



HE RAU MURIMURI AROHA:

Wāhine Māori insights into historical trauma and healing

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Edited by

Cherryl Smith & Rāwiri Tinirau





Pōhutukawa

The inner bark is used to manage bowel function and other diseases.

HE TAKINGA KŌRERO:

FOREWORD

He Rau Murimuri Aroha: Wāhine Māori insights into historical trauma and healing brings together contributions from Māori women scholars and writers who provide their experience and understandings relating to the emerging field of historical trauma and healing research. This book has been produced as part of the *He Kokonga Whare Research Programme* funded by the Health Research Council of New Zealand.

The opening chapter by **Rebecca Wirihana** and **Cherryl Smith** identifies the way in which trauma research has emerged as a legitimate field of psychology. However, as a field of psychology, the focus of research was on individuals and actual trauma events, and did not allow for experiences of historical trauma, due to colonising practices on indigenous peoples worldwide. The article explores the impact of historical trauma in Aotearoa/New Zealand and the ways in which Māori experience of historical trauma can manifest in a range of positive and enlightening healing experiences in Māori communities.

Kirsten Gabel highlights the potential of healing and empowerment for whānau Māori through reviving and utilising traditional birthing and mothering practices. She explores the elements of cosmological narratives that can explain the maternities that remain sites of resistance for whānau Māori.

Mera Penehira utilises the Māori art form of tā moko as a method for Māori women in particular to explore identity, marginalisation, gender, health and well-being. She draws from Māori conceptualisations and understandings of the relationships between the human experience and the natural world. She suggests that the pain involved in tā moko helps to reconcile and understand the past to make improvements in the present to ensure better healthy futures.

Hayley Cavino attempts to address the dislocation of Māori through trauma and violence. She draws on mana wahine ethics as a guide to enable researchers to move towards inclusion and knowledge recovery to better understand identity, connections to whānau, and the ability

to negotiate, analysis, rhetoric and/or praxis that minimises or de-authenticates communities. Researchers must privilege ethical ways of engaging with the issues of violence and trauma, and with whānau for whom trauma is a lived reality. Mana wahine ethics also enables the act of holding space in academic forums.

Lily George, together with, **Elaine Ngamu, Maria Sidwell, Mal Hauraki, Nikki Martin-Fletcher, Lucy Ripia, Rangī Davis, Poihaere Ratima** and **Hiki Wihongi** emphasise that historical trauma theory is a useful way in which to understand indigenous experiences of incarceration, and therefore, potential remedies for healing. Historical trauma theory enables a focus on self-determined solutions to trauma. At the same time, it facilitates informed challenge, debate and critique of societal ideologies and policies that perpetuate colonising practices of inequality.

Tarapuhi Vaeau utilises autoethnography as a method to explore historical trauma within whānau, hapū and iwi in Whanganui. She explores how Māori experience, understand, and heal from historical trauma in contemporary Aotearoa/New Zealand. This chapter also considers the ways that space constructs and reproduces relations of unequal power and surveillance. The study itself was guided by a kaupapa Māori framework. Using autoethnography, the article demonstrates the importance of whakapapa, whanaungatanga, and wairuatanga in healing for Māori. Highlighted within are some of the diverse forms of healing Māori are continuously seeking.

Cherryl Smith & Rāwiri Tinirau
Editors



HE RĀRANGI UPOKO KŌRERO:

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*Toitoi, in combination with water and
ashes, can be used to treat severe
burns.*

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Mamaku poultices can be used for external inflammatory conditions, chaffing and sunburn.

HE WHAKAMĀRAMA MŌ HE RAU MURIMURI AROHA:

EXPLANATION OF TITLE AND IMAGES

E tōku hinengaro anō, he wā kāinga e hokia ana mai
Ki ngā rau murimuri aroha

He rau murimuri aroha, the title of this book, comes from an utterance attributed to Sir James Carroll of Ngāti Kahungunu that refers to one's conscience and mind as "a hive of which are homing a hundred honeyed memories" (Mitchell, 1972, p. 213). Memories can also be tinged with grief and sadness, which the title and the chapters that follow, also invoke. Sharing and acknowledging the pain associated with intergenerational trauma is but one step towards healing and restoring Māori and indigenous well-being.

Complementing the writings of wāhine Māori gathered in this book are images of various trees, shrubs and herbs, used by Māori for medicinal purposes in both traditional and contemporary times. Despite the trauma experienced by Māori since colonisation, rongoā healing properties, and associated incantations, rituals and knowledge, continue to provide relief and therapy.

Mitchell, J.H. (1972). *Takitimu: A history of the Ngāti Kahungunu people*. Wellington, New Zealand: AH & AW Reed.





Harakeke is often used to treat boils, burns and as an antiseptic.

Historical trauma, healing and well-being in Māori communities

Rebecca Wirihana

Ngā Rauru Kītahi, Ngāti Maniapoto, Te Rarawa, Te Aupōuri, Ngāpuhi-nui-tonu

Cherryl Smith

Ngā Wairiki/Ngāti Apa, Te Aitanga-a-Hauiti, Ngāti Kahungunu, Ngāi Tahu

This chapter identifies that Māori knowledge and its intricacies and manifestations has a significant role to play in facilitating health and well-being for Māori. A discussion about the numerous methods which have been effectively used in the Māori community to support healing from psychological trauma, grief and loss have emerged from these knowledges. For example, the chapter describes the traditional protective factors in the context of nurturing intergenerational family environments, which have the potential to reduce the risk of exposure to trauma and abuse. It also emphasises how the daily use of Māori methods of healing such as waiata (song, chant, psalm), mōteatea (to grieve, lament, traditional chant, sung poetry), haka (dance, perform), whakanoa (remove tapu, make safe) and whakawhanaungatanga (process of establishing relationships) in Māori communities sustain well-being. Plus, the chapter highlights how these methods were based on generations of tradition which continue to ease distress and enhance well-being. Most importantly, the chapter demonstrates how traditional narratives have the potential to support healing from the historical, collective and individual trauma which continues to influence Māori well-being.



Introduction

The high rates of indigenous peoples exposed to traumatic experiences are exacerbated by the effects of historical trauma passed from generation to generation. Research exploring the individual and collective impact of this phenomenon is growing internationally. Yet little is known about Māori practices that facilitate healing from historical trauma. This chapter aims to analyse the effects of this trauma on Māori by exploring them in the context of the growing body of international historical trauma research. It then discusses how Māori defined well-being traditionally, and outlines the methods used to promote healing from trauma. To summarise, it demonstrates how these methods are being widely used to facilitate healing and discusses how their application across health services will enhance Māori well-being.

Understanding historical trauma

Trauma research in the field of psychology developed in the 1980s when Vietnam War veterans were first diagnosed with post-traumatic stress disorder (Briere & Scott, 2006). Since this period, research in this field has prioritised psychological theory and practice which focuses specifically on individual experiences of single trauma incidents. For example, the recently revised *Diagnostic and Statistical Manual for Mental Disorders, 5th Edition* defined trauma as “exposure to actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association, 2013, p. 271). This includes being witness to such an event, having a close family member or friend who has suffered from a traumatic event, or experiencing repeated aversive exposure to the event.

These definitions emphasise individual and actual events allowing for clear and succinct diagnostic utility, yet they fail to account for long-term chronic and complex individual and collective trauma. In addition, they do not allow for experiences of historical trauma due to assimilative colonial practices, which have occurred for indigenous populations worldwide. To compensate for this problem indigenous theorists and health practitioners have been exploring how historical exposure to long-term chronic, complex and collective trauma has impacted on their communities (Pokhrel & Herzog, 2014; Walters, Mohammed, Evans-Campbell, Belltran, Chae, & Duran, 2011; Whitbeck, Adams, Hoyt, & Chen, 2004). This work began initially with Maria Yellow Horse Brave Heart (2003) who first defined indigenous experiences of historical trauma:

Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised. (p. 7)

The historical trauma framework provided a means for indigenous peoples to conceptualise the generational effects of colonial oppression on well-being and offered a process for understanding how it exacerbates post-traumatic suffering. Pihama, Reynolds, C. Smith, Reid, L. Smith & Te Nana (2014) noted that Native American scholars such as Bonnie Duran, Karina Walters and Eduardo Duran initially introduced historical trauma theory to Aotearoa/New Zealand, offering a template for Māori to examine their own experiences of colonial oppression, a process Turia (2000) described as having become “integrated into the psyche and soul of Māori” (p. 28).

Indigenous peoples are increasingly reconstructing Christian patriarchal assimilative methods, revealing “unpleasant truths such as ecocide, ethnocide, [and] genocide” (Ruwhiu, 1999, p. 30). Pihama (2013) highlighted how the long-term effects of colonisation due to multiple ‘acts of genocide’ and generations of cultural assimilation have impacted on indigenous well-being. Duran (2006) reflected on experiences of genocide in Native American history when between “1870 and 1900, at least 80% of the population had been systematically exterminated” (p. 16). Pihama et al. (2014) analysed Māori experiences of genocide by contextualising cultural assimilative processes within the context of historical trauma theory. Atkinson (2013) stated that cultural and spiritual genocide was founded on the belief that indigenous peoples were inferior, which enabled “authorities to remove Aboriginal children from the families, among many dehumanising and oppressive acts” (p. 69). Crook and Short (2014) reported that “up until the end of the frontier era in the late nineteenth century, genocidal processes in North America were largely geared towards, and derived from, expansionist policies opening

up Indian land for a seemingly limitless influx of settlers" (p. 309). In addition, recent advances in epigenetic research have found that exposure to historical trauma can lead to the development of 'chronic and persistent' physical illness (Walters et al., 2011).

The confiscation of land has had a massive impact on the well-being of indigenous communities. For example, land loss affected the well-being of Australian Aboriginal communities because of the intimate spiritual and physical relationships they sustained with the land (Raphael, Swan, & Martinek, 1998). Successive disruptions to the balance of social and kinship relationships due to policies facilitating the removal of Aboriginal children from their families exacerbated their trauma (Walls & Whitbeck, 2012). Walker, Fredericks, Mills, and Anderson (2013) described indigenous well-being as a "simultaneously collective and individual inter-generational continuum that exists in the past, present and future" (p. 208), and the disruptions to this continuum undermined their methods of sustaining well-being. In addition, the transmission of trauma across generations meant that land dislocation had long-term negative implications, as connections to the land were essential for economic stability.

Duran, Firehammer, and Gonzalez (2008) described historical trauma as a soul wound which, if healing did not occur, would transfer across generations indefinitely. Moreover, interventions that acknowledge and validate historical trauma are required to facilitate individual and collective soul healing (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). These methods have been effectively utilised to support healing from historical trauma within Native American communities for many years now (Duran, 2006). When working with historical trauma, Duran and Duran (1995) also encouraged the adaptation of indigenous knowledge and the creation of new knowledge, which aimed to liberate indigenous peoples and facilitate healing. In summary, if indigenous peoples utilise traditional forms of knowledge to define health and well-being, this knowledge will enhance the process of healing from historical trauma within these communities.

Historical trauma in Aotearoa/New Zealand

Māori experiences of historical trauma have echoed those of indigenous peoples in Australia, Canada and the United States. The New Zealand Land Wars began in the early 1840s following conflict over land sales, interpretations of the indigenous and English versions of Te Tiriti o Waitangi, and the

first substantial contingent of British settlers. They included the British army, settler militia and kūpapa (term applied to Māori who side with Pākehā, opposition or government) forces and ended in 1916 following the arrest of Rua Kenana, a tribal prophet and a leader of Māori rights for self-determination (Keenan, 2012). The wars occurred throughout Aotearoa/New Zealand in a series of battles aimed at staunching Māori movements towards political autonomy and perpetuated multiple episodes of mass murder of Māori men, women and children (Belich, 1998). They pre-empted large-scale land confiscation and amalgamated the destruction of entire communities and their livelihood.

In addition to the impacts of warfare on the Māori community, Walker (1990) highlighted how the primary aim of early European contact was to settle land and assimilate Māori peoples into Christian patriarchal practices. To this end, early Christian missionary goals to civilise Māori led to the conversion of entire tribal regions to Christianity (Naylor, 2006). This process of assimilation was entangled in what Atkinson (2013) described as psycho-social domination, stating that "Aboriginal people would call this the greatest violence, the violence that brings the loss of spirit, the destruction of self, of the soul" (p. 69). Psycho-social domination was achieved using strategies such as "land purchase, warfare, land confiscation, legislation, religion, and the imposition of non-Māori cultural and social practices" (Anderson, Crengle, Leialoha Kamaka, Chen, Palafox, & Jackson-Pulver, 2006, p. 1777). Sorenson (1956) noted that Māori depopulation was strongly connected to land sales and land loss between 1865 and 1901. Evidence of the impact of these methods was also described by early settlers, who believed that Māori were a dying race unable to "survive European conquest and disease" (Pool & Kukutai, 2014, p. 2).

Colonisation had a long-term deleterious effect on Māori resources, customs and well-being, although Māori resistance and inherent protective factors have sustained Māori practices and beliefs (Marsden, 2003). Māori desires for autonomy were demonstrated in the development of such movements as the Kīngitanga, which saw many Māori tribes unite under the leadership of an elected monarch in 1858 (Smith, 2005). The Kīngitanga Movement grew out of protest against increasing British settlement and land sale conflicts, and became the key driver for the Waikato Land Wars in 1863 (Ministry for Culture and Heritage, 2014b).

The process of legal imperialism began with large-scale land confiscation and had a devastating effect



on the health and well-being of Māori. The New Zealand Settlements Act in 1863 and the Native Lands Act led to the confiscation of “3 million acres of Māori land for Pākehā settlers” (Walker, 1990, p. 38). This law was used as a method to “punish North Island tribes which were deemed to have rebelled against the British Crown in the early 1860s” (Ministry for Culture and Heritage, 2014b, para. 1). The loss of customary land title under the Native Lands Act in 1862 further eroded Māori social structures and led to “rapid Māori land loss and consequential impoverishment” (Boast, 2012, p. 7).

Changes to the structure of interpersonal and family relationships also had a damaging effect on the Māori community. The adoption of colonial views towards women as inferior to men had a further subjugating effect on Māori women (Jenkins & Mathews, 1998). A study conducted by Poananga (2011) identified that prior to colonial contact, Māori children were nurtured and protected within intergenerational extended family environments (Poananga, 2011). Early observations of Māori children and child-rearing practices evidenced an approach of “loving care (aroha) and indulgence”, which became fragmented by colonial practices of physical abuse to reinforce discipline (Jenkins & Mountain Harte, 2011, p. x). British disciplinary practices were reinforced by the introduction of the Native Schools Act 1867. The Native Schools Act also had a detrimental effect on Māori language as Māori children were physically and emotionally abused for speaking Māori in school. Kuini Rangiamāia described her experience in a Native School growing up in rural Taranaki when Māori was her only language. Due to her inability to converse in English she was so badly abused by her teacher that she left school before the age of 10 years old (Wirihana, 2012).

The introduction of health legislation further marginalised Māori well-being. For example, the Tohunga Suppression Act in 1907 “restricted the use of traditional Māori rongoā (medicine) and healers in favour of western trained doctors” (Came, 2012, p. 70). The Tohunga Suppression Act also subverted Māori methods of healing by forcing “Māori healers underground” (Durie, 1998, p. 45).

Impact of historical trauma on Māori

Historical trauma in Aotearoa/New Zealand has had major systemic implications for the Māori community. For example, Moeke-Pickering (1996) reported that colonial contact has had a detrimental effect on Māori identity. Liu and Temara (1998) acknowledged that changes in the

economy, workforce and rural farming lifestyles of Māori eroded the maintenance of traditional Māori identities. Māori disconnection with these environments perpetuated the decline of Māori language and cultural practices and precipitated the colonisation of indigenous values and knowledge (Smith, 2005). Reid, Taylor-Moore, and Varona (2014) noted that the loss of land, economic stability and resources had a long-term effect on Māori health outcomes. Furthermore, research highlighting the epigenetic effects of historical trauma on the health and well-being of indigenous peoples notes that exposure to environmental trauma can be passed down across generations (Walters et al., 2011; Yehuda & Bierer, 2009). A study conducted by Farrelly, Rudegair, and Rickard (2005) argued that current suicide rates, poor health statistics, and the heightened risk of exposure to violence and abuse within Māori communities was “a reflection of the trauma of colonisation transmitted, as trauma often is, through generations” (p. 203).

Māori exposure to historical trauma has had a massive impact on Māori well-being across multiple generations. It began with the loss of entire communities during the land wars and was maintained by the incapacitation of social, cultural and economic autonomy through land loss and psycho-social domination. Legal imperialism facilitated the loss of language and cultural practices and damaged protective social structures and interpersonal relationships within Māori families and communities. These processes exposed Māori to chronic and complex trauma precipitating the development of physical and psychological conditions across generations. Moreover, they ruptured the sacredness of relationships between men and women and destroyed the nurturing protective environments required for child-rearing. In short, the accumulative impact of historical trauma on Māori well-being has been severe and understanding this history is especially important at present, as Māori are suffering from high rates of exposure to physical, sexual and psychological abuse (Flett, Kazantzis, Long, MacDonald, & Millar, 2004; Hirini, Flett, Long, & Millar, 2005). Te Rau Hinengaro, the New Zealand Mental Health Survey, identified that Māori demonstrate higher prevalence rates for mental health disorders than non-Māori (Baxter, Kingi, Tapsell, & Durie, 2006). Recent research has identified that Māori poverty and incarceration rates are increasing (McIntosh & Workman, 2013; Poata-Smith, 2013). Māori children exhibit higher rates of exposure to trauma, abuse and poverty than non-Māori (Salvation Army Social Policy and Parliamentary Unit, 2014). Māori rates of attempted and completed suicide are higher

than non-Māori (Aupouri-Mclean, 2013; Beautrais & Fergusson, 2006; Joseph, 1997). Māori are “negatively overrepresented in statistics of reported cases” of intimate partner violence and child abuse and neglect (Herbert & Mackenzie, 2014, p. 19). To summarise, the Māori community has been overwhelmed by the impacts of historical, collective and individual trauma, which reinforces the need to embrace and utilise all methods of healing and well-being.

Māori well-being and healing

Māori viewed well-being as a holistic process which emphasised the interconnected nature of spirit, body, society and the natural environment. Moreover, individual well-being and interpersonal relationships relied on a complex and sophisticated process founded on spiritual knowledge. Māori communities encouraged a balance between men and women whose primary aim was to provide for their children in the context of nurturing and protective environments (Mikaere, 1994; Walker, 2004; Wirihana, 2012). The community as a whole worked together collaboratively to ensure that children were safe and well protected from harm. Māori values, knowledge and practices were sustained within the context of intergenerational and extended whānau environments wherein all members of the whānau, which included grandparents, great-grandparents, aunts, uncles, older cousins and siblings, maintained roles and responsibilities for nurturing younger generations (Hata, 2012). Smith (2012) also advised that Māori women “were the protectors, carers, and nurturers of tribal whakapapa [genealogy] in the sense of being responsible for the whare tangata (womb) and maintaining ahi kā (home fires) of tūrangawaewae” (p. 8).

These methods of sustaining well-being within the Māori community were presupposed based on knowledge sustained within whānau (family), hapū (kinship group, clan, tribe, subtribe) and iwi (extended kinship, tribe, nation, people, nationality, race) contexts using whakapapa kōrero (genealogy narratives). Whakapapa kōrero were the foundations upon which Māori knowledge was developed and, as discussed by Smith (2005), were “narratives about the relationships of local families with their environment and other peoples. They include accounts of creation and how all things came into being” (p. 4). Edwards (2009) described whakapapa knowledge as “the unbounded collection of theory, observation and experience seen through Māori eyes” (p. i). These narratives were bodies of knowledge which espoused original

tribal teachings and were maintained using the intergenerational transmission of oral knowledge across generations (Wirihana, 2012). In addition, this knowledge articulated the methods Māori used to nurture their relationships, interact with their environments, and operate as a community. They remain relevant to Māori in contemporary society in many ways, but most importantly in relation to how they operate within the context of whānau, hapū and iwi. For example, the key finding from the Ministerial inquiry into the determinants of well-being for Māori children was that “the well-being of tamariki Māori is inextricable from the well-being of whānau” (Māori Affairs Committee, 2013, p. 5). This report emphasised how Māori well-being would be enhanced when whānau-centred approaches were utilised and historical trauma was acknowledged and addressed. It highlighted how whakapapa kōrero regarding the nurturing of whānau relationships were imperative and defined how individual Māori well-being was reliant on the collective well-being of whānau, hapū and iwi relationships.

Māori have been promoting the use of traditional knowledge and practice to enhance well-being for many decades. Durie (1985a) identified that within the therapeutic context psychological theories sit in conflict with Māori perceptions of emotion. These insights led to the development of Māori-centred approaches to therapy such as *Paiheretia*, which aimed to improve Māori well-being by enhancing identity, reconnecting with cultural heritage and balancing relationships within families and wider tribal networks (Durie, 2003). Māori methods of expressing emotions can include the use of performing arts such as song, chant, lament, formal speech and dance, which are highly therapeutic and healing processes for emotional distress. Additionally, Māori have high rates of emotional expression as emotions are expressed physically rather than verbally. This is most aptly demonstrated within the grieving process at tangihanga (weeping, crying, funeral, rites for the dead) when Māori express their remorse with tears and wailing rather than by sharing their condolences (Durie, 1985a). Nikora, Te Awekotuku, Rua, Temara, Maxwell, Murphy, McRae, and Moeke-Pickering (2010) described how during tangi (short form of the word tangihanga), “spontaneously composing farewell orations and enduring chants” (p. 401) is a powerful expression of grief and loss. These processes exemplify how therapeutic interventions for Māori need to encourage the use of Māori interpretations and constructive expressions of emotions. These methods of healing from trauma and distress were also demonstrated in a television programme, *Songs from the Inside*, which used music as a ‘stepping stone’ for Māori returning to



the community following incarceration (Arahanga & Roderick, 2014). Ruth, one of the women in the programme, described how singing helped her to express her emotions in a constructive manner and reduced her risk of violence towards others:

Music calms me down. Yeah, I love music because it lets me release a lot of emotion that I've had and a lot of hurt that I've had from 4 years old upwards until I came in here when I was 22. Um, to finally let it out in a way where I'm not going to hurt anyone or anything. (as cited in Arahanga & Roderick, 2014)

Waiata as an expression of emotion and a traditional form of healing has long been an effective method for maintaining well-being for Māori. Wirihana (2012) identified how mediums of traditional oral narrative and performance were used as adaptive methods for emotional expression in Māori communities and could be used to express joy, anger, grief, loss and sadness. The use of performing arts as an expression of emotion is demonstrated in the funeral process using "whaikōrero (formal speech), waiata (song), haka (dance) and hīmene (hymns)" (Peapell, 2012, p. 39). Mōteatea are another method Māori used to express grief and to process memories of loss and trauma across generations (Hata, 2012). Rangihuna (2001) described haka as all forms of dance and noted it could be used as an expression of anger and a representation of the Māori god of war, which helped to prepare Māori to engage in the act of battle.

Pere (1994) advised that Māori knowledge retention and transmission promoted connections to spirit, family and environment. Barlow (1991) described how the social harmony between men and women relied on the balance between the physical and the spiritual realms:

The roles of man and woman should be complementary. When one aspect of our lives is wanting, the other part suffers, but the spiritual and physical components of our being should develop according to the prescribed order and function for each. In other words, the Māori people "cannot live on bread alone": physical development must be complemented with appropriate spiritual nourishment. (p. 149)

These social structures within Māori communities were inherently connected to the spiritual realm and could be linked back to whakapapa kōrero. Whakapapa kōrero has also been adapted over time and sustained using various mediums of knowledge

retention. For example, Smith (2012) noted how Māori adopted new communication methods such as writing to maintain traditional knowledge. More recently, O'Carroll (2013) discussed how Māori are using social networking to connect with te ao Māori (the Māori world).

Traditional methods of healing in Māori communities were developed based on the interconnected relationships between spiritual, physical, social and psychological processes. This view was first outlined in the *Whare Tapa Whā* model developed by Durie (1985a, 2011) who described Māori views of health as a "four-sided concept, representing the four basic tenets of life. There is a spiritual component, a psychic component, a bodily component and a family component" (1985b, p. 483). Mark (2012) noted how this method of understanding well-being remains highly relevant for Māori and continues to be practised in contemporary health and community-based systems throughout Aotearoa/New Zealand. There are methods for sustaining well-being by participating in ceremonial activities which acknowledge and nurture spirituality. For example, Durie (1998) described how Māori view well-being and illness based on traditional knowledge by stating that "both noa [free from the extensions of tapu, ordinary, unrestricted] and tapu [sacred, or unsafe] had meaning for health: noa denoting safety, tapu protection" (p. 9). Māori Vietnam War veterans discussed how these processes facilitated healing from the trauma of war in a study conducted by Te Atawhai o Te Ao (2008):

Nor did we get any kind of deprogramming or in Māori terms, whakanoa. We had to go back to our own marae [traditional meeting grounds], our own people to de-programme. I can assure some of us were very hyped up, very much so.

The whakanoa was done for me by my own parents. Unlike today's modern soldiers Ngāti Tūmataunga they do that when they come back. I think that a lot of it was that we were mono-cultural at that time. (p. 38)

These discussions depict how whakapapa kōrero provided instructions for how Māori prepared for warfare and returned to a state of safety thereafter. In addition, the New Zealand military's use of these methods to support recovery from the trauma of war demonstrates the importance of Māori methods of healing for all peoples.

