges with mainstream agencies who wanted to position Māori youth suicide prevention inside the mainstream youth suicide prevention strategy. Ultimately, it was because of the tenacity of Te Puni Kokiri staff and their Māori focus group that Kia Piki was translated into a workable ‘indigenous’ suicide prevention strategy, the first of its kind in the world.

As part of the development of the strategy, community interviews were held with Māori youth in Kaingaroa, South Auckland, Taumarunui and Wainuiomata, and many important leaders in Māoridom were involved. The interviews and consultation findings informed the development of Kia Piki 1 which was replaced with Kia Piki 2, a somewhat less radical approach to Māori suicide prevention but still radical for its time.

### **Understanding Māori Suicide Framing Kia Piki 1**

Māori suicide was positioned as an outcome of post-colonial trauma and the alignment of it with suicide in other indigenous populations based on the assertion that colonisation creates a particular set of risk factors that only apply to indigenous youth. Colonisation has been consistently promoted as foundational for understanding Māori suicide (Lawson-Te Aho, 1998a; 1998b; 1998c). Moreover, Māori suicide was interpreted as a disconnection and disturbance in kinship relationships. In this frame, suicide prevention might have logically

included healing whakapapa and reconnecting the suicidal person with the web of kinship relations of which they are an integral part. This is still as relevant as it was when first identified as a key part of the prevention of Māori youth suicide in 1998.

Māori Suicide prevention conversations in the past have consistently referred to two key issues:

1. Culture matters. It assists the framing of Māori suicide as a story about colonisation and the aftermath of colonisation and offers promise for interventions
2. Culture, in particular, whakapapa (kinship and history) contains restorative and healing potential because it reconstructs and clarifies the reciprocal responsibilities of kinship. It is also concerned with the restoration of order and balance so that the conditions are established for whakapapa to be an instrument for Māori suicide prevention.

Based on international suicide prevention literature concerning indigenous suicide prevention, these two processes are still foundational and relevant for Māori suicide prevention.

### **Māori Stakeholder Research – radicalising the kaupapa**

The Māori stakeholder research for Kia Piki 1 included known protagonists for Tino Rangatiratanga. These ‘Māori radicals’ committed to a foundational analysis of colonisation as explanatory of Māori suicide. Moreover, the political motivations for Kia Piki 1 were intentional and there was a high degree of consistency and compatibility with indigenous-led strategies for the prevention of indigenous suicide. Kia Piki te Ora o te Taitamariki 1 was a radical and politically motivated strategy. It advocated for a change in the locus of control over Māori suicide prevention with Māori identified as the best people to respond to Māori youth suicide and Māori suicide prevention programmes were lodged in a framework of self determination. Kia Piki 1 contained an analysis of the impacts and outcomes of colonisation on the psyche of Māori and a positive development agenda designed to advance Tino Rangatiratanga.

In summary, Māori suicide in Kia Piki 1 was conceptualised as an outcome of colonisation and led to cultural loss supported by the abnormalisation and clinicalisation of Māori pain (historical trauma) (Lawson-Te Aho, 1993). Through a Māori lens, suicide was read as a sign that Māori were in despair and that hope needed to be restored by putting them to work to advance the cause of Tino Rangatiratanga.

Kia Piki te Ora o te Taitamariki 1 included education in which Māori were conscientised to the truth of their status as colonised. The pain of the understanding of their condition as indigenous peoples was to be treated by engaging them in the movement to further the cause of Tino Rangatiratanga. Today it might be framed as activism training and we now know that activism for self determination moderates the risk of indigenous suicide (Chandler and Lalonde, 2008).

Moreover, the enactment of a system of mutual and reciprocal obligations based on kinship (blood ties) was to be a central theme in Māori youth suicide prevention in Kia Piki 1. The focus on whakapapa would have opened up the analysis of suicide prevention across generations, thereby, removing the focus on Māori youth suicide, paving the way for a more culturally authentic analysis. However, while the words 'whakapapa' were contained in the evidential review for the strategy, the original interpretation and application did not align. Instead, the strategy was interpreted and rephrased in the narrowest and most literal sense.

## **Kia Piki 2: Government Edited Version**

The main thrust of Kia Piki 1 was to create the conditions whereby Māori could and would be instrumental in addressing issues affecting them in a politically charged and culturally relevant way. As a government sponsored strategy it would have been an extremely radical approach to Māori suicide prevention. The Government had difficulty comprehending and accepting the role of colonisation and whakapapa in Māori suicide. Government policy analysts were challenged by Kia Piki 1. This confirmed that Māori suicide prevention was always understood by Māori as a by product of self determination. Self determination would have enabled the connections between cultural development, whakapapa reconnection and healing of historical trauma to become part of a correctly framed, culturally embedded suicide prevention response. Self determination would have also enabled the privileging of Māori knowledge, worldviews, Te Reo and Tikanga in the design of suicide prevention programmes.

In the key considerations section of the Kia Piki Strategy several important points were made to try and contextualise the strategy as a distinctively and culturally authentic approach to Māori youth suicide prevention and to include a realistic appraisal of the role of colonisation in cultural breakdown and disconnection from whakapapa. These points were:

1. The suicide rate of taitamariki Māori is probably linked to the historical erosion of those conditions which promote security of identity in taitamariki Māori, and in Māori in general. For Māori, the alienation of people from their land and culture subjects them to a fragmentation and loss of spirit (Ministry of Youth Affairs, Ministry of Health, Ministry of Māori Development; 1997, p. 6)

While no specific reference was made to colonisation, the alienation of land and culture leading to a fragmentation and loss of spiritual security and continuity was describing that link. Moreover, in the evidential review for the strategy (Lawson-Te Aho, 1998b), there was an analysis of the role of colonisation in processes of cultural breakdown including disruption of whakapapa relationships and within that, loss of cultural continuity. This was supported in the evidential review by references to the removal of Māori land and subsequent alienation from the full and authentic expression of a cultural identity as whānau, hapū and iwi. The author researched and wrote the evidential review but the transfer of key ideas into the strategy was modified by government policy writers. Sadly, the 'modification' process failed to comprehensively convey key ideas and the core intentions of the author. Instead the strategy was shaped by government policy constraints about what was acceptable policy for the time. The language of the Treaty of Waitangi was only beginning to be integrated into Māori health policy at the time. The second point of note in the government version of Kia Piki was:

2. The strategy affirms that all taitamariki Māori have whakapapa, whether or not they know or acknowledge it, which binds them potentially, to a caring whānau and community;

Whakapapa was to be central and pivotal to Māori youth suicide prevention in Kia Piki 2. Whakapapa transcended the limitations of a strict focus on Māori youth suicide prevention. However, the subsequent implementation of the strategy did not encourage a comprehensive application of whakapapa. The strategy was enacted as a coordination service in Māori communities and included the appointment of Kia Piki 'pilots', of which there were six.

The role of the Māori youth suicide prevention coordinators was to coordinate action for Māori youth suicide prevention. For one site this translated as, cultural development by engaging youth in hapū and iwi development. However, the expectation was that this programme site would also ensure that social, health and related services were well coordinated and that the police and other services knew of the existence of the Kia Piki project in the local community. Under resourced, and consistently lacking strategic direction from government, the coordinator in this site did his best to work out a whakapapa approach notwithstanding the extensive limitations of the strategy, the misinterpretation of suicide prevention and tendency towards clinical management. This was one example of the way in which the misinterpretation of Kia Piki at the government level made it very difficult for the Kia Piki coordinators to apply cultural strategies and interventions for suicide prevention. The third point framing Kia Piki 2 was:

3. The fundamental foundation of Māori society is the whānau. Whānau implies care and support for membership of extended family. To be effective and sustainable in the long term, strategies to prevent taitamariki suicide must be placed in context of strengthening whānau as the core unit of Māori development;

The strengthening whānau emphasis that was imported into Kia Piki 2 correctly identified whānau as the basis of Māori social and cultural organisation. However, strengthening families was a programme that came out of Hawaii in the 1980's. Originally called healthy homes, it emphasised the coordination of publicly funded social and health services into families. It was in effect, a repositioning of the site of social service provision from out of government offices into the families most affected by social problems and most at risk. In that respect, it was a new, different and quite radical approach that took the services to the people. However, this did not even remotely approximate the potential role of whānau in suicide prevention or the vision of Kia Piki 1. Thus the strategy was compromised. The fourth underlying point in Kia Piki 2 was:

4. Whānau groupings and their connections to hapū and iwi through whakapapa, create Māori communities. There are also Māori communities accessed through a range of other networks including urban locality, workplace, schools, urban marae and sector specific groups. These communities need to be supported to recognise and respond to the needs of taitamariki Māori.

The focus on Māori youth out of context of whānau, hapū and iwi was seen as inappropriate and culturally erroneous in Kia Piki 1. In a whakapapa model of practice, the collective are intimately tied to the wellbeing of individual Māori and vice versa. The vision of Kia Piki was for the restoration of a whakapapa process of reconnecting youth into their whānau, hapū and iwi and developing whakapapa based strategies for Māori youth suicide prevention. The emphasis on Māori youth was emphasised because the government was concerned with a rising youth suicide problem in Aotearoa. The disparities in completed Māori youth suicides and medically significant attempts became evident over time. However, at the time Kia Piki was developed, the precise level of Māori youth suicide was unclear because of the complexities of measuring ethnicity. However, in the preamble to Kia Piki, the increase in Māori youth suicide was identified as ‘giving cause for concern’. In fact, suicide was identified as being the second largest cause of death for Māori youth next to road traffic accidents (1998, p.5).

### **The Kia Piki Goals**

Kia Piki had five goals to “help reduce taitamariki suicide” (1997, p. 9). Each goal had a corresponding set of objectives.

Goal one read “to strengthen whānau, hapū, iwi and Māori so that they can contribute towards fulfilling the potential of taitamariki”. The role of whānau was identified as being pivotal. The expectation that whānau could, should and would mediate the risks facing Māori youth was not fully assessed. Nor was there a proper appreciation that whānau were also the legacy bearers of colonisation. The focus of the whānau as ‘sites of socialisation’ was unexamined.

The first objective under goal one of Kia Piki was “to highlight the significance of Te Tiriti o Waitangi in promoting wellness amongst whānau, hapū, iwi and Māori”. This objective called for the three Treaty principles of partnership, active protection and participation to be recognised and reflected in the development of government policy, service implementation and funding provision. This led on to the allocation of funding for the establishment of the Kia Piki projects in six sites around New Zealand. The translation of the Treaty articles into Treaty principles has always been complicated. The principles are a modern interpretation of the Treaty promises and there is a disjuncture between the articles and the principles of the Treaty.

The second objective under goal one was to “encourage whānau, hapū, iwi and Māori to challenge discriminatory attitudes and practices to those with mental illnesses”. This aligned with the government destigmatism programme to reduce discrimination associated with mental illness. However, it was a weakening of the original focus of Kia Piki which included the eradication of racism in all institutional practices and settings such as secondary schools.

The third objective was to “increase the application and awareness of a Māori holistic approach to wellness” which was said to include the model promulgated by the Hui Whakaoranga (Department of Health, 1987) referred to as Te Whare Tapa Whā (Durie, 1985). The purpose of the objective was to articulate a holistic approach to suicide prevention that recognised the integrated dimensions of whānau (family), hinengaro (mental health and wellbeing), wairua (spiritual wellbeing) and tinana (physical wellbeing). The Hui Whakaoranga was the first time that Māori models of health and wellbeing had been so clearly articulated and taken up by government. Te Whare Tapa Whā gained prominence in health sector policy and service implementation during the early to mid-1990’s and is still the most widely applied model of Māori health.

The fourth objective was to “develop better support systems for taitamariki, whānau, hapū, iwi and Māori affected by suicide”. There were no formalised support systems for Māori affected by suicide and so this objective sought to identify the gap in the support available and promote the formalisation of support systems for those bereaved by suicide, particularly young Māori living with whānau and friends who were taking their own lives. This remains a major issue for whānau.

The fifth objective under goal one was to “focus on support systems within particular community settings such as marae, schools, kohanga reo, churches and community halls to foster wellbeing”. The emphasis was on targeting support by attaching it to existing networks and support systems. This objective really just recognised the value of community action and building onto pre-existing support systems.

The sixth objective was to “strengthen the role of kaumātua (elders) in the development of taitamariki, whānau, hapū and iwi Māori”. This objective came directly from the evidential review for Kia Piki (Lawson-Te Aho, 1998b) and evidence of the vital role that exemplary elders played in the prevention of youth suicide amongst Native Alaskan youth. Kaumātua were seen as repositories of specialised knowledge with a potentially vital role to play in the provision of cultural assistance, educational encouragement and leadership in the uptake of Te Reo Māori. Kaumātua were seen as significant contributors to whānau wellbeing.



Objective seven was to improve support for ‘By Māori for Māori’ service providers and programmes. The rationale for by Māori for Māori health services was that no one understood Māori health models, communities and needs better than Māori health service providers. At the same time that the strategy was released, the Māori provider development fund had been established to build the capacity of Māori health services in order to improve the ‘integration and overall coordination of health services to Māori’.

Objective eight was “to increase awareness amongst taitamariki, whānau, hapū, iwi and Māori of the negative effects of alcohol, drug misuse and peer pressure on health and wellbeing”. This objective supported the call for by Māori for Māori health services and responses to the issues confronting Māori youth out of a Māori community development model.

Overall, the objectives under goal one focused on the role of whānau, hapū, iwi and Māori communities in suicide prevention. The continual reference to Māori communities undermined the whakapapa focus of the original ideas underpinning Kia Piki. Māori is a generic population term that describes the native peoples of Aotearoa/New Zealand without reference to the kinship basis of Māori. Reference to ‘Māori’ communities is almost incompatible with a whakapapa analysis. However, this was consistent with the way in which the government addressed Māori health issues at the time – as population based issues rather than issues that should have been understood in the proper context of whānau, hapū and iwi.

The first goal of Kia Piki was about creating a reciprocal set of obligations for government and Māori, whānau, hapū and iwi to work towards suicide prevention beginning with a government interpretation of the Treaty of Waitangi as a three discrete principles – partnership, participation and active protection. The frame within which Kia Piki was allowed to exist was not one that was created by whānau, hapū and iwi but was instead, crafted by the government and government policy analysts and service planners. It had elements of public health strategy such as a population focus, community development and identified the power of social support, and social action in communities. These strategies were culturally tailored by way of their positioning within a Māori model of health and Māori health itself was positioned as a Treaty issue driving the need for Māori provider development as a key response to Māori youth health and mental health needs. The final objective was based on the evidence about risk factors for suicide with a key risk for Māori youth being alcohol and drug use.

Goal two was “To strengthen the role of taitamariki Māori by enabling them to provide a valued contribution to Māori development” with the concomitant objectives of “increasing taitamariki Māori participation in Māori health, social, educational, political, economic and tribal development”; “encouraging taitamariki Māori to play a leadership role in the design, promotion and delivery of development programmes and services for taitamariki Māori; encouraging discussion amongst taitamariki, whānau, hapū, iwi and Māori on issues that impact taitamariki such as unemployment, racism, abuse, neglect, peer pressure, family breakdown, sexuality, relationship difficulties and encouraging the development of education scholarships for taitamariki Māori”.

The entire focus of goal two was on Māori youth development and was intended as a reminder to hapū and iwi in particular, that Māori youth needed to be involved in leading their own development and identifying issues of concern to them, in context of the specific whakapapa mechanisms of whānau, hapū and iwi. It was assumed within this that proactive development for Māori youth led by Māori youth and engaging them fully in the development process would lead to a reduction in suicide. This was another way of saying that as whakapapa/kin, Māori youth needed to have an instrumental role in the way in which the iwi and hapū (Māori cultural and political entities) worked to fulfill culturally prescribed obligations that stem from whakapapa and flow back into the permanence and strengthening of whakapapa. For their part, Māori youth also had an obligation to get involved in hapū and iwi development. However, Māori youth largely remained without a voice in hapū and iwi development.

Goal three was specifically focused on cultural development and restoring Māori youth identities through the mechanisms of knowledge of whakapapa and the worldviews, belief systems, values and tikanga that set them apart as Māori youth. The rationale for this was that Māori youth identities had been severely impacted by the breakdown of whānau, hapū, iwi and the capacity to live authentic cultural identities as a result of colonisation. This goal which was “to increase the role of cultural development as a protective factor for taitamariki Māori” was about the building of cultural knowledge, practice and through this, a strength of identity that would help Māori youth to understand that they were part of something much bigger than themselves.

The objectives were to “support wānanga for raising the awareness of traditional beliefs and responses to suicide” with examples of initiatives to promote the marae as the key institution for Māori cultural development, the use of prayer and incantations (karakia) at birth, the promotion of ancestral mentors and other strategies.

Objective two promoted a “Māori cultural base including relevant Māori values and concepts in the promotion of taitamariki health and wellness”. The overarching purpose of this objective was to contribute to the strengthening of Māori cultural identities. Cultural knowledge and a strong cultural identity were considered to provide a buffer or insulation against the risks associated with being colonised Māori youth for whom knowledge of identity was eroded through generations.

The third Kia Piki goal recognised that despite generations of colonisation and the destruction of Māori traditions, values and practices, there needed to be a proactive re-development of all aspects of Māori culture and language. These cultural development strategies were intended to contribute to Māori youth resiliency. The specific reference in objective three on encouraging the “retention and revival of Te Reo and Tikanga Māori in order to foster a strong sense of identity amongst taitamariki Māori” recognised that worldviews and cultural identities are conveyed through language. This was a genuine attempt to value Māori language and cultural processes as central to the survival of whakapapa and Māori youth as part of whakapapa. There was an overly simplistic analysis underpinning this idea that if you develop language and cultural knowledge proficiency this would lead youth to have a more hopeful outlook thereby reducing risks of suicide. However, the real crux of the issue was the restoration, reconnection and healing of whakapapa with language and cultural knowledge proficiency inherent in the focus on whakapapa.

The fourth objective for goal three was to “enhance Māori healing practices as valid methodologies and tools of empowerment in the diagnosis, prevention and treatment of mental illness, and in strengthening taitamariki Māori”. This objective was to link in with national and international moves to restore elements of indigenous traditional healing methodologies. For indigenous peoples, locally based healers were the only health practitioners that many of these communities had access to (Durie, 2001). Moreover, this objective was about the validation and recognition of traditional healing knowledge and practice.

The fourth goal of Kia Piki focused entirely on the way in which the ‘mainstream’ health system responded to Māori. Pomare and DeBoer (1988) identified differential patterns of disease and health needs that reflected differential access to healthcare and validated the call for different approaches to health care provision to Māori.

The goal of “encouraging and assisting mainstream services to respond appropriately and effectively to the needs of taitamariki Māori through the establishment of partnerships with Māori” and the associated objectives of promoting Māori workforce development strategies and training in mainstream services; developing effective cultural protocols and training programmes in prisons, educational institutions and other settings where Māori are placed; involving whānau in case management of Māori within mainstream settings and ensuring that policy and service delivery for mainstream initiatives in relation to youth suicide were to be developed in partnership with Māori.

The main purpose of this goal was to apportion responsibility to ‘mainstream’ health service providers to deal with the level of accessibility of healthcare for Māori and the poor outcomes that were disproportionately impacting on Māori. In this frame, Māori youth suicide was repositioned as a New Zealand responsibility rather than just a ‘Māori problem’.

The final goal of the Kia Piki strategy was “to improve understanding of the causes and true level of suicide amongst taitamariki Māori” with the objectives of encouraging, the development of by Māori for Māori research as a means of improving the definition, data gathering and the information base covering demographic, social and economic aspects of taitamariki suicide; promoting the evaluation of suicide prevention programmes and services (for both by Māori for Māori and mainstream) to ensure all approaches were safe and effective for the prevention of taitamariki suicide; developing and disseminating information resources for taitamariki, whānau, hapū and iwi and Māori on suicide prevention; to improve the accuracy of ethnicity recording for Māori for suicide and hospital admissions for suicide attempts and to encourage better collaboration and coordination amongst those involved in research on Māori suicide.

At the time Kia Piki was developed and in the lead up to the accomplishment of a Māori specific youth suicide prevention strategy, very little was known about the actual incidence of Māori youth suicide. All of the proposed goals of Kia Piki were ‘good ideas’ pieced together from the work of leading thinkers in Māori health such as Moana Jackson, Irihapeti Ramsden, Mason Durie, Rose Pere and others. This was further informed by those working on the ground in Māori youth development and suicide prevention and a groundswell of concern that increasing numbers of Māori youth were committing suicide.

On reflection, Kia Piki was ground breaking for its time. It was based on a robust political, historical and cultural analysis that reflected the collective wisdom about the instrumentality of colonisation on Māori youth suicide. However, when those ideas were passed through the government policy-making process, the accuracy and potency of these ideas was diminished. What could have been a world leading social and cultural development programme grounded in history and identity, became essentially a service coordination programme that failed to reveal and capitalise on the identity construct of whakapapa in suicide prevention programming. The interpretation and application failed. Yet the vision and intent of Kia Piki te ora o te Taitamariki is still relevant in 2013.

### **Implementation: The Kia Piki Sites**

Programmes targeting Māori youth suicide prevention under the banner of Kia Piki Te Ora o Te Taitamariki were established in 2001 in six sites around Aotearoa. These included Te Taitokerau, Whanganui, Te Tau Ihu o Te Waka (Blenheim and the top of the South Island), Bay of Plenty, Ngāti Kahungunu (based in Hawkes Bay) and Ngāi Tahu (Christchurch to Temuka). The expectations of the original Kia Piki sites were huge and there was no clear plan or direction about how Kia Piki would and could be implemented locally.

The original Kia Piki sites were selected on an open tender basis and so some sites where there were individuals who had been active for years in suicide prevention, were overlooked while sites brand new to the kaupapa of Māori youth suicide prevention were contracted to deliver services. The services were all different. They differed according to the level of iwi investment in the projects; on tribal lines and the extent of pre-established networks and relationships each site had with whānau, hapū and iwi. There was no system of robust training and no comprehensive understanding of how the strategy could work to prevent suicide in local communities. The emphasis on cultural development strategies varied from site to site. The level of engagement of kaumātua leadership varied from site to site. The links between the projects and whānau, hapū and iwi development varied from site to site. In short, the strategy lacked a robust and well informed implementation plan and the sites had to be creative about what they could do to prevent Māori youth suicide in their communities.

For some sites, the undermining of a whakapapa approach to suicide prevention was an uncomfortable and untenable compromise. The net result was that the Kia Piki projects turned out to be emulations of the Alaskan community based suicide prevention projects, delivering on precisely defined outputs that included organising events to engage Māori youth in their communities; networking with local services such as the police and others delivering services to

Māori communities and other such strategies that were not about the deep seated underpinning trauma that created a suicide risk. Nor were they really able to fully implement Kia Piki in the way intended by realising the strengths of a whakapapa based approach for suicide prevention. Instead, the Kia Piki sites became Māori coordination services without a clear understanding of suicide prevention or the capacity to act on Kia Piki from out of a whakapapa (culturally authentic) frame. Furthermore, the Kia Piki ‘coordinators’ were constantly challenged to implement suicide prevention actions and plans but Kia Piki was always intended to be a collective effort with entire whānau, hapū and iwi and Māori communities investing in suicide prevention and working together for this purpose. Thus, the government over-rode the self determination whakapapa base of Kia Piki, reinventing it as a Māori community positioned coordination service. For the most part, the coordinators received limited training, were largely ineffective in addressing Māori youth suicide in their communities and unable to successfully convey suicide prevention messages because they lacked the indepth understanding needed to achieve this. While they all had knowledge of community development practices and some were conversant in Te Reo Māori me ōnā Tikanga and had well established relationships with Māori in their communities, they often lacked the capacity to integrate clinical knowledge into their practices because they were not trained clinicians. Nor were the majority of trained Māori clinicians working in Māori communities, sufficiently knowledgeable about Māori cultural practices and processes to be able to work a whakapapa approach to suicide prevention. The extensive call on the skills of Māori clinical psychologists in Māori health services meant that suicide prevention was only one area of their work. In the immediate years after the implementation of Kia Piki, Māori youth suicide rates decreased. However, this was not necessarily attributed to Kia Piki but to changes in the collection and reporting of Māori suicide data.

### **All Ages Strategy 2006-2016**

The All Ages suicide prevention strategy replaced Kia Piki Te Ora o Te Taitamariki in 2006. The existing sites were transferred into the new strategy and continued their roles with a larger focus on all ages of Māori inclusive of post-vention as well as prevention strategies. The strategy was intended to build onto Kia Piki Te Ora o Te Taitamariki whilst accessing the expanded evidence base about suicide prevention (Ministry of Health, 2006). Because the original vision for Kia Piki had been misinterpreted, this flowed into the All Ages strategy and the basic analysis contained in Kia Piki 1 was even further diminished in subsequent efforts to prevent Māori youth suicide.

The vision of the New Zealand Suicide Prevention Strategy 2006-2016 is: A society where people feel that they:

- Are valued and nurtured
- Value their own life
- Are supported and strengthened if they experience difficulties and,
- Do not want to take their lives or harm themselves (2006, p. 2).

The overarching purposes of the strategy are to:

1. Reduce the rate of suicide and suicidal behaviour
2. Reduce the harmful effect and impact associated with suicide and suicidal behaviour on families/whānau, friends and the wider community
3. Reduce inequalities in suicide and suicidal behaviour

The principles underpinning the strategy are that activities should be:

1. Evidence based
2. Safe and effective
3. *Responsive to Māori*
4. Recognise and respect diversity
5. Reflect a coordinated multi-sectorial approach
6. Demonstrate long term sustainability and long term commitment,
7. Acknowledge that everyone has a role in suicide prevention and have a commitment to reduce inequalities.

The seven goals of the All Ages strategy are:

- |         |  |
|---------|--|
| Goal 1: | Promote mental health and wellbeing and prevent mental health problems                               |
| Goal 2: | Improve the care of people who are experiencing mental disorders associated with suicidal behaviours |
| Goal 3: | Improve the care of people who make non-fatal suicide attempts                                       |
| Goal 4: | Reduce access to the means of suicide  |
| Goal 5: | Promote the safe reporting and portrayal of suicidal behavior by the media                           |

- Goal 6: Support families/whānau, friends and others affected by a suicide or suicide attempt
- Goal 7: Expand the evidence about rates, causes and effective interventions

On the issue of suicide prevention and Māori, the strategy notes that:

Actions should:

1. Reduce the differences in suicide rates between Māori and non-Māori
2. Be consistent with Māori needs and expectations
3. Use Māori concepts of hauora and whānau ora (rather than whakapapa)
4. Enable the dual goals of Māori development and improving Māori health and wellbeing

All seven goals are intended to apply to Māori and the emphasis on responsiveness to Māori in the strategy rather than culturally safe practices indicates that there has been an extensive weakening of the Kia Piki strategy.

Considering that the Kia Piki strategy was never properly implemented by government because of a profound misinterpretation of its intent and the limited capacity of the government to fully implement a strategy based on the healing of whakapapa and amelioration of post-colonial trauma through generations, it seems that the Ministry of Health has defended its actions by citing the limited evidence of cultural interventions being effective. What needs to also be weighed in that argument is that there is even less evidence that mainstream ‘evidenced’ interventions work for Māori. Generic suicide prevention researchers have not been able to fully comprehend the collectivism of indigenous peoples to ‘correct’ an erroneous treatment of suicide for Māori and other indigenous populations (Duran, 2010).

The All Ages strategy does advocate for the building of a stronger evidence base and is encouraging of more research about the effectiveness of cultural interventions with Māori. The strategy also uses the terms whānau, hapū and iwi and identifies cultural identity as a key to Māori suicide prevention. It positions hapū, iwi and Māori health service providers as appropriate sites for intervention design consistent with the government’s Māori health strategy. This promotes a central role for whānau in the implementation of government Māori health strategies and policies.



In this thesis, whānau are understood as being legacy bearers of colonisation, vulnerable to intergenerational historical trauma and suffering (Lawson-Te Aho & Liu, 2010). Whānau are still the key sites of socialisation and acculturation for Māori. If this fundamental unit of Māori identity development is itself imperiled by the legacy of colonisation and intergenerational historical trauma, interventions must include acknowledgement that trauma is operating in the entire whānau. There is no reference to the extensive evidence and research about the role of multigenerational, historical trauma in suicide outcomes and the manufacture of health disparities, rates of diagnosed mental illness etc. in indigenous populations. In that respect, the strategy ignores key evidence and international thinking in suicide prevention research with indigenous populations. The outcome is a strategy that disregards history and while using the language of whakapapa (whānau, hapū and iwi) does not include a meaningful interpretation or application of whakapapa. The continual reference to a population focus ‘Māori as tangata whenua’ also undermines a whakapapa analysis. References to kinship structures of whānau, hapū and iwi are misplaced alongside population based references to Māori as tangata whenua. The framing is inaccurate and reads as a ‘catch all’ statement.

The new strategy is framed by an expanded evidence base that is not specifically Māori. The strategy recognises the need to be responsive to Māori and build onto the gains made with Kia Piki. However, it is considered by the author and most Māori practitioners working in this kaupapa, to be a backwards step. The struggle to have Māori suicide explanations recognised was a very hard won battle fought over many years as this narrative of Kia Piki details. Suicide prevention for Māori must be positioned inside the realities of Māori as colonised and indigenous. The final point in this chapter is that there has been a sustained denigration of Māori cultural values and identity over at least 230 years. One government penned strategy for suicide prevention cannot undo the pathway of history. However, it can at least ensure that the fundamental analysis of intergenerational, historical trauma is correct. Otherwise, the All Ages strategy may be seen as a vacuous government strategy that denies the very real and enduring impacts of context and history. If the foundational analysis is incorrect or piecemeal, the outcomes in terms of Māori suicide prevention will likewise be incorrect rendering it potentially more culturally unsafe than not having a strategy at all. This thesis aims to set the record straight and contribute to the correction of erroneous thinking about suicide causation and prevention for Māori.

**Postscript:** The All Ages Strategy has been revisited for application with Māori and ‘attached’ to the original Kia Piki strategy. However, the All Ages Strategy and Kia Piki Te Ora o Te Taitamariki 1 and 2 are not the same strategy. There is very little alignment between them and the undervaluing of the core ideas and constructs of whakapapa and multi-generational impacts of historical trauma are not part of the All Ages Strategy. Perhaps a return to Kia Piki 1 is timely. Certainly the indigenous suicide prevention literature developed over the past 20 years would suggest this is appropriate. The rising Māori suicide rate might suggest that among other explanations, the All Ages Strategy is failing Māori.

## **CHAPTER FIVE:**

### **INDIGENOUS SUICIDE PREVENTION INTERVENTIONS**

This chapter examines interventions for suicide prevention with indigenous populations based on the available published research including efficacy studies and evaluation findings. It also considers the advice from key experts and researchers in indigenous suicide prevention (and soul healing).

#### **State of the Evidence**

Overall, there is a lack of published evidence about effective indigenous suicide prevention approaches although much has been written about the need for evidence and further research about suicide prevention in indigenous populations (Gone & Alcantara, 2005; Gone & Alcantara 2007; Isaak, Campeau, Katz, Enns, Elias & Sareen 2010; Johnson & Cameron, 2001; Miranda, Bernal, Lau, Kohn, Hwang & La Fromboise, 2005; Olsen & Wahab, 2006). Moreover, the available indigenous suicide prevention literature is largely descriptive. While there is a paucity of evidence for indigenous suicide prevention interventions, indigenous practitioners and scholars have identified processes that they report as being potentially efficacious in the prevention of indigenous suicide. These processes are described in this chapter and their relevance for informing Māori suicide prevention efforts in the future is considered. These processes are derived from their practices and they have validity according to Kaupapa Māori (Cram 2007; Reinfeld & Pihama, 2007; Smith, 2003) and indigenous research processes (Duran et al, 2008).

#### **Research Challenges for Indigenous Communities**

Isaak et al (2010) describe the challenges of conducting research in indigenous communities. They attribute the lack of research evidence applying to suicide prevention programmes in First Nations communities in Canada to the challenges of conducting research in these communities in a way that validates their cultural processes and concerns about such research. These are common concerns for indigenous researchers and communities (Bernal & Saez-Santiago, 2006; Cram, 2007; Smith, 2003; White, 2007; White, 2009). Some of the ideas articulated in this chapter are derived from expert opinion about how indigenous suicide can be prevented and soul healing advanced. Some of these ideas are supported by the literature.

## Chapter Structure

This chapter begins with an analysis of two broad types of suicide prevention interventions - culture-specific and integrated interventions. Selective indigenous suicide prevention programmes are described from the literature to illustrate key process differences notwithstanding the fact that it is a complex under-taking to disentangle elements of western and indigenous practice to allocate each approach into distinguishable camps and draw conclusions about their relative merits and value for Māori suicide prevention. Therefore, differences are reported where these are discernible.

Risk, resiliency and protective factors are considered in light of the contribution that these factors might make to informing indigenous suicide prevention programmes. Evaluation data is reported where this exists and the common themes from the literature about the components of indigenous suicide prevention strategies are considered. Finally, indigenous expert and selective researcher views, where this information is not already included in the analysis, complete the content of this chapter. The implications for Māori suicide prevention are woven into the concluding remarks in this chapter. Some of this literature is piecemeal and the relevance has been constructed by weaving threads of information together and identifying implications. This is not ideal but necessary given the state of the literature.

### Culture-Specific Interventions

Culture-specific interventions are based on cultural traditions and indigenous values, processes and practices (Coyhis & Simonelli, 2008). These interventions have a number of identifiable underpinning themes:

#### **Theme One: Privileging Indigenous Culture and Knowledge**

Indigenous or culture-specific interventions address suicide from a position that preferences and privileges indigenous cultural knowledge and praxis (Coyhis & Simonelli, 2008). Indigenous-specific interventions are rooted in specific cultural and epistemic traditions that emphasise the restoration of balance between the physical and spiritual life worlds inside a relational dynamic circumscribed by kinship. Indigenous specific interventions are holistic (Iwasaki et al, 2005) and informed by historical narratives that mark cultural and political histories or cultural life stories over generations. According to Red Horse (1999) history brings the past face to face with the future bringing to life spiritual connections bound by kinship. Examples of indigenous cultural traditions may include the use of the sweat lodge or vision quests.