The *Whānau Ora* policy developed a whānau-centred approach to working with Māori and was based on

widely collected oral and written submissions from Māori organisations and individuals recognising the importance of whānau well-being in relation to individual Māori well-being (Taskforce of Whānau-Centred Initiatives, 2010). This led to the funding and the implementation of national services aimed at integrating Māori knowledge, practice and methods of engagement when working within Māori communities. A study conducted by Boulton and Gifford (2014) highlighted that though the scope and development of the *Whānau Ora* policy was based on feedback from Māori, the delivery of services across Aotearoa/New Zealand was varied and Māori using them noted that there was “no one understanding of whānau ora; that whānau ora is a multidimensional concept; and that, even for whānau with limited understandings of cultural institutions of te ao Māori, access to these institutions remains important” (p. 12).

Generational well-being and acknowledging the importance of ancestry is also inherent to Māori well-being. Whakapapa in traditional Māori society formed the foundation of all Māori social and kinship relationships (Johnstone, 2005). Moreover, Māori retained and acknowledged the influence of previous generations by constant reconnection with their ancestors. Celebrating the connections ancestors had with their natural environments maintained this practice, as Māori believed their ancestors became kaitiaki (guardian) for tribal areas and have a protective relationship towards their descendants. Barlow (1991) described these kaitiaki as “left behind by deceased ancestors to watch over their descendants and to protect sacred places” (p. 34). Manu Rangimarie Magrath stated that when she was working in prisons and with at-risk youth, her role was dependent on acknowledging the presence of ancestors and kaitiaki. She stressed the need to be aware of the spiritual realm when working with Māori and that Māori well-being was connected to relationships with the natural environment (Tito, Reinfield, Pihama, & Singer, 2007).

Māori relationships with their ancestors are a further example of the deep connections they maintain with spirituality. Māori spirituality is a vast and ever-present phenomenon that is strongly connected to sustaining well-being and supporting methods of healing. When describing Māori indicators of well-being, Tucker (2006) stated the Māori worldview was based on the belief that atua (ancestor with continuing influence, god, demon, supernatural being, deity) have a connection to “all living things” (p. 213). She went on to note that the holistic worldview Māori upheld was described

in the creation stories maintained by whakapapa kōrero. In addition, as whakapapa knowledge and the practices associated to well-being were sustained by the intergenerational transfer of knowledge, this meant that well-being relied on a firm grounding in cultural knowledge. Moreover, sustaining this knowledge enhanced individual and community potential and gave rise to healthy interpersonal, spiritual and environmental relationships. Furthermore, Wakefield, Stirling, and Kahu (2006) advised that “when the balance between atua, whenua [land] and tangata [person, man, human being] is disrupted, desecrated, disturbed or violated, this can have a detrimental impact on these relationships” (p. 173).

Whakapapa kōrero can provide infinite value in relation to healing from trauma for the Māori community. These narratives encourage Māori to honour the sacredness of intimate partner relationships (Smith, 2012). They view children and young people as treasured gifts who are nurtured and protected by the community (Reynolds & Smith, 2012; Wirihana, 2012). They hold clear healthcare practices, which are “employed within a wider philosophical and theoretical context” (Durie, 1998, p. 15). They provide multiple examples of how to constructively express emotion and bare the weight of emotional distress. They provide specific methods for recovering from emotional distress, such as those used in the process of tangi to support healing from grief (Peapell, 2012). Nikora et al. (2010) described tangi as the “ultimate signifier of Māori community and self-expression” and as a space from which Māori tradition and practices have been sustained over time regardless of cultural assimilative practices (p. 400). Using whakapapa kōrero as the basis for healing within the therapeutic context is becoming more widely acknowledged and practised within Aotearoa/New Zealand. Cherrington (2003) described her use of Māori creation stories when working in a therapeutic context in her role as a clinical psychologist. Whakapapa kōrero has been used to adapt cognitive behavioural therapy programmes when working with people with depression and has helped to improve rapport and develop therapeutic relationships (Bennett, 2009). It has also been used to develop psychological interventions when working with young people in mental health services (Cargo, 2008).

These examples have identified how Māori well-being incorporated a complex holistic process which relied on whakapapa relationships and knowledge, connections to the environment (physical and natural), and an intrinsic spirituality. Furthermore, whether Māori



have access to traditional knowledge and practice or not, it is an extremely valuable tool which can be used to enhance Māori well-being. Finally, these studies highlight how important education regarding this knowledge can be when supporting Māori to heal from historical, community and individual trauma.

Conclusion

Whakapapa kōrero can be adapted and applied across a variety of contexts using multiple mediums, and research supporting the potential for Māori knowledge to facilitate healing is growing. This article discussed numerous methods which have been effectively used in the Māori community to support healing from psychological trauma, grief and loss. First, it described the traditional protective factors in the context of nurturing intergenerational family environments which have the potential to reduce the risk of exposure to trauma and abuse. Second, it discussed how Māori methods of healing such as waiata, mōteatea, haka, whakanoa and whakawhanaungatanga are used daily within Māori communities to sustain well-being. Third, it highlighted how these methods were based on generations of tradition which continue to ease distress and enhance well-being. Most importantly, it demonstrated how traditional narratives have the potential to support healing from the historical, collective and individual trauma which continues to influence Māori well-being today.

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We gratefully acknowledge Ngā Pae o te Māramatanga for allowing us to reproduce this chapter.

Glossary

ahi kā	home fires
aroha	to love
atua	ancestor with continuing influence, god, demon, supernatural being, deity
haka	dance, perform
hapū	kinship group, clan, tribe, subtribe
hīmene	hymn, psalm, hymn book
iwi	extended kinship, tribe, nation, people, nationality, race
kaitiaki	guardian
Kīngitanga	Māori King movement
kūpapa	term applied to Māori who side with Pākehā, opposition or government
marae	traditional meeting grounds
mōteatea	to grieve, lament, traditional chant, sung poetry
noa	free from the extensions of tapu, ordinary, unrestricted
Paiheretia	Māori centred relational therapy
Pākehā	New Zealander of European descent
rongoā	medicine
tapu	sacred, or unsafe
tangi	short form of the word 'tangihanga'
tangihanga	weeping, crying, funeral, rites for the dead
te ao Māori	the Māori world
tohunga	expert, priest, healers
waiata	song, chant, psalm
whaikōrero	formal speech
whakanoa	remove tapu, make safe
whakapapa	genealogy
whakapapa kōrero	genealogy narratives
whakawhanaungatanga	process of establishing relationships
whānau	family
whare tapa whā	Māori model of health based on social, psychological, physical spiritual well-being
whare tangata	womb



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Rauaruhe (bracken fern), used as a poultice, can help control bleeding and treat blood disorders.

Raranga, raranga taku takapau: Healing intergenerational trauma through the assertion of mātauranga ūkaipō

Kirsten Aroha Gabel

Ngāti Kahu, Te Paatu, Te Rarawa

This chapter reflects on traditional Māori philosophies of mothering that unearth spaces of resistance and tino rangatiratanga (self-determination) within the realms of birthing and pregnancy. It further considers specific aspects of history that have had a violent and traumatic impact on the sanctity and potency of the Māori maternal body, contributing to an intergenerational transmission of this trauma. Consideration is given to the significant resistance that Māori women and whānau (family) have exhibited in the face of comprehensive and targeted colonisation processes. The chapter reveals that Māori maternities have survived and remain a site of resistance, healing and empowerment.



Introduction

The Māori maternal body, its sexuality and spirituality, was a key target of colonisation. Colonial attitudes towards indigenous women, and the coloniser's desire to control and commodify the bodies of indigenous women, rendered the Māori maternal body a target of colonial rule. The state sought to regulate the reproductive and sexual aspects of the Māori maternal body by imposing laws and policies that specifically enforced Western ideologies of eugenic purity and Christian chastity. Essentially, the Māori maternal body has, over successive generations, been subjected to a comprehensive attack involving a series of state policies that not only denigrated the sanctity of the Māori maternal body, but also physically intervened in the customary traditions surrounding pregnancy, childbirth and mothercrafts.

Yet, our maternal traditions, our mātauranga ūkaipō (maternal knowledge and practices)¹ have survived. This is strongly evidenced within our traditional mōteatea (traditional chant, sung poetry), whakataukī (proverbs, sayings), and pakiwaitara (stories, narratives), passed down to current generations. It is also evident in the physical acts of resistance that occur within whānau Māori across Aotearoa/New Zealand on a daily basis, within homes, marae (traditional meeting grounds), hospitals and the other multitude of spaces we occupy as mothers.

This chapter will consider specific aspects of history that have had a violent and traumatic impact on the sanctity and potency of the Māori maternal body and that have contributed to an intergenerational transmission of this trauma. It will also consider the significant resistance that Māori women and whānau have shown to these impositions; in the face of a comprehensive and targeted colonisation process, Māori maternities have survived and continue to be a site of resistance, healing and empowerment. Whānau Māori have continued to mother in ways that reflect our traditional philosophies of mothering and to find spaces of resistance and tino rangatiratanga within the realms of birthing and pregnancy; it is my assertion that these spaces represent significant pathways of healing and recovery for the historical trauma experienced by Māori women and whānau maternities.

¹ Mātauranga ūkaipō refers to our maternal knowledges and practices, particularly pertaining to pregnancy, childbirth and mother crafts but also encompassing the underlying values of these practices.

Theorising intergenerational and historical trauma in Aotearoa

The conceptual exploration of intergenerational trauma has developed into a significant scholarship within indigenous cultures and Native American culture (Braveheart & Debruyn, 1998; Evans-Campbell, 2008; Walters, Mohammed, Evans-Campbell, Beltran, Chae, & Duran, 2011). Walters et al., (2011) have extensively discussed the concepts and processes associated with intergenerational and historical trauma, and the importance of theorising and discussing this area of scholarship within indigenous communities. Historical trauma (Walters et al., 2011) is theorised as:

...an event or set of events perpetuated on a group of people (including the environment) who share a specific group identity, with genocidal or ethnocidal intent (i.e. Annihilation or disruption to traditional lifeways, culture and identity). (p. 181)

The consequence of historical trauma is that the traumatic events that occur are experienced in a collective manner, and the physical, emotional and spiritual responses to the violence are embodied and pass down through subsequent generations – “multiple historically traumatic events occurring over generations join in an overarching legacy of assaults” (Walters et al., 2011, p. 181).

Walters et al. (2011) asserts that traumatic events that are embodied and passed on through successive generations are then further reflected in the physical health and well-being of individuals and communities. The authors also highlight a need to “[e]xplicate the link between historical trauma and the concept of embodiment ... contemporary physical health reflects, in part, the embodiment of historical trauma” (Walters et al., 2011, p. 180).

Increasingly, understanding how the role of historical events and context affect present-day health inequities has become a dominant narrative among Native American communities. Historical trauma, which consists of traumatic events targeting a community that cause catastrophic upheaval, has been posited by Native communities and some researchers to have pernicious effects that persist across generations through a myriad of mechanisms from biological to behavioural. Consistent with contemporary societal determinants of health approaches, the impact of historical trauma calls upon researchers to explicitly examine theoretically and empirically how historical processes and contexts have become embodied. Consistent

with contemporary societal determinants of health approaches, the impact of historical trauma calls upon researchers to explicitly examine theoretically and empirically how historical processes and contexts have become embodied (Walters et al., 2011).

Therefore, a significant theme within the area of historical trauma is the correlation of trauma with health and well-being in later generations, and the embodied nature of these health inequalities alongside co-existing socio-economic disparities (Walters et al., 2011). In a more local context this has been further conceptualised by Pihama, Reynolds, Smith, C., Reid, Smith, L.T., and Te Nana (2014):

It is argued that in order to fully engage with the impacts of colonisation on Māori wellbeing we must articulate fully the impact of historical trauma events and the contribution of those events to negative health disparities experienced by many of our whānau ... hapū [sub-tribe] ... and iwi [tribe]. (p. 248)

Engaging with intergenerational trauma theories therefore provides space within which to reconsider the events that have occurred since the arrival of tauīwi (foreigners). In particular, this space allows us to unpack and deconstruct not only significant events of physical violence, but also some of the social constructions within which our tikanga (correct and accepted practices, anchored by cultural constructs, informed by traditional knowledge, which has contemporary application and future implications) and underlying spiritual values have been deliberately undermined and degraded. Linda Smith refers also to the 'humanitarian' motive involved in the assimilation process: "To people who could conceive of no higher state than Britishness, making it available to 'natives' seemed an act of enlightened generosity" (Simon, Smith, L.T., & Cram, 2001, p. ix). As will be discussed in this chapter, it has been these very initiatives, imposed into our society under the guise of humanitarianism, that have had significant and traumatic impacts on Māori women. The traumatic disruption to our mātauranga ūkaipō has been an area that has had, and continues to have, lasting effects on our well-being as women, and ultimately as whānau. The importance of having 'critical conversations' about the effect of this trauma on our mātauranga (knowledge) and tikanga has been asserted (Pihama et al., 2014).

As Pihama et al. (2014) have further asserted, it is important to engage in dialogue and discussion regarding the impacts of colonisation, and that by

utilising historical trauma theory we are able "to bring together Māori and Indigenous understandings in a way that enables us to explain and understand the complexities of Māori experiences of trauma and intergenerational transmission" (p. 259).

It is crucial also when engaging in historical trauma theories that we ensure space is created within this scholarship to acknowledge, explore and construct the historical and contemporary avenues of healing, reclamation and transformation that have occurred in response to historical trauma (Pihama et al., 2014). Just as colonisation has been an ongoing process, so too has been our responses and our resistances to colonising environments. These resistances provide much-needed inspiration and example for the identification and construction of healing and recovery avenues for Māori mothers.

"He tapu, he tapu, he tapu rawa atu te wahine": The Māori maternal body – sacredness, sanctity, potency

In conceptualising the ideas of intergenerational and historical trauma in relation to the Māori maternal body it is important to first consider the profound sacredness of the maternal body in pre-colonial time. The maternal body had significant metaphorical and physical importance as demonstrated by the following kōrero (statements) recorded in the Journal of the Polynesian Society in 1922:

Tuatahi te Hawaiki i putake mai ai te tangata Maori, ko te takapu o tona whaea; ko tena waahi pouri hoki tena. Tuarua te Hawaiki ko te kopu tonu o te tupuna, o Papa-tu-a-nuku; ko tena waahi pouri ano tena. Tuatoru te Hawaiki, ko te Ao-o-te-po, ko te Ao-o-Rua-mata-kerekere, o Rua-mata-pouri, o Hine-nui-te-po. (Hongi, 1922, p. 77)

The first Hawaiki (to which the Maori refers his being) is the actual womb of his mother; that is a place of total darkness. The second Hawaiki (to which he refers his origin) is the fertile womb of his ancestress, Mother Earth (Papa-tu-a-nuku); that also is a place of total darkness. The third Hawaiki (to which he refers his origin) is the realm-of-darkness; the realm of Rua-mata-kerekere, Rua-mata-pouri, Hine-nui-te-po. (Hongi, 1922, p. 79)

The above was recorded by Ngāpuhi scholar Hare Hongi and provides an important insight into the esteem the Māori maternal body was held in traditional society. The correlation between the Māori maternal body, the physical origins of mankind



and the spiritual homeland of Māori are significant. It reinforces the correlation of the maternal with the historic homeland of Hawaiki and the role of the maternal as *whare tangata* (house of humanity) in bringing life into this world, sustaining and nurturing that life and facilitating the movement back to the spiritual world of *Hine-nui-te-pō* upon death.

The *whakataukī* (proverbs, sayings), “*Nā Hina te ao, nā Hina te pō*” loosely translates to mean, “Hina, the authority of the day, Hina, the authority of the night”. It refers to Hina (also known as *Hineteiwaiwa*) and her role in the movement of day to night, a significant period within our spiritualities that is representative of a transitional phase. Hina is personified by the moon and accordingly is the controller of night and day. She represents also a maternal figure in our lives, having perpetual influence and responsibility for our well-being and existence. The transition between *te ao* (the world of light) through to *te pō* (the world of darkness) is a recurring theme within our spiritualities and the role of the maternal figure and indeed the maternal body within this process, during gestation, birth and death, is paramount. This is reflective of the special positioning that women have in Māori society. By virtue of the *tapu* of their maternal bodies, Māori women hold the authority to act as intermediaries between the spiritual and physical worlds.

This aspect of potency is consistently reinforced within the cosmological stories, in particular, those relating to the multitude of *atua wāhine* (divine women); the stories of our cosmological origins and the maternal aspects of this event are discussed in depth elsewhere (Mikaere, 2003; Yates-Smith, 1998), but what must be noted is that our creation stories engage with the processes of pregnancy and birth, and reflect the prominent, valued and recurring role of the maternal body. It is via the maternal body that humankind enters and leaves *te ao mārama* (the world of light).

These spiritual underpinnings were further reflected in the physical world with specific *tikanga* that ensured the esteem of the Māori maternal body was respected by all in the community. The very power that exists within the darkness of the womb, the potentiality of life, sustenance and death, explicitly marks the sanctity and profundity of the maternal body. This was evident within both the physical and spiritual traditions relating to the conduct of Māori mothers during menstruation and pregnancy.

Women were regarded as highly *tapu* during pregnancy and menstruation. On these occasions they were not allowed to plant, procure, prepare, and

work around food of any kind, or be involved with any special project or ceremony. The observances of *tapu* ensured that pregnant women, particularly, did not over-exert themselves in any way or be exposed to anything that could jeopardise the pregnancy. Pregnant women, where possible, received the foods of their choice, as well as those tribally selected as being important for a pregnant women’s diet (Pere, 1994).

The Māori birthing body represented a significant space of authority, and childbirth was an event that was treated with the upmost of importance. Women were provided with a dedicated space within which to birth (*Whare Kohanga*), which were especially designed and built for the confinement and birthing periods. Births were attended by *tohunga* [experts] (male and female) who ensured the correct *karakia* [incantations] were used to support the birthing of the child. Relatives of the woman in labour might also be in attendance, assisting her through her pains and physically supporting her also. (Makereti, 1938, p. 113)

Karakia were used to both facilitate the movement of the child and to assist the mother in the spiritual and physical journey of childbirth:

During the birth *karakia* had a powerful effect on the woman, providing her with a source of strength in at least two ways: first by invoking her forbears to be present to protect her and the child, and second in a hypnotic way, by drawing her out of her pain. (Smith-Yates, 1998, p. 163)

A number of *karakia* existed to assist in this matter and one of the more widely recorded *karakia* is traced back to our *atua wāhine*, *Hineteiwaiwa*. *Te Tuku o Hineteiwaiwa* is a *karakia* used particularly during difficult births and is said to have been composed by *Hineteiwaiwa* when she underwent a difficult birthing experience with her first child, her son *Tūhuru*. As referred to within this *karakia*, special posts within the *whare kohanga* were also used as lean posts for the woman in labour, and were named for *Hineteiwaiwa*, and her daughter *Hinerauhārangi* (Yates-Smith, 1998).

After birth, the *tapu* that existed upon the mother and child would be lifted using special *karakia* and ceremonial processes. These ceremonies also provided a formal opportunity to welcome the mother back into the folds of the people and to also welcome the new addition to the *iwi*. A

waituhitanga (cleansing) was said to also occur for the mother at this time, with the bathing of her post-birth body in water (Makereti, 1938; Yates-Smith, 1998).

The final action after the birth of the child was the returning of the whenua (afterbirth) to Papatūānuku. This was undertaken with great care, usually before the pito (umbilical cord) fell off. This event is a most important occurrence, signifying and reinforcing the eternal connectivity between mother, child and Papatūānuku (Makereti, 1938).

The sanctity of the Māori maternal body is overwhelmingly evident in the above examples. The community recognition of this sacredness is also apparent, marked by the physical and spiritual support provided to women during particular times. The intense value of the maternal body in the future survival of the iwi exalted the positioning of women in traditional Māori society.

Māori maternities and intergenerational trauma: Historical and contemporary disruptions

The colonial project of the European arrivals to our shores included a policy of assimilation based on the desire to remould Māori into what they viewed as their own superior image. This goal of assimilation required that Māori essentially assumed the identity of Pākehā (New Zealander or European descent), that they surrendered their own identities, tikanga, and spiritual beliefs and adopted a superior European way of living. Freire (1972) refers to such actions as 'cultural invasion', employed as a means of possessing an indigenous people:

Cultural invasion, which serves the ends of conquest and the preservation of oppression, always involves a parochial view of reality, a static perception of the world, and the imposition of one world view upon another. It implies the 'superiority' of the invader and the inferiority of those who are invaded, as well as the imposition of values by the former, who possess the latter and are afraid of losing them. (p. 129)

The disruption to tikanga pertaining to the Māori maternal body began at the earliest point of European contact. Along with many other aspects of Māori society at the time, Māori mothers didn't fit into the imported ideal mould of British mothers, and thus required intervention to civilise their homelives (in addition to rescuing from their 'wayward promiscuity'). Ultimately, the missionaries

(and their wives), with the support of the state, sought to restyle the Māori mother into their ideal of the role. Mikaere (2011) refers to this process as 'cultural genocide' — the attempt to remake us into the form of the colonisers.

The state's determination to impose their own ideologies of mothering reflected an overall failure on their part to recognise the maternal systems already in place in Māori society. This entailed a holistic and comprehensive attack on our culture, as the importation of English colonial and Christian values into Aotearoa/New Zealand, and the reinforcing of those within the legal frameworks, worked to destabilise our traditional maternities. As these structured interventions infiltrated all aspects of our traditions, the significance of the maternal figure within society became distorted, our maternal bodies were subjected to medical regulation, and the control over the rearing of our children was invested in patriarchal frameworks of a Western education system.

The manner in which women were reconstructed into the mould of the 'colonial mother' was a deliberate and stealthy attack on our tikanga and our familial values:

Family organization, child-rearing, political and spiritual life, work and social activities were all disordered by a colonial system which positioned its own women as the property of men with roles that were primarily domestic. (Smith, L.T., 1999, p. 151)

Essentially, the state has, both in an historical and in a contemporary setting, only ever viewed Māori mothers in light of their own English expectations and ideals of 'good mothering' practices — based on a physically and emotional intensive, self-sacrificing model of mothering, where the balance of responsibility for the rearing of children belonged to their mother. Māori mothers were effectively constructed to fall short of the expectations of the state. Māori mothers have through the years been viewed within a 'Western mothering gaze' and judged thereof. Parliamentary records in the early 1900s reflected the conflict that Māori women faced, having been thrust into a newly constructed role of the self-sacrificing mother and then judged upon their ability to live up to that model:

I wish also to inform you that the majority of Maori mothers are absolutely unfit to rear and look after their children, being ignorant of the laws of health and otherwise careless ... I have often remarked to Native women that



a common household fowl or hen could rear and look after her chicks better than a Native woman. (Ferris, 1906, p. 14)

This paternalistic approach taken by the invading colonisers reflects an overall arrogance on their behalf as they failed to recognise the social systems already in existence in Māori society. While this may appear to have been a simple importation of their own values of the time, other indigenous scholars have suggested that there was a more deliberate approach by the colonisers to target women within indigenous societies:

... colonizers realised that in order to subjugate indigenous nations they would have to subjugate women within these nations. Native people needed to learn the value of hierarchy ... and the importance of women remaining submissive to their men. They had to convince "both men and women that the woman's proper place was under the authority of her husband and that a man's proper place was under the authority of the priests". (Gunn Allen, as cited in Smith, A., 2005, p. 23)

Thus, the pacifying of indigenous women and the removal of their ultimate maternal authority within society was a key task in the pursuit of their colonising objectives because "... in order to colonize a people whose society was not hierarchal, colonizers must first naturalize hierarchy through instituting patriarchy" (Gunn Allen, as cited in Smith, A., 2005, p. 23).

Emberley (2009, p. 46) comments that "the Aboriginal mother emerged as a key figure of biopolitical and imperial rule. She stood in direct conflict to a European patriarchal organization of power". And, as First Nation scholar Randi Cull (2006) has also identified, this then placed the indigenous mother in a precarious position:

Assimilation policies created a situation in which each birth of an Aboriginal child implicitly violated the state's goal of dominating and at times exterminating the Aboriginal peoples ... [w]ith this type of ethos in place, the Aboriginal mother became, whether explicitly stated or not, an enemy of the state. (p. 144)

Māori maternities and especially the prestige accorded to the Māori maternal figure, therefore, represented a site of resilience and continuity for Māori society and created a significant predicament for those who sought to progress the agenda of assimilation. While Māori children have previously

been identified as the target of civilising policies of the past (Smith, L.T., 1996), there has been little discussion of how the colonisers also targeted Māori mothers to advance their assimilation goals. According to Emberley (2009), the aboriginal mother also became a target through which the coloniser could seek to further 'civilise' indigenous societies. While speaking specifically to the situation of First Nation peoples in Canada, her discussion does provide some relevance for our own experiences also. Emberley (2009) refers to women as:

... the instrument of civilisation who would produce and reproduce the culture of the proper body; from hygiene to sexuality, from the governance of children in the domestic sphere to the management of servitude and labour in the household, from the control of reproduction, racialized lines of descent, and their social and political economies of inheritance, the Mother was the agent of imperialism and capitalism in the interrelated spaces of empire and colony. (p. 7)

The introduction of a new source of role-modelling for Māori women in the English housewife/mother tradition undermined the role of atua wāhine as exemplars for the maternal conduct of Māori women. Their ever-important kaitiaki (guardian) role during mate marama (menstruation) and whakawhānau tamariki (childbirth) was also destabilised by the patriarchal attitudes to these essential functions. The positioning and prestige of the maternal figure was effectively challenged by the Western patriarchal and religious institutions that quickly became entrenched in the early Aotearoa/New Zealand landscape.

The introduction of Christianity therefore included an overall restructuring of the stories pertaining to traditional Māori spirituality and cosmologies, to atua wāhine and to their relevance and acknowledgement during important events such as pregnancy and birth. This restructuring sought to align the spiritual aspect of Māori society with the spirituality of the European, with the effect of converting Māori to Christianity. Takirangi Smith (2008) comments:

Missionaries de-spiritualized pre-colonial views towards land and the environment by campaigning against the views of tohunga and associating the precolonial Māori world views with heathenism. The spirituality of land, associated with Papatūānuku, the earth mother or forebear of all-natural things on Earth was negated through the promotion of

a patriarchal view by declaring Rangī-the-sky and heaven and the missionary concept of God as the ruler of heaven and earth. (p. 268)

Christian teachings involved not only the introduction of a male dominated religious structure, but, as Helene Connor (2000) has identified, also reinforced the role of passive self-sacrificing maternal figure within society:

The theology of subordination also constructed women as intellectually and morally inferior to men and created a model ideal womanhood and femininity for women to aspire to. This carefully contrived ideal was modelled on the Virgin Mary, mother of Jesus and Queen of Heaven; she was the ultimate paragon. (p. 127)

Mary, mother of Jesus, pure, passive and full of grace, was carefully contrasted with other 'villainous' female figures, whose perceived sexual power, self-determination and lack of restraint was an example of bad behaviour (Connor, 2000). The effect of contrasting these female figures within the faith, reinforced the need for Māori women to reject their 'wayward ways' and to fall in to line with the model of servient housewife, under the authority of her husband, to become the devoted and sacrificial mother to her children.

Māori women, with their relative sexual freedom, their positions of authority and their apparent lack of domestic and maternal responsibility posed a threat to the missionary project of assimilation. Māori mothers, occupying influential leadership roles within Māori society were seen as a menace to the overall objectives of colonising missionaries:

Missionaries drive to reform indigenous women [was due] to their fear of female power and female sexuality. Nineteenth century evangelical Christianity held no place for either. Female power interfered with God's ordained patriarchal authority and potentially ran up against the missionaries' own authority over indigenous peoples. If conversion were to be effected, indigenous women had to be brought under control, to show decency and restraint, to be obedient, modest, faithful and pious wives according to the model provided by the missionary. (Rountree, 2000, p. 63)

According to Rountree (2000), diminishing the sexual freedom that Māori women expressed was a key objective of the missionary project as "... domesticating the indigenous women according

to English middle-class ideals was an important part of the mission's bigger plan to save souls" (p. 54):

... the missionaries, especially the missionary women, were preoccupied with transforming Māori women's appearance and restricting their sexual expression ... Women's nudity and their long, unbound hair, along with their apparently greater sexual freedom, were viewed as signs of moral degeneracy. (Rountree, 2000, p. 52)

Through the use of laws and force, traditional Māori society was deconstructed and reconstructed to fit into a new, Pākehā focused, New Zealand society; one based on imported societal and religious values. Specific interventions were implemented specifically to reinforce the coloniser's objective of conquering the maternal body of Māori women. Māori maternal bodies therefore became a target of colonial rule as colonisers employed violent measures to enter into the realm of the spirituality of Māori women and the commodifying of our roles in society.

Indigenous mothers suffered the real effects of colonial policies. Their sexuality and bodies were subject to regulations for the purposes of establishing and reaffirming racial purity and patriarchal governance in the family – its rule of women and children (Emberley, 2009).

A substantial aspect of the imposition into our maternities has been justified by science. The process of imposing and reinforcing scientific and medically based maternities has been systematically imposed within communities through policy and where required, prescribed by law. Paulo Freire (1972) has identified this as a common approach of the 'oppressor':

More and more the oppressors are using science and technology as unquestionable powerful instruments of their purpose: the maintenance of the oppressive order through manipulation and repression. The oppressed as objects, as 'things', have no purposes except those their oppressors prescribe for them. (p. 36)

The medicalisation of childbirth, child development, education and nutrition theories have combined to construct scientifically based ideal maternal practises. These scientific justifications for intruding on the Māori maternal systems already in existence were promoted by community-based groups and further codified within the legal system:



... as science came to play an increasingly influential role in society, in the wake of industrial revolution, scientists decided that motherhood and childrearing were too important to be left to individual women relying on their experiences and instincts alone ... [M]otherhood was progressively redefined along scientific lines and turned into a science or 'craft' that women learnt from experts and by reading books. (Kedgley, 1996, p.VII)

The imposition into the values underpinning the sanctity of the maternal body was further facilitated by an intrusion into Māori women's birthing practice, justified increasingly by Western science and research. This intrusion meant that Māori mother's experiences of childbirth became subject to male dominated medical theories.

As the twentieth century dawned, a succession of mostly male experts (using science as their justification) began to advise women on the way they should give birth and bring up their children, and how they should and should not mother (Kedgley, 1996).

As evidenced within the cosmologies, pre-colonial Māori society acknowledged the extreme sanctity and potency of the Māori maternal body. The European that arrived to our shores however, brought with them ideologies of sin and pollution in their teaching regarding the Māori maternal body, as Ngahuaia Murphy (2011) reveals in her research on Māori menstruating practices:

... colonial ethnographers ... consistently portray the female genitalia as devoid of tapu and the source of female inferiority ... the political imperative behind such argumentation, which proceeds to frame menstrual blood and menstruation within the same negative discourses maintains the hegemony of a colonial patriarchal order (p. 18).

Murphy (2011) states that "what was once seen as a powerful universal force has come to be viewed as something putrid, something abhorrent" (p. 126), and comments further that "equating menstrual restrictions with female inferiority has been a powerful vehicle for forwarding colonialist discourses of male supremacy and female subordination" (p.98). Again, this is a common theme that impacted on indigenous women as articulated by Anderson (cited in O'Reilly, 2007):

When 'God the father' took over from 'mother the creator', sin was introduced to Indigenous women's bodies. Menstruation became the curse, and "illegitimate" birth had the potential to be a source of shame. Ceremonies that legitimated women's lifegiving powers went underground, female spirits were considered evil and women were no longer recognized as spiritual leaders. (p. 767)

The act of introducing Western methods of childbirth was further reinforced by the undermining of traditional childbirth practices, and an attack on traditional Māori midwifery practises ensued.

The Maori Councils Act 1900 established state controlled and sanctioned Māori councils, and authorised these councils to pass by-laws specifically for "... regulating the proceedings of tohungas, and the punishment by fine of those ... who practise upon the superstition or credulity of any Maori in connection with the treatment of disease" (Maori Councils Act, 1900, s. 16).

While this Act didn't outlaw the practising of tohunga altogether, it did require councils to 'regulate' their practises and to impose fines. Councils could also issue licences² to those they approved of. Obviously however, these provisions didn't suffice, because in 1907 Parliament passed the Tohunga Suppression Act, which extended the prohibition and specifically outlawed the practising of traditional medicinal practices and spiritually based healing methods. Takirangi Smith (2008) has commented that this in turn redefined the role of tohunga in Māori society:

Colonial interpretations variously describe tohunga as priests, wizards, skilled persons et cetera. The redefining of the word tohunga with colonization which culminated with the legislation of the Tohunga Suppression Act, also had the effect of separating or underplaying the pre-colonial understandings. The notion of an expert with an understanding or ability to read, interpret and convey knowledge about tohu [signs] – already marginalized through colonization when the Act was introduced - became further subordinated by a colonial discourse concerned with "witch doctors" "shamanistic practices" and "heathenism". (p. 268)

By the 1920s, Māori women childbirth practises were evolving rapidly, and by the late 1920s, a movement to hospitalise childbirth and replace

² Also note that 1904 saw the introduction of 'licensing' of all midwives in Aotearoa/New Zealand (Kedgley, 1996).

midwives with doctors took hold in Aotearoa/ New Zealand (Kedgley, 1996). Mountain Harte (2001) found for example that Māori women were encouraged to go to hospitals to have their babies "... due to a number of factors including poor housing, unhygienic conditions, the high incidence of skin diseases, and the inability of the midwife to cope with abnormalities" (p. 88). Simmonds (2011) also comments:

The state ... was instrumental in marginalising those Māori institutions surrounding child-birth ... When Māori women were slow to move into hospitals to birth, the state began to link eligibility for benefits to birth registration, which had to be done at hospitals with doctors in attendance. The marginalisation of mana wahine [power, dignity and importance of Māori women] existed in a very material sense, forcing many Māori women to birth in foreign spaces. (p. 20).

The impact of European birthing practices upon Māori maternities was discussed in the British Medical Journal in the early 1930s. Dr Violet E Hastings (1932) commented on the negative impact that European childbirth practices were having on Māori women:

The history of the Māori is a good demonstration of the effects of civilized life on maternal mortality. In pre-European times a death in childbirth was practically unheard of. Now that the Māori woman has adopted our mode of life the maternal mortality has risen ... (p. 445).

Further debate amongst British medical professionals ensued in following journal editions (Paget, 1934; Vaughn, 1933), discussing the reasons why Māori women may have birthed easier in pre-contact periods. The positioning of mothers in childbirth was a significant factor identified as the likely cause for Māori women's demise as the fixed hospital practice of the time demanded women birth while lying on their back.

This is supported by Mountain Harte's (2001) research into Māori childbirth. She interviewed Māori women who had given birth in the 1930s and one of the common themes that emerged was that Māori women objected strongly to being positioned on their back. There were also consistent references to the abusive manner with which they were treated by nurses during childbirth, and many of Mountain Harte's participants also expressed a preference to birth at home.

This disregard for the sanctity of the birthing body is reflective of an overall disrespect of maternal bodies that was firmly rooted in the colonial attitudes towards indigenous women, and the colonisers desire to control and commodify the bodies of indigenous women:

From early on, colonial policies were implemented to regulate the bodies of indigenous women by controlling their sexual, reproductive and kinship relations. What these policies point to is the centrality of the reproductive body to colonial governance; that the reproductive body had to be regulated and controlled for colonial rule to secure its racial and heterosexual hegemony. (Emberley, 2009, p. 46)

This colonial governance of the Māori birthing body extended further to the whenua with the traditional practice of returning the whenua to Papatūānuku becoming prohibited in hospitals. Whenua were sent directly to the hospital incinerators with other 'medical waste' and destroyed.

Māori breastfeeding practices also came under scrutiny of the state, as Native medical officers were appointed across the country as part of a government initiative to address concerns about the health of the Māori population and to further support the promotion of western medical practices.

One Native medical officer from Rotorua in 1885 attributed a high Māori infant mortality in the area to the dwelling of whānau within wharepuni (meeting house), and the consumption of kängawai (fermented corn) and kōtero (fermented potato). In particular, he saw the poor state of infant survival as due to the extra exposure to these aspects of Māori life that they received through their mother's breast milk:

In my opinion, the production, the severity, and the spread of these diseases are determined by two main factors: first, the influence of the wharepuni; and secondly, the consumption of putrid food ... with his blood vitiated by the foul air of these hot-beds of disease he has neither strength nor inclination to work ... I am inclined to credit the wharepuni with more than half the infant mortality. Not only is the child injured directly by this devitalizing influence, but indirectly through the mother, whose milk is diminished in quantity and impoverished in quality by the same cause. (Ginders, 1885, p. 8)



Glover and Cunningham (2011) discussed, that the health of Māori mothers was a factor in the adoption of artificial breastfeeding practices as “given poorer Māori health, artificial feeding was seen as beneficial” (p. 250). The introduction of Truby King’s theories on maternal and child health, conveyed through the Plunket initiative, also saw an increasing number of Māori women begin to use artificial feeding practices:

Māori women ... sensed or were told that their infant care practices were unhygienic, and their milk was inadequate and/or inferior to introduced alternatives. (Glover & Cunningham, 2011, p. 253)

Papatūānuku and trauma

What should be further noted also are the correlations between the way the Māori maternal body has been treated and the mirrored actions that occurred in the dealings of the settlers about our earth mother, Papatūānuku. Native American scholar Andrea Smith (2005) has asserted this also:

The connection between the colonization of Native peoples bodies and Native lands is not simply metaphorical. The colonial/patriarchal mind that seeks to control the sexuality of women and indigenous peoples also seeks to control nature. (p. 55)

The existence of significant correlations between the state’s intrusive treatment of the Māori maternal body and the commodification of our lands is important also — Papatūānuku has also been subjected to a similar process of violent interference, regulation and exploitation.

As Ngahaia Te Awekotuku (1991) has articulated:

One image is printed indelibly in my mind ... when feminism was a fresh force raging in my spirit. Travelling up the island, enjoying the voluptuously feminine shapes, the alluring contours and creases of the landscape, I suddenly encountered a scene of abysmal ugliness and grief. The leaking stark clay scars of a formerly green and forested hillside, red soil exposed like bleeding viscera across a gaping, jagged gash of earth, singed and blackened tree stumps protruding helplessly from crusty slag piles; moisture rising dimly from the churned uneven ground. And everywhere, machines and noise and men. Obscenity – carnage – rape. Rape. I suddenly realized. That is what is happening to our

world: to Aotearoa. By male greed, for male power and male gratification. (pp. 69-70)

If we are to consider the way our mother, Papatūānuku, was treated by the coloniser we can see that she also was pillaged, abused, and ultimately applied a principle of ownership. Mikaere (2011) comments this was sourced within “the idea of the inherent rapability of Māori woman to Māori land” (p. 158): She comments further:

I doubt many of us would consider it too great a stretch of the imagination to describe the present-day desecration of Papatūānuku as an extreme form of sexual violence. In reality, the rape of Papatūānuku is almost inevitable in light of the fact that Pākehā land tenure positions her as neither an atua nor ancestress, but rather as the property of men. (p.158)

Mikaere (2011) draws correlations between the way colonisers sought to own and control Māori women’s bodies and the way in which they sought to own, control and ultimately exploit Papatūānuku:

For what is rape/colonisation if not the unwelcome and violent invasion of another’s space. And what is it that drives a rapist/coloniser if it is not some deep-seated insecurity about their own identity, some perverted need to subordinate another in a desperate attempt to feel complete? (p. 159)

It is obvious to see the disruption to our maternities was comprehensive and violent. The maternal body, its spirituality, potency and esteem were attacked in a deliberate and complete manner. Specific disruptions to the birthing spaces of Māori women had a devastating effect on the well-being of women, tamariki (children) and whānau. It is the transference of these disruptions through subsequent generations that will be considered next.

Hapū ora, whānau ora: Māori maternal health and well-being, the contemporary picture

As has been discussed in this chapter, there has been a comprehensive attack on the Māori maternal body and particularly within the realm of pregnancy and childbirth. The effects of this attack, the physical and emotional trauma of the imposition of western ideologies surrounding the maternal body specifically, are most definitely reflected within the current state of the Māori maternal body.

The recent Health Research Council/Ministry of Health publication (authored by Te Rōpu Whāriki) entitled *Hapū Ora: Wellbeing in the Early Stages of Life* (H. Moewaka Barnes, A. Moewaka Barnes, Baxter, Crengle, Pihama, Ratima, & Robson, 2013) highlights the significant inequities in the well-being of Māori mothers. It identified several areas of concern for Māori maternal well-being including maternal stress and mental health. The inequities in Māori maternal health and well-being are significant “Māori mothers and their babies experience considerable disparities compared to New Zealand European mother and babies, including persistent differentials in low birthweight, preterm birth, SGA [small for gestational age baby], still birth and neonatal deaths” (H. Moewaka Barnes et al., 2013, p. 74).

Māori women feature negatively within Aotearoa/New Zealand’s maternal health system and overall are more likely to experience intimate partner violence during pregnancy (Gulliver & Dixon, 2014), have a significantly higher rate of maternal mortality in pregnancy (Perinatal and Maternal Mortality Review Committee, 2014); and are less likely to engage with maternity services on offer (H. Moewaka Barnes et al., 2013). Māori women also experience higher rates of sickness and death from cervical, ovarian and breast cancer than non-Māori women (Robson, Purdie, & Cormack, 2010).

Māori sexual health is also an area of concern with Māori women experiencing disproportionately higher rates of sexually transmitted diseases and for Māori women the likelihood of being subjected to some form of sexual violence is nearly twice as high as the general population (Cunningham, Triggs, & Faisandier, 2009, p. 14).

These statistics are reflective of the denigration of our tikanga pertaining to the maternal body. The respect accorded to the maternal body, the value placed on women as *whare tangata*, the significance of the sanctity and *tapu* accorded to the maternal body—these elements have all suffered significant disruption through colonisation. The ultimate respect and esteem accorded to the maternal body has been degraded and this has created significant barriers for Māori women in accessing culturally safe health services. The embodiment of these traumatic attacks on our bodies, and the unremitting nature of the attacks, has resulted in Māori women occupying a perilous position in the health statistics of Aotearoa/New Zealand.

Raranga, raranga taku takapau: Reclamation and healing

... emerging research indicates that the very areas of Native culture that have been targeted for destruction may, in fact be sites of resistance. (Walters et al., 2011, p. 183)

Resisting colonising impositions that challenge the sanctity of the Māori maternal body has been a significant feature of our histories. This is a constant work in progress as what initially started as a resistance to religious and societal values about the maternal body gave way to a relentless need to challenge the incessant scientific impositions into our lives.

Many of our ancestral stories, ideologies and practices are encapsulated within *waiata* (song), *whakataukī* and *karakia*. Traditional, and even more contemporary, *waiata* form a strong body of oral literatures within which our resistances are captured. These continue to be taught to children from a young age, ensuring the retention and endurance of these significant knowledges. Our oral knowledges and especially our *waiata* are therefore a form of resistance in themselves, they are in fact songs of resistance, and serve as methods of retaining and asserting important legacies left by our *tūpuna* (ancestors). They become historical markers of the assertion of our *tino rangatiratanga* and represent a particularly efficient and resilient method of knowledge transmission from mother to child. Māori women continue to affirm the traditions of our *tūpuna* regarding our bodily conduct, by following traditional *tikanga* that affirms the sacredness and sanctity of the Māori maternal body. From a young age Māori girls are taught appropriate conduct and the importance of upholding the sanctity of their bodies. Traditions and beliefs regarding the cutting of hair and the conduct of women during pregnancy and menstruation are still a prominent feature of Māori women’s everyday conduct. The experiences of Māori women about the practise of bodily *tikanga* continue to follow many of our traditional customs pertaining to our bodily conduct and practised (in a contemporary setting) by Māori women of all ages (August, 2004). A key aspect of this is that Māori women also continue to affirm their spiritual connections to the *atua wāhine*, to *Papatūānuku*, *Hine-nui-te-pō* and *Taranga*. As August (2004) has commented:

Knowledge of the power that was passed down through *whakapapa* from *Papatūānuku* and other *Atua Wāhine*, allows Māori women to stand tall, to be respected and to respect



themselves and others ... [W]e carry our tipuna with us and we owe it to them, and to future generations to be proud of Māori women, their bodies, their spirituality, their sacredness, and to be proud to be a Māori woman. (p. 94)

Māori women have also notably shown significant resistance to western birthing practices and in many cases undertaken deliberate reclamation of traditional birthing practices. This was noted in accounts of Māori birthing, where Māori women who had birthed in hospital chose to birth at home for subsequent births (Mountain Harte, 2001).

Simmonds (2011) has also explored Māori women's experiences of childbirth and found that there continues to be an ongoing resistance to western medical practices. Māori women have always found and continue to find childbirth an important site of resistance to colonising environments. Simmonds (2011) asserts that:

Despite the marginalisation of mana wahine maternities they still exist and are enacted, in various and often hybrid ways, through Māori women's birthing experiences ... the women that have shared their birthing experiences have all affirmed that they are not passive recipients of continued colonising discourses but instead are able to negotiate multiple, complex, and at times contradictory geographies, owing to their location in post colonising Aotearoa, by (re)claiming, and often (re)creating, mātauranga wāhine [women's expert knowledge] pertaining to pregnancy and childbirth. (p.10)

The activism of whānau Māori has also resulted in a significant shift in practice within hospitals and birthing centres around the country. Where the whenua of babies was once discarded without consultation or discussion, it is now established practice to return the whenua to whānau after a birth. The recognition of the significance of this practice to Māori has been an important concession for the Aotearoa/New Zealand health system. It has also resulted in reclamation of the ceremonies and practices around the burial of whenua, and a reaffirmation of the important and significant spiritual connections to Papatūānuku.

The birthing space has been a key site of resistance, as discussed within Simmonds (2011). It is an important area of reclamation. As a space within which women can be empowered in their childbirth experience, where they can make decisions regarding their birthing bodies, the potential for the birthing space to provide a site of healing and recovery for women

is significant. A key factor to be remembered is that the smallest of actions can still have substantial healing benefits for Māori women and whānau, as Simmonds (2011) has commented:

No matter how big or small, every expression of mana wahine in birth, afterbirth and beyond provides a decolonised pathway into, and through, this world for our children and for generations to come. (p. 243)

Murphy's (2011) research on Māori theories and practices around menstruation has also uncovered significant aspects of the way in which we consider our maternal bodies. Her approach to the kaupapa (subject) was not only courageous but ground breaking, as she privileged Māori women's stories and authorities on the matter and presented a thesis of empowerment, challenging hegemonic constructions and asserting the reclamation of traditional values regarding the maternal body:

Drawing out narratives which speak to the tapu of Māori women's reproductive organs challenges colonial ethnographers, and recent authors, who consistently portray the female genitalia as devoid of tapu and the source of female inferiority ... the political imperative behind such argumentation, which proceeds to frame menstrual blood and menstruation within the same negative discourses maintains the hegemony of a colonial patriarchal order. (Murphy, 2011, p. 18)

The reclamation and reassertion of the sanctity of our maternal bodies has been a key aspect of our resistance. There is much more work to be done to ensure our safety within these spaces continues to be maintained and, where needed, recovered. This involves not only actively challenging the institutions and individuals that continue to threaten our bodily maternities, but also asserting ourselves (unapologetically) where needed. These spaces represent significant sites of healing and recovery from the effects of intergenerational trauma.

Conclusion

This chapter has discussed the concept of historical trauma in relation to the Māori maternal body. The impact of colonisation on the Māori maternal body, in undermining and denigrating the spirituality, prestige and authority of the maternal body represents a significant and comprehensive disruption to our tikanga and mātauranga. The embodiment of this violent intrusion into the sacredness of our bodies is reflected in the appalling

inequalities apparent in Māori maternal health in contemporary times.

It is posited here that the resistance to the intrusions, and the reclamation of our tikanga, the expression of our mātauranga and the assertion of our own maternal spaces within contemporary Aotearoa/ New Zealand, provides us with potential pathways of healing and recovery for the historical trauma inflicted upon the Māori maternal body.

The title of this chapter — “Raranga, raranga tāku takapau”—refers to the weaving of the takapau (floor mats) used to line the whare kohanga during labour and birth. It is the first line of the karakia invoked by Hineteiwaiwa during her troubled labouring experience. The weaving of these mats represents a connection between our atua wāhine and ourselves, the spiritual and physical worlds, between te pō and te ao mārama. The assertion of our mātauranga ūkaipō, such as that relating to Hineteiwaiwa provides a response to the ongoing effects of colonisation and to the intergenerational effects of maternal trauma. There is much work to be done in this area, however the potential benefits for Māori women and whānau are substantial.



Glossary

atua wāhine	divine women
hapū	sub-tribe
iwi	tribe
kaitiaki	guardian
kāngawai	fermented corn
karakia	incantation
kōrero	statements
kōtero	fermented potato
mana wahine	power, dignity and importance of Māori women
marae	traditional meeting grounds
mātauranga	knowledge
mātauranga ūkaipō	maternal knowledge and practices
mātauranga wāhine	women's expert knowledge
mate marama	menstruation
mōteatea	traditional chant, sung poetry
Pākehā	New Zealander of European descent
pakiwaitara	stories, narratives
pito	umbilical cord
takapau	floor mats
tamariki	children
tapu	potency
tauīwi	foreigners
te ao	the world of light
te ao mārama	the world of light
te pō	the world of darkness
tikanga	correct and accepted practices, anchored by cultural constructs, informed by traditional knowledge, which has contemporary application and future implications
tino rangatiratanga	self-determination
tohu	signs
tohunga	experts
tūpuna	ancestors
waiata	song
waituhitanga	cleansing
whakataukī	proverbs, sayings
whakawhānau tamariki	childbirth
whānau	family
whare kohanga	dedicated space within which to birth
whare tangata	house of humanity
wharepuni	meeting house
whenua	afterbirth

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Pūriri leaves can be used to bathe sprains, relieve backache and treat ulcers and sore throats.



Kawakawa leaves are often used for toothache and can treat cuts, boils and bruising.

Mana Kaitiakitanga: Mouri moko! Mouri wahine! Mouri ora!

Mera Penehira

Rangitāne, Ngāti Raukawa

Mera Penehira's doctoral research centred on traditional knowledge and healing practices, case studying Māori women with hepatitis C. In particular the research examined the process of moko (traditional Māori skin carving) and notions of mouri (force, energy) as legitimate components of Māori well-being.

In exploring the intersections of identity, marginalisation, gender, health and well-being, this chapter describes and utilises the *Mana Kaitiakitanga* indigenous framework of health and well-being. The framework is centred firmly in Māori conceptualisations and understandings of human and environmental relationships. As such *Mana Kaitiakitanga* provides the context in which tā moko fits naturally as a healing intervention. Tā moko is a process that penetrates the flesh and marks the skin; it is a process that involves both blood and pain, which may seem incongruous with healing. However, the research has revealed that through pain comes understanding; through pain comes a RE-membering of strength; through pain comes joy; and through marking comes identity of who we are and how 'well' we have been in the past and can be again.



Introduction

This chapter draws on the conversations with, and personal experiences of a Māori woman who has undertaken the journey of having moko kauwae (moko of the chin). She has chosen to be named Ripeka in this chapter. Her expressions and experiences give honour and integrity to this piece of work. She shares just a portion of her journey of illness, healing and wellness. It is this portion that she identifies, forms the rationale for continued and sustained re-clamation of cultural practices, and where traditional knowledges are evidenced. This chapter validates the voices of Māori women who bring unique and significant insights to a discourse that for too long has been marginalised by the machinations of colonisation.