## **Theme Two: Reconstructing Trauma Narratives**

Indigenous interventions include a process of deconstructing traumatic histories (Duran, 2006) reconstructing them into newer, more positive narratives of resiliency, courage, strength, determination and themes of survival in the face of the destructive forces of history. Moeke-Pickering (2010) describes the process of de-colonisation education based on a deconstruction and reconstruction of historical narratives at the personal and collective levels. In decolonisation education, individuals in a group setting become acutely aware of their state as colonised and the pain of redressing the wounds of history is a necessary first step towards psychological, spiritual and eventually physical emancipation. Indigenous-specific interventions incorporate historical healing narratives as exemplars and metaphors. These are considered to be important cultural tools for bringing clarity about soul wounding and for inspiring the desire for transformation. Alfred (1999) advocates for decolonisation education as a pre-requisite for self-determination projects.

## **Theme Three: Spiritual Liberation is Foundational**

Memmi (1957) describes the processes of psychological liberation. The notion of psychological and spiritual emancipation still has relevance. Memmi maintained that the colonised become conscious of their core dilemma – the failure of assimilation leaves revolution as their only response. In this frame, spiritual and psychological liberation precede physical emancipation and healing through the reclamation of a culturally authentic identity. Cultural values, identity and knowledge become the instruments of this emancipatory healing project. Cultural authenticity is not addressed in this thesis because the very idea of self-determination requires indigenous peoples to determine for themselves what constitutes *authenticity*. In this healing project, indigenous knowledge is pursued, reclaimed, and esteemed over all other knowledge imposed on indigenous peoples at the cost of compromising elements and aspects of their ‘authentic’ identities. Clarifying ‘authentic’ cultural knowledge is problematic. Indigenous cultures have been so profoundly and in some cases, irrevocably transformed by colonisation, such that the mission to seek out ‘cultural authenticity’ is fraught, perhaps impossible. Rather, faith and hope require healing of the spirit on grounds that the methods for spiritual healing were never extinguished during colonisation. For Māori, this is the continuity, permanence and healing potential of whakapapa. However, it is also erroneous to view whakapapa as static. Whakapapa is a fluid set of relationships that accommodate relational change and transformation. Therefore, a further characteristic of indigenous-specific interventions is the restoration and reassertion of spiritual healing practices.

The core project is one of healing the wounded spirit.

#### **Theme Four: Healing the Land and the People**

In most indigenous traditional knowledge systems, healing the land is inseparable from healing the people. Therefore, healing for Māori must include restoring a relationship with tribal homelands/tūrangawaewae, on the land where the ancestors lived and passed away and where identity is forged and maintained (Kruger et al, 2004). Logically and culturally this makes sense. Mental health institutions are not healing sites because although they provide opportunity to revisit trauma, they are artificial and foreign settings. Therefore, for indigenous-specific interventions to work, they must take place in contexts that carry spiritual and historical significance; where cultural identities can be strengthened.

Indigenous-specific suicide prevention interventions are anchored in the reclamation of traditional indigenous healing practices. Examples of indigenous specific interventions that have utility as suicide prevention interventions include the Lakota tribal grief ritual of wiping away the tears (Brave Heart, 2003); traditional story-telling and validation of cultural narratives (Benson, 2003), restoration of traditional tribal family systems (Red Horse, 1999); transformative kinship based practices (Kruger et al, 2004); talking circles (Morgan & Freeman, 2009); healing circles, medicine wheel and smudging (Coyhis & Simonelli, 2008) dream analysis and interpretation (Mageo; 2001; Duran, 2006) and projects dedicated to healing the land (Wakefield, 2008). These approaches are usually located in indigenous communities rather than institutional settings. The majority of interventions in American Indian populations are situated and tested on the reservation rather than in urbanised settings (Goldston, Molock, Whitbeck, Murakami, Zayas & Nagayama Hall, 2008). Therefore, 'place' becomes an important consideration in these healing projects. It is clear that the 'place' where acts of historical trauma happened; places of historical significance are integral to healing of the wounded spirit, although the spirit has no physical boundaries (Duran, 2006). An institutional setting impedes healing of the wounded spirit because these are often culturally and spiritually unsafe places.

## **Integrated Interventions**

Integrated interventions incorporate elements of western clinical psychological practice with elements of indigenous cultural tradition (Gone & Alcantara, 2007; Hamilton & Rolf, 2010; La Fromboise & Bigfoot, 1998; La Fromboise & Howard-Pitney, 1995, La Fromboise, Hoyt, Oliver & Whitbeck, 2006; La Fromboise & Lewis, 2008; La Fromboise, Medoff, Lee & Harris, 2007; LaFromboise, Trimble & Mohatt, 1990). Integrated interventions have two key themes.

### **Theme One: Integrating Indigenous and Western Practices**

Integrated interventions generally involve integrating cultural practices with western (often clinical/behavioural) interventions to make them more applicable to indigenous peoples. This includes the integration of selective cultural elements into conventional, most often, western public health and/or psychological approaches. Some of these interventions are based on the merging of epistemic models, locating points of compatibility and synergy between them. There is no obvious privileging of indigenous knowledge in this approach. Self determination enables privileging. Therefore, integration marginalises self determination as a therapeutic strategy.

### **Theme Two: Intervention Settings and Methods**

Integrated interventions are situated in a range of settings such as secondary schools including tribal colleges (LaFromboise, & Howard-Pitney, 1994; Muehlenkamp, Marrone, Gray & Brown, 2009; Proctor, 2005); mainstream hospital settings that utilise indigenous cultural advisors, elders and experts alongside western trained clinicians (Menzies, Bodnar & Harper, 2010); tribal colleges (Pem, 2010) urbanised, rural and reservation communities (Middlebrook et al, 2001) utilising mixed methods that combine elements of collective focus and traditional indigenous knowledge and practices (May, 2005; May, Serna, Hurt & DeBruyn, 2005; May, Van Winkel, Williams, McFeeley, DeBruyn & Serna, 2002;) emphasising the reduction of barriers to healthcare (Johnson & Cameron, 2001; Jones, 2008) and cultural competence and safety of practitioners working with indigenous peoples from a western epistemic frame of reference (Duran et al, 2008; Ramsden, 2003; Weaver, 1998).

Integrated interventions include indigenous cultural therapeutic techniques being integrated into mainstream cultural interventions. It is difficult to discern how effective these approaches are given the current lack of research on therapeutic outcomes. However, the uptake of programmes by native communities in North America suggests that these communities perceive value in programmes that incorporate elements of traditional cultural

healing practices as foundational to the healing endeavour (Coyhis & Simonelli, 2008). The cross over between indigenous-specific and integrated interventions is not easy to disentangle or delineate. Interventions that are considered to be indigenous or culture-specific include selective clinical processes. The point of difference seems to concern indigenous involvement in the design, implementation, control, conceptualisation, and leadership of such programmes (Coyhis & Simonelli, 2008) and the underlying agenda for self-determination, indigenous community development, control and action.

## **Indigenous Suicide Prevention Interventions: Examples**

### **Return to the Sacred Path: A Lakota Intervention**

The Lakota psycho-educational group intervention developed by Brave Heart-Jordan and delivered for the first time in 1992, is based on

1. Revisiting the trajectory and content of historical trauma in Lakota history
2. Mourning the losses using traditional Lakota grief ceremonies;
3. Normalising the traumatic effects and
4. Training Lakota human service providers; leaders and parents to deal with their own unresolved grief and historical trauma as part of empowering them to work effectively with their own people

Brave Heart-Jordan (1995) integrated clinical and traditional American Indian interventions creating a model of psychotherapy designed to stimulate a grief process for the healing of historical trauma. The programme was underpinned by extended kin networks to support identity formation, foster a sense of belonging and recognise the shared history and survival of the group. The programme targeted human service workers, elders, parents and counselors and other therapists and involved heightening awareness of historical trauma using audiovisual material depicting traumatising events in Lakota history such as the Wounded Knee massacre and colonial boarding school experiences. The emotional expression of pain was encouraged through small and large group processing and cathartic exercises. For example, participants were asked to develop a life-line of their experiences in diagrammatic form and share these with partners in small groups. The process included traditional healing practices such as Inipi (Lakota purification ceremony), concluding with a ceremony to wipe away the tears of the mourners, which is described as a traditional Lakota grief resolution ceremony.



As an outcome of this ceremony, participants became part of an extended family with access to ongoing support and contact. Brave Heart and LeBruyn (1999) reported that this approach stimulated a re-attachment to traditional native values. LaFromboise et al (2010) confirm that cultural identification is correlated with the alleviation of psychological distress. This approach calls for culturally competent clinicians which Brave Heart and De Bruyn state can be developed through encouraging two core processes 1. Being aware of one's own cultural limitations and 2. Appreciating one's own cultural background.

Brave Heart and DeBruyn (1999) identify the training of therapists as vital. Therapists are taught to achieve a state of cultural congruence with their Native American clients (brothers and sisters) to deal with issues of transference and counter transference which incorporate handling of historical grief and survivor guilt for both client and therapist. Transference and counter-transference occur in the therapeutic dynamic in psycho-analytic treatment modalities. Transference refers to the projection of the unresolved contents of unconscious processes onto an object or person who may possess similarities in character or physical nature. Transference as an indigenous practice is a spiritual component in which energy is transferred from one to another. According to Duran (2006) illness can be projected onto people through a spiritual transaction. Transference occurs in the therapeutic dynamic when the client (person seeking help) projects unconscious material onto the therapist. Counter transference happens when the therapist projects sub conscious material onto the client.

Brave Heart and DeBruyn (1999) found powerful feelings and anxiety surfacing in the training of Lakota service providers and spiritual leaders. They referred to this as transposition in which the participants transferred trauma in their own histories and re-lived it during the training process. Brave Heart and DeBruyn state,

In the group process, the over-whelming anxiety and other features of the survivor's child complex including transposition are identified and normalised permitting more open expressions of affect. Group discussion about the connection between present day oppression and historical grief was fraught with concomitant heaviness and depression (p. 72).

This approach provides opportunity to deconstruct the trauma. Brave Heart-Jordan (1995) and Brave Heart (1998) found that the participants experienced a cathartic release, a reduction in perceived grief effects, an increase in joy and a decrease in guilt. Lakota parents who went through historical trauma training also reported powerful positive impacts of the training on their parenting practices and their own perceptions of their healing (Brave Heart-Jordan 1995). In the Lakota programme, the building of social support networks and the normalisation of trauma outcomes were important components. Brave Heart & DeBruyn identified a role for the restoration of traditional ceremonies for grief resolution describing the Lakota mourning tradition. This tradition involves keeping the spirit alive for one year after death after which time the spirit is released in a ceremony in which the tears of the mourners are wiped away. Brave Heart & DeBruyn (1999) proposed that tribes need to conduct specific grief ceremonies not only for current deaths but for historical trauma including the loss of land; the loss of the right in the past to raise their children at home in culturally normative ways and mourning for the human remains of ancestors and repatriation of sacred objects (p.74).

### **Community-Based Suicide Prevention in Alaska**

Based on community action and community development practices CBSPP is a village based programme designed to reduce suicide in small rural Alaskan villages. The programme is funded through grants to tribal councils and other village organisations. On average 51 villages have been funded each year since 1988, to develop and deliver programmes (Hamilton, 2003). Programmes are designed and delivered by village based Suicide Prevention Coordinators and is driven by legislative and federal government imperatives. These programmes are not self-determining. Design and delivery are localised and based on the principles of public health. Three evaluations of programme effectiveness were conducted. These evaluations utilised participating community reports on types, number and attendance at events and services in these communities as one measure alongside regional data on completed suicides. The programme targets communities by region rather than by cultural membership. Therefore, it is difficult to ascertain whether these programmes are specifically targeting Alaska Natives (such Athabaskan; Inupiat; Haida or Tlingit etc tribal groups). Finally, the measures of programme effectiveness enable the federal government to monitor its expenditure rather than providing an in-depth analysis of community development processes and practices.

## Circle of Care

Muehlenkamp et al (2009) adapted the medicine wheel as a framework for a suicide prevention intervention for use with American Indian college students. The programme is based on a holistic model including

- Horizontal integration across AI students, campus departments and services and tribal communities
- Integrating AI cultural and spiritual practices
- Facilitating suicide prevention training and information
- Sharing food as cultural practice.

The framework underpinning the intervention is the medicine wheel. This integrates four directions of human growth as described by Coyhis & Simonelli (2008). These are mental, spiritual, physical and emotional. Muehlenkamp et al (2009) report that a key principle of the medicine wheel is interconnectedness. They describe this as: “four multi-dimensional sacred parts that are believed to be strongly connected to and representative of the circle of life” (p. 135).

A suicide risk education component has been developed including the Sources of Strength gatekeeper training developed for use with Northern Plains Indian youth (Wyman, Hendricks-Brown, LoMurray, Schmeelk-Cone, Petrova, Walsh, Xin Tu & Wei Wang, 2010) and QPR (question, persuade, refer) designed to train lay people about identifying early warning signs for suicide risk. Training is offered to staff, AI students and tribal members annually. Educational workshops are offered to students and include subjects such as suicide risk factors, communication skills, stress management and problem solving (p.136). The spiritual dimension of the medicine wheel is enacted through offering AI students access to spiritual ceremonies such as talking circles, sweat lodge ceremonies, cleansing ceremonies, wiping of tears (p. 13). The physical dimension of the intervention is enacted through sharing and including food at suicide prevention events. Soup Fridays create opportunity for staff/student relationships to be developed and support to be offered when sought. The emotional dimension of the programme is addressed by an AI student support team; connection with tribal and campus communities; stress management skills; problem-solving and communication skills training. Muehlenkamp et al (2009) reported preliminary data on effectiveness and utilisation. Their findings showed that AI students who took part in gatekeeper training attained a high level of suicide prevention knowledge. At least two students who used the AI programme for crisis intervention were referred by students who attended

the gatekeeper training.

The majority of students attending the workshops indicated that they would use the information. Finally, the programme developers identified barriers to implementation as follows,

1. Lack of empirically supported prevention resources for AI cultures and college students
2. Lack of programme staff familiar with AI culture and customs
3. Limited cultural knowledge among administrators and key stakeholders
3. Challenges of integrating the AI holistic model within a non-holistic university model of suicide prevention
4. Facilitating coordinated care across the university health services
5. Coordinating with key AI tribal persons
6. Attracting students to the programme
7. Evaluation of programme effectiveness

### **Zuni Life-Skills Development Curriculum**

La Fromboise & Howard Pitney (1995) created the Zuni Life Skills Development Curriculum for use with at risk high school students in the Zuni Pueblo in New Mexico. The curriculum was delivered three times a week over the course of one academic year. Based on mainstream skills training, seven curriculum areas included:

1. Identifying emotions
2. Building self-esteem
3. Increasing communication and problem solving
4. Eliminating self-destructive behavior,
5. Receiving suicide information
6. Obtaining suicide intervention training and
7. Setting goals.

The programme was designed with community input to ensure the cultural relevance of the programme for application with native adolescents in the native school system. The programme targeted risk factors for adolescent suicide. Sixty-nine students in four classes were assigned to the treatment condition and 59 students in four classes were assigned to the control group (no treatment). A self-report measure was used to test the outcomes of the programme including indicators of suicide risk such as,

1. Suicide probability
2. Feelings of hopelessness
3. Depressive symptoms

Evaluations indicated that Life Skills participants were less suicidal and more skillful at suicide intervention and problem solving in comparison to the control group. The intervention was effective in reducing risk factors for depression and increasing peer helping skills (Shropshire, Pearson, Joe, Romer, & Canetto, 2008). The model is being further refined and developed to include cultural identity, resilience, competence and community empowerment. Resilience research examines the strengths of indigenous cultural processes and relationships in indigenous communities (Allan, Mohatt, Fok, Henry & the People Awakening Team, 2005; Allen, Mohatt, Rasmus, Hazel & Thomas and the People Awakening Team, 2006; Andersson, 2008; Heavy Runner & Marshall, 2003).

Although there is no united indigenous view of resilience, the emphasis on the combination of a collective focus that includes spirituality (Hazel & Mohatt, 2001), family strengths, elders, ceremonial rituals, oral traditions, identity and support networks is typical. Indigenous views of resilience according to Burack, Blidner, Flores & Fitch (2007), more closely approximate indigenous wisdom, direction and common sense. Broad, Boyer & Chataway (2006) emphasise the importance of indigenous culture and identity.

### **Māori Suicide Prevention**

The Kia Piki New Zealand Māori youth suicide and the All Ages Suicide Prevention strategy are described in Chapter four. Understanding colonial trauma was built into the design of Kia Piki rendering it compatible with the growing movement for determination.

The strengths of the Kia Piki projects are that they are based on Māori community development principles and incorporate Māori specific responses to Māori suicide with opportunities embedded in the model for the local tailoring of projects to local community priorities and processes. However, they are not exemplars of self-determination. Instead, they are located inside a government sponsored model of prevention.

## **Te Whakauruora**

Te Whakauruora is a Māori Suicide Prevention Resource developed by Ihimaera and MacDonald (2009) as a training tool for the Kia Piki Projects, to equip Māori coordinators with knowledge facilitated by Māori trainers with a thorough analysis of the impacts of colonisation on whakapapa. Te Whakauruora is a reframing of suicide to include historical factors. Recent evaluation progress reports findings are generally positive (Levy, 2011).

The resource does not contain information on soul healing or historical trauma. However, information and analysis around the impacts of colonisation identified as leading to whakapapa disconnection, is delivered in the training process, which serves as a type of decolonisation process for Kia Piki coordinators. Whether it goes far enough or is able to overcome the privileging of clinical responses to Māori suicide risk is arguable.

The resource is relatively effective in contextualising Māori suicide, identifying Māori specific risk and protective factors. However, it is not a suicide prevention strategy, does not align with whānau, hapū and iwi development except via the whakapapa relationships and networks of the coordinators. Nonetheless, it is a useful tool to begin the examination of historical trauma and the impacts on whakapapa

## **Aboriginal Suicide Prevention**

Krynsinska, Martin & Sheehan (2009) observe that suicide prevention for Indigenous Australians has to have a broad community and family focus. This is consistent with findings from suicide prevention research with other indigenous populations. Moreover, they identify two broad approaches to suicide prevention

1. Indigenous community centered interventions such as – i.e. Family Wellbeing Empowerment Programme's, 'Toughing it out' pamphlet
2. Modified versions of mainstream programmes – such as the Aboriginal Communities and Applied Skills Training (ASIST).

## **WASC-Y Training Manual (Westerman, 2002)**

Westerman (2002) an Aboriginal clinical psychologist developed the WASC-Y Training Manual. The manual includes culturally specific risk variables and indicators of cultural resiliency. It has been designed to include two components.

- A self-report inventory for indigenous youth that is a pen and paper checklist based on culturally normed assessment items.
- A culturally modified clinical assessment based on culturally appropriate methods of engagement. Fifty-three assessments in six sub scales that represent mental ill health and personality concepts include:
  - Depression
  - Suicidal behavior
  - Substance abuse
  - Impulsivity, hyperactivity and agitation
  - Anxiety
  - Cultural resilience

Westerman tested the tool with 183 Aboriginal youth and identified levels of risk for suicide. The feasibility of the tool has been tested for application with First Nations youth in Nunavut (Tagalik & Joyce, 2006).

## **Suicide Prevention Research in First Nations in Canada**

Research with First Nations communities in Canada highlights cultural continuity during periods of rapid cultural change in indigenous communities as instrumental in suicide prevention (Chandler, 2000; Chandler & Lalonde, 2003; Chandler & Lalonde, 2008; Chandler, Lalonde, Sokol et al, 2003; Chandler & Proulx, 2006).

Failure to identify instances of personal-persistence or self-continuity by First Nations adolescents was associated with suicidality. Coherence in life narratives enabled suicidal adolescents to be identified. Cultural continuity was measured by the presence of collective cultural markers including land claims, self-government, police and fire protection services, health services, education, cultural facilities – in short, strategies for the preservation and promotion of indigenous cultures.

Chouinard, Moreau, Parris & Cousins (2010) conducted a study of the national Aboriginal youth suicide prevention strategy. They found a need for updated research on risk and protective factors and success stories about best practices.

They advocated for culturally relevant activities, tools and resources that focus on awareness of aboriginal youth suicide. Unfortunately, they were unable to determine the effectiveness of the strategy. This indicates a need for evaluation and research to test the effectiveness of these framings of indigenous suicide.

Kirmayer writes extensively on the role of cultural connectedness for indigenous suicide prevention (Kirmayer, 1994; Kirmayer, Boothroyd & Hodgins, 1998; Kirmayer, Fraser, Fausus & Whitley, 2009; Kirmayer, Simpson & Cargo, 2003; Kirmayer, Whitley & Faurus, 2009). Kirmayer, Fraser et al (2009) identified 10 general principles for the functioning of community based team approaches to suicide prevention including:

1. Accessibility
2. Cultural safety
3. Community engagement
4. Diversity confirming the futility of a one size fits all approach
5. Evidence based practice
6. Training, recruitment and retention
7. Responsiveness
8. Sustainability
9. Collaboration
10. Evaluation

Kral (2003) researched meanings of well-being, sadness, suicide and change in two Inuit communities and found that inter-generational division alters the cultural dynamics in a kinship centered society. Healing was linked to talking and communication, enabled by strong relationships. In his more recent research Kral (2009) confirms the central importance of kinship and family in suicide prevention and considers the positive impacts of youth social action for the prevention of suicide.



## Keys for Effective Indigenous Suicide Prevention Programmes

Literature on indigenous suicide prevention programmes concludes that interventions must (be):

- Cognisant of the range of psychological and social correlates of suicide for example, family relationships and dynamics (Cantor and Baume, 1999; Capp, Deane & Lambert, 2001; Clarke, Frankish & Green, 1997; Clarke, Robinson, Crengle, Fleming, Ameratunga, Denny, Bearinger, Seiving & Saewyc, 2011; Howard-Pitney, LaFromboise, Basil, September & Johnson 1992; Inouye, 1993; Kirmayer, Boothroyd & Hodgkins, 1998; Kirmayer, Whiteley & Faurus, 2009; Kral, 2009; Lawson-Te Aho & Liu, 2010; Mota, 2009; Walters, Simoni & Evans-Campbell, 2002)
- Cognisant of how these psychological and social correlates of suicide elevate risk of suicide in indigenous populations for example acculturative stress, disproportionate traumatic life events leading to risk factors such as excessive alcohol use and family breakdown (Belik, 2008; Doshi, Jones & Shaughnessy, 2004; Isaak et al, 2010; May et al, 2002, Mmari, Teufel-Shone, & Teufel-Shone, 2010; Parker & Ben-Tovin, 2001; Petchkovsky & San Roque, 2002; Pettingell, Bearinger, Skay, Resnick, Potthoff & Eichhiorn, 2008).
- Cognisant of the spiritual, multigenerational and cultural outcomes of historical trauma/processes and its associated outcomes such as multiple minority stressors, micro-aggressions (Balsam, Huang, Fieland, Simoni & Walters, 2004; Balsam, Molina, Beadnell, Simoni & Walters, 2011; Walters, Simoni & Evans-Campbell, 2002) and cultural alienation (Durie, 1989; Durie 1995; Durie 1997; Durie 1999).
- Build onto known protective factors/strengths and resiliencies such as a strong cultural identity and sense of belonging to a caring and protective cultural community (Katz, Elias, O'Neil, Enns, Cox, Belik & Sareen, 2006; Kirmayer, 1994); participation in faith based and other community activities including tribal development and other community action practices (Chandler & Lalonde, 2003; Kirmayer et al, 1998) and positive, protective family dynamics and kinship relationships (Mamari et al, 2010)

- Value indigenous led and driven community action (Chandler & Lalonde, 2008; Kral, 2003; Kral, 2009;) and self-determination practices (Coyhis & Simonelli, 2008; Lawson-Te Aho & Liu, 2010)
- Be organic specific to local communities (De Leo, 1999; De Leo, 2002; Vijayakumar & Rajkumar, 1999).

Olson and Wahab (2006) identify three main approaches in American Indian suicide prevention programmes:

1. Broad public health based interventions target youth, and focus on self-esteem building and substance abuse treatment
2. Identification of at risk individuals
3. Prevention at the individual level prioritising previous attempts or expressed suicidal ideation.

### **Risk and Protective Factors and Indigenous Suicide Prevention**

A risk and protective factor approach to indigenous suicide prevention marginalises the explanatory power of historical processes and cultural contexts for indigenous suicide (Duran, 2006; Lawson-Te Aho & Liu, 2010). Some indigenous scholars see merit in focusing on risk and protective factors if they contribute to overall reductions in indigenous suicide or ameliorate psychological suffering that may lead to suicide (Coupe, 1999; Coupe, 2000a, Coupe, 2000b, Coupe, 2000c; Coupe, 2005; Clarke et al, 2011; Alcantara & Gone, 2007).

Risk factors are important particularly where the analysis facilitates tailored interventions (Beautrais, 2000; Beautrais, 2001; Beautrais, 2012; Beautrais, Collings, Ehrhardt & Henare, 2005a, Beautrais, Collings, Ehrhardt & Henare, 2005b, Beautrais & Fergusson, 2006; Collings & Beautrais, 2005; Ehrhardt & Henare, 2005; Farrelly, Rudegair & Rickard, 2006a, Farrelly, Rudegair & Rickard, 2006b; Fergusson, Beautrais, Horwood & Woodward, 2003).

Mullany, Barlow, Goklish, Larzelere-Hinton, Cwik, Craig & Walkup (2009) established a specialised suicide surveillance system to identify the specific risk factors and patterns of suicidal behaviours among Apache youth in order to develop targeted interventions. However, programmes should articulate the risks of unresolved historical trauma and the artifacts of cultural loss and colonisation.

This thesis acknowledges the limitations of a risk and protective factor approach to intervention design with indigenous populations. However, risk and protective factor research affords an opportunity to target interventions towards the reduction of known risk factors and the amplification of known protective factors. Therefore, this approach has it uses particularly where such research is able to specifically identify relevant culturally grounded protective factors that work with indigenous communities. However, it is not the entire answer.

### **Protective Factors for Psychological Resiliency**

Known protective factors for psychological resiliency and suicide prevention in indigenous communities include cultural development (Fleming & Ledogar, 2008a, Fleming & Ledogar 2008b; Houkamou & Sibley, 2010; Huriwai, 2002; Okamoto, Croy, Tann, Rayle, Kulia, Dustman & Berceci, 2006; Okamoto, Helm, Po'o-Kekuawela, Chin & Nebre, 2009; Okamoto Nebre, Helm, & Chin, 2009 Phillips,2010; Po'a-Kekuawela, Okamoto, Hurdle & Marsiglia, 2001; Prue, 2008) connectedness to a caring community, and positive family functioning, dynamics and communication (Capp et al, 2001; Clarke et al, 1997; Clarke et al, 2011; Howard-Pitney et al, 1992; Inouye, 1993; Kirmayer, Boothroyd & Hodgkins, 1998; Kirmayer, Fraser et al, 2009; Kral, 2009; Miranda et al, 2005; Mota, 2009; Walters, Simoni & Evans-Campbell, 2002)

Researchers have identified indigenous resiliency factors that work regardless of the magnitude and extent of the trauma (Kral, 2009; McCubbin, 2007). These include recourse to traditional native culture (Gurley, Novins, Jones, Beals, Shore & Manson, 2001; Hawkins, Cummins & Marlatt, 2004; Hawkins & Walker, 2005; Hazel & Mohatt, 2001); locating interventions in indigenous communities (Jacono & Jacono, 2008; Kahn & Delk, 1988; Leenars et al, 1999; Levy & Kunitz, 1987; Long, 1986); family support and functionality (Henare & Ehrhardt, 2004; Herbert, 2001) and spirituality (Friere, 1992; Garroute, Goldberg, Beals, Herrell & Manson, 2003) Connectedness to family was found by Pharris, Resnick & Blum (1998) to be a protective factor against suicide in their research with 13,923 American Indian youth. Felner & Felner (1989, p. 20) found that disorder results from deviations in normal developmental pathways and processes and roots of pathology are often outside of the person. Resiliency factors may include attention to developmental processes in context of community resiliency factors such as strong cultural values, connectedness and other factors (Allen et al, 2005; Allen et al, 2006). Allen et al (2006) identified protective factors for Native Alaskan sobriety.

These include community characteristics and attributes including positive adult role models, rites of passage in which individuals actively contribute to the community, limit setting on alcoholic behaviour and provision of safe places for children. They developed a heuristic model of protective factors for Alaska Native youth that included,

- Family characteristics such as family cohesion, conflict, moral-spiritual focus, home organisation, close relationships
- Individual characteristics that provide a protective role including communal and personal self- efficacy; Yup'ik mindfulness and awareness and the ability to see the connection between one's behaviour and past, present and future consequences
- Social environment including the availability of role models and social support from extended family, peers and other adults outside of immediate nuclear family.

Strickland & Cooper (2011) interviewed 40 American Indian parents and 9 American Indian elders about healing from the impacts of colonisation and youth suicide prevention in a Pacific Northwest Indian tribe. They found that holding families together and healing from historical pain were major tasks. Parents also discussed how they could hold onto cultural values, hold the family together and support their children to get through school and find paid employment.

Bombay et al (2010) found that specific aspects of ethnic identity in First Nations adults in Canada served as resilience and/or vulnerability factors. They found that positive feelings towards one's group was directly associated with decreased depressive symptoms and acted to buffer against perceived discrimination. Whereas, high levels of salience of group membership (centrality) was positively correlated with increased symptoms intensifying the relationship between perceived discrimination and depressive symptoms (p. 507). Iwamoto & Liu (2010) found a positive correlation between psychological wellbeing, ethnic and racial identity and values in a sample of 402 Asian American and Asian international students.

Fleming and Ledogar (2008a) identify resilience as a process that is a feature of whole communities. The literature on cultural factors in suicide prevention with indigenous populations positions culture as a protective factor (see for example, Mohatt et al, 2006; Fleming & Ledogar, 2008a; Goldston et al, 2008; Wexler, 2006; Wexler, 2009; Wexler & Goodwin, 2006; Wheatley, 1991).

## **Contextual, Cultural and Historical Processes**

Historical trauma trajectories and outcomes need to be better understood so that indigenous suicide prevention efforts are better informed (Duran, 2006). Trauma histories are specific to each indigenous population although some generalisations can be made about the impacts of historical trauma (Lester, 2010; Levy & Kunitz, 1987). De Leo (2002) advocates for a better understanding of the importance of cultural context in Aboriginal suicidality. Universal approaches to framing suicide in indigenous populations are inappropriate and likely to be erroneous (Freedenthal & Stiffman, 2004; Freedenthal & Stiffman 2007; Reser, 1990a, Reser, 1990b).

### **Traditional Healing and Indigenous Suicide Prevention**

Soul healing practices are still emerging as traditional healing practices are being reclaimed. Transformation takes time. Soul wounds are extant in indigenous communities. Thus, as they took time to take root, so too will they take time to heal. Coyhis and Simonelli (2005) comment that the reclamation of traditional healing practices is birthing new hope in indigenous communities leading these communities to believe that healing is possible regardless of the extent of historical and multi-generational trauma. This reframing carries the potential for an intra-psychic transformational shift from oppressed, subjugated colonised victim to emancipated, empowered self-determining victor. Psychological victories dwell in the potential for transformation.

### **Cultural Diversity and Indigenous Suicide Prevention**

Goldston et al (2008) confirm that suicide prevention strategies must recognise that there are major cultural differences between different Native American groups. Many tribes are struggling to maintain their cultural integrity while resisting universalist/generalised projects (p. 21). However, Mohatt, Rasmus, Thomas, Allen, Hazel & Hensel (2004) and Allen et al (2006) have identified core factors and common elements that could render suicide prevention programmes generalisable to multiple communities. Durie (2001) identifies the diversity that exists in Māori culture and populations. Within-group interventions at the iwi and hapū levels must take account of local history, cultural values, political, social and environmental contexts and kinship structures.

Moreover, suicide prevention efforts based on attending to the root causes of loss and trauma (soul wounds) must be properly and appropriately contextualised in light of the origins of that trauma by geography, history and cultural identity. This idea of contextualising trauma trajectories specifically by kinship and history is supported by Brave Heart (2000).

### **Spirituality and Indigenous Suicide Prevention**

Spiritual genograms have been used as a tool to assess spiritual wellbeing in Native American populations. Genograms enable the measurement of the flow of spirituality through time and as such, are consistent with Native American perspectives of spiritual continuity (Cross, Hodge, Limb, 2009). Spiritual eco-maps are a pen and paper assessment tool developed to depict client's present relationships to spiritual systems in their environments (Hodge & Limb & Cross, 2009). Hodge and Limb (2009) sought to establish the preliminary validity of the spiritual eco-map by engaging experts in Native American culture to determine the degree of cultural consistency, strengths and limitations of the eco-map concept and the operationalisation of specific cultural constructs. Hodge and Limb state that spiritual genograms provide a tool for the process of deconstructing trauma histories and associated spiritual impacts. They also provide a measure of consciousness of spirituality, integral to American Indian cultural traditions. Hodge and Limb (2009) identified the strengths of the approach as being the use of a pictorial format; the circular orientation; client-centred, holistic, and present foci; ability to depict complex relationships and to identify spiritual strengths and resources. The authors concluded, spiritual assessment instruments require an acceptable level of social validity with American Indians, in order that subsequent interventions are productive (p. 328).

Garroue et al (2003) examined the relationship between spirituality and attempted suicide in a sample of 1456 American Indian tribal members. They found that neither a commitment to spirituality or to spiritual tribal beliefs was associated with suicide attempts. However, those with a high level of spiritual orientation made fewer suicide attempts. Hazel & Mohatt (2001) found that culture and spirituality protect people from addiction, supporting them to cope in the recovery process. Tsey & Every (2000) evaluated a family wellbeing empowerment course and found that the indigenous participants reported high levels of personal empowerment and an enhanced sense of self-worth, resilience, and ability to reflect on root causes of problems (p.509).

## **Evaluations of Programmes**

The published research findings for the indigenous suicide specific interventions are shown in Table Two. The only programme to produce evidence of effectiveness is the Zuni Lifeskills Programme. However, subsequent attempts to apply a randomised control trial methodology to determine programme outcomes did not yield the same positive results (Gone, 2011).