Moko journeys and experiences enrich the lives of many Māori. We explore the special relationships developed in the process of moko. Such relationships are an important part of well-being and healing to those who engage in the practice of moko. The power of moko as a healing tool is evident in the re-creation and uplifting of mouri experienced by Māori women.

Mana Kaitiakitanga: Māori principle of well-being

Developed by Huirangi Waikerepuru, myself and other students in 1997, *Mana Kaitiakitanga* provides a comprehensive framework in which it is useful to view mouri. Emerging from a series of wānanga (knowledge forums) which were ultimately aimed at the resurgence of moko kauwae amongst Taranaki Māori women, it provides an overview of the Māori principle of well-being, thus providing an appropriate platform for discussing mouri in the present study.

The framework (Figure 1) includes mouri as one of seven key elements of Māori well-being, the other six all referring to various aspects of hau (breath). Mouri and hau are viewed here as the 'carriers' or 'indicators' of areas in our lives and in our being that are essential to our well-being, which in the context of the Māori principle of well-being, includes physical, spiritual and emotional states of being. Māori Marsden (1988) describes the relationship between mouri and hau, positing that hau-ora (health of life, holistic life), or the breath of life, is the source from and by which mouri emanates. Whilst saying that in particular contexts hau is used as a synonym for mouri, Marsden also differentiates between the concepts, advising that hau is a term only applied to animate life, whereas mouri can be applied to both animate and inanimate things. Marsden (1988) states:

Mauri was a force or energy mediated by Hauora – the Breath of the Spirit of Life. Mauri Ora was the life-force (mauri) transformed into life-principle by the infusion of life itself. (p. 21)

As shown in the framework below, seven elements that make up the Māori principle of well-being are framed by four further institutions or concepts: Health, environment, law and tikanga Māori (Māori law/lore). In so doing, it is suggested that these institutions engage directly with one's well-being and vice versa. That is, the state of health and the environment, the way we operate within the laws and indeed lores of our communities, and our knowledge and practice of tikanga, all impact on our well-being. In contrast, our state of well-being, or otherwise, impacts on our ability to operate in healthy ways with and within the environment, and to conduct ourselves in law/loreful ways, by knowing and practising tikanga Māori.

The base of the framework includes: tapu (sacred), tika (correct), pono (truth), hē/hara (wrong), noa (normal). These concepts allude to states of being that we move through and between in everyday life and events. They are significant contributors to the framework, in that these states, or rather our ability to understand what state is necessary for what purpose, and our ability to move between states, is critical to our well-being. Whilst a full explanation of these concepts is not essential to achieving the purpose of conveying a sense of understanding of mouri, the following provides an overview of how these concepts were discussed in terms of the framework development:

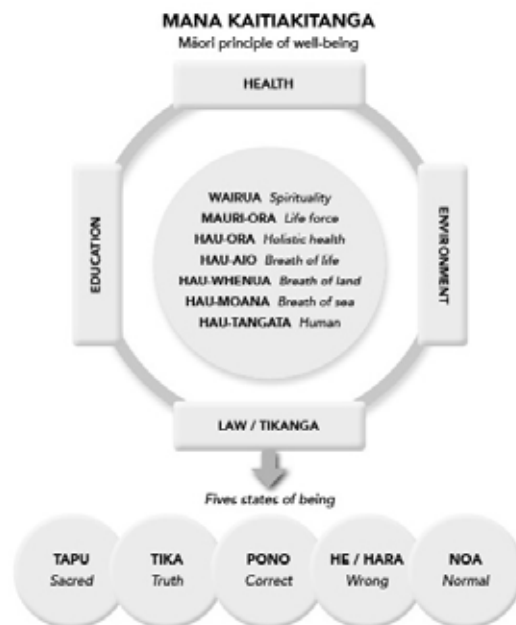


Figure 1. *Mana Kaitiakitanga*: A comprehensive framework of Māori concepts, elements, and principles of well-being

Tapu (Sacred): A necessary state of being to enable certain things to be achieved or events to be conducted. To gain in-depth understanding of karakia (prayer, incantation) and other forms of traditional knowledge, or to participate in events such as tangihanga (funeral, grieving process), one enters into a state and space of sacredness.

Tika (Correct): It is necessary to be able to conduct oneself correctly according to whatever situation, event, or level of thought one is engaged in. This requires an understanding of what is correct in the first instance. In terms of children developing into adults with a healthy sense of well-being, it is important that they develop a knowledge and understanding of what is correct. This may be whānau (family), hapū (sub-tribe) and iwi (tribe) specific.

Pono (Truth): To operate in a truthful sense enables one to be open to new learning. The relationship between truth and new knowledge is significant, in that our belief is that if one does not engage truthfully in a learning situation or wānanga, they will not reap the benefits of that situation – they are not in a state to receive, nor understand new knowledge. When one operates from a space other than the truth, it impacts negatively on their well-being.

Hē/hara (Wrong): In learning, in living and in being well, mistakes are made. This concept recognises that, and its place in the framework reminds us that it is a state that we will all be in from time to time. Whilst in that state, it generally detracts from our well-being. However, it is significant to understanding the Māori principle of well-being, that we take new knowledge and understanding from our mistakes; from our time in the state of 'hē'.

Noa (Normal): This is the state in which we operate for much of our daily lives, activities and events. It is well known to us. It is perceived to be the opposite to tapu and provides the basis from which we can enter into other ways of being.

If each of these states have a significant place in our lives, and if collectively they provide the basis for the Māori principle of well-being, how is it that we move through these states and between these states? The mediating mechanism, the mechanism that guides us into, through and out of these states is simply karakia. We have karakia that specifically take us into a state of tapu for example, and karakia that release us from that tapu. There are karakia that can be used to remind us of what is pono and tika, and karakia that caution us about being in the state of 'hē'. Karakia kai or food blessings are perhaps the most common form of karakia for the

state of noa. With an understanding of karakia as the mediating agent of these states of being, it is acknowledged that karakia play a significant role in the Māori principle of well-being.

The seven elements of the Māori principle of well-being are explained below in the terms and understanding that were applied during the framework development:

Wairua (Spirituality): 'Ngā wai e rua' (the two waters) is discussed by Waikerepuru (2009) as one interpretation of the concept of 'wairua'. In doing so, he speaks of the spiritual essence emerging from the two fluid sources present at the conception of a child. This can relate also to that which is created when Ranginui and Papatūānuku merged. In terms of how wairua influences the Māori principle of well-being, it is essential that one has a connectedness with indigenously Māori spirituality. That includes knowledge, understanding and practical application of karakia, pure (tapu lifting ceremony), and waiata (song).

Mouri-ora (Life force): Refers to the innate life force within each of us. In terms of our well-being it asks us to consider the wellness of our energy, of the force/s that activate us to do things and to operate and interact with our world. This explanation relates to the discussions in development of the *Mana Kaitiakitanga* framework, and as the focus of this paper this concept is discussed more fully further on.

Hau-ora (Holistic health): Māori conceptualisation of health is holistic, including reference to physical, emotional and spiritual well-being. Hau-ora literally may be translated to be breath of life.

Hau-aio (Breath of life): Refers to 'te hau a Io' or the breath of Io who is recognised by Māori as the supreme being from whom creation is derived.

Hau-whenua (Breath of land): The well-being of humans relating to the well-being of the land. Hau-whenua also refers to the relationship between people and the land. If each of these are well (the people and the land), and the relationship between them is active and well, this has a significant positive contribution to hau-ora. This element also facilitates the notion of 'tangata whenua', which recognises Māori as people of the land.

Hau-moana (Breath of sea): Similarly to hau-whenua, the well-being of humans relating to the well-being of the ocean environment. The relationship between people and the ocean is referenced here. The independent wellness of each (the people and the



ocean environment) is important, as is the wellness of the interactions between them.

Hau-tangata (Breath of humanity): Refers to the unique human spirit within each of us. It speaks of both the individual and the collective well-being of humanity. Just as hau-whenua and hau-moana are about people and their relationship to the land and ocean environments, hau-tangata is about people and their relationships to and with each other. Our wellness as individuals impacts on our ability to relate to and engage with others, either enabling us to contribute to or detract from the wellness of others and the collective.

As shown here, mouri is but one of seven key elements of the Māori principle of well-being. The descriptions of each of these elements allude to what may be perceived as a Māori view of the overlapping nature of aspects of well-being. I suggest that because of this overlapping, there is a strong interdependence between each of these notions. This further suggests that if just one of the elements is less than 'well', then all will be affected. The *Mana Kaitiakitanga* framework is therefore an holistic one which provides a platform for understanding the place of mouri in Māori health and well-being.

A review of both the contemporary and historical literature reveals further understandings of mouri. Elsdon Best (1934) described mauri (mouri) as 'the active life-principle, or physical life-principle', though he also acknowledged that it was not a simple term to describe, nor a term that non-Māori could easily understand. Whilst drawing a similarity with the term 'soul', he notes that it differs significantly in that, unlike the soul, it ceases to exist once a person is deceased, referring to the expression "kua ukiuki te mauri", in reference to the death of a person.

Pita Sharples (1995) speaks about the notion of 'whakahoki mauri', a concept that has been with Māori forever. It essentially refers to the need to restore a person's mouri, and in this context to restore their identity, pride, and well-being. In a review of kaupapa Māori literature, Linda Smith (2000) writes that:

Mauri is the life force inside the person, which makes the individual function. It is the combination of your spiritual, physical, chemical makeup ... if your mauri is sick, you will become sick. (p. 27)

Again, this points to the significance of mouri in one's health and well-being. As Barlow (1991) posits, one does not have control over their own mouri

or life-essence (in this instance), however, I would argue that given Sharples (1995) advice regarding the notion of whakahoki mouri, and the knowledge shared in the *Mana Kaitiakitanga* framework above, specifically the mechanisms, protectors, and modes of transmission between states, that Māori do have the inherent ability to nourish, protect, and uphold both our own mouri and that of others. Conversely, we might also choose to engage in ways that have the opposite effect on mouri, that is, to denigrate, put at risk, and deny the well-being of one's mouri.

Mouri moko: Mouri ora

This section examines the mouri evident in the process of moko and in moko itself, and ultimately, the relationship that has with the mouri or the moko recipient. Does mouri moko exist and in what ways is that evidenced? For Māori, moko carries with it the mauri of our tūpuna (ancestors), of whakapapa (genealogy), and of our identity. It is its own narrative, telling its own stories using the language of Māori visual art and spirituality. As Ngahuaia Te Awekotuku and Linda Nikora (2007) explain, moko symbolises an ideal which includes "bloodlines and life lines, about being Māori. And being more." (p. 158)

Life-essence is one of the most common ways of describing mouri, and so it is a very natural assumption that because the notions and practice of moko include bloodlines, life lines, and are to do with whakapapa and identity (amongst other things), that there is indeed evidence of 'mouri moko', and that this mouri both enhances and provides another expression of the individual wearer's existing mouri.

Given this, many potential wearers of moko choose very carefully the placement of their moko. Most agree that facial moko are particularly significant and matters of their own personal identity, their view of themselves, and how they value themselves, are all factors in determining whether they select facial moko. In my view, this indicates a processing of alignment of mouri that the potential moko recipient enters into, albeit consciously or sub-consciously. That is, the recipient is determining how the relationship will be between their own mouri and that of the moko, in order perhaps, to ensure the potential for a natural and effortless forging of the two. Indeed, for some however, the moko is something that already exists within themselves or within their whakapapa. As such, many would view it simply as an enhancing of their mouri through this outward expression that moko provides. Others, however, view moko as quite a new addition to themselves that requires in some way a relationship building with their existing mouri. In simple terms, the wearer thinks about how they

want to represent themselves, their identity (and all that is included in that), in the moko to be carved and which they will wear permanently in their skin. Te Awekotuku and Nikora (2007) state, that of the participants in their study: "Many were also sensitive about whether they 'deserved' it and learned a lot more as they questioned this." (p. 176) They further state:

For us, it is more than skin deep; neither pumped in, nor painted on, it is a resonance through the blood that rises to the surface, it stains the needle and blends with the ink, it marks the chisel; it moves with heart rhythm and breath ... For the wahine mau kauae [female chin tattoo], tāne rangi paruhi [male with full facial moko], Māori mau moko [Māori with moko], it is about life. (p. 209)

What further evidence of mouri moko would one desire than the descriptor above? Clearly moko is a multi-layered journey, and it carries with it a multiplicity of meaning for both the 'creator' and the recipient:

Moko has many meanings to those who carry it. Moko is about identity; about being Māori in a Māori place, being Māori in a foreign place, being Māori in one's own land and times, being Māori on Māori terms. It is about survival and resilience. It reflects Māori relationships with others; how they see Māori, and more importantly, how Māori want to be seen. (Te Awekotuku & Nikora, 2007, pp. 208-209)

Linking the physical and metaphysical relationships that exist amongst us and in the moko journeys themselves, helps us to better understand the relationship generally between physicality and spirituality. Te Awekotuku and Nikora (2007) explain:

Wearers become experts in communication, exponents of the art of explaining symbol and significance, because the outsider needs to be reminded that Māori are different. Different from them, and different from one another, and in this difference, there is celebration, on a metaphysical as well as physical level. (p. 209)

Given that 'health' is one of four cornerstones of the Māori principle of well-being (*Mana Kaitiakitanga*) above, which encircle mouri and the other elements of the framework, it could be further suggested that when one's health is

poor, so is one's mouri, as noted by Linda Smith (2000).

Re-claiming and re-remembering indigenous knowledges

Recognising the importance of indigenous knowledge and our responsibilities as Indigenous peoples to reclaim, protect and advance it, the United Nations Permanent Forum on Indigenous Issues made the following declaration in 2007:

We, the undersigned Indigenous peoples and organisations, having convened during the Sixth Session of the United Nations Permanent Forum on Indigenous Issues, from May 14-25, 2007, upon the traditional territory of the Onondaga Nation present the following declaration regarding our rights to genetic resources and Indigenous knowledge; reaffirming our spiritual and cultural relationship with all life forms existing in our traditional territories; reaffirming our fundamental role and responsibility as the guardians of our territories, lands and natural resources; recognising that we are the guardians of the Indigenous knowledge passed down from our ancestors from generation to generation and we reaffirm our responsibility to protect and perpetuate this knowledge for the benefit of our peoples and our future generations; strongly reaffirming our right to self-determination, which is fundamental to our ability to carry out our responsibilities in accordance with our cultural values and our customary laws. Strongly reaffirming our commitment to the United Nations Declaration on the Rights of Indigenous Peoples as adopted by the Human Rights Council, including, Article 31, which establishes that:

Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions. (Indigenous Peoples' Council on Biocolonialism, 2007, pp. 1-2)



This declaration, which sits alongside the UN Declaration on the Rights of Indigenous Peoples (2007), provides an important focus on the protection of indigenous knowledges. In so doing, it defines what constitutes indigenous knowledge and the responsibilities of indigenous peoples to that. In terms of the present study, it challenges us as Māori to consider the ways in which we revitalise, and re-engage in the moko process, and what protective factors need to be considered for this part of our traditional knowledge. Te Awakotuku and Nikora (2007) posit *manaakitanga* (trust) as a significant factor to the broader protection of moko stating:

For everyone about to undergo the moko process, trust is an important issue, even if it is not talked about by the artist and the client at the time. Beneath the work remains the guiding principle, *he aha te mea nui i te ao? He tangata!* [What is the most important thing in the world? People!] (p. 139)

This trust needs to be evident in the relationship between the potential moko recipient and carver or artist, as well as the extended *whānau* or people and elements present in the process. That is, the carver needs to trust the wearer, the wearer trust the carver, and all others involved trust in the integrity of that relationship, because through that relationship and the broader relationship that they have with the other elements of the recipient's *whakapapa* (for example, land, sea, mountain, people and ancestors), the integrity of the moko is maintained. Through this, the integrity of the knowledge and practice is maintained. Charles Royal (2005) addresses the issue of integrity and evolution of traditional and indigenous knowledge saying:

Genuine grievance and injustices must be addressed in a genuine manner. I also acknowledge that the traditional knowledge bases of indigenous peoples is properly the 'business' of those peoples. However, I would suggest that although traditional indigenous knowledge arose and arises within particular cultural, social and environmental settings and conditions, lying at the heart of traditional indigenous knowledge are responses to ubiquitous human questions, issues and experiences. I would like to offer an alternative view of indigenous and indigeneity that makes great use of the traditional knowledge and worldviews of 'indigenous' peoples. This is so that we may find an alternative and creative avenue for our intellectual and spiritual energies, and traditional knowledge and that these precious

resources may not be spent on 'resisting' alone. (p. 4)

It is particularly significant to note the reference here to our ongoing development being something that occurs for more than reasons of 'resistance'. My position is that whilst that would be an ideal, as *tangata whenua* living in a colonised land, we often have little choice but to be active resisters. I would suggest however that there is space in both the arts and in academia for us to be creative as well as active resisters.

In progressing the political discourse concerned with Māori health, in the next section I will explore further Māori views on illness, wellness and healing, and importantly, the 'acts' and experiences which shape these.

The politics of well-being

What is clear is that the impact of colonisation on Māori approaches to health has been significant. In order to understand the current state of Māori health and the position of traditional healing, we need to understand that such changes within our cultural, spiritual, academic and economic context has altered our ability to access much of the knowledge and practices of our *tūpuna* in that *rongoā* [traditional Māori medicine] was without doubt a part of our daily lives. (Reinfeld & Pihama, 2008, p.31)

Although repealed in 1962, the Tohunga Suppression Act of 1907 has played a significant role in how Māori view health, well-being, and healing. It states:

1. This Act may be cited as the Tohunga Suppression Act, 1907.

2 (1) Every person who gathers Maoris around him by practising on their superstition or credulity, or who misleads or attempts to mislead any Maori by professing or pretending to profess supernatural powers in the treatment or cure of any disease, or in the foretelling of future events, or otherwise, is liable on summary conviction before a Magistrate to a fine not exceeding twenty-five pounds or to imprisonment for a period not exceeding six months in the case of a first offence, or to imprisonment for a period not exceeding twelve months in the case of a second or any subsequent offence against this Act.

2. No prosecution for an offence against this Act shall be commenced without the consent of the Native Minister first had and obtained. (General Assembly of NZ, 1907)

Although Māui Pōmare, Peter Buck, Apirana Ngata and James Carroll, primary sponsors of the Act, were Māori, clearly the Act represents a non-Māori analysis and fear of Māori custom and practice that has at its heart the intention of halting Māori healing interventions. Rua Kenana and other Māori leaders and traditionalists were particularly, though unsuccessfully, targeted by this Act. Although the underlying reasons for this are not immediately apparent, without question we continue to battle for a complete turnaround from the Act, to a point where Māori healing interventions can be viewed as legitimate and valid once more. Mamari Stephens (2001) provides a useful analysis from a legal perspective that engages a more contextual approach and uncovers the core intent of the Act by simultaneously studying both the political climate of the time and the subsequent application of the Act:

The Act was the product of political and psychological tensions that prevailed at a unique period in New Zealand history. There were certain overt aims to the legislation, such as the prosecution of Rua Kenana and the improvement of Māori health, that were not fulfilled. On careful examination of the debates and related sources it appears that another primary intent of the Act was symbolic. It offered opportunities for the Pākehā dominated legislature to reassert certainty in the face of uncertain medical technologies and millenarianism, and to exert political dominance over growing Māori autonomy. (p. 469)

Stephen's (2001) analysis provides an important backdrop to the reclamation of Māori traditional knowledge and healing discourse, as is the topic of the present study. It reminds us that in reclaiming our knowledge and re-engaging in the practices of Māori healing, we need to be mindful of maintaining control of and determining how, at all levels, the reclamation occurs. It is also critical to note as a Māori female writer, the impact this legislation had on us as women. Ani Mikaere (2003), leading academic on Māori women's spirituality amongst other things, states:

The Tohunga Suppression Act 1907, in outlawing Māori experts, continued the colonial pattern of demeaning Māori spirituality ... because the preservation of the

spiritual safety of their whānau and hapū had been such an important role for Māori women, the devaluation of the traditional spirituality automatically resulted in a loss of status for them. (p. 111)

Māori women like Ani provide an important analysis of the effect of coloniser legislation on the role, status and practices of Māori women. Understanding this is a critical element in reclaiming the strength and breadth of Māori women's voice and physicality in society. We continue to live in a colonised land, under the same system of governance that through the Tohunga Suppression Act, 'outlawed' the practices we are re-engaging. Clearly the Māori health, well-being, and healing discourse is not devoid of political debate and influence.

With this Act providing the introduction to Māori views on health and well-being, what of Māori views prior to colonisation? How did we perceive illness, wellness and healing? This is critical because it is posited that moko, a practice engaged in freely prior to colonisation, is a valid healing intervention. We need therefore to consider the context of that time from where this traditional knowledge and practice originated. As Royal (2005) explains:

Contrary to what some critics may say about the rejuvenation of traditional knowledge ['going backwards'], the revitalisation of traditional knowledge is as much about understanding our future as it is about our past. (p. 5)

Reinfeld and Pihama's (2008) work did just this, by reviewing Māori traditional healing knowledge literature, conversing with key informants and considering the current practices and future implications of the use of rongoā Māori (traditional Māori medicine) in Taranaki. In undertaking this, they discovered some important indicators of Māori original instruction centred on our health and well-being:

Being alone; an individual standing apart, is viewed by Māori as a precursor to dis-ease and imbalance. Whanaungatanga (relational systems) is a way of living in relational systems without losing sight of who you are and the need for self care 'first'. When attending rongoā Māori whether in a private home or clinic the role of whānau is given first priority in any healing process. The support and strength of the many focused on the one and the shared burden or worries of the one spread out amongst the many – these are spiritual principles which culminate



in a view in which all is returned from the source of all beginnings and endings. To the supreme Creator. The primary vehicle for this releasing and lifting away is karakia. (Reinfeld & Pihama, 2008, pp. 37-38)

What is most evident from this work and further exploration of the literature is that healing is not something that occurs in isolation, either from the environment or people surrounding the person; nor are the healing interventions themselves undertaken in isolation from each other. As mentioned earlier in this chapter, healing is a part of a whole, part of a bigger picture that is really concerned with humanity, life and life-style:

Imbalance expressed by an individual is never solely attributed to that individual. Instead this approach is mindful of addressing the whole person in the context of their relationships. Rongoā Māori is therefore a 'people medicine' which seeks to restore balance between the temporal (relationships) and those of the eternal. Imbalance in this paradigm takes place within a whānau context. More often individuals present as they are often the 'carriers'. Usually such individuals are the most vulnerable and spiritually open within the whānau such as the very young and frail members. To address entire whānau is to address 'all our relations' and in so doing the mauri of the whānau is able to be restored. (Reinfeld & Pihama, 2008, p. 38)

The whānau is clearly a significant part of the 'whole' being described here – that is, the holistic Māori view of health and well-being. Restoring the balance, therefore, was not always focused on the individual; whilst 'balance' might be an issue for the individual, it is not assumed that it rests necessarily within the individual.

While traditional healing was largely symptomatic, aiming to provide rapid relief of symptoms, the physical remedies themselves were employed within a wider philosophical and theoretical context. Central to the belief system of traditional healers were the fundamental concepts of tapu, noa, rāhui [restriction] ... they were also the basis for a Māori theoretical position concerning illness and sickness. (Durie, 1998, p. 15)

Understanding the inter-relatedness and inter-dependence of healing are shared by many and are well documented in the work of Reinfeld and Pihama (2007):

The idea that we can isolate physical illness out from spiritual or emotional wellbeing is one that is a clear contradiction to concepts such as hauora and mauri ora. Māori constructions of wellbeing have always been articulated as being interrelated on all levels; physical, spiritual, emotional, mental and more recently economic. There is no desire to affirm any notion that one form of healing can happen in isolation as that is clearly not what is articulated by participants in this research. Rather we hear many stories and reflections on how healing was interconnected. (p. 15)

My position is that in discussing Māori views on illness, wellness, and healing, we are discussing Māori views on life – in other words – a Māori worldview. As evidenced by the *Mana Kaitiakitanga* framework presented earlier, and discussed by other Māori and indigenous writers above, Māori worldviews are holistic with a reluctance to view any one aspect in isolation from another. In addition to this Māori have necessarily had to respond to the political and colonisation agenda of successive governments, whose legislation and policies have had negative impacts on Māori practices and well-being.

Māori women's views and experiences of moko

Tā Moko—taking Moko—is a serious commitment. It inscribes your soul, it uplifts your senses, and it changes you forever. It is the ultimate engagement of oneself with one's body, because it cannot be removed. (Te Awekotuku, 2006, p. 135)

In contemporary times moko is viewed as part of our political resistance. Many of my friends carry moko as a direct sign of resistance, it is something we consider an act of our own Māori sovereignty. Contemporary singer songwriter Moana Maniapoto (2002) encapsulates simply the power of moko resurgence in the lyrics to her song 'moko':

I wear my pride upon my skin. My pride has always been within. I wear my strength upon my face. Comes from another time and place. Bet you didn't know that every line has a message for me. Did you know that. (Moana and the Moa Hunters, 1998, track 8)

As with other political statements, this does not come without negative reaction:

In contemporary Aotearoa/New Zealand, Māori continue to encounter unfavourable opinions and hostile attitudes based on preformed and

unsubstantiated judgements ... prejudice towards Māori and the tattooed face is not a new phenomenon and it continues today. (Nikora, Rua, & Te Awekotuku, 2003, p. 11)

Our experiences are not limited to outside spaces; indeed, we often face the harshest criticism from within our own homes and families:

Within families, and Māori communities, moko confronts how Māori think about ourselves, histories, continuities and change. It is a mark of critical reflection and conscious choice and signals an ongoing engagement with the decolonisation project. (Nikora, Rua, & Te Awekotuku, 2007, p. 488)

As moko wearers we choose to carry the taonga for our own reasons, and always, these reasons relate to identity. The moko has its own integrity as described below:

In this world, today, wāhine mau kauae, tangata mau moko, pūkanohi [full facial tattoo] — wearers — are speaking for themselves, about themselves, and commenting on how others view them. Unanimously, they insist the decision to take the marking is about continuity, affirmation, identity, and commitment. It is also about wearing those ancestors, carrying them into the future; as their moko become a companion, a salient being with its own life force, its own integrity and power, beyond the face. (Nikora, Rua, & Te Awekotuku, 2003, p. 14)

Māori women wearers and carvers of moko participated in case studies as part of doctoral research centred on moko as a healing intervention (Penehira, 2011). This chapter privileges the voice of one participant, chosen for her articulation and emphasis of moko in relation to healing, gender, health, well-being and marginalisation. She is known in this context by her chosen pseudonym of 'Ripeka'.

I grew up in Porirua and it wasn't cool back then in the 50s and 60s to be Māori ... I think I used to spend most of my time pretending not to be Māori ... it was a pretty rough place to grow up, but it taught me how to be tough and stand up to things ... It was hard but now I have a great life, I'm the manager of a successful business and I have been here for a long time. It's what I love, working with Māori and rangatahi [youth]. I've been involved in lots of political movements over the years, again back before it was cool. We got a hard

time back then, but we learnt a lot. I was one of the first to get an armband tattoo and then lots of others followed. Being Māori is really important to me now and my moko have been a big part of that identity really. [Ripeka]

Ripeka's story represents someone who is now a successful Māori businesswoman and one who has contributed significantly to kaupapa Māori education for around 25 years. Moko is described by Ripeka as a purposeful political action.

Spiritual elements surrounding moko, were included and indeed highlighted in conversations with Ripeka:

I'm just keen to carry on with the tā moko ... that was a real experience ... I really felt changed after that. I found it quite a spiritual experience ... it was a very special moment for me as well. [Ripeka]

The 'specialness' surrounding the process of moko is apparent, and the desire to experience that again speaks to the power of the process in uplifting the participant. In my view, this is evidence of but one way of the person accessing a spiritual connection that might not otherwise be available to many Māori today. Having spiritual connectedness is clearly identified as beneficial to the recipient:

It gives me kaha [strength], it makes me feel strong ... it's a representation of who I am ... it represents what is in my life and I haven't finished, I still want to do more ... [Ripeka]

The spiritual origins of tā moko, the spiritual experience enjoyed by the recipient is evidenced as being closely linked to identity, which is further viewed as a source of strength. The moko for this participant represents both who she is, and where she has come from, in that they tell the story of her life's journey. Each one indicating what is in her life already, and she alludes to the fact that her moko journey, as with her life journey, is ongoing. Thus, there is an acknowledgement of the ongoing nature of the spiritual connections that have been bound in the moko she has received to date. The relationship between moko and the recipient's spirituality, has been made explicit, and because of the permanency of moko, and because moko is now a part of her identity, there is an implicit permanency in the spiritual awareness and relationships that now exist for Ripeka. Consequently, there is a permanency of strength that abounds, and that she is reminded of in a very visual way each time she views her carved skin. Spiritual strength is evidenced here as having a significant role in the identity of the participant.



Furthermore, the dialogue has also demonstrated the existence of marginalisation experienced by the participant. This marginalisation is to some extent mediated by the spiritual strength encompassed in the process and wearing of moko.

Ripeka's development as a Māori woman, and as a moko recipient, was ensconced in Māori women's political movements of the time. She wears multiple moko, all of which are positioned to enable her to choose when she exposes or covers her taonga (treasure). As with all moko recipients each experience of further adornment is unique—the moko she wears tell the account of her identity as a Māori woman that developed during the political years of the 1980s and 1990s, and now into the new millennium:

My moko are very political in a sense – they are political statements and they are about who I am. [Ripeka]

Political awareness largely shaped Ripeka's view of herself and other Māori women, as something to be proud of, and the moko that represent this part of her life journey are a visual record and visual reminder of that pride. The aesthetic beauty of her moko adds to that pride and to her sense of well-being:

They give me strength and make me feel strong ... I look down at my moko and remember what I have been through and know that I can do more. [Ripeka]

Thus, in terms of mouri-ora, the moko have a mouri of their own, which stems from the mouri of the experiences that helped shape them, which in turn, influence the shape of what is to come. The strength or mouri-moko that Ripeka refers to is a part of her own strength and mouri now, which she carries with her in the journey of life.

Carving moko both signifies another part of life's journey, as well as reflecting and indeed influencing Ripeka's well-being. The representations of tinana (body), wairua (spirituality/spirit), and hinengaro (mind), further portray Ripeka's own view of well-being and give us an example of the significant relationship between moko and hau-ora, the holistic view of Māori well-being:

My arms were my own designs ... interestingly they have red in them ... I didn't talk to anyone about it, I went in and said I wanted the red in it as well ... and then after it was on my arm I think a kaumātua [elder] said to me one day that I only had half the fish on there ... he saw

it as one of our stories that I had on wrong and that the red represents rangatira [chiefly status] ... it wasn't something that was being done then, no-one had arm bands, I didn't know about traditional moko at that time, I had no knowledge apart from reading a few moko books. [Ripeka]

In this dialogue it is evident that Ripeka's moko experiences have varied, and that as in this case, access to traditional knowledge and moko artists influences the process and the experience. At the time Ripeka had her early moko work done, as she says, it was not commonplace. Indeed, she was one of the first Māori women of this generation to carve the tūhono (arm band tattoo) which has since become a common moko adornment. So, whilst she is aware that in traditional terms, her design may be deemed by some as incorrect, she has a clear analysis of the place these early moko have in the journey of moko more generally speaking. Those who took on moko in the 1980s did not have a range of Māori artists to choose from as we do today. Designs depicting traditional Māori imagery were scarce, and so with little access to either the information or people, Ripeka took matters into her own hands and designed her own. In my view, this 'moko action' is evidence of someone creating and accessing her own healing. It is an example of Māori women's strength, initiative, and creativity. At the same time, I believe we need to be aware that not all Māori women are in a position or can follow this lead. More recently, Ripeka has undertaken the traditional moko of the buttocks, known as rape or pakipaki (buttock tattoo):

My 'rape' ... that was different because that was the tā moko artist's design and that was deliberate – I wanted traditional, though it's not completely traditional. Placing the red in there was aesthetic – to match my others. I knew about the artist through my friend's introduction – I wanted to experience a woman artist and see a female doing it. It's only her I'll go back to now – I noticed a lot more caring, very different to how men approach the work. [Ripeka]

Ripeka's desire for more traditional work within her moko journey reflects both the availability and access to tradition, as much as the progression of herself as a Māori woman. The rape was described as an enormous undertaking, during which time much pain was experienced:

It was like nothing before in terms of the pain ... the length of time too. [Ripeka]

Ripeka spoke also of the strength gained in looking back on that process.

I know now what I can handle, and it just makes me feel stronger. [Ripeka]

It is significant that when one has endured the pain, determination, and sense of achievement encompassed in this type of moko process, that the recipient then carries with them the knowledge that they can apply that endurance and determination into other challenges they may face in their lives.

In conversations about Ripeka's moko journey, we discussed her move from contemporary to more traditional moko, as described earlier in this chapter when referring to the rape she attained. Ripeka has considered further traditional work and shared the following:

In terms of kauwae [female chin moko], I don't think I ever will – the reason being, I think the women who wear kauwae are very strong women. Strong in themselves because clearly everyone is looking – and for me, I don't know if I would want to be looked at all the time. So that's what I'm saying about the kauwae for me – but maybe I'll do it at 70 ... it's not something I feel I would be comfortable doing at this time though, for those reasons. I must say, that I am extremely proud of all my moko, but I must admit there are times when I'm glad that I can put on a long-sleeved shirt and not have to have them seen. Sometimes I would rather keep them to myself, and in my work, it's not always a good thing. [Ripeka]

So kauwae is not a closed door for Ripeka, but not something she would currently feel comfortable with. Clearly, she has considered the extra attention that moko potentially attract, she knows that it is not all positive, and in my view, this is a valid consideration. However, without question, moko is an identity marker:

I just feel proud of who I am and being Māori ... two of my moko, my arm band and one on the other arm were my own designs ... the arm band came from my first march to Waitangi ... in fact, it was the first march to Waitangi and so after that I wanted something that represented that journey at that time for me, and being proud of what I was doing and being a part of it all ... [Ripeka]

Identity is a key factor in decisions surrounding both attainment and placement of moko. Ripeka referred

above to her reluctance to undertake facial moko, and here she reminds us of its relationship to societal acceptance (or otherwise!), which in turn relates to the position of tangata whenua in Aotearoa/New Zealand:

You know it's not something I could do (have moko kauwae) ... I admire people like you who do it, I think you are incredibly brave. I know it can be lonely when there are only a few of you out there and the kinds of reactions, mixed, that you get – all I can say is you have to be very, very strong to manage that every single day. For me, if I don't feel up to it, I can cover up and be the businesswoman that I'm expected to be. I couldn't handle that constant looking either – mentally and emotionally exhausting and with it on your face you just couldn't choose to have a 'no-show' day if you didn't think you could handle it that day. [Ripeka]

Conclusion

The conversations with Ripeka give honour and integrity to this work. In telling her story of illness, healing and wellness, of which a selected portion is shared in this chapter, the rationale for continued and sustained re-claiming of our cultural practices and traditional knowledges is further evidenced. Māori women offer unique and significant insights to this discourse, which for too long have been marginalised in the processes of colonisation.

Moko journeys and experiences have enriched the lives of many Māori. The special relationships developed in the process of moko, have proven to be an important part of well-being and healing to those who engage in the practice. The power of moko as a healing tool is evident in the re-creation and uplifting of mouri experienced by Ripeka and many others.

The indigenous framework *Mana Kaitiakitanga* provides a way of conceptualising health and well-being in a specifically Māori way. It enables us to engage with concepts such as mouri that are inherent in conversations of illness, wellness, healing and well-being. Finally, it has been argued that *Mana Kaitiakitanga* provides the context in which tā moko fits naturally as a healing intervention.



Glossary

hapū	sub-tribe
hau	breath
hau-aio	breath of life
hau-whenua	breath of land
hau-moana	breath of sea
hau-tangata	breath of humanity
hau-ora	health of life, holistic health, the breath of life
hē/hara	wrong
hinengaro	mind
iwi	tribe
kaha	strength
karakia	prayer, incantation
karakia kai	food blessings
kaumātua	elder
kauwae	female chin tattoo
manaakitanga	trust
Māori mau moko	Māori with moko
mauri-ora	life force
moko	traditional Māori skin carving
moko kauwae	moko of the chin
mouri	force, energy
mouri moko	an expression of the individual wearer's existing mouri
mouri ora	life force
ngā wai e rua	two waters
noa	normal
pakipaki	buttock tattoo
pono	truth
pūkanohi	full facial tattoo
pure	tapu lifting ceremony
rāhui	restriction
rangatahi	youth
rangatira	chiefly status
rape	buttock tattoo
rongoā	traditional Māori medicine
rongoā Māori	traditional Māori medicine
tā moko	Māori traditional skin carving
tāne rangi paruhi	male with full facial moko
tangata mau moko	person with facial moko
tangata whenua	people of the land
tangihanga	funeral, grieving process
taonga	treasure
tapu	sacred
tika	correct
tikanga	Māori law/lore
tinana	body
tūhono	arm band tattoo

tūpuna	ancestors
wahine mau kauae	female with chin moko
waiata	song
wairua	spirituality/spirit
wānanga	knowledge forums
whakahoki mauri	to restore a person's mauri/ mauri
whakapapa	genealogy
whānau	family
whanaungatanga	relational systems

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Mānuka bark when infused is used externally and internally as a sedative.



Kōwhai bark infused liquids can be used to treat internal ailments, colds and sore throats.

Holding space: Centring mana wāhine ethics in historical trauma research

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Ngāti Whitikaupeka, Ngāti Pūkenga

Hayley Cavino is a member of a rōpū (group) of scholarship recipients funded by Te Atawhai o Te Ao. This rōpū contributed to *He Kokonga Whare Research Programme*. This chapter acknowledges the important work that researchers contribute to indigenous communities engaged in addressing the dislocation of those taken or lost through trauma and violence. The author draws on mana wāhine (female authority) ethics to enable a move towards inclusion, and knowledge recovery to better understand identity, connections to whānau (family), and better able to favourably negotiate analysis, rhetoric and/or praxis that minimises or de-authenticates communities. Researchers must privilege ethical ways of engaging with the issues of violence and trauma, and with whānau for whom trauma is a lived reality. Researchers need to explore the deeper questions such as 'ethics for whom?' This article examines one set of guidelines that highlight ethical ways of doing research with Māori, whānau, women, and children relating to historical trauma.



Introduction

I come to this mahi (work) as a person who does work related to historic and contemporary trauma in Māori communities (especially that which involves rape and other forms of gender violence), and as someone who comes from a whānau who have lived through (and in some cases died because of) these experiences. Trauma—it's effects, it's lived reality, and the knowledge and pedagogy generated about it—are all areas with which we are intimately familiar. For the past five years I have been conducting research and pūrākau (contextualised stories) work that seeks to contextualise our experiences—in this I have utilised a wide variety of research methods—to include archival work, interviews, and analysis of stories. In conducting this mahi I have needed to think deeply about how to do the work in an ethical way. This thinking has involved confronting some of the misconceptions that I had (misconceptions that I suspect are shared by others) about the praxis of kaupapa Māori research and how/whether a purposefully mana wāhine and whānau-centered approach could or should fall under the mantle of kaupapa Māori research praxis. In this I would like to more clearly delineate two central issues I encountered.

My doctoral research¹ looked at our whānau experiences of violence and historicised and contextualised them by considering pre-colonial, contact and colonial gender politics and settler/indigenous relations. So, in the first instance I needed to ask several questions about authority. Specifically, I needed to consider who to consult about the research process—which permissions to seek and what guidance I needed. I was concerned that much of what I had read about kaupapa Māori processes (and indeed much of the research I had previously participated in) continued to privilege iwi (tribal) authority, sometimes to the exclusion of

1 My doctoral dissertation utilised pūrākau to contextualise rape and other forms of gender violence impacting whānau by putting it back into conversation with the land. This embodied, storied research engaged the project of decolonising gender violation by examining how the production of contemporary violences impacting Māori is undergirded by both struggles for land and intimate relationality. The work was particularly interested in how the various violences produced by coloniality shape our social relations and belongings—in short, how we understand our identity as Māori and how this understanding shifts and takes various new forms over time. The work utilised textual analysis of pūrākau and mōteatea (sung poetry), nineteenth century Native Land Court cases, twentieth century biographic writing, and in-person interviews to produce a new pūrākau—one that maps circuits of marginalisation and belonging across three generations of Māori women in my whānau.

other forms of authority (such as hapū (sub-tribe) and whānau). The privileging of iwi authority may have its roots, in part, in the need for Māori to form large alliances to resist and respond to settler contact and expansion (Leonie Pihama, personal communication, July 25, 2013). Iwi authority has also been carried forth into the contemporary moment and further centred by the Treaty of Waitangi settlement process. I want to be careful here that I don't frame iwi in hegemonic (one-size-fits-all) ways. Iwi vary in size and structure, as well as in the degree to which hapū and whānau have an active leadership role and voice. Iwi also run health and social services, continue to spearhead Māori cultural and environmental revitalisation, and have been key in facilitating whakapapa (genealogy) reconnection activities. Wāhine (women) are also central actors in iwi and our role has included challenging and contesting male power. I want to flag also the often divisive, dictatorial role the Crown has had in defining and determining what an authoritative Māori voice can and will look like—both in terms of the rules of engagement and recognition of so-called 'authentic' Māori voices (who gets to have a say and who does not) (Cherryl Smith, personal communication, April 4, 2018). In a recent discussion about iwi, Cherryl Smith shared with me the following framing, which I am repeating here to re-ground us in the original purpose and intent of iwi: "Iwi originally means human bones and those bones were tapu (sacred), buried in sites to claim space and also exhumed and carried with people under dire circumstances" (Cherryl Smith, personal communication, April 4, 2018). I want to point particularly to the evocative way the quote highlights our ability and willingness to adapt, to courageously meet challenges as they were/are presented to us.

Examining the question of authority was significant to me not only because I was seeking to make visible the challenges iwi are facing (and untangle some of those challenges from colonial influence) but also because I wanted to recentre whānau—that is, our self-determining agency and ability to tell our own story. The work I conducted is a whānau story that I felt strongly needed to be authorised and guided by whānau. In addition, the nature of the project meant that I needed the tautoko (support) of specialists in the field (those with knowledge of trauma and sexual violence as it relates to Māori).

Conceptualising this work and managing the research project required careful consideration about how to engage a process that would be cognisant of the ongoing impacts of the very traumas under study. Put plainly, violence has impacted our whānau, hapū and iwi to an enormous extent. The recent public

advocacy and activist work of Chanz Mikaere and others oriented to addressing ‘Pedos on the Pae’ is one example of growing transparency with regard to how the issue of sexual violence has seeped into our representational politics and decision-making structures. My own interview work with women who do mahi in trauma, violence, decolonisation and whānau healing provided additional examples of violation by those in leadership roles across many different iwi, as well as many examples of iwi working in constructive and progressive ways to address these issues. The recent important interventions made by several Ngāi Tahu Papatipu Rūnanga (constituent areas of Ngāi Tahu)—wherein iwi leaders with a history of violence and abuse are to be stood down as representatives—is just one example of iwi meeting the challenge head-on (Eder, 2018).

The second issue involves whether and how research methods that adopt a purposefully mana wāhine approach can or should fall under the mantle of a kaupapa Māori research approach. This point is related to the first in that, in my case, I initially considered research that did not subject itself to iwi authority (such as whānau research on rape and gender violence that does not undergo a process of iwi engagement in its development, design and implementation) as falling outside kaupapa Māori research praxis. Instead I initially claimed that the whānau research I was doing—and its specific focus on wāhine (both past and present—invoking and centring the stories of tīpuna (ancestors) wāhine and contemporary wāhine) constituted a consciously mana wāhine approach that, in its rejection of iwi authority as a pre-requisite, placed it outside of ‘acceptable’ kaupapa Māori praxis. Instead I cited the mahi as an example of mana wāhine research praxis that I then constructed as oppositional to kaupapa Māori (given the specificities/limits of the latter approach, as I understood it at the time). My position on this developed and evolved during the research due to conversations I had with Dr Jenny Bol Jun Lee-Morgan—who served as an important advisor and mentor to my mahi. It was through her guidance that I came to see the research I was doing as a mana wāhine and whānau-based approach that must necessarily see itself as embedded within kaupapa Māori research approaches. Through her counsel I understood the political importance of claiming and holding space within kaupapa Māori research for precisely the kind of work I was undertaking. By insisting that the historical trauma mahi I did falls within a kaupapa Māori research approach—I not only highlight the enduring agency of whānau and wāhine to design, participate in, and manage research, but I also hold space for a pluralised research approach—one that

can shift and accommodate a variety of research foci.

The remainder of this paper is an exploration and elaboration of how and why I made these shifts in understanding related to the mahi. I focus especially on the emerging ethics related to indigenous trauma research that takes account of the salience of gender—drawing on existing literature and my own recent research praxis. Existing indigenous feminist research praxis—particularly that which engages the issue of rape and other forms of gender violence and historical trauma—provides insights that can help us to further shape ethical indigenous research practice.

My previous and current research work takes seriously the question of violence within our communities and the potential impacts of this on the research process. What does it mean when some of our elders—our people of authority—are known to have committed acts of violence against women and children? And how do we, as wāhine researchers taking up this kaupapa (topic)—responsibly navigate the various cultural imperatives that commonly govern research processes in Māori worlds with this in mind? Also, how do we hold the whānau central (Leonie Pihama, personal communication, July 25, 2017) to the research process when we conduct work that, in part, invokes and responds to trauma specific and personal to that whānau? What kind of space has been made or can be made within kaupapa Māori research processes to help us navigate these challenges? All these questions concern the ethics of conducting trauma research in Māori worlds that are understood as complex, at times fraught, and frequently contemporaneously in conversation with/shifting with/responding to/complicit with/obscuring the very traumas that we seek to study.

An additional consideration is the ways in which trauma research is traumatising and/or is being conducted by/with traumatised people (to include the researchers). Rather than an impediment to the research process—I have come to see researcher trauma and the trauma of research as positionalities/processes to be managed and ideally as a strength of the work. This is especially so regarding understanding and being able to appropriately navigate the issue of ethics and responsibilities to whānau, women and children. Researcher trauma is, I argue, an asset to be harnessed in ways not dissimilar to approaches taken by those occupying other kinds of ‘insider’ positionalities. In reflecting on the work, I ask: What does it mean to have done this work as an insider? What has it meant to our whānau? How have we managed the trauma



invoked for the benefit of not only the work but also ourselves and our whānau? In what ways has the expression of this trauma and the activation of it through research opened a productive decolonising and healing space? In this I have been guided by an understanding of research as a kind of ceremony that necessarily transforms because—“If research doesn’t change you you’re not doing it right” (Wilson, 2008, p.135). Research is itself a potentially decolonising praxis. Because the work produces new forms of knowledge, it is also necessary and important that the trauma be activated and processed—not just for us personally, but also for our whānau. Importantly, this decolonising potential becomes possible because of the choices made concerning research ethics, method, and praxis.

Kaupapa Māori research as plural and purpose

If we examine kaupapa Māori research closely, we begin to see more clearly how many of these norms of praxis are not static—rather they are constantly negotiated in order to be responsive to the particular kaupapa being engaged and/or the practicalities of temporal and spatial limitations/realities (Cram, Pihama, Jenkins, & Karehana, 2001; Forster, 2007; Gray-Sharp, 2007; Health Research Council of New Zealand, 1998; Kahakalau, 2004; Kawakami, Atan, Cram, Lai, & Parima, 2008; Smith, 1999; Te Awēkotuku, 1999). The terms of the exchange, the research praxis, have been delineated and controlled by Māori participants—and in this kaupapa Māori work often privileges whānau with the goal of ensuring that the work reflects their aspirations. It is their tino rangatiratanga (self-determining) agency that we have frequently understood as central to decisions we have made about research ethics and praxis (Bishop, 1998, 1999; Health Research Council of New Zealand, 1998; Pihama, Cram, & Walker, 2002). For example, some projects that can be considered kaupapa Māori have been conducted in urban settings with re/dis-located Māori without extensive consultation with the iwi and hapū of the respective participants (see as an example work conducted with urban rūnanga (councils, assembly)—*Te Rūnanga o Kirikiriroa Need’s Assessment* that took place in the mid 1990s is just one example). Other projects have primarily used archival material (some of it housed overseas) and have thus not utilised formal iwi-centered consultative approaches (Te Punga Somerville, 2012).

Not all research that could be considered kaupapa Māori therefore goes through these more formal iwi processes. Kaupapa Māori research as process can remain flexible—it can struggle against any obligation to be monolithic, precisely because we

are not a homogenous people. We are, as Moana Jackson (2013) states, creative people. As a practical concern, some of the obligations often considered incumbent on those conducting their work from a kaupapa Māori perspective—specifically related to subjecting our projects to iwi authority—have the potential (in theory) to foreclose or in other ways curtail certain kinds of radical work, as well as to facilitate and tautoko it. This is because iwi is a power structure. Power circulates in all collectivities, and research is always political—we are of course not immune to that as Māori. Hautahi Kingi’s recent (2017) essay ‘Can we make progress if we never question our Māori traditions?’ powerfully and poignantly illustrates the ways in which what he terms ‘waihotanga’ (leaving it alone) circulates at national, iwi, and marae (traditional gathering places) level. Waihotanga operates in the examples he shares as a form of decision-making power that shuts down diversity, difference, dialogue, and accountability within. With regard to rape and sexual violence, we might ask: How does waihotanga operate within whānau, hapū and marae? What are the triggers for this functioning? How do researchers and organisations working in this area navigate around, over, through waihotanga? What allies and strategies are needed to inform and facilitate this navigation? (Cheryl Smith, personal communication, April 4, 2018).

In invoking this and other examples, I am not suggesting that iwi are not an appropriate forum for consultation and collaboration on research (and indeed initiation and all other stages of research—many iwi do this work). Rather, I am saying that the kaupapa of the project one is doing might inform the type of kaupapa Māori research engaged as well as the specific kaupapa Māori processes and practices used to guide that research. All research has a purpose and should be guided by ethics appropriate and specific to the kaupapa. In opening space to discuss these complex issues of positionality and knowledge, part of what interests me most is how research tikanga (correct processes and behaviours) is articulated not solely as ‘things you do’ (process) but also as ethics (purpose).

Historical trauma research work presses us to consider the ways kaupapa Māori research—when it is articulated solely as a process—is limited to the performative. By this I mean to highlight that kaupapa Māori research becomes marginal and has its transformative potential stymied when it is imagined as only ‘things we need to do’. Kaupapa Māori research work is also about purpose. Linda Smith (1999) uses the words ‘approaches’ and ‘ways of carrying out’ when describing Māori

research—words that suggest a preoccupation with process, but which might also elude to ethical purpose – I think the language is open enough to accommodate both interpretations. Navigating the multileveled complexities and tensions (of identity, praxis, and purpose) in historical trauma work left an indelible mark on my understanding of the kaupapa as well as my identities as a whānau member, wahine (woman), and researcher. While challenging, I came to understand kaupapa Māori research in a similar vein as how Roseneil (1993) experienced feminist research, as “an exercise in reflexive, unalienated labour, [which] involve[s] the ‘unity of hand, brain and heart’” (p. 205).