**Table 2: Key Characteristics of AIAN Suicide Prevention Programmes**

Programme	Community	Target Group	Risk and Protective factor	Intervention Method	Evaluation Measures/outcomes
Zuni Life Skills Development Curriculum (LaFromboise & Howard-Pitney, 1995)	Rural Arizona Zuni Pueblo	Adolescents	<i>Risk factors:</i> suicide potential, depression, hopelessness, psychological distress, stressful life events, drug use, self-esteem, anger expression. <i>Protective factors:</i> ways of coping, self-efficacy, problem solving, communication skills, information on suicide, goal setting, cultural and spiritual development	Selected, school based curriculum	Changes in risk factor prevalence measured, reductions in identified risk factors measured as indicators of effectiveness
The Wind River Behavioural Health Program (Tower, 1989)	Rural Wyoming	Not reported	<i>Risk factors:</i> depression, suicide of family and friends, alcohol and drug abuse, <i>Protective factors:</i> ways of coping, self-efficacy, problem solving, communication skills, information on suicide, goal setting, <b>cultural and spiritual development</b>	Universal, community information meetings, SADDs, ALATEEN, media, school recreational groups	Suicide surveillance records kept and indicate a decrease in completed suicides. No other measures
The Tohono O'odham Psychological Service (Kahn & Delk, 1988)	Rural Arizona, Papago Indians	7-70	Risk factors: depression, alcoholism, suicide, economic deprivation, broken homes, emotional problems	Travelling clinic providing consultation to schools, hospitals, community health representatives, legal aid, BIA social work, tribal courts, police, head start on group therapy and counseling services	No evaluation data
The Western Athabaskan Natural Helpers Programme	Rural New Mexico	Adolescents	<i>Risk factors:</i> family violence, alcohol and drugs, child abuse, spousal abuse <i>Protective factors:</i> self-esteem, team building	Selected, school based curriculum	Suicide surveillance records kept and indicate a decrease in completed suicides. No other measures
Indian Suicide Prevention Centre (Shore, 1975)	Rural Idaho Shoshone-Bannock Indians	Adolescents 15-24	Risk factors: socio-economic and interpersonal factors; self-destructive behaviours; alcohol and inhalant abuse, confusion of <b>cultural identification</b> , child rearing practices, gender	Culturally sensitive programme includes: referral system, advocates for at-risk incarcerated adolescents, community education, youth recreation activities	No evaluation data



## Indigenous Expert Opinions

In indigenous literature, healing is often described as a journey that traverses time, generations and is embedded in contexts where trauma is encountered. The past is instrumental in framing the future through the intergenerational continuity of the trauma experience.

Durie (2009) reflects on the inter-relationship between past, present and future. According to Durie, Māori can be future-makers or future-takers with the capacity to transform through self-determination. Future takers are those who accept what the future will bring but future makers are those who actively engage with the future and work to identify opportunities for transformation. The potential for transformation out of historical trauma, despair and loss of hope is ever present. It calls on indigenous peoples to develop consciousness about history and its impacts as motivation for liberation. Psychological liberation is followed by active strategies to reclaim cultural traditions, take up opportunities for self-determination and apply past lessons to support healing. Duran describes a process for soul healing at the community level. Firstly, the community has to prepare for healing by delineating their own history so that the specific traumatic history of each community is clarified. Duran states,

I have found that communities, like individuals have their own set of traumas that result in particular symptoms that need to be dealt with very specifically...interventions cannot be cook-booked for individuals, much less for a whole community...there is no way that a consulting evangelist can do a tent revival meeting, save everyone and ensure they don't backslide once he leaves the community. To be effective, the consultant must help the community obtain the tools to continue the process of community healing in the long run (p. 117).

Duran suggests that the community must be in full control of its own destiny including steps towards emancipation:

1. Raising awareness about historical context and how current problems developed emphasising that healing is the reason for delving into a painful history
2. Devising a plan to continue the healing process that includes consciousness raising and specific interventions to deal with historical trauma and internalised oppression.
3. Thoroughly evaluating tribal administrative systems. These systems are resistant to

change and “steeped in bureaucratic inertia caused by colonisation” (Duran, 2006:118). Tribal administrative systems are essentially about evaluating tribal politics including tribal leadership. The primary goal according to Duran is to achieve change.

Duran states that community healing conferences have shown promising results in some communities. The conferences “begin with awareness and diagnosis of the problem” suggesting that “community people must take a courageous inventory of their history” and that “in the beginning, there may be splits between different factions in the community, but these can be dealt with through an honest look at history” (p.119).

Coyhis & Simonelli (2008) state that “the honor of one is the honor of all and the pain of one is the pain of all” (p. 1944). The final step in the healing process described by Duran is healing the land. This is achieved by apologising for abuses of the land then making amends. Duran comments that the land is a living entity and not separate in the natural order of life, from humans who rely on the land for sustenance and nurturing.

### **Self Determination and Indigenous Suicide Prevention**

“Each indigenous nation has its own way of articulating and asserting self-determination and freedom”. Alfred & Cornthassel (2005, p. 614). Foundational values that underpin indigenous community resurgence include recognising that:

*Land is life* – Indigenous peoples must reconnect with the terrain and geography of their indigenous heritage to draw strength and comprehend the teachings and values of their ancestors

*Language is power* – Indigenous peoples must retain ways of knowing and relating from outside the mental and ideational framework of colonialism by regeneration through the conceptual framework of indigenous languages

*Freedom is the other side of fear* - spiritually grounded action, contention and direct movement at the source of the fear in order to break away from the chains binding indigenous peoples to a colonial existence

*Decolonise your diet* - Indigenous peoples must regain self sufficient capacity to provide our own food, shelter, clothing and medicines and strive for the reconstitution of our weakened physical bodies and community relationships accomplished through a return to active, hardworking lives of our ancestors

*Change happens one warrior at a time* – the movement towards decolonisation and regeneration will come from transformations achieved by direct-guided experience in small, personal, groups and one-on-one mentoring towards a new path.

### **Self-determination and Tribalism**

Strickland & Cooper (2011, p. 240) conducted an ethnographic study of 30 Indian youth aged between 14-19 years in a Pacific Northwest tribe. They found that hope was linked to strengthening of cultural values, economic development, tribal unity and opportunities to participate in tribal development. Overall indigenous wellbeing is linked to the capacity for self determination (see for example, Alfred, 1999; Alfred, 2001; Alfred, 2005; Alfred, Pitawanakwat & Price, 2007; Battiste, 1998; Battiste, 2000).

### **Decolonisation**

Walters, Beltran et al (2011) outline decolonising strategies that support an agenda for self determination recommended by indigenous practitioners as part of soul healing projects. Decolonisation includes the following

1. Enacting a culturally relevant framework for practice in which practitioners are required to have training around colonial violence and the impacts on family processes and structure
2. Learning about pre-colonial history via exploring cultural narratives and history to address traditional ways of addressing trauma
3. Reframing and reinterpreting mistrust as a healthy reaction to historical trauma. Walters urges practitioners to anticipate, understand and reframe mistrust
4. Documenting historically traumatic events and colonial trauma to contextualise family functioning. This occurs by means of using genograms, culture-grams and soul wounding timelines
5. Reframing relationships with sickness and medicines (Duran 2006). For example reframing the idea of suffering as sacred that should not be wasted. Offering up suffering as a sacrifice for the wellbeing of the people
6. Re-establishing protocols and offerings (Duran, 2006)

7. Moving from victim mind to warrior mind by using protection ceremonies, purification ceremonies and reframing narratives of trauma and resiliency

### **Restorative Justice and Indigenous Suicide Prevention**

Coker (2006) describes a Navajo peace-making process that is based around cultural and tribal mechanisms for problem resolution and the restoration of peace in cases of domestic violence. Rata et al (2008) researched culturally embedded conceptualisations of forgiveness concerning unresolved disputes over land appropriation during the time of colonisation. Ten Māori research participants were interviewed. Three central cultural constructs were identified namely rongo (a demonstration of commitment to restore relationships), whakapapa (interconnectedness over time of people, places and events forming identity) and kaupapa (agenda based on the costs and benefits of forgiveness). In this research forgiveness was interpreted and conceptualised as the restoration of relational balance and was an outcome of relationship restoration rather than a process for reconciliation. Hunter (2002) observed that the apology to the Aboriginal peoples of Australia for the removal of Indigenous children from their families needed to reflect more broadly, the reasons for reconciliation. According to Gaita (cited in Hunter 2002, p. 577)

...relief of the material and psychological misery of the Aborigine will not count as reparation, however, unless the spirit in which that relief is given is informed by a recognition of the wrongs they have suffered acknowledgement of those wrongs as a source of torment distinct from and not reducible to their mental health or psychological consequences is, I believe, what Aborigines desire when they ask for a national apology.

Rata et al (2008) note that an apology has to be: perceived as a sincere voicing of contrition from a trustworthy source in order for it to be acceptable by the offended group.

### **Drawing the threads together**

While evidence of effectiveness of the suicide prevention efforts in indigenous communities is at best limited, the literature on existing programmes, evaluation data, research and expert opinion can be analysed together to provide insight for Māori suicide prevention and healing.

## **Self Determination**

The overarching agenda of tribal self-determination enables and empowers the tribe to assume control over the responses to soul wounds and suicide risk through the development of culturally valid strategies. Self-determination is an important process for suicide prevention and soul healing because it enables the reclaiming and privileging of cultural knowledge and processes that help to frame responses to historical trauma in appropriate ways.

There are several relevant factors and processes that are derived from this research that need to be considered in the development of hapū led soul healing projects for suicide prevention. These include

- 1 A decolonisation/conscientisation process in which the pain of history is confronted, effects can be seen, understood and used to inform strategies for the healing of kinship relationships
- 2 A spiritual healing process based on the re-valuing of the interconnections between the physical and spiritual as these are expressed through the lived relationships of whakapapa

Spiritual healing could include grief resolution rituals such as tangi and whakawātea. Restorative justice and peace-making contribute to healing discordant relationships. Healing strategies may be based on revisiting traditional healing methods for contemporary applications such as reclaiming cultural knowledge and language. Where tikanga/cultural knowledge of kinship relationships is intact, abuses and oppressive behaviours within the tribe must be dealt with. A process for re-asserting and re-establishing behavioural standards that align with cultural traditions, values and worldviews is vital.

## CHAPTER SIX: SOUL WOUNDING IN HAPŪ X

The overarching purpose of this chapter is to identify historical trauma in hapū x and to trace its trajectory and major impacts over generations. This chapter is based on hapū x whānau narratives in response to two questions from the questionnaire in appendix A. These questions ask whānau about the history of hapū x and, the major impacts for the hapū of their history through the eyes of hapū x whānau. They are contextualised by the literature on historical trauma. In the New Zealand literature, there are links made between history and contemporary outcomes that describe and frame trauma but there is little reference to the literature on historical trauma. This thesis is the first attempt to formulate/theorise an analysis linking soul wounding with suicide in one discrete hapū.

This research has uncovered historical trauma consistent with the literature on soul wounding in Chapter Three. The intergenerational transfer and effects of such trauma has been analysed through the lens of whakapapa impacts. The impacts of history converge through the narration of the traumatic histories of these whānau in terms of their whakapapa and relationships as individuals, whānau and hapū informed by the experiences of shared trauma.

The use of whakapapa as an analytical framework is part of Kaupapa Māori epistemology and methodology described in Chapter Two. These narratives are considered alongside selective historical accounts of Māori history. These accounts were recommended by the whānau whose narratives are recounted in this chapter. Finally, I am positioned within this research as having whakapapa to hapū x. This is my story. I am declaring my subjective position as the narrator of the stories of historical trauma in hapū x through the voices of these whānau and inclusive of my own voice. This is consistent with Kaupapa Māori research.

### **Trauma Narratives and Memory**

These whānau narrated three key trauma events in their history. These events are identified by the whānau as having enduring adverse and traumatising impacts on generations of hapū x whakapapa to the present day. Given the complexities of the processes involved in collective remembering of trauma histories, gaps in the narratives are normal (Liu & Laslo, 2007). Moreover, narrational gaps and memory impairment are normal outcomes of complex historical trauma (Kidron, 2009; Langer, 1991; Langer, 1996; Morris, 2008). Petersen-Coleman & Swaroop (2011) observe that recollection of trauma is often psychologically overwhelming and subjected to contested narrations of the same history. Liu & Atsumi (2008) concur.

McNally (2007) states that traumatic experiences however, terrifying or life-threatening are remembered. Nagata & Cheng (2003) concur. Oglesby (2007) states that trauma narratives are reframed in particular ways according to roles of the social actors as victims or perpetrators or both. The incoherence in parts of these narratives could be understood as reflective of denial through silencing that is commonplace in cases of extreme trauma (Salvatori, 2000). According to Birrell & Freyd (2006) betrayal trauma is a direct outcome of the violation of human bonds and the effects of the loss of important relational connections. Betrayal trauma has major impacts on the capacity for forgiveness within whakapapa/kinship relationships. The negation of trauma events (such as rape and sexual molestation) on the part of the perpetrators is part of the maintenance of the veil of silence which characterises certain trauma experiences such as sexual violence (Birrell & Freyd, 2006; Chen, Hassan Murad, Paras, Colbenson, Sattler, Goranson, Elamin, Seime, Shinozaki, Prokop & Zirakzadeh, 2010).

Hence, these narratives may not reveal the full extent of historical trauma in hapū x. However, they cover elements of historical trauma and allude to some of the contemporary impacts thereby clarifying the inter-generational transfer of trauma effects as voiced by these whānau. The outcomes of these traumatic acts are inter-generational whakapapa disconnections that are rife in these narratives. Moreover, denial and silencing in response to some parts of the trauma history are identified further explaining and contextualising why there is a lack of coherence in aspects of the narratives.

### **Silencing and Negation of Victim Trauma Narratives**

Silencing of the trauma history (Langer, 1991) and negation of the memories of historical trauma (Churchill, 1996) are commonplace in the trauma literature. Langer (1996) states that those who cannot remember the past are not condemned to repeat it, but simply to forget it. Zembylas & Bekerman (2008) refer to narratives of pain stating that painful memories of historical trauma can be very dangerous. For example, in these narratives, silencing is situated in the framing of sexual trauma as a takahi/cultural construct denoting a violation of whakapapa.

In the contemporary context, silencing occurs in the reframing and repression/denial of the depth of the victim's narratives. Therefore, while the takahi is recognised as having happened, the individual impacts for the female victims and their descendants is silenced. It is as if the historical act is recognised but the specific impacts on the lives of victims and their descendants is denied and silenced. The identities of the victims are often subsumed in a larger historical narrative that de-personalises them. This could be construed as de-victimisation at the individual level. Oglesby (2007) states that narrow

framings of historical memory do not often take into account the identities of the victims instead reducing trauma narratives to generalised tales of death and despair.

Laub & Sampson (1988) identify a process of emotional withdrawal from a person or group, idea or object as an outcome of extreme trauma. They also state that the withdrawal of empathetic bonds, a tendency to repeat the traumatic experience and resistance to remembering and knowing are usual outcomes of extreme trauma. Historical trauma is a specific and special type of trauma because it occurs over generations. The means by which historical trauma is passed from generation to generation is additionally complex. The literature on historical trauma is included in Chapter Three. Historical trauma in indigenous populations is also a developing field of research that has grown out of the clinical practice observations of indigenous clinicians acutely aware of the limitations of western psychological and counseling praxis in providing answers to the complex trauma that they witness in their work.

### **Superordinate Themes from the Narratives**

Historical trauma in hapū x is narrated in three main acts that identify and locate specific trauma in the hapū that has and continues to have ongoing impacts today. These are:

1. The massacre of hapū x by another iwi using guns acquired from the Pākehā colonisers. This narrative brings to light superordinate themes of death and loss, unresolved grief, rape trauma, silencing of aspects of the trauma, and the dislocation and dispersal of whakapapa
2. The historical legitimisation of incest for the preservation of the Matakite whakapapa line. This narrative brings to light the superordinate themes of incest in the whakapapa over generations, loss of traditional cultural knowledge of Te Whare Tangata and Mana Wāhine; denial, the fracturing of whakapapa relations and the silencing of history. This aspect of hapū x whakapapa produced unresolved anger and pain that is evident in these narratives.
3. The alienation of land during colonisation. This narrative brings to light the superordinate themes of the loss of mana motuhake and contested narratives over who has mana; the enduring struggle for justice and the dispersal of the hapū due to the hardship imposed by land alienation



## Research Methods

The methods used in this research are derived from Kaupapa Māori theory. Kaupapa Māori frames the methods, the analytical process by which interpretation of the data occurs and offers the research back to the community in a way that further a Māori development agenda, in this case, hapū self- determination.

Kaupapa Māori informs methods for conducting research that come directly out of the presumption of the validity of Māori cultural values and processes (Irwin, 2012). Whakapapa is a core Māori cultural identity construct. Kinship and genealogy is what defines Māori identities. The relevance of whakapapa is presented in chapter two on Māori epistemologies. Whakapapa serves as a lens through which these whānau narratives are interpreted and interpretable.

Kaupapa Māori as a set of research methods contains fundamental assumptions described by Smith (1999) that positions kaupapa Māori research as:

1. Related to being Māori
2. Connected to Māori philosophy and principles
3. Taking for granted the value and legitimacy of Māori, the importance of Māori language and culture and;
4. Concerned with the struggle for autonomy over our own cultural wellbeing

Taking this into account, the elements of Kaupapa Māori described by Smith (1999) have been applied in the following way to inform the research:

**Table 3: Kaupapa Māori Methodology**

<b>Element of KM Research (Smith, 1999)</b>	<b>Interpretation</b>	<b>Methods</b>
<b>Related to being Māori</b>	Subjective positioning of the researcher as narrator and legacy bearer Shared whakapapa	Analysis/researcher as narrator with personal investment in the research. Researcher narrates the story Whakawhanungatanga – the enactment of the whakapapa relationship
<b>Connected to Māori philosophies and principles</b>	Tikanga–ā-hapū guides researcher actions	Purposive selection of hapū x whānau/whakapapa as research participants Identification of whakapapa connections Spiritual /wairua dynamics are heeded Whakawhaungatanga facilitates a sharing of whānau narratives
<b>Takes for granted the validity and legitimacy of Māori, and the importance of Māori language and culture</b>		Tikanga supervision processes in place Links between past, present and future established. Narration of colonisation impacts in the hapū. Application of Tikanga such as koha, karakia, kai, whanaungatanga

## Narrating the Research Story

### The Kārangā

*“It is as if they are speaking from beyond the grave...as if they wanted some things that have been happening for generations in the hapū out in the open so that we can begin the healing”*

This research is the result of a call by two of my elders from hapū x that I research suicide in the hapū. This was to be based on an analysis of colonisation and the contemporary impacts of colonisation in terms of suicide risk. Their karanga was encased within a broader vision that they had for healing in the hapū. The imperative for healing was interpreted as an outcome of colonisation and the impacts of cultural repression that occurred during the colonial period.

Hapū x’s traditional lifestyle had ‘suffered greatly through the onslaught of colonisation, depopulation, violence, dislocation, poverty and cultural repression (elder 1, 1993).

The elders spoke of the need for healing through cultural reclamation and development, psychological and spiritual emancipation and economic independence for whānau aided and abetted by a flourishing, vibrant and potent hapū. These were their strategies for healing that are revisited in this research.

The relationship underpinning the research is of central importance in Kaupapa Māori research (Pihama et al, 2004). I whakapapa to hapū x and had a well established relationship with the leaders (elders) of this research from hapū x. In a Māori cultural frame, the relationship carries cultural obligations. The specific obligation for me is to finish what we started together and to honour their karanga and them by responding to it to the best of my ability. My whakapapa relationship was secondary in many ways in this research to the love and respect held for these elders by the participating whānau. Access to hapū x whānau was facilitated as a result of who they are. The longevity and nature of our friendship (26 years) in this case, took precedence over whakapapa connections.

The friendship marked me as special insofar as I was seen as the vehicle through which these elders would communicate with their whānau. I also came to understand that this was not about me as much as it was about the whānau wanting to complete something that their whānau started and that this was to be a further part of their legacy. This I understand to reflect the permanence of whakapapa and the connection between the physical and spiritual worlds (see Chapter Two). Consequently, the usual barriers to research such as building the research relationship and other foundational interpersonal processes were circumvented by the shared history and relationship between us. One challenge for this research is that hapū relations and realities have changed over time. There are new struggles and new developments in the lives of these whānau and hapū x that will shape and impact the course of their development forevermore.

### **Articulating a Healing Vision for Hapū x**

Healing has always been a core part of the building of an agenda for self determination for hapū x. The elders often spoke of the healing of the whānau and hapū from the effects and impacts of colonisation. Between 1986 and 2003, these elders and I had many conversations in which they talked about their dreams for the healing of hapū x whānau. I believe that some 20 years on they sought to have hapū x whānau trauma histories revealed to make way for healing through the process of whakawātea/spiritual cleansing at the collective level. I also realise now that their request was prophetic. They understood that the spiritual wounds of history that make their way down through hapū x whakapapa lines, had to be ‘brought into the light’ in order to dissipate the spiritual darkness and fear that had become embedded in certain whakapapa lines and whānau. Finally, when they asked me to do this research, I agreed without hesitation or prior knowledge of the discoveries that would follow and the depth of the trauma and soul wounds that would become clear in this research.

### **Subjective Positioning of the Researcher**

Smith (1999) positions Māori researchers as invested in and connected to the research. I am not a passive observer or an independent objective researcher in this. I am intimately connected to and invested in this research. I am positioned as a legacy bearer living with the daily reminders of colonisation (Jackson, 2008). I have a traumatic history that informs my understanding and analysis of the outcomes of historical trauma and ignites my passion for healing.

Smith (1999) states that being Māori is an essential criteria for carrying out kaupapa Māori research. I am asserting my whakapapa and tikanga as a Māori woman, in this research process in the way in which the research is framed and carried out. Furthermore, I am positioned in this research as both a legacy bearer and narrator. Rather than this being an obstacle to knowledge production, these positions enhance knowledge production because they enable insider perspectives thereby reducing the salience of hermeneutical challenges. Hermeneutical challenges describe the complexities of reaching into the understandings of the research participants sufficiently to convey an authentic and accurate interpretation of their life worlds and meaning making processes. This research is endogenous, or research from an insider's perspective'. Finally, the process and product of this research is framed as a koha, a gift of knowledge that is intended to support hapū self-determination by clarifying the links and associations between historical trauma and contemporary outcomes with suicide being the lens through which soul wounds are analysed.

The narratives described in this chapter are based on historical knowledge that informs the oral testimonies of the participating whānau in this research. These narratives contain limited detail in places and supplemental historical writings have been used only where the anonymity of the hapū can be preserved. In this chapter, another role that I have as narrator is to draw the strands of meaning out of the whakapapa narratives and written accounts of history (Smith, 1999; Moewaka-Barnes, 2000). In Kaupapa Māori research, the interpretive lens is one of validation of Māori research methods and analyses that privilege the voices of Māori. In this frame the researcher is positioned as subjective insider influencing and being influenced by the research experience. This renders the research experience as entirely subjective and intimately meaningful to the researcher as well as participating hapū x whānau.

### **Wairua/Spiritual Influences: Kaumatua/Tikanga/Karakia**

This research is both my narrative and the narratives of the whānau who participated in the research. It is our story. Given the level and magnitude of historical trauma uncovered in this research, there has been a need to keep myself safe from the negative spiritual content contained in these trauma narratives. This has been a very spiritually, psychologically, physically and emotionally draining research process. The responsibility of bringing traumatic material into the light so that the whānau and hapū can understand causal links between historical trauma and suicide and how this informs a paradigm for

healing through self-determination, weighs heavily. My commitment to fulfill the call issued by my elders also weighs heavily. Finally, my commitment to faithfully report the narratives of these whānau from hapū x and to analyse this material in a way that is not accusative or judgmental is vitally important. Tikanga supervision has been vital. This acts as a filter for negative spiritual energy that surfaced in the research process. Regular karakia/prayer and conversations with the atua have further served to mediate any harmful spiritual influences. However, the research has taken a toll because I cannot separate myself from this material. By the same token, the opportunity to bring historical trauma into the light has enabled a level of catharsis and emotional/psychological release.

### **The Connection to Māori Philosophies and Principles**

Tikanga practices of manaakitanga and whanaungatanga were an ongoing part of the research dynamics. Manaakitanga is a reciprocal exchange of practices that indicate a duty of care for the research participants and researcher in a mutual exchange of behaviours that enact manaakitanga. Tangible expressions such as the provision of kai and offering of koha for research participants can be interpreted as manaakitanga. Whanaungatanga is the process of enacting whānau relationships. These and other Tikanga practices are based on the validation of Māori philosophies and principles described in Chapter Two.

### **Research Tools and Process**

Semi structured questionnaires (Appendix A) designed to elicit data on historical trauma/soul wounds and the contemporary outcomes in hapū x whakapapa were administered to a purposive sample of hapū x whānau utilising a face to face (kanohi ki te kanohi) interviewing technique. The semi structured questionnaires also tested hapū x youth and leadership ideas about the relationship between the hapū and youth and the activation of cultural roles and obligations.

### **Interviews**

The interviews were tape recorded where possible and interviews were conducted usually as a group process in settings identified by the research participants such as on the marae and/or in their homes. A semi structured interview questionnaire was developed and themes were explored further as these surfaced consistent with Kaupapa Māori methods.

## **Research Ethics -the Processes**

The elders from hapū x were consulted from the early development of the research and were involved in the preliminary framing of the research and the research design before the ethics application was submitted to the Victoria University Ethics Committee. That is because this doctoral research was specifically requested by these elders.

Every effort was made to be responsive both to the legitimate concerns of the elders in hapū x and the requirements of the VUW University Ethics Committee from day one of the research and throughout the research process. There were some challenges. However, in the end, the requirements of the VUW Ethics Committee were faithfully addressed while also incorporating the response of the elders from hapū x. Nominated whānau ‘supervisors’ took on the roles of supervising and supporting the research from inside the hapū after approval from the VUW Ethics Committee had been received and the research began.

### **Ethical Challenges**

The original ethics application dealt with the subject of suicide. This was not approved by the Victoria University Ethics Committee on grounds that there were clinical risks involved in openly discussing suicide. Moreover, openly talking about suicide is highlighted in mainstream suicide prevention literature as a risk factor for suicide (Beautrais, 2012). There is no research about the impacts of talking about suicide for Māori or indigenous peoples (Lawson-Te Aho, 2012). Nonetheless clinical safety was an ethical concern for this research. Cultural safety was not paramount. The VUW Ethics Committee did not have the capacity to address the cultural ‘ethics’ of the project.

### **Ethics Committee Recommendations**

Following review of the initial proposal, the VUW Ethics Committee recommended that:

1. Clinical supervision be attached to the doctoral candidate and the research process

And,

2. That specific references to suicide be removed from the research and replaced with questions about ‘stress and stressors’ particularly as these pertained to hapū x youth.

In responding to the initial response from the VUW Ethics Committee (and rejection of the original research proposal), a number of modifications were made to address the ethical concerns of the committee. All of the relevant paperwork is attached as appendix A.

A second revised application was submitted to the VUW Ethics Committee with two key changes: The research was refocused to address issues concerning stress factors impacting the health and wellbeing of whānau and youth in hapū x (those who were part of the research sample) and a revised set of questionnaires were submitted and revised description of the overall research project. Advice and engagement was sought from a Senior Clinician in the Department of Psychology at Victoria University about the research and how to reduce any clinical risks attached to the research.

### **Addressing the Clinical Risks of the Research**

The Senior Clinician reviewed the revised research proposal and questions and approved the changes before resubmission to the Ethics Committee. All references to suicide in all the research documentation including the questions and research descriptions, were removed and replaced with ‘stressors/stress’.

Provisions were made for clinical and counseling support to be available to research participants as and when required during the course of the research. At every interview, names of counselors were available on request and informed consent was sought with undertakings about maintaining the anonymity of the research participants and protecting their privacy as agreed conditions of their participation.

A specialised Māori counseling service dealing with issues connected with suicide risk in the hapū was engaged by the hapū as part of the development of a response to abuse identified within the hapū during the course of the research. The discovery of recent sexual abuse in hapū x was an unexpected finding during the research and one that the hapū was already addressing through the engagement of a specialised ‘trusted’ Māori trauma and crisis counseling provider. The trauma counseling service was known to the researcher.

The researcher established on site cultural supervision and made regular contact with the whānau representatives tasked with oversight of the research to ensure that the evolving analysis was technically and culturally accurate and that clinical and cultural safety concerns were being addressed throughout the research.



### **Addressing the Cultural Risks of the Research**

There were no clinical safety concerns identified by any of the research participants who were aware of the clinical safety plan for the research as this was discussed at every interview. The predominant cultural safety concern related to the documentation and dissemination of the research findings. One of the whānau members took responsibility for maintaining regular contact with the researcher and reviewing draft analyses throughout the write up of the research, discussing the latest drafts of the data chapters with some of the research participants. This process was left to the whānau supervisor to oversee and manage bearing in mind the availability of clinical support and the Tikanga Supervisor.

### **Tikanga Supervision**

Tikanga supervision was organised to ensure that the researcher conducted herself in a way that was appropriate in the context of tikanga-a-hapū (the tikanga/cultural norms and practices of hapū x). Tikanga supervision also included cultural processes such as karakia for the safety of the researcher as some of the material was 'tapu/sacred knowledge'. Finally, the interpretation of aspects of Tikanga that came out of the trauma narratives of the participating whānau and karakia over the complete draft of the PhD before sign off with the whānau and submission to the university following whānau consent for it to be submitted 'as is' was also carried out.

### **Disclosure of Information about Historical Trauma in Hapū x**

The first question asks for information about the history of development in hapū x. This gave license for the whānau to talk about the trauma events in their histories as they recounted the whakapapa of their development as a hapū. These whānau narrated these trauma histories in their own words, rendering aspects of their trauma narratives as contemporarily relevant. The whānau words/narratives were analysed alongside literature concerning historical trauma and the outcomes on mental health and wellbeing in current generations of indigenous peoples and specifically in hapū x. These findings recounting the depth of trauma in hapū x, were unexpected. However, the whānau agreed that these narratives needed to be shared and the stories told so that issues arising from these trauma narratives might become part of a healing agenda for the hapū now and in the future. In this respect, what might have been very damaging knowledge about hapū and whānau histories has become both a tool and motivation for the establishment of a healing agenda.

## **Sampling Frame**

A purposive sampling frame was used as recommended in Kaupapa Māori research (Smith, 1999). Whānau who whakapapa to hapū x were invited to participate in this research. The research sample included members of five key whānau from hapū x. The interviews took place over 15 months from January 2010 to March 2011.

## **Data Analysis and Organisation**

The data is organised and reported in two chapters. Chapter Six contains selective whānau narratives about hapū x whakapapa, the trajectory of historical trauma in the hapū and related issues impacting on hapū self-determination, making the links with suicide prevention and soul healing. Chapter Seven contains hapū x youth ideas about their identities, engagement and participation in the hapū and future aspirations. Chapter Seven also contains hapū x leadership ideas about the obligations of the hapū towards their youth (this medium for connectedness is examined as yielding potential for suicide prevention). This is conceptually linked with hapū self-determination.

## **Interpreting the Trauma Narratives in Hapū X**

These narratives are interpreted through the lens of historical trauma/soul wounds, linking the interpretation to the creation of suicide potential in hapū x. Suicide is an outcome of soul wounding/historical trauma (Brave Heart, 2003). The narratives identify suicide risk/potential in the hapū (through an analysis of known risk factors for indigenous suicide). The whānau link these to ongoing generational sexual abuse and incest in the hapū. Sexual violence trauma is implicated in suicide risk (Chen et al, 2010).

## **Narrative Authenticity**

No judgment of authenticity has been made regarding these narratives. Nor has moral or ethical judgment been applied. Nor has any tikanga interpretation been asserted. These narratives are what they are, the stories of selected members of five whānau who whakapapa to hapū x as told to me for the purposes of this PhD research.

## **Cultural Authenticity**

On the subject of cultural authenticity as it pertains to traditional knowledge, Wakefield (2008, p. 18) states that

There is a risk of romanticising indigenous people's struggle and history censoring indigenous knowledge to a pre-colonial state. For indigenous peoples (especially colonised peoples) indigenous knowledge has been in a constant and perpetual state of evolving, shifting and adapting to change. Indigenous knowledge is rooted in day to day living experiences shaping knowledge that is constantly dynamic and evolving. Authentic indigenous knowledge is embedded in worldviews of holism, acknowledging the totality of humanity; the spiritual source of all inspiration and creativity which is inextricably intertwined with the environment and the people.

These accounts might be challenged. However, it is the interweaving of these accounts concerning the history, environment and people that provide the content for soul healing and the reconnection of whakapapa. These narratives are recounted here for one purpose and one purpose only. That is, to clarify the existence of trauma in hapū x whakapapa in order that healing may be advanced for whānau of hapū x descent.

These are the stories/narratives through which these whānau interpret and understand their own histories and which give meaning, substance and form to contemporary experiences of trauma birthed in history. These narratives provide a source of hope and describe the healing potential of hapū x. They have been carried through the lived experiences of these whānau. They rely on the collective capacity to remember and recall whakapapa knowledge. They also rely on the capacity of the whānau to make meaning of their narratives and to weave them into a rich tapestry that becomes the legacy of hapū x whakapapa for current and future generations. The meaning making process is a complex one because it is impacted by the relationships between whānau and each has their own story to tell and their own version of history.

## **Suicide as an Analytical Focus**

Suicide has been selected as the focus and a medium of analysis as the loss of life is the ultimate outcome of historical trauma. It may be viewed as the pathway of least resistance or the final act of self-determination or both. It is a clear indicator of the existence of spiritual pain and psychological distress (Brave Heart, 2000). For Māori, it is a clear indicator that the depth and meaning of whakapapa may no longer reside in the consciousness of the suicidal person and, that this foundational construct of Māori identity is subjugated by the spiritual pain of history. When psychological and spiritual pain overrides cultural identity it renders the individual able to make decisions about whether to end their life divorced from the relationships that are an integral part of who they are (Lawson-Te Aho & Liu, 2010).

### **Unexpected and Unanticipated Content**

Some of the content of these narratives is serendipitous (Cram & Kennedy, 2010). The discoveries contained in these narrative accounts were unexpected, and unanticipated. For example, hapū x tīpuna (ancestors) made decisions that have had enduring impacts for these whānau. These decisions were for the survival and preservation of certain traditions and sacrosanct or tapu roles within the hapū. One decision in particular which, according to the whānau narratives was taken for the protection of a particular and prominent whakapapa line has subsequently produced traumatic consequences for the whānau of hapū x. Behaviours on strength of the decision taken by tīpuna have changed over time to become a form of internalised oppression (Poupart, 2003) that has and continues to wind its way through at least, the past four-or five generations of hapū x whakapapa. It is of immense value for hapū x to revisit some of the decisions taken at times of extreme trauma and pressure to survive and the contemporary outcomes of these decisions in order that the hapū can make the changes needed to prevent the ongoing assault of whānau within the hapū through decisions and behaviours/actions that perpetuate trauma.

Some of the content and themes of these narratives are at once, both deeply disturbing and liberating. I did not intentionally set out to obtain some of the knowledge contained in this chapter. Yet, the analysis of soul wounding, evidenced by some of the content of these narratives brings the whole issue of historical trauma in the hapū to life providing opportunity for further analysis that may eventually lead to the hapū establishing

an agenda for soul healing. This possibility and the steps towards soul healing are discussed in the last chapter of this thesis. Finally, I am obligated to report these findings because elders from hapū x commissioned this research.

### **Inter-Generational Transmission of Whakapapa Knowledge**

These whakapapa narratives are sourced, for some whānau, in whakapapa knowledge that has been transmitted through generations as whānau histories.

*“We were taught these things growing up, we were taught our whakapapa, we were raised with this knowledge...our whakapapa was not passed on to just anyone, no this knowledge was passed on to certain whānau in the hapū”.*

There are two points that require consideration for this research as they are potentially traumatic for certain whānau within the hapū who may not understand the rationale behind some whānau having whakapapa knowledge when they don't. Firstly, there was an oral tradition in hapū x by which whakapapa was transmitted through generations. Secondly, only certain whānau hold this knowledge. This has always been the case and is for the purpose of preservation and protection of whakapapa which is sacred knowledge.

#### **Oral Tradition**

There was/is an oral tradition in hapū x. This is based on the selection of certain whakapapa lines as the orators and transmitters of shared history and stories through the generations. Furthermore, oral history and the transmission of whakapapa had key purposes. For example, Tau (2003) said that oral traditions are,

...oral accounts of a community's traditions. Traditions are more than historical recollections. Traditions report the myths, rituals and customs of a community...to the writer this means, that the child is molded to become a member of the community by means of the traditions that are instilled both physically (ritual) and mentally (myth). The mental foundations of the child are delivered orally...Yet oral traditions also provide historical tracks along the byways of the past...whakapapa and their connected traditions stem from events that occurred in the past. Oral traditions simply provide us with carved images of the past (p. 261)

The second point therefore, is that in this research, the transmission of whakapapa knowledge was carried out by certain whakapapa lines. In oral cultures, knowledge is often considered sacred and therefore a precious commodity not shared with everyone. It is often a sign of privilege, marked by statuses like Tohunga or chiefly lines (Best, 1922). Privileges and spiritual gifts were always to be used for the collective good. They were not individualised possessions to advantage individuals over the collective. Every decision and action was for the collective wellbeing. Whakapapa was considered to be tapu/sacred knowledge. Therefore, if not protected and conveyed accurately it would carry harmful consequences for the Tohunga/whakapapa expert and their descent lines. This is further explained in Chapter Two.

Furthermore, specific whānau have entitlement to this knowledge whereas others do not. It appears that certain whānau at least in the past three generations, were excluded from having access to whakapapa knowledge and therefore, to knowledge of their traditions. This might be explained by the dispersal of whānau following major trauma in hapū x history and the diaspora of the surviving hapū x following several traumatic events. It might also be understood as a protective mechanism for the preservation of this knowledge and a status-dependent entitlement.

### **Selective Transmission of Whakapapa Knowledge**

The contemporary outcome of the selective containment of whakapapa knowledge is that some hapū x whānau felt aggrieved that they do not know their whakapapa and the cultural traditions derived from whakapapa knowledge. This might be interpreted as a whakapapa disconnection or a break in the flow of whakapapa/genealogical knowledge. These whānau are disconnected from the cultural and support systems that whakapapa might provide. Whakapapa disconnections and disturbances have been implicated in Māori suicide risk (Lawson-Te Aho, 1998a; Ihimaera & MacDonald, 2009).

Some hapū x whānau do not participate in hapū life. They experience this as a significant mamae (a hurt).

*“...some whānau do not see themselves as being welcome in the hapū even though they know that they are part of it.... they see some of the whānau as being privileged and only looking after themselves and their kids...yeah, this is a mamae that won't go away...they see that they are always standing on the outside looking in”.*

## **Whakapapa as Sacred Knowledge**

Tau (2003) makes this statement about whakapapa,

For Māori, time is established by whakapapa which consists of seemingly immovable stepping-stones across spaces of time. Thus myth templates may move from the distant past to be imprinted on recent events. Likewise, Māori may seek the ihi, wehi, wana, mana and tapu of their ancestors by an elaborate ritual of request to them. In both situations the movement is down the genealogical stepping stones. However, whakapapa does not change substantially, although there are variants. The sequence of ancestral stepping stones (whatukura) remains unaltered (p 259).

Whakapapa has a permanent quality about it that offers a sense of authenticity, placement, and connection within the expanse of kinship. Whakapapa offers stability, safety, meaning and a sense that one has a place, a connection and a right to exist that is expressed, housed within and framed by kinship. Moreover, there are rules and boundaries by which kin relate to each other that recognise the tapu (sacredness) of these relationships. When there is a disconnection in whakapapa knowledge there is potential for a disconnection in the way in which kin interrelate causing further trauma in the whakapapa.

## **Whakapapa Disconnection Trauma**

Whakapapa disconnection or detachment is extremely traumatic (Kruger et al, 2004). This kind of trauma carries a profound sense of loss and sadness, anger and potentially the loss of hope that impedes healing and restoration. This disconnection can lead to a state referred to as kahupō, or spiritual blindness in which whakapapa relationships may become debased and the sense of reverence for the tapu (sacredness) of these relationships, weakened. This produces a situation where the rules of engagement with others are potentially abandoned. It is within this 'conscience free' and 'conscious-less' state of Kahupō, that acts such as sexual and physical abuse and other violations of self and whakapapa are rendered possible (Kruger et al, 2004). This is validated by the historical trauma research and explained in various ways as a loss of empathy and a loss of emotional connection to the individual or group (Salvatori, 2000).

## **Whakapapa Reconnection and Healing**

Connection to a strong cultural identity exemplified in intact whakapapa relationships, is foundational to suicide prevention, self-determination and soul healing (Brave Heart, 2000; Duran, 2006). Moreover, spiritual wounds manifest physically (Duran, 2006). There is an enduring set of physical outcomes such as premature death, depression etc. that until the root cause of the soul wounds are examined and healed, will cause further *mamae* (deep sadness) and damage to whakapapa (Duran, 2006; Brave Heart, 2000, Lawson-Te Aho & Liu, 2010). Spiritual damage takes place in the 'disconnected space' between the working knowledge of one's identity or whakapapa and the loss of knowledge of whakapapa that brings with it, a loss of a sense of belonging.

Brave Heart (2000) identifies the restoration of kinship relationships and spiritual healing as two cornerstones of soul healing or healing from the impacts of historical trauma. The reclamation of traditional healing knowledge and practices is widely recognised amongst indigenous practitioners as foundational to the exercise of self-determination and prevention of suicide, drug and alcohol abuse and other trauma-related behaviours (see for example Coyhis and Simonelli, 2008)

## **Remembering and Social Representations of History**

The authenticity and validity of these whānau narratives is not challenged or questioned. However, it is useful to consider some of the theoretical process rules by which groups tell their stories. Liu & Hilton (2005) maintain that any narrative account of history is neither true nor false in and of itself and, that history provides a warrant of legitimacy. In this case, whakapapa is that warrant of legitimacy. However, when the warrant of legitimacy becomes pathological, there are grounds for challenge to the legitimacy of the actions that flow from the pathology (Kruger et al, 2004). Challenging pathology from within requires an inordinate degree of courage because pathology is maintained through a web of normalised self and collective deceptions.



## **Hapū x Whānau Narratives**

A thematic analysis (Braun & Clarke, 2006) has been applied to draw out the content relevant to the identification of historical trauma in hapū x. The first overarching question was about trauma in the whakapapa of hapū x.

The whānau were asked to identify trauma in the whakapapa and history of hapū x and to describe that trauma and the ways in which it impacts on the whānau and hapū today. Three main trauma accounts were identified including the massacre of the hapū by rival iwi; the legitimization of incest to preserve the matakite (prophetic) lines and the alienation of hapū x lands during colonisation. From these historical traumas, links were made to suicide risk, unresolved grief, and sexual abuse and ruptured relationships within the hapū and between whānau. The diaspora or dispersal of the whakapapa/kinship was also identified as the source of ongoing disconnections in whakapapa, upsetting relationships between whānau and kin.

### **Traumatic Act One: Massacre of Hapū X**

The trauma themes identified in the narratives pertaining to the massacre of hapū x at the hands of a rival iwi relate to death and loss, unresolved grief through the stunting of the tangihanga process; rape trauma, silencing of aspects of the trauma and the dislocation and dispersal of whakapapa.

#### **Context/ Historical Account**

In the early 1800's a warring chief leading a coalition of tribes, attacked hapū x in their own territory. The attack was unanticipated and hapū x was largely undefended. Some were taken as prisoners and of these, some were enslaved. By all historical accounts it was not so much a battle as the slaughter of defenseless children, women and elderly. The hapū lacked muskets and so the death toll was high. The research participants spoke of an absent tribal leadership explained by the Paramount Chief's attendance at a Whare Wānanga/House of Learning. There was also believed to be a large group of the hapū away gathering kai.

The research participants raised this battle as significant in the development of historical trauma in hapū x. They were asked to talk about the trauma impacts from the battle and the intergenerational spiritual, emotional, psychological and physical impacts. The participant's accounts were grouped into superordinate themes of death and loss leading to

unresolved grief; rape trauma, silencing of aspects of the trauma and the dislocation and dispersal of whakapapa.

## **Death and Loss**

The respondents spoke about the deaths and deep seated loss that resulted from the battle and the campaign against hapū x. They interpreted this as spiritual suffering and pain that formed a legacy for current generations and led to outcomes such as unresolved grief that they identified as bearing consequences such as depression and suicide.

*Whānau:* There are major wairua (spiritual) impacts...there is a deep mamae (pain) that continues on through generations to this day...carved into whakapapa. It is like a wound that never heals...That is how whakapapa works...we are you know, all tied together...pain in the wairua is transferred through the whakapapa...it becomes part of it, part of us, part of who we are. Those one's who died that day, were mostly women and children and old people...we lost generations of unborn children, the wisdom and leadership of the old people and the potential of our children. All gone in one go...and then there is the grief, no time for a tangi, no time to grieve properly. The pain is tangible...it is real and unless you know where it comes from it just sits there in the whakapapa and you know something is wrong but you can't explain it

*Interviewer:* What do you mean it sits in the whakapapa?

*Whānau:* Well you know, um, it sort of becomes part of the whakapapa and so every descendent of those whakapapa lines has that mamae and grief as part of who they are...they are sort of born into it

*Interviewer:* What do you mean that they are born into it?

*Whānau:* I mean that it is their legacy – sort of like that saying that the sins of the father are visited on the children. Well it's sort of the same...that the pain of the past is visited on the children and the generations to come...that's kind of a spiritual truth...

*I* How do you deal with that?

W Well I sponse by karakia, whakawātea, spiritual cleansing and lifting of the tapu...by having a tangi...our tīpuna dealt with grief in these ways...we deal with grief in the tangi...it takes a wairua response to deal with a wairua issue...spirit to spirit, wairua to wairua and what are our ways for wairua healing? Karakia, wai, breaking curses, lifting tapu, making noa....but there's a need for people who are directly affected to be involved...then the practical side has to be dealt with...who do we have to lead this? How do we bring people in, back together who have benefited from ignoring it, from burying the pain...who refuse to see that healing has to happen

Brave Heart (2003) refers to unresolved grief as part of a native historical trauma response. This manifests as depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem and attempts to avoid painful feelings through self-medication. Brave Heart narrates the trauma of her own people, the Lakota as inclusive of war trauma and prisoner of war experiences, starvation and displacement and unresolved and impaired grief. Grief resolution is vital for healing (Duran, 2006; Lawson-Te Aho & Liu, 2010).

The inability of hapū x ancestors to grieve for those who were killed in the battle has left unresolved and impaired grief responses that the respondents were able to identify and explain as pain that traverses whakapapa. To this day, there has been no memorialisation of the dead and no proper mourning process and so the death and loss has become an unresolved spiritual wound. One of the elders observed the high rates of drug and alcohol abuse in the hapū and was determined to develop a healing methodology to address issues around drug and alcohol abuse, suicide risk and other issues impacting on whānau. Of the psychological impacts of the massacre, the respondents said,

W They (the victims)...must have been terrified, imagine not knowing if your children, your parents, your grandparents, your mokopuna, are alive or dead, yeah, having to leave them behind when you know that your own flesh and blood may be dead...not being able to give them a proper burial...when you can't tangi, then the spirits of the dead can't be free, they are left behind with the living. Grief is like a depressing spirit and if it is not dealt to can make you spiritually sick, mentally ill especially if the spirit attaches itself to you...

*I* Are these spiritual impacts evident today in the hapū?

*W* I believe they are...that they look like what we are seeing now with whānau not speaking to whānau, the abuse that is going on in the hapū involving certain whānau, some whānau taking power over others, taking sides and shutting others out of the hapū...these are indicators, signs that we have lost what it means to be whakapapa – to care for the concern of each other...to be one and to live in kotahitanga, united, bonded together by those tapu (sacred) bonds that are part of our whakapapa to the whenua , awa, moana ) and ngā tangata (the people)...

*I* What were some of the physical impacts?

*W* ...the physical impacts...well that was about the massive loss of life but also about the scattering of whakapapa. Those who survived had to run, some left the area and never came back...they became disconnected from the whenua (land) and each other...we have generations of hapū x who are disconnected from their whakapapa and don't know who they are or what to do...or how to get back...we don't even know if they want to get back...that's the saddest thing of all, that they are so far gone that they may not even be able to come back to us, to our whakapapa, to this place

*I* When you say that they are so far gone what do you mean?

*W* ...well they have broken their ties and their desire to rekindle the bonds of whakapapa...they have been too hurt, too much water under that bridge, too far to turn back, too little too late...and why would you want to come back if you feel that your whānau has been shut out, that some are privileged and their kids are taken care of but your kids aren't, you are not welcome...but the tīpuna of those ones are the same, they died, they suffered, they lost their lives...who gives some whānau the right to claim that they have a special right...I wouldn't want to come home either would you?

### **Unresolved Grief**

These whānau acknowledged the unresolved grief from the events of the battle. Unresolved grief was identified as still having an impact on current generations through the potential for this to become suicide risk, mental illness and other trauma outcomes.

The literature identifies elevated suicide risk as one outcome of historical trauma (see for example Brave Heart, 2000; Coyhiss & Simonelli, 2005). The tangihanga is the process of mourning for and burying the dead.

*W* ...it (battle) was so unexpected and swift that a tangihanga wasn't possible. Mourning for those who died in the massacre was prevented...it was um stunted, cut short and the ability to tangi, to mourn for those who have passed, is a central part of our healing...so when there is no tangi, no release or expression of grief, no capacity to cry then there is no capacity to heal, to let go, not to forget, never to forget, but to let go and understand that those ones have gone on to be with the Atua, with ngā tīpuna. Then they can become like restless spirits wandering never finding a home, never finding peace, never being able to rest in peace...and this kind of thing brings restlessness to our whakapapa...

*W* They had to leave the dead.... There was no time to tangi...no time to mourn for them....there is massive unresolved grief in the hapū today because of this...now we've got a whole hapū in grief

*W* The leaders had gone to a Wānanga and there was a no fighting compact.

*I* What does this mean for current leadership?

*W:* I think it means that they have a duty to know about the unresolved grief in the hapū and they have a duty to do everything they can to help with healing, to facilitate that through their decision-making, through their choices, through their compassion, through their hopes for their whānau, and the hapū, hopes and visions for the future....all of these things and probably more...

The deep seated grief said to be borne by the rangatira of hapū x must have been profound.

### **Takahi**

A takahi is an act of abuse and violation. In this case, the takahi occurred when the invading iwi are said (in these narratives) to have raped some of the women in hapū x during their raids. This is interpreted as the violation and denigration of whakapapa and of the tapu

or sanctity of women as both whakapapa and te whare tangata. Te whare tangata is interpreted as the house of humankind because of the capacity that women have to bear children and thereby carry whakapapa. Te whare tangata is physically situated in the female body as the womb (Pere, 1984).

*W* The takahi, rape violations started something (trauma) the takahi, rape and pillage violations started something in the whakapapa. The takahi is not spoken about – rape sits in the whakapapa but we don't talk about it...we all know about it...

*I* Is silencing part of denying it?

*W* No. the takahi is not denied...those of us impacted by it, we all know, we know the truth about it but we choose not to emphasise it...not to deny, not to own...well it could be silencing but silencing is usually done by the perpetrators but in this case, our whānau in their wisdom made the decision to acknowledge it within our own but not to talk about it...we don't talk about it to outsiders but we do recognise that it happened but only amongst ourselves, not with outsiders

*I* So it is not denied. It is not silenced but the knowledge is kept within the whakapapa?

*W* Ae. (yes) but in saying that, there is also a lot of fear about the consequences of this knowledge

*I* So if it is not talked about, isn't that the same as agreeing that the victims should continue to live in shame and fear?

*W* Maybe, it could have been a way of protecting the victims. There was usually a good reason why things happened in the old days...must have been a reason for it

*I* Is it healthy for the healing of the hapū if these secrets continue?

*W* ...probably not but we have been keeping the secret of the takahi for a long time and yet even though it happened all those years ago, it is still in our consciousness so it hasn't been forgotten

Rape defiles whakapapa (Lawson-Te Aho, 2008). The defiling of whakapapa occurs bi-directionally because whakapapa is an interdependent relationship. Rape carries extensive shame and fear for the victims (Freyd, 1994). Shame and fear together form an alliance that creates an imperative for the silencing of history. The silencing of history may cause the takahi (abuse) and hara (offence) to continue to disempower whānau through generations. Silencing is destructive because the removal of a peoples voice, removes the reality of the trauma experience. In the voiceless space, justifications for trauma can be crafted in which the victims are said to have somehow brought this on themselves. However, silencing is not the same as denial and in this case, seems to be a protective strategy taken by the whānau to protect their own.

*W* There is an unspoken thing of takahi. Several of the whānau from hapū x are the result of rape...that sits in the whakapapa...people were left behind

*I* What does this mean for the descendants?

*W* ...that's a good question that we haven't got the answer for...they are still our whakapapa, still our own but they carry the whakapapa/the seed of our historical enemies...but that was not their fault and so we need to protect them and their descendants, our whānau...by not talking about what happened, by not talking about it...but by knowing that it is there, in the whakapapa...that has consequences for all of us...

*I* What consequences does it have?

*W* Well it means that we have to continue to shield them, but we might have to look into that...

*I* How do you shield them?

*W* By keeping the tapu of the kōrero...not talking about it...

*I* what do you mean 'look into that'?

*W* Well you know, try and trace back and find out who these whānau are and then work with them to begin a healing kaupapa...the whakapapa can't be

changed back but we can decide to emphasise certain elements of the whakapapa, knowing that the rest of it is there, part of us but we don't have to be victims forever, or to focus only on the takahi and what that has done to us

A foundational part of soul healing in the literature is the ability to revisit the trauma in order to understand how and why that history continues to have consequences and causes pain in the present. As long as soul wounds remain un-named they remain unknown and silence blocks healing. Silencing of history is one distinguishable feature of traumatised peoples as is evident in the literature (Petersen-Coleman & Swaroop, 2011). Duran (2006) and Brave Heart (2000) identify healing of the spirit as the imperative for healing the people. In this case, whakapapa continues to render this history as relevant and important. Therefore, forgetting the trauma history of hāpu x is not compatible with a whakapapa analysis and as such, would be a culturally undesirable course of action.

Brave Heart (2000) describes the rape and mutilation of women in her Lakota whakapapa and describes the extensive grief and trauma of this. Rape is often a strategy used during times of war (Petersen-Coleman & Swaroop, 2011). Rape leaves a spiritual wound, carries profound shame for the survivors and leaves a knowledge-void for their children where rape has been silenced by cultural norms and by the denial of the perpetrators.

Rape is a physical act but it leaves behind deep unseen spiritual, relational and psychological wounds. Moreover, it establishes a need to protect the children of rapists and subsequent generations from knowledge of their parentage or in this case, their whakapapa. The silencing of this aspect of hapū x trauma history has unseen consequences of whakapapa disconnection. When the burden of shame is so profound, the steps that need to be taken for the spiritual lifting of that mamae must be identified and reclaimed if healing is to proceed (Brave Heart, 2000).

*W* Some of our whānau are living with the shame of being the uri (progeny) of rapists...even though it is not their fault, they were and are the victims. We know they are victims but how do you deal with that? Do you talk about it...pretend it never happened? What do you do?...our tīpuna (ancestors) decided not to talk about it

*I* Why do you think that was?



W Well as long as you talk about something, you keep it alive. It would have been a deliberate decision to protect the victims I suppose and, well, they had their reasons

### **Traumatic Act Two: Preservation of Matakite Whakapapa Line**

Māori worldviews are based on the central relevance and importance of wairua (spirit) (Pere, 1984; Durie, 1994).

#### **Matakite**

Matakite or the spiritual gift of being able to see into the spirit realm is present in hapū x whakapapa as it is in many hapū. The literal translation of matakite means to be able to see people, objects and events that are not perceived by the senses. Spiritual gifts were not uncommon in traditional Māori societies (Best, 1922; Best, 1925; Best, 1975).

Matakite would have been part of the hapū x protective strategy for the protection and preservation of whakapapa. Every role, every action, every decision was based in traditional times on the protection and preservation of whakapapa.

Hapū x tīpuna (ancestors) made a decision to prohibit marriage in and out of the matakite whakapapa line. The decision made by the tīpuna appears to have been a contained one intended to apply to one whakapapa line to contain and preserve the spiritual gifting of matakite within that line. The decision was to enact a purification strategy realised through the rāhui (ban) on marriage and procreation outside of that particular whakapapa line. No one was to get in, and no one was allowed out of the particular blood line, such was the critical importance of it to hapū x survival. It could have worked to protect and preserve the matakite gift. However, it has far reaching outcomes that continue to impact on hapū x whānau as these narratives describe.

#### **Preserving Matakite**

Incest was discovered in the hapū. The deeply disturbing public revelations that incest occurred and involved male youth with accusations that they committed acts of rape and molestation on a number of their whānau has divided whānau and compelled the hapū to take action. Yet whakapapa makes everyone accountable whether they take up that accountability or not (Kruger et al, 2004). Whakapapa implicates the entire hapū in the trauma. This creates the imperative for collective action for the resolution of the mamae (pain) and beyond that, healing of the wounded spirits of the whānau both victims and

perpetrators. The whānau framed incest as a whakapapa violation as the following narratives clarify

*W* Traditionally incest was in the whānau...The whakapapa line (matakite) gave tūrangawaewae (a place to stand within the whakapapa)...and no one could whakapapa into that line...to keep the lines (matakite) pure, the Tīpuna made a decision that only those on the direct whakapapa line could have children with each other...this was first cousins and close whānau...but those sitting outside the line could not.

*I* How does this impact on current generations?

*W* Well I suppose you could say it let incest and sexual abuse in the whakapapa...it has been misinterpreted over generations and now, at least three generations back, there is abuse in the whānau...there is abuse in the hapū today...there is a saying that there is no such thing as whānau after dark but the difference is in the kaupapa that happened around the matakite lines.

*I* To preserve the matakite line?

*W* Yes...the pattern began when that decision was made and somehow over the generations, we have lost sight of the original purpose for it and now there are no boundaries, no rules...

*I* How do you explain the original decision?

*W* Desperation...but incest is incest and while I get the reason for the decision, it was still not right...it was still incest...it set some spiritual consequences in motion that are part of the violation of whakapapa

*I* How has the hapū dealt with sexual abuse/incest within the hapū?

*W* In our time when we exposed the abuse the hapū supported the perpetrators and we were isolated out. Now the hapū are making a stand against abuse and saying that they have had enough and want it to stop...the hapū is taking a stand now, whereas in the elders time and our time, we were not taken seriously...collectively the hapū can be silent or speak out...they are taking a stance now, they are making a stand by making a

noise...most of the abusers in town are known – by speaking out it has raised a lot of issues...they are talking about what happened to them in their time.

*I* What have been some of the impacts?

*W* In one of our whānau, there is a weak seed...there are no issues from several whānau and a lot of us are barren...this is the result of the continued violation of whakapapa...which is why some of our whānau were so upset when second cousins married...In other parts of the whānau, the whakapapa dies out young from heart disease, cancers, diabetes...this is all related.

*I* What needs to happen now?

*W* Well for starters we need to face up to it...the sexual abuse has split the whānau...we are still sitting in the victim...some things can never be forgiven...they had a choice...now we need to look at utu, at reciprocity...somehow we have to restore balance...that is the only way – people have to take responsibility and not try and hide because they are afraid about what is going to happen or they are ashamed...that doesn't help anyone least of all the victims...but some of our whānau are accusing the victims of being liars...

### **Denial and Silencing**

These narratives refer to the denial of incest and sexual abuse in the past by the hapū and certain whānau in leadership roles. It also refers to the denial of incest and sexual abuse by whānau now in order to protect those who have carried out the abuse. This means that some hapū x parents are taking a stand for those accused of the abuse against the rest of their children, some of who claim to have experienced the abuse. It is a very complex dynamic that rips right through whakapapa as a potentially destructive force that will damage parts of whakapapa until reality is faced and healing facilitated.

The decision taken by hapū x tīpuna to orchestrate the union of close whānau as a protective means for the preservation of the purity of the matakite line was implicated by these whānau in incest in the current generations of hapū x whānau. This is interpreted by these whānau as a violation of whakapapa with the preservation and protection of whakapapa, the central concern.

The impact of the decision on the whakapapa has not only been to suspend the boundaries around conduct between whānau members leading to intergenerational incest but also to split whānau pitting them against each other as some align with the perpetrators of sexual abuse and others align with the victims.

### **Loss of Cultural Knowledge**

There are some implications of these narratives that have not been directly identified in the words of the whānau but can be inferred. Firstly, there is an apparent loss of cultural knowledge about the sacred role of hapū x women as Te Whare Tangata (the carriers of whakapapa and of the sacredness of whakapapa).

W            They (current perpetrators of sexual abuse) don't seem to have any conscience...how can they abuse and violate their own whānau? These are not the actions of those who understand whakapapa...who understand that we have to look after each other, we have obligations to each other

W            When did we start to lose our tikanga? When did we start to think that it was okay to rape and molest our own whānau, to violate each other

### **Normalisation of Abuse Patterns over Generations**

The normalisation of sexual abuse is evident in these narratives. This is also confirmed by the ongoing presence of sexual abuse in hapū x. Some of the whānau interviewed for this research recounted elements of their own experiences of sexual abuse. The normalisation of maladaptive and dysfunctional behavioural patterns is often a feature of intergenerational sexual abuse (Chen et al, 2010; Dexheimer-Pharris, Resnick & Blum, 1997). Sexual abuse is directly implicated in the elevation of suicide risk, attempted and completed suicides (Dexheimer-Pharris, Resnick, & Blum, 1997; Salvatori, 2000). Therefore, the hapū should be concerned about suicide risk amongst the victims. One of the whānau identified this during the interviews when they commented that,

W            I know of at least some of the victims (of abuse) who is now at high risk of suicide

## **Unresolved Anger and Pain**

W I will never forgive the parents (of the perpetrators of sexual abuse/incest) or them even though they are my whānau. They always had a choice but their victims had no choice

W I feel so angry about what happened and that it happened here with all of the adults present...what were they doing? How could all those adults miss it?

These comments by the whānau indicate the level of anger and pain at the discovery of incest within the hapū. In a whakapapa analysis there is no disconnection between the abusers and the victims. Healing of the whakapapa calls for healing of both and their whānau. However, this becomes very difficult when the whānau are refusing to acknowledge the abuse while other whānau cannot forgive these actions.

## **Traumatic Act Three: Alienation of Hapū x Lands**

### **Context**

In 1840, the Treaty of Waitangi guaranteed iwi signatories a right to exercise sovereignty over their tribal lands. However, 20-30 years after the Treaty, hapū x had become dispossessed. Fraudulent actions by the colonialists in their dealings with hapū x initiated a struggle for the return of the land and justice. Although iwi settled the claims of justice with the Crown, the alienation of their lands left a painful legacy and the history of hapū x has been framed by the enduring struggle for redress and justice. Although some reparation has been made, the struggle over contesting boundary claims with neighbouring hapū exist to the present day. Hapū x whānau described three main trauma outcomes that flowed from the alienation of hapū x lands.

### **The Loss of Mana Motuhake**

The principle of mana motuhake refers to having autonomy, self-sufficiency and authority. The mana motuhake of the whānau was sustained through whakapapa connections and protected under the mantle of the hapū. Therefore, the hapū had a protective role or a cultural duty to protect whānau (the people) and the whenua (the land).

W Well firstly there was the loss of mana motuhake, the right to be self-determining and to have authority over the rohe/tribal area. The hapū had been devastated (in the battle/massacre) and then along came the colonisers and took the land and worse, used it to give mana to another enemy chief and undermine our mana (authority). Hapū x was in a weakened state and then we had to deal with the colonisers taking our land and worse, using it to force us into poverty and not able to meet our obligations to mana whenua, the people by ignoring hapū x and taking power away from us to make decisions in our own tribal area, they denigrated and undermined our mana. Also according to tikanga, we are kaitiaki, guardians of the whenua (land). We couldn't meet our tikanga obligations...we couldn't protect the land, the one who nurtures us and sustains us as a hapū. You really need to understand Māori ideas about the whenua, the land, to understand the significance of the loss of mana motuhake.

I What was the impact of the loss of mana motuhake?

W Mana motuhake is tied to mana, mana is the expression of the standing of a people. There are different types of mana – mana motuhake is about being able to take care of business in the local area, to fulfill the divinely given obligations to whakapapa, to care for the people and to care for the land. When you have no authority and no power to protect and preserve the people and the land, then you lose mana or standing...when someone comes to my place, I look after them, feed them, and that kind of thing. My generosity and ability to care for them reflects on me and my whānau. Well that is sort of how mana works at the hapū level. Without mana motuhake, you can't really manaaki (duty of care) for the people or the land. Without that you become disempowered, enslaved and suppressed.

Kruger et al (2004) differentiate between the different types of mana. Mana refers to the external expression of achievement, power and influence (p. 17). Mana whenua is expressed in the proverbial saying *ko te whenua, te toto o te tangata – the land is the lifeblood of the people*. Mana whenua confers rights and responsibilities for whānau, hapū and iwi to connect with and hold a sense of belonging to the land. Mana Tangata refers to relationships that connect people with the place or the land.

The expression of mana motuhake is reflected in the ability to make decisions concerning what is best for the people and the land and thereby, fulfill cultural obligations based on the indivisibility of spiritual knowledge and truths and physical manifestations of that knowledge through the enactment of tikanga (Māori cultural values, worldviews and practices).

### **The Enduring Struggle for Justice**

Hapū x continues to pursue justice over who has jurisdiction over the Northern boundary of its territory. This search for justice is a direct result of the actions of the colonial government described previously. One of the strategies of the colonial government was to manipulate animosities between hapū in order to obtain land for settlement. The overarching purpose of their actions was to also break the resistance of hapū so that there would be no contest to their assertion of political power. This has created an enduring struggle for justice.

*W*            The struggle for justice never ends.

*I*            What is the struggle?

*W*            The struggle for justice, the struggle to have our mana recognised, the struggle to right the wrongs of the past and restore our rightful position as hapū able to be self-determining, to have land and resources returned...it is all about being able to exercise our Rangatiratanga inside our tribal boundaries....it has always been about our Rangatiratanga and mana motuhake

### **Dispersal of the Hapū due to Hardship**

Another impact of the alienation of hapū x lands was the dispersal and scattering of whakapapa (kin). Some whānau left because they had no choice but to leave in order to live.

*W*            We couldn't live, we had no kai, and worse we were criminalised to put kai on the table for our whānau, carry out our hosting role to awhi and manaaki our manuhiri, to feed people during times of tangi, hui and other gatherings of the hapū and as I understand it, that puts a dent in the mana of the people, it's like losing face when you can't feed your manuhiri and your whānau. Also we are kaitiaki (guardians) of the natural resources and so we

couldn't fulfill that role either...we couldn't meet any of our cultural obligations

*W* We had no access to our own lands, no access to our own waterways and promises that we would keep control over an area of the coastline if we sold, were quickly broken

*I* So what did this mean for hapū x whānau?

*W* It must have been a huge mamae (pain) to have to leave the whenua, your place, your connection, your whakapapa...to leave that behind because you weren't allowed to use your own lands and the lands that your tīpuna lived and died on, where your whenua (afterbirth) was buried...Imagine that, imagine the trauma of that. After we lost the land, the whānau had no other option... they had to move on, otherwise, what? Stay and starve? Some whānau have never returned, they have never come home again and if our identity is tied to the land, well that raises questions about identity, our knowledge of where we come from – that is a lived thing, not something that you can recreate on another hapū's whenua. Who you are has everything to do with how you connect, how you link into this place or that. It has everything to do with your relationship with your land. Mind you, in a spiritual sense, we still own this whenua even if we don't have a title deed to confirm it – it is ours spiritually and we still have a right to claim it

*W* Right back when the land was lost and it was sold to farmers before the hapū could make its claims people were put onto reservations and their access to the rivers was stopped so whānau started to move away...traditionally whānau held areas of traditional knowledge so all that knowledge left with them

The implications of land alienation went way beyond the inability to live and the enduring struggle for justice. It changed the entire fabric of traditional knowledge transfer and capacity to meet cultural roles and obligations to care for the environment (mana whenua) and the people (mana tangata).