Privileging mana wāhine ethics: Historical trauma research

Indigenous feminist theory, most especially mana wāhine as theory (Awatere, 1984; Hall, 2009; Irwin, 1992; Mikaere, 1998; Mikaere, 2011; Pihama & Cameron, 2012; Pihama & Mara, 1994; Te Awekōtuku, 1991; Te Kawehau Hoskins, 1997), provides a powerful lens through which to further critically engage some of the important questions of positionality, power, and ethics that emerged in my mahi (see also Arvin, Tuck, & Morrill, 2013; Deer, 2015; Goeman & Denetdale, 2009; Million, 2009; Trask, 1999). Mana wāhine Māori as a form of indigenous feminist theory is an assertion of Māori women’s power, voice, and perspective. Mana wāhine Māori is an analytic as well as a description of specific practices we engage on the ground. In reference to the current work, I am invoking how mana wāhine as theory can be used to unpack the significance and salience of gender to us as Māori. It is a way to articulate how one form of power circulates in our worlds, to understand the influence and circulation of that power in the production of social problems and based on these understandings to creatively formulate approaches that we can be confident will address that power.

Our stories include a long genealogy of wāhine who have both disrupted silences around wāhine Māori (Māori women) experiences and perspectives of events and articulated a savvy and politically grounded analysis of said events. Not infrequently these articulations (Laguna Sioux scholar Paula Gunn Allen invokes these as a form of ‘grounded remembering’ in her work) have directly addressed oppression experienced within our worlds and/or have changed the course of our collective history. I am thinking here also of Ngahua Te Awekotuku’s (2003) telling of the stories of Wairaka and Haumapuhia, Leonie Pihama and Ngaropi Cameron’s (2012) storying of Niwareka

as a narrative exemplar, Tracy McIntosh’s (2006) work on marginalisation as hunger/homelessness/hysteria and the lived examples of wāhine such as Eva Rickard, Whina Cooper, Chanz Mikaere and countless named/known and un-named/known others who have intervened at important political moments on local and national levels. Ideally, as it continues to develop in the contemporary moment, mana wāhine Māori as a framework for articulating such knowings, experiences, and practice can assist us in fine-tuning the various kinds of mahi we undertake—including our work as researchers.

Mana wāhine as research philosophy and practice pays attention to the whakapapa of wāhine—one of the ways it can do this is by tracing experiences and knowledge along the maternal line (Holmes, 2012; Maaka, 2004). Mana wāhine research makes specific and intentional methodological choices concerning the selection, illumination, and analysis of data that lends itself to intervening and telling counter-story (Denzin, 2014; Holmes, 2012). Approaching historical trauma work from a mana wāhine perspective has been one useful way in which to ground it in an ethics of responsibility to those most adversely affected by colonial gender violence and trauma. In this section I consider the ways researchers have utilised mana wāhine analytics to shape an ethics of kaupapa Māori research that pays particular attention to both the salience of gender and the need for pluralised praxis in order to work ethically (Harmsworth, 2005).

In July 2013, Māori scholar Moana Jackson presented *10 Ethics of kaupapa Māori research* to the He Manawa Whenua Indigenous Research Conference held in Kirikiriroa (Hamilton), Aotearoa/New Zealand. The remainder of this paper will engage these ethics and elaborate them with a focus on how they are useful for those doing research work on historical trauma from a mana wāhine and whānau focused perspective. In the section below Jackson’s contributions are in italics—my contribution (plain text) is to annotate these in ways that make clear how those doing historical trauma work have utilised and extended his work to guide our mahi. The contributions made are by no means exhaustive—selectively drawn as they are from the existing literature and research praxis with which I’m familiar—rather they should be viewed as part of an existing and ongoing conversation. Many also overlap. This framing is informed by the work of indigenous scholars and researchers who have gone before, and I offer it here so that it might also be taken up by others and further elaborated or shaped to appropriately respond to the specificities of their mahi.



1. Ethic of prior thought: *Drawing on the wisdom of our ancestors; understand what has been in order to understand what is now, and then to build what will be.*

Mana wāhine research ethic: Re-centre the wisdom of tīpuna wāhine and those wāhine thinkers and knowers who have gone before.

Mana wāhine research praxis: Reconnect to existing stories and knowledges told from a wāhine standpoint (see for example Kahukiwa & Grace (1984)). Do the work of rehabilitating tīpuna wāhine stories. Employ an ethic of memory regarding wāhine stories to guard against the oppression of 'loss of memory' (Allen, 1988). Practice radical citation (Ahmed, 2013)—reference the work of wāhine who have gone before. Understand that the mahi has a whakapapa and be responsible to that whakapapa.

2. Ethic of moral or right choice: *Research requires a moral focus. Ask will this be right, moral, tika [correct]? Theory does not exist in isolation; there are possible human consequences emerging from what we do.*

Mana wāhine research ethic: Consider the gender implications and specificities of all research projects.

Mana wāhine research praxis: Be transparent about the gender politics of the work and your stakes in both oral and written representations of research framings, method, and findings. Be openly subjective—interrupting and rejecting any expectation of 'objective' posture. Afro-Caribbean feminist scholar Audre Lorde (1984) famously said "Your silence will not protect you"—and exercised the moral imperative to make gender oppression visible through speaking/resisting silencing. Own and be explicit about your politics. When working on research about rape and historical trauma it can be powerful and important to share your own stories (knowing that our stories always come from a collective place—they're never just about us—so open up the dialogue with whānau about what you hope to share).

3. Ethic of imagination: *There is joy to be had in our flights of imagination; it often takes leaps of poetic imagination to lead us to facts/evidence.*

Mana wāhine research ethic: Recognise and credit the genealogy of wāhine who have led the way in creatively and imaginatively representing our experiences, lives, and truths.

Mana wāhine research praxis: Construct wāhine-centered pūrākau that reclaim and/or reimagine story from a wāhine perspective—paying attention to context, weaving past/present/future, spanning geographies and/or moving between worlds. Write alongside male narratives, reimagining from female perspectives. Ngahua Te Awekotuku's (2003) *Ruahine* is just one example of how to employ an ethic of imagination—her work features traditional Māori stories retold from a wāhine Māori perspective in lyrical and poetic form. It's not only okay to reinterpret and create stories anew—it's a vitally important signifier that we are surviving and thriving in ways that refuse a static, 'single story' (Adichie, 2009) interpretation of our values, experiences and lives.

4. Ethic of change: *Research should be seeking transformation in the lives of those we research with. Change can be transitioned more easily with effective research.*

Mana wāhine research ethic: Understand the necessity of addressing gender oppression, violence and trauma within te ao Māori (the Māori world). Understand the power of research as healing work—research has a responsibility to heal.

Mana wāhine research praxis: Generate knowledges and concrete strategies to address gender oppression that pay attention to context (especially but not exclusively the colonial context that produces much of our trauma). Conduct research in ways that leave open spaces of possibility for growth and change. Err on the side of maintaining relationships and connections. My recent research contextualised gender violence and trauma as a way to reconnect and transform the belonging of those within the whānau who have been most affected.

5. Ethic of time: *'Māori time'; there is value in this. Time is a whakapapa-based series of never-ending beginnings. Our notion of time recognises the interconnectedness of all things. Don't be pushed into doing things to meet someone else's timetable if it doesn't feel right. There is nothing wrong with stepping back and/or letting go if the project is not right. So, know our time, and what time is right for us.*

Mana wāhine research ethic: Recognise that gender and trauma work takes place on a continuum that breeches pre-colonial and colonial time. We owe it to our ancestors—especially our tīpuna wāhine—to spend time critically engaging how some of our old stories are told and replicated.

Mana wāhine research praxis: Ask—How can the story be told from a wāhine perspective? What might events have been like for them? Understand that past/present/future are interwoven. Stories matter in the now (both what we tell and how we tell—what meaning we make). Research on historical trauma should be oriented in part to going back to the story (context), healing story, and liberating us from old stories (and trauma) that no longer serve us and are not ours to hold. This kind of research can transform—it can bring whānau into the present time (for the benefit of future generations). Recognise that the work has its own timeframe because relationships are held as central to the process. This requires that researchers be grounded and transparent about who they work for (not the funder and not the institution). Taking time for self-love and self-care (and manaaki [care] and aroha [love] others). Honoring personal wellness and the wellness of whānau and/or those you are working with over and above external timeframes. Be prepared to have periods of activity and engagement with the research and periods of rest and recovery (where you don't look at it at all).

6. Ethic of power: *'By us, with us, for us'. If knowledge is power, then we need to be clear about whose knowledge we are defining. If it is our knowledge, that gives us power to be who we are.*

Mana wāhine research ethic: Consider who constitutes the 'us'. Recognise that Māori are not a monolithic group. Individuals and groupings within our worlds possess different levels of agency and have been subject to different types of oppression and trauma.

Mana wāhine research praxis: Clearly acknowledge and articulate that power operates within written and spoken representations of the work. Be reflective and transparent about for whom (within te ao Māori) we work. Recognise oppressive expressions of power within our worlds, but articulate/analyse these in ways that make connections to trauma and/or earlier rounds of violence. Violence has a whakapapa. In my most recent work, I reconstructed how our whānau had participated in the disenfranchisement and displacement of other Māori on territories to which we have no whakapapa claim. In my analysis I took care to link this to the conditions of homelessness that we had earlier experienced because of raupatu. I conducted a reading of our history that placed the actions of whānau within the context of their times and privileged understanding (coming to know) over judgment. With each critical engagement I made the relative and fluctuating power of the different actors in the story transparent.

7. Ethic of courage: *To research well we need to be brave. To do transformative research, we need to be brave.*

Mana wāhine research ethic: Understand that gender analysis and historical trauma research is necessary, life-giving work that also involves multiple potential risks—in this regard courage is not the absence of fear, but the ability to collectively strategise around management of fear and risk.

Mana wāhine research praxis: Conceptualise gender work as breaking silence/speaking into silence. A commitment to this kaupapa is also a commitment to your own survival: thus, the absolute necessity of conducting the work within a community of other like-minded individuals—whānau, friends and/or colleagues. Understand that you will experience trauma and pain doing this work and will need to rely on the networks you constructed (or that were constructed by others around you) to tautoko you and the work through these periods. Ideally, courage is a collective rather than individual experience.

8. Ethic of honesty: *In our researching, be honest. Acknowledge that our people were/are human, fallible, made/make mistakes. But, be honest about ourselves with a wise and loving heart. There is strength in gentle criticism. Resist romanticisation.*

Mana wāhine research ethic: Commit to accurately but generously storying our tīpuna, our relatives, and ourselves regarding gender power, oppressions and violences. Understand that romanticisation produces and reinforces silences around the significance of gender—often we silence the voices of wāhine in order to maintain the story of a perfect pre-colonial past.

Mana wāhine research praxis: Write and talk about our work in ways that recognise and name romanticisation—to include the deployment of 'culture' and 'tradition' as justification for gender oppression. Tell complex, nuanced and rich stories that refuse a utopian version of our past. Write from an assumption that colonisation was experienced by and affects indigenous men and women differently (Mereana Pitman, personal communication, July 28, 2013). The work of South African feminist scholar Patricia McFadden (2014) around romanticisation of pre-and post-colonial life and the impact on African women—to include an acceleration of violence—is particularly useful, as is Joanne Barker's (2011) work on the disenfranchisement of native women on Great Turtle Island.



9. Ethic of modesty: *The seduction of academic success can be very alluring and promote notions of hierarchical elitism. Remember always that we are mokopuna [grandchild/grandchildren] and that we have (or will have) mokopuna, and we must carry our knowledge modestly.*

Mana wāhine research ethic: Acknowledging the whakapapa of your work—to especially include the contributions of wāhine and tāne (men) working as allies/in solidarity with wāhine.

Mana wāhine research praxis: Where necessary correct the whakapapa of ideas important to your work to re-instate the contributions of wāhine. Understand that academia is full of white men who have stolen knowledges and ideas from women of colour (including indigenous women) so it's important to know the stated/claimed whakapapa of 'their' work also. Know/state who you work for, and that you are but a conduit for the work. Know and acknowledge the others for whom you do the mahi. Know and acknowledge that your ability to do the work is not a result of individual merit, as much as opportunity and relative privilege. Let the work happen through you but not be about you (or at least only about you). Remain grateful. The most important section of your mahi are the front and back ends—the acknowledgements and the reference section. Have the courage to be wrong, to own your mistakes and to be sorry.

10. Ethic of celebration: *Celebrate our knowledge, our uniqueness, our survival!*

Mana wāhine research ethic: Name, elaborate, remember, articulate and luxuriate in the unique, creative, powerful and situated nature of our knowledge and survival as wāhine. Take pleasure in those knowings.

Mana wāhine research praxis: Ensure the celebration is a collective one. Do work that is sovereign, that taps in to our intellectual tradition—work that endures because it pays attention to the continuum of time: weaving together past, present, and future.

In addition to the ethics above, I offer a few additional ethics—especially because of the ways they inform praxis for those doing trauma work.

11. Ethic of love

Mana wāhine research ethic: Produce work that is a love letter to our people—our whānau, our tīpuna, and our babies.

Mana wāhine research praxis: Aroha as praxis requires us to produce work that is life-giving. In our mahi we must find ways to build connectivity, support relationships, enhance belonging, and do no (or minimal) harm. Where necessary we must rebuild relationships—our commitment must be to healthy relationships over research 'product'. While we co-create knowledge as part of the research process—the production of that knowledge cannot be at the expense of our relationships with those whose trauma and lived experience inform the work. We must see softness in ourselves and in the people with whom we work as strength. Love within whānau is integral to the research process (it's a baseline) and predicts our ability to successfully navigate these difficult research journeys. Working in the areas of sexual violence and historical trauma requires us to use a specifically Māori 'ground up' process whereby the concepts of utu (reciprocity) and aroha guide our practice (Bishop, 1998; Jones, Crengle, & McCreanor, 2006; McClean, Berg, & Roche, 1997; Smith, 1999). As part of my research process I believe it is ethical to give whānau (who along with myself were affected by the violences I discussed in my work) the 'power of veto' over content in the final product. It can be scary to give up control of our mahi—but that is what it means to work from an ethic of aroha (see also the ethic of courage).

12. Ethic of belonging

Mana wāhine research ethic: Claiming belonging and whakapapa that acknowledges, re-centres and celebrates our tīpuna wāhine.

Mana wāhine research praxis: We know that many of our tāne lines were privileged because of colonisation. Conduct research that illuminates and where necessary recuperates whakapapa on the wāhine line. I am currently conducting research that genders the work of missionaries who were visitors to my grandmother's Mōkai Pātea people. As part of this work, I am utilising Waitangi Tribunal research conducted for the Mōkai Pātea claim to further understand the political and gendered nature of shifts in hapū and iwi claims and belonging made by our people over time. The contemporary reclaiming of Mōkai Pātea belonging pays attention to the land on which our female ancestors lived and through which our people emerged (this is a whenua (land) based rather than waka (canoe) based whakapapa). Mōkai Pātea claiming therefore enables a situated belonging, which can pay attention to specific wāhine whakapapa lines—in

this regard it is decolonising work grounded in mana wāhine politics. This work, though still in its infancy, has changed my belonging claims and public representations in ways that allow for greater locatedness and strengthened connections to tīpuna wāhine.

13. Ethic of whānau

Mana wāhine research ethic: Prioritise reclaiming those lost because of violence and trauma (especially where this is gendered) to strengthen whānau. Herein recovery means not only healing but also reconnection (coming back into proximity with people and places to whom we are related/connected).

Mana wāhine research praxis: Reinstate whānau authority regarding research work—acknowledge that whānau can and should grow capacity in this area. Support the mana of whānau through decolonising framings of research that might seek to limit that authority. Mason Durie (2014) states:

“Whānau are one of the few institutions that are concerned with the past, the present, and the future. Our inspiration comes from the past, from those people that preceded us on this journey. Our determination comes from the struggles we face today, and our hope comes from future generations.”

Consult early and often with whānau. Work with tāne who have the politics necessary to collaborate in solidarity with us—namely those who do work on the uptake of colonial patriarchy by our men (and here I am thinking of the mahi of Rāwiri Waretini-Kārena, Moana Jackson, Brendan Hokowhitu, Stan Walker—to name just a few).

Conclusion

Researchers have important work to contribute to indigenous communities engaged in addressing the dislocation of those taken or lost through trauma and violence. Conducting work utilising a mana wāhine ethic ideally enables us to: move towards inclusion, recover knowledge (to include knowledge that will enable us to more fully understand who we are), reclaim/strengthen connections to relatives, and refuse participation in analysis, rhetoric and/or praxis that minimises or de-authenticates those who belong to us. In our research work we must privilege ethical ways of engaging with the issues of violence and trauma, and with whānau for whom trauma is a lived reality (often to include ourselves as participants in the research process). We also continue to seek ways

to privilege these engagements—and by this, I mean holding them as particular and necessary. As I have thought about my mahi, I have looked for ways of how others have written about ethics—often this exploration also prompts us to ask deeper questions such as ‘ethics for whom?’ Thus, I have examined one set of guidelines that highlight ethical ways of doing research as and with Māori. My purpose was to tease out what ethical research might look like when working with whānau, wāhine, and children on topics related to historical trauma. In this I have found the utilisation of a mana wāhine perspective in concert with the guidelines for ethical kaupapa Māori research articulated by Moana Jackson to be particularly useful. My reflections on the latter prompted me to produce a very preliminary elaborated set of ethics which calls attention to research from a mana wāhine and whānau-centred perspective, with the hope that these can be further refined and articulated by those doing similar mahi.



Glossary

aroha	love
hapū	sub-tribe
iwi	tribe, tribal
kaupapa	topic, subject
Kirikiroa	Hamilton, New Zealand
mahi	work
mana wāhine	female authority
mana wāhine Māori	Māori women's authority
manaaki	care
marae	traditional gathering place
mokopuna	grandchild/grandchildren
mōteatea	sung poetry
Papatipu Rūnanga	constituent areas of Ngāi Tahu
pūrākau	contextualised stories
raupatu	confiscation
rōpū	group
rūnanga	council, assembly
tāne	men
tapu	sacred
tautoko	support
te ao Māori	the Māori world
tika	correct
tikanga	correct processes and behaviours
tīpuna	ancestors
tino rangatiratang	self-determining
utu	reciprocity
wahine	woman
wāhine	women
waka	canoe
waihotanga	leave it alone
whakapapa	genealogy
whānau	family
whenua	land

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Kūmarahou can be used as a gentle remedy to improve lung health and bronchial system function.

Narratives of suffering and hope: Historical trauma and contemporary rebuilding for Māori women with experiences of incarceration

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This article emphasises historical trauma theory as a useful way in which to understand indigenous experiences of incarceration. Historical trauma theory enables a focus on self-determined solutions to trauma. At the same time, it facilitates informed challenge, debate and critique of societal ideologies and policies that perpetuate colonising practices of inequality. The article supports the notion that traditional knowledges provide clues to meaningful solutions for reducing mass incarceration of Māori. The authors suggest a move from a focus on incarceration to one of restoring Māori communities. The voices and life experiences of Māori women who have been in prison are presented with honesty and integrity and tell of enduring intergenerational pain and suffering but the narratives also express resilience and empowerment.



Introduction

Incarceration of Māori men, women and youth is a major problem within Aotearoa/New Zealand (Gordon, 2011; McIntosh & Radojkovic, 2012; Pratt, 2013; Robson Hanan Trust, 2010; Smith, 2013; Tauri & Webb, 2012; Workman, 2011; Workman & McIntosh, 2013). This article arises from postdoctoral research with Māori women who have experience of incarceration, and key informants who have worked with indigenous people in prison or in their communities. Given the over-representation of Māori in the prison population, this project investigates an area of vital interest to Māori and national society, within which insufficient research has been done to date. Pathways toward development of efficacious policies and practices must be foregrounded by robust research which has local context. This project seeks understanding of Māori incarceration primarily through the stories of Māori women, and by exploring the intergenerational transfer of suffering and the associated normalisation of incarceration.

Māori have one of the highest rates of imprisonment in the world (Robson Hanan Trust, 2010). The Department of Corrections (2007) wrote that Māori are "over-represented at every stage of the criminal justice system ... a catastrophe both for Māori as a people and ... for New Zealand as a whole" (p. 6). Despite targeted measures by the Department of Corrections to reduce Māori offending, little appreciable change has occurred. Māori men continue to make up over 50% of the male prison population with Māori women constituting over 60% of the female prison population. Behind these statistics of incarceration, however, are narratives of devastation (Workman & McIntosh, 2013) which impact on individuals, families, communities and our nation. Theories of historical trauma are utilised as a way in which to comprehend the history of incarceration, and further understanding of the socio-political processes that have led to the over-population of our prisons with Māori men, women and youth. Historical trauma theory has become increasingly popular with indigenous peoples through the work of indigenous scholars, where past traumatic events affecting a group of people (for example, colonisation) become embedded in the collective, social, emotional and spiritual memories of the population, accumulating across generations (Brave Heart, 2005; Brave Heart & Daw, 2012; Evans-Campbell, 2008; Sotero, 2006; Walters, 2007; Weaver & Brave Heart, 1999; Wesley-Equimaux & Smolewski, 2004). With its aim of healing, historical trauma theory can be utilised to seek self-determined solutions to past wounding,

thereby contributing to contemporary rebuilding for incarcerated Māori women and their whānau (extended family, often three or more generations).

Postdoctoral research: Ngā ara hou

This project was headed by Lily George through an Erihapeti Rehu-Murchie Postdoctoral Fellowship funded by the Health Research Council of New Zealand, running from June 2011 to May 2014. The original aims were to tell the stories of Māori women with experiences of incarceration, to extend understanding and compassion, and contribute to the development of a health and education programme for incarcerated Māori women. At present the Department of Corrections provides one rehabilitation programme for Māori women called *Kōwhiritanga* and a variety of other treatment and education programmes (see www.corrections.govt.nz), yet the rates of recidivism are still over 60% for Māori (Department of Corrections, 2014).

The two methodological foundations used in this project were that of kaupapa Māori research (KMR), and participatory action research (PAR). This project was 'by Māori, with Māori and for Māori' (Smith, 1999), and therefore utilised kaupapa Māori as an overarching body of knowledge. PAR assumes that "knowledge is rooted in social relations and most powerful when produced collaboratively through action" (Fine, Torre, Boudin, Bowen, Clark, Hylton, & Upegui, 2004, p. 173), recognising that community members are experts of their lives, and research is best done 'with' communities, rather than 'on' or 'for' them.

In this project, KMR was expressed in terms of development of whakawhanaungatanga (strong relationships) between researcher, advisory group and other participants (for example, Lily and others met with Group One participants up to three times in order to establish a relationship that enabled an easier sharing of what were very personal, and often painful, narratives); use of hui (meetings); gifting of koha (gifts); use of karakia (prayer) and other ritual; and in recognising the political, historical and social contexts within which this study is embedded. While not a typical PAR initiative, as our 'community' is a geographically disparate group brought together by experience and ethnicity, use of four interview participants in the advisory group ensured the 'community insider' perspective remained inherent throughout data collection and analysis, as well as development of theory and models. The aims of KMR and PAR converge here in the drive for social justice and transformation.

Semi-structured interviews were held with two groups—Group One: 12 Māori women who have been incarcerated: Aorere, Ataahua, Atawhai, Kiriroa, Marama, Mereana, Ngaronoa, Papatahi, Teina, Uenuku and Whina; the twelfth was Ngawaiata, mother of Ngaronoa. Although each participant in Group One gave permission for their real first names to be used, given the sensitive nature of the material imparted in the interviews and the possibility of participants being identified, Lily made the decision to assign each one with a *nom de plume*. Group Two were 11 key informants who have worked with Māori in the criminal justice system or in communities. All gave their permission for their names to be used in any publications as follows: Awhitia Mihaere, Cheryl Smith, Gail Allan, Kim Workman, Lynda Toki, Manulani Meyer, Moe Milne, Rosie Abbott, Rangi Davis, Rangi Naera and Tracey McIntosh. By interviewing people from differing arenas, we were able to gain a wider perspective into issues surrounding incarceration and the impacts on Māori individuals, whānau and communities.

At the time of interviews, 11 of those in Group One had been incarcerated up to 20 years ago with one currently on community detention. Times served in prison were from three months to nine years; eight have been incarcerated more than once, with five having been confined in some version of the criminal justice system three times or more. The twelfth Māori woman has not been in prison herself, but six of the ten children in her blended family have been imprisoned (including one of the other participants), and as a child she experienced many of the common risk factors associated with incarceration, such as domestic violence and alcohol abuse. Ages ranged from 21 to mid-50s; eight were mothers, four were grandmothers, and there were two whānau groupings.

Unusually, four of the participants already had or were in the midst of gaining a tertiary qualification—educational underachievement at all levels is a common factor for incarcerated Māori, which in turn contributes to other forms of impoverishment (Durie, 2003; McIntosh & Radojkovic, 2012). All told narratives of difficulty and challenge, but there were also some significant dreams and a range of unrealised potential. While the difficult stories are important, we also wanted this project to focus on those elements which may suggest new pathways toward good health and well-being.

A third group of participants was the Mana Wāhine Advisory Group (MWAG), which consisted of eight Māori women who work in health, social services or education. Six were previously known to Lily as

postgraduate students at Massey University, so participation gave them research experience to build research capability while supporting the project with their wisdom and experience. Four assisted with interviews and other procedural tasks. We also met every few months for a meal and an informal summation of progress to date.

Additionally, MWAG members met with Lily for two 'analysis hui'. These gatherings occurred in June 2012 and March 2013 after each group of interviews. Each was assigned interview transcripts (de-identified for Group One) to report back on and draw demographic data, life maps and common themes from. Lily did not provide preliminary analyses as she thought it important for the women to contribute their own first impressions, insights and wisdoms garnered from the interviews. For Lily it was a rewarding experience to co-analyse the interviews in very insightful and inspiring gatherings, in ways that honoured *te ira tangata* (the essential humanity) of those in all three groups.