## **Links between Historical Trauma and Suicide in Hapū x**

Historical trauma creates a vulnerability to suicide in indigenous populations (see chapter three). In the case of hapū x, sexual abuse is also implicated in suicide risk (Chen, et al, 2010). The whānau expressed concern for some of the children and young people who are recent victims. There is a pattern of suicide attempt in hapū x as one of the whānau identified

W            There isn't one whānau in hapū x that doesn't have a suicide attempt. They have their markers (indicators of suicide) but they don't know what to do, they don't know how to help a lot of kids that have tried

### **The Legacy of Historical Trauma in Hapū x**

As descendants of those who managed to survive, cope and adapt to the most severe and brutal acts of colonisation and the trauma of their history, hapū x whānau have inherited soul wounds. These wounds are part of a spiritual inheritance that carries psychological, cultural, socio-political, physical and other ramifications. Brave Heart (2000, p. 248) describes *Memorial People/Wakiksuyapi* as those who “carry grief and whose lives are testament to lost ancestors”. The holocaust literature describes *Memorial Candles* in the same way. The concept of *Legacy Bearers* is relevant. Hapū x occupies historical positions and roles because they cannot detach from their history. Neither can they detach from whakapapa, from the very heartbeat and lifeblood of who they are. This is their legacy. Unseen spiritual ties that bind hapū x are immutable and permanent. Whakapapa has been subjected to massive change and transformation with deeply traumatising outcomes. Some maladaptive strategies have become woven into the whakapapa as a response to traumatic events over which hapū x had limited control and in some cases, no resistance. Hapū x cannot ever fully escape from the historical trauma that weaves through their whakapapa. This drives an enduring struggle that propels them towards healing and self-determination. That struggle is exemplified in the lives of their ancestors and burns in the spirits of current generations.

In a Māori conceptualisation this is described as mauri (life principle). Moreover, denial of history and whakapapa are harmful psychological practices albeit that they are in the coping and survival armory of many indigenous peoples. Ancestral survival exemplifies the resilience, fortitude and sheer determination to live, that the ancestors possessed. While

many ancestors and whānau have died, many of them have also survived and we are the living descendants of the acts of resistance and courage that survival was and is. We are also the walking wounded (Duran, 2006). Healing of the spirit is entirely necessary and achievable. Healing of the past is entirely necessary and achievable. However, there are some steps that need to be taken beginning with revisiting the history of trauma and understanding how and why it happened so that the lessons of the past can inform our healing in the present and future.

## **CHAPTER SEVEN:**

### **HAPŪ X YOUTH AND LEADERSHIP**

#### **PERSPECTIVES**

The overarching purpose of this chapter is to convey selective hapū x youth perspectives about their relationships in the hapū informed by their knowledge of whakapapa and tikanga and their levels of cultural fluency, participation and engagement. These hapū x youth are embedded in the whānau narratives in Chapter Six as legacy bearers of the trauma history of the hapū. However, they do not appear to have consciousness of their status as legacy bearers but they do exhibit features of unresolved grief that is part of their legacy as hapū x. These youth perspectives are considered in light of the perspectives of three hapū x leaders about the roles and responsibilities of the hapū in the lives of these youth.

In Chapter Six, historical trauma in the hapū is narrated by hapū x whānau and attributed to inter-tribal warfare, colonisation and strategies for the preservation of the matakite line. Moreover, historical trauma carries a number of contemporary outcomes. The relational and other issues identified by hapū x youth and leaders are contextualised by the trauma history of the hapū. Therefore, these interview findings are positioned in this thesis as threads of the same story.

This chapter describes relationships between hapū x youth and leaders and their differing perspectives and views on hapū x development, their respective roles in that process as a means of mapping a healing pathway for the hapū. These findings are set against the realities of historical trauma and the contemporary impacts and outcomes of history for those who whakapapa to hapū x. The context of hapū x development provides an overview of the ways in which the hapū might seek to heal some of the trauma and pain of the past in order to exercise self-determination without being weighed down or shackled by soul wounds or historically traumatising events that work their way through the whakapapa. Finally, hapū x has always had recourse to survival and whakapapa preservation strategies.

## **Hapū x Development – the Context**

Documents were reviewed that details some of the developmental history of the hapū from the mid 1970's onwards. During this time a pro-active whānau development strategy was initiated. Three significant developments are of note as they indicate a tradition of hapū leadership, the exercise of mana motuhake and a vision for hapū x self-determination based on the unequivocal reclamation of cultural traditions and the determination to draw whānau home for the purposes of whakapapa reconnection and to secure their involvement in hapū x development.

All of these developments are potentially instrumental in the prevention of suicide in the hapū and this will be discussed in the final chapter. Moreover, these developments substantiate the instrumentality of the hapū as the catalyst for whakapapa healing through the exercise of self-determination. Key hapū developments are defined by Wakefield (2008) as 'restorative indicators for mana motuhake (local level tribal political authority/leadership). These are

1. The pursuit and settlement of the Treaty claim
2. The re-establishment of hapū mana motuhake
3. The establishment of a hapū health and social service

These restorative indicators for mana motuhake along with an economic development plan were inspired by the desire to keep hapū x whānau at home and reconnect and repatriate those who had moved away so that they could make a contribution to hapū development. Moreover, these actions relied upon visionary leadership, hope for the future and the strong desire for healing from the impacts of a traumatic history. These developments provide learning that is framed as suicide prevention in this thesis. These are discussed in the final chapter.

The dream to rebuild the marae was part of a revival of the vision for hapū x mana motuhake (local political autonomy). The hapū had abandoned the marae historically. It was widely believed prior to the re-building of the marae, that the people of hapū x were homeless, having no place to gather and no marae on which to stand and exercise their status as mana whenua (the people of that land).

In 2007, the majority of hapū x lived away from their tribal area/rohe. Whānau in this study commented that as a result of migration out of the tribal area, whānau were transformed from being a rural based to an urban-based population. They identified the 1950's and 60's as a time when there was a mass exodus of hapū x whānau into the cities in pursuit of work. The marae development was a key strategy to draw hapū x whānau back and to reassert the political autonomy and authority of the hapū. The marae was viewed as the gathering together of the hapū to pursue the vision of mana motuhake. The marae came to symbolise the resurgence and reassertion of hapū x political authority, setting the platform for the exercise of self-determination. Thus the marae stands as a beacon of hope for the future. The marae is the seat of hapū authority is central to any healing process now and in the future.

### **Treaty Settlement Process – Justice and Reparation**

The iwi underwent significant and rapid structural and political change as an outcome of the Treaty settlements process. The settlement included a Crown apology, financial redress, non-financial redress (such as the return of land, sacred sites and participation in customary fisheries etc.) and legal tools to validate and formally recognise the authority of the iwi within their tribal boundaries.

Hapū x was established as a tribal council established on ancestral land, as a result of a Treaty settlement. The Treaty settlement process established an economic base for the tribe and further enabled hapū x to press on with their development plans which were already underway due to the determination and actions of a handful of hapū x whānau. The plan was to establish cultural and economic development strategies.

### **Establishing a Restorative and Healing Process**

Hapū x as part of its development plans established a health plan and organisation. In the initial stages, one of the elders who issued the kāranga for this research served in a voluntary capacity to try and address the health and social service needs of the community through actions such as advocating for the rights of Māori offenders, diverting whānau into therapeutic programmes and facilitating reconciliation meetings between victims and youth offenders before family group conferences and restorative justice practices became commonplace. Over the years the hapū developed a number of health and social services.

### **Youth suicide prevention efforts**

In the early 1990's the community was impacted by a cluster of youth suicides and suicide attempts. In response, hapū x established a rangatahi support programme. The focus of the programme was on Māori performing arts (kapa haka, waiata, taiaha) and the promotion of healthy lifestyles. The key message in the programme promoted by hapū x elders was that suicide was unacceptable. The success of the programme was evidenced by the decline in youth suicides in the community at that time.

### **Economic Development Projects**

Two Māori specialised economic development initiatives were developed in the hapū. As a strategy for the exercise of hapū x mana motuhake, these economic development projects have been an important means by which alienated and disconnected whānau have been able to return to their tūrangawaewae/home.

## **Findings**

### **Hapū x Youth Perspectives**

This chapter considers selective hapū x youth perspectives on hapū x development with particular emphasis on:

1. Hapū x youth identification with their whakapapa and level of cultural knowledge
2. Stressors impacting on hapū x youth and their coping methods
3. Hapū x youth engagement with and participation in the hapū
4. Hapū x youth aspirations and hopes for the future
5. The roles and obligations of hapū x towards their youth

Insider and outsider perspectives are considered in two samples of hapū x youth. One of the youth samples was drawn from hapū x youth who were raised inside the hapū boundaries and currently live there. These youth have born witness to the efforts to develop a solid economic base for hapū x whānau through the strategies and actions of their whānau. These youth have also predominantly only ever known life as it plays out inside the hapū.

The second sample is an urbanised hapū x youth sample. These youth were born and raised outside of the hapū. Therefore, they do not have the same exposure to the hapū. Nor do they live in close proximity to their marae. The analytical framework for this research is whakapapa/kinship. Theoretically, hapū x youth born and raised in the hapū should have a stronger sense of belonging than those raised away from their hapū and marae. The reason for this hypothesis is that youth born and bred inside the hapū rohe (tribal area) have access to the marae, which is the site of hapū authority (and the expression of the bonds of whakapapa).

Hapū x youth living at home can and do visit their marae for hui, tangi and other cultural events. Their whenua, the natural landscape is around them on a daily basis. They can see, touch, smell, feel these tangible aspects of their identity and draw strength from knowing that they belong to this place and to these people. Hapū x youth living in the city do not have the same access or exposure to the markers of their cultural identity. They look upon other hapū landscapes and do not have their own marae down the road that they can visit. This theoretically produces a different conceptualisation of who they are as hapū x and a different level of engagement with and participation in, hapū life. Māori cultural identity is a lived and living phenomenon. Exposure to the marae, Māori language and cultural values is vital for the maintenance of knowledge about one's identity and, for the active participation in hapū (as whakapapa) (Durie, 2001). Whakapapa in simple terms means hapū x youth knowing who they are and how they fit into their cultural worlds as hapū x, Māori, whānau, hapū and iwi. It is the pragmatic maintenance of kinship relationships from which their identities are derived. Each identity operates from a different perspective of whakapapa from the smaller close knit unit of whānau to the larger population unit of Māori. For these youth, iterations of their cultural identities reflect their whānau and tribal histories, their position as Māori youth in New Zealand society, their position as youth generally and other framings. However, whakapapa is at the heart of who they are.

### **Hapū x Leadership Perspectives**

This chapter also considers selective leadership perspectives on hapū x development with particular emphasis on hapū x youth and inclusive of:

1. Identification of the strengths and weaknesses of the hapū
2. Stressors impacting on hapū x youth and the hapū responses to those stressors

3. Hapū x youth involvement in hapū x development
4. Hapū x aspirations for the future and the place of youth within that

### **Hapū x Historical Trauma Revisited**

There is a historical shadow that sits within this hapū and serves to undermine whakapapa relationships and impede the development of the hapū in the future unless addressed. In the literature on collective remembering, the past weighs on the present and is used to construct the present (Liu & Hilton, 2005). History and the way in which history is remembered, becomes a pivotal creative force that shapes the lives and realities of the legacy bearers of those shared histories now and in the future whether they have consciousness of it or not.

The legacy bearers of historical trauma can make at least three responses to that trauma. Firstly, they can choose to forget about their trauma histories. Secondly, they can confront their trauma histories and thirdly, they can choose a mix of both responses selectively forgetting the more traumatic experiences and embellishing the more triumphant aspects of that history. The contemporary struggle for redress over boundary disputes with neighbouring hapū/iwi brings aspects of the historical trauma in hapū x to light, keeping it in the consciousness of the hapū. Given this, it is not possible to forget albeit that it is possible to forgive. The effects of historical trauma unless understood and put to rest through ritualised processes intentioned to restore peace and balance in the whakapapa, are transferred from generation to generation and with each generational transfer the origins and content of the trauma becomes a little more distorted and the distortions take root, creating new variants of old traumas. This is apparent in some of the whānau narratives. Over 180 years on from the trauma of history, whānau are able to recount selected elements of their history. These whānau can give a level of analysis of their history (from historical records) but cannot necessarily draw correlations to inform their analysis of current trauma in the hapū. Without the knowledge and support to join the dots in conceptualising their trauma history and its instrumentality in their lives today whānau continue to blame, deny, repress and experience dysfunctional and deeply disempowering levels of shame and fear.



Time is understood differently through a Māori cultural lens. History is very warm and living. It is not buried with the dead. History is treated as something that happens in the present and a set of events that directly interact with and inform the present through kinship based relationships or whakapapa (Roberts, Haami, Benton, Satterfield, Fincane, Henare & Henare, 2004). Moreover, marae are living reminders and repositories of history. The whare tīpuna (ancestral house) symbolising whakapapa is the living embodiment of history. Hapū x's marae houses symbolic representations of all the ancestors through the ancestral carvings and the photographs of those who have passed away that hang on the walls of the whare tīpuna (ancestral house). These are ever present reminders of the relations who have passed on.

Strategies to deny, silence and recreate history can only ever be marginally effective for hapū x because there are salient reminders of their trauma history all around them. Furthermore, there is clearly memory of the impacts of the trauma history on hapū x today and the associations and correlations between history and recent events in the hapū are evident in some of the whānau narratives in Chapter Six. Previously, there was no apparent ownership of the trauma history at the hapū level according to the whānau narratives. The priority of keeping hapū x at home required a focus on getting on with the business of economic development in the hapū and not dwelling on the past. However, that approach has been tantamount to building a whare/house on a foundation of sand. The foundations are unlikely to be stable until the healing of whakapapa becomes the main foundational priority and imperative. Whakapapa is the solid ground, the rock, upon which hapū x development must proceed. In whakapapa, there is an active reclamation of the heartbeat of hapū x identity. Investment in hapū x whakapapa and whānau is a fail proof investment when the rules of whakapapa are valued and upheld. This will be discussed further in the concluding chapter.

Finally, it is impossible to completely eradicate history through the process of silencing, denial or reinterpretation because current reality is directly shaped by history. For example, when rape occurred in the history of hapū x, this seed deposit and violation of te whare tangata irrevocably changed hapū x whakapapa and established an unspoken shame as reflected in the silence that lives on in the psyche of those affected whānau to this day. Yet, the victims of historical rape are still hapū x. They are still whānau. They are still part of us and therefore, their victimhood is the victimhood of the hapū and the iwi through whakapapa. The hapū is implicated by whakapapa in all violations of whakapapa.

The act of reframing and reinterpreting history is driven by the impacts of that history. Therefore, history can be a positive and potent transformative force.

### **Historical trauma impacts on hapū relationships**

Historical trauma has impacts on the current whakapapa relationships in hapū x. Even though elements of the history have been silenced, there is clearly a set of relational outcomes from their historical trauma experiences. These impacts are:

1. Whakapapa disconnection through certain whānau leaving the area and severing ties with the hapū;
2. Whakapapa disconnection through hapū x youth lacking knowledge of their whakapapa and history. This has led to a loss of a sense of belonging and a lack of whakapapa consciousness
3. Whakapapa disruptions are enacted through the contestation for power that has been played out between certain hapū x whānau who occupied positions of power within the tribal process. While there is no direct connection with historical trauma, this is a form of internalised oppression and the elevation and usurpation (Memmi, 1965) of certain whakapapa lines over others. This potentially undermines an authentic treatment of whakapapa and breeds resentment and discontentment as is evident in some of these responses.
4. Whakapapa disruptions through the establishment of inter-generational dysfunction reflected in the existence of sexual abuse in at least the past five generations of some hapū x whānau.

The impacts of historical trauma seen through the lens of whakapapa are best described as causing disruptions and an unsettling spirit in kinship relationships in the hapū. In some cases, whānau have gone very insular and territorial selectively demarcating between those who live in the tribal community as somehow being more entitled, more authentically hapū x, having a stronger sense of belonging and more entitlement to jobs and other resources. This is fair enough according to the cultural construct of “te ahi kaaroa”, which refers to those who choose to stay at home in order to help out on the marae and in the community as “keeping the home fires burning”.

These are hapū x whānau who stay close to their marae, helping to ensure that gatherings at the marae run smoothly and volunteering their services to support the functioning of the marae and community. There is absolutely no doubt that historical trauma has affected relationships and wellbeing in hapū x over at least the past 180 years and this impact has been pervasive and destructive. However, there are healing pathways that the hapū itself has embarked upon. The hapū is confronting its responsibilities and seeking the help needed to create a new and more positive set of outcomes for whānau. There is some considerable pain to work through. However, the healing journey has begun and hopefully, there will be no turning back.

The devastating impacts of history produce a transformative potential in the hapū. Enabling this potential requires confronting the past and embracing an honest and unequivocal commitment to healing whakapapa. If this does not happen, those disaffected and hurt whānau might never return and that is a loss to the hapū. If this does not happen suicide remains part of the risk profile of young people in the hapū.

### **Silencing of History**

The veil of silence over some elements of hapū x history can be explained and perhaps even normalised by the content of historical events. The silencing of hapū x history translates in the contemporary context as a lack of knowledge and awareness held by hapū x youth about the impacts for them and their whānau of their shared history. This research identified gaps in their level of awareness and understanding about the actions taken by certain members of their whānau in response to the impacts of history – for example, their grandparent's drive and determination to create opportunities for whānau to remain living in the community and not to have to move away for work. Given the history of diaspora as a result of inter-tribal warfare and colonisation, the building of a solid economic base was intended as a strategy to keep hapū x whānau at home where whakapapa relationships are enacted becoming a living cultural practice.

Historical trauma has resulted in the establishment of normalised dysfunctional and destructive behavioural patterns. Destructive patterns impact on the whakapapa of hapū x reflecting the inter-dependent character of whakapapa. However, these behavioural patterns can be changed. Transformation of these harmful behavioural practices must occur within the boundaries of tikanga-ā-whakapapa (appropriate cultural practices concerning whakapapa). Hapū x tikanga has to be reclaimed and reestablished.

## **Methods**

Ten hapū x youth were interviewed using the semi structured questionnaire in Appendix A. Five of these youth were raised within the hapū. Five were raised outside of the hapū boundaries at a distance from the hapū and community. The choice of two groups of youth based on their geographical location was purposive in order to try and elicit insider and outsider perspectives on the way they identify with and participate in their hapū. While there are subtle differences, the issues, stressors and challenges that affect hapū x youth are largely the same for both groups. The selection of the research participants was purposive and consistent with Kaupapa Māori. In order to draw comparison between those living inside the hapū and those living outside the hapū as regards the strength and quality of hapū/whakapapa based relationships and their level of engagement and participation in hapū life, one sample was drawn from the hapū community and one sample from a New Zealand city. The youth ranged in age from 14- 17 years.

Three Kaumatua/leaders were interviewed kanohi ki te kanohi (face to face) using the semi structured questionnaire included in appendix A. As with Chapter Six, relevant literature was used to supplement the interview data in order to provide a more holistic picture. Interviews were conducted face to face. Some interviews were recorded. The interviews with youth took place on the marae, in cafes and private homes with trusted whānau support. The interviews with the leaders took place at the marae and in private homes.

### **Thematic Analysis**

The interview data is analysed for themes consistent with thematic analysis processes described by Braun and Clarke (2006). Thematic analysis according to Braun and Clarke is poorly demarcated, rarely acknowledged yet widely used in psychological research. Moreover, it can be construed as a tool for analysing data that sits within specific qualitative research practices which are incredibly complex, diverse and nuanced (Holloway & Todres, 2003). In context of this research, thematic analysis serves simply as a tool to organise the interview data into the superordinate themes reported. The analytical and methodological approach is that of Kaupapa Māori which offers a lens through which to understand and analyse the construct of whakapapa which is the central theme and cultural construct applied in this research. Taking whakapapa as the core organising construct and principle of this research, these interview findings were analysed for 'relational' commentary as this pertains to the specific sets of relationships boundaried and defined by whakapapa. The relational theme was then analysed in terms of:

1. Relationships within the hapū
2. Relationships with/to cultural identity at the individual (hapū x youth) and collective (hapū x whānau) levels
3. Psychological impacts of relationships (as sources and mediators of stress)
4. Whānau relationships and dynamics
5. Relationships as central to the healing process

### **Super-ordinate Themes from the Youth Data**

Five super-ordinate themes were identified in the hapū x youth data:

1. *Whakapapa disconnections and disruptions* including sub themes of ambivalence towards hapū and iwi identities, limited knowledge of hapū and iwi whakapapa and relational conflicts within and between whānau as a major stressor
2. *Cultural disconnection* including marginal engagement with Te Reo Māori me ōna tikanga (Māori language and culture); ambivalence towards knowledge of whakapapa and the collective history of the hapū
3. *Feelings of disempowerment* including sub themes of inability to see own worth; unresolved grief; learned helplessness; fears for the future
4. *Centrality of whānau relationships* including sub themes of a sense of belonging located in whānau; pervasive influence of whānau on youth perceptions of their identities with tension in and between whānau being a major source of stress for these youth
5. *The capacity for hope* including sub themes of the capacity to envisage a future and to form and hold aspirations for the future

### **Whakapapa Disconnection and Disruptions**

These results are differentiated as hapū x kei roto (those living inside the hapū boundaries) and hapū x ki waho (those living outside the hapū territory). In summary, these youth were both completely assured about who they were as whānau, a core element of whakapapa and unsure, about who they were and the totality and breadth of their cultural identities as descendants of hapū x.

However, an expansive knowledge of their whakapapa as hapū x may not be desirable at this stage in their lives. They did not identify a need to know the intricate details of their whakapapa as hapū x. Moreover, these youth do not readily identify as Māori or hapū x. They identify with their whānau identity which is inclusive of siblings, parents, grandparents, uncles and aunties. Moreover, these youth clearly have an understanding of their extended whānau identity and this remains their primary means of identification regardless of the context in which a different cultural identity might be available to them (as mana whenua when they are on the marae, as hapū x when attending hui etc.). McIntosh (2005) asserts that claims-making to ‘an’ identity is contingent on context. In this research, whānau was the most often claimed identity construct.

Whānau stability and positive relationships within whānau are identified in the literature as important for Māori youth suicide prevention (Henare & Ehrhardt, 2004). When a whānau works to provide support to young Māori within the whānau and a young person experiences a strong family connection in which they perceive their whānau to be supportive and caring, suicide risk is reduced (Clarke et al, 2011). McIntosh (2005) asserts that identities by their very nature are in a constant state of flux and change. For these youth, change occurs primarily through the passing on of whānau members and also through the way in which kinship relationships are enacted and protected. In other words, the way in which whakapapa is lived, preserved and protected. Within this super-ordinate theme, there are a number of sub-themes that bear deeper analysis:

### **Ambivalence towards hapū and iwi identities**

Hapū x youth (kei roto) identified with their whakapapa at the whānau level. This also applied to youth living outside the hapū (kei waho). This informs their relationships with their hapū and carries a number of implications for the hapū. Furthermore, they expressed ambivalence towards their hapū and iwi identities as reflected in the following comments

*I don't really see myself as part of the hapū or the iwi. I'm sort of focused on my whānau...hapū and iwi, they don't really matter to me or my whānau. We just do our own thing and try and watch out for each other cos that's what whānau is, that's what whānau does. They are the ones who are there for me every day not just when there is a hui at the marae (Kei roto/insider)*

*Hapū? What's that? mainly, I'm well sort of doing stuff with my whānau... they are the most important ones to me....iwi is sort of only when you are at a hui or something like that when you are told you are part of the iwi but every day it's the whānau, yeah the whānau is what counts the most to me (ki waho/outsider)*

When asked how they feel about being able to call themselves 'hapū x' two youth said.

*I don't call myself (hapū x) I call myself by my whānau but others, like teachers and that, they call me Māori mostly (Ki waho)*

*I know I am (hapū x) cause my nan used to tell me I'm 'hapū x' but I don't think about it...I think about who I am – my name...I do think about her...all the time especially now she's gone (Kei roto)*

There does not seem to be a whakapapa consciousness beyond their whānau identities, for these hapū x youth. If the hapū had a more instrumental role in the lives of youth, the ambivalence towards them might change. The urban based youth report that the geographical distance between themselves and their hapū based whānau interferes with their relationships.

*They're there.....we're here and don't always see each other that much...you have to see your whānau to get along with them (ki waho)*

### **Hapū and Rūnanga**

The structure established to manage local level development and represent the hapū at the wider iwi/tribal level is the rūnanga. There is confusion over the role of the hapū (whakapapa based) as different from the role of the Rūnanga (a modern day construction based on democratic principles), which was established in its current form as an accountability mechanism for the receipt of government funding for services. The rūnanga is based on democratic principles with representatives who input local perspectives into the larger tribal/iwi process.

A whakapapa analysis privileges whakapapa structures which recognise the culturally authentic structures of whānau, hapū and iwi. The rūnanga is a modern construction.

Whānau in the narratives identified that the hapū and rūnanga are the same people but it is the rūnanga that has the ‘recognised decision-making authority’ in the hapū and, that this can produce division between whānau who are able to manipulate the voting process for their own gain

*...the Rūnanga is politically divisive, well it can be anyway depending on who's in charge and their leadership styles...and it has been too easy for some whānau to have the power in the rūnanga, especially when they get themselves voted into power and do a take-over...then they look after themselves. Our whānau see this happening and they don't want to have anything to do with it. No wonder our rangatahi aren't interested in anything but themselves ....and their whānau. They see the manipulation of the Rūnanga system and don't want anything to do with it and they aren't exactly welcome in the Rūnanga hui, but then why would they want to go anyway...it's not like they've got a voice or anything, they aren't really taken seriously. No one wants to know what they think about Rūnanga business and if they do have a say, well no one listens. Then again, most of our kids wouldn't know what to say (Hapū x Leader)*

*Democracy doesn't really work for us. Whakapapa works for us (Hapū x leader)*

None of these youth were familiar with the developmental priorities of their hapū and don't appear to take an interest in hapū politics. Nor do they see a place for themselves in it.

*They (hapū/rūnanga) do their thing. We do our thing (youth) but we are there when they need us to help out at the pā” (kei roto)*

### **Relational conflicts within and between whānau**

Some whānau have been in conflict with each other and hapū x youth do not like getting caught in the cross fire of whānau relationship conflicts. Hapū x youth are whānau centered. Whānau is at the center of their (cultural) universe and their primary source of identity. Conflicts *between* whānau are therefore a major stressor for them. Disputes and conflicts within their own whānau are also a major stressor for them. This is consistent with the evidence on risk factors for suicide amongst Māori (Beautrais, Collings, Ehrhardt, & Henare, 2005a; Beautrais, Collings, Ehrhardt & Henare, 2005b).



*I get stressed out when there is a fight in the whānau...and I get scared sometimes – I hate listening to them argue and running each other down– it makes me hōhā (kei roto)*

*Our whānau don't get on with each other sometimes and its stink, it's kind of hard to deal with it cos you sort of have to take sides or try and stay out of it...but that's not easy to do when you sort of have to be loyal to your whānau. I hate it when my whānau are fighting and I just want us to get on...sometimes I have to sneak around if I want to talk to some of them (aunties) (kei roto)*

*I hate it when we fight...it brings me down. I wish we could get along better (kei roto)*

Supportive family relationships have been found to act as a moderating variable against suicide risk (Beautrais et al, 2005b). Clarke et al (2011) found for Māori youth, that whānau connection works as a compensatory mechanism that lowers exposure to suicide risk. Therefore, whānau is a potentially critical relational dynamic for suicide prevention in hapū x. However, dysfunctional whānau relationships are also implicated in driving up the risk that Māori youth will attempt and complete suicide (Lawson-Te Aho, 1998a). Therefore, strategies that moderate whānau conflict and support hapū x youth to manage adverse whānau dynamics without harm to themselves would seem to be an important component of suicide prevention action in hapū x. Relationships and the way in which hapū x youth manage changes in kinship and other important relationships is a vital component for the exercise of self-determination at the hapū level. This will be discussed in the final chapter.

## **Cultural Disconnection**

Within this super-ordinate theme, there are a number of sub-themes that bear deeper analysis:

### **Knowledge of Whakapapa, Te Reo Māori and Tikanga**

None of these hapū x youth have a comprehensive knowledge of their whakapapa. Most know very little about their whakapapa beyond being able to name their grandparents. Cultural knowledge, including whakapapa knowledge contributes to a strong cultural identity and a strong cultural identity is implicated in suicide prevention (Best Practice Journal on line, 2010; Coupe, 2005; Ihimaera & MacDonald, 2009). Durie, Fitzgerald, Black,

Christensen, Durie, Taiapa & Tinirau (1996) developed indices to measure the positive impacts of a strong Māori identity. These included the level of identification with and access to:

- te reo Māori
- knowledge of whakapapa (ancestry)
- access to whenua tapu/Māori land
- marae participation
- whānau participation and involvement with other Māori.

These youth are all actively involved with their whānau. The hapū based youth have access to their marae and participate in hui and tangi at their marae but beyond this, they do not outwardly claim an identity that is tied to the whenua (land) or sites of cultural significance in their natural environment. Nor do they have indepth knowledge of their whakapapa or a capacity to speak Te Reo Māori. According to Durie et al (1996) these home based hapū x youth meet two (whānau participation and involvement with other Māori and marae participation) of the five indicators of a strong cultural identity. The urban based hapū x youth in this sample, have one clear indicator (whānau participation and involvement with other Māori) of a strong cultural identity. Their levels of knowledge about the other indices are variable (such as knowledge of whakapapa, Te Reo Māori, access to whenua tapu and marae participation). These cultural institutions are deemed to be resiliency factors (New Zealand Families Commission, 2011). Therefore, the level of resiliency may be weaker for the sample of hapū x youth who live outside of their tribal area.

### **Te Reo Māori/Māori Language**

When asked if they could speak Te Reo Māori, none of the participants in this research felt confident and identified that they had ‘no real need for it’.

*I don't use it, wouldn't use it (te reo Māori). I could learn but if no one else knows how to speak it, well you'd be talking to yourself (ki waho)*

*I don't speak and don't understand it when someone else speaks it like on the marae (kei roto)*

*I learned some at school but not enough to be able to speak it (ki waho)*

As access to and use of Te Reo Māori is one strand of a strong cultural identity (Durie et al, 1996), the ability to kōrero/speak Māori is a cultural strength and a source of resilience (Houkamau and Sibley, 2010). None of these youth were confident in their knowledge and use of Te Reo Māori although the youth who live at home, reported having greater exposure to Te Reo Māori.

*We hear it at the marae, during tangi's but dunno what it means. I guess it's aah, saying good things about the person (who died) and you can sort of pick up words that are always said but sort of can't join it all together. Then I sort of feel like I'm sort of useless...sort of like I have to well kind of pretend that I know what they're talking about but really I don't know anything much...(kei roto)*

*...yeah, some words I know cos I hear them all the time, so I sort of get the idea but wouldn't be able to tell you what it means or nothing like that (kei roto)*

Therefore, these youth have access to the spoken language through their participation in marae life. However, they lack fluency. So too do their urban based counterparts who do not have access to their marae.

The iwi has embarked on a Māori language development programme. This strategy offers access to Te Reo through the vehicle of whānau. The youth in this research might access their reo through participation with their whānau in this iwi initiative. However, that is contingent on their whānau taking up this opportunity. That was not the case with these youth.

### **Knowledge of Hapū x Whakapapa**

These youth were asked whether they were able to recite their whakapapa. Their knowledge of their whakapapa is confined to their extended whānau to the third generation/their grandparents. Beyond this, none of them had whakapapa knowledge. They were unfamiliar with their tribal history although one knew that there was warfare that

*“Killed off a lot of our ancestors back in the day” (ki waho)”*

When asked what whakapapa meant to them, several of these youth were not able to articulate an understanding of the meaning of whakapapa or the cultural rules by which whakapapa operates (i.e. reciprocity).

When the construct of whakapapa was explained as meaning *knowing where you come from, who your ancestors back generations are* there was some discussion around why that would be important for them,

*That’s like so you can stand proud cause you know who you are and like, where you come from. Like if you know you have warriors in your whānau then you know that you can be one too (kei roto)*

*When you know who you are its’ like, no one can touch you, because you know that you have this big lot of people standing with you and it sort of makes you feel strong and invincible (ki waho)*

When whakapapa was explained as having reciprocal obligations for everyone who is a part of the same whakapapa, these youth struggled somewhat with the idea of reciprocity. They have a very literal interpretation of shared responsibility and whakapapa extends to their immediate whānau.

*...is that like if I do something to hurt someone, one of my whānau say, then I have to pay for that and so does my whānau? I don’t know about that. If you do the crime you have to do the time. If you’re gonna bash someone then you have to front up to that. I wouldn’t want my whānau to take the rap for me. But if I ever get into trouble...then I might be ...okay, I was drunk, nah... but I would say help me, I’m your daughter, don’t disown me (ki waho)*

*My whānau got my back...that’s what I know (about whakapapa) (kei roto)*

These youth also struggled to understand a collective process for problem resolution or mediating conflict in whānau relationships.

*...to me, when our whānau has a fight, well that's our business...I don't think it's good to have someone coming in to try and fix the problems, we have to do that ourselves...it's nobody's business, that's what I reckon anyway. What happens in the whānau stays in the whānau (ki roto)*

*No I don't think that I have obligations to dead people. My whakapapa is my whānau and I have commitments to them but I don't think if someone in my whānau does a crime, that I should take the punishment for them. That's their shit, not mine. They have to front their own kōrero, their own issues and leave me out of it (kei waho)*

Research on indigenous youth suicide prevention identifies the importance of cultural identity (Beautrais, 2003; Beautrais et al, 2005a; Beautrais, Coggan, Collings, Doughty, Ellis, Hatcher, Harwood, Merry, Mulder, Poulton & Surgenor, 2007; Beautrais & Fergusson, 2006; Cherrington, 1999; Coupe, 2005; Durie, 2000; Durie, 2003a; Durie, 2003b); cultural continuity in times of change and trauma (Chandler, 2000; Chandler & Lalonde, 2008; Chandler et al, 2003) and a strong and intact connection to a supportive whānau (Clarke et al, 2011; Herbert, 2001) for Māori suicide prevention. There is a clear absence of knowledge about the meaning of whakapapa for these youth. Knowledge of their whakapapa beyond immediate whānau is marginal and fragmented. Moreover, there is no apparent valuing of Te Reo Māori or tikanga. Nor was a deep appreciation of history apparent for any of these youth. These youth do not report a whakapapa or historical consciousness. However, that does not mean that they do not value who they are. They understand that their identity is framed and informed by whakapapa as evidenced by their emphasis on the centrality of whānau. Whānau is the basic unit of a whakapapa identity (Kruger, 2010).

## **Disempowerment**

Within this super-ordinate theme, there are a number of sub-themes that bear deeper analysis:

### **Inability to see own worth**

These youth were asked if they participate in the hapū and to describe the value that they think they can bring to hapū development.

*I dunno, not sure if I have anything to offer, maybe.... to my whānau (ki waho)*

*I don't have anything to give to the hapū or the iwi...I don't understand, what value? What's that? If others see things in me well maybe...If they give me a job or tell me what to do, what they see in me well maybe (ki roto)*

Value was explained as the skills and qualities that they have and the way these can make a difference for the benefit of whānau, hapū and iwi.

*Yeah I'd be keen to get involved. I like doing kapa haka and helping out at the marae...I guess anything is possible but if you ask me what sort of good skills I bring, I don't know (kei roto)*

### **Unresolved Grief**

When asked what stresses them out, all of the hapū based youth described unresolved grief, though they did not call it that.

*I feel ripped off about my kuia dying. Why did they have to die? Now we don't have no-one to talk to like we used (kei roto)*

*They were always there and now they are gone (kei roto)*

Grief and loss were common themes in all of these youth interviews. There was a clear feeling of great sadness and a deep seated sense of loss about the death of loved ones. This was not directly linked to historical trauma. However, the loss of significant whānau members leaves an indelible mark of deep sadness for these youth. Whether this creates a suicide risk through the presence of grief related depression and anxiety was not tested in this research due to the risks associated with talking about suicide. This was outside the scope of this research. However, depression and anxiety are implicated in Māori youth suicide (Clarke et al, 2011).

*I just feel sad...a lot of the time...they weren't supposed to die, they weren't supposed to leave us yet...they were supposed to be here. Too many have gone before their time (ki waho)*

*My kuia always thought good things about us and when I needed to, I could talk to them about my troubles (kei roto)*

Grief is a process. It takes time to work through in order to find a place of peace, acceptance and resolution. The nature of the passing of the grandmothers of these youth was sudden and unexpected. There was no time for the mokopuna (grand-children) to say farewell. One of the youth identified that they were quite used to going to tangi but that they never thought that their grandmother would pass away as suddenly and unexpected as she did.

*Yeah, been to a few tangi's now...but never thought my kuia would go like that...it was a shock and I'm still not over it (kei roto)*

Another grief related theme was the loss of whakapapa knowledge about the significance of some whānau relationships and the sadness that not having the opportunity to get to know certain whānau members has left behind,

*I remember them, we used to go and see them on our way back home. I didn't even know they were our whānau...I remember we used to call them a special name but I didn't know what it meant. If I called them nanny/nan, that would have made more sense to me, then I would know who they were and then they died and we didn't even really get to know them but they were always kind to us, good to us and I guess you could say they had an impact on me (ki waho)*

Unresolved grief in the historical trauma literature refers to the inter-generational transfer of dysfunctional grief responses (Braveheart, 2000). For example, the death of whānau from raiding war parties produced an impaired grief response, over generations. The inability to properly bury and mourn those whānau who died during the massacre of hapū x ancestors impacts through whakapapa, the way in which these whānau grieve in the current context because they are grieving on a foundation of an historically impaired grief response. Moreover, the positioning of the marae close to the site of a devastating historical battle created a constant reminder of loss. The ancestors who lost their lives in the massacre are not memorialised. However, they remain in the consciousness of some hapū x whānau some 180 years later. That is the enduring nature of whakapapa.

It is very difficult for these youth to draw out the connection between historical grief and loss, the rapid transformation of the hapū from the historical trauma acts described in Chapter Six and the contemporary passing of close whānau. Whether historical trauma and an impaired grief response are issues for these youth is unclear.

The trajectory of soul wounds is clear from the whānau narratives in Chapter Six but given that these youth do not report a consciousness of whakapapa and history, the question is how much of a difference does not knowing about their trauma history make to their grief over the loss of their grand-parents. They are exposed to grief as many Māori youth are (Clarke et al, 2011). Grief and loss is a common experience for them. However, there has not been any extensive research on the impacts of death and loss or whether and how exposure to the tangihanga/grieving process has a lasting impact on them. It is clear that when they speak of the passing of their grandparents they experience a deep sense of loss and change. None of these youth spoke of suicide. However, the whānau narratives in Chapter Six indicate that attempted suicides have become more commonplace in the hapū. Attempts and suicide completions use to happen outside the hapū. Now they are starting to occur inside the hapū. There was an established ethos inside the hapū, that suicide was unacceptable. With the passing of some of the old people, these unspoken but entrenched rules pertaining to the respect for life and whakapapa have lost their potency as a form of behavioural control and whakapapa protection and preservation.

*Aunty said that in this generation, suicide is not an option but suicide is an option for the current generation especially since the abuse (Hapū x leader)*

This may be the subject of further research in the future. For now, these youth do experience profound grief but are unable to link that to the establishment of an impaired grief response from historical trauma. High death rates from cancer, heart disease and other diseases were identified as an outcome of history in the whānau narratives in Chapter Six. However, research into the impacts of grief on Māori youth is limited. Clarke et al (2011) identify depression and anxiety as a risk factor for Māori youth suicide. They report that Māori youth are exposed to the tangihanga process (funeral rites) for suicide, more often than their European peers because there is a higher prevalence of suicide in this population (p. 25). In this research, hapū x youth were accustomed to attending tangihanga. They were also used to losing loved ones and members of their whānau.

Tatz (1999) identifies the instrumentality of suicide in Aboriginal communities as a way out of despair. This is an important consideration given the existence of incest and sexual abuse in hapū x. Despair and hopelessness according to the literature, produces suicide risk in indigenous populations (see Chapter Three).



There is also a clear association in the literature between sexual violence and suicide risk (Krysinska, Lester & Martin, 2009). Therefore, the (sexual) violence of incest, rape and molestation creates a very real suicide risk for those youth who were victimised in hapū x. The literature on suicide as a form of escape from despair, allows the building of a hypothesis that where there is despair, there is suicide risk. However, this is theoretical link that requires further research. Moreover, where there is sexual violence, there is suicide risk. Both of these exist in hapū x currently.

### **Learned Helplessness**

Learned helplessness refers to a psychological state where people feel powerless to change themselves or their situation (Duran, 2006). In this case, learned helplessness was evident in relation to being able to find work and, being able to ‘escape the community’ and effect positive changes in their own lives. Some of these youth reported a feeling of entrapment.

*There’s no mahi, no jobs, school is useless so I don’t hold out much hope for me (kei roto)*

*I just want to get out of here...There’s nothing to do here...My plan is to find a job in the city and go and live there (kei roto)*

*There’s no jobs ....no sort of future...we sort of look at the benefit, the dole, DPB...you can’t get far on that...that’s not much if you want to rent or live in your own whare/house let alone have a social life (ki waho)*

These youth were preoccupied with their futures. They expressed fear and helplessness over their chances of finding work and being able to ‘live’ (an independent life).

*Some of my whānau still haven’t got jobs...if that happens to them, what’s to stop it from happening to me. I worry about that. I guess you could say I am anxious and kind of afraid that the future won’t be all that (good). I messed up at college and let’s face it, without the paper (qualifications) who wants to know? (ki waho)*

The uncertainty of the future and lack of money were key fears and stressors for the majority of these youth.

## Centrality of Whānau Relationships

Within this super-ordinate theme, there are a number of sub-themes that bear deeper analysis:

### **A sense of belonging located in whānau**

Hapū x youth living in their rohe/tribal area struggled with how they labeled and referred to their whakapapa/cultural identity outside of their whānau relationships. For example, when asked how they identified (as hapū x, iwi x, or Māori) they were unable to articulate a comprehensive whakapapa identity extending beyond their whānau and grandmothers.

*X (sic) were my grandparents but they're gone now – they were my main whanau. What do you mean? My whānau is xxx – is that what you mean? That's me too. I can tell you my whānau but I'm not sure what else you're talking about – the hapū um.... is that like the rūnanga? I know it means sub tribe – I don't really know. They are my whānau...some of them. Anyway, yeah, some of them are my whānau.*

Their grandmothers were of central importance for these youth because they had been an active and influential part in their lives.

*I was always with her.... I remember her... she was closer to me than anyone. We were tight.*

### **Influence of Whānau in Framing a Connection to Whakapapa**

*My whānau is everything to me they are the most important ones (kei roto)*

Whānau is the core element of Māori cultural identity (Henare & Erhardt, 2004) and for these youth, the most salient part of their cultural identities. The whānau is also the primary site of cultural transmission (Lawson-Te Aho, 2010). The ability to develop a working knowledge of their whakapapa and to value whakapapa as sacred knowledge that connects them through time and space to a much larger cultural schema is an outcome and reflection of the state of the whakapapa knowledge of their whānau. Furthermore, the application of tikanga or Māori cultural norms and guides for appropriate conduct (Barlow, 1991) are also reflected in the exemplars of cultural conduct in their whānau

(Lawson-Te Aho, 2010). They are as individual hapū x youth inseparable by whakapapa from the knowledge, values and actions of their whānau. The level of consciousness of the depth and meaning of whakapapa is the unknown variable in understanding where these youth are placed as regards the role of whakapapa and its contribution to the building of a strong cultural identity. Culture is not fixed (McIntosh, 2005). It is a dynamic and changing phenomenon. However, there is permanence about whakapapa (Tau, 2003) such that it persists (even though individual and group consciousness of it changes).

Whakapapa according to Kruger et al, (2004) is the ultimate form of social responsibility. All of these hapū x youth are bound by whakapapa to their whānau, hapū and iwi. The hapū is an integral part of who these youth are, whether they claim this identity for themselves or not. They are hapū x and iwi x by whakapapa and birthright. However, whakapapa is a living, lived and reciprocal process. Whether they choose to participate as part of the hapū and iwi is their choice, regardless of whakapapa that binds them to these traditional cultural relationship structures. Furthermore, social responsibility assumes the primacy of the cultural collective, in this case the hapū. The social responsibility of hapū (as a collective of whānau) by its very nature, creates an obligation on the part of hapū to care for and about the wellbeing of hapū x youth.

There is a difference between the intellectualised acknowledgement of whānau and the application of whanaungatanga practices and whakapapa obligations for these youth. Whanaungatanga enables these hapū x youth to position themselves as part of an extended whānau network with whom they have reciprocal duties of care. The following whānau narratives speak of the disconnection for some of these whānau and the elevation of survival above knowledge of their whakapapa:

*I can tell you our whakapapa as a whānau probably only as far as our grandparents. Beyond that, nah, don't know it and don't know why I need to know it. What difference does it make? Is it going to get me a job? Is it going to change my life? What difference does it make? (kei roto)*

*I'm just trying to survive...me and my whānau...trying to survive. Everything else is like a bit of a luxury, sort of like chocolate biscuits when you can't even afford meat and spuds.... I know it probably is important to know where we come from and who we are...it's a identity thing...yeah I can see that but when you are trying to put a kai on the table and warm up your whare, well whakapapa ain't gonna fill the puku is it...I just want my kids*

*to be able to get some work, get a job but when there is a tangi well that's a different story – then whakapapa is important and whanaungatanga just happens (whānau)*

These perceptions of whakapapa are important insofar as they influence and shape hapū x youth identities. The depth of meaning of whakapapa and its status as sacred knowledge was not directly evident in these interviews. These youth took their whānau identity for granted which is positive if it indicates a sense of security at the whānau level. However, as it promotes a very insular and contained view of their cultural identity it may be limiting for them. This is not necessarily a negative. It is where they are at in their lives and reflects what is important to them and what is important to them was directly influenced by their whānau. The challenge of this more insular view of identity is that if there is dysfunction in the whānau that becomes the whatu/eyes through which these youth view their identity, their culture and the means by which they develop into adulthood. In this research, this has been shown to be problematic, even harmful when whānau fail them by refusing to step up to their whakapapa obligations. The risk is that abuse in the whānau becomes the norm.

### **The Capacity for Hope**

There were two themes from the interviews that warrant further analysis. These are the capacity to envisage the future and to form and hold positive aspirations. These were interpreted as demonstrating a capacity for hope. Although these youth reported that they have been through a lot (grief, whānau conflict, unemployment, school failure) some were still able to envisage a positive life for themselves and their whānau and commented that change is always possible. These youth tended to be future focused whereas the whānau and leaders were both future and past focused in that future opportunities for the hapū and whānau were seen as founded on history and whakapapa (the past). Hapū x youth conceptualised their future as being based on current choices and future actions. There was a historical void for them and this was reflected in their lack of knowledge of their whakapapa and history of the hapū. The way in which whakapapa is conceptualised from a tikanga perspective is that history is both the now (present) and the future. It is not some distant existence confined to the realm of the ancestors. Every historical decision and choice impacts on current and future generations.

#### **Capacity to Envisage a Future and Form and Hold Positive Aspirations**

The capacity to envisage a future and to form and hold aspirations for the future was evident in some of the hapū x youth responses.

*I am fairly hopeful for the future. If my whānau can survive some of the things we have been through then it tells me that we are strong, we are capable of helping ourselves and I am capable of succeeding. Part of the challenge for me is to have a dream and goals about where I want to be in the future. I believe it is important for young people to have aims and goals in life and then to go for it...but it takes commitment and hard work and you can't be lazy about it or let other people tell you, you can't do it. I would like to believe that the iwi will be there to help me when I go to university but I believe that I have to show them that I am worthy of any investment that they want to make in me. Sometimes we (youth) expect something for nothing but we have to work hard, set goals and not let anyone tell us we can't do it. It takes determination and self-belief (ki waho)*

*I have dreams. I have plans. I want to set up my own business as a photographer. I think I have a gift. I've been told that anyway (ki waho)*

The capacity to realise future aspirations was linked to individual effort and achievement and whānau tautoko (support). The role of whanaungatanga/whānau support as a positive influence in the lives of Māori youth has been identified as a cultural strength (Lawson-Te Aho, 2010) and a resiliency factor for suicide prevention (Beautrais et al, 2005a; Lawson-Te Aho, 1998a). It has also been identified as a positive contributor to Māori youth development. Ihimaera & MacDonald (2009) comment that the capacity for hope is strongly implicated in suicide prevention as one interpretation of suicide is that it denotes a loss of hope (Lawson-Te Aho, 1998a). Duran (2006) considers that suicide is the misinterpretation of the soul's quest for transformation. The way in which these youth cope with rapid change is linked to the stability provided by having strong whānau support and cultural values grounded in whānau. Whānau support provides stability for them in times of change.

*No matter what I go through, my whānau are there. I can count on them (kei roto)*

*I know I can do a lot on my own but I can achieve so much more with the support of my whānau. Whānau tautoko is so important to me and youth generally. If it wasn't for my aunty helping and supporting me I would have given up a long time ago but she told me I can do whatever I set my heart on but it takes patience and focus and a lot of hard work. I'm up for that (kei roto)*

*Yeah, I feel pretty hopeful for the future. Life is pretty much what you make it out to be....yeah, that's what I reckon anyway...it works for me (ki waho)*

## **Stress Coping Strategies**

A number of coping strategies were identified by these youth as both positive and negative ways of dealing with stress. Stressors identified in this research (not in any particular order) were 1. Whānau conflict (within and between whānau) 2. Fears about the future 3. Unemployment 4. Death and loss of loved ones 5. Stress in the whānau.

## **Positive Coping Strategies**

### **Talking/Communication**

*When I get worried about anything, I go and talk to someone, a mate, whānau especially aunty. Communication is important. Talking through stuff is important. I have always been encouraged to talk about my problems (ki waho)*

*It's good to talk when you have a problem but you have to trust the person and they can't tell anyone else without you saying it's okay to do that so I guess you have to be careful about who you talk to (kei roto)*

Positive communication particularly in context of whānau is an important resiliency factor for suicide prevention (Beautrais et al, 2005a; Hirini & Collings, 2005; Clarke et al, 2011). The majority of these hapū x youth commented that talking and good communication was a way to help them to deal with stress, worry and fear.

### **Fronting Up**

*You gotta front up sometimes, to your shit...you know, when you make a mistake, fess up, face up, take your punishment like a man.... If you don't nothing gets done, nothing gets fixed when you lie about stuff...but it's not easy to do that sometimes, sometimes the truth hurts (ki waho)*

The idea of facing up to responsibilities and mistakes was identified as a positive way to get help and deal with stress. Talking and fronting up might be interpreted as 'help seeking' strategies. Help seeking strategies have been proposed as part of suicide prevention interventions in indigenous communities (Muelencamp et al, 2009). These include seeking help to deal with problems and issues.

Help seeking involves good communication, a willingness to ask for help and the capacity to seek help is considered to be a resiliency factor and strength for suicide prevention (Clarke et al, 2011).

### **Exercise and Distraction**

*When I'm stressed out, I go to the gym, go for a run. It helps me to clear my mind and exercise makes me feel more positive. I don't know how that works but it works for me (ki waho).*

*When I'm stressed, I listen to music or play my guitar...mainly I listen to music and then I don't think too much about what I'm worried about...I lose myself in music. It doesn't solve the problem but it calms me down so I can deal with the problem" (ki waho)*

*I like play station or X-box...it helps me to space out, not to think about what I'm worried about, not to think about stuff in the whānau, not to think about anything but the game (ki waho).*

*I hang out with my mates and whānau when I'm stressed or worried about anything... sometimes we play basketball, watch TV together, sometimes we go to parties, sometimes we just talk (Kei waho)*

These youth employ various distractive techniques to cope with stress. These are their own strategies for dealing with stress and as such, the fact that these youth are taking action and making attempts to address their stress is positive. They have an armory of strategies that could form the basis of methods for suicide prevention. These strategies could be construed as representing and reflecting te mana o te tangata/their mana as hapū x youth. When they take actions like this they are exercising their rangatiratanga (strategies for self-determination).

Self-empowerment and decision-making about how to respond to stressors are identified in the indigenous suicide prevention literature as positive, particularly where these are linked to a supportive cultural collective/community (Coyhis & Simonelli, 2005; Clarke et al, 2011). These strategies are the opposite of learned helplessness and as such, may be considered to be more hopeful and helpful responses to stress especially when combined with other pro-active help seeking responses (Muehlencamp et al, 2009).

The majority of hapū x whānau live outside the tribal boundaries limiting opportunities for whanaungatanga. On the position of hapū x youth, they state that,

...with each passing generation, the youth of hapū x are subsumed into the dominant Western culture of individualism of the materialism which encourages individual gains over the collective interest of whānau, hapū and iwi. The potential risk of whānau disconnecting from their tūrangawaewae increases, and the loss of cultural identity and relationship with Atua (gods), whenua (land) and tangata (people) reduces their potency; the collective strength drawn from the hapū where arguably, hapū x whānau are at their most potent (hapū x elder).

### **Selective Leadership Perspectives**

These findings emphasise the role of the hapū in the lives of hapū x youth now and in the future. Sir Tipene O'Regan (cited in Diamond, 2003, p. 41) commented on leadership,

You've got to have a fire in your belly for an outcome. On the whole, I don't think people trust leaders who are only interested in personal power. Leaders have got to have a sense that what they want is what the people want.

Hapū x has a tradition of being concerned with the wellbeing of whānau because they linked whānau development and wellbeing with the development of a vibrant and potent hapū. These early leaders of hapū x were the vanguard. They were exemplary leaders who achieved so much in their time and their passing has forced the next generation of hapū x leaders to address the issues confronting the hapū (such as trauma) and work towards reconnection, cultural restoration and the healing of whānau. That is likely to be the main agenda for hapū x development now and in the foreseeable future and it will require a long term commitment and unwavering courage.

Three hapū x leaders were interviewed, two females and one male. These leaders do not occupy 'official' positions within the hapū although they continue to be involved in hapū development and have influence through their whakapapa and standing in the hapū.



## **Strengths and Weaknesses of the Hapū**

These responses pertain to the identified strengths and weaknesses of the hapū in the current generation. In these responses, weaknesses are seen as creating opportunities to stand on whakapapa and re-empower whānau and hapū by building onto the lessons of the past and the strengths and talents that are evident across hapū.

### **The Passing on of hapū x Leaders**

*There has been a massive loss of knowledge and wisdom since the passing of (hapū x leaders)...They had so much knowledge...they had different styles of leadership and were all highly effective in their own ways...but their real 'power' was in their collective vision for our whānau and the selfless sacrifices they were prepared to make to realise the vision.*

The death of hapū x leaders was seen as the loss of knowledge, wisdom and passion. This was interpreted as contributing to the weakening of the hapū. However, this loss was also seen as a valuable opportunity for growth through compelling the hapū to come together and continue to work for the future of hapū x whānau.

*They just can't be replaced...they did so much for the whānau and hapū. They had big dreams and visions and were passionate about our development and helping whānau to come home and stay at home...it was as much about their passion as it was about what they actually did but we are a new generation now and we have to take up the calling and keep going.*

Whakapapa and a tradition of overcoming challenges were also identified as being a source of strength for the hapū.

*...they had dreams and the tenacity to see it through against all the odds....if that isn't leadership I don't know what is. Do we still have that in the hapū? Yes it is in our DNA, our whakapapa*

## Succession Strategies

The passing of these leaders left a huge gap in hapū x and reinforced the need for medium and longer term succession strategies. Succession strategies are seen as imperative for the future survival of the hapū.

*The traditional leadership of the hapū is represented through the kaumatua responsible for upholding the mana of the hapū. Unfortunately there is only a small surviving number of hapū x kaumatua living in who are actually involved with the marae...*

The Rūnanga leadership has embarked on a selective development programme (presumably as part of a succession strategy) targeting young men. However, the young women report feeling left out.

*They (some of the young women) want to learn about their whakapapa, about our history, the sacred sites and what happened but they don't get a look in. The focus is on the boys and yet the females have always been the leaders in the hapū. Some of them have told me they don't understand why it's only for the boys*

*The women have always been the leaders in the hapū...we need to keep this tikanga alive by supporting the development of our kōtiro (girls) to become wāhine rangatira (female leaders) to follow...we can't be just focusing on the boys and neglecting our duty to grow and develop the girls*

The operationalisation of Tikanga (by the hapū) was seen as strength and a safety mechanism.

*We need to always keep our practices and processes as hapū x alive. Tikanga is everything. It safeguards and protects our processes and this protects our whakapapa. As long as we are operating in a Tika way, the way we think, act, relate to each other must be guided by tikanga... that is the right thing to do in any and all situations. Tikanga keeps us safe. It is important that we are all speaking the same kōrero with our tikanga and that we teach our rangatahi/youth about our tikanga especially how we treat our whānau and what mana means for how we treat each other. This is very important.*

## **Threats to Hapū x Tikanga**

*Some of our youth are self-centered. They don't believe in anything. They have no faith, no understanding of tikanga. They can hurt each other without any conscience...yet they are the future. We need to be concerned about them, all of them.*

Some hapū x youth were described as being individualistic, self-centered and without tikanga. Therefore, since tikanga is one of the key threats to the survival and culturally safe and appropriate functioning of the hapū, a method for tikanga development seems to be an ongoing priority. Threats to the enactment and application of tikanga-a-hapū as an outcome of the alienation of hapū x whānau and the establishment of contesting tikanga were identified as creating potential weaknesses in the hapū.

### **Stressors Impacting Hapū x Youth: Hapū responses**

Safety, education, employment and opportunities to be involved in hapū development for youth were identified as key issues that need to be addressed by the hapū. Hapū x youth identified a number of stressors. These included the loss of loved ones, whānau conflict, relationship conflicts and unemployment. These leaders concurred with the need for employment and education (leading to employment) to be part of a hapū led youth development process. Furthermore, they prioritised safety as a key issue. The need for a cultural and leadership development programme was identified as part of a succession strategy. The hapū has been engaged in pro-active development for some years now. However, there has and continues to be concern over those whānau who have disconnected from the hapū and the rising numbers of youth who appear to have little or no connection to the hapū and no knowledge of tikanga or whakapapa. These concerns were evident in these interviews:

*The future of hapū x will be in the hands of our rangatahi (youth). The sooner we start to really work with them to teach them about the responsibilities of good leaders and begin to create in them, a desire to step into leadership roles in the future, the better*

*We need to start helping them now, developing a plan for hapū x youth to step into leadership roles in the future. That means teaching them who they are, their history, their whakapapa...but getting them to really believe in their hearts that being hapū x is valuable, something that should be cherished, well that is not so easy*

One leader commented that hapū x youth take a lot for granted and have nothing to believe in and this leaves them vulnerable to suicide and self-abuse:

*This generation (of youth) has it a lot easier than our generation and we had it easier than older generations. We had a stronger bred resilience than they do and a strong faith base that many of them don't have. I wonder whether they believe in anything...Some of them don't seem to care about their whakapapa or about God and they don't know about whanaungatanga. Suicide is in their reality of possibility, it is part of their reality because they have nothing to hang on to, nothing that anchors them and helps them to understand that suicide is not an option, self-harm is not an option. When they were alive, they set the ground rules around suicide not being an option and our youth were not allowed to even go there but now they are gone, the ground rules have changed and we are seeing more suicide attempts and more destructive things happening.*

### **Youth Involvement in Hapū x Development**

There is no current process by which hapū x youth have an active involvement in hapū x development. The hapū has been rebuilding since the passing of many of its leaders. Some acknowledge the impacts of “western cultural values of individualism and materialism” on the willingness of the youth to participate in hapū development. They say that this has created in their youth, a prioritisation of their own individual interests over the collective interests of whānau, hapū and iwi/whakapapa. There was evidence of a lack of whakapapa consciousness in the youth interviews. This produces a void in their identity and an inability for them to see that they are part of a web of kin relationships that create obligations for them and an entitlement to belong, be involved and be cared for. These youth simply did not understand the depth of whakapapa as a core cultural identity construct. Therefore, they could not understand the idea of whakapapa accountabilities which operate to preserve hapū x – its history, people, land and everything it stands for and represents. There was in this respect, evidence of a wairua/spiritual disconnection for many of these youth. This applied to those youth living in the tribal area and those living away from home. Loss of cultural identity and affinity with their whakapapa was not impacted by locale for these youth. Rather, it was impacted by the premature loss and passing of significant cultural role models in their lives.

## **Aspirations for Hapū x Youth**

*What are my aspirations for our rangatahi/youth? Well that they will come into the full knowledge of who they are and what it means to be hapū x. That they will be able to set aside their own personal agendas and realise that they are a part of something much bigger, much more enduring, much more expansive with infinite possibilities. They are hapū x.*

Hapū x aspirations for whānau is for the repatriation and reconnection of whānau with the hapū so that they can be instrumental in ensuring the immortality of the hapū. This has been a consistent and recurring theme in hapū x. Moreover, the reassertion and preservation of traditional knowledge, tikanga practices and tikanga-informed hapū development further characterises the aspirations of hapū x for their future. The role of hapū x youth is foundational to these aspirations because they are the way of the future. The hapū has been in healing, development and recovery mode since at least the 1970's. Six generations of hapū x have kept the vision for mana motuhake and self-determination alive. The challenge for the current hapū leaders is to create in hapū x youth, a way back to themselves. That is, a way to discover who they are and to support them to undergo a change of heart in which there is a revaluing of their whakapapa as hapū x and a plan for them to step up to their responsibilities as whakapapa and the leaders of the future in the spirit of their tīpuna/ancestors and those who have passed on. This is discussed in the final chapter.

## CHAPTER EIGHT: DISCUSSION AND CONCLUSION

This thesis investigates historical trauma (soul wounding) and the theoretical and practical instrumentality of the construct in explaining Māori suicide and informing suicide prevention and soul healing pathways at the hapū (sub tribal) level. Suicide is theorised as an outcome of colonisation. The indigenous spirit is theorised as the site of suffering from spiritual wounds created during colonisation. These wounds are conveyed inter-generationally via whakapapa/kinship. Colonisation is therefore, theorised as causing soul wounds. Colonisation also provides the pre-eminent contextual explanation for the suffering of indigenous peoples in current generations. Given this, colonisation is implicated in, and causative of creating the pathways to suicide in indigenous communities. Spiritual wounds are theorised as manifesting physically as suicide, self harm and other forms of self destructive behavior that constitute responses to the desire to end suffering and reduce or eliminate pain. However, these acts of self destruction lead to the intensification of suffering because the root cause of the suffering is often inexplicable, unknown and invisible while at the same time pervasive and insidious. It is theorised that the wounds afflicting whakapapa manifest as disconnection and isolation bringing a profound and inexplicable sense of loss and loneliness. Moreover, that soul wounds manifest as a deep loss of a sense of belonging, of *self in relationship* and consciousness of being part of a much larger divine creation (housed and sheltered in whakapapa narratives). Healing is birthed in the consciousness of the root of spiritual suffering/historical trauma and must be accompanied by the healing of history, whenua (land) and kinship. Each tribal group has its own healing traditions and methods located in its own unique histories, creation narratives, spiritual practices and relationships. For some, this knowledge has been long buried and is perceived as being unknowable. However, there exist in tribal histories and in our whanau, repositories of knowledge and cultural narratives that might form the basis of rebuilding and reclaiming healing traditions. As indigenous peoples we must believe that this knowledge is re-discoverable, retrievable and therefore able to be reclaimed. It is imperative that we take heart in this process of discovery because therein lies healing of the wounded indigenous spirit.

For Māori and other indigenous peoples, the pathways to soul/spiritual healing lead to approaches, interventions and therapies that work on whakapapa or kinship relationships and histories. Soul/spiritual healing therapies are theorised as being best situated in whakapapa/kinship relationships and histories thereby creating an imperative for the rebuilding of a deep consciousness of those histories, their trajectories and impacts on the conceptualisation of te tapu o te tangata/ the sacredness and divine nature of the individual. Te Tapu o te Tangata is foundational to the healthy functioning of whakapapa or kinship relationships housing as it does, Tikanga based codes of responsibility and conduct one to another for the larger purpose of the protection and preservation of whakapapa. The pathways towards healing from historical trauma may be generalised as inclusive of knowledge of history, trauma trajectories and therapeutic responses that come out of the very heart and depth of that trauma leading to the re-establishment of healing methodologies that can be practically implemented regardless of the level of trauma in any given indigenous community. Ultimately, those who understand the space in which historical trauma is permitted to regenerate from the initial trauma(s) and who have accepted but not given in to their role as trauma bearers, overcoming debilitating trauma histories are found in all of our communities. The extrapolation of their narratives of survival and strengths based practice may be the place to begin soul healing in this generation.

Furthermore, counseling and therapeutic interventions and healing strategies can and should be led by para professionals situated in their own communities. Being on the inside, they will ideally have knowledge of community networks, relationships and healing resources and approaches. Such individuals need to be exemplary role models, having understanding of their own trauma histories and the possibilities and potential for healing by first hand experience of the resolution of their own trauma.

It is important that there is a point at which the generalisable becomes very specific to kinship relationships and histories codified by specific whakapapa relationships. This thesis is theoretical in absence of hard evidence for any of the suggested interventions. However, it resonates with indigenous and Māori practitioners, whānau, hāpu and iwi who have been working in the field of trauma healing for a very long time.

The vision for this thesis is to advance understanding and perhaps healing of the deep spiritual wounds within Māori society in order to prevent destructive outcomes such as suicide. This thesis has wider application such as the healing of multiple trauma outcomes for example, addictions, depression, anxiety and soul wounds. Moreover, this thesis extends

beyond the borders and boundaries of whakapapa towards the identification of healing methodologies that may be fit for use by other indigenous peoples. Therefore, this thesis may be construed as a learning journey in which indigenous practitioners and paraprofessionals working in the field of suicide prevention engage, dialogue, compare and contrast cultural healing narratives in order to apply effective strategies in our cultural contexts based on our own traditions and worldviews. This thesis was initially driven and motivated by a deep desire for understanding and healing in my own whānau. Thus, it is at once a very personal and public journey.

### **The Story of the Thesis**

There are a number of component parts or stories within stories and journeys within journeys that inform this thesis. Together these comprise the narrative of the whakapapa of this research. This brief examination of my doctoral research process and journey is an important part of a Kaupapa Māori research process. This description is intended to support other Māori scholars completing research projects in which we are at once the subjects and narrators of our own cultural stories and histories (Irwin, 1984; Jahnke & Pihama, 2001; Pihama, 1993; Pihama et al, 2002; Pihama et al, 2004; Wanhalla, 2009). It also is intended to provide a context within which this research might be understood as significantly more than an academic exercise.

There are lessons to be gained in both the content and process of this research. Moreover, this concluding chapter is written from the perspectives of both participant and observer of life journeys that have informed and shaped my thinking about the subject matter of this thesis in the most profoundly meaningful way.

I began this doctoral research over 17 years ago and at the same time have lived through 17 years of major trauma experiences in my whānau. I do not intend to chronicle these experiences here. However, it has been challenging and painful beyond comprehension, to complete this thesis while at the same time trying to live with such pervasive trauma and grief. It is in a sense as if I became my own single subject case study in the course of this research and as my own understanding of my own trauma and grief experiences developed so too did the application of lessons from my own life begin to make sense in the larger context of Māori suicide and soul wounding. It is difficult to gain and maintain perspective when immersed and mired in trauma. However, there has been no other way to gain a deeper understanding of trauma but to dwell within it and then to confront it through deconstructing and naming it.



Historical trauma is an inter-generational collective pain that is pervasive and insidious. However, there is a larger historical narrative that we need to understand in order to gain clarity leading to the deep understanding that self-condemnation and self abuse are no longer tolerable states and are in fact part of the continued burden of historical trauma.

This is not the story of my life. Yet it is. I have been able to reflect and develop consciousness and understanding of Māori suicide by dwelling in it. In dwelling in it, I have been able to connect my own whānau experiences with the larger context and narrative of colonisation in Aotearoa/New Zealand in a far deeper way than ever before in order to frame and inform the next steps towards soul healing and suicide prevention in Aotearoa/New Zealand.

### **The Beginning of Consciousness and Understanding**

This journey began in search of explanations for the pain and traumatic events that have traversed generations of my whānau bringing destructive outcomes such as suicide, violence, gang participation, sexual abuse, mental illness and premature death. Growing up in chaos and witnessing abuse in my whānau caused me to believe that such events were normal, to accept that this was just the way it was. This led me to a deep consciousness of the psychology of victimhood. The capacity to contextualise the historical underpinnings of pervasive trauma was birthed in the fires of generational suffering. In 1987, I underwent decolonisation education through the Tōtara Toa programme. This was a profoundly transformative and radicalising experience that caused a reframing of Māori suicide as part of a larger systemic and political history under colonisation. This was as Friere (1972) described it, the beginning of my conscientisation process.