Another feature of the project was a 'healing wānanga (learning forum)' at the naval marae (traditional gathering place, now often in non-Māori settings such as tertiary institutions) in Devonport, Te Taua Moana o Aotearoa. In attendance were 33 indigenous women and one Pākehā woman from varying sectors of society. Five presentations (three by Group Two participants) were made on issues relating to Māori incarceration such as historical trauma, healing modalities and current research. Robust discussions were held following each presentation, which has contributed well to data analysis. An unexpected finding of the wānanga was that while many had whānau or hapū [sub-tribe] experiences of incarceration, they had little knowledge of its extent, and therefore the wider impact on Māori communities. As McIntosh and Radojkovic (2012) state:

The warehousing of surplus humanity in prisons and the ongoing carceralisation of indigenous communities is largely a *silent crisis* ... The politics of confinement is both a public discourse and a concealed experience. (p. 38, emphasis added)

Māori women

There are many ways to see Māori women: some are the poutokomanawa (central pillar) of their whānau who draws everyone within her influential sphere. Some are raised by strong women who nurture, teach, discipline and whose arms are well known as places of safety; so, we grow with strong role



models of women as our sisters, mothers, aunts and grandmothers. Conscious and unconscious learning occurs as Māori women perpetuate the intergenerational transmission of practical and esoteric knowledge through active and experiential lives (Irwin & Ramsden, 1995; Tuuta, Irwin, & McLean, 2011). Pihama (2001) wrote that:

Recognising the power and potential of Māori women is a means by which we can seek change. Reconnecting ourselves with a belief in who we are and ... knowledge of where we are from is part of bring[ing] forward knowledge that can be healing for whānau, hapū and iwi [tribe]. (pp. 44-45)

In the first analysis hui, Rangi Davis had this to say:

It's also with all these stories [of tūpuna [ancestors]], they are sacred stories ... if we look after their stories really well and we're doing the right things with them, it has potential for [others] to heal because we are doing beautiful things with their kōrero [talk, discussion, narrative] and we're trying to take it somewhere else ... And so what I try and say, if you can hold that big story for yourself within these realms of tapu, then you've got a pretty good start or good foundation.

But many of our girls and women do not have such foundations to build upon any more. Or what they are learning are different kinds of narratives that emerge from experiences of violence and other dysfunctions. Too many of our wāhine (women) experience disconnection from self, from kin, from culture and society. And for some, pathways to prison become those most likely travelled (Durie, 2003; McIntosh & Radojkovic, 2012).

Aotearoa/New Zealand rates of imprisonment are very high at 199 per 100,000, with a disaggregated rate for Māori of 700 per 100,000 (Gordon, 2011; McIntosh & Radojkovic, 2012; Tauri & Webb, 2012; Workman & McIntosh, 2013). Gordon (2011) notes that similar countries have significantly lower rates: Australia at 133 per 100,000 of population; United Kingdom at 153 per 100,000; Canada at 117 per 100,000. The rate for the United States, however, is 750 per 100,000 (Workman & McIntosh, 2013), drawing equivalency with rates of Māori incarceration.

Māori imprisonment has risen from around 3% in the nineteenth century to 11% by 1936, 21% in 1945, 40% by 1971, to consistently 50+% since 1980 (Clayworth, 2012). In September 2013, Māori constituted 50.6% of the total New Zealand prison

population (Department of Corrections, 2013). This translates to around 4,000 Māori men (50+%) and close to 400 Māori women (60+%) in prison (sentenced or on remand). The mass imprisonment of Māori we now have in Aotearoa/New Zealand reflects a major failure of government policy and programmes.

From 1986 to 2009, numbers of women in prison have burgeoned by 297%, almost twice the rate of growth in men (Workman & McIntosh, 2013). Māori women are the fastest growing prison population in Aotearoa/New Zealand (and in fact, right through the criminal justice system), particularly in terms of young women aged 17 to 24 years. McIntosh and Radojkovic (2012) noted that for this age group in 2001, Māori made up nearly 75% of female inmates. In their research with incarcerated Māori women aged 16–18 and 18–25 years, McIntosh and Radojkovic (2012) noted that “[t]oo many of them have also had lives marked by violence and suffering” (p. 39), while a “significant aspect of intergenerational transfer of social inequalities is the normalisation of socially harmful activities and the normalisation of prison” (p. 38).

Gordon's (2011) report on the children of prisoners stated that 48% of those inmates she surveyed had childhood experience of imprisonment for someone in their homes, showing that incarceration of parents can have a major impact on their children—a fact that was previously largely ignored. Yet up to 30,000 children are affected by the current imprisonment of a parent or parents, along with the subsequent and ongoing impact on their lives such as social and economic marginalisation (Gordon, 2011; Ryan, 2012; Workman & McIntosh, 2013). Half of those children are Māori who are then seven times more likely than non-Māori children to end up in prison themselves (Gordon, as cited in Ryan, 2012).

As Smith (2013) notes, “[p]risons create prisoners” (p. 232), so whether such people are in prison or not, they remain imprisoned by systemic inequalities such as poverty, marginalisation and the attempt to dehumanise and categorise people as negative models of deficit and dysfunction. As a result, the “shadow of the prison colonises our landscape, and for too many people, colonises their future” (McIntosh & Radojkovic, 2012, p. 39). As noted by one of the participants at the launch of Gordon's (2009) *Invisible Children* report: “We are building new prisons for tamariki (children) who are not yet born” (Gordon, 2011, p. 4).

Every Māori child is born with positive potential and promise. It is societal structures which can create

whānau that are disadvantaged, marginalised and impoverished, with the intergenerational transfer of such social inequities, rather than intergenerational transfer of knowledge and practices geared towards more positive life experiences. Over-representation of Māori in the criminal justice system must be examined within the wider context of historical and social factors that have created such conditions for Māori. Social facts such as 40% of Māori men entering prison at some stage of their lives (Gordon, 2011) reflect social, economic and cultural marginalisation of Māori, more than, as some suggest, deficits within Māori people and culture. Māori incarceration is a challenge for all of Aotearoa/New Zealand society, not just for Māori. Examining historical factors that have led to current situations can provide understanding and compassion, encouraging a move towards a more equitable society.

Historical trauma and narratives of suffering

Historical trauma theory is increasingly popular with indigenous peoples through the work of those such as Maria Yellow Horse Brave Heart (Brave Heart, 2005; Weaver & Brave Heart, 1999) and Karina Walters (Walters, 2007; Walters & Simoni, 2002). This originated from work with second-generation holocaust survivors, and the recognition they exhibited signs of trauma disorders although they had not directly experienced the traumas of the holocaust (Brave Heart, 2005; Weaver & Brave Heart, 1999). Historical trauma begins from past traumatic events affecting a group of people such as colonisation, slavery, war or genocide (Brave Heart, 2005; Denham, 2008; Evans-Campbell, 2008; Sotero, 2006; Wesley-Equimaux & Smolewski, 2004). In a sense people 'carry their history' (Brave Heart, 2005) with them in an internalisation of ancestral suffering, compounded by subsequent generational trauma.

Historical trauma is "cumulative emotional and psychological wounding across generations" (Brave Heart, 2005, p. 4), building generation upon generation, layer upon layer. Each generation experiences trauma which passes into the next, who can experience a new set of similar or different traumas. After several generations, there can be a grotesque amount of trauma being carried by individuals, communities and peoples. This can lead to 'historical trauma responses'; for example, self-destructive behaviour, depression, substance abuse, alcoholism, maladaptive social and behavioural patterns, and internalised oppression.

Denham (2008) cautions, however, that Brave Heart distinguishes between historical trauma and historical trauma responses, citing a "constellation of features"

(p. 10) that result from responses to historical traumas. Denham writes that "distress resulting from a trauma experience is not due to the traumatic event per se, but the response attributed to, or meaning derived from the trauma experience" (p. 7). Wesley-Equimaux and Smolewski (2004) clarify further that symptoms "are not caused by the trauma itself; the historical trauma disrupts adaptive social and cultural patterns and transforms them into maladaptive ones that manifest themselves in symptoms" (p. 65).

Nevertheless, 'historical unresolved grief' can occur with large numbers of losses in short periods of time, when there is cultural disconnection and lack of knowledge or space to grieve for losses, which are therefore carried forward to subsequent generations (Brave Heart, 2005; Weaver & Brave Heart, 1999). This and other responses can then result in the "intergenerational transmission of trauma", where trauma is "transmitted to subsequent generations through physiological, environmental and social pathways resulting in an intergenerational cycle of trauma response" (Sotero, 2006, p. 95). According to Fast and Collin-Vezina (2010), however, "The common thread among these ... theories is that historical factors interact with current day trauma, parenting deficits and other difficulties" (p. 129).

The stories told by Group One participants clearly demonstrate the intergenerational transmission of historical trauma. As Māori, they share colonisation as an example of historical trauma, and they and their whānau demonstrate factors such as poverty, cultural disconnection, and dysfunctions such as violence, drug and alcohol abuse, and/or educational underachievement. For example, among the participants were two whānau groupings, although they were all interviewed separately. The first whānau grouping consists of three sisters—Ataahua, Atawhai, Kiriroa—and a niece, Uenuku. This whānau has a history of crime; drug and alcohol abuse; domestic violence; gambling; and gang involvement. So, they have experienced many of the risk factors that make them vulnerable to social ills, with few protective factors.

Ataahua has served three sentences of imprisonment for dishonesty; Kiriroa has one prison sentence for dishonesty and another for obstructing justice; Atawhai has one sentence for fraud. Ataahua said that:

One day I was sitting at the kitchen table having Weet-Bix and mum and [stepdad] were arguing. Out of the blue a tomahawk [small axe] came flying through the air and ended up embedded in the table. I remember



being terrified to move and that's where the memories of that day end. [Ataahua]

Atawhai noted that:

The biggest impact is on your children ... The first time I went in [I left] a 16-year-old looking after a 14-year-old and a 10-year-old ... My 16-year-old is ... 20 [now]. She was on antidepressants. [Atawhai]

Uenuku has multiple sentences for fraud and drugs. Her parents were heroin addicts who often dealt in stolen goods as well as selling drugs. Uenuku wrote that:

Home life to me was normal but an outsider looking in would have thought otherwise. Our house always had police stopping in ... I figured it was because people who stopped in ... were all shoplifters, burglars, fraudsters etc. [Uenuku]

The sisters share a fraud sentence but maintain their innocence in this particular case. Ataahua calls this 'guilt by whakapapa', which has already passed into the next generation. Uenuku told the story of when she was a teenager and was attacked by another girl at a local mall. She called the police to lay a complaint, but when they realised who she was related to, they arrested her instead.

The next whānau is a mother—Ngawaiata—and daughter Ngaronoa. Ngawaiata has not been to prison herself, but experienced domestic violence and alcohol abuse as a child, was transient, and lived in several households for part of her childhood. An issue Ngawaiata talked about was guilt she carried with her from childhood. For example, her father died when she was a teenager, at a time when she was getting into trouble with the law. Ngawaiata said that:

When we returned home [after my father's funeral] ... I heard them talking about [my] court case ... the oldest aunty spoke ... She told my mother that I drove my father to his grave. [Ngawaiata]

After the break-up of her first marriage, Ngawaiata experienced a major crisis:

I started leaving all my children with my Mum and just got into drinking. Just went hard out into drinking, popping pills, just taking any drug that came my way. [Ngawaiata]

Her current partner is a gang member and she has been with him for 18 years. They have 10 children between them and six of those children have been in prison. Ngawaiata has a social work degree now, however, and is doing some great work with whānau in her local community.

When Lily first met Ngaronoa she was wearing a community detention bracelet, her fourth conviction. She was 21 and the most hesitant of all participants. One of her first questions to Lily was "what's in this for you?" Ngaronoa was first convicted at 17 years of age to a two-year sentence for burglary. This began what looked set to be a revolving door in and out of prison, and she identified strongly with her fellow inmates. She said:

I've been in about three times [from] when I was 17 ... all up for around about four years ... all for burglaries ... I liked it [prison] ... Because there was people ... my kind of person. [Ngaronoa]

Today, however, Ngaronoa is engaged in trade training and her future looks brighter; perhaps a testament to the changes her mother, Ngawaiata, has made in her life.

Marama was raised in an urban environment, and experienced poverty and severe domestic violence:

My dad actually made Jake Heke [from the movie *Once Were Warriors*] look like f**n ah, excuse me, like a ballerina, you know what I mean, [and Marama used to] dream about being able to do my own thing when I wanted to do it ... I just wasn't allowed [and] even when I wanted to, she [mother] never had the money. [Marama]

Marama spoke of wanting a different life for herself:

I would say to myself that I would never put myself there in that seat [position], but you know that doesn't happen, does it? Because I think what happens is it becomes normal. [Marama]

Marama started selling drugs at 20 years of age:

I decided to work outside the law ... I got full into buying a bit of weed [marijuana] and doing a few things. I bought a house ... I never felt it was wrong because it wasn't hurting anybody. I was spending my own money. I was looking after the community. I was one of those people. [Marama]

This way of life suited her, giving her the independence, she desired:

I have always made my own decisions. And that's the problem. And I love that about me. A lot of people don't ... They like you to be weak. They like you to be weak and under their wing ... I don't like that. I like to add to my kete [knowledge base, traditional woven-basket]. [Marama]

Despite these challenges, it seems Marama's life was relatively stable until the birth of her fifth child in 2005, who has, what Marama calls, a birth injury—severe intellectual and physical disabilities—but what doctors say, is a congenital defect. This has been an enormous trauma for Marama as she fought to get her son's injury recognised as human error, but during that process she became addicted to methamphetamine ("P"). Her last jail sentence was for bank robbery, the purpose of which was to get enough money to hire a lawyer to fight for her son, who had by then been removed from her care. This continues to be a huge focus of Marama's life, although the prognosis for her son is not encouraging.

So there has certainly been a lot of suffering in the narratives of the women interviewed for this project. Does that excuse their behaviour? No. But a measure of compassion can be gained from knowing their stories and the pathways that led to incarceration, and by understanding the wider context within which their experiences sit.

Historical trauma and narratives of hope

Perhaps one of the most important aspects of this project is in humanising existing stereotypes by telling the stories beneath them. We hear often about the crime, the violence, the drug and alcohol abuse and so on. But we hear very little about the potential these women carry, about the power and the positive aspects of their lives. They have shown incredible strength in really difficult situations. One of the questions put to Group One participants was "what are your dreams?" For Teina, it is about using her experience to help others. She says:

Wanting to help others makes everything I've been through ... gives it a purpose otherwise it just sits there and ... nothing comes of it. [Teina]

Aorere had an enforced stay in Odyssey House (a residential facility, offering addiction recovery programmes and services), noting:

I promised myself ... I'll never return to that again because I hated [it]—because they tip you upside down and you're just nobody, you're just a no-one. [Aorere]

Today, Aorere is a social worker in an urban centre working with whānau Māori, utilising and drawing positive aspects from life lessons such as incarceration.

There were others who wanted something positive to come from their experiences. Papatahi wants to be a mechanic, while Mereana told us she wants to work with "monkeys on an island"—she loved the stories of Jane Goodall and Dian Fossey (Mereana spoke of Fossey's story immortalised in the movie *Gorillas in the Mist* as inspirational for her). Other dreams are as youth worker, social worker and psychologist. One wants to be the best grandmother she can be. Ataahua works for a community organisation in a methamphetamine addiction programme. At the first analysis hui, we worked with Ngawaiata to create a pathway leading to her goal of being Children's Commissioner. One of her most dearly held dreams is to have none of her children in prison, and therefore to have all her whānau together for Christmas. For all these women, the trauma experienced has meant that a measure of healing is still needed to make those dream pathways reality.

While historical trauma and its responses can have a significant negative impact on individuals and groups, there are also stories of resilience and hope that can be narrated, however. In his research with four generations of a Coeur d'Alene Indian family, Denham (2008) noted that while there were many stories of traumatic experiences, there were also stories of resilience recounted by the family—"powerful stories, songs, histories, and strategies for resilience are often present behind the realities of inequality, injustice, and poverty" (p. 2). While assumptions are often made that all people experiencing historical trauma will be predisposed to negative historical trauma responses, this is not always the case. Fast and Collin-Vezina (2010) express similar concerns:

The focus on negative outcomes facing Indigenous people may mask the diversity of responses to the challenges facing Aboriginal, First Nations and American Indian persons ... Both resilient and negative outcomes for Indigenous persons are well documented but negative outcomes seem to get more attention ... which may contribute to both overt and more subtle forms of discrimination. (p. 126)



Passing on only narratives of trauma that ignore or minimise experiences of resilience and regeneration can entrench intergenerational traumas, eventuating in the destruction of the cultural processes that could have ameliorated the harms enacted by historical trauma responses (Fast & Collin-Vezina, 2010). Historical trauma, then, carries the potential for negative responses; we must be careful not to only tell those narratives of suffering and pain as representing the whole of our stories, thereby re-casting ourselves as victims. While there is very real need to acknowledge those stories, and heal from them, we should not let them define us in a way that continues to cast us only in the dim light of deficit, distress and loss.

A Māori frame of historical trauma

Evans-Campbell (2008) notes:

The very fact that the concept [historical trauma] has proven so popular indicates that its descriptive power strongly resonates with those to whom it is meant to apply and suggests that it is capturing an important part of their individual and communal experience that other models miss. (p. 317)

What excites us most about historical trauma theory is that its primary aim is to heal from historical trauma and its responses. In 1992, Brave Heart and colleagues developed a four-stage intervention to help their people heal:

1. Confront our trauma and embrace our history;
2. Understand that trauma;
3. [Grieve and] Release the pain; and then
4. Transcend the trauma. (Brave Heart, 2005, p. 5)

Telling the narratives and feeling the pain of those experiences is only the first step: "Taking steps towards recognizing, dealing with, and healing the trauma is critical" (Weaver & Brave Heart, 1999, p. 29).

As Cheryl Smith notes:

The thing about alcohol and drugs, all of that's just self-medicating so you really have to look at what are they self-medicating? What are the things that underlie that? And of course, a great deal of it is things like sexual abuse or some pretty traumatic experiences that can underpin that ... A lot of people think it's endemic to Māori. They think that violence is

endemic to Māori, imprisonment is natural to us, that sexual abuse is somehow natural too—and all of those things ... You're really naming [what] really hurt us as a people and damaged us. [Cheryl Smith]

To move historical trauma into a kaupapa Māori framework, it could be seen as a whakapapa (genealogy, history) model—it concerns knowing and understanding our history, the stories of our tūpuna (ancestors) and the impact their actions and experiences had on us. We learn from the past—we heal from the past—to improve the present, to build a stronger and more powerful future. Rangitiinia Wilson (personal communication, 1998) said that:

The imperative is upon us to heal ourselves, because by doing so we heal some of the pain of our tūpuna as well as our own, and therefore we stop that pain from reaching forward into the future.

And as Puketapu Andrews (1997) wrote:

To heal means to become whole, to be powerful, to know your own power. This in turn means to know who you are physically, spiritually, emotionally, and mentally ... so that [you] are able to live [your] life positively and creatively, to [your] fullest potential. (p. 69)

Historical trauma theory is about having the ability to name our pain and create our own pathways to hope and healing. As Walters (2007) states: "It is important to rename or reframe our experiences from traditional knowledge—it is a spiritual process and the renaming is part of decolonising ourselves" (p. 40). But it is not about finding some 'one size fits-all' theory to explain the lives of Māori and the challenges many face either, including the women in this postdoctoral study. It is not about blaming Pākehā for colonisation and the social, economic, environment, physical and spiritual ills that face us now. It is about confronting our trauma and embracing our history (Brave Heart, 2005) as an exercise in tino rangatiratanga (self-determination). From that point we can determine how to deal with those confrontations. We determine it, not others.

Most of the key informants spoke of ways in which traditional knowledge can be used to create new pathways for incarcerated Māori women. For example, Moe Milne spoke of the loss for many Māori girls and women of their piringa poho (sheltering bosom)—the sheltering bosom that nurtures and sustains them:

I'm doing some work with addictions, work force development and I've actually said we should design our workforce strategy as "ko piringa poho" ... because people who have got an addiction of any sort mostly have lost touch with their culture, identity, with their whānau and all that ... we need to actually get a workforce that understands piringa poho, that what happens when you're in your whānau is that you have a place, to not be responsible anymore for everything ... And so a lot of these women, when they come out [of prison], where do they get their healing? Because as a consequence or maybe even prior to them being incarcerated, they've lost their piringa poho; they've lost their place of rest and refuge.

In their work with Māori women, Lynda Toki and Gail Allan consider reconnection to be an integral part of what they do:

I think it's just disconnection from themselves. They're just disconnected and my whole way is just finding ways to bring them back into themselves. [Gail Allan]

A lot of it was absolutely about reconnection ... back to the whenua [land] ... It was also about heightening their senses and reconnecting to that because when you are disconnected from a lot of things, you disconnect or tone down a lot of your senses because a lot of it is very painful. So, for those who talk about emotional aspects of life, for me it's about how our senses have been looked after and when you bring it back to ngā mea Māori [Māori things] you are immediately sitting under specific atua [gods]. These are their domains, and so for me to talk about senses, I'm immediately reconnecting them back to rongoā [traditional medicine]. [Lynda Toki]

Cherryl Smith considered that:

... it's really important [that] the whānau themselves [understand] ... there [are] generations of ways that we operate as people ... We need to understand how that's looked through the generations and look at what are the opportunities in this generation to change that ... So being a bit more proactive about building strong whānau I think, consciously doing that more is really great. I think that provides a network of support. [Cherryl Smith]

There is hope that can be drawn from traditional values and practices to give meaning in this contemporary world. Hope can arise from compassionate articulation of traumatic narratives, including the resilience and strength exhibited within these narratives.

Conclusion

In Aotearoa/New Zealand, Māori experience the profound impact of incarceration socially, physically, economically, culturally and spiritually. Historical trauma theory provides a useful and significant way in which to understand indigenous experiences that have led to an array of negative outcomes such as high rates of incarceration. Use of such theory is not for re-casting ourselves as victims, but is instead for finding self-determined solutions to the ills which challenge our lives, while also critiquing societal ideologies and policies which contribute to the continuation of such challenges.

Traditional knowledges provide clues to meaningful solutions for reducing mass incarceration of Māori. It is also necessary to look at how we as a national society view crime and punishment, and the very real social and fiscal cost of mass incarceration. Do we continue to see punishment of criminals as the major focus of the criminal justice system? Or do we seek a safe and inclusive society which continues to recognise the humanity of those who are incarcerated, with a focus on shifting "... correctional policy from incarceration to restoration" (Robson Hanan Trust, 2010).

Researching with incarcerated Māori women provides one avenue for exploring issues related to Māori incarceration. Through hearing narratives of suffering and hope, it becomes possible to recognise the humanity of those who can be imprisoned by society's practices, policies and attitudes, as well as by the criminal justice system.

Understanding the whakapapa of Māori incarceration enables the stronger probability of contemporary rebuilding of lives which have been shattered over generations of trauma.

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Glossary

atua	gods
hapū	sub-tribe
hui	meetings
iwi	tribe
karakia	prayer
kaupapa Māori	Māori approach
kete	knowledge base, traditional woven-basket
koha	donation
kōrero	talk, discussion, narrative
marae	traditional gathering place, now often in non-Māori settings such as tertiary institutions
ngā mea Māori	Māori things
Pākehā	New Zealander of European descent
piringa poho	sheltering bosom
poutokomanawa	central pillar, foundational strength
rongoā	traditional medicine
tamariki	children
te ira tangata	essential humanity
tino rangatiratanga	self-determination
tūpuna	ancestors
wāhine	women
wānanga	learning forum
whakapapa	genealogy, history
whakawhanaungatanga	strong relationships
whānau	extended family, often three or more generations
whenua	land



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Māpou leaves when infused can treat toothache and relief for arthritic pain.

Piki te ora healing: Autoethnography

Tarapuhi Vaeau

Ngāti Raukawa-ki-te-tonga, Te Āti Haunui-a-Pāpārangi

Drawing from Master's research, this chapter provides insights into the unique forms of oppression that Māori face today. It explores how Māori experience, understand, and heal from historical trauma in contemporary Aotearoa/New Zealand. It also considers the ways that space constructs and reproduces relations of unequal power and surveillance. The study itself was guided by a kaupapa Māori framework. Using autoethnography, the article demonstrates the importance of whakapapa (genealogy), whanaungatanga (relationship building), and wairuatanga (spirituality) in healing for Māori. Highlighted are some of the diverse forms of healing Māori are continuously seeking. Participants draw on broader concepts of colonisation and urbanisation, or whānau (family) legacies of abuse and abusing, to locate their personal story within the historical narrative of trauma. The examples provided exemplify how trauma can be experienced as a flow of hara (wrong) or mamae (wound) through generations. Furthermore, participants demonstrate the many possibilities of healing from this trauma, including traditional Māori healing methods, as well as other indigenous techniques.



Introduction

Pulling into the driveway of our Whanganui home, my mother and I have spent the two-hour drive from Ōtaki talking about my interview with Paora. Paora talked a lot about my grandfather. He spoke of how put-together he was and how he would always turn up to the Cosmopolitan Club 'dressed to the nines'. This is something we hear often about my grandfather, particularly because he was a priest. It is a strange situation because we must navigate people's experiences and beliefs about him, whilst grappling with the knowledge that, for my mother, he was an extremely violent man who emotionally, sexually, and physically tortured his children, partners, and other people that have come forward from his community.