### **Responding to Māori suicide**

In 1988 I began to apply the colonisation analysis, relating Māori youth suicide to colonisation and eventually weaving the analysis into the first Māori (and indigenous) suicide prevention strategy targeting youth – Kia Piki te Ora o te Taitamaiki (see Chapter Four). In the late 1980's to early 1990's I met with two leaders from hapū x, who have since passed on and we talked about suicide. The outcome of those meetings was that they eventually asked me to research suicide in hapū x. This thesis is the outcome of their request.

## **Thesis Studies/Research**

This thesis combines a number of different lenses or views of the subject matter that have been woven together to identify common themes and healing pathways and strategies that I hope can contribute to suicide prevention and soul healing led in this case by hapū. The composite analyses have taken the search for meaning and answers to the pain and trauma in my own whānau background into local practitioner/healer/researcher networks and international indigenous researcher and practitioner/healer networks. The discrete formal and informal analyses that together with the personal journey recounted here and ongoing commitment to the kaupapa of Māori suicide prevention include:

- The evidential review for Kia Piki te Ora o te Taitamariki (Lawson-Te Aho, 1998b)
- The development of Kia Piki te Ora o te Taitamariki – New Zealand Māori component of the New Zealand Youth Suicide Prevention strategy ‘In Our Hands’ (1988-2008)
- 27 years of ongoing conversations with indigenous practitioners and psychologists about their framing of suicide and the link to historical trauma in their own communities
- A review of the literature on indigenous suicide prevention and soul healing including conversations with some of the authors of the developing scholarship on the subject of historical trauma
- A case study of historical trauma and link to suicide risk through interviews with hapū x whānau, youth and leaders

## **Self Determination is Foundational**

Self-determination is considered to be foundational for soul healing in indigenous populations (Duran, 2006; Coyhis & Simonelli, 2008). Self-determination shifts the locus of control over healing projects into the hands of indigenous peoples most affected by the pain and loss that drives healing as a foundational imperative for self-determination.

Thus, self-determination as an issue of tribes regaining authority and control to pursue healing projects creates opportunity for formulating responses to historical trauma from a more culturally valid frame. It is not suggested here that when indigenous peoples are self-determining, soul healing begins and suicide stops. There follows from the point of empowerment, repowerment and capacity to exercise choice over how to deal with the enduring legacy of colonisation, a long journey of healing that for some indigenous communities, will likely span generations as they struggle to stand up in the face of pervasive multi-generational historical trauma. However, stand up they must in order to stop the continued loss of life and the hemorrhaging of culture. The fruits of self-determination take time to realise at the collective tribal level precisely because indigenous peoples are colonised peoples. Much has been lost and some tribal practices have been the source of new perversions and corrupt practices such as the emulation of power dynamics of the colonial relationship within the tribal collective. That is the challenge of internalised oppression and it is a significant challenge when healing projects are sacrificed in preference for the misuse of power in the hands of a few enacted under the pretense of self-determination and tikanga.

The loss of land incurred during the colonial period birthed the diaspora. Current generations of landless indigenous people have neither desire to return home nor consciousness of who they are. For Māori, cultural identity is rooted in land and people (mana whenua, mana tangata). Therefore the inability to reconnect with the ancestral and tribal homelands for lack of knowledge or desire to reconnect creates a disconnection in identity or whakapapa. The pervasive trauma histories of Māori under colonisation created the conditions driving Māori people in current generations who do not want to pursue knowledge of who they are. Self-determination therefore, must ideally include attempts at repatriation of the diaspora so that healing through reconnection becomes possible. The counter to the dis-enfranchising, disempowering and oppressive colonial relationship is the restoration of power or self-determination.

Self-determination creates a context within which the hāpu (in this case), can pursue healing projects. Self determination at the hāpu level translates as the enactment of mana motuhake or local cultural and political authority. Specifically, it is at the hāpu level that the relationship between mana whenua and mana tangata are enacted. The iwi impacts on issues of national political importance.

In this context, the iwi can and does support hapū self determination and the establishment of local level priorities and actions for the wellbeing of those who whakapapa to the hapū. The literature on soul healing identifies self determination as imperative for soul healing. Durie advocates for transformation through self determination (Durie, 1988b). Self determination features in much of the literature on soul healing in indigenous communities because it creates space for the privileging of indigenous values, practices and healing strategies by empowering the tribe to assume control over the establishment of culturally relevant healing projects.

### **Suicide Prevention and Self Determination**

Suicide prevention interventions with indigenous populations are both challenging and complex. Self-determination obviates the need for suicide prevention and suicide prevention obviates the need for self-determination. They may be framed as being inter-dependent. Yet suicide prevention is often presented as an end in itself (Lawson-Te Aho & Liu, 2010). Suicide prevention is conceptualised in this thesis as vital for indigenous self-determination with suicide prevention and self-determination part of the same transformative agenda.

### **Soul Healing as Self Determination**

Soul healing is the exercise of self-determination in its most crucial and critical form. Healing of soul wounds is imperative for self-determination. Without a spiritual healing agenda, the hapū continues to be exposed to outcomes such as suicide. Soul healing is a proactive and positive stand for self-determination because it assumes that healing the spiritual wounds of history is a tribal/collective responsibility. Soul wounding provides a more compelling explanation for suicide in indigenous populations than individual deficit focused explanations in which trauma histories under colonisation are not part of the analytical frame. The locus of control must be shifted culturally to a new position in which hapū understand that they do have the right to control the process.

### **Internal Development, External Input**

Externally based non-Māori suicide prevention researchers may not be able to fathom suicide prevention through a soul healing lens because of the limitations of their worldviews, clinical training and investment in their own 'answers' to the problem. Cultural safety is imperative (Ramsden, 2005). For some whānau, hapū and iwi, Pākehā clinicians and researchers have nothing to offer.

Therefore, the choice of opening the door to westernised clinical psychological practice is not a choice they are likely to take up and may rail against (Reinfeld & Pihama, 2007). Relinquishing power to clinicians who simply cannot feel the depth of indigenous soul wounds no matter how empathetic and compassionate they are, must be a decision that stays in the hands of Māori/indigenous peoples who have an understanding of the limitations and likely products of this therapeutic approach. Self-determination underpinned by tikanga has to be internally determined and directed.

### **The Plausibility of Historical Trauma as Explanatory of Māori Suicide**

Historical trauma is evident in the whānau narratives in this research. It is recognised by indigenous practitioners and researchers as being a plausible explanation for the levels of pathology and dysfunction observed in indigenous communities. Colonisation has had and continues to have major impacts on indigenous communities. Therefore, it is important to examine the processes of colonisation and trauma outcomes so that healing strategies can be better informed through an articulation of the pathway of historical trauma/soul wounds and the linking to describable outcomes such as suicide (Duran, 2006).

### **Cultural Constructs in a Hapū Soul Healing Process**

Soul healing describes deep healing at the spiritual or wairua level and this extends beyond psychological and emotional healing to the profound healing of the spirit.

#### **Wairua**

Wairua is identified as the essential being of Māori (Barlow, 1991, Shirres, 1997). In this analysis, the physical body passes away but the spirit is eternal (Best, 1922). The wairua according to Best (1922) is likened to a shadow linked to the physical body through the breath or Te Hā. Best describes wairua as a ‘sentient spirit’ or a type of consciousness.

The spirit or wairua finds expression in whakapapa. There is a consciousness of ‘being’ that is housed in and passed on through whakapapa, through one’s consciousness and knowledge of their place in the universe and relationships with all living things (Roberts et al, 2004). This includes awareness that one’s destiny as an individual is linked to their collective identity as Māori and inclusive of a sense of relationship and identification with those who have passed away. When understood in this way, whakapapa healing is central to soul healing and soul healing is the healing of wairua as expressed through the reconnection with whakapapa consciousness. The wairua of a person is visible through their actions

(Kruger et al, 2004). When a person ends their own life through suicide, this creates a disconnection in the spiritual continuity of whakapapa. The individual Māori person who ends their life by means of suicide may be understood to be in a state of kahupō (spiritual blindness). Thus, they have lost consciousness of who they are. Moreover, they have lost hope which comes from the knowledge of wairua and connection to whakapapa.

Kruger (personal communication, October, 2011) comments that on death there is a reunification process and the person who has passed steps into the fullness of their spiritual identity and whakapapa as Māori. He goes on to say that the very core of their existence that they sought to escape from (by suicide) is the very reality that they regain on physical death when the spirit is reunited in fullness with those ancestors and whānau who have passed over into the spiritual realm.

These cultural constructs and processes are difficult to understand when one has no concept about the meaning of wairua and no tangible lived experience of it. However, when the spiritual essence of life is denied or minimised, suicide and other self-injurious practices are possible. That is the interpretation of soul wounds that exists in the literature and underpins this analysis. Furthermore, the wairua or existence of the spirit is a characteristic of indigenous epistemologies (DeLoria, 1999). The proof of the state of the spirit or wairua rests in the manner in which people live in the fullness of who they are (whakapapa) on strength of a wairua or spiritual consciousness and connectedness. When one lives in this state, knowing that life in this physical realm is a fleeting and temporary part of life and that the spirit lives on in eternity, there is capacity for hope (Shirres, 1997; Marsden, 1975).

### **Suicide as Kahupō/Spiritual Affliction**

Best (1922) notes that the wairua leaves the body on death but can also do the same during life so that it can separate from its physical base. When the spirit leaves the body in life, it resembles the psychological process of dissociation/a psychological disconnection represented by the statement *present in body but not in spirit* (Lawson-Te Aho, 2008a). Therefore, the aim through the deep healing of the wairua or spirit and the re-birth of consciousness about who one is in the context of whakapapa, is foundational to a hapū led soul healing project for Māori suicide prevention in this thesis. However, this is extremely challenging and fraught with the generational impacts of colonisation that serve to undermine and break down whakapapa consciousness (and therefore a working knowledge of the spiritual character and nature of life). Suicide in this thesis denotes a blinding of the wairua/spirit and an attendant loss of consciousness about whakapapa.

Therefore healing of the wounded spirit requires a reconnection with spirituality and kinship relationships that place the wounded person in more permanent, ethereal context that transcends the limitations and conditions of physical life.

### **Tapu - Life as Sacred**

Suicide may be understood as a denigration of cultural identity and a break in cultural values and Tikanga in relation to the tapu or sacredness of people (Shirres, 1997). This explains its rarity in pre-colonial times when cultural systems of meaning that informed individual and collective conduct were more intact (Durie, 2001). Te Rangihiroa (1949, p. 347) identified tapu as the equivalent to a psychological infection which resulted in physical symptoms usually followed by death. Newman (2010) states that tapu is a personal possession relating to spiritual, psychological and social wellbeing.

According to Best (1922, p. 55):

The Māori believed himself (sic) to be a descendent of supernatural beings...his soul came originally from Io the parent. Thus man inherited a modicum of Te Ira Atua (supernormal life, the Divine nature). This led to the conviction that this spark of the Divine nature is not only very tapu, but it represented the true vitality of man, his physical, mental moral and spiritual welfare....This spark is the mauriora or toiora of man and it is this quality that needs to be carefully protected from any polluting agency, the effect of any such contact being disastrous. For inasmuch as such quality is the subtle vivifying and protective agent, should it by any means become defiled, then its physical basis man, becomes helpless; he is left in a condition of spiritual destitution; he lies open to every baneful influence; every shaft of magic and other evil powers. He loses the important protective power of second sight; the ability of the wairua to preserve his welfare wanes. His hold on life thus becomes precarious; his only hope is to restore the condition of tapu that alone represents safety and general welfare.

The idea of the wairua or spirit being central to the wellbeing or mauriora of Māori is preserved in this thesis as being critical for the prevention of suicide, which is caused through an affliction or wounding of the spirit that comes from colonisation and the subjugation and demise of Māori worldviews and values. Colonisation outlawed the traditional healing practices of Māori.

This contributed to the denigration of the worldviews and values of Māori which underpinned traditional healing practices. Fear of wairua afflictions and upsetting the delicate spiritual balance of Māori existence meant that where transgressions occurred, there had to be restorative and healing systems in place. In some cases those systems for dealing with transgressions as in the case of incest, were physical death. The emphasis was on reinforcement and restoration of the sacred knowledge and practices associated with tapu.

### **Te Whenua: Land**

For Māori, the whenua or land sustains and nurtures Māori (Keenan, 2002). One's relationship with the land (mana whenua) and the people enacted through one's relationship with kin (mana tangata) makes the land and the people indivisible. Whakapapa may be construed as the title deed to land and kinship relationships and the foundation for claiming one's identity. While whakapapa has a spiritual heart, the enactment of it resides in the ability to stand on land where ancestors stood in the full knowledge of one's connection with it and the people who have lived there and whose lives continue to impact and influence through kinship. Therefore, when one is landless, one could be said to be disconnected from whakapapa. When one is disconnected from whakapapa, the consciousness of who they are becomes disconnected. The essence of wairua as it inhabits whakapapa is likewise disconnected. Diaspora refers to the dispersal of people from their traditional homelands such that they become disenfranchised of a physical base and capacity to live out their authentic cultural identity. The diaspora described in this thesis could be likened to a collective, cultural and spiritual dissociation and dislocation.

### **Ahi Kaaroa: Title to Land through Occupation**

The ahi kaaroa are those who live on their ancestral homelands and have daily exposure to their land and the relationships that are part of their identity. However, while opportunity for the maintenance of a strong cultural identity is perhaps enhanced for those living at home, it is still no guarantee of whakapapa consciousness. The state of spiritual blindness is evident in both the diaspora and ahi kaaroa in this research. The disconnection for those living at home exists in the loss of consciousness about their whakapapa and for some, in the state of kahupō about the central importance of wairua to their wellbeing. Thus soul healing is first and foremost, about healing of the wounded spirit and by rediscovery of and consciousness about the breadth and meaning of whakapapa.



## **Healing Pathways**

Pathways for soul healing include a number of key steps. These contribute to processes that the hāpu might take up to transform itself. The hapū transformation pathway described in this thesis is based on the findings of the literature review and empirical research with whānau about the recommended steps to facilitate soul healing. However, this pathway includes steps toward healing that are applicable at all levels of whānau, hapū and iwi processes. The emphasis in this thesis is the hapū.

### **Knowledge**

There are several issues pertaining to the under-theorising of soul healing and the various applications that may confuse the search for meaning and process knowledge about how to work with it. It is extremely difficult to work to set a soul healing agenda, let alone to pursue it when whānau are legacy bearers and contemporary expressions of over 100 years of the very set of conditions that they are trying to heal from. For some whānau, survival takes precedence over all else. In this frame, healing becomes unobtainable. Yet soul healing is foundational and imperative so that future generations might move beyond the daily grind of survival and actually be able to envisage a better future where they become as Durie (2003) states - future makers not future takers. Some whānau in this research want the hapū to take the lead in helping them to formulate a better future. Notably, the youth interviewed for this thesis still have hope in their futures but lack direction and support from the hapū and confidence in it. It may be difficult for the hapū to gain the level of clarity needed to set a soul healing agenda. However, it is necessary that the hapū moves forward so that the pain of the past begins to be put into perspective and practical approaches to helping whānau through the mire that is their post-colonial legacy, continue to take form. Healing takes time and there is no one pathway or 'cookbook' way to respond to historical trauma (Duran, 2006). This suggested pathway for soul healing is both developmental and somewhat experimental.

### **The First Step for Soul Healing**

The first step in a soul healing process is the decision to proceed. The decision to proceed means that the hapū needs to commit to seeking after soul healing and to set healing as a foundational part of a hāpu transformation agenda. Key whānau led the way for regeneration projects in the hāpu during the past three decades.

The rebuild of the marae as a cultural and political base; the focus on economic development projects and the establishment of a leadership structure characterised a very pro active developmental focus in the hāpu. These strategies have been partially successful to reconnect alienated whānau as the increase in the numbers of whānau moving back into the tribal area and their increased participation in marae events and tribal life confirm. Understandably some repatriation projects have not gone smoothly due to the divisions between whānau.

These dynamics probably indicate that unresolved trauma has left a tangible scar on whakapapa relationships. Through a soul wounding/colonisation analytical lens, this is a normal outcome of cultural disenfranchisement. It is also to an extent, normal whānau dynamics (Lawson-Te Aho, 2010). However, when whānau dynamics threaten to derail the role of the hāpu and when the hāpu is commandeered by some whānau who then exclude other whānau, the capacity of the hāpu to enact tikanga and leadership is compromised.

The hāpu has recently faced up to the need for healing. This has been the catalyst for the prioritisation of a healing process in the hāpu. The hāpu and iwi leadership are concerned enough to pursue a healing process so that they can understand the dynamics of abuse within the hāpu so that it does not impede their development. They have started to take action.

The pursuit of healing needs to have a goal or destination of spiritual and psychological emancipation so that the wounds born of historical processes that have been outside the control of the whānau and hāpu are finally put to rest through the building of a conscious understanding about who whānau are with pragmatic strategies to pursue the possibilities that come out of spiritual and psychological emancipation. Self-determination is promoted by some indigenous leaders as the essential methodology in which transformative practices are activated (Alfred, 1999; Alfred, 2001; Coyhis & Simonelli, 2008; Duran, 2006; Durie, 1998b; Maaka & Fleras, 2005; Smith, 1999). Self-determination is not of the government inspired treaty based type in which the conditions for self-determination are written by the descendants of those who penned the script for colonisation. The colonising and recolonising behaviours of past and current governments attests to the entrenchment of their power to continue their colonising legacy.

The fight for the maintenance of Māori rights under Te Tiriti o Waitangi indicates that their legacy is to maintain the oppressive practices of colonisation by renegeing on the relationship deal. Iwi are still going to government cap in hand, to try and get back what has been taken. This is distracting. Compromise is a high price to pay.

### **Moving away from the Coloniser/Colonised Dichotomy**

Transformation need not bind Māori to the entrapment of the coloniser/colonised dichotomy which according to Hokowhitu (2010) diverts attention away from the infinite possibilities of generating new discourse, new theory and new understandings. Soul healing may take generations to achieve. However, healing has to begin somewhere, sometime so why not here and why not now? Within that, rests the imperative to move out of the immobilising space of the discourse about colonisation as it plays out in the dichotomous and mutually inflammatory relationship between Māori and Pakeha/Tauīwi/Crown/iwi. The proof of the harm of colonisation is extensive and everywhere – in whānau, hāpu, iwi and Māori communities (Jackson, 2008). That is already well documented and well understood. We have been there and done that. Colonisation is not acceptable. It never was. It never will be. However, as long as the best of Māori creative potential continues to engage in that discourse within which the marketing of Māori misery licenses and undergirds the drive for self-determination, destroying the health of Māori potential and leadership in the process, then it defeats the purpose of soul healing. The elders in this research understood this. The restoration of hapū x healing practices through the revitalisation and application of traditional knowledge about the interconnections between the people and the environment and their work on the regeneration of this knowledge confirmed this. However, the untimely passing of these elders has left a legacy. The space within which they lived was the place of struggle. Struggle to reclaim traditional knowledge resulted in death as an outcome of the extreme stress that characterised their lives within that struggle. There is a deep irony in their passing, in that the loss of taonga/treasured people is the loss of the potential for healing.

### **Building onto Positive Legacies**

Development that focuses only on economics will enable whānau to have a greater degree of freedom over how they lift themselves out of trauma. However, the foundations have to be in the full knowledge of who they are and their relationships with each other guided and informed by tikanga/doing the right things by each other. Hapū x has pursued cultural development projects such as the revitalisation of the language.

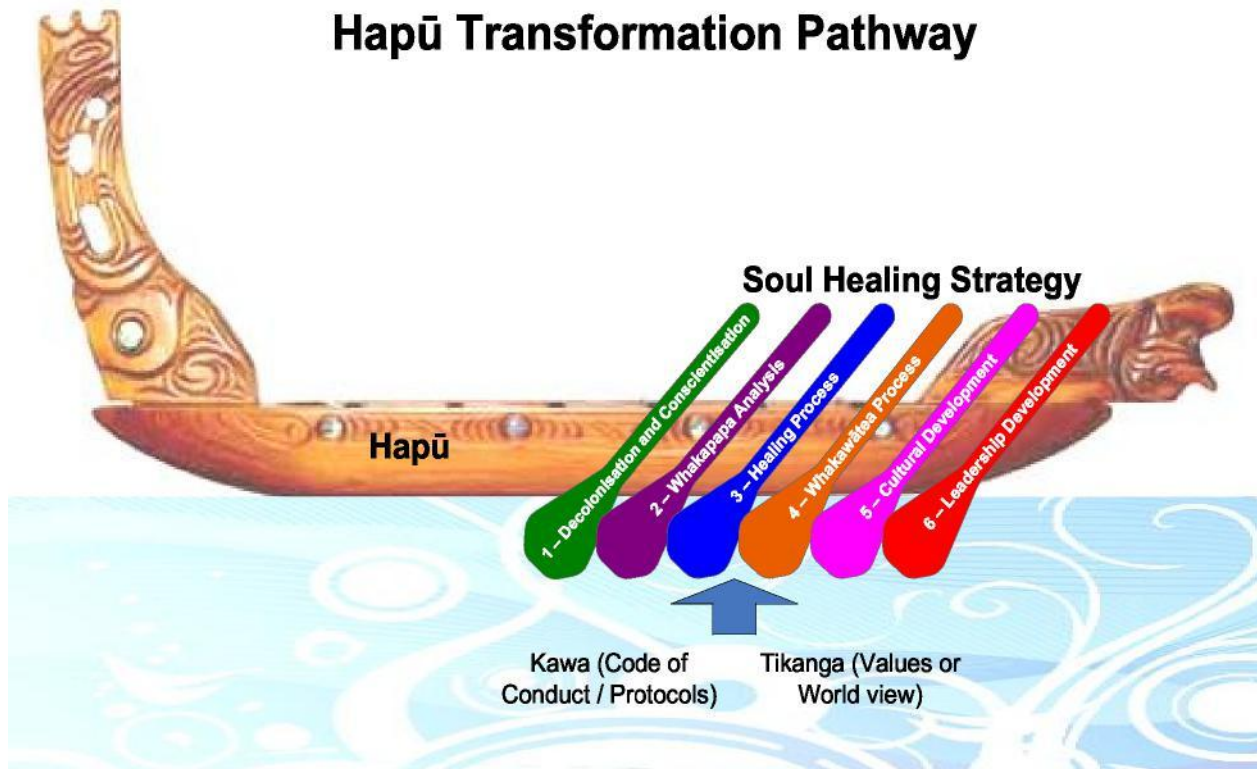
However, the actions of the hapū have not always been tested against tikanga. Situations have been created in the past in which some whānau benefitted from their participation in hapū leadership while others have been deprived of an ability to participate. The role of the hapū is to support whānau to flourish through the exercise of leadership over cultural continuity, economic development, health, therapeutic projects and other self-determining strategies. Therefore, it is important that the hapū is able to take the lessons from past developmental efforts and put in place a way of measuring actions alongside tikanga-ā-hapū – the cultural principles upon which they exist as a hapū. This calls for a re-examination of those tikanga principles that drive practice. Testing the current application of tikanga as it pertains to whakapapa and hapū obligations and responsibilities may be the place to begin. Specifically, it calls for the examination of historical trauma and the manifestation of this in the lives of those who would lead the hapū so that the hapū engages in safe practices with whānau based on the examination of trauma in their own lives. It is one thing to admit that there is healing needed in the hapū and another to lead that in a state of trauma. The revolution begins at home not in another's backyard.

## **The Waka/Voyaging Canoe as a Healing Metaphor**

The waka or voyaging canoes is used as the healing metaphor in this model of hapū self-determination and soul healing. The waka metaphor denotes forward movement which translates as a developmental and transformative process that is forward looking and forward moving. This process requires careful navigation by those with the necessary skills to fulfill a navigation role. The waka is underpinned by the application of tikanga Māori and kawa. Tikanga or correct cultural practices is the way in which the hapū might proceed to lead, facilitate and inspire a soul healing agenda for and with the whānau. The imagery in the waka metaphor shows the hoe/paddles moving together in synchronicity in the same direction with each hoe denoting one element of a soul healing strategy. All are necessary for the waka/hapū to move towards a state of healing. The Kaihautu or navigator is the hapū. The role of the Kaihautu is to set the timing and steer the waka in the desired direction. The role of the hapū is to set the timing for a soul healing agenda and to steer the whānau/whakapapa towards the fulfillment of the journey.

The means for forward movement and transformation is the hapū with the understanding that hapū is a collection of whānau connected by whakapapa. The waka brings the hapū membership together in this journey. The waka contains the whānau and could through a therapeutic lens, be considered to be the therapeutic container (Duran, 2006). The vision for healing is determined by the people who together comprise whānau who authorise the hapū to take on the navigation role as the Kaihautu. The impetus for change is whakapapa preservation and protection. That is the protection of the people and their kinship relationships with each other and the land. The measure against which the components of soul healing are tested is the agreed tikanga of the hapū/the correct or right processes for working together to achieve healing of the whenua/land and ngā tangata/the people. The destination of the waka is defined by the hapū. However, as with any journey, the pathway by which the hapū achieves the destination or moemoea/visions/dreams/hopes must be open to change as the needs of the people change inside the healing dynamic.

# Hapū Transformation Pathway



**Figure 4:** Hapū Transformation Pathway

## De-colonisation, Conscientisation and Soul Healing

The community must become aware of its historical context and understand how it has arrived at the present-day situation. Therefore, a process that facilitates discovery of community history needs to be developed. Historical discovery can be done through literature reviews as well as oral tradition. Care should be taken to let the community know the purpose of uncovering some very painful history. The community should understand that healing is the purpose. This process is not used solely for the purpose of inciting hatred of white people or to rub salt in the soul wound

Dr Eduardo Duran, (2006, p. 117)

The processes of understanding trauma histories under colonisation and their trajectories through time and contemporary impacts is one of the foundational practices for soul healing (Brave Heart, 1998). This aligns with the value placed on history and whakapapa that is part of Māori cultural identity and worldviews (Rangihau, 1975). Part of the transfer of whakapapa which is understood as comprising history and kinship knowledge is the transmission of that knowledge through generations. Conscientisation is a strategy for psychological emancipation described by Friere (1972). In this thesis, the need for spiritual healing has become clear on grounds that wounds forged in history find spiritual expression. However, understanding enables trauma and mamae/pain to be placed in a larger context that takes the analysis away from a victim blame process towards an understanding of historical and systemic effects. De-colonisation education may be construed as a form of psychological emancipation in which trauma narratives and life stories of indigenous peoples are fully contextualised and explained in a way that inspires positive action (Alfred, 2005; Wexler, Jemigan, Mazzotti, Baldwin, Griffin, Joule, & Garroute, 2013).

Suicide prevention and soul healing strategies and pathways must clarify why a re-energisation of tikanga or cultural values, worldviews and practices is foundational for the prevention of suicide and the healing of relationships/whakapapa (Durie, 2004). To inform this, literature on conscientisation and psychological emancipation practices such as decolonisation education is recommended as part of a soul healing process (Alfred; 2005; Moeke-Pickering, 2010;) and as part of the exercise of self-determination in which the agenda for self-determination is the liberation from oppressive control in all forms (Maaka & Fleras, 2005).

There are differences in the content and process of a conscientisation process. For example, while there are common themes in terms of the outcomes of historical trauma in indigenous populations, historical trauma narratives are context specific, tribally specific and therefore, processes for deconstructing these narratives and tracing their impacts and outcomes through generations will involve culturally specific processes and lead to culturally distinctive healing strategies (Duran, 2006). There are justifiable concerns about safety in any conscientisation and de-colonisation process (Tatz, 1999). Revisiting historical trauma has to be accompanied by therapeutic practices that enable people to come to terms with the content of historical trauma in a carefully managed and planned way so that psychological overwhelm that may lead to depression and other adverse outcomes are treated as part of the decolonisation/conscientisation process.

One example is the application of the ‘wiping the tears’ ceremony used by Brave Heart (1998) as part of facilitating understanding of the impacts of historical trauma in the production of unresolved grief. Māori are immersed in grief rituals. Tangi processes are still widely practiced (Nikora, Masters & Te Awekotuku, 2012; Te Awekotuku, 2009). Moreover, tangi processes may be useful to ‘normalise’ trauma outcomes by locating them as outcomes of historical forces and processes over which Māori have had little control. In this frame, grief is normalised as a healthy cultural practice in which the full expression of emotional, spiritual, psychological pain may be facilitated in context of a caring cultural community.

In summary, there are a number of considerations with conscientisation as a process. It must be restorative rather than destructive. In order to use the trauma of history for positive effects, conscientisation through de-colonisation education has to be accompanied by healing strategies in which individuals are fully supported to come to terms with their trauma histories. The links need to be made clear about the trauma underlying the indigenous condition. This is fraught with the processes around collective remembering (Liu, & Atsumi, 2008). Finally, it is also subject to the risks of re-traumatisation which carries certain psychological and other risks for some indigenous peoples and communities.

### **Whakapapa Analysis and Soul Healing**

In one sense all we have to offer to future generations is the past containing as it does the hopes, the spirit, and the determination of the people, their constant example of both virtue and of error. But what a treasure chest that really is. That is brightness enough to guide the way ahead.

Professor Robert Te Kotahi Mahuta (cited in McCann, 2001, p. viii)

Suicide through a whakapapa analysis can be understood as a loss of consciousness of the depth, meaning and value of whakapapa which opens up risks to the denigration of shared history and kinship (Kruger et al, 2004). Historically, suicide was an extraordinary act carried out in extraordinary circumstances (Durie, 2001). Suicide was not commonplace. Presumably, this indicated that the depth and meaning of whakapapa was understood and valued. Life was and is, in a whakapapa analysis, a taonga/treasure to be preserved and protected. The tapu/sacredness of life was central to a Māori worldview and that sacred nature is imbued in whakapapa.



These cultural traditions are believed to have modern relevance and application for the healing of fractuous whānau relationships, which are traumatic and trauma inducing (Kruger et al, 2004). By way of example, Tikanga relating to utu - a traditional cultural practice of restoring balance through recompense to the victims (Waititi, 2011; Rata, Liu, & Hanke, 2008) might be restored to address the issue concerning abuse in the hapū (documented in chapter six). The pre-colonial Tikanga relating to utu in situations of serious whakapapa abuses and violations was death. Utu might be extracted in other ways such as handing a perpetrator over to the criminal justice system or ostracising them from involvement in whānau and hapū life. The second strategy would only work if whakapapa connections were valued.

Chapter Seven reveals that some hapū x youth do not have a deep consciousness around what whakapapa means and their own sense of connection and divine essence. In some cases, there was a tangible spiritual disconnection and emotional detachment that was apparent in some of the interviews.

Therefore, the loss of consciousness of the sanctity of human life (te tapu o te tangata) points to another component of a soul healing strategy that may have wider application to Māori and other indigenous populations. That is the inculcation (or re-inculcation) of values pertaining to whakapapa and identity for Māori who are estranged from this knowledge as part of the reclaiming of cultural traditions. The challenge is identifying processes for whakapapa consciousness when this awareness and understanding may never have been part of their realities as in the case of some hapū x youth and whānau interviewed for this thesis.

There is a need for processes relating to the restoration of balance and harmony in whakapapa relationships. Utu and muru are Māori forms of restorative justice that may be examined as part of a healing process. In the case of hapū x, healing may need to consider peace-making and restorative justice practices around historical battles and any unresolved mamae within the hapū as this plays out in disruptions within and between whānau.

### **Utu, Muru and Restorative Justice**

Utu refers to revenge, a cost and a payment that is founded on the practices of reciprocity, itself evident in cultural practices pertaining to whanaungatanga (everything connected to everything else). Muru refers to the process of plunder, confiscation and ritual compensation that is an internal process between those who share kinship (Love, 2000; Toki, 2010). Rata, Liu & Hanke (2008) identify good faith and commitment to the healing of

relationships as foundational for the restoration of peace or hohourongo. Therefore, a restorative justice process that includes cultural practices such as utu (wider conceptualisations of whakapapa and whanaungatanga such as between iwi, hāpu and whānau from different whakapapa lines) and muru (internalised systems of restorative justice within the hāpu and between whānau) might be part of a soul healing methodology at the hāpu level. The specifics of that should be informed by a re-visitation of the source and cause of historical trauma acts both within and outside of the hāpu. The hāpu may need to examine traditional restorative justice practices and their contemporary application to determine what is still relevant and applicable by way of utu, muru and other practices designed to restore peace and balance in whakapapa relationships. Foundational to a restorative justice process are notions of reciprocity (Maxwell & Liu, 2007). Restorative justice cannot and does not happen in a one way flow of acquiescence or admission of guilt for wrong-doing. It recognises that the perpetrators of acts of historical trauma are tied through their humanity and whakapapa to their victims. Healing of one necessarily involves healing of the other (Waititi, 2011).

### **Healing Processes**

Soul healing processes need to accompany and work concurrently with the examination of historical trauma in the hāpu so that issues raised in the examination of trauma are addressed as part of the visitation of historical trauma not separate from it. Healing must include healing of the land and the people. Duran (2006) refers to earth healing. This is consistent with Māori cultural values around the earth as a living entity – Papatūānuku, earth mother. Wakefield (2008) articulates the links between the natural environment and people.

There are at least two groups of healing practices identified in the literature. These are culture-specific and integrated interventions, combining elements of cultural practice with western psychological/clinical practice. There can be a mix of these interventions depending on the specific needs and preferences of the hapū. The validation of historical trauma enables the whānau and hapū to stop blaming themselves for trauma that was outside of their control through understanding the broader systemic issues, outcomes and trajectory of historical processes birthed during colonisation. This is itself, is intended to be therapeutic. Voicing trauma is a powerful therapeutic process (Kruger et al, 2004; Lawson-Te Aho, 2008; Wexler et al, 2013).

There is a need within this process for the concurrent application of debriefing strategies so that any strong emotional states such as anger are addressed. Anger/pukuriri in the body can be counter-productive to healing (Durie & Hermansson, 1990; Reilly, 2012).

### **Māori-specific/Culture specific Interventions**

Culture-specific interventions are based on reclaiming traditional knowledge and healing practices (Wakefield, 2008). Culture-specific interventions for soul healing may include processes such as the lifting of tapu at sites where there were mass deaths, and a tangi process to honour and remember those whose lives were lost in battle. The memorialisation of the historical passing in warfare of hapū x may be therapeutically positive for current generations.

### **Spiritual Rituals and Healing Practices**

There are specific healing traditions and practices in all hapū, that seek to restore balance between the spiritual and physical elements of human existence. For some, healing may involve committing to Christianity. For others, it may involve the return to traditional healing practices through the use of karakia/prayer (Reinfeld & Pihama, 2007). Many whānau in this hapū are practicing Christians. However, they merge this body of knowledge and practice with their own cultural traditions which may characterise them as integrated interventions. There is value in reclaiming cultural tradition and certain hapū practices were designed for that purpose. Therefore, the hapū does express a valuing of traditional knowledge through its past actions to keep cultural traditions alive. It is the mapping of traditions onto contemporary healing and therapeutic practices or the configuration of healing traditions as foundational to the delivery of other cultural interventions that come out of western counseling praxis (such as psychotherapy) that requires specific skill sets so that the best of both may be offered to the healing project.

### **Integrated interventions**

Integrated interventions might usefully include elements of western psychological and counseling praxis but only at the invitation of the hapū, that is, within context of a self-determining paradigm. If this is one of the preferred approaches that the hapū seeks out as part of soul healing project as it has begun to initiate by seeking out the advice of sexual abuse treatment counsellors, then the hapū must determine what is best and most appropriate according to the therapeutic needs of the people/whānau. However, it is important that the hapū leadership understands why integrated interventions are likely to be effective and why

within that, the reclaiming of traditional knowledge and healing traditions is vital for the preservation and maintenance of cultural healing traditions.

## **Cultural Development**

### **Tikanga and soul healing**

Suicide was construed by the participants in this research as the outcome of disconnections in kinship relationships. It was also construed as the loss of cultural knowledge and consciousness about the sanctity and meaning of life (Ihimaera & MacDonald, 2009; Lawson-Te Aho & Liu, 2010; see Chapter Six). Soul healing and within that, suicide prevention requires the re-valuing of Tikanga Māori and the re-establishment and re-assertion of traditional cultural values around the meaning and sanctity of human life in contemporary contexts.

This is not idealism. Nor is the return to a pre-colonial mythical golden age when Māori whānau, hapū and iwi lived in perfect harmony with each other being proposed. Whakapapa conflicts were part of Māori cultural narratives before colonisation – one example is the fractuous relationships between the children of the primordial parents Rangi and Papa over whether they should separate their parents or not. Those in favour fought those against and those in favour prevailed (Walker, 1990). However, there were relational consequences and balance was restored over time.

In summary, Māori had workable systems for the restoration of balance and peace because they understood their place, roles and responsibilities in the larger context of creation and whakapapa (Shirres, 1997). In particular they understood that they were ultimately interdependent and so relational imbalances/whakapapa relationships had to be rectified and healed by reference to tikanga/Māori cultural practices derived from Māori cultural worldviews and epistemology (Best, 1922).

### **Re-traditionalisation, Cultural Development and Soul Healing**

The literature on soul wounding and healing from North America recommends practices around re-traditionalisation and/or the reintroduction of traditional values and knowledge (sometimes in iterated forms for contemporary and modern application - see for example the indigenous suicide prevention programmes described in Chapter Five in which the medicine wheel teachings are integrated with elements of western psychological praxis as an intervention for suicide prevention in the native school system) (Muehlenkamp et al, 2009).

Durie advocates for the restoration of cultural values as foundational for the promotion of positive health for Māori. Therefore, soul healing needs to include the modern interpretation and application of old wisdom and traditional knowledge according to indigenous experts.

There are a number of challenges to the process of re-traditionalisation and tikanga reclamation. Rewi (2010) describes the challenges of treating cultural values as static and cites a number of examples where tikanga has been adapted to respond to changing circumstances and emerging challenges to cultural survival. Cultural development practices must be relevant for the times. However, there are also some cultural traditions and knowledge's pertaining to whakapapa that need to be protected and preserved lest the foundational identity constructs of Māori existence become so diluted that whakapapa and tikanga-ā-hapū (hapū based cultural practices) pertaining to whakapapa protection and preservation are extinguished.

### **Te Reo Māori**

Traditional cultural practices and knowledge are articulated through the language in which their expression is given deep meaning and form (O'Regan, 2006). The restoration of Te Reo Māori must be part of a soul healing agenda for the hapū. This is acknowledged by the hapū. However, youth and estranged whānau need to understand the value of their language in order that Te Reo Māori is treasured and valued for its own sake and because it is informative and expressive of their cultural identities. Loss of Te Reo Māori has been deeply disempowering and painfully traumatising for Māori. This has driven pro-active efforts to reclaim the language. As with a historical trauma healing project, this requires a long term commitment so that generation by generation, the language is reclaimed and practiced as a living taonga/treasure.

### **Leadership and Soul Healing**

Traditional and contemporary perspectives of leadership are described by Walker (1993) as based on kinship structures in which succession was based on whakapapa. The Ariki or paramount chief was usually of a senior chiefly whakapapa line. Leadership by whakapapa and descent lines was actively practiced in hapū x.

Traditional leaders had a number of key responsibilities (Te Puni Kōkiri, 1992) including

1. Te Mauriora (survival);
2. Tikanga (customs) and kawa (procedure)
3. Moenga Rangatira (chiefly marriage bed)
4. Pā Harakeke (continuity)
5. Tangohanga (acquisition of wealth)
6. Tohatoha (fair distribution)

Professor Mead (1993, p.6) identified eight pūmanawa or talents required and expected of Chiefs which were ability to:

1. manage, mediate and settle disputes;
2. provide food, look after their family;
3. demonstrate bravery and courage in upholding the rights of the Hapū and Iwi;
4. General-ship;
5. Knowledge of the arts
6. Reflect the value of manaakitangā, hospitality;
7. Lead the community to undertake and successfully complete big projects;
8. Know the traditions of their people, their culture, their reo, proverbs and be well versed in Mātauranga Māori

Key Pūmanawa or talents were identified and nurtured in potential leaders and these ranged from bravery, speech making, food procurement, feasts of celebration, looking after visitors small or large, settling disputes, courage in war, artistic expertise, hospitability, generosity, good knowledge of tribal boundaries and histories (Mead, 1993). Whilst such talents were important in traditional times, the values and principles they were based on, and more importantly the methods of developing and nurturing such talents, remain relevant (Wakefield, 2008).

The traditional character of Māori leadership began to change in response to the demands of the rapid transformations of Māori social, cultural and political organisation in the 20<sup>th</sup> century which called for a more strategic approach in which the role of the collective or team became important. However, contemporary Māori leadership in the modern era is confronted with many challenges. The most significant challenge is to navigate the interaction of traditional Māori values with the imperative in this case, of pursuing healing.

Mikaere (1995) states that

The roles of men and women in traditional Māori society can be understood only in context of a Māori worldview, which acknowledged the natural order of the universe, the inter-relationship or whanaungatanga of all living things to one another and to the environment, and the over-arching principle of balance. Both men and women were essential parts in the collective whole, both formed part of the whakapapa that linked Māori people back to the beginning of the world, and women in particular played a key role in linking the past with the present and the future...therefore every person within the group had his or her own intrinsic value (p.17)

The participation of women and youth/rangatahi in leadership development is vitally important. There is a gap identified in this thesis. Youth do not participate in hapū leadership in hapū x. They are the future generations and decisions affecting the lives of future generations need to assume the intrinsic value of Māori youth involvement in contributing to a soul healing pathway for the hapū. There are a number of ongoing challenges for hapū leaders. Multiple strategies and innovative solutions to the issues confronting whānau, hapū and iwi are needed. In this thesis, the hapū is the vehicle for the establishment and pursuit of soul healing. This requires a long range view and calls upon the leadership of wahine/women and rangatahi/youth as valuable members of the hapū.

# **The Challenges for the Hapū going forward**

## **Working with historical trauma gaining consciousness**

Self-determination for soul healing is complex and fraught. Historical trauma produces inter-generational effects and it is difficult to go back and retrace trauma pathways. Conversely it is difficult to go forward without going back. Much has been lost to the hapū in the ensuing years since colonisation and it is arguable whether a return to pre-colonised cultural traditions and knowledge as advocated by some indigenous practitioners as being a necessary element of a soul healing agenda, is actually possible.

### **Internalised Oppression**

Internalised oppression is the internalisation of the oppressive practices of colonisation inside the tribal collective. It is insidious (Poupart, 2003). The hapū needs to be vigilant to ensure that internalised oppression does not take hold and serve to further divide whānau.

### **The diaspora and the challenge of repatriation**

The willingness of whanau to repatriate with the hapū cannot be assumed. Repatriation poses significant challenges for the hapū and for whānau members who have made new lives for themselves. Where the historical experiences of some whānau have been negative, they may not be easily persuaded of the value of reconnection. Yet reconnection or at least a way back in is an important component of soul healing and suicide prevention.

### **The Challenge of Establishing Whakapapa Consciousness**

Reconnecting whānau with their whakapapa and moving beyond a literal knowledge of how they connect in to achieve a deep seated healing process in which whakapapa takes on an authentic set of meanings that drive behavior towards others as reflective of their own state as Te Ira Tangata is vital. Youth in this thesis do not understand the significance of whakapapa in terms of the tapu of those to whom they are connected by whakapapa. Nor do they understand their own tapu.



## **The challenge of Re-claiming cultural traditions**

Reclaiming cultural traditions is another significant challenge. The issue is which cultural traditions? Moreover, the methods by which traditional knowledge that has altered and been compromised over time can be reclaimed and applied as tools for healing, will continue to pose challenges for the hapū and indeed for all Māori and indigenous peoples. However, this knowledge exists in repositories such as historical manuscripts; oral testimonies and whānau histories and in the interpretation of cultural narratives.

## **The Risks of Re-Visiting History**

There are certain risks with a decolonising agenda especially on the psychology and mental health wellbeing of indigenous youth (Tatz, 1999). Therefore, decolonisation as a process needs to first and foremost enable those leaders in whānau and hapū development, to understand the importance of historical processes and trauma on current day outcomes. It is not advisable that youth are taken through a de-colonisation process that could be psychologically brutal and, as Tatz (1999) identifies, potentially more harmful than good. However, some understanding of how history creates conditions and circumstances in the current generations will almost certainly be useful for them if for no other purpose than to put the conditions of their own lives into perspective.

## **CONCLUSION**

Generational pernicious outcomes and impacts (Walters et al, 2011) will not and cannot be undone overnight. Healing takes time and, in some cases, generations. The weaving together of solutions requires a sustained focus, a long range vision and a huge amount of courage and faith. It means that Māori have to look back to look forward, heed the lessons of the past and move on into a new world anchored in whakapapa and history. Ultimately, it is up to the hapū to take action to pursue soul healing. The soul healing strategies suggested here are not definitive. They represent the integration of lessons from other indigenous communities as contained in the literature and the voices of those actively working in suicide prevention in these communities. The voices of Māori youth, leadership and whānau are also represented here.

This thesis calls for the hapū to continue to develop themselves out of the chaos and deep wounding of history that rips through whakapapa. The capacity to recover traditional healing practices and transport the knowledge that is still known and still relevant into the current context of hapū development, repatriate whānau and rebuild into a vibrant and potent hapū is a significant challenge. There has to be a process for the building of consciousness of what whakapapa is and what this means particularly for hapū x youth and estranged whānau. This knowledge then enables them to choose to engage in soul healing projects led by the hapū. Some whānau will continue to stand aside from hapū healing projects and reserve judgment and choice. They cannot be compelled to participate. However, there is a lot to be said for exemplary models of transformative practice. Whether this proposed healing agenda and model will be one of those exemplary models of transformative practice has yet to be seen. Time is the great healer and it may take generations to reverse, ameliorate and heal from the deep wounds of history.

### **Contribution of the Research to Māori Suicide Prevention**

The potential or actual links between historical trauma and suicide have not been comprehensively researched in Aotearoa/New Zealand before. Nor has the potential to frame suicide prevention as the preservation and protection of whakapapa been researched although a relationship between whakapapa disconnection and suicide has been articulated in Māori suicide prevention literature (Ihimaera & MacDonald, 2009; Lawson-Te Aho, 1998a). The idea that suicide creates a disconnection in whakapapa/kinship that was authored during the journey of colonisation has not been examined in any depth. These gaps in our knowledge about suicide, have led to some key propositions/ideas in this thesis that the preservation and protection of whakapapa through reconnection and healing of fractious kinship relationships has to be part of the process of suicide prevention and soul healing. Although this is theoretically weak, suicide in contemporary times reflects the fact that we are not currently or sufficiently equipped to deal with the enduring psychological and spiritual trauma of colonisation.

## **Applying the Model: Community Based Para-Professionals**

The steps towards soul healing recommended in this thesis emerge from the four analyses described in the introduction. Suicide prevention strategies are best positioned in the hands of those most affected by it. There is ample rationale to support community development approaches to suicide in indigenous communities. The reason is obvious. Many indigenous communities simply do not have access to clinical psychologists and other mental health professionals and so they must find alternative pathways towards healing. The model in this thesis is based on the foundational cultural construct of kinship. Families are a key to suicide prevention, offering a first line of response to suffering and a source of immediate support. Paraprofessionals are people to whom a particular aspect of a professional task is delegated but who are not licensed to practice as fully qualified professionals. Paraprofessionals offer potential to influence the initiation and facilitation of healing projects in indigenous communities. The model described in this thesis, identifies the minimum set of actions to inspire healing in traumatised indigenous communities. These might be translated into a set of specific practice competencies for indigenous paraprofessionals working in their communities for the prevention of suicide and healing from historical trauma.

## **Reframing Māori Suicide Prevention: A New Paradigm**

Indigenous suicide prevention interventions must be more accurately underpinned by a re-conceptualisation and reframing of suicide in indigenous populations that takes into account historical processes, particularly colonisation, intergenerational cumulative historical trauma or soul wounds and the impacts on indigenous communities (Walters, Beltran et al, 2011). This creates a paradigm shift in which the broader historical explanations for suicide and historical trauma trajectories are fully understood. There are numerous outcomes of colonisation. The colonial relationship is cast as a destructive relationship in which once formerly free and self-determining indigenous peoples became subjugated and oppressed through colonisation. This thesis focuses specifically on suicide prevention because it cuts to the core of indigenous survival and is a powerful and salient indicator of cultures in crisis (Tatz, 1999). However, the lens in this research could be addictions, land loss, cultural loss, family breakdown, community breakdown.

These experiences and outcomes all point to a deep wounding of indigenous spirits that manifest biologically, socially, culturally, psychologically and behaviourally (Walters, Mohammed et al, 2011). Therefore, a comprehensive and better informed examination of collective historical trauma/soul wounds may lead to more informed soul healing strategies that encapsulate suicide prevention as part of a much broader and longer term agenda for healing. Indigenous scholars and practitioners are dealing with the development and application of interventions and strategies that will contribute to stemming the tide of spiritual injuries and premature death of indigenous peoples for the future survival of the generations to come. Duran (2011) refers to soul wounds as injuries where blood does not flow. In this thesis, it is important that the invisible and silenced wounds of history are rendered visible so that healing may proceed. The pain that Māori and other indigenous peoples carry is born from the subjugation of their narratives and the reconstruction of their truths (Robson & Reid, 2007).

The value of this research is that it begins to give a voice and a face to the trauma of colonisation in one discrete hapū tracing the impacts through the narratives of the descendants. There are always methodological issues when working with divergent whānau narratives. This simply confirms the research complexities pertaining to collective remembering of past conflicts. It is part of the research terrain when working with trauma histories. Different whānau narratives and accounts of major events known to have occurred in the history of hapū x reflect the different positions of the whānau in the same trauma history and continuum. Overall, healing from trauma requires courage to look into painful histories and hope that healing is achievable.

### **Last words....**

There are more questions yet to be answered. However, for now the last words in this thesis are aptly about the elders who issued the karanga for this research. Both understood colonisation. They had been through de-colonisation education in the 1980's and subsequently, went on to challenge its impacts in their hapū and iwi but perhaps not the next generations of their whānau. They saw the hapū as being the vehicle for change that could benefit whānau. However, their analysis was of the broader systemic process of colonisation and its impacts on their capacity to exercise self-determination at the hapū level. They worked tirelessly for their whānau but never got the opportunity to influence the building of consciousness in their mokopuna about whakapapa and tapu.

Certainly, their analysis overlooked critical soul wounding experiences at the whānau level and the evidence of internalised oppression that manifested in their whānau. No doubt, they would have come to it in time. They were the victims of historical trauma but they never had the opportunity to fully examine the trajectory of historical trauma in their own lives nor to express what this meant for them.

Historical trauma was never the specific subject of our many conversations about the impacts of colonisation. Yet it was. The need for healing within the whānau was paramount to them but the extent of colonisation impacts were so extensive and profound that they did what they could do given the limitations of their physical health. There were fragments of personal trauma all through our conversations albeit that there was no real weaving together of the fragments into a cohesive and consistent whole.

Both elders had a passion for healing and hapū development and gave expression to it in their involvement in developmental projects up to the end of their lives. This is the closure of a 20 year process and an enduring relationship between us that they never lived to see the fruits of. The vision for this thesis is that it contributes to our understanding of historical trauma in Aotearoa, the links to suicide and soul healing and, that it drives the establishment of soul healing projects in whānau, hapū and iwi. The purpose is healing and only healing. This research is our legacy to the field of Māori suicide prevention in Aotearoa.

Finally, this closing kāranga is for them.

*E ngā Wāhine Rangātira e*

*Ngā hoa mahi, ngā wahine rangātira, ngā whānau*

*Hotu kau ana te ngākau kua wehe ā tinana engāri*

*mā ngā Atua me ngā tūpuna e manaaki*

*Haere, haere, haere atu ra*

*Rātou ki a rātou te hungā mate ki te hungā mate*

*Tātou ki a tātou te hungā ora ki te hungā ora*

*Tihei mauri ora*

## GLOSSARY

Ahi kaa	Home based
Atua	God, supernatural being having continued influence
Aotearoa	New Zealand
Awa	Ancestral river
Awhi	Help, aid, assist
Ea	State of balance and peace
Hapū	Kinship group, clan, sub-tribe (n) to be pregnant (s)
Hapū rohe	Tribal area
Hara	Misdeed, offense
Hikoitanga	Journeys
Hinengaro	Mind
Hohourongo	Peace treaty, the process of restoring balance and peace
Hui	Gathering, meeting
Hui ā tau	Annual gathering
Io Matua Kore	The supreme God
Ihi	Essential Spiritual force
Io/Io Matua kore	Supreme or Creator God
Ira tangata	Human being, mortal
Iwi	Kin, tribe, people, nation, family groups who share a common ancestor, bone

Kahupō	Spiritual blindness
Kai	Food
Kaitiaki	Guardians of land, sea and people
Kanohi kitea	A familiar face
Karakia	Incantation, prayer and conversations with God
Karanga	Call, summon
Kaumatua	Elder
Kau-papa	Topic, area of discussion, proposal, agenda, right way of doing things through a shared and collective vision
Kaupapa Māori	Collective process and cultural methodology, Māori ideology, philosophical doctrine, epistemology, ontology, conceptualisation of Māori knowledge.
Kawa	A ceremony to remove tapu, protocol using karakia
Kite	to see
Koha	Gift, present, offering, donation, contribution
Kōhuru	Cruelty, transgression and violation of tapu
Kōrero	Talk, speak, stories
Kotahitanga	Unity, unified, bonded together
Mahi	Work, jobs
Mahinga kai	Cultivation of food
Mamae	A hurt, deep sadness, pain, grief
Mana	Strength, status, integrity, rights, authority, prestige,

	control, power, spiritual power (used interchangeably with tapu)
Manaaki	Duty to care, hospitality, compassion, tangible expression of gratitude
Manaakitanga	Reciprocal exchange
Mana motuhake	Local level political mandate and authority to act, autonomy, self-sufficiency
Mana tangata	Relationships that connect people with the place and land
Mana Wahine	Strength of woman, leadership
Mana Whenua	Local tribal authority, local political autonomy
Manuhiri	Guest, visitor, foreigner
Marae	Open area in front of whare tīpuna (ancestral house)
Matakite	Spiritual sight, spiritual seer, spiritual gift to be able to see into the spirit realm
Mātauranga Māori	Māori knowledge
Mate	Sick, illness, dead
Maunga	Ancestral mountain
Mauri	Life principle, life force
Mauriora	Complete well-being
Moana	Ocean, sea
Mokemoke	State of grief, deep longing for someone who is not present
Mokopuna	Grandchild
Ngā tangata	People



Noa	Ordinary, unrestricted, free from restrictions of extensions of tapu
Pā (papakāingā)	Settlement, Fortified village
Pākehā	New Zealand European settler or descendant
Pukuriri	Anger, angry
Rāhui	Temporary prohibition, restriction, ban, conservation
Rangatahi	Youth
Rangatira	Chief, chieftainess, individual of high status, ranking
Rangatiratanga	Authority, Māori leadership and control over all matters Māori
Ritenga	Achievement of rights and sense of justice
Rongo	Demonstration of commitment to restore relationships
Rūnanga	Assembly, council, tribal council, board
Taitamariki	Youth
Takahi	Trample, abuse, disregard, violation
Tangata	People
Tangata whenua	Local people, hosts, indigenous people of the land
Tangi	to cry, mourn, weep, mourning, grief, sorrow, weeping, lament, salute
Tangihana	weeping, crying, funeral, rites for the bereaved
Tapu	Sacredness, sacred knowledge, potentiality for power
Te Ao Māori	Material physical world, Māori world-

view/perspectives of holism and interconnection

Te Ao Mārama

The world of light, emergence, light, reality, world of being and the dwelling place of humans

Teina

Junior

Te kete aronui

Knowledge of the visible, physical world

Te kete tuari

Knowledge that stands under the sense of experiences

Te kete tūātea

Knowledge that is beyond space and time

Te Kore

The void, the beginnings of whakapapa

Te Ira Tangata

The seed descent of human life

Te Ira Atua

The seed descent of iwi Māori from creator Gods

Te Ira Whenua

The seed descent of the planet

Te Pō

The dark, the light, the world of becoming

Te Whare Tangata

Womb of pregnant woman, carrier of tapu sacredness of whakapapa

Teina

Junior

Tika

Correct

Tikangā (Māori)

Protocol, Māori cultural traditions and practices

Tinana

Body

Tino Rangātiratangā

Māori rights to Māori self-determination

Tīpuna

Ancestor

Tohunga

Expert, healer

Te kete aronui

Natural world as perceived by the senses

Te kete tuari

Knowledge which stands under the sense

	experiences
Te kete tūātea	Knowledge beyond space and time
Te reo Māori	Māori language
Tuakana	Seniority in whakapapa
Turangawaewae	Rights of residences through kinship and whakapapa
Uri	Progeny, descendants
Urupa	Burial ground, Cemetery
Utu	Repay, response, avenge, means of social rebalance
Waiata	Chant, song, sing
Wairua	Spirit, soul
Wairuatanga	Creation centred
Wana	Inspiring awe
Wānanga	Discussion
Wehi	Response of awe as a reaction of Ihi
Whaikōrero	Formal speech
Whakamā	Shame, embarrassment,
Whakamomori	Deep seated suffering and longing to for the way things used to be
Whakapapa	Genealogy, lineage, kinship relationships, history
Whakawātea	Spiritual cleansing, lifting of tapu
Whakawhanaungatanga	Process of establishing relationships
Whānau	Family group, extended family, to be born

Whanaungatanga	Relationship, kinship, the state of being in a relationship with one another
Whānau Ora	Family well-being
Whare wānanga	House of learning
Whatu kura	Ancestral stepping stones
Whenua	Land
Whenua Tapu	Scared land

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# APPENDIX A: INTERVIEW SCHEDULE FOR YOUTH

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI



## Information Sheet

Topic: Youth involvement in Hapū x development

### Who is conducting the research?

- Keri Lawson-Te Aho is a PhD student from the School of Psychology at Victoria University of Wellington (VUW) and is supervised by Associate Professor James H. Liu. This study has been approved by VUW's human ethics committee.

### What is the purpose of this research?

- The purpose of this study is to look at how Hapū x young people get involved in Hapū x development. I am interested in finding out about how Hapū x youth feel about their level of involvement and whether it helps them/you to deal with other issues in their/your life. The importance of your sense of belonging and connection to Hapū x will also be studied as part of this research.

### What is involved if you agree to participate?

- If you agree to participate, you will be interviewed to talk about what it is like being part of Hapū x and how your/youth involvement in Hapū x development helps Hapū x youth to cope with life issues. The questions asked will include questions about yourself and questions about how strongly you identify with Hapū x and what this means for you. You will be also asked about whether and how the hapū help you to deal with issues in your life. Sample questions might be "Do you identify as a member of Hapū x and if so, how?" or "Can you describe what it is like living close to the hapū?"
- With your permission, the discussion will be audio-taped and be transcribed later on.
- The discussion will take no more than two hours. You are free to withdraw at any point up until the completion of the interview, and the data about you will not be included in the transcriptions.
- It is important that anything shared or discussed today is not repeated outside the interview setting.
- As a token of our appreciation, we will give you \$10 movie voucher or text credit at the end of the interview.

### Privacy and Confidentiality

- During transcriptions, we will replace your name and relevant details by codes so that no data will be directly traceable to you. You will not be directly identified.
- Only my supervisor and I will have direct access to information collected.

### **What happens to the information that you provide?**

- The results of this research will be a part of my doctoral thesis. Overall results of this research may also be published in scientific journals or be presented at scientific conferences. A copy of my completed PhD will be given to Hapū x Your specific information will not be identifiable in the final write up of the research.

### **Feedback**

Results of this study will be available by approximately 31 March 2009. Alternatively, if you provide your email address or postal address, and would like a one page summary of the key results from this research, this will be sent to you.

If you have any further questions regarding this study, please contact me at [Keri.Lawson@vuw.ac.nz](mailto:Keri.Lawson@vuw.ac.nz), (04-463-6754) postal address: *School of Psychology, Victoria University. PO Box 600, Wellington*, or my supervisor at: [James.Liu@vuw.ac.nz](mailto:James.Liu@vuw.ac.nz) (phone: 04-463-5153)

Thank you.

Manaakitanga

Keri Lawson-Te Aho

Statement of consent

I have read the information about this research and any questions I wanted to ask have been answered to my satisfaction.

I agree to participate in this research.

I give my consent to participate in this interview that will be audio-taped and later on transcribed.

You are free to withdraw at any point up until the completion of the interview, and the data about you will not be included in the transcriptions.

Name: \_\_\_\_\_

Signature:

Date: \_\_\_\_\_

I would like a copy of the summary of the results of this study. YES / NO

(If yes, please indicate email address or postal address below)

Email Address: \_\_\_\_\_ or,

Postal Address:

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Copy to:

[a] participant,

[b] researcher (initial both copies below)

## **Interview Schedule for Youth**

### Topic: Youth involvement in Hapū x development

#### **Part 1: Introduction to the study (approx. 10 min)**

Introduction (state objective of the study, procedure of the interview and ground rules, questions from the participant regarding the research)

#### **Part 2: Interview (approx. 60-90min)**

##### **Demographic questions (5 min)**

1. How do you identify yourself? (i.e. as Māori, as Hapū x etc).
2. How long have you lived in Kaikoura or how long have you lived in Wellington?
3. Were you born inside the tribal area of Hapū x or outside of Hapū x?
4. How old are you?

##### **Identity (10 min)**

1. You identified yourself as \_\_\_\_\_. Why did/do you identify yourself in this way?
2. Does your identity change when you are inside or outside of Hapū x? For example do you identify as Māori when you are in Kaikoura and Hapū x when you are in Wellington?
3. What does being able to call yourself Hapū x mean to you?

##### **Cultural elements of identity (10 min)**

1. Do you speak Te Reo Māori?
2. Can you recite your genealogy or whakapapa?  
  
As Hapū x?
3. Do you go to your marae very often? If not, why not?

### **Challenges and stressors (20 min)**

1. Can you describe some of the challenges or stressful experiences you have had in your life?
2. How did/do you feel about these challenges? (emotions)
3. What did you do to deal with these challenges? (behaviour)
4. What did you think about these challenges? (cognitive)
5. What sources of help did you receive to deal with these challenges (i.e. whānau support, hapū support, support from friends etc?)

### **Involvement in Hapū x development (20 min)**

1. Do you know what the priorities are for Hapū x development?
2. Do you see yourself in these priorities? Are these important to you? Do they impact on you?
3. Do you attend Runangā meetings? If so, do you feel you can have a say in the meetings?
4. Do you think there needs to be more involvement of Hapū x youth in your/their development at the hapū (tribal) level? Why? Why not?

### **Benefits of Youth Involvement in Hapū x Development (20 min)**

1. Can you describe the benefits for you, of being involved in Hapū x development?
2. Can you describe the benefits to the hapū, of you being involved in Hapū x development?
3. Have you ever received any help from the hapū/iwi? Can you describe that help?
4. Would you like to receive help from the hapū/iwi?
6. How? For example those issues you described earlier (refer to challenges and stressors)

### **Part 3: Post interview/post discussion (saying thank you, reiterating confidentiality and debriefing) (approx. 10 min)**

# APPENDIX B: INTERVIEW SCHEDULE FOR WHĀNAU/KAUMATUA/LEADERS



## Information Sheet

Topic: Youth involvement in Hapū x development

### Who is conducting the research?

- Keri Lawson-Te Aho is a PhD student from the School of Psychology at Victoria University of Wellington (VUW) and is supervised by Associates Professor James H. Liu. This study has been approved by VUW's human ethics committee.

### What is the purpose of this research?

- The purpose of this study is to look at how Hapū x young people get involved in Hapū x development. I am interested in finding out about how Hapū x youth feel about their level of involvement and whether it helps them/you to deal with other issues in their lives. The importance of your sense of belonging and connection to Hapū x will also be studied as part of this research.

### What is involved if you agree to participate?

- If you agree to participate, you will be interviewed to talk about the history of Hapū x with a special focus on Hapū x development and how youth involvement in Hapū x development helps Hapū x youth to cope with life challenges and stress. The study aims to investigate how Hapū x youth identify with Hapū x and what this means for them. You will be also asked about what the hapū can do to support Hapū x youth development and whether young people need to be more involved in helping to set the agenda for iwi development. Sample questions might be “As a leader in Hapū x hapū development, how do you involve young people in the development of the hapū?” “could Hapū x youth be more involved?” “what do you see as the role of the hapū in their development?” “what is the role of Hapū x youth in the development of the hapū?”
- With your permission, the discussion will be audio-taped and transcribed later on.
- The discussion will take no more than two hours. You are free to withdraw at any point up until the completion of the interview, and the data about you will not be included in the transcriptions.
- It is important that anything shared or discussed today is not repeated outside the interview setting.
- As a token of our appreciation, we will give you \$20 petrol or grocery voucher at the end of the interview.

### Privacy and Confidentiality

- During transcriptions, we will replace your name and relevant details by codes so that no data will be directly traceable to you. You will not be directly identified.
- The information from this interview will be stored in a locked cabinet for a period of five years

### **What happens to the information that you provide?**

- The results of this research will be a part of my doctoral thesis. Overall results of this research may also be published in scientific journals or be presented at scientific conferences. A copy of my completed PhD will be given to Hapū x. Your specific information will not be identifiable in the final write up of the research.

### **Feedback**

Results of this study will be available by approximately 31 March 2009. Alternatively, if you provide your email address or postal address, and would like a one page summary of the key results from this research, this will be sent to you.

If you have any further questions regarding this study, please contact me at [Keri.Lawson@vuw.ac.nz](mailto:Keri.Lawson@vuw.ac.nz), postal address: *School of Psychology, Victoria University. PO Box 600, Wellington*, or my supervisor at: [James.Liu@vuw.ac.nz](mailto:James.Liu@vuw.ac.nz) (phone: 04-463-5153)

Thank you.

Manaakitangā

Keri Lawson-Te Aho



Statement of consent

I have read the information about this research and any questions I wanted to ask have been answered to my satisfaction.

I agree to participate in this research.

I give my consent to participate in this interview that will be audio-taped and later on transcribed.

You are free to withdraw at any point up until the completion of the interview, and the data about you will not be included in the transcriptions.

Name: \_\_\_\_\_

Signature:

Date: \_\_\_\_\_

I would like a copy of the summary of the results of this study. YES / NO

(If yes, please indicate email address or postal address below)

Email Address: \_\_\_\_\_ or,

Postal Address:

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Copy to:

[a] participant,

[b] researcher (initial both copies below)

## **Interview Schedule**

Topic: Youth involvement in Hapū x development (Kaumatua/Whānau and Leaders)

### **Part 1: Introduction to the study (approx. 10 min)**

Introduction (state objective of the study, procedure of the interview and ground rules, questions from the participant regarding the research)

### **Part 2: Interview (approx. 60-90min)**

#### **General questions (5 min)**

5. What is your role in Hapū x development?
6. How long have you held this role?

#### **History of Hapū x(10 min)**

1. Can you describe the history of Hapū x development for me?
2. What have been the major impacts for the hapū of this history?
3. Is forgiveness important for Hapū x to develop positively in the future?
4. What challenges the ability of Hapū x to forgive what has happened in the past?
5. What enhances the ability of Hapū x to forgive what has happened in the past and move on?
6. What are the strengths of the hapū?
7. What are the weaknesses of the hapū?

#### **Challenges and stressors for Hapū x youth (20 min)**

1. Can you describe some of the challenges or stressors that you see for Hapū x youth?
2. Are there resources available at the hapū level to help them to cope with the impacts of these challenges?
3. Does there need to be more help provided by the hapū for Hapū x youth? Can you please discuss?

### **Youth Involvement in Hapū x development (20 min)**

1. How are Hapū x youth involved in hapū development?
2. Does Te Rūnangā o Hapū x encourage youth involvement in hapū development?
3. What factors influence the involvement or not, of Hapū x youth in their own development?
4. Can you tell me whether Hapū x has a plan for youth development? If so, please describe?

### **Benefits of Youth Involvement in Hapū x Development (20 min)**

1. Please describe the benefits for Hapū x youth of them being involved in hapū development?
2. Please describe the benefits for Hapū x of youth involvement in hapū development?
3. How do you look at the young people in Hapū x in light of the history of the hapū?
4. How do you look at the young people in Hapū x in terms of the future of the hapū?

### **Part 3: Post interview/post discussion (saying thank you, reiterating confidentiality and debriefing) (approx. 10 min)**