We talk about the far-reaching effects of the abuse on the women in my mother's generation, and the way that they mentally and physically suffer still. My mother talks about the way she has physically embodied the trauma, and I asked how she knows that her medical conditions are connected to her abuse. Still sitting with the car going, she reaches down and pulls the lever to tip her seat back and elaborates:

Just by recognising that things like my severe migraines and back pain started when I left the abusive environment. And I have always had full on painful periods. I started being sexually abused when I was eight. And I got my period when I was eight. I had it two weeks at a time in a twenty-eight-day cycle—heavy from start to finish, it took three pads at a time. Just paying attention, looking back at the context of the back pain and the rhythm of my life, I notice it. Like, in 2003 when your grandfather moved from Auckland nearer to us, I had six full periods in two months. And that was a classic pattern that I saw whenever he came into my orbit, that I would bleed. [Mum]

I think sensing my despair she moves the conversation towards the forms of healing she has experienced. In my mind I note this—how important it is within the flow of our conversations to turn to healing and to hope.

With the two babies fast asleep in the back, we take advantage of the rare quiet, turn the car off, wind down the windows and stay there talking for another hour. I turn my phone onto record, something I started doing even before I was a researcher, wanting to take down the knowledge of my mothers and aunties. "I'll start from the

middle she says" meaning the middle of the abuse, healing, living timeline:

"Do you remember when my back had been really bad?" she asks me. I do. It was when I was about ten. I remember having to help mum put her pants on in the morning because it was too painful for her to bend down. My grandfather had come into our orbit, as mum puts it, and things went sour quickly. Mum says, "Well, after all this shit with my father went down, my back was so bad I couldn't run without ending up on the ground. I couldn't. And I had been to the doctors, and they took X-rays, and there were growths on my spine, and the doctor advised me not to run because it would put me in a wheel-chair."

Reaching back and squeezing my little brother's feet, she continues with a story about a trip she took to Katihiku Marae in Ōtaki. Some healers from Tūhoe had set up in the whareniui (meeting house) there and she drove her friend out to accompany her. They entered the marae (traditional gathering place) which was set up with mattresses on the ground and sheets to create a little screen for privacy. "I was just there to accompany her, but they chucked me on a mattress." She describes the healer who takes care of her: a young man in his mid-twenties with a pale complexion, long straight black hair in a pony tail at the nape of his neck, wearing a light shirt. She noted that he had a very light-weight feeling to him.

To begin, he prepared her for a romiromi (traditional form of massage). Getting her to lay face down on the mattress she describes the sensations of the preparatory massage: "he was rubbing my legs and calves and feet just fast and light—bringing heat in the initial warm up. And I really quickly started very deep breathing, and I could hear them commenting on it."

During the next stage of the healing he gently started at the nape of her neck, and slowly moved down to her lower back. "He put his hands over my sacroiliac joints in my lower back and then he just went straight up to my head. He had a really light touch. And he was working on my head, and honestly it felt like it was made of marshmallow, my whole skull, and it felt like it was really changing shape as if he was a sculptor. And I remember thinking this must be what it's like going through the birth canal."

After the romiromi was finished the young man asks her, "Have you had back pain for a while?" She

responded saying, “Oh since I was fifteen I have had really severe back pain, but I know, actually, that it’s related to sexual abuse”. She describes his response as “bursting out in a guffaw”, as he says to her, “Oh, I wasn’t sure if you knew.” He went on to say, “When I moved my hands down over your *whare tangata* [womb, house of humanity], I could see the memories, the cellular memories, and I moved straight up to your head because we need to release them.” She makes sense of this for me, saying, “When he was sitting at my head he was pulling away, pulling away, pulling away. And in my non-therapist mind he was on my sacroiliac, but he was actually looking into my *whare tangata*”.

A week after this session she returned to her *mau rākau* (Māori weaponry skills) training. Not only could she run at a dog trot, but she ran for five kilometres alongside her *whare tū taua* (school of Māori traditional weaponry). And since then she has not had any significant issues with her back—the pain that she had carried for thirty years dissipated. Her regular periods also calmed, except for when any issues related to her abuse came up.

We pray to wash away the weight of the conversation. We unpack the car, carry the warm sleepy children out of their car seats and all climb into bed together.

Like my mother did in the car that night, I turn to healing. I explore how my participants understand their trauma and how they heal from it. The way that my mother framed her story, the way she understood and experienced her body, trauma, and healing is inextricably linked with her femaleness, her *Māoritanga* (Māori way of life, being) and, as I will highlight further on, her *Whanganuitanga* (Whanganui tribal way of life, being). She speaks specifically of the embodiment of trauma within her womb, which goes beyond wanting to convey the physical experience of the long-term effects of violence. She, very aware of my interest in the historical nature of trauma, is also pointing to damage colonisation has caused to the *whare tangata*—the house of humanity—over generations. ‘*Ko te wahine ko te whare tangata, he waka tangata; within the female is the nurturing home of humankind and the channel from the spiritual to the physical*’. For her, and many of the other people I talked to, the body, the mind, the spirit, history and *whakapapa* are inextricably linked. Each of the stories I draw upon here highlights a significant way that one of these concepts is experienced. Furthermore, each of these stories subtly refers to the long-term impacts of colonisation such as the loss of land and culture,

detrribalisation, and urbanisation and often my participants employ their own understandings of historical trauma.

Throughout this paper, I build upon the themes touched on in the story above to present a nuanced picture of how Māori experience the relationship between the mind, body, spirit, and family—*Te Whare Tapa Whā* (the four cornerstones of Māori health). It is important to point out that many of the people I talked to do not reject bio-medical medicine, especially in terms of emergencies and acute situations, but most agreed that it must work in tandem in some shape or form with other forms of healing. Deleuze and Guattari’s (1984) definition of the body has helped me to articulate the way my participants experienced health and healing. They place an emphasis on understanding the expressive, abstract, biological, psychological, and sociocultural rhizomic networks of the body. They state that as humans “we sleep, live our waking lives, fight—fight and are fought—seek our place, experience untold happiness and fabulous defeats, on it we penetrate and are penetrated, on it we love” (Deleuze & Guattari, 1984, p. 166), thus illustrating the creative capacities and expressive relations that human bodies affect and are affected by. Therefore, because people are relational, abstract, creative, irrational beings, their healing cannot merely be facilitated through ‘rational’ bio-medical healing, underlining the importance of expressive forms of healing that draw on the many relations that make up the body. These relations are influenced by the socio-historical lens that shapes our experiences.

Therefore, using healing techniques that seek to heal the relations that affect specifically Māori bodies can enhance the healing of historical and contemporary trauma. Wirihana and Smith (2014) argue that using traditional knowledge can be transformative in this process, which is illustrated by the examples I discuss here.

As Alfred and Cornthassel (2005) demonstrate, it is vital to highlight experiences of healing. They argue that although it is important to recognise the contemporary and historical manifestations of colonialism, there is a danger in only representing the indigenous experience through this lens. Accordingly, it is important that as Māori we do not just tell stories of colonisation and the damage it caused. We must also express the many stories of healing. The stories about healing and hope that I have gathered and presented here have come out of my interviews when I asked: How do we heal from intergenerational trauma?



It also emerged in informal conversation, and in stories about the forms of healing people have experienced in their lives.

Whakapapa

Whakapapa literally means “to lie flat, to place layers one upon another” (Roberts, 2006, p. 4). It is a term that refers to genealogy that connects people to their ancestors, to the gods, to animals, and the environment and as such permeates a Māori worldview. Traditionally, through whakapapa kōrero (intergenerational transfer of knowledge) the fundamental source through which methods of sustaining well-being are transferred, including the sanctity of intimate relationships, and the understanding of children as valued treasures (Wirihana & Smith, 2014). Sustaining whakapapa knowledge has been shown to enhance relationships with other people, and the environment (Wirihana & Smith, 2014). Following, is Piki’s story of healing, which is framed through an understanding of intergenerational trauma that sees damage being done to whakapapa.

I interviewed Piki on a hot day in an old building in Miramar where she has a clinic room where she says she “facilitates the healing of others”. She hosted me in a cool room which looked over pōhutukawa trees and smelled of essential oils. On her wall were her diploma in Tuina massage, and a Bachelor of Health Science (Acupuncture) degree. I sat on a couch and she sat on the massage table. We ate poppy seed cake and talked, going in the direction the conversation took us, speaking of our own healing and trauma, and our connections through other people. We also took a step back and talked about the government and its role in the community. Laughing that poppy seeds were probably not the best choice of food for an interview as they get stuck in your teeth, I asked her to tell me about herself. She quickly reeled off a speech that she has obviously had to say often. “Just turned 38, got five children [aged] 18, 16, 12, eight and six. And a grandchild on the way”. She told me of the mis-directions of her youth and thus her journey to where she is now: a healer, an acupuncturist, and a practising Buddhist. We talked about the way she healed and heals people from physical and emotional trauma. I asked her if she had heard of the term’s historical trauma and intergenerational trauma. She explains how she understands these terms:

You know when the little babies first formed, like a little girl, all her ovaries and eggs are already there. So actually, that baby and her eggs have experienced everything that the

mother has experienced. So, it’s actually handing down that energy. [Piki]

She then put one clasped fist out in front of her and said, She points at her fist and says, “this is the trauma in the brain”. Then she cups her other hand over it, moving the cupped hand back in levels symbolising that there are many layers of that persons being. The trauma “is just emanating through these layers of how you see the world”.

Going into more detail about her understanding of historical trauma she tells me about the work she did when she ran the healing space at the *Symposium for Indigenous and Māori Suicide Prevention*. There, she heard a Native American scholar talk about healing the ‘soul wound’. This form of understanding resonated with her own experience of healing:

We have got all of this trauma from generations ago, and then these babies today are still committing suicide or still having these things happen, like how do you sort these out? When you heal that soul wound, in whatever way we do it, you are setting those babies free, allowing them to move through life without carrying that mamae. And that happened to me. [Piki]

Elaborating, she tells me about getting a long-distance healing from a woman in Christchurch five years ago. “You talk to her on the phone and then you hang up, and you just lie somewhere quiet and she does her thing”. On this particular day she rings the healer, introduces herself: “Kia ora [Māori greeting translated as “good health”], this is Piki”, and immediately the healer responds saying, “I have already got you, I need to start. It’s going to be quite big so just get yourself into a good space”. Piki describes the day after this healing took place, saying “I was an emotional ball, just foetal position” and had an overwhelming sense that “something was coming out”. She spoke to the healer on the phone that day. The meaning that Piki drew from the healer’s explanation of the session underlined an ‘intergenerational mamae’, a ‘soul wound’, which Piki experienced a release from.

More specifically, the healer talked of specific traumas:

Your life wanted me to get you out of the matrix of abuse. There was a man. I can’t see nationalities but based on the oppressive feeling, I felt it was people who have been colonised, so I am assuming that he was

Māori, five generations back on your mum's side. And, you know, this man, he was a bad man. What's crazy about it, from what I can see, is the descendants of that man have been caught in his energy. [Healer]

For Piki this was a reference to her mother's side of her family. This idea of generations being "caught in his energy", for her, was within this side of her whakapapa. She said, "You are either abused or you are the abuser". The healing was an important part of her 'untethering' herself from this trauma that had attached itself to her whakapapa.

Wairuatanga

Pihama, Reynolds, Smith, C., Smith, L., Reid, & Te Nana (2014) demonstrate that whakapapa "is essential to the transformation of Māori knowledge not only in material terms but also in regard to spiritual relationships" (p. 250). Therefore, the damage caused to whakapapa through intergenerational trauma also impacts the spiritual connections experienced by Māori.

The next story builds upon the experience of the relationship between whakapapa and trauma that Piki's healing brought into light, by exploring the deeply relational nature of the wairua (spirit). During my interviews, I asked the participants to define well-being, and to tell me what they thought was preventing Māori from achieving optimum wellness. Across the board, the wairua was the most emphasised point in answering these questions. For example, in the following conversation Andre, an Apotoro Wairua (spiritual apostle) of the Ratana Church, places the wairua at the centre of wellness, and discusses the role of wairua in his job as a part of a Māori health team who go into client's homes:

Tarapuhi: Why do you think that care for the wairua is important?

Andre: In the good book it says

Rihi: Oh, here he goes [laughs]

Andre: My elders always taught me, spiritual things first and foremost; physical things will naturally follow. Our Māori people were always like that – when our people woke in the morning they prayed; when they went to sleep they prayed; when they ate they prayed; they went fishing, they prayed! And that was a value, that's how we were. And that's why it's very important that we must go that way. Colonisation never took us there; it took us

away from there, and more into the physical world.

Rihi: And I think that was a key component of the team, having that compassion and that aroha [love]—which is the ultimate component to trying to help someone with their wairua and who they are as a person. And I guess we were lucky, because we had people in our team who were able to come together, who had that same common thread, to deliver that. Because unless you've got the aroha and the compassion to do what you need to do, then you know, having a medal [gestures to her nursing medal] is just having a medal. It's not going to give you the ability to work with our people. And I think that's the thing, 'cause you make those connections, in regard to not only who you might connect to, but I guess it's on a whole other level, the wairua level.

The aroha and care used to heal the wairua by these health workers is a stark contrast to the neoliberal social agencies. They illustrate that the balance of the wairua, the tinana (body), and the hinengaro (mind), is of utmost importance, and for many of my participants, the wairua was the foundational aspect that created this balance. For example, Paora said, "If the person's wairua is sitting down and sick, the whole person is sick". Similarly, Hine explained her role in the healing process as a "fire stoker", especially of the "wairua and the mauri [force, energy], that fire within, stoking it up". For Māori the wairua reflects and affects all other areas of well-being and the experience of wairuatanga is inextricably linked with whakapapa and history. In this next section, I tell a story from Te Aho's experience of healing. The story highlights the relationship between the spirit, the body, cultural identity, whakapapa, and Māori forms of healing. It provides a description of the actual lived experience of healing the wairua. By delving more into the details of the wairuatanga expressed within these experiences, I underline the specifically Māori way of experiencing this healing.

The context of this healing experience for Te Aho lies within the history of her own personal trauma and the trauma the women in her family have faced since European settlement. An important background note is that the mana o te wāhine (authority of women) is an important narrative trope within our whānau. For example, it is often noted that taiaha (long wooden weapon) cared for by the whānau, that Te Aho is the kaitiaki (custodian) of, was welded by a female tupuna (ancestor) at the age of twelve when she accompanied her father,



the chief, into battle. The legacy of the dismantling of female power through patriarchal ideals, and the trampling of *te mana o te wahine*, is evoked here.

She begins her story explaining that she had established an important group of relationships at a *rōpū mau rākau* (group practising traditional Māori weaponry skills). Importantly, this was around the time that she had gone to the police over the historic sex crimes committed by her father. As a consequence of this, the older generations of the family had isolated her. She says that she was extremely lonely, and that therefore, the network she had established at this group was extremely important. However, an event took place that she summarises as being “around *pūhaehae o te wahine* [jealousy of the woman] and males being weak in order to maintain their power”. As a result, she was belittled in front of the group. For her, the power relations that were played out in the altercation replayed traumatic power relationships from her own abuse, and the legacy of abuses of power experienced by the women in her family:

Driving back from *mau rākau* ... the rage that I felt, it was rage from the beginning of time, the rage of the women’s belittlement, at being treated with unjustified contempt, being treated in a way where my needs were completely irrelevant, my efforts were of no significance, and I had no right of reply. It was primal screams of rage like a woman birthing. This was an exact replica of my anguish to do with my childhood stuff. I was so angry that I got my mate *wahine* (menstruation)—I bled. [Te Aho]

She arrived at a *marae* where she was staying the night, and where a group of Hawai’ian healers were also staying. The next day she was receiving a traditional *lomilomi* (traditional Hawai’ian form of massage) from one of the healers and had an experience that was inextricably intertwined with her *whakapapa*:

When he was working really lightly on my legs, I was aware of being deep underwater in the Whanganui River. I could feel what I saw as *tuna* (eels), different kinds of eels. And first of all, they were sucking on my fingertips, and then there were bigger ones that gripped in a bite hold on the fleshy part of the thumb, and there were a whole lot all over my head and I could feel a really big one approaching me, and it bit over the whole back of my neck. He rocked me from that hold. I didn’t feel afraid. And I remember in my mind being told to

breathe. I remember a really euphoric feeling with all of that going on. The only comment from the healer was, “wow that was some serious releasing of something”.

Following the healing, she felt “relieved from that consuming rage”, a sense of being free that she identifies as saving her life, and even a freedom from the rage caused by the trauma in her childhood. However for her, the context of her healing wasn’t made clear until years later, learning about her *whakapapa* to her *tupuna*, Te Manana or Tu Manana. This Whanganui *tupuna* famously felled a large tree to make a canoe. The tree fell into a deep pool; to carve it, Te Manana would be under the water all day. The only way the *iwi* (tribe) would know where he was, was the wood chips floating up to the surface—“*ka whakarewa ai ngā wahie*”. When it was time for him to leave the water, *tuna* would circle around his body and he would know it was time to go back to land. And because of that, the *iwi* renamed him Tamatuna.

Te Aho thereafter understood that the *tuna* she experienced during her healing meant Tamatuna was there and “inextricably linked all of these events into [her] *whakapapa* stuff”. For her, Tamatuna had “stepped passed all of the recent generations of *hara* [violation of *tapu* (sanctity) and defilement of *mana* (authority)] and held my hand right across the river, specifically for my healing”. Her experience highlights the importance of ancestral connection in making sense of and healing from trauma.

Whanaungatanga

The *Whānau Ora* policy was developed to better address the relational way in which Māori experience health. It acknowledges the importance of *whānau* health to individual health. Traditionally, the *whānau* is one of the most important buffers protecting against poor mental health, especially by establishing structures which fostered social inclusion and maintained support networks (Pihama, Reynolds, Smith, C., Smith, L., Reid, & Te Nana, 2014). This relationality is essential to understanding Māori health, and the values that are important for those working with Māori to embody. For example, as part of my research, I conducted participant observation at a *wānanga* (forum) for Māori working in health. During the *poroporoaki* (farewell) most of the participants on the course were vocal and overcome with emotion, that the experience of forming relationships with people who have had the same experiences in their personal lives was as transformative as the actual knowledge gained within the course. Particularly for the women on the

course, the ability to form relationships with other Māori women was invaluable. Hine reflected on 'intergenerational mamae' and the cycle of abuse and substance abuse stating that the "biggest thing that impacts on the last few generations is that shift in the socio-economic, moving from the rural sector into the urban sector the role of the hierarchy within the whānau to maintain order has changed". More specifically, the creation and maintenance of connections has changed; connections that place people inside a set of relationships that support their identity and experience, that supports their self-esteem.

For Rihi, the significance of relationality for Māori was especially clear when she worked as a nurse, who would visit Māori in their homes. A majority of those she would visit, she said, are "related to us in some way, shape, or form". She adds that the Māori way of introducing yourself, where you find a connection in "some way, shape, or form," whether through whakapapa or not, "adds to that wairua and to that beauty of it. Because of those connections you know you are able to connect back and make some connection on a whole other level". The group she worked with agreed that it is not necessarily about being Māori, but about respecting and understanding the importance of creating and maintaining relationships through aroha and manaaki (care). Rihi explains this saying:

The thing is that there is a whole heap of different levels, like if you are talking from a grass-roots level, again working in a community like Whanganui, it's about those relationships, those connections; knowing who you are means being at ease with who is coming into your home, because this is ultimately your home and we have got to be respectful of that. We are coming into your space and not to impose our ways and our beliefs on you. [Rihi]

Furthermore, Andre and Rihi discussed the way in which colonisation took away Māori spiritual practices and how creating and maintaining meaningful relationships was a form of healing that helped to refocus Hemi:

Andre: I think Hemi always had that wairuatanga, but it was distorted sometime in his life. In the sixties and the seventies was another time period. You know the generation of today wouldn't know what it was like then. It was totally colonised and so distorted. Some people are stubborn about breaking away from that colonised way of being. Hemi was different, he had something

to push forward for and break out of that cycle for, I suppose.

Rihi: And I really believe that your little boy, your little taonga [treasure] that's asleep there, was that. I remember becoming involved when you guys had got him and you could see the change in him, and I would say he was a big part of your healing process as well, Hemi.

Hemi: He is the battery that jump-started my life again and gave me a purpose to fight on. But in saying that, I wasn't fighting alone: I have to keep acknowledging my partner here.

Rihi: Oh yeah you do.

Hemi: I still fall back to that boy. Just last night he vomited in bed. So, I took him and showered him, I broke down and cried. Not because he was being sick, but it was because I wanted to try and take that out of him.

Rihi: Mmm his mamae.

Hemi: [Explaining what he thought during this moment in the shower] "Just keep going boy. Dad's here so give that māuiui [illness] to Dad". People might not understand that part. I wanted to take his pain. And still knowing now that I can cleanse myself inside. So, I start from karakia [prayer, incantation]—finish with it. And then throw it away so it goes down the drain".

Rihi: That little boy has become your manaaki hauora [health].

This conversation highlighted that whakapapa between the health professionals and their clients are an important part of establishing health and well-being for Māori. Furthermore, in this story, Hemi references the use of water to cleanse the spirit and the body, and highlights the interconnectedness of his own sense of self with that of his child. This example shows how healing of the self is relational in that it does not occur within the interior of an individualised body, but in the space between people. Most importantly, the healing transferred between father and son in this example illustrated a cycle of healing. This exchange was extremely important for Hemi's healing and his wairua, and thus shows the potential for intergenerational healing.

During my interview with Paora, we talked about the high suicide rate among Māori men. He reinforced that "suicide has a lot to do with self-esteem" and tells me about the journey with self-esteem that he



has had over his life. Proudly he told me of his time touring Australia when he was young “with a fulla called Prince Tui Tekā”. He says that as time went on “I got married and I sort of got in trouble a bit—not with the law. But with myself”. We talk for a long time about his alcohol addiction:

It took me 23 years, dear, to get off the booze. I think when you get into that alcoholism your personal growth stops, it does. And I was an aggressive sort of bloody prick when I was on the booze too. [Paora]

I ask him how he got past his addictions, and he concludes that spirituality and establishing meaningful connections with others, is what helped him to overcome these barriers. He tells familiar stories of growing up on the river, riding horses, cooking outside all year long, his father deer stalking and pig hunting. His face lit up when he told me the story of when the marae got power:

We all got home from school at 3:30 in the afternoon and it was dark just about winter time in the valley ... and the lights went on. We had never seen the lights on in our lives. And the whole pā [village] light up like a Christmas tree! Yeah, I remember that. We lived a very simple life. [Paora]

Throughout our conversation he returns to this idea of “a simple life” and the meaningful connections he had with his family. He makes a link between the simple life he led as a child and the egotism he has experienced and witnessed with urbanisation, adding that “booze came with all that ego, and the bands and girlfriends and that, gave me more ego. I went on wearing a mask all the time”. To him this egotism was the root of his drinking problem as it represented a lack of self-esteem:

I hid behind the guitar most of my life. I didn't really know who I really was because that guitar was my self-esteem and all the flashy clothes that went with it. I hid behind that too. When I saw your grandfather come to the Cozzie club with his flashy clothes, that's when I thought about myself—the frightened boy underneath all the clothes. [Paora]

He frames much of his healing in terms of his relationship with his community and his family saying, “if the family structure is not happy, then the person is not happy either,” extending this

point to the relationship he has with himself. Talking about himself in third person, he states:

The first relationship we have to have right is the one between me and Paora. That's the one we have to have right first, before you can have one with anyone else, aye. It's hard to change. It took me a long time to do that, to look in my eyes and say “I love you”. Oh fuck, I still find it hard now. [Paora]

For him, he found healing by living a life in which he established meaningful connections with those around him. Consistently, he emphasises the importance of the ‘simple’ way he lives now and the contrast to the days in which he was more self-orientated. He admits jokingly, “See, I never had friends in those days, darling, I had hostages” to illustrate both how he caused violence to people around him symbolically and physically, but also to illustrate the loneliness and isolation he felt. Today, he has found meaning in the many volunteer positions he holds in restorative justice, and at the Cancer Society and Piki te Ora. Having these relationships where he can help others has helped him to develop a positive sense of self, locating his sense of self within the relationships he formed.

Conclusion

I have demonstrated some of the diverse forms of healing Māori are seeking out. Many of my participants have drawn on broader concepts of colonisation and urbanisation, or whānau legacies of abuse and abusing, to locate their personal story within the historical narrative of trauma. This could be seen as unconsciously buffering some of the burdens of self-making by showing how one's actions are relationally enabled and the result, in part, of power. The examples have exemplified how trauma can be experienced as a flow of hara or mamae through generations.

Furthermore, my participants have demonstrated the many possibilities for healing from this trauma, including traditional Māori healing methods, as well as other indigenous techniques. Many of these contrast with the individualised, notions of support that characterise neoliberal social agencies.

Glossary

Apotoro Wairua	spiritual apostle
aroha	love
hara	wrong
hinengaro	mind
iwi	tribe
Ka whakarewa ai ngā wahie	the wood chips floated to the surface
kaitiaki	custodian
karakia	prayer, incantation
kia ora	Māori greeting, translated as “good health”
lomilomi	traditional Hawai’ian massage
mamae	wound
mana	authority
mana o te wāhine	authority of women
manaaki	care
Māoritanga	Māori way of life, being
marae	traditional gathering place
mate wahine	menstruation
mau rākau	traditional Māori weaponry skills
māuiui	illness
mauri	force, energy
pā	village
poroporoaki	farewell
pūhaehae o te wahine	jealousy of the woman
romiromi	traditional form of massage
rōpū mau rākau	group practising traditional Māori weaponry skills
taiaha	long wooden weapon
taonga	treasure
tapu	sanctity
te whare tapa whā	the four cornerstones of Māori health: mind, body, spirit and family
tinana	body
tuna	eels
tupuna	ancestor
wairua	spirit
wairuatanga	spirituality
wānanga	forum
whakapapa	genealogy
whakapapa kōrero	intergenerational transfer of knowledge
whānau	family
whanaungatanga	relationship building
Whanganuitanga	Whanganui tribal way of life, being
whare tangata	womb, house of humanity
whare tū taua	school of traditional Māori weaponry
whareniui	meeting house



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Pikopiko from the fern is often used for the digestive system and can treat stomach aches and parasite control